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Mental Health Counselors' Lived Experiences With the Legal System in Matters Concerning Their Clients

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Abstract

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MA, Hodges University, 2020

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Dissertation Submitted in Partial Fulfillment

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Abstract

Mental health counselors frequently engage with the legal system in ways that significantly impact their clinical roles, ethical decision-making, and emotional well-being. Despite the high stakes of these encounters, little is known about how counselors experience and make meaning of such legal involvement. This study explored the central research question: What are the lived experiences of mental health counselors when they are involved with the legal system in matters concerning their clients? This transcendental phenomenological study, grounded in Husserl's philosophy of exploring lived experience through the suspension of presuppositions, investigates the experiences of mental health counselors when they are involved with the legal system in matters concerning their clients. The purpose of this study was to capture the nuanced and multifaceted realities of counselors' professional journeys, providing a rich, detailed understanding that can bridge the gap between mental health practice and legal requirements. I conducted semi-structured interviews with 12 mental health counselors from diverse clinical settings across the United States. Six core themes emerged from the data: (a) lack of preparedness for the first legal encounter, (b) emotional reactions to legal scrutiny, (c) feelings of isolation and lack of support, (d) experiencing inadequate legal training in counseling programs, (e) tension between legal and clinical responsibilities, and (f) refining clinical skills through legal engagement. These findings highlight the emotional and ethical complexities counselors face, as well as the professional growth that may result from legal involvement. The study offers implications for counselor education, supervision, and policy reform, advocating for stronger interdisciplinary collaboration and legal training to ensure counselors are equipped and supported to navigate the legal system ethically and effectively.

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Chapter 1: Introduction to the Study

Background

Mental health counselors frequently find themselves engaged with the legal system in diverse ways. These engagements can range from providing expert testimony in court, complying with subpoenas for client records, participating in custody evaluations, to handling mandated reporting of abuse or threats of harm (Barsky, 2024). Each of these scenarios brings its own set of professional and ethical dilemmas, challenging mental health counselors to balance their duty to maintain client confidentiality with legal requirements and to provide unbiased information without compromising the therapeutic relationship.

The intersection of mental health counseling and the legal system presents unique challenges and complexities for practitioners. Mental health counselors play a crucial role in the therapeutic process, often working with clients who may be involved in legal matters such as custody disputes, criminal cases, civil litigation, or involuntary commitment proceedings (Barsky, 2024). These situations require counselors to navigate dual responsibilities: upholding their ethical duty to their clients while also adhering to legal mandates and obligations.

Mental health counselors may find themselves involved in the legal system in various capacities, including providing expert testimony, submitting treatment records, or consulting with legal professionals. These roles can place significant pressure on counselors, as they must balance the confidentiality and trust inherent in the therapeutic relationship with the demands of the legal process, which may require disclosure of

sensitive information. The legal system's expectations and requirements can sometimes conflict with the ethical standards set by professional organizations such as the American Counseling Association (ACA, 2014), leading to ethical dilemmas and emotional stress for counselors.

Moreover, the involvement of mental health counselors in legal matters can influence their professional identity and practice. Counselors may experience role strain as they are called upon to serve as both a therapeutic ally to their clients and a neutral provider of information to the court (Cohen, 2022). This dual role can lead to feelings of tension and conflict, as the counselor must navigate the boundaries between supporting their client's well-being and fulfilling their legal responsibilities (Cohen, 2022).

Existing literature has explored various aspects of the counselor's role in legal settings, including the impact of court involvement on the therapeutic relationship, the ethical challenges posed by legal demands, and the emotional toll of testifying in court (Pirelli et al., 2020). However, there is a need for a deeper understanding of the lived experiences of mental health counselors who find themselves entangled in the legal system. By exploring these experiences, this research seeks to illuminate the complexities counselors face, the strategies they employ to manage their dual roles, and the impact of legal involvement on their professional and personal lives.

Despite the critical nature of these interactions, there is a notable paucity of research focusing specifically on the lived experiences of mental health counselors in these contexts. Existing literature predominantly addresses the legal requirements and ethical guidelines counselors must follow, but less attention has been given to the

personal and professional impacts of these legal involvements (Murphy et al. 2020). This gap in the literature highlights the need for a deeper exploration of counselors' experiences when their therapeutic work intersects with legal demands.

Problem Statement

The integration of mental health counseling and the legal system is becoming increasingly prevalent as the complexities of psychological well-being and legal issues intersect. Mental health counselors are frequently called upon to provide expert testimony, assessments, and therapeutic insights in legal contexts, ranging from family law cases to criminal justice proceedings (Murphy et al., 2020). Despite this growing trend, there is a paucity of research exploring the lived experiences of mental health counselors who navigate these dual roles.

Counselors find themselves in high-stakes environments where their professional insights can significantly have an impact on legal outcomes (Murphy et al., 2020). These situations often present unique ethical dilemmas, for instance, counselors may face conflicts between their duty to client confidentiality and legal obligations to disclose information (Francis et al., 2019). The psychological toll of engaging with the legal system, coupled with the potential for vicarious trauma from hearing detailed accounts of clients' experiences, can also affect counselors' well-being and professional efficacy (Pirelli et al., 2020). The researchers discussed mental health counselors who are involved with the legal system on behalf of their clients often experience compassion fatigue and burnout, which are emotional and professional challenges (Pirelli et al., 2020).

Exploring the lived experiences of mental health counselors in these contexts is crucial for several reasons. Firstly, it can provide valuable insights into the potential challenges and pressures they face, informing training and support systems to better prepare and assist counselors in these roles. Secondly, understanding these experiences can highlight the potential influences on counselors' professional practice and personal well-being, guiding policy and procedural reforms within both the mental health and legal systems (Taylor et al., 2023). Finally, this exploration could inform the development of best practices and ethical guidelines that safeguard the interests of clients while ensuring the integrity and effectiveness of counselors' contributions to the legal system (Darby & Weinstock, 2018).

Purpose Statement

The purpose of this study was to explore and understand the experiences of mental health counselors when they are involved with the legal system in matters concerning their clients. This included examining the nature of their interactions with the legal system, the challenges they face, the strategies they employ to navigate these challenges, and the impact of these experiences on their professional and personal lives (Murphy et al., 2020). Through a phenomenological research approach, this study aimed to provide a rich, detailed understanding of the counselors' perspectives and experiences, contributing to the broader field of mental health counseling and legal studies.

Therefore, this dissertation aimed to illuminate the lived experiences of mental health counselors who are called into the legal system on behalf of their clients. Through qualitative methods, I sought to capture the nuanced and multifaceted realities of

counselors' professional journeys, providing a rich, detailed understanding that can bridge the gap between mental health practice and legal requirements. The findings offer a foundation for enhancing interdisciplinary collaboration, ensuring that mental health counselors are equipped and supported to navigate the legal landscape effectively and ethically.

Research Question

What are the lived experiences of mental health counselors when they are involved with the legal system in matters concerning their clients?

Theoretical Framework

Husserlian phenomenology focuses on the structures of consciousness and the intentionality of experience, providing a method to explore the lived experiences of individuals. The study is grounded in the philosophical tradition of Husserlian phenomenology, which provides a method for examining how counselors experience and make sense of their interactions with the legal system (Husserl, 1931/2012). Husserl's phenomenology offers a way to delve into these subjective experiences, aiming to capture their essence as they are lived by the counselors themselves. A central concept in Husserlian phenomenology is intentionality which refers to the consciousness being always directed toward an object, event, or phenomenon (Husserl, 1931/2012). Husserl's (1931/2012) distinction between *noesis* (the act of consciousness, such as perceiving, feeling, or deciding) and *noema* (the content or object of that act) is crucial for this study. In Husserlian phenomenology, the concept of "horizon" refers to the background of experience and meaning that frames any phenomenon (Welton, 2000). By using

Husserlian phenomenology as the theoretical framework, this dissertation provides a deep understanding of the lived experiences of mental health counselors involved with the legal system. This approach allowed for a rigorous examination of how these professionals perceive, interpret, and navigate such complex interactions, revealing the essential structures and meanings of their experiences within their unique horizons of understanding.

Nature of Study

For this dissertation, I employed a transcendental phenomenological approach, grounded in the philosophical tradition of Edmund Husserl, to explore the lived experiences of mental health counselors involved with the legal system in matters concerning their clients. This design involved collecting detailed, first-person accounts of the experiences of mental health counselors through semi-structured, in-depth interviews. Participants were selected based on their direct experience with the legal system in matters involving their clients, ensuring that the data reflects the diversity and complexity of these encounters.

The process began with *epoché*, or "bracketing," where the researcher sets aside their preconceptions and biases to fully attend to the participants' descriptions of their experiences (Moustakas, 1994). In this study, intentionality guided the exploration of how mental health counselors consciously experience and perceive their involvement with the legal system. Each counselor's experience was seen as an intentional act, reflecting how they direct their thoughts, feelings, and actions toward the legal processes they encounter. Noesis represents the counselors' subjective experiences (e.g., feeling

challenged or anxious), whereas noema reflects the legal situations or events they respond to. This framework enables a detailed analysis of both the experiences themselves and the objects or events to which these experiences are directed. Every experience has both a foreground (i.e., what is directly perceived or thought about) and a horizon (i.e., the broader context of meaning and expectation that surrounds it; Peoples, 2020). For mental health counselors, their involvement with the legal system is not only shaped by immediate events but also by a broader horizon of expectations, fears, ethical considerations, and professional norms. Understanding these horizons helps to reveal the implicit meanings and assumptions that counselors bring to their experiences with legal matters.

Through careful data collection and analysis, I aimed to uncover the essences or invariant structures of the phenomenon, identifying common themes that reveal the core nature of these lived experiences. To ensure depth and rigor, each interview was recorded, transcribed verbatim, and subjected to a detailed phenomenological analysis. This process involved identifying significant statements, grouping them into themes, and constructing a comprehensive description of the essence of the experience as it is lived by the participants. Data analysis followed Moustakas's (1994) modified version of the Stevick-Colaizzi-Keen method, which is specifically designed for transcendental phenomenology. This will be further discussed in Chapter 3.

Definitions

The following are fundamental key concepts and terms used in this study.

Confidentiality: Counselors protect the private information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification (ACA, 2014).

Subpoena: A legal document issued by a court or legal authority that compels a person to attend a legal proceeding, such as a trial or deposition, or to produce specific documents or evidence relevant to a case (Barsky, 2024).

Expert witness: A qualified professional who is called upon in a legal proceeding to provide specialized knowledge, opinion, or testimony based on their expertise in a particular field (Barsky, 2024).

Bracketing/ epoché: Suspending judgements to focus on the analysis of experience (Peoples, 2020).

Horizon: The present experience of the researcher, which cannot be bracketed to get the understanding or the pure essence of something (Peoples, 2020).

Intentionality: Refers to consciousness, to the internal experience of being conscious of something (Peoples, 2020).

Noema: What is thought about (Peoples, 2020).

Noesis: Thinking about or interpreting (Peoples, 2020).

Phenomenological deduction: Intentional consciousness using the process of bracketing or epoché (Peoples, 2020).

Assumptions

This dissertation is grounded in transcendental phenomenology and therefore it is counterintuitive to highlight assumptions (Peoples, 2020). I will, however, discuss the

process of bracketing to demonstrate how assumptions were handled. I engaged in reflexive practices to set aside personal biases and presuppositions, ensuring that the analysis remains focused on the participants' descriptions. Before beginning the study, I reflected on and explicitly acknowledged my personal experiences and biases related to the topic. For instance, I am a mental health counselor with prior involvement in legal matters, I noted my own experiences, feelings, and potential biases (e.g., frustration with legal procedures, concerns about confidentiality) and consciously set them aside during data collection and analysis. I wrote a reflective journal or memo to document these thoughts and revisited them throughout the study to remain aware of potential bias. During interviews it was also important to refrain from asking leading questions. For example, instead of asking, "How stressful was it to be involved in the legal system?" (which presumes the experience was stressful), I asked, "Can you describe a specific instance where you had to navigate a legal issue related to one of your clients?" and "How did you feel during the process?"

Scope and Delimitations

The study was limited to mental health counselors who are licensed or on their way to licensure (registered intern status) and actively practicing. It excludes those without legal experience. Additionally, it did not include professionals from other fields, such as psychiatrists or legal professionals, as their experiences and perspectives differ from those of mental health counselors. The study does not account for experiences that may vary significantly in other cultural or legal contexts. Differences in legal systems, professional regulations, and cultural norms could affect the applicability of the findings

to other regions or countries, this study focuses on mental health counselors within the United States. Lastly, this study does not focus on all forms of legal involvement; for example, it does not specifically explore cases of malpractice litigation against counselors or counselors' personal legal issues unrelated to client care. The research is confined to legal matters directly involving the counselors' clients.

Limitations

While the aim of this dissertation was to provide a comprehensive understanding of the lived experiences of mental health counselors when they are involved with the legal system in matters concerning their clients, limitations must be acknowledged. Potential limitations included subjectivity of lived experiences, sample size and diversity, time constraints, and challenges of confidentiality.

Significance of the Study

This study adds to the existing body of literature in the field of counseling and counselor education. Mental health counselors are frequently called upon to provide expert testimony, assessments, and therapeutic insights in legal contexts, ranging from family law cases to criminal justice proceedings (Murphy et al., 2020). Despite this growing trend, there is a paucity of research exploring the lived experiences of mental health counselors who navigate these dual roles. Understanding the experiences of mental health counselors in this context is crucial for several reasons, each of which underscores the significance of this study. One of these reasons is counselor preparedness and effectiveness. This research can inform the development of targeted training programs that equip counselors with the necessary knowledge and skills to navigate legal processes

effectively (Barsky, 2024). The ethical dilemmas that arise at the intersection of mental health counseling and the legal system are complex and multifaceted. In this study, I sought to highlight these ethical challenges and provide insights into how counselors manage conflicts between legal obligations and therapeutic ethics (see ACA, 2014). The findings of this study could inform policy discussions at the intersection of mental health and legal systems. Policymakers can use the insights gained to develop regulations and frameworks that support ethical practice, protect client rights, and promote the effective use of mental health expertise in legal contexts.

Summary

I conducted a transcendental phenomenological study of the lived experiences of mental health counselors when they are involved with the legal system regarding their clients. The problem statement identified a gap in the literature regarding the experiences of mental health counselors who engage with the legal system, highlighting the challenges they encounter, such as ethical dilemmas, confidentiality concerns, and the potential for role conflict. The purpose of the study was defined as exploring these lived experiences to uncover their essential structures and meanings using a transcendental phenomenological approach. Chapter 1 established the foundation for the dissertation by providing a comprehensive overview of the study's background, purpose, significance, and methodological approach. This chapter set the stage for the subsequent chapters, which will further elaborate on the literature review, research methodology, data analysis, and findings to enhance understanding of the experiences of mental health counselors involved with the legal system.

Chapter 2 Literature Review

Mental health counselors play a critical role in supporting individuals facing emotional, psychological, and behavioral challenges. While their primary focus is on therapeutic intervention, the nature of their work often brings them into contact with the legal system, particularly when dealing with clients who are involved in criminal or civil proceedings. This intersection of mental health care and the legal system presents unique challenges for counselors, including ethical dilemmas, confidentiality concerns, and the pressure of navigating complex legal standards. The lived experiences of mental health counselors in these situations can significantly impact their professional practices, well-being, and the therapeutic alliance with their clients.

This literature review explores the experiences of mental health counselors who find themselves involved in the legal system due to their clients' circumstances. By examining existing research, this review revealed the multifaceted challenges counselors face, the strategies they employ to manage the demands of both therapeutic and legal obligations, and the potential consequences these experiences have on their professional identity and practice. Through this review, insights into the gaps in existing literature were also identified, paving the way for future research on how counselors can be better supported when legal matters intersect with therapeutic work.

Literature Search Strategy

My search strategy consists of obtaining articles from scholarly books and research articles retrieved from Walden University Library search engines such as ProQuest, PsycINFO, PsyARTICLES, ERIC, Google Scholar, SAGE Journals, and

ProQuest Digital Dissertations. Keywords included *counselors or therapists or psychotherapists, legal system or justice system or court or testifying or subpoena, ethical challenges, burnout, vicarious trauma, phenomenology, and Transcendental.* Additionally, I found references in reference lists and the "cited by" function on Google Scholar. The criteria that guided my search were references published within 5 years and peer reviewed.

Theoretical Foundation

Phenomenology is employed to examine the world through the consciousness of participants, focusing on the phenomenon under study (Jackson et al., 2018). The researcher's aim is to describe the phenomenon by understanding social and psychological experiences from the perspectives of those involved (Groenewald, 2004). In this study, I used a phenomenological approach to explore the lived experiences of mental health counselors involved in the legal system in matters concerning their clients, focusing on their interactions of mental health counselors and the legal system.

I adopted transcendental phenomenology, a theoretical approach rooted in Husserl's work. Transcendental phenomenology seeks to uncover the essence of being, distinct from the mere study of facts (Husserl, 1931/2012). This approach emphasizes "ultimate sources of evidence" (Husserl, 2013, p. 7). A key aspect of transcendental phenomenology is bracketing, which involves setting aside any preconceptions, judgments, or biases to engage with the phenomenon in its purest form. Husserl introduced the concepts of noesis, referring to intentional analysis or thinking, and

noema, the object of thought, highlighting that these two are inseparable. He further explained noematic content as that which is perceived, remembered, or judged.

Husserl argued that consciousness is a continuous process of becoming, rather than a simple sequence of experiences observed over time. The concept of horizon relates to the freedom to move within an experience, enabling the formation of clear and meaningful perceptions and representations. This approach aligns well with the study's purpose and the research questions, which were designed to be open-ended. To thoroughly investigate the phenomenon, questions were centered on participants' experiences, emotions, beliefs, and convictions related to the topic at hand (Moustakas, 1994).

Literature Review Relates to Key Concepts

For the literature review, I focused on key concepts relating to mental health counselors and their experiences when involved in legal settings on behalf of their clients. These concepts include (a) mental health counselors in legal proceedings, (b) ethics and confidentiality, (c) forensic mental health counseling, (d) mandated reporting and duty to warn, (e) burn out and vicarious trauma, and (f) training and competence in legal matters. The literature relating to these subjects highlights the importance and purpose of this study.

Historical and Legal Context of Mental Health Counseling

The profession of mental health counseling has evolved significantly over the past century, shaped by societal recognition of the need for specialized mental health services and the establishment of professional standards. In the early 20th century, mental health

services were primarily provided by psychiatrists and psychologists, with limited involvement from counselors. However, the mid-20th century saw the emergence of counseling as a distinct profession, fueled by increased awareness of mental health needs following World War II and the deinstitutionalization movement of the 1960s (D. Smith & Robinson, 1995).

Key milestones in the professionalization of mental health counseling include the founding of the ACA in 1952 and the establishment of the National Board for Certified Counselors (NBCC) in 1982, which formalized credentialing standards (Gladding, 2021). The introduction of state licensure laws in the 1980s further solidified the profession, ensuring that counselors met consistent educational and ethical standards. Throughout this evolution, the relationship between mental health and legal systems has been marked by tension and collaboration. Mental health counselors have increasingly found themselves involved in legal processes, including courtroom testimony and compliance with mandatory reporting laws, highlighting the need for professionals who are adept at navigating both therapeutic and legal landscapes (Wheeler & Bertram, 2019).

Mental health counseling is a professional discipline dedicated to fostering emotional, psychological, and behavioral well-being. Counselors form therapeutic relationships with clients to support them in navigating life challenges, managing mental health disorders, and achieving personal growth. This profession operates on the premise that mental health is an essential component of overall health, intricately linked to physical and social well-being (ACA, 2014). Counselors are trained in various areas, including the assessment, diagnosis, and treatment of mental health issues, as well as in

providing guidance for coping with everyday stressors. By addressing these concerns, mental health counseling plays a critical role in enhancing the quality of life for individuals, families, and communities (Corey, 2016).

Core Principles

Mental health counseling is guided by foundational principles that integrate knowledge from multiple disciplines such as psychology, psychiatry, and social work. A key principle is the commitment to holistic well-being, which involves considering the interplay of emotional, psychological, social, and sometimes spiritual factors in clients' lives. This approach recognizes that mental health does not exist in isolation but is deeply connected to broader life experiences and contexts (Neukrug, 2018). For instance, counselors often explore the impact of relationships, cultural background, and systemic issues on a client's mental health to provide comprehensive care.

Another central tenet of mental health counseling is the client-centered approach, which emphasizes empathy, unconditional positive regard, and collaboration between counselor and client. This principle, rooted in Carl Rogers's humanistic theories, focuses on creating a safe and nonjudgmental space where clients feel empowered to share their experiences and work toward change (Rogers, 1961). This approach fosters trust and helps clients build the confidence to explore their challenges and develop meaningful solutions.

Finally, evidence-based practice is a cornerstone of mental health counseling. This involves the application of scientifically validated interventions and therapies tailored to clients' unique needs. Techniques such as cognitive-behavioral therapy,

trauma-focused interventions, and solution-focused therapy are frequently employed to address a variety of mental health concerns effectively (Beck, 2011). By relying on research-backed methods, counselors ensure that their interventions are both ethical and effective, contributing to better outcomes for clients.

Roles and Responsibilities

Mental health counselors play a multifaceted role in supporting clients' emotional and psychological well-being through a range of professional responsibilities. One of their primary duties is conducting thorough assessments to understand clients' needs and challenges. These assessments often involve clinical interviews, standardized psychological tests, and behavioral observations to gather detailed information about clients' mental health and functioning (Corey, 2020). This process enables counselors to identify mental health disorders, understand the underlying causes of distress, and guide the development of effective treatment plans.

Another significant responsibility of mental health counselors is providing therapy to individuals, groups, or families. These therapeutic interventions address various concerns, including anxiety, depression, trauma, and relationship difficulties. Depending on the client's needs, counselors may use evidence-based approaches such as cognitive-behavioral therapy, narrative therapy, or family systems therapy to facilitate growth and healing (Neukrug, 2018). By tailoring therapy to the client's unique circumstances, counselors empower them to achieve personal goals and improve their quality of life.

Crisis intervention is another critical aspect of the counselor's role, especially during acute mental health crises. Counselors provide immediate emotional support and practical strategies to help clients manage overwhelming situations such as suicidal ideation, panic attacks, or trauma-related distress (James & Gilliland, 2017). Their ability to respond effectively in such moments is crucial for ensuring client safety and stabilizing their mental state.

Additionally, mental health counselors often serve as advocates for their clients, navigating complex legal and social systems to ensure they receive necessary support and protection. This advocacy may involve working with mental health laws, child protection agencies, or workplace accommodations to address systemic barriers impacting clients' lives (ACA, 2014). Through these efforts, counselors contribute not only to individual well-being but also to broader social justice initiatives.

Legal Framework Governing Mental Health Counselors

Mental health counselors operate within a complex legal framework designed to protect clients while ensuring public safety. Laws such as the Health Insurance Portability and Accountability Act (HIPAA) establish strict guidelines for maintaining client confidentiality and safeguarding sensitive information. Additionally, state and federal laws define counselors' scope of practice, delineating their roles in treatment planning, diagnosis, and intervention (Wheeler & Bertram, 2019).

Mandatory reporting laws are another critical legal consideration, requiring counselors to report suspected child abuse, elder abuse, or threats of violence. These laws aim to protect vulnerable populations but can place counselors in challenging ethical

positions. *Tarasoff v. Regents of the University of California* (1976) remains one of the most significant legal precedents in mental health counseling. The case established the duty to warn and protect, requiring mental health professionals to breach confidentiality if a client poses a serious threat to another person. While the *Tarasoff* ruling clarified the legal obligations of counselors, it also raised questions about balancing client trust with public safety, a tension that continues to influence practice today (Felthous, 2006).

Ethical Considerations in Counseling and Legal Matters

Mental health counselors rely on ethical frameworks, such as the ACA Code of Ethics, to guide their practice, particularly when facing legal challenges. The Code emphasizes the importance of confidentiality, informed consent, and protecting client rights, principles that often intersect with legal mandates. For example, while counselors are ethically obligated to protect client confidentiality, legal requirements such as subpoenas or mandatory reporting laws may compel them to disclose sensitive information (ACA, 2014).

Tensions between ethical duties and legal obligations are particularly evident when counselors must prioritize public safety over client autonomy. Ethical decision-making models, such as those outlined by Remley and Herlihy (2020), help counselors navigate these dilemmas by weighing the potential harm of breaching confidentiality against the need to comply with legal requirements. By adhering to ethical guidelines and seeking supervision or legal consultation, when necessary, counselors can make informed decisions that balance their responsibilities to clients and the law.

Confidentiality and Privileged Communication

Confidentiality and privileged communication are foundational principles in mental health counseling, ensuring that client-counselor interactions are protected to foster trust and openness. The HIPAA of 1996 established federal standards for safeguarding client information, particularly in electronic and physical records. This federal law works alongside state confidentiality statutes that provide additional protections for client-counselor communications (Shallcross, 2010). Despite these safeguards, exceptions to confidentiality exist, such as when a client poses a risk of harm to themselves or others. In these scenarios, counselors face the dual challenge of upholding their ethical duty to maintain confidentiality while meeting legal obligations to disclose necessary information. These dilemmas underscore the need for clear legal and ethical guidelines to help counselors navigate situations where protecting client privacy may conflict with ensuring safety (Ebert, 2018).

Duty to Warn and Protect

The landmark case *Tarasoff v. Regents of the University of California* (1976) set a critical legal precedent for mental health professionals by establishing the duty to warn and protect. In this case, the court ruled that when a client poses a serious threat to another person, counselors have a legal obligation to take reasonable steps to warn the intended victim or law enforcement. This duty places counselors in a delicate position, as they must balance the ethical imperative to maintain client trust with the need to protect potential victims and ensure public safety. While the *Tarasoff* ruling clarified legal responsibilities, it also introduced complexities, as counselors must evaluate the

credibility and immediacy of threats, often under time-sensitive and high-pressure conditions (Felthous, 2006). This legal obligation continues to be a significant aspect of counseling practice, influencing training programs and professional guidelines.

Mandatory Reporting Laws

Mandatory reporting laws further shape the responsibilities of mental health counselors, requiring them to report suspected cases of abuse or neglect involving children, elders, or vulnerable adults. These laws exist at both federal and state levels and are designed to protect individuals who may be unable to advocate for themselves. For counselors, these requirements necessitate careful observation and documentation, as well as prompt reporting to the appropriate authorities. However, mandatory reporting introduces ethical tensions, particularly when a report may disrupt the therapeutic alliance or pose risks to the client's relationships or personal safety (Remley & Herlihy, 2013). Counselors often find themselves navigating these dilemmas while trying to adhere to both legal mandates and their ethical obligation to prioritize client well-being (Wheeler & Bertram, 2019).

Licensure and Scope of Practice

Licensure laws regulate the scope of practice for mental health counselors and establish minimum standards for education, training, and professional competence. These requirements, which vary by state, aim to protect the public by ensuring that counselors are adequately trained and qualified. Organizations such as the Council for Accreditation of Counseling & Related Educational Programs (CACREP) play a significant role in developing national standards for counselor education programs, whereas state licensure

boards enforce compliance through exams and continuing education mandates (Mellin et al., 2011). Additionally, the ACA provides resources to help counselors understand and meet state-specific licensure requirements (ACA, 2014). Licensure not only defines the roles and responsibilities of mental health counselors but also restricts unqualified individuals from practicing, thereby promoting professionalism and public trust in the field.

The Intersection of Mental Health Practice and the Legal System

Over the past 5 years, there has been growing attention to the complex interface between mental health counseling and the legal system. Mental health professionals, particularly counselors, often find themselves navigating dual responsibilities to their clients and the legal mandates imposed by courts or legal authorities. Recent studies highlight the increased involvement of mental health counselors in legal matters, such as providing expert testimony, complying with subpoenas, and participating in court-mandated treatment programs (R. Smith et al., 2022). The legal obligations imposed on counselors can create tension between their duty to maintain client confidentiality and their legal responsibilities, often placing them in challenging ethical and professional situations.

Mental health professionals often serve as expert witnesses or perform forensic evaluations in court cases, such as in child custody disputes, competency hearings, and criminal cases involving mental illness. Forensic evaluations require clinicians to assess mental health concerns within legal standards, balancing clinical findings with legally

relevant criteria (Melton et al., 2018). This interaction requires counselors to navigate both ethical duties to clients and legal expectations.

Legal and mental health systems interact closely in cases involving involuntary commitment for individuals deemed a danger to themselves or others. Mental health professionals, such as crisis counselors, work with law enforcement and court systems to assess and recommend whether a person should be hospitalized against their will under mental health statutes (Draine et al., 2014).

Mental health professionals are legally obligated to report specific information (e.g., child abuse or intent to harm others) due to mandated reporting laws. Similarly, the "duty to warn" or "duty to protect" involves informing potential victims or law enforcement of threats posed by clients. These laws highlight the need for mental health counselors to understand legal duties and to act within ethical guidelines (*Tarasoff v. Regents of the University of California*, 1976).

Mental health courts and diversion programs represent a collaborative effort between the mental health and criminal justice systems. These programs aim to offer mental health treatment as an alternative to incarceration for individuals whose legal issues stem from mental health conditions. Studies show that these courts can reduce recidivism and improve mental health outcomes for participants (Steadman & Naples, 2005). There are many intersections between mental health counselors and the legal system.

The Role and Challenges of Mental Health Counselors as Expert Witnesses

The role of mental health counselors as expert witnesses has been explored in several recent studies. An expert witness is expected to provide an impartial, fact-based opinion to help the court understand complex psychological or behavioral issues. However, the literature suggested that many counselors feel ill-prepared for this role due to a lack of formal training and experience in legal proceedings. Research by R. Smith et al. (2022) highlighted that counselors often experience stress and anxiety when serving as expert witnesses, largely due to the adversarial nature of legal proceedings and the risk of cross-examination by attorneys.

There is also the question of whether mental health professionals are considered experts when called upon to testify. Melton et al. (2018) focused on the definition of specialized knowledge and that experts may testify as to opinions if the specialized knowledge they testify on will assist in the fact finding of the relevant issue. Whereas an individual not deemed an expert witness may only testify to what they have directly observed. Therefore, even if a court allows ultimate-issue opinions to be admitted by law, Melton et al. recommended that mental health professionals refrain from offering such opinions. Doing so may risk misrepresenting, explicitly or implicitly, the boundaries of their expertise when addressing legal issues as mental health experts.

Moreover, counselors may face challenges in maintaining their professional boundaries and objectivity while providing testimony that may have significant implications for their clients' legal outcomes (Shallcross, 2010). Recent qualitative studies have highlighted the emotional toll of this role, with participants reporting

feelings of vulnerability, exposure, and fear of professional repercussions (Murphy et al., 2020).

Impact of Legal Involvement on Counselors' Professional Identity and Well-Being

The involvement of mental health counselors in legal matters can have profound effects on their professional identity and psychological well-being. According to recent studies, counselors involved in legal proceedings often experience role conflict, uncertainty, and feelings of inadequacy due to the perceived lack of legal knowledge and skills (Alexander & Allo, 2021). The pressure to navigate both therapeutic and legal roles can lead to professional burnout, compassion fatigue, and reduced job satisfaction (Cohen, 2022).

Researchers have also explored the impact of legal involvement on counselors' perceptions of their professional identity. In a phenomenological study by Cruz (2024), counselors reported feeling a sense of betrayal and moral conflict when required to disclose client information against their ethical beliefs. This perceived conflict between legal obligations and therapeutic values can lead to disillusionment and professional disenchantment, potentially impacting the quality of care provided to clients (Cruz, 2024). Self-care practices, peer consultation, and specialized training in managing legal stressors are shown to mitigate the risk of burnout (Pirelli et al., 2020).

Legal involvement can create role conflict, as counselors may feel pulled between therapeutic objectives and legal requirements. This dual allegiance can lead to confusion and stress about their professional identity. Murphy et al. (2020) found that counselors involved in legal processes often experience shifts in self-perception, questioning their

primary role as advocates for client versus objective informants in legal matters. This role conflict can lead to emotional ambivalence and a re-evaluation of their professional identity.

Experiences of Mental Health Counselors in the Legal System

Research exploring mental health counselors' involvement in the legal system has primarily focused on understanding their professional and emotional challenges. Quantitative studies often highlight the prevalence of legal encounters, such as responding to subpoenas, testifying in court, and mandatory reporting. For instance, a survey by Shallcross (2010) revealed that many counselors feel unprepared to handle legal proceedings, with significant percentages reporting stress related to subpoenas and court appearances. Qualitative studies delve deeper into the lived experiences of counselors, offering narratives about the emotional toll and professional dilemmas they face in legal contexts. These studies often emphasize themes of stress, burnout, moral injury, and professional identity conflict.

Stress and burnout emerge as common experiences among counselors involved in legal matters, driven by the adversarial nature of legal processes and the high stakes involved. Counselors frequently report feeling overwhelmed by the conflicting demands of the legal and mental health systems, especially when navigating confidentiality breaches required by law (Ebert, 2018). Moral injury—a sense of ethical compromise—occurs when counselors are compelled to act against their values, such as breaching confidentiality or providing testimony that might harm their clients. Additionally, counselors often experience professional identity conflicts, struggling to balance their

roles as client advocates with legal mandates that may conflict with their therapeutic objectives (Glosoff, 2016). These studies collectively highlight the complex dynamics counselors face when their clinical work intersects with legal systems.

Emotional and Professional Impact

Legal involvement significantly impacts counselors emotionally and professionally. Anxiety and fear are commonly reported emotional reactions, particularly when counselors are subpoenaed, required to testify, or subjected to cross-examination (Felthous, 2006). The fear of making mistakes or being misinterpreted in a legal setting can exacerbate stress. Counselors also report feelings of frustration, especially when their professional expertise is questioned or misunderstood by legal professionals, or when they perceive injustices in the legal process. These negative emotions can have long-lasting psychological effects, with some counselors experiencing chronic stress and decreased job satisfaction due to repeated legal involvement (Shallcross, 2010).

Professional identity and self-efficacy are also affected. Counselors often question their competence when navigating unfamiliar legal processes, feeling unprepared or inadequately trained for the complexities of legal engagement (Mellin et al., 2011). However, the impact on self-efficacy can vary; whereas some counselors report diminished confidence due to negative legal experiences, others report that they feel empowered and gain confidence when they successfully navigate legal challenges with adequate support and preparation. Coping strategies play a critical role in managing the stress associated with legal involvement. Counselors employ a range of approaches, including mindfulness, self-care practices, and seeking personal therapy. Additionally,

many engage in professional development activities, such as attending workshops and legal training, to enhance their preparedness and confidence (Corey, 2016).

Support Systems for Counselors

Support systems are crucial for counselors navigating legal challenges. Clinical supervision and peer support provide essential resources for emotional and professional assistance. Supervisors play a pivotal role in offering guidance, helping counselors reflect on their legal experiences, and developing strategies for managing legal demands (Bernard & Goodyear, 2014). Peer support, in the form of shared experiences and advice, offers emotional validation and helps reduce the isolation often felt during legal encounters. Counselors frequently cite these forms of support as critical to maintaining their professional resilience.

Institutional support also plays a significant role in mitigating the stress of legal involvement. Access to legal consultation and advisors within organizations can alleviate the uncertainty and anxiety surrounding subpoenas, court testimony, and documentation requests (Wheeler & Bertram, 2019). Unfortunately, not all counselors receive adequate institutional support, which exacerbates their stress and diminishes their ability to navigate legal challenges effectively. Legal education and training are also fundamental for preparing counselors to engage with the legal system. Programs that include training on confidentiality laws, mandatory reporting, and legal documentation improve counselors' confidence and competence when faced with legal obligations (Corey, 2016). Institutions that prioritize such training contribute significantly to counselors'

professional development and well-being, equipping them to handle legal challenges with greater ease and professionalism.

Training and Competence in Legal Matters

Specialized training in law for mental health counselors is a recognized need, especially given the increasing overlap between mental health services and legal obligations. Research in this area has emphasized how legal challenges, such as mandated reporting, duty to warn, and testifying in court, highlight the need for counselors to be equipped with specific legal knowledge and skills. Studies have often highlighted gaps in counselor education programs where legal training is concerned. Researchers have found that while programs emphasize ethics, they may lack adequate coursework or training in legal procedures, courtroom etiquette, and report writing for legal contexts (Neukrug, 2016). This gap can leave counselors underprepared for legal obligations or court appearances. Research has shown that counselors with limited legal training report lower confidence and greater anxiety when dealing with court orders, subpoenas, or mandated reporting (Boone, 2019). Studies by Ackerman et al. (2022) indicated that specialized training in law boosts both competency and confidence, allowing counselors to navigate legal scenarios with greater ease. Studies underscore the importance of training on confidentiality laws, particularly in legal contexts, where mental health professionals may be compelled to release client information. Cruikshank (2020) stressed that counselors must balance ethical and legal obligations, making specialized training essential to help professionals navigate dual accountability. Ackerman et al. highlighted that while graduate programs provide foundational knowledge, ongoing legal training through

workshops, certifications, and continuing education credits is crucial. They found that counselors who engage in continuous legal education feel more equipped to manage subpoenas, testify, and provide forensic assessments.

The Importance of Exploring Mental Health Counselors' Experiences Navigating the Legal System

Mental health counselors frequently navigate the intersection of clinical care and legal systems on behalf of their clients, yet this area remains underexplored in existing literature. Understanding their experiences is essential to addressing the challenges and ethical dilemmas that arise in this complex role. Counselors may find themselves involved in cases related to child custody disputes, involuntary hospitalizations, court-mandated therapy, or workplace accommodations for clients with mental health conditions (Draine et al., 2014; Steadman & Naples, 2005). Each of these situations presents unique professional and emotional challenges that impact both the counselor's practice and their clients' outcomes.

One key issue is the potential conflict between clinical obligations and legal demands. For instance, counselors must balance confidentiality, a cornerstone of the therapeutic relationship, with legal mandates to disclose information in situations involving harm or court orders (Remley & Herlihy, 2020; Wheeler & Bertram, 2019). This dual responsibility can create ethical dilemmas, such as deciding when to breach confidentiality to comply with legal requirements while preserving the trust of the client. Research highlighted that these conflicts are a significant source of stress for mental

health professionals and may lead to burnout or reduced efficacy in practice (Melton et al., 2018).

Additionally, counselors often lack formal training in legal processes, leaving them unprepared for roles such as providing expert testimony or navigating judicial systems. This gap in training can lead to feelings of inadequacy and heightened anxiety when counselors are asked to represent their clients' mental health needs in legal contexts (R. Smith et al., 2022). Moreover, systemic factors, such as stigmatization of mental health in legal settings or discrepancies in access to resources, further complicate these interactions (Steadman & Naples, 2005). These challenges highlight the need for enhanced training and support for counselors engaged in such roles.

Exploring the lived experiences of mental health counselors in these scenarios can inform strategies to improve professional preparation, enhance ethical decision-making frameworks, and develop policies that better support both counselors and their clients. By understanding the nuances of these experiences, stakeholders can work toward creating systems that empower counselors to advocate effectively for their clients without compromising their ethical or professional integrity.

Summary

In this chapter, I provided an in-depth review of the literature surrounding the lived experiences of mental health counselors involved in the legal system on behalf of their clients. The roles and responsibilities of mental health counselors were contextualized, highlighting their dual focus on therapeutic care and legal compliance. It explored the complex scenarios in which counselors often engage with the legal system,

such as testifying in court, responding to subpoenas, mandatory reporting, and offering expert opinions. These situations underscore the unique challenges counselors face at the intersection of mental health and legal frameworks.

The chapter also examines the ethical and legal responsibilities counselors must navigate, including balancing confidentiality with legal mandates like the duty to warn and protect. Ethical dilemmas, such as conflicts between client-centered practice and legal obligations, were discussed in detail, emphasizing the tension counselors experience when navigating these dual roles.

A significant focus was placed on the emotional and professional impact of legal involvement. Counselors often experience stress, anxiety, and moral injury, which can affect their self-efficacy and professional identity. The disruption of the therapeutic alliance and the strain of maintaining dual accountability were identified as critical concerns. However, the literature also highlighted strategies counselors use to manage these challenges, such as supervision, peer support, self-care practices, and continued legal education.

This review lays the foundation for understanding the multifaceted experiences of mental health counselors in legal contexts and highlights the need for further research to address the challenges they face. The following chapter will detail how the goal of this study were accomplished.

Chapter 3: Methodology

Introduction

This chapter outlines the research design and methodology employed to explore the lived experiences of mental health counselors involved in legal matters concerning their clients. The chapter begins with a discussion of transcendental phenomenology as the guiding philosophical framework, followed by a description of the research design, participant selection, data collection procedures, and data analysis methods. Issues of trustworthiness and ethical considerations are also addressed to ensure the rigor and integrity of the study.

Research Design and Rationale

The specific phenomenon explored in this study was the lived experiences of mental health counselors involved in the legal system on behalf of their clients. The research question for this study was "What are the lived experiences of mental health counselors when they are involved with the legal system in matters concerning their clients? This study adopted a transcendental phenomenological approach (see Moustakas, 1994). This methodology is well-suited for exploring the essence of lived experiences as it emphasizes the importance of setting aside the researcher's preconceptions and biases (i.e., epoché or bracketing; Husserl, 1931/2012) to arrive at a fresh understanding of the phenomenon (Peoples, 2021). The focus is on the participants' subjective experiences, seeking to capture the meaning and essence of being a mental health counselor navigating the legal system on behalf of their clients. Transcendental phenomenology is well-suited for collecting detailed descriptions and personal insights into mental health counselors'

experiences with the legal system in matters concerning their clients. Other qualitative methodologies have different aims, which did not align with this study's focus. For instance, a case study approach involves gathering data from an individual, a small group, an organization, or a community to provide evidence of a specific phenomenon, event, or situation (Burkholder et al., 2016). Therefore, this study was conducted using a transcendental phenomenological approach.

Role of the Researcher

As the primary instrument in a transcendental phenomenological study, I play an active role in gathering and analyzing data. However, transcendental phenomenology, rooted in Husserl's philosophy, requires the researcher to approach participants' experiences without presuppositions or judgments. This is achieved through a process known as *epoché* or bracketing (Peoples, 2021). In transcendental phenomenology, *epoché* or bracketing refers to the researcher's intentional effort to set aside personal biases, beliefs, and preconceptions related to the phenomenon under study (Peoples, 2021). This "bracketing" enables the researcher to view the phenomenon with a fresh perspective, allowing the essence of participants' experiences to emerge more authentically (Husserl, 1931/2012). Prior to data collection, I engaged in reflexive exercises to identify and document any preconceived notions about the legal involvement of mental health counselors. These reflections were then bracketed and revisited throughout the research process, helping me to remain consciously aware of the potential influence on data interpretation.

Methodology

In this section, I provide detailed information about the methodology used in this study. I start by describing the methodology, including the rationale behind participant selection, the instrumentation, recruitment and participation procedures, data collection methods, and the data analysis plan. Next, I discuss the measures taken to ensure trustworthiness and the ethical procedures followed throughout the study. Finally, I summarize this section and outline what to expect in the subsequent chapter of my dissertation.

Participant Selection

The participants for this study consisted of mental health counselors in the United States. The inclusion criteria for participants were as follows:

- mental health counselors (licensed or registered interns) with at least 2 years of experience working with clients
- have had direct involvement in legal matters related to their clients, such as
    - subpoenas to testify or produce records
    - court orders involving client records or treatment information
    - depositions or providing expert testimony in court
    - consultations with legal professionals about client-related cases
    - navigating confidentiality issues in response to legal requests
- be capable of providing informed consent and willing to discuss their experiences in a confidential, voluntary research setting.

- be willing to engage in an in-depth, one-on-one interview to discuss their experiences and comfortable sharing personal insights and reflections on their involvement with the legal system

I used a purposeful sampling strategy and snowball sampling to select participants who have direct experience with the phenomenon under investigation. Participants were recruited through professional networks, mental health counseling associations, referrals both professional and personal, and Facebook counseling groups. An invitation to participate, including the purpose of the study, confidentiality measures, and informed consent procedures, was distributed via email and professional forums. Interested individuals were asked to complete a brief screening questionnaire to ensure they met the inclusion criteria. Given the qualitative nature of the study, a sample size of eight to 12 participants was deemed sufficient to reach data saturation, which was the goal. Data saturation is achieved when no new themes or insights emerge from additional interviews (Creswell, 2013). This range allows for a comprehensive understanding of the phenomenon while maintaining manageability in data analysis.

Instrumentation

Data were collected through semi-structured interviews, which provide the flexibility to explore participants' experiences while ensuring consistency across interviews. Semi-structured interviews allow for rich data collection and for participants to share unanticipated information that is relevant to the topic (Peoples, 2021). An interview guide was developed, comprising open-ended questions designed to elicit rich,

detailed descriptions of participants' experiences with legal matters related to their clients. Sample questions included the following:

- "Can you describe a specific instance where you had to navigate a legal issue related to one of your clients?"
- "What challenges did you encounter during this process, and how did you address them?"
- "How has your involvement in legal matters affected your professional practice and personal well-being?"

Each interview lasted approximately 60 to 90 minutes and was conducted either in person or via a secure videoconferencing platform, depending on the participants' preferences and geographical location. All interviews were audio recorded only and participant consent was received prior to the start of the interviews. Follow-up interviews were scheduled with each participant that lasted approximately 15 to 30 minutes. The purpose of follow-up interviews is to clarify the information gathered, identify missing information, and allow the participant to elaborate on previous responses (Peoples, 2021).

In addition to interviews, I maintained field notes and a reflexive journal throughout the data collection process. Field notes capture contextual information and non-verbal cues. In transcendental phenomenology, Husserl requires researchers to think about their thinking rather than focusing on biases in the form of bracketing (Husserl, 1931/2012; Peoples, 2021). Therefore, my journal consisted of a reflective document of my findings along with the thought patterns and assumptions that shape those findings. Through this lens of self-analysis grounded in Husserl's transcendental phenomenology,

journaling transforms from mere record-keeping into a powerful tool enhancing overall rigor in qualitative research endeavors (Peoples, 2021).

Procedures for Recruitment and Participation

Once approval was obtained from Walden University's Institutional Review Board (IRB), I initiated participant recruitment using purposive and snowball sampling. Recruitment took place through professional networks, mental health counseling associations, professional and personal referrals, and Facebook counseling groups. Additionally, I utilized Walden University's participant pool by sending email invitations to potential participants.

Once I had between eight and 12 participants, I sent via email an informed consent form outlining the purpose of the study and providing a detailed description of the participant's role and ethical considerations. Participants' emailed responses indicated their agreement to participate in the study. After receiving email consent, I scheduled the initial semi-structured interviews.

During the initial and follow-up interviews, I began by reviewing the informed consent with the participant and highlight confidentiality. I also explained that no identifying information would be used or disclosed. I would be using pseudonyms to protect the identity of the participants. Participants were reminded that this was a voluntary process, and they could withdraw from the study at any time. At the conclusion of the interviews, I saved and transcribed the audio recordings. I then viewed the transcripts and identify any gaps. I then scheduled follow-up interviews to clarify the

information gathered, identify missing information, and allow the participant to elaborate on previous responses (see Peoples, 2021).

Data Analysis

I used the flow chart and transcendental analysis steps provided by Peoples (2021). The steps include the following:

1. Reading the transcript in its entirety and capture the participant's complete story, and then deleting irrelevant or unnecessary information such as repetitive statements or filler words (e.g., "um," "uh," "well," or "you know," etc.)
2. Create preliminary themes which is the allocation of each data piece that reveals a feature or trait of the phenomenon being explored.
3. Themes were formed after breaking down all the preliminary meaning units after completing the steps taken for a deeper understanding of each participant's description.
4. Situated narratives are a reiteration by direct quotes from the interview that are organized by specifics and experiences into themes.
5. General narratives are created from the narratives situated by organizing the data by highlighting the participants' meanings of their experience into categories that represent percentages of common themes to establish saturation.
6. General description was created from themes that were the highest percentages of participants, meaning that represent a collective experience.

For this transcendental phenomenological study, I hand coded the data using the data analysis steps so I could fully immerse myself in the transcripts and data. During this process, I utilized the audio recordings to obtain a deeper level of understanding.

Issues of Trustworthiness

To ensure the trustworthiness of the findings, the study employed several strategies outlined by Burkholder et al. (2016):

- **Credibility**: Achieved through prolonged engagement, member checking, and peer debriefing.
- **Transferability**: Enhanced by providing thick, rich descriptions of the participants' contexts and experiences.
- **Dependability**: Ensured through an audit trail documenting all research decisions and activities.
- **Confirmability**: Maintained through reflexive journaling and triangulation of data sources.

Ethical Procedures

Ethical approval was obtained from Walden University's IRB, approval number 01-29-25-1143754 prior to data collection. Informed consent was obtained from all participants, ensuring they are aware of their rights, the purpose of the study, and the measures taken to protect their confidentiality. Pseudonyms were used in the reporting of findings, and all data will be securely stored in digital files that will be double locked with passwords to maintain participant privacy.

Summary

This chapter outlined the methodology used to explore the lived experiences of mental health counselors involved in legal matters concerning their clients. The transcendental phenomenological approach, participant selection, data collection and analysis procedures, and strategies for ensuring trustworthiness have been discussed in detail. The following chapter will present the findings of the study, highlighting the themes that emerged from the analysis of participants' responses to the interview questions.

Chapter 4: Results

Introduction

In this study, I sought to fill the gap in existing literature by exploring the lived experiences of mental health counselors involved in the legal system with matters concerning their clients. The purpose of this study was to explore the lived experiences of these professionals and understand how their interactions with the legal system affect their practice, their relationships with clients, and their overall perception of their roles as counselors. In this chapter, I will outline the themes that emerged from the data, provide detailed descriptions of these themes, and offer a phenomenological interpretation of their significance.

Setting

Semi-structured interviews were conducted via Zoom (https://www.zoom.com) in various locations that were confidential and conducive for the participants. Follow-up interviews were conducted in the same manner. I am unaware of any factors that may have influenced the participants or their experience during the interview process in data collection. These varied environments allowed for a broad exploration of the intersection between mental health counseling and the legal system, providing rich insights into how different contexts may influence counselors' practices, ethical dilemmas, and relationships with clients.

Data Collection

This study had eight participants who are mental health counselors both licensed and at the registered intern status. Walden University's IRB approved me to recruit

participants from the Walden University Research Participant Pool, Facebook, email, and through my personal and professional networks. I used the semi-structured interview protocol for all interviews. Interviews were scheduled at the convenience of the participants. Through my Walden email address, I sent all participants the informed consent, and once each participant responded with "I consent," we scheduled Zoom meetings, and I provided the Zoom links via my Walden email. All participants were reminded at the beginning of the Zoom call that the audio would be recorded, and each participant was given the option to either have their camera off or on depending on their comfort level. The interviews ranged between 45 and 90 minutes and were recorded and transcribed. Data were collected using the Zoom platform for both video and audio recordings. The data collection process followed the initial plan without any deviations or unexpected circumstances. All digital transcripts were securely stored with password protection on an external cloud hard drive.

Data Analysis

I followed the flow chart and transcendental analysis steps provided by Peoples (2021). The steps include the following:

1. Reading the transcript in its entirety and capture the participant's complete story, and then deleting irrelevant or unnecessary information such as repetitive statements or filler words like "um," "uh," "well," "you know," etc.
2. Creating preliminary themes which are the allocation of each data piece that reveals a feature or trait of the phenomenon being explored.

3. Themes were formed after breaking down all the preliminary meaning units after completing the steps taken for a deeper understanding of each participant's description.
4. Situated narratives are a reiteration by direct quotes from the interview that are organized by specifics and experiences into themes.
5. General narratives were created from the narratives situated by organizing the data by highlighting the participants' meanings of their experience into categories that represent percentages of common themes to establish saturation.
6. General description was created from themes that are the highest percentages of participants, meaning that represent a collective experience. For this transcendental phenomenological study, I hand coded the data using the data analysis steps so I could fully immerse myself in the transcripts and data. During this process I utilized the audio recordings to obtain a deeper level.

Evidence of Trustworthiness

To ensure the trustworthiness of the findings, the study employed several strategies outlined by Burkholder et al. (2016):

- Credibility: Achieved through prolonged engagement, member checking, and peer debriefing.
- Transferability: Enhanced by providing thick, rich descriptions of the participants' contexts and experiences.

- Dependability: Ensured through an audit trail documenting all research decisions and activities.
- Confirmability: Maintained through reflexive journaling and triangulation of data sources.

Results

The following are the results of data collection and analysis. In engaging with the lived experiences of mental health counselors navigating the legal system, I sought to approach the phenomenon through the transcendental phenomenological lens, setting aside biases and assumptions to encounter their experiences as they were given. Through bracketing (epoché), I intentionally suspended my own preconceptions about legal involvement in mental health counseling—acknowledging my prior knowledge of ethical frameworks, my understanding of clinical practice, and any personal sentiments regarding the legal system. By doing so, I created space to encounter the raw, unfiltered essence of the participants' experiences, allowing their voices to shape the phenomenon itself.

As their narratives unfolded, the noema, or the object of their experiences, became clear: the legal system as an external force influencing their clinical practice. First, I provide a description of the demographics including a table, followed by a description and table of the themes identified. I then provide six illustrated themes which are Theme 1: Lack of Preparedness for First Legal Encounter, Theme 2: Emotional Reactions to Legal Scrutiny, Theme 3: Feelings of Isolation and Lack of Support, Theme 4: Experiencing Inadequate Legal Training in Counseling Programs, Theme 5: Tension

between Legal and Clinical Responsibilities, and Theme 6: Refining Clinical Skills Through Legal Engagement. I provide a general narrative, general description, phenomenology reflection, and finally a summary.

Demographics

All participants from the study had at least 2 years of experience in mental health counseling along with direct experience with the legal system for matters related to clients. Some participants were licensed mental health counselors (LMHCs) and one was at the registered intern status, awaiting licensure. Three participants identified as male, and five participants identified as female. See Table 1 for participant demographics.

Table 1

Demographic Table

Participant	Gender	License type
Participant 1	Male	LMHC
Participant 2	Male	LMHC
Participant 3	Female	Registered
Participant 4	Female	LMHC
Participant 5	Female	LMHC
Participant 6	Female	LMHC
Participant 7	Male	LMHC
Participant 8	Female	LMHC

Table 2

Identified Themes

Themes identified	P1	P2	P3	P4	P5	P6	P7	P8
T1: Lack of preparedness for first legal encounter	X	X	X	X	X	X	X	X
T2: Emotional reactions to legal scrutiny	X	X	X	X	X	X	X	X
T3: Feelings of isolation and lack of support	X	X	X	X	X	X	X	X
T4: Experiencing inadequate legal training in counseling programs	X		X	X	X	X	X	
T5: Tension between legal and clinical responsibilities	X		X	X	X		X	
T6: Refining clinical skills through legal engagement	X			X	X	X		

Illustrated Themes

T1: Lack of Preparedness for First Legal Encounter

For all participants, their first encounter with the legal system left a lasting impression, often marked by stress, uncertainty, and a sense of unpreparedness. The transition from a therapeutic role to one that involved legal scrutiny was described as daunting, overwhelming, and, in some cases, even shocking. Despite differences in the types of legal involvement—ranging from subpoenas for records to court-ordered therapy—each participant vividly recalled the moment they were first confronted with the legal complexities of mental health practice.

For some, the experience was particularly intense and unsettling. P1 described their first legal encounter as “kind of egregious,” later adding, “it was really overwhelming and daunting and I didn’t really have anyone to turn to.” This highlights not only the emotional toll of initial legal involvement but also the lack of accessible

guidance and support systems available to clinicians navigating these situations for the first time.

P2 similarly recalled feeling unprepared when they were first subpoenaed, stating, “My first legal encounter, I was subpoenaed for records. I will never forget the first time.” This underscores how impactful and, at times, distressing these experiences can be, particularly when clinicians are unfamiliar with legal protocols or the implications of complying with legal requests.

Whereas some participants felt reasonably prepared for certain legal obligations, such as mandatory reporting, they still encountered unexpected challenges. P3 noted, “Throughout the time that I’ve worked, I’ve had many situations where you contemplate mandatory reporting. And I think that we’re prepared for that, we’re ready for that.” However, P3 went on to describe an unexpected legal case that significantly shifted their perspective: “But one of the hardest cases I came across was with a very large legal suit with one of the biggest airlines we have. That was very different for me and a whole different world than we’re taught about.” This statement illustrates the stark contrast between the legal issues addressed in academic training and the complex realities clinicians may face in practice.

For others, their first legal involvement centered on the intersection of therapy and the judicial system. P4 described their first case as one involving “domestic violence and past trauma that is taken to trial.” This highlights the emotional and ethical challenges that arise when client disclosures become legal evidence, requiring clinicians to navigate difficult boundaries between therapeutic confidentiality and legal obligations.

Similarly, P5 recounted receiving a subpoena for client records, sharing, “which surprised me since I was unaware the family, I was working with had an ongoing legal case.” The unexpected nature of the legal request illustrates a common challenge for mental health counselors: being drawn into legal matters without prior knowledge or preparation. P5 also noted that the attorney ultimately accepted a “written treatment summary instead of access to records,” highlighting how clinicians must sometimes negotiate legal requests to protect client privacy while still fulfilling legal obligations.

For P6, their first legal experience was eye-opening in terms of professional accountability, stating, “So that was my first exposure of my words and my work being scrutinized.” This sentiment reflects a common realization among clinicians when they first encounter legal involvement—recognizing that their clinical documentation, assessments, and professional opinions may be dissected in a legal context in ways they may not have anticipated.

P7’s first experience was similarly stressful, involving a legal letter requested for a client’s DUI case. They explained it was a very stressful experience. It was the first time a client needed a letter compiled for their attorney, and wondering what to include in that letter that was going to be submitted to the court was very difficult—figuring out what’s relevant, what’s important, how can I advocate, but how can I protect my client at the same time by not disclosing too much information. This highlights the delicate balance clinicians must strike between supporting their clients and maintaining ethical and legal compliance when providing documentation for legal proceedings.

P8's first encounter with the legal system was tied to their work with minors in structured settings, sharing, "my first encounter would be more so when I was doing intensive in-home and school therapy. Several kiddos were involved with social services—alternate placements and/or parents losing rights. A lot of times, the therapy was kind of court ordered." This illustrates how certain clinical roles naturally involve legal intersections, sometimes making legal involvement an inherent part of the therapeutic process rather than an unexpected challenge.

T2: Emotional Reactions to Legal Scrutiny

The emotional and psychological toll of working at the intersection of mental health and the legal system was a significant theme among participants. Engaging with legal matters, whether through court involvement, legal scrutiny, or high-stakes decision-making, a range of distressing emotions, including anxiety, fear, stress, and even symptoms of trauma. Participants described feeling overwhelmed, unprepared, and, at times, emotionally exhausted due to the weight of legal responsibility in their clinical roles.

For some, legal involvement had long-lasting mental health repercussions. P1 shared, "I had PTSD for a long period of time, lots of paranoia, severe anxiety, severe depression, as a result of the ongoing case." This testimony illustrates the profound psychological distress that can arise from prolonged legal entanglement, where the pressure of navigating legal complexities can have enduring emotional consequences.

P2 similarly described the experience as "anxiety provoking," highlighting how legal involvement, even when not prolonged, can create significant emotional distress. P3

reinforced this idea, stating, “It became very stressful and emotional.” However, P3 also noted that obtaining proper legal guidance helped alleviate this burden, stating, “My anxiety with it subsided once I had legal guidance.” This suggests that while legal involvement can be overwhelming, access to clear and structured support may help mitigate its emotional impact.

The unpredictability and unfamiliarity of legal processes further contributed to participants’ distress. P4 described it as “a very nerve-wracking and unclear experience,” adding, “I felt like a fish out of water.” This metaphor captures the sense of disorientation and vulnerability that clinicians may feel when thrust into legal matters without sufficient preparation or support.

Legal anxiety was also a shared experience among colleagues. P5 noted, “Anytime anything legal comes up with other colleagues, we all kind of go into that panic.” This statement underscores how the mere mention of legal involvement can trigger a collective sense of fear and uncertainty among mental health professionals, reflecting a broader issue of systemic unpreparedness. P5 also shared, “I was definitely really anxious,” reinforcing the emotional strain that legal responsibilities place on clinicians.

For some, the continuous pressure of high-stakes decision-making led to burnout and career shifts. P6 described the emotional weight of “constant scrutiny and responsibility for high-stakes decisions,” explaining that this ultimately “led to heightened stress, affecting professional satisfaction and what led me to step away from agency work.” This highlights how the cumulative stress of legal involvement can drive

clinicians away from certain work settings, particularly those where legal exposure is frequent or where institutional support is lacking.

Specific legal responsibilities, such as testifying in court, also triggered intense emotional responses. P7 described their experience as inducing "fear and personal discomfort," particularly due to their unfamiliarity with working with convicted felons. This demonstrates how the legal system can introduce clinicians to situations outside their typical scope of practice, further exacerbating feelings of unease and apprehension.

While most participants described legal involvement as emotionally taxing, some reported a mix of emotions, both negative and positive. P8 reflected on the complexity of their experience, stating that legal work elicited "mixed emotions, including intellectual satisfaction, curiosity, sadness, and frustration." This nuanced perspective suggests that while legal challenges are often distressing, they can also provide opportunities for professional growth, learning, and engagement with complex cases.

T3: Feelings of Isolation and Lack of Support

All participants emphasized the essential role that support systems played in navigating the intersection of mental health counseling and the legal system. The complexity and high-stakes nature of legal involvement required guidance, reassurance, and structured professional support to mitigate stress and enhance competency. Participants identified various sources of support, including mentors, supervisors, peers, professional organizations, and malpractice insurance providers.

P1 highlighted the importance of mentorship, stating, "Reaching out to PhDs in the area that have been in the field for quite some time were kind of my only resource at

that time." This suggests that for some clinicians, experienced professionals served as a critical source of knowledge and guidance, particularly in the absence of structured training on legal matters.

Similarly, P2 emphasized the value of consulting professional organizations and liability insurance providers, stating, "I have almost on every occasion called my risk management liability insurance company just for preparation." This reflects the proactive approach taken by clinicians to seek expert guidance in risk management, ensuring they were adequately prepared to handle legal complexities.

P3 reinforced the necessity of multiple support avenues, stating, "Support systems, including malpractice insurance and mentors, played a crucial role in navigating the legal complexities." This underscores the importance of both institutional and interpersonal support in managing the legal dimensions of clinical practice.

Peers and colleagues also played a significant role in helping clinicians navigate legal challenges. P4 noted, "I lean heavily on my colleagues who have expertise in navigating legal complexities whenever I am involved in legal matters for clients." This highlights how collaboration among professionals fostered a shared knowledge base and provided reassurance during legal proceedings.

However, despite the value for existing support, some participants expressed concerns about the overall availability of resources. P5 emphasized the need for more structured assistance, stating, "There need to be more supports for mental health counselors when it comes to the legal system." Additionally, P5 shared their reliance on direct supervision for case consultation, stating, "I frequently ask any questions I have

about this to my qualified supervisor." This suggests that while supervisors were often a primary source of guidance, the overall accessibility of legal-specific resources for counselors remained limited.

The quality and consistency of support systems also varied over time. P6 initially found agency-level support helpful, stating, "There were plenty of support systems within the agency at first to include staffing cases." However, they later experienced a shift in this support, adding, "The supports later felt more like criticism." This reflects the nuanced reality that while organizations may provide structured assistance, the perception of support can change based on how feedback is delivered and received.

For some, trusted relationships with supervisors and peers provided both professional and emotional sustenance. P7 shared, "The presence of an experienced supervisor and a trusted co-clinician provided essential emotional and professional support. These relationships were instrumental in my professional success." This emphasizes the critical role of mentorship and collegial relationships in fostering resilience amid legal challenges.

Finally, P8 illustrated the potential consequences of inadequate support, stating, "Extreme burnout from being the only forensic evaluator in the region and limited support systems." This highlights how the absence of adequate professional networks and shared responsibilities can lead to overwhelming stress and emotional exhaustion.

T4: Experiencing Inadequate Legal Training in Counseling Programs

A significant theme that emerged from participants' experiences was the widespread recognition that mental health training programs often fail to adequately

prepare counselors for legal involvement. Participants highlighted deficiencies in academic preparation, lack of comprehensive coursework on legal and ethical complexities, and systemic challenges that placed clinicians in legally precarious positions. These gaps not only affected clinicians' confidence and competence in handling legal matters but also had broader implications for client care and the intersection of mental health and the legal system.

P1 pointed to a fundamental flaw in academic training, stating, "Academic preparation lacked content on reporting pathways and legal ramifications of ethical violations." This suggests that while ethical principles may be covered in graduate programs, the practical application of these principles—particularly in legally complex situations—was insufficiently addressed. Furthermore, P1 expressed frustration with professional organizations, stating, "The ACA and NBCC provided insufficient support, offering circular and generic guidance." This underscores a broader concern that even professional bodies may not provide the concrete, case-specific guidance needed for navigating legal challenges in clinical practice.

P3 echoed concerns about the limitations of educational preparation, stating, "I don't feel that my education prepared me for a case of this magnitude." This sentiment reflects a disconnect between the theoretical training provided in graduate programs and the real-world complexities of high-stakes legal cases. P3 further elaborated on the inadequacy of legal education in counseling programs, describing it as "a watered-down version of what to do." This characterization suggests that while legal and ethical considerations may be introduced in coursework, they are often addressed in a superficial

or overly simplistic manner, leaving clinicians unprepared for the nuances of legal involvement.

P4 highlighted institutional barriers to improving legal education within counseling programs, stating, “There needs to be a whole course on legal matters in graduate counseling education.” This assertion underscores a broader systemic issue in counselor training, where legal and forensic components are often relegated to brief discussions within ethics courses rather than receiving dedicated, in-depth instruction.

P5 emphasized the practical implications of this gap in education, particularly in relation to the documentation and procedural aspects of legal involvement. They stated, “There wasn’t even really much in those kind of intake forms because it wasn’t heavily emphasized in school.” This highlights how inadequate training extends beyond theoretical knowledge to fundamental clinical practices, such as proper documentation, which is crucial in legal contexts.

Beyond educational shortcomings, some participants also identified systemic pressures that placed clinicians in uncomfortable legal positions. P6 shared, “I experienced an institutional push for myself as a clinician to provide legally significant input beyond my comfort level.” This suggests that even when clinicians recognize their own limitations in legal matters, workplace or institutional expectations may compel them to overstep their expertise, increasing the risk of ethical and legal complications.

Lastly, P8 broadened the discussion to the societal consequences of these systemic deficiencies, stating, “Lack of institutional support and inadequate resources for mental health patients perpetuated the cycle of incarceration and instability.” This

highlights how inadequate training and institutional shortcomings not only impact clinicians but also contribute to the ongoing challenges faced by vulnerable populations at the intersection of mental health and the criminal justice system.

T5: Tension Between Legal and Clinical Responsibilities

A predominant theme that emerged from participants' experiences was the challenge of balancing dual roles as both a therapist and a participant in legal proceedings. Counselors described the difficulty of reconciling their ethical responsibility to clients with the legal obligations imposed by courts, attorneys, and other professionals. The tension between these roles often created ethical dilemmas, uncertainty, and, at times, distress as clinicians found themselves navigating competing expectations.

One of the most significant challenges was determining where a counselor's ethical duty to a client ended and where legal obligations began. P1 articulated this concern, stating, "One of the hardest parts is knowing where my ethical duty to my client ends and where my legal responsibility begins. The legal system doesn't always align with the ethical codes we follow as counselors." This statement underscores a fundamental disconnect between the therapeutic process, which prioritizes confidentiality, trust, and the client's best interests, and the legal system, which may require disclosures that compromise these values.

The strain of navigating these dual obligations was further illustrated by P4, who shared a particularly difficult ethical dilemma: "I had a case where I knew reporting certain details would protect the client legally, but at the same time, I worried it would destroy the therapeutic trust we had built. It felt like an impossible choice." This

highlights the moral distress that clinicians face when forced to choose between maintaining client trust and fulfilling legal responsibilities. Such conflicts can be especially pronounced in cases involving mandatory reporting, custody disputes, or forensic evaluations.

The unpredictability of legal involvement and the adversarial nature of court proceedings also contributed to participants' sense of unease. P5 described their experience of being subpoenaed, stating, "When I was subpoenaed, I felt completely unprepared. The attorneys were asking questions in a way that made me second-guess myself, and I worried that my words might be misinterpreted and harm my client." This reflects the pressure clinicians face when providing testimony, particularly when attorneys frame questions in a way that could lead to unintended consequences for clients.

In addition to feeling unprepared, some clinicians reported facing direct pressure from legal professionals to overstep their professional boundaries. P6 shared, "I've had lawyers push me to say more than I'm comfortable with, asking for opinions outside my scope. It's difficult to stand firm when you feel like you're being pressured to be an advocate rather than a neutral professional." This highlights the challenge of maintaining professional integrity in high-stakes legal situations, where external pressures may conflict with ethical guidelines and clinical expertise.

The lack of clear, standardized guidelines for mental health professionals involved in legal cases further exacerbated these challenges. P8 expressed frustration with this ambiguity, stating, "I wish there were clearer guidelines on how to handle these

situations." This sentiment reflects a broader need for comprehensive training and clearer protocols to help clinicians navigate their roles more effectively and with greater confidence.

T6: Refining Clinical Skills Through Legal Engagement

The participants' experiences with legal involvement not only challenged their professional competencies but also catalyzed substantial growth in their clinical and ethical expertise. Five participants described how navigating legal complexities prompted them to refine their skills, strengthen their professional boundaries, and enhance their adaptability in clinical practice.

P1 emphasized the importance of developing a structured approach to ethical and legal challenges, stating, "Despite adversity, I developed a structured approach to navigating ethical dilemmas and legal systems." This highlights how exposure to legal proceedings necessitated a systematic and thoughtful response to ethical decision-making. P3 echoed this sentiment, sharing that legal involvement fostered professional maturity: "[It] definitely made me mature in the legal aspect professionally." This suggests that confronting legal matters requires a level of professional evolution that might not have been as readily attained through traditional clinical experiences alone.

For some, legal exposure influenced career decisions and professional boundaries. P6 noted, "The impact of legal system involvement played a pivotal role in my decision to transition to private practice, in order to establish professional boundaries and work-life balance." This highlights how navigating legal intricacies underscored the importance of autonomy and personal well-being in professional settings.

Similarly, P7 described legal exposure as a catalyst for accelerated professional development: “Legal exposure accelerated my professional growth, and I became more adept at handling legal and mental health complexities.” This underscores the way legal involvement demanded a heightened level of expertise and adaptability, ultimately shaping the participant into a more proficient clinician. Additionally, legal challenges necessitated improvements in documentation practices. P8 stated, “I had to refine my clinical notes and learn how to write reports that could stand up in court.” This demonstrates the direct impact of legal exposure on clinical documentation, reinforcing the necessity for precise, defensible, and ethically sound record-keeping. Overall, these accounts illustrate that while legal involvement initially posed challenges, it ultimately contributed to substantial professional growth. The participants’ experiences reflect an evolution in ethical decision-making, documentation, and professional boundaries, reinforcing the importance of adaptability in clinical practice.

General Narrative

For all participants, their first legal encounter was a moment of disruption, exposing a gap between their clinical training and the realities of legal involvement. Whether it was receiving a subpoena, being called to testify, or navigating mandated reporting requirements, they faced a steep learning curve. Many expressed a sense of shock and confusion, feeling thrust into a system with unfamiliar expectations, terminology, and procedures. They often had to learn through trial and error, relying on self-directed research, colleagues, or legal consultation to navigate these early experiences.

The emotional toll of legal involvement was profound and pervasive. All participants described experiencing anxiety, fear, self-doubt, and, in some cases, a sense of professional vulnerability. Being questioned in legal settings—whether in courtrooms, depositions, or interactions with attorneys—often made them feel scrutinized and uncertain about their professional competence. The high stakes of legal proceedings intensified these emotions, as counselors grappled with the weight of their testimony and its potential impact on clients' lives.

Although some felt supported by supervisors emotionally, they did not feel supported professionally. Unlike clinical dilemmas, which could be discussed in peer consultation or supervision, legal issues carried an added layer of fear and uncertainty. Some counselors worried about professional repercussions if they misinterpreted legal mandates, while others hesitated to seek support due to concerns about liability. This isolation only heightened their distress, making legal encounters even more daunting.

Many of the participants shared the root of their unpreparedness and distress lay in their graduate training programs, which provided little to no instruction on legal matters. Coursework primarily focused on ethical considerations but rarely covered how to respond to subpoenas, testify effectively, or navigate the adversarial nature of the legal system. Many participants voiced frustration at this gap in training. As a result, they had to seek out additional training and mentorship post-graduation to build their legal competence.

For many participants, legal involvement was not just an external challenge but an internal conflict between their roles as clinicians and their legal obligations. Ethical

principles, such as confidentiality and client autonomy, often seemed at odds with legal requirements. Some struggled with the distress of having to disclose client information against their therapeutic instincts, whereas others felt uneasy about their role in court proceedings, where their clinical insights could be misinterpreted or used in ways that conflicted with client advocacy. These tensions forced them to constantly weigh ethical considerations against legal mandates, heightening their emotional burden.

Despite the challenges, some participants found that their legal encounters ultimately led to professional growth. Over time, they developed stronger documentation practices, clearer communication skills, and greater confidence in their legal and ethical decision-making. What initially felt overwhelming became an opportunity for refinement—learning to articulate clinical reasoning under legal scrutiny, set firmer professional boundaries, and integrate legal knowledge into their practice. For these counselors, adversity became a catalyst for transformation, equipping them with skills they had not anticipated needing but ultimately found invaluable.

General Description

Mental health counselors often have a first legal encounter that is a moment of disruption, exposing a gap between their clinical training and the realities of legal involvement. Whether it is receiving a subpoena, being called to testify, or navigating mandated reporting requirements, they face a steep learning curve. Many express a sense of shock and confusion, feeling thrust into a system with unfamiliar expectations, terminology, and procedures. They often have to learn through trial and error, relying on

self-directed research, colleagues, or legal consultation to navigate these early experiences.

The emotional toll of legal involvement is profound and pervasive. Most mental health counselors experience anxiety, fear, self-doubt, and, in some cases, a sense of professional vulnerability. Being questioned in legal settings—whether in courtrooms, depositions, or interactions with attorneys—often makes them feel scrutinized and uncertain about their professional competence. The high stakes of legal proceedings intensify these emotions, as counselors grapple with the weight of their testimony and its potential impact on clients' lives.

Most mental health counselors feel they have nowhere to turn for guidance, as supervisors and colleagues often lack legal expertise themselves. Unlike clinical dilemmas, which can be discussed in peer consultation or supervision, legal issues carry an added layer of fear and uncertainty. Some counselors worry about professional repercussions if they misinterpret legal mandates, while others hesitate to seek support due to concerns about liability. This isolation only heightens their distress, making legal encounters even more daunting.

Many mental health counselors share the root of their unpreparedness and distress lay in their graduate training programs, which provide little to no instruction on legal matters. Coursework primarily focuses on ethical considerations but rarely covers how to respond to subpoenas, testify effectively, or navigate the adversarial nature of the legal system. Many mental health counselors voice frustration at this gap in training. As a

result, they must seek out additional training and mentorship post-graduation to build their legal competence.

For many mental health counselors, legal involvement is not just an external challenge but an internal conflict between their roles as clinicians and their legal obligations. Ethical principles, such as confidentiality and client autonomy, often seem at odds with legal requirements. Some struggle with the distress of having to disclose client information against their therapeutic instincts, while others feel uneasy about their role in court proceedings, where their clinical insights can be misinterpreted or used in ways that conflict with client advocacy. These tensions force them to constantly weigh ethical considerations against legal mandates, heightening their emotional burden.

Despite the challenges, some mental health counselors find that their legal encounters ultimately will lead to professional growth. Over time, they develop stronger documentation practices, clearer communication skills, and greater confidence in their legal and ethical decision-making. What initially can feel overwhelming can become an opportunity for refinement—learning to articulate clinical reasoning under legal scrutiny, set firmer professional boundaries, and integrate legal knowledge into their practice. For these counselors, adversity is a catalyst for transformation, equipping them with skills they feel are invaluable.

Phenomenological Reflection

Mental health counselors' encounters with court mandates, subpoenas, mandated reporting, and legal testimony are a moment of disruption—intrusions into their professional roles that evoke a range of emotions, including fear, uncertainty, and ethical

tension. The legal system is often perceived as rigid, adversarial, and—at times—misaligned with the values of therapeutic care. Mental health counselors paint a vivid picture of how legal involvement, though an external structure, profoundly shape their professional and personal identities.

Yet, the noesis, or the subjective process through which mental health counselors make sense of their legal experiences, reveal a deeper transformation. Although initially daunting, these encounters are also a source of growth. Counselors develop greater confidence in navigating legal complexities, refine their documentation and testimony skills, and strengthen their professional boundaries. The same legal challenges that once felt overwhelming are catalysts for resilience and self-efficacy. This intentional meaning-making process highlights how mental health counselors' perceptions of the legal system evolve, a shift from fear and uncertainty to empowerment and adaptability.

The horizon of these experiences extends beyond individual encounters with the legal system. Mental health counselors' reflections illuminate broader systemic issues, such as the gap in counselor education regarding legal preparedness. Many describe feeling unprepared for legal involvement due to insufficient training in graduate programs, highlighting a need for systemic reform. Others discuss the emotional toll of legal scrutiny, emphasizing the need for greater professional support in navigating these high-stakes situations. The horizon of their experiences reveals a call for change—an appeal for improved legal education, accessible legal consultation, and a more integrated approach to bridging the gap between mental health and the legal system.

Through this transcendental phenomenological inquiry, the essence of counselors' legal involvement emerges not merely as a series of external challenges but as a deeply transformative process. Their experiences exist in a dynamic interplay between distress and growth, vulnerability and empowerment, uncertainty and adaptation. By bracketing assumptions and engaging with their narratives in their purest form, the phenomenon of mental health counselors navigating encounters with court mandates, subpoenas, mandated reporting, and legal testimony emerges as a journey marked by struggle, as well as professional and personal developments. Counselors navigate a delicate balance between ethical obligations and professional identity. This journey extends beyond procedural duties, encompassing the ongoing tension between client confidentiality and legal responsibilities—challenges that can significantly influence therapeutic relationships. As they engage with the complexities of judicial mandates, counselors are prompted to critically examine their values, ethics, and the fundamental nature of healing within restrictive frameworks. This dynamic process fosters deep professional growth, sharpening communication skills under pressure and strengthening resilience in the face of adversity.

Summary

Chapter 4 provides a detailed description of this study, and the process used to obtain and analyze data using a transcendental phenomenological approach. This includes information about the setting and participants, data collection and analysis procedures, measures for trustworthiness, and a discussion of the results. Themes identified from the data collected by interviews were (a) Lack of preparedness for first legal encounter, (b)

emotional reactions to legal scrutiny, (c) feelings of isolation and lack of support, (d) Experiencing inadequate legal training in counseling programs, (e) Tension between legal and clinical responsibilities, and (f) Refining clinical skills through legal engagement. In Chapter 5, I will discuss how these findings contribute to the existing knowledge in this field, examine the study's limitations, offer recommendations for future research, and explore the implications for social change in counselor education.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore and understand the experiences of mental health counselors when they are involved with the legal system in matters concerning their clients. This included examining the nature of their interactions with the legal system, the challenges they face, the strategies they employ to navigate these challenges, and the impact of these experiences on their professional and personal lives (Murphy et al., 2020). Through a phenomenological research approach, this study aimed to provide a rich, detailed understanding of the counselors' perspectives and experiences, contributing to the broader field of mental health counseling and legal studies.

The problem is that counselors find themselves in high-stakes environments where their professional insights can significantly have an impact on legal outcomes (Murphy et al., 2020). These situations often present unique ethical dilemmas, for instance, counselors may face conflicts between their duty to client confidentiality and legal obligations to disclose information (Francis et al., 2019). Despite this growing trend, there is a dearth of research exploring the lived experiences of mental health counselors who navigate these dual roles.

This chapter provides a synthesis of the study's findings, discussing their significance within the broader field of mental health counseling and legal involvement. The lived experiences of mental health counselors navigating legal encounters were examined through a transcendental phenomenological lens, revealing key themes related to preparedness, emotional reactions, professional isolation, training gaps, ethical

tensions, and professional growth. This chapter presents an interpretation of these findings in relation to existing literature, acknowledges the study's limitations, and offers recommendations for future research and practice. Finally, it explores the implications of these findings for mental health counselors, counselor education programs, and policy development.

Interpretation of the Findings

In this section, I revisit the literature reviewed in Chapter 2, integrating key topics with the findings of this study. I establish a dialogue between existing research and the new insights gained, highlighting connections, contrasts, and emerging perspectives.

Legal Framework Governing Mental Health Counselors

Mental health counselors operate within a complex legal framework designed to protect clients while ensuring public safety. Laws such as the HIPAA establish strict guidelines for maintaining client confidentiality and safeguarding sensitive information. Additionally, state and federal laws define counselors' scope of practice, delineating their roles in treatment planning, diagnosis, and intervention (Wheeler & Bertram, 2019).

Participants' early legal encounters reflected a disconnect between academic preparation and the legal demands of counseling practice. Many shared that their first exposure to legal processes—such as court testimony, responding to subpoenas, or initiating involuntary commitments—occurred without sufficient training or support. This aligns with existing literature that emphasizes the complexity of the legal landscape governing counselors, including federal mandates like HIPAA and varying state laws (Wheeler & Bertram, 2019). Although these laws aim to protect clients and the public,

participants revealed they were often unclear about how these laws apply in practical, real-world situations. This lack of preparedness intensified their anxiety and uncertainty in navigating their legal obligations.

Ethical Considerations in Counseling and Legal Matters

Mental health counselors rely on ethical frameworks, such as the ACA (2014) Code of Ethics, to guide their practice, particularly when facing legal challenges. The Code emphasizes the importance of confidentiality, informed consent, and protecting client rights, principles that often intersect with legal mandates. For example, although counselors are ethically obligated to protect client confidentiality, legal requirements such as subpoenas or mandatory reporting laws may compel them to disclose sensitive information (ACA, 2014).

The tension between legal requirements and ethical responsibilities was a recurring concern among participants. They described morally distressing situations where they were compelled to breach confidentiality or provide testimony that could negatively impact their clients. These narratives illustrate the ethical dilemmas documented in literature—particularly around mandatory reporting, court orders, and the duty to warn (ACA, 2014; Remley & Herlihy, 2020). Participants often struggled to reconcile their ethical commitment to client autonomy and confidentiality with legal mandates. The use of ethical decision-making models was not frequently mentioned by participants, underscoring a potential gap in training and application that the literature advocates as essential in complex legal-ethical scenarios.

Confidentiality and Privileged Communication

Confidentiality and privileged communication are foundational principles in mental health counseling, ensuring that client-counselor interactions are protected to foster trust and openness. The HIPAA of 1996 established federal standards for safeguarding client information, particularly in electronic and physical records. This federal law works alongside state confidentiality statutes that provide additional protection for client-counselor communications (Shallcross, 2010). Participants' experiences underscore the emotional weight of breaking confidentiality, even when legally required. Several described this as a violation of trust that strained the therapeutic alliance and left them feeling conflicted. These accounts echo literature emphasizing confidentiality as a cornerstone of the counseling relationship, yet one that is not absolute (Shallcross, 2010; Ebert, 2018). Exceptions—such as threats of harm or court mandates—forced participants into positions where they had to choose between maintaining trust and ensuring safety or legal compliance. Many felt ill-equipped to navigate these exceptions, often lacking clear guidance on how to disclose information ethically and legally.

Duty to Warn and Protect

The landmark case *Tarasoff v. Regents of the University of California* (1976) set a critical legal precedent for mental health professionals by establishing the duty to warn and protect. In this case, the court ruled that when a client poses a serious threat to another person, counselors have a legal obligation to take reasonable steps to warn the intended victim or law enforcement. This duty places counselors in a delicate position, as

they must balance the ethical imperative to maintain client trust with the need to protect potential victims and ensure public safety. Although the *Tarasoff* ruling clarified legal responsibilities, it also introduced complexities, as counselors must evaluate the credibility and immediacy of threats, often under time-sensitive and high-pressure conditions (Felthous, 2006). The duty to warn and protect was a source of stress for many participants, particularly when assessing threats or deciding how to intervene. Participants described uncertainty in evaluating risk, concern over breaching trust, and fear of legal repercussions if their judgment was questioned. This reflects literature's emphasis on the high-pressure nature of such decisions and the need for clear protocols and training (Felthous, 2006). For some, these experiences served as a catalyst for growth, prompting them to refine their clinical judgment and documentation skills, especially when legal consequences were possible.

Mandatory Reporting Laws

Mandatory reporting laws further shape the responsibilities of mental health counselors, requiring them to report suspected cases of abuse or neglect involving children, elders, or vulnerable adults. These laws exist at both federal and state levels and are designed to protect individuals who may be unable to advocate for themselves. For counselors, these requirements necessitate careful observation and documentation, as well as prompt reporting to the appropriate authorities. However, mandatory reporting introduces ethical tensions, particularly when a report may disrupt the therapeutic alliance or pose risks to the client's relationships or personal safety (Remley & Herlihy, 2013). Participants spoke about how these laws placed them in ethically fraught positions—

particularly when the client was unaware of the report or when reporting might lead to harm or loss of trust. These findings resonate with existing scholarship that discusses how such mandates, while essential for protecting vulnerable individuals, can jeopardize the therapeutic relationship (Remley & Herlihy, 2013; Wheeler & Bertram, 2019). The challenge, as expressed by participants, was not the legal requirement itself, but the emotional and ethical toll it took when aligned against their clinical intuition or advocacy role.

Licensure and Scope of Practice

Licensure laws regulate the scope of practice for mental health counselors and establish minimum standards for education, training, and professional competence. These requirements, which vary by state, aim to protect the public by ensuring that counselors are adequately trained and qualified. Organizations, such as the Council for Accreditation of Counseling & Related Educational Programs (CACREP), play a significant role in developing national standards for counselor education programs, while state licensure boards enforce compliance through exams and continuing education mandates (Mellin et al., 2011). Participants acknowledged that licensure standards provided a general framework for practice, but many noted that legal aspects of the role—especially courtroom involvement or dealing with subpoenas—were not emphasized during their training or preparation for licensure. This highlights a gap between the intended protective function of licensure and its effectiveness in preparing counselors for the legal dimensions of practice (Mellin et al., 2011). Participants also voiced a desire for

continuing education that focuses specifically on legal literacy, suggesting that professional development post-licensure is crucial in filling these training gaps.

Legal Issues Involving Mental Health Counselors

Participants encountered a range of legal scenarios—from custody evaluations and involuntary hospitalizations to responding to subpoenas and testifying in court. These encounters were often described as stressful, confusing, and intimidating, particularly when participants felt their clinical role was misunderstood or minimized in court settings. These experiences mirrored findings from Ebert (2018) and Corey (2016), which highlighted the legal vulnerability and role confusion mental health counselors may experience. Participants also described feelings of moral injury when their legal obligations seemed to contradict their therapeutic goals or values, reinforcing literature that discusses the emotional toll of legal involvement.

Experience of Mental Health Counselors in the Legal System

Research exploring mental health counselors' involvement in the legal system has primarily focused on understanding their professional and emotional challenges. Quantitative studies often highlight the prevalence of legal encounters, such as responding to subpoenas, testifying in court, and mandatory reporting. For instance, a survey by Shallcross (2010) revealed that many counselors feel unprepared to handle legal proceedings, with significant percentages reporting stress related to subpoenas and court appearances. Participants' narratives revealed a range of emotional and professional reactions to legal involvement. Many reported stress, fear, and diminished confidence, especially during initial legal encounters. However, over time, some found that engaging

with the legal system enhanced their professional identity and clinical skills. This nuanced finding expands upon existing literature, which acknowledges both the negative impact of legal stress and the potential for growth when adequate support is present (Corey, 2016; Glosoff, 2016). Participants' experiences also highlighted the need for better integration of legal literacy into counselor education programs, echoing calls in the literature for a stronger alignment between training and real-world legal expectations (Mellin et al., 2011).

Support Systems for Counselors

Support systems are crucial for counselors navigating legal challenges. Clinical supervision and peer support provide essential resources for emotional and professional assistance. Supervisors play a pivotal role in offering guidance, helping counselors reflect on their legal experiences, and developing strategies for managing legal demands (Bernard & Goodyear, 2014). A notable theme across participant narratives was the lack of support during legal encounters. Many described feeling isolated, lacking supervision, and unsure where to seek guidance. Those who had access to clinical supervisors, mentors, or legal consultants reported a more manageable experience and greater confidence in handling legal issues. This aligns with research emphasizing the importance of peer and institutional support in maintaining counselor well-being and decision-making capacity (Bernard & Goodyear, 2014; Wheeler & Bertram, 2019). Participants called for greater access to legal training, supportive consultation, and trauma-informed supervision as ways to buffer the emotional toll of legal involvement and reinforce professional resilience.

Limitations of the Study

Although this study provides valuable insights, certain limitations must be acknowledged, the study included a limited number of participants, which may not fully capture the diversity of experiences among mental health counselors in various practice settings. Participants who volunteered may have stronger opinions about legal involvement, potentially skewing the findings toward those with more extreme experiences. Participants recalled past experiences, which may be influenced by memory bias or personal interpretation.

Recommendations for Future Research

Based on the findings of this study, several recommendations emerge to guide future research and inform educational and institutional practices. First, future studies should explore the impact of integrating legal competency training into graduate counseling curricula. This training should emphasize practical skills such as responding to subpoenas, testifying in court, navigating confidentiality challenges, and understanding key legal terminology. Additionally, research should investigate the effectiveness of continuing education opportunities—such as workshops and professional development courses—focused on the intersection of legal and ethical issues in counseling. These initiatives may help bridge current gaps in legal preparedness and bolster counselors' confidence in navigating complex legal situations.

Future research is also encouraged to examine the development and implementation of institutional policies and protocols designed to support counselors during legal encounters. Such policies may help reduce ambiguity and stress by providing

clear guidance when legal and clinical responsibilities intersect. Longitudinal studies are recommended to better understand how legal involvement influences counselors' professional growth and identity over time. These studies can provide valuable insight into how legal experiences shape practice, ethical decision-making, and resilience in the profession. Lastly, future research should explore variations in legal preparedness and experiences across different practice settings, including private practice, community mental health agencies, hospitals, and school counseling environments. Understanding setting-specific challenges will contribute to more tailored training and support systems for mental health professionals across diverse contexts.

Implications

The findings of this study underscore the critical need to enhance legal preparedness within the field of mental health counseling. As legal encounters become increasingly common in clinical practice—ranging from court testimonies to navigating subpoenas and mandatory reporting—counselors must be equipped with the knowledge and confidence to respond effectively. A lack of legal preparedness not only heightens stress and anxiety but can also compromise ethical decision-making and client care. Therefore, increased awareness of legal responsibilities is essential for protecting both counselors and their clients.

The study's findings advocate meaningful reforms in counselor education, particularly the integration of comprehensive legal training into graduate programs. This training should extend beyond theoretical knowledge to include practical applications, such as responding to court orders, understanding legal terminology, and handling

breaches of confidentiality. Such curriculum changes can help bridge the current gap between academic preparation and real-world practice, ultimately promoting counselors' long-term professional competence and resilience.

Furthermore, the field would benefit from stronger collaboration between counselor education programs, professional organizations, and licensing boards to establish clearer, standardized guidelines for managing legal challenges. Professional associations, like the ACA, and state licensing boards should work to create and disseminate resources, toolkits, and protocols that support ethical and legal decision-making in high-stakes situations. At a policy level, advocating for the inclusion of legal competency requirements in licensure and certification processes could ensure that all emerging counselors enter the workforce with a foundational understanding of the legal landscape. These steps not only elevate the standards of the profession but also safeguard the integrity of clinical practice and enhance public trust in mental health services. Ultimately, by addressing these gaps in legal preparedness, the field of mental health counseling can better support practitioners, reduce professional burnout, and improve client outcomes in an increasingly complex legal and ethical environment.

Conclusion

The findings of this study illuminate the significant challenges mental health counselors face when engaging with the legal system. From initial unpreparedness and emotional distress to professional isolation and ethical dilemmas, legal involvement presents a complex and often overwhelming experience. However, for some, these encounters also serve as opportunities for growth, ultimately strengthening their clinical

skills and professional identity. Addressing these challenges through enhanced training, support structures, and policy initiatives can empower counselors to navigate legal complexities with greater confidence and competence. Future research should continue exploring this intersection to further inform best practices and improve counselor preparedness for legal engagement.

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Appendix: Interview Questions

Can you tell me about your professional background and experience as a mental health counselor?

What populations do you primarily work with?

How long have you been in practice?

How would you describe your first experience involving legal matters and a client?

Can you describe a specific instance where you had to navigate a legal issue related to one of your clients?

What was the nature of your involvement (e.g., court testimony, submitting records, consultation)?

How did you feel during the process?

Did you experience any challenges during this process, and if so, how did you address them?

Did your involvement with the legal system have any effects on your professional practice or personal well-being?

Were there any ethical dilemmas or conflicts that arose during your involvement in legal matters? If so, please describe the dilemmas.

How did you navigate these dilemmas or conflicts?

What resources or support systems were available to you during this time?

Did you feel adequately prepared to handle these legal situations? Why or why not?

How have your experiences with the legal system shaped your professional growth?

What insights or lessons have you gained from these experiences?

Looking back, is there anything you wish you had known before becoming involved with the legal system?

What advice would you give to other mental health counselors who may face similar legal involvements?

Is there anything else you would like to share about your experiences that we haven't covered?