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CORRECTIONAL COUNSELING, THE ROLE OF THE CORRECTIONAL COUNSELOR, AND SOCIAL JUSTICE ISSUES WITH CORRECTIONAL CLIENTS

CHAPTER OBJECTIVES

1. Know the definition, function, and parameters of the counseling process and understand the role and characteristics of the counselor.
2. Identify the various means of training and supervision associated with counseling.
3. Discuss how social justice issues are relevant to the field of correctional counseling.

This chapter will provide an overview of how counseling exists within the correctional environment, whether institutional or community based. This chapter also will discuss correctional counselors and their need to be flexible and able to adapt to the differing needs and learning styles of different correctional clients. Also, counselors must remain vigilant in their efforts to stay abreast of the laws governing the counseling relationship. Confidentiality is a critical factor and is related to the success of counseling. Further, counselors must be aware of the state laws in which they practice because, as of yet, there is no national legislation that clearly articulates what information can and cannot be disclosed. From an ethical standpoint, counselors must be willing to inform correctional clients that at the current time there can be no guarantee to strict confidentiality.

The concerns and motivations for correctional security staff are different from those of the counseling or treatment staff. Correctional counselors must learn to work within an environment that is not always supportive of their efforts, understanding that the practitioner culture can also exacerbate problems facing clients who are incarcerated. Lastly, the scientific method is presented as a friend to the correctional counselor. Indeed, as one will see throughout this text, this process of hypothesis generation is never-ending. It is this process of inquiry that provides a skilled clinician with a clear framework from which client problems can be analyzed, techniques tested, and continual improvements implemented as a means of aiding the therapeutic process.

It is important for persons interested in correctional counseling to understand the true nature and role of the counseling process. Counseling is a collaborative process where the counselor and the client engage in a shared form of interaction and goal-setting. In other words, the counselor acts as a facilitator rather than the leader of the session. Further, there are some personality characteristics and personal qualities that make a person more ideally suited for counseling. In general, the counselor should be a person who enjoys working with people, is a good listener, has an appropriate sense of empathy, and is of stable mind and character. While there are many more characteristics that make an effective counselor, the basic concept is that counselors should be able to convey a sense of genuine care for their client.

Further, counselors should always present themselves in a professional manner with the sole intention of attending to the needs of the client in an effort to help. It is always unethical for a counselor to enter into sexual relationships or dual relationships with clients. One of the best ways for a counselor to guard against burnout as well as engaging in the process of countertransference is to continuously and actively participate in further self-development programs. This may include participating in personal counseling sessions for the counselor, continued educational programs, as well as developing and maintaining social contacts and activities.

CORRECTIONAL COUNSELING AND THE COUNSELOR

In the 1940s, and largely due to the work of Carl Rogers, counseling began to evolve into a profession that incorporated more than just guidance (Brown & Srebalus, 2003). Today, counseling is often thought of as a profession that encompasses both guidance and psychotherapy. Gladding (1996) describes counseling as a “relatively short-term, interpersonal, theory-based process of helping persons who are basically psychologically healthy resolve developmental and situational problems” (p. 8). If one carefully scrutinizes Gladding’s definition, it is clear that the concept of counseling describes a broad profession aimed at helping individuals resolve issues ranging from personal, social, vocational, and educational matters.

Realistically, the only tangible distinction between counseling and therapy is one of duration. As mentioned above, therapy is the concept usually used to describe a professional relationship between a therapist and client that occurs over long periods of time, in some cases lasting several years or more. But this distinction is ambiguous because many of the same techniques are applied in both settings. In most circumstances counselors and therapists receive the same foundational focus in training. As a result, Egan and Reese (2018) uses the concept of formal and informal helpers to capture the true essence of what is attempting to be accomplished regardless of whether the person is identified as a counselor, psychiatrist, psychologist, social worker, or minister of religion. Ultimately, the goal is “To help people manage the distressing problems of life” (Egan and Reese, 2018, p. 4). Henceforth, the concept of **counseling**, used in this text, is drawn largely from the work of Egan and Reese (2018) and will be used to describe the process of helping individuals better help themselves in managing distress by further development or refinement of their own resources.

Corrections is a concept that describes one component of the criminal justice system that is responsible for individuals once they have been convicted of a crime. The term *corrections* can

be thought of as an “umbrella” that generally encompasses a multitude of entities such as prisons, jails, detention facilities, probation, parole, community treatment programs, and others. In essence, any agency that is responsible for housing, monitoring, or providing services to a person convicted of a crime falls under the milieu of corrections. There is a rich history behind the concept of corrections that is beyond the scope of this text. However, some background information is warranted in order to properly couch the remaining portions of this chapter and text.

There are two essential objectives of corrections: (1) the punishment of people convicted of crimes and (2) the prevention of future crime (Clear & Dammer, 2003). **Punishment** is a concept that describes the process of causing an individual who has done wrong to suffer through the infliction of a penalty. As early philosophers have stated, one true way society can declare an act forbidden or wrong is by imposing a form of punishment on the individual responsible for its commission. In addition, through the imposition of suffering, society is better able to forgive the wrongdoer for their actions. And, as mentioned by Clear and Dammer (2003), “When communities come together to punish deviant members, a sense of shared values and togetherness becomes a part of that community’s identity” (p. 19).

The concept of **crime prevention** describes the process of preventing future illegal acts based upon the punishment received by those who have already committed similar acts. The ideology behind this concept is that the punishment should be appropriate to deter any future wrongdoing. One way to prevent crime is by **incapacitating** those who commit crimes so that their movements and actions are restricted. This may be accomplished through incarceration or more modern techniques such as **electronic monitoring** and the prescription of certain medications. Another way to prevent crime is through the process of rehabilitation. **Rehabilitation** is a concept that describes the process of restoring one’s effectiveness in carrying out a “normal” life through training and **exposure to** different modalities and techniques of treatment. There are many strategies aimed at **rehabilitating** individuals who are incarcerated. Naturally, as one might guess, this text will lean strongly in the direction of rehabilitation rather than punishment. However, this is not to say that punitive elements are not employed in corrections (or correctional counseling, for that matter) but it is the intent of this text to provide both the theory and the technique necessary for the reformation and rehabilitation. Lastly, **restoration**, is one of the oldest forms of correction and describes the process of bringing oneself back to one’s original state in the community through working with victims and community members to repair the damage caused by the criminal act. Both rehabilitative and restorative elements will be emphasized throughout this text and the strategies used toward these ends will be covered in the coming chapters. Much of the information provided will be directed at two broad components: (1) helping clients identify and correct dysfunctional patterns of thinking and behaving and, (2) reintegrating clients into the community in a manner that does not compromise the safety or security of the public at large.

Correctional counseling is a broad term that has been defined in various ways depending on the context in which it appears. For example, Bennett (1978) defines correctional counseling as any “Planned interaction between the correctional worker and a client or group of clients—probationers, prisoners, or parolees—with the aim of changing the pattern of the recipients’ behavior toward conformity to social expectation” (p. 10). Kratcoski (2017) uses the

term *correctional treatment* and defines it as “Any planned and monitored program of activity that has the goal of rehabilitating or ‘habilitating’ the offender so that he or she will avoid criminal activity in the future” (p. 4). This definition was criticized by Walters (2001) for being too broad and not providing appropriate parameters for the true essence of correctional counseling. Schrink and Hamm (1990) also argue that the true goals of correctional counseling are actually much narrower in scope than suggested by most of the definitions found in the literature. According to Schrink and Hamm (1990) the counseling that does take place is most often aimed at addressing crises related to being in prison, and has little to do with past or future situations or circumstances. More recently, Masters (2004) uses the concept of criminal justice counseling and describes it as a process of counseling clients in various modes and settings. For example, counseling may take place in “Prisons, probation agencies, parole agencies, diversion programs, group homes, halfway houses, prerelease facilities, and to some extent U.S. jails” (Masters, 2004, p. 2). In addition, Masters (2004) notes that “At the heart of criminal justice counseling philosophy is protection of society” (p. 3).

Therefore, the question still remains—What is correctional counseling? One of the most salient factors to consider when attempting to define a concept is to first identify the audience for whom it is intended. For our purposes, the targeted audience is both correctional counseling practitioners as well as students studying to become counselors in correctional settings. With these parameters in mind, we provide the following as the working definition of correctional counseling for the purposes of this text. **Correctional counseling** is a concept that describes the process of trained counselors helping correctional clients identify and incorporate better behavioral, psychological, and emotional responses to life events that serve to improve their quality of life and reduce or eliminate their involvement in criminal activity. Correctional counseling can occur in any setting where a counselor and client(s) are able to gather in an attempt to carry out these goals. The essence of our definition is aimed at the process of a trained counselor screening, diagnosing, and assessing a client in order to carry out a planned method of intervention aimed at correcting dysfunctional learning. The one component that makes our definition of correctional counseling different from most definitions provided in previous literature is the concept of training. Most previous works identify police officers, probation officers, parole officers, correctional officers, and the like, as mechanisms through which correctional counseling takes place. For our purposes, however, we believe it is most appropriate to utilize the concept of correctional counseling when describing a process that is being carried out by trained counselors.

Defining the Term *Trained Counselor*

The business of defining concepts can sometimes be difficult. This is particularly true when one considers that the field itself has gone through a process of definition formulation throughout the past two or three decades. Ideally, the definition should be broad enough to capture the full requisites of the concept, but yet sufficiently narrow to eliminate similar constructs that detract from its fundamental purpose. Our fear is in providing a definition for trained counselor that serves to eliminate certain professionals within the criminal justice system that may be able to deliver sound advice to those who are incarcerated, that does in fact stymie their participation in further criminal acts.

As a result, we provide the concept of trained counselor to describe professional counselors that have received theoretically based education and training regarding the fundamental principles of counseling. In addition, a trained counselor should have knowledge of a variety of theoretical approaches that inform the underlying mechanisms of dysfunctional learning and behavior. At a minimum, this training would consist of a bachelor's degree in an appropriate discipline that is scientifically based. Preferably, the training would consist of an advanced degree, master's or doctorate, in an appropriate, scientifically based discipline. Noticeably, our concept of a trained counselor stops short of requiring full licensure as a licensed professional counselor. We do believe, however, that any counselor not licensed should be under the direction of a licensed supervisory counselor available for consulting and advice when necessary.

The primary reasoning driving the construction of these definitions is based on the need to accurately evaluate the concept of correctional counseling. Over the years, there have been a variety of reports and recommendations that have generally portrayed the idea of counseling individuals who are incarcerated in a negative light. The most notable of these reports was generated by Robert Martinson and colleagues in 1974. In essence, Martinson was hired by the State of New York to evaluate what worked in rehabilitating those who had committed criminal offenses. The variables used to operationalize the concept of rehabilitation consisted of adjustment to prison life, vocational and educational achievement and success, changes in personality and attitude, general adjustment to society, and rates of recidivism. After reviewing the findings of 231 studies, Martinson ultimately concluded that rehabilitative efforts had no appreciable effects. Both at the time of Martinson's report, and still today, the primary variable used to measure the success of rehabilitation is the concept of recidivism.

Recidivism is a concept used to describe the process of an individual relapsing into criminal behavior after release from incarceration. What followed, based on Martinson's report, was an immense emphasis on behalf of politicians and the media highlighting the shortcomings of rehabilitative efforts within the criminal justice system. The report served as an official document on which leaders and politicians could rely in order to advocate the concepts of stricter punishments and longer prison sentences. It also served as a tool to greatly reduce the amounts of funding allocated toward counseling and rehabilitative efforts. All of this, despite the fact that Martinson and colleagues cautioned politicians and the public that many of their findings should be considered in light of the enormous methodological complications of conducting such a study. These cautions, however, received very little attention from the media. The concept of "Nothing Works" was found, by the media, to be much more stimulating and capable of creating the frenzy that drives interest, which generates sales, that culminates in money.

In essence, the concept of correctional counseling and its attendant components should be defined and described based on the same standards from which they will be evaluated. The foundation on which these standards should rely is the scientific method of inquiry. This is the only way to provide a fair evaluation of the strengths and weaknesses of correctional counseling that is able to produce reasonable coefficients related to reliability and validity. The scientific method of inquiry allows us to examine a given question and explore that question in an objective manner. Yet, once an answer is found, the scientific method of inquiry then provides counselors and counseling programs with answers related to outcomes. If a program is found

to achieve its objectives, then all is well. However, few programs achieve every single objective that is necessary for true overall reform of the client within the first point of implementation. Rather, the process of scientific inquiry can allow treatment providers to determine those areas of intervention that work well while also identifying those areas that will need improvement. From that point, treatment providers are able to refine their efforts in a constant cycle of continuous improvement.

This process of inquiry allows counselors and treatment agencies to constantly stay up-to-date with challenges facing their populations. Further, the process is one of constant hypothesis generation, producing fresh new ideas over time as interventions are examined and revised. As students will see in future chapters, this process of hypothesis generation and inquiry will be relevant to the assessment and diagnosis components of the treatment process and will even be relevant to the process of developing the therapeutic alliance between client and correctional counselor. In addition, this process and the means by which it provides guidance to further program improvement will be demonstrated in the last chapter of this text where evaluation processes are explored.

Lastly, when determining whether counseling interventions are successful, recidivism rates should not be the sole factor considered when attempting to judge the success of correctional counseling. In private settings, occasions of relapse and regression are common and expected. They may consist of clients returning to substance abuse or obsessive-compulsive behaviors that inflict harm on themselves as well as others. In these instances, the goal is to stabilize clients quicker than would have been possible prior to counseling. The same logic should apply to counseling in correctional settings. It is not practical or realistic to assume that all those who undergo counseling will henceforth lead a crime free life. A more logical approach, especially for hardened individuals who are likely to return to high-crime contexts, may be the hope of reducing the extent of their criminal activities as they continue to learn and process new methods of responding to life events. In the end, however, it is really up to the client. If the client is not willing to change, progress is not likely. It is based on this fact that a variety of circumstances, and not just recidivism rates, should be considered when attempting to gauge the effectiveness of correctional counseling.

Concerns of Custodial Staff vs. Concerns of Treatment Staff

One of the most problematic issues in the administration of counseling services in correctional settings is the fact that custodial staff and counseling personnel often have different goals. The primary goal of corrections facilities and their staff is security. There are two broad components of security that are especially relevant to correctional agencies: (1) security and safety for the incarcerated population as well as staff, and (2) security and safety of society through maintaining control and custody of those who are detained in the facility and preventing their escape. For the management and staff of correctional facilities, security is paramount and will take precedence over concerns or attempts at rehabilitation through the provisions of counseling services.

Trained counselors, on the other hand, are primarily motivated by the idea of helping clients identify and incorporate better responses to stressful life events. The heart of this process requires that trust be established between the counselor and client at an appropriate depth

whereby the client feels safe to share intimate details pertaining to their dysfunctional learning and thoughts. The literature is replete with examples of how these differing goals significantly impact the outcomes of counseling services provided to people who are incarcerated. For example, Masters (2004) clearly states that “American society still demands, first and foremost, protection of society over treatment efforts on the part of counselors in the criminal justice setting” (p. 3). Lester (1992) asks “Is the primary goal of counselors who work in prisons one of correcting offenders for successful readjustment to the outside world, or is their primary role more concerned with offenders’ adjustment to the institutional world of the prison” (p. 25) thereby enhancing security? Even for counselors who are employed by correctional agencies, security concerns will override the philosophies and procedures necessary for the creation of an environment conducive to successful intervention. This is evidenced by Schrink and Hamm (1990) who state that counselors working in correctional settings “Are not even expected to worry about offender’ post institutional behavior” (p. 137).

At this point a couple of logical questions may include, what are the motivations behind these differing goals? Why is that, from a realistic standpoint, the issue of security is and will continue to be paramount? Our assertion is that the primary reason for the concept of security being the paramount concern for any correctional facility is due to the issue of liability—both civil and criminal liability. **Liability**, within the context of corrections, is a concept that describes the process of being accountable or legally bound to ensure that one’s basic rights are not violated. Even individuals in a correctional setting have basic rights of due process, including rights to safety and life. What happens when these rights are found to be violated and people who are incarcerated are injured or killed due to negligence? Correctional personnel either lose their own freedom, agencies may have injunctions imposed against them, or the agency or its staff may be required to pay monetary damages. There is no question that both of these results generate powerful motives aimed at their avoidance.

The student should understand that one of the best means of ensuring the safety of those detained in a correctional facility while avoiding liability is through the maintenance of tight and strict security measures within the agency. In addition, agency personnel tend to be insulated from liability when they are sure to follow the written policies and procedures of the agency. Further highlighting the salience of this issue is the fact that most legal decisions, governing the discipline of corrections, uphold the concept of maintaining security and, in most cases, defer to prison officials to determine how to best achieve safe and secure environments. In essence, the concept of helping those living within correctional facilities learn better skills to cope with difficult life situations is, and will remain, secondary to the security of the facility.

As a result of this reality, trained counselors have a very realistic problem that somehow has to be addressed if they have any chance of helping their clients. In essence, the problem for trained counselors hired to provide a professional service is one of disclosure. Clients must be informed that any information that they disclose found to be relevant to the issue of security or safety may be turned over to correctional officials. As a result, a game is often initiated between the counselor and client. The client participates in counseling because they know it will be beneficial to have done so when release factors are considered. No real attempt, however, is made by the client to disclose necessary information because of the fear that it may later be disclosed and incriminating.

Therefore, our approach in this text is not to try and provide further information aimed at how the competing goals hinder the results of counseling. Previous literature is more than sufficient to settle that question. Our goal is, however, to explore various methods that may be employed by correctional counselors that may serve to reduce some of the conflict between issues of security and counseling in correctional settings. For now, it may be most salient for the correctional counselor to accept the reality of these competing goals and begin to understand that this will likely remain the case for many years to come.

Correctional Counseling: Facility Settings vs. Community Settings

It is important to note that correctional counseling can take place in a variety of settings. Most of the information presented thus far is primarily geared toward counseling services being provided in a secured correctional institution. Examples of secured correctional institutions include federal and state prisons, local jails, and juvenile detention facilities as well as privately owned correctional institutions. In addition to these institutional settings, however, are the various locations and circumstances in which counseling may occur within the community. For example, individuals who are on probation or parole or under any sentencing guideline that allows them to remain in the community or have access to community services provides for the possible opportunity of that person receiving counseling services. These services may be provided trained counselors employed by local mental health centers, employment agencies staffed by trained guidance counselors, as well as private helping centers.

Currently, there is a strong movement in American criminal justice toward further implementing a concept called **Community Corrections**. Community corrections describe the process of attempting to help those convicted of crimes learn to better manage life circumstances through education, counseling, job placement, and housing centers. In fact, it may be that some of the best opportunities for professional counselors to have significant impacts on the lives of their clients are in these various community corrections programs. One example of a program that would fall under the heading of community corrections is jail diversion. **Jail diversion** is a concept that describes the process of diverting people convicted of non-violent offenses, away from a jail cell and into the care of community health providers. It is a comprehensive, federally funded program that incorporates further education, counseling services to be provided by a licensed professional, psychiatric services primarily geared toward prescribing necessary medications, as well as housing that serves to remove the individual from high-crime contexts or dysfunctional family environments. The following table depicts the daily schedule of individuals who have chosen to participate in a jail diversion program currently being operated in the Southern United States.

Other examples of community corrections include **day reporting** programs where participants are often required to report on a daily basis to a particular facility within the community. Similar to the concept of jail diversion, day reporting programs typically involve participation in GED classes, group and individual counseling sessions, as well as comprehensive career guidance. Usually there are different phases, for example, Phase 1 usually consists of screening, diagnosing and assessing a program participant in order to determine specific needs to be addressed in a treatment plan. Phase 2 usually consists of placement in appropriate educational classes, and counseling sessions in an attempt to stabilize the individual. Once stabilized, the next phase

is usually an attempt to find suitable employment. Throughout the process participants are monitored to ensure compliance with sentencing guidelines as well as continued advancement regarding their behavioral, psychological, and emotional adjustments.

The Counselor as Facilitator

Many people think of counseling as a process that is similar to “advice giving.” As such, it is often the case that clients may come to a counseling session expecting the counselor to have specific details and guidance as to how they should handle a situation that confronts them. This is unfortunate because this is precisely where feelings of disappointment can quickly surface, with the client feeling as if they are getting no help for whatever issue that is identified as problematic. However, it is not the intended role of the counselor to be a giver of advice. Rather, counseling presumes that clients have the capacity to solve their own problems and address challenges, if only they can be shown the way. This is where the counselor enters the picture.

Often, people may have the means to solve their problems but they may simply not know how to proceed or they may not know how to utilize their own unique talents or abilities. The counselor, as a helping professional, is tasked with assisting these individuals in finding their own resolution. In this regard, counselors build on the strengths of the client to help mobilize the client’s own natural ability to cope with and overcome challenges that bring them into counseling. It is as a grand facilitator that the counselor empowers clients to handle issues in their lives, thereby enhancing a client’s ability to make changes in their life that may be necessary.

Through the process of facilitation, counselors will often assist client in identifying goals in treatment and in developing the means by which they will achieve those goals. Ultimately, it is the task of the client to **actually achieve** their own goals, but it is the counselor who serves as a sounding board and source of inspiration and encouragement. By building a relationship of trust, exhibiting empathy, and providing tools for effective coping, the counselor provides the client with the **additional assistance** to implement self-change or life changes that may be necessary to resolve challenges and difficulties. Through a collaborative partnership between the counselor and the client, trust is established where the client is encouraged to make honest and **genuine progress** toward an agreed-upon goal. All the while, the counselor respects the autonomy of the client, avoiding any desire to fully dictate the course of action that a client may take.

It is worth noting that the traditional role of the counselor as facilitator may not always **mesh well** with the requirements that exist within the criminal justice system. The fact that individuals who are incarcerated do have certain requirements placed upon them does put the counselor in some bit of an authoritative role. Thus, the process of facilitation may sometimes have to be counterbalanced against the need to maintain security requirements imposed by the correctional system. This is a common challenge to correctional counselors but is perhaps best navigated through the process of maintaining honesty and congruence as to the limits of the counselor’s influence within the correctional environment. Ensuring that clients know this at the start while refraining from being overly coercive in therapy can be effective approaches to maintaining a facilitative role rather than one that is too directive, domineering, and counter to the internal change that is desired from the client in treatment.

Personality and Background for Becoming a Counselor

While there is no one single personality type that is ideal for the counseling profession, there are some characteristics that may be particularly well suited for persons wishing to enter the field of counseling. Generally, personalities that are given to excessive emotionality are not likely to be suitable for the counseling profession. Yet, at the same time, persons in the counseling profession must be in tune with the emotional framework of others. This is particularly true if the counselor hopes to achieve the minimal of empathetic bonds with the client.

Further, counseling requires that the person have a stable frame of mind. Otherwise, they cannot be effective in aiding others who in many cases may prove to be quite unstable. Persons with fragile ego development, inability to withstand stress, or a lack of concern for others will not typically be well suited for the counseling profession. Rather, persons who enjoy communicating with others, have at least some degree of patience, and who value people for their inherent value will likely find the counseling field to be to their liking. Because the counseling process can be very taxing upon one's patience and mental stamina, it is important that would-be counselors take an honest inventory of their own personal framework and the background that has shaped them to determine if the counseling field is appropriate for their own combination of strengths and limitations. A failure to do this can result in future impairment of others who will later seek the assistance of the counselor. Thus, it is important that persons contemplating such a career do so with careful consideration.

According to Gladding (2018), there are a number of positive personal qualities that are well-suited to the counseling profession. Gladding provides a list of 10 qualities that are presented below:

1. *Curiosity and inquisitiveness*: A natural interest in people
2. *Ability to listen*: The ability to find listening stimulating
3. *Comfort with conversation*: Enjoyment of verbal exchanges
4. *Empathy and understanding*: The ability to put oneself in another's place, even if that person is a different gender or from a different culture
5. *Emotional insightfulness*: Comfort dealing with a wide range of feelings, from anger to joy
6. *Introspection*: The ability to see or feel from within
7. *Capacity for self-denial*: The ability to set aside personal needs to listen and take care of other's needs first
8. *Tolerance of intimacy*: The ability to sustain emotional closeness
9. *Comfort with power*: The acceptance of power with a certain degree of detachment
10. *Ability to laugh*: The capability of seeing the bittersweet quality of life events and the humor in them

Even though correctional counselors may work with clients who are hardened and potentially resistant, each of the above qualities are nevertheless very useful. Indeed, it is especially important that the correctional counselor possess these qualities (at least to some degree) if they expect to model them for clients. Regardless of the population that a counselor is working with, these qualities are essential to basic counseling process and serve to aid the facilitative nature of counseling.

According to Gladding (2018), there are three levels associated with the helping relationship: nonprofessional, paraprofessional, and professional. For counselors to practice at a certain level, they must acquire the requisite skills associated with that level of helping. The first level of helping is that which consists of **nonprofessional helpers** (Gladding, 2018). These persons may be friends, family, or even untrained volunteers who offer assistance. The second level of helping consists of **human service workers**. These persons have some bit of formal training in human behavior but they are not likely to be licensed. Further, these types of helpers tend to work in teams rather than individually. Gladding (2018) notes that these types of professionals tend to be mental health technicians, child care workers, probation, or parole personnel. The final and highest trained level of helpers are the **professional helpers**. These are the persons who have formal educations in prevention and intervention programming and implementation. This group consists of licensed counselors, psychologists, social workers, and psychiatrists. These professionals will all have advanced and specialized degrees as well as practica and internships where they will demonstrate their ability to provide therapeutic services.

Credentialing of Counselors

Therapeutic personnel come in many forms, particularly when dealing with specialized populations. Further still, state laws often have different distinctions between types of therapeutic providers and the level of credential or license that they may hold. For instance, while a person may be certified, this is not the same as licensure. **Certification** implies a certain level of oversight in that a minimum standard of competency exists, but it is **licensure** that provides the legal right to see clients and receive third-party billing. Third-party billing is when insurance companies, employment assistance programs, or state programs are billed to reimburse the therapist. Obviously, this is important for the therapeutic practitioner working in private practice or in a nonprofit but private facility. In addition, not all mental health specialists can give assessment tests. Many of the assessment tests that will be discussed later require a fully licensed psychologist with a PhD whereas the other tests may have little or no minimal criteria other than the requisite training to successfully administer and score the test. However, in some states, counselors who have obtained the adequate psychometric training may also be qualified and permitted to administer standardized mental health tests on their own. Thus, the distinctions in credentials can be a bit blurred, but it is the possession of licensure that is paramount to the counseling professional.

Watching for Burnout

Burnout is a concept that describes the process of emotional exhaustion, and cynicism along with hardened and calloused attitudes toward helping others (Egan & Reese, 2018; Masters, 2004). Burnout is a formidable foe that usually manifests itself based on a myriad of

circumstances. According to Brown and Srebalus (2003), burnout is an extremely serious health problem within the workforce and is second only to infectious diseases and pollution-related illnesses as a health hazard. In essence, over time, counselors often become fatigued due to demands from their work causing them to be less effective, or in extreme cases, inoperable.

It is important that counselors be aware of some of the symptoms that may present themselves in the case of burnout. There are a number of symptoms that are identified in counselors who have begun to feel stressed or overwhelmed by the process of helping (Lent, 2010; Masters, 2004). The following selection is not meant to be all inclusive but is instead intended to serve as a reference point to help identify certain situations or behaviors that are indicative of stress and burnout among correctional counselors:

- Loss of objectivity toward a client
- Belief that the client will never change
- Belief that the criminal justice system does not work
- Feelings of futility due to not being able to find effective methods of intervention
- Manipulating clients
- Becoming detached and noninvolved with the counseling process
- Not properly attending to the client during counseling sessions
- Calling in sick
- Excessive consumption of alcohol or other drugs

There are a variety of causes commonly associated with burnout. One of the most salient causes is stress. **Stress** is a concept that describes the process of feeling strained due to reaching one's limits of emotional or physical capacity. When one begins to experience stress an abundance of physical and emotional energy is needed to combat the unpleasant feelings (Lent, 2010). Over time this massive expenditure of energy fatigues the body and mind. Once fatigued, counselors are vulnerable to physical and emotional ailments as well as a general lack of productivity. Common factors that together produce stressors include being overworked, lack of, or perceived lack of money, organizational characteristics, family problems, as well as inadequate feedback from supervisors (Brown & Srebalus, 2003; Lent, 2010).

It is critical that counselors first, recognize symptoms and stressors early on and then second, take appropriate actions to effectively combat them. One of the most powerful methods of reducing stress is through social support. It is not uncommon for counselors to correlate periods of time where they were experiencing significant stress with times where they had become emotionally isolated from significant others including spouses, family and friends, as well as their professional colleagues. Other methods of combating burnout include regular exercise, vacations when possible, as well as reconnecting with friends and loved ones. In addition, Brown and Srebalus (2003) provide the following list of possible actions that may serve to stave off the powerful forces of burnout:

- Time and boundary management
- Detached concern for clients
- Work sharing and job rotation
- Supervision for professional development
- More effective peer/supervisor feedback
- See counseling as a job not a “calling”
- Cultivate nonwork friendships
- Realism about the power of counseling interventions
- Written professional development plan
- Join a social support/mutual aid group
- Treat spouse and children as different from clients
- Improve body image
- See health as holistic
- Preserve privacy better
- Cultivate hobbies/take vacations
- Reevaluate personal/professional ambitions. (p. 341)

Professional Collaboration

Professional collaboration among counselors is a process where counselors may ask for input or suggestions from other professionals regarding clients who are on their clinical caseload. This is an important process because this allows counselors to solicit the advice of counselors who may have invaluable firsthand experience with a certain clinical issue. In correctional counseling, this is also a useful means of exchange when a counselor is tasked with working with a particularly difficult population, such as those convicted of sex offenses or domestic battery. In such cases, it may prove useful to have the advice of a colleague.

Professional collaboration is also very useful for newly minted counselors who have received their degree or training in counseling but have not had much clinical experience. In such cases, the advice and guidance of a more seasoned therapist can provide effective mentoring for the junior counselor. However, the use of professional collaboration should not be thought of as only being sought out by junior counselors. Many counselors who have had years of experience may find it useful from time-to-time to consult with colleagues regarding a specific clinical case that proves challenging. This is a normal and routine process within the world of counseling and tends to improve overall service delivery and also helps the counselor seeking such collaboration to identify blind-spots that might exist in their own clinical judgment. The ability

to have another professional examine the issues associated with a client can provide a wealth of ideas and perspectives that might otherwise be overlooked by a counselor who does not seek the benefit of collaboration.

It is important to note that during this period of collaboration, the counselor may discuss various aspects of the client's problems or challenges. The counselor may also discuss their own internal reactions to the client. However, even in the collaboration process, the identity of the client is kept anonymous. In other words, the client's confidentiality must be respected since collaboration is not an acceptable exception to the client's right to confidentiality. Counselors should not allow themselves to become lax in safeguarding the confidentiality or anonymous identity of the client, even while engaged in professional collaboration.

SUPERVISION AND COUNSELOR DEVELOPMENT

The issue of supervision and continued training is very important for the professional counselor. The supervision process is often associated with faculty supervision of counselors who take a practicum or an internship when enrolled in a professional counseling degree program. However, the supervision tends to continue well beyond gaining the degree since most all states require graduates to obtain several thousand hours of clinical experience after the completion of their degree. These additional clinical hours are required so that the counselor, commonly referred to as an intern at this point in training, can obtain a license to practice independently without the use of a supervisor. In such cases, the site supervisor is likely to conduct the supervision of these budding counselors. This early supervision is an important aspect of the development of the counselor, so it is important that the supervisor take an active interest in the counselor intern's development.

Lastly, it is important that counselors continue their training well beyond obtaining their degree and/or their initial training. In fact, most all licensing and certification boards require that counselors complete at least a minimum amount of training every year or two. While this changes in specific criteria from state to state, the requirement that extended training be completed seems to be universal. In many cases, counselors will attend workshops or conferences where they will obtain continuing education units (CEUs) which are awarded to the counselor who attends the training. The specific number of CEUs depends on the length of the workshop or training experience, but generally one CEU is the equivalent to one hour of training. It is very common for counselors to routinely attend these types of training events since there are so many issues with which they may have to contend. Further, attendance at these training functions also leads to further opportunities for collaboration and networking. This, in turn, provides further support for counselors who have challenging client caseloads.

Developmental Stages of Counselors

Not all mental health professionals are equally competent and knowledgeable. Indeed, when comparing correctional counselors it becomes quickly apparent that each is at a different stage of professional development (SAMHSA, 2009). Some may have more years of experience but have worked only with substance abuse issues, others may have less time in the field but have

been exposed to a wide variety of clients with very diverse clinical issues. Some may have had extensive continuing education while others may only complete the minimal amount of hours necessary for their state board approval. The **counselor developmental stage** is determined by their characteristics, skills, needs, and techniques involved in their service delivery and their progression in counseling competence (see Table 1.1 for more specific details).

Thus, correctional supervisors who are clinical supervisors will need to take into account the supervisee's level of training, experience, and proficiency when delegating clinical cases and assignments. Further, different supervisory approaches are appropriate for counselors at different stages of development. An understanding of the supervisee's (and supervisor's) developmental needs is an essential ingredient for any model of supervision. It is important to keep in mind several general cautions and principles about counselor development, including (SAMHSA, 2009, p. 9):

1. There is a beginning but not an end point for learning clinical skills; be careful of counselors who think they “know it all.”
2. Take into account the individual learning styles and personalities of your supervisees and fit the supervisory approach to the developmental stage of each counselor.
3. There is a logical sequence to development, although it is not always predictable or rigid; some counselors may have been in the field for years but remain at an early stage of professional development, whereas others may progress quickly through the stages.

Counselors at an advanced developmental level have different learning needs and require different supervisory approaches from those at Level 1; and the developmental level can be applied for different aspects of a counselor's overall competence. For example, a counselor might have a Level 2 mastery for individual counseling but only have Level 1 competence when facilitating group counseling sessions.

Development Stages of Supervisors

Just as counselors go through stages of development, so do counseling supervisors. The developmental model presented in Table 1.2 provides a framework to explain why supervisors act as they do, depending on their developmental stage. It would be expected that someone new to supervision would be at a Level 1 as a supervisor (SAMHSA, 2009). However, supervisors should be at least at the second or third stage of counselor development. If a newly appointed supervisor is still at Level 1 as a counselor, they will have little to offer to more seasoned supervisees (SAMHSA, 2009). In fact, will likely revert to being a counselor, rather than a supervisor of counselors.

The **clinical supervisor developmental stage** is determined by their characteristics, and supervisory competence (see Table 1.2 for more specific details). In addition to this, the supervisor's commitment to obtaining or maintaining culturally competent forms of supervisory capabilities are also a factor to consider (discussed in the subsection that follows). One key aspect of the evolved supervisor is a sense of humility and lack of need for recognition or commanded

TABLE 1.1 ■ Levels of Counselor Developmental

Developmental Level	Characteristics	Supervision Skills & Developmental Needs	Techniques
Level 1	<ol style="list-style-type: none"> 1. Focuses on self 2. Anxious, uncertain 3. Preoccupied with performing the right way 4. Overconfident of skills 5. Overgeneralizes 6. Overuses a skill 7. Gap between conceptualization, goals, and interventions 8. Ethics underdeveloped 	<ol style="list-style-type: none"> 1. Provide structure and minimize anxiety 2. Supportive, address strengths first, then weaknesses 3. Suggest approaches Start connecting theory to treatment 	<ol style="list-style-type: none"> 1. Observation 2. Skills training 3. Role playing 4. Readings 5. Group supervision 6. Closely monitor clients
Level 2	<ol style="list-style-type: none"> 1. Focuses less on self and more on client 2. Confused, frustrated with complexity of counseling 3. Overidentifies with client 4. Challenges authority 5. Lacks integration with theoretical base 6. Overburdened Ethics better understood 	<ol style="list-style-type: none"> 1. Less structure, more autonomy 2. Supportive 3. Periodic suggestion of approaches 4. Confront discrepancies 5. Introduce more alternative views 6. Process comments & countertransference 7. Affective reactions to client and/or supervisor 	<ol style="list-style-type: none"> 1. Observation 2. Skills training 3. Role playing 4. Readings 5. Group supervision 6. Closely monitor clients
Level 3	<ol style="list-style-type: none"> 1. Focuses intently on client 2. High degree of empathic skill 3. Objective third person perspective 4. Integrative thinking and approach 5. Highly responsible and ethical counselor 	<ol style="list-style-type: none"> 1. Supervisee directed 2. Personal & professional integration 3. Supportive 4. Change agent 	<ol style="list-style-type: none"> 1. Peer supervision 2. Group supervision 3. Reading

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2009). *Clinical Supervision and Professional Development of the Substance Abuse Counselor*. Author.

Developmental Level	Characteristics	To Increase Supervisory Competence
Level 1	<ol style="list-style-type: none"> 1. Is anxious regarding role 2. Naïve about the role of supervisor 3. Focused on doing the “right” thing 4. May overly respond as an “expert” 5. Is uncomfortable providing direct feedback 	<ol style="list-style-type: none"> 1. Is anxious regarding role 2. Is naïve about assuming the role of supervisor 3. Is focused on doing the “right” thing 4. May overly respond as an “expert” 5. Is uncomfortable providing direct feedback
Level 2	<ol style="list-style-type: none"> 1. Shows confusion and conflict 2. Sees supervision as complex and multidimensional 3. Needs support to maintain motivation 4. Overfocused on counselor’s deficits and perceived resistance 5. May fall back to being a therapist with the counselor 	<ol style="list-style-type: none"> 1. Provide active supervision of the supervision 2. Assign Level 1 counselors
Level 3	<ol style="list-style-type: none"> 1. Is highly motivated 2. Can provide an honest self-appraisal of strengths and weaknesses as supervisor 3. Is comfortable with evaluation process 4. Provides thorough, objective feedback 	<ol style="list-style-type: none"> 1. Comfortable supervising all levels of counselor development.

Source: Substance Abuse and Mental Health Services Administration. (2009). *Clinical Supervision and Professional Development of the Substance Abuse Counselor*. Author.

respect. Indeed, if the supervisor finds themselves needing to comment on this aspect of the relationship on a frequent basis, it may be a reflection of their own approach to the supervisee–supervisor relationship.

Cultural and Contextual Factors in Clinical Supervision

Culture is one of the major contextual factors that influence supervisory interactions. In the field of correctional counseling, it is doubly important given that the incarcerated population has a strong overrepresentation of minority group members and, in the field of corrections itself, there is also a strong representation of individuals from identified minority groups. Other contextual

variables include race, ethnicity, age, gender, discipline, academic background, religious and spiritual practices, sexual orientation, disability, and type of agency can all be important. The relevant variables in the supervisory relationship occur in the context of the supervisor, supervisee, client, and the setting in which supervision occurs. Again, given this statement and the fact that the correctional population is so diverse, the ability for clinical supervisors to navigate relationships with diverse supervisees is critical. More care should be taken to (SAMHSA, 2009, p. 11):

1. Identify the competencies necessary for correctional counselors to work with diverse individuals and navigate intercultural communities.
2. Identify methods for supervisors to assist counselors in developing these competencies.
3. Provide evaluation criteria for supervisors to determine whether their supervisees have met minimal competency standards for effective and relevant practice.

While we have provided a definition of cultural competence already, it is important to understand that our discussion here includes not just individuals and families receiving services but also staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a commitment and is achieved over time. Culture shapes belief systems, particularly concerning issues related to mental health and substance abuse, as well as the manifestation of symptoms, relational styles, and coping patterns. It is impossible for this to not affect the supervision process.

There are three levels of cultural consideration for the supervisory process: the issue of the culture of the client being served and the culture of the counselor in supervision. Specifically, there are three important areas in which cultural and contextual factors play a key role in supervision:

1. When building the supervisory relationship or working alliance
2. When addressing the specific needs of the client
3. When building supervisee competence and ability

It is the responsibility of the clinical supervisor to address your supervisees' beliefs, attitudes, and biases about cultural and contextual variables to advance their professional development and promote quality client care. Becoming culturally competent and able to integrate other contextual variables into supervision is a complex, long-term process that requires continual training, development, and introspection.

THE AMERICAN COUNSELING ASSOCIATION AND SOCIAL JUSTICE

According to their website, the **American Counseling Association (ACA)** is a nonprofit organization that is “dedicated to the growth and enhancement of the counseling profession” (2021, p. 1). This organization was founded in 1952 and since that time, has become the largest representative organization for counselors who work in a variety of settings, including justice-involved

settings where correctional counselors will be found. The ACA provides advocacy in support of counselors at the state and federal level. This organization also provides numerous educational opportunities for counselors, professional networking, malpractice insurance resources, and guidance to counseling practice through the ACA Code of Ethics. This ethical code identifies social justice as a core professional value within the counseling profession. Later, in Chapter 2, we will discuss ethical standards of practice in the counseling profession in much more detail. For our current purposes, it is sufficient to note that there are three key statements on social justice and human rights that the ACA has disseminated that are relevant to this chapter, including the prevention of discrimination and harassment, the need for liberty and justice for all, and respect for human rights and gender identity.

Preventing Discrimination and Harassment

This statement notes that the ACA is committed to nondiscrimination and the prevention of harassment of all types, whether physical, sexual, verbal, emotional, or otherwise. According to this statement, the ACA:

strives to enhance quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity. ACA members help advocate for equity and fair treatment for all people and groups in order to end oppression and injustice affecting clients, students, families, communities, schools, workplaces, governments, and other social and institutional systems. (2021, p. 2)

This statement is relevant to many of the current issues related to immigration, persons of refugee status, and minorities based on religious faith. In this statement, the ACA notes the following:

The United States of America was settled in the 17th century by immigrants and refugees who sought the guarantee of religious freedom, safety from prosecution for their religious beliefs, and a place to create a better life for their families. Now, in the 21st century, the ACA and its members are proud to continue to support the idea of the U.S. as a haven, a place of tolerance and freedom from oppression—and an unwavering beacon of hope. (2021, p. 2)

In this statement, the ACA takes the stance that gender is the “product of a complicated interaction of chromosomes, anatomy, hormones, and culture that begins before birth” (p. 2). Going further, the ACA notes that its members

are committed to nondiscrimination and the prevention of harassment in all forms, including protections for transgender, gender non-conforming/gender expansive, and LGBTQ+ individuals. We stand together in strong opposition to any efforts to discriminate against individuals who are living their authentic lives. (2021, p. 2)

This last statement is probably one of the most recent areas of emphasis that has been introduced to the counseling profession as a key area of focus. Over time, during the past three

decades or so, the ACA has become increasingly involved with issues related to human rights and respect for those who have been marginalized. This trend is something that also impacts the more specialized area of correctional counseling.

Changes in the Field: Social Justice and Advocating for Reform

During the past two decades, there has developed an understanding that disparities in treatment for mental issues across populations. This has led to a call for reform in service delivery being necessary to meet this call for social justice in mental health services. According to Crethar and Ratts (2008), **social justice** in counseling is an approach whereby counselors seek to simultaneously promote human development and the common good through addressing challenges related to both individual and macro-level disparities in the distribution of material goods, political rights, truthful information, and social power. Further, this approach requires that counselors are active in the empowerment of individuals and groups and that they support the active confrontation of injustice and inequality in society (Crethar & Ratts, 2008). In doing so, counselors direct clinical attention to four critical principles when working with their clients. These four principles are equity, access, participation, and harmony.

In this context, **equity** refers to the distribution of resources, provision of rights, and sharing of responsibilities that are fundamentally fair to all citizens of a given society. Naturally, there is a degree of subjectivity to this concept as it is not really very easy to truly determine what is fair, for whom, nor is it clear who makes the judgment as to whether the distribution of resources, rights, and responsibilities are fair. While one could argue this point, the key is that there is a genuine desire to, as much as is humanly possible, achieve fair distribution of rights and resources, even though we may not be able to do so perfectly. Even if we cannot do so perfectly, it still is worthwhile to work toward this ideal as much as we are able.

Access refers to the ability of individuals in society to actually obtain resources, invoke rights, and fulfill desired responsibilities in a reliable and predictable manner. In other words, access to the equity should be a sure thing, not something that is questionable. The ability to gain access to material resources, information, rights, should be automatic and without struggle; access should occur with ease. When there is a social, economic, or legal obstacle for any individual or group to access these sources of equity, then a denial of social justice has occurred. This includes the right to self-determination, a liberty that is required if true equity and access can be obtained.

The third principle is **participation**, which means that individuals should be afforded the opportunity to be involved and, just as important, they should have the right to refrain from involvement if they so choose. This is essentially a form of self-determination; a liberty that is required if true social justice is to be realized. Further, individuals should be consulted when decisions made by others will impact their own lives and they should have a voice and degree of authority as to how or when they will be impacted. In other words, they must consent to being affected by the decisions of others if their participation is to be considered voluntary, knowing, and legitimate.

Lastly, social justice cannot exist without some degree of consensus, or what Crethar and Ratts (2008) refer to as **harmony**. This is a utilitarian ideal that acknowledges that, in reality, we cannot

achieve any of these principles to perfection. It simply is an imperfect world and there are limits to what we can realistically achieve, at this time. Nevertheless, we can and should strive to produce results that provide the greatest good for society as a whole. However, there is a caveat that must be added to this principle; under no circumstances can this greatest good for the whole of a society come through the exploitation or induced misery of others, even if the victimized group is the smallest of a minority. Simply put, human suffering is the exact opposite of what social justice seeks and the exploitation of a few to bolster the welfare of many is a violation of the entire social justice precept.

Progressing from these principles toward a more applied approach to achieving social justice in the mental health arena, we will introduce a term that in this text describes the need for reform and achieving social justice: *mental health equity*. **Mental health equity** is the right to access quality behavioral health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders. In an attempt to promote mental health equity, the American Psychological Association (2021) has provided a number of recommendations as guidelines for programs seeking to provide equity in service delivery, as follows:

1. Programs should facilitate partnerships among physicians, mental and behavioral health providers, educators, community leaders, government agencies, and families to ensure development and implementation of culturally and linguistically competent and evidence-based prevention, early intervention, and treatment.
2. Increase the availability of culturally and linguistically competent mental and behavioral health services accessible to racial and ethnic minorities.
3. Increase research examining the complexities and intersections of multiple statuses/identities (e.g., socioeconomic status, disability, and immigrant status) and how these may contribute to psychological health.
4. Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.
5. Increase funding for training mental and behavioral health professionals and to train these professionals to become culturally and linguistically competent.
6. Develop and implement policy and programs based on psychological and behavioral research ensuring that racial and ethnic minorities are empowered through culturally and linguistically informed and evidence-based strategies.
7. Advocate for local, State and national funding agencies to incorporate culturally and linguistically competent guidelines into proposals for programs for racial and ethnic minority children, youth, and families.

The above recommendations may not all seem to be directly applicable to what individual counselors might do in their day-to-day work, they do all apply to correctional agencies where

correctional counselors are employed. The key point to providing this information is that the field of counseling has, since the 1990s progressed from advocating for cultural sensitivity to noting the need for cultural competence which, in turn, ultimately led to a need for social justice to address underserved populations; many of whom are those whom cross-cultural counselors will find themselves serving. Now, in the 2020s, this is a commonly accepted concept in mental health professions, including the counseling field, specifically. The challenge is determining how, exactly, to apply principles of social justice and how, exactly, to implement them into the day-to-day practice of correctional counselors.

Defining Prejudice, Racism, Discrimination, Disparity, and Stigma

There are a number of ways that the dominant group maintains power through common sociological processes. These processes include prejudices, racism, discrimination, and stigmatization. **Prejudice** refers to a person's belief that some possessed characteristic makes them superior to someone who does not hold it. One can be prejudiced toward people of different sexes, sexual orientations, races, ethnicities, religions, or social classes. **Racism**, a form of prejudice, is the term used to describe a person's view that they are superior to another because of racial differences. **Discrimination** refers to the behaviors that one takes against someone toward which they hold a prejudice. **Stigma** refers to social disapproval based on personal characteristics or behaviors that deviate from what has been determined as normal society. The following are the three groups of social stigma: (1) external deformities (e.g., leprosy, cleft lip, or clubfoot); (2) known deviations in personal traits (e.g., mental illness, sexual orientation); and (3) tribal stigma, which are associations with races, ethnicities, and religions that are unpopular. **Disparities** are inequalities that exist between people of different races, sexes, ethnicities, and religions. Disparities between groups do not have to be a result of discriminatory practices, but often are caused by a plethora of interacting influences.

While it is now commonplace for people in society to recognize overt forms of racism and discrimination, there are other forms of discriminatory behavior that often go unacknowledged. These forms of behavior are called microaggressions and are difficult to detect. **Microaggression** is hidden or unnoticed because it is built into cultural and societal norms, unlike blatant and overt racism or sexism that is "intentional, visible, and unambiguous" (Prior & Jones, 2018). In contrast to the kinds of blatant overt discrimination that the United States saw in past generations, microaggressions emphasize the subtler and covert kinds of discrimination commonly found in everyday language and interactions. These kinds of microaggressive behaviors often come from well-intentioned people, who do not know, understand, or realize how harmful their behavior is to those who are subjected to this form of behavior.

Disparities of Incarceration

African Americans and Latinx Americans comprise a dramatically disproportionate share of those incarcerated in jails and prisons. African Americans represent approximately 12.6% of the population (U.S. Census Bureau, 2022); however, they represent nearly 33% of the prison and jail population. This number compares to that for Caucasian Americans, who comprise 76% of the population, but only 31% of the prison and jail population (Carson, 2022). Although Latinx

have a lower overall rate of incarceration per capita compared to African American males, they are incarcerated at nearly 2.5 times that of Caucasians. This increased incarceration rate is due not only to environmental factors that may disproportionately expose African Americans and Latinx Americans to opportunities for criminal involvement, but also to an exponentially increasing bias that occurs at each stage of the criminal justice process.

When discussing the potential for criminal involvement, it is important to first understand why the majority of those behind bars are locked up. Overwhelmingly, addictions and psychiatric concerns play convincing roles in criminal involvement. It has been estimated that in excess of 50% (as compared to 15% of the general population) of all those incarcerated have a diagnosable substance abuse disorder. Moreover, untreated psychiatric conditions such as schizophrenia and bipolar disorder can potentiate crime. When making an honest appraisal of the reasons as to why individuals are incarcerated, a picture begins to emerge that suggests that being incarcerated is not necessarily a moral–criminal issue per se, but rather an untreated health-care issue.

Disparities between the experiences of members of minority groups and majority groups are by no means limited to the criminal justice system; health-care disparities are perhaps even more pronounced. Racial and ethnic minority group members living in low-income communities are less likely to seek and receive services, especially for the critical adolescent age ranges where addictions are assumed to develop. In addition, non-whites who do receive psychiatric diagnoses often times receive more severe diagnoses than their white counterparts do. This fact has caused many in the public to believe that people of color suffering from mental illness have tendencies toward violence whereas whites do not.

Specific Techniques for Integrating Social Justice Into Correctional Counseling

An article by Day-Vines et al. (2020) addresses the means by which counselors can provide discussions in their sessions that are consistent with the ACA's Multicultural and Social Justice Counseling Competencies. In particular, these authors note that current standards are devoid of specific instructions as to *how* exactly these issues might be brought up and provided focus within any given session. When considering how one might actually infuse social justice into the counseling profession, the work of Peters et al. (2013) on implementation research may be helpful. Peters, Tran, and Adams (2013) explain that “**Implementation research** refers to scientific inquiry into the identification of specific guidelines for implementing an intervention” (p. 349). This aligns with one key objective of the current text; it is the intent that students reading this text not just learn about correctional counseling but that they also learn exactly and specifically *how to do* correctional counseling. Implementation research examines the processes by which one identifies the best means of showing people how to do something—to implement is to put into action—and we wish to be able to “put into action” what is taught in this text.

One key point regarding the integration of social justice into the counseling process, particularly when working with marginalized and underserved populations, the counselor will need to “divest themselves of their expert status” and recognize their limitations when attempting to understand the phenomenological perspectives of their client’s race, ethnicity, and culture (Day-Vines et al., 2020, p. 349). In other words, those counselors who truly seek to understand our

client's perspective will need to engage in a degree of cultural humility as they recognize the client as the expert on their own lived experiences. Thus, *cultural humility* is a term that describes the approach of counselors who empower their clients to present in sessions as the experts of their own lives while the counselor divests themselves of the expert identity in the process, as a rapport-building strategy to ensure that clients who come from marginalized backgrounds different from the counselor's own feel comfortable to disclose their thoughts and views to the counselor during the therapeutic process.

The use of this approach may seem a bit counterintuitive within the correctional counseling setting but, in reality, it is a very powerful approach that will gain the counselor significant insight into the world of many clients. As we will see in future chapters of this text, many people within the correctional population come from backgrounds that have been quite traumatic. They themselves have often been victimized, whether as children or as adults. Further, there is an overrepresentation of minority group members within prison facilities; most of these individuals have suffered from racism and classicism. Even further, most people who were incarcerated and have been released have suffered the stigma of having been convicted of a crime and imprisoned. All of these statuses are stigmatizing and marginalizing; counselors who use this knowledge as a way to join and reach these clients will find that the vast majority are ultimately receptive to this approach, once they know that it is genuine. The cultural humility identified by Day-Vines et al. (2020) provides a perfect framework from which counselors can develop openness to discussing the encounters of persons they serve who have experienced racism, sexism, and ageism, identifying it as such and, in the process, strengthening the therapeutic relationship of those who share their lived experiences.

Intracounseling and Intraindividual Broaching Techniques

Two specific techniques, called *broaching*, can be used to integrate social justice aspects into the counseling process, which include broaching through the intracounseling process and broaching through the intraindividual process. **Intracounseling broaching** techniques involve an examination of the counselor–client relationship. When using this technique, counselors explore with the client the similarities and differences between the two, they refrain from holding any expert status, they seek to reduce or eliminate any power imbalance in the relationship, and seek to strengthen the therapeutic alliance between the two (Day-Vines et al., 2020). The marginalized and privileged identity dimensions that each bring into the counseling process are open to exploration. Consider the following example, as follows:

Sonya is a young, white, working-class lesbian female client who experiences oppression because of her sexual orientation and socioeconomic status. However, at the same time, she experiences a degree of privilege because of her racial identity. Her counselor is an older, white male, who is heterosexual. The counselor holds a position of privilege because of his racial identity, sexual orientation, and age. In utilizing the intracounseling broaching technique, her counselor noted his gender identity and asks her about her thoughts in working with a heterosexual, white, male therapist. He overtly notes that he has been a benefactor of white male privilege and indicated that he wanted to know if this would cause discomfort for Sonya. This opened the door for exploration and

allowed Sonya to openly express her thoughts and feelings regarding the differences in identity between her and her counselor.

The fact that the counselor provided concern for her welfare and experience as a client allows for rapport-building and trust, should she decide to continue further. The key is that the counselor did not simply ignore these differences nor did he rely on Sonya to bring them up. He directly and matter-of-factly presented these differences and noted that his observation is to notify Sonya that he was curious about her own comfort level in the therapeutic process. In other words, his purpose was to acknowledge that she holds the power in determining where the therapeutic relationship might go; the decision was hers.

Next, we will consider the use of **intraindividual broaching** techniques, which refer to the counselor's skill in identifying and integrating into the therapeutic process the varied social identities and social sources of power that shapes the client's shared experiences. These social identities and sources of power include aspects of the person such as race, gender, sexual orientation, socioeconomic status, national origin, migration status, language proficiency, and religious affiliation, among others (Day-Vines et al., 2020). Through this technique, the counselor assists the client in exploring the intersectionality of their various identities and power sources in society juxtaposed with the client's values, viewpoints, and lived experiences. This, in turn, ensures that the counselor knows the client from a multidimensional perspective, not just from one vantage point. "By addressing intersectionality or the ways in which the client is affected by multiple oppressive social identities, the counselor helps the client examine the interlocking racial, ethnic, and cultural" aspects of identity with depth and meaning (p. 349). Consider the following example, as follows:

Lawson identifies as biracial, having a white father and a Black mother. Lawson was a successful business executive in a Fortune 500 Company, with an MBA from Princeton. Lawson discussed with the counselor that his parents ensured that he attended private schools that were primarily white. His mother was his father's second wife and his father had two other children by his first wife who was white. As result, Lawson was primarily with white influences during his formative years. Whenever he did visit family on his mother's side, he felt out of place with many of them and it seemed that he was not accepted by many of these family members, as he would overhear disparaging comments about his whiteness and assumptions about his tastes and preferences. On the other hand, at his private schools and other more affluent environments, it seemed that people made allowances for him, as if they felt pity on him. These people meant well but, in reality, he felt insulted, embarrassed, and humiliated. In some isolated incidents, as he became a teenager, he noticed that people might seem nervous around him, clinging tighter to their possessions when he was in the vicinity. As a result, Lawson has always felt alone and distant from others; this has led him to have difficulties connecting with persons, intimately and socially.

The counselor made a point to discuss the awkwardness of Lawson's childhood experiences and even those in his adulthood. The counselor highlighted Lawson's intersectional identities (i.e., race, gender, socioeconomic status) that had an impact on Lawson's experience and also

served as the basis for his feeling aloof and as if he lacked a sense of belonging. He wanted his family on both sides to recognize his need for understanding and acceptance, particularly the challenges with feeling neither fully white nor Black. He also needed them and others to understand and validate the psychological pain and trauma that occurred from a collection of well-intended exceptions and microaggressions.

Lastly, it is important to note that there is significant sense of blurring between the ideals of achieving social justice and providing culturally competent mental health services (Ratts et al., 2016). In addition, it should be understood that social justice concerns are at the center of ethical guidelines and the core mission of the American Counseling Association. We will continue further discussions in Chapter 2 that provide an overview of ethical issues in correctional counseling as well as the need for culturally competent counseling services. Our discussion in this chapter is intended to provide a general overview of counseling, particularly correctional counseling, leading to more in-depth topics in chapters that follow.

CONCLUSION

The actions and behaviors of people are a manifestation of their experiences as well as reactions they receive from other people. Therefore, criminal behavior should be viewed as a social process that reinforces dysfunctional learning. Individuals who are mostly psychologically and emotionally healthy are less likely to engage in criminal behavior. This is because to engage in criminal activity, such as drug use for example, produces a result that is analogous to “gumming things up.” The fruits of criminal activity are not capable of allowing someone to reach their fullest potential. Regardless of the circumstances, most people who commit crimes know, at some level of consciousness, that their actions are harmful either to themselves or someone else. Therefore, one way to phrase the goal of correctional counseling is to transform the client’s emotional landscape from barren to being able to feel (from an emotional standpoint) and capable of making decisions that contribute too, and reflect growth and development.

In order for this transformation to take place, however, clients must be willing to change and must have the capacity and courage to make hard decisions. If the client is not willing or able to view the criminality as destructive then counseling techniques are not likely to have the intended consequence. It may be that clients not ready to change would benefit more from educational programs aimed at informing them of the likely consequences of continuing criminal behavior.

In addition, as will be highlighted throughout this text, what works for one client may not work for another. Correctional counselors must be flexible and able to adapt to the differing needs and learning styles of different clients. Also, counselors must remain vigilant in their efforts to stay abreast of the laws governing the counseling relationship. Confidentiality is a critical factor and is related to the success of counseling. Counselors must be aware of the state laws in which they practice because as of yet there is no national legislation that clearly articulates what information can and cannot be disclosed. From an ethical standpoint counselors

must be willing to inform clients that at the current time there can be no guarantee to strict confidentiality.

Further, counselors should always present themselves in a professional manner with the sole intention of attending to the needs of the client in an effort to help. It is always unethical for a counselor to enter into sexual relationships or dual relationships with clients. One of the best ways for a counselor to guard against burnout as well as engaging in the process of counter-transference is to continuously and actively participate in further self-development programs. This may include participating in personal counseling sessions for the counselor, continued educational programs, as well as developing and maintaining social contacts and activities.

Finally, matters of ethics and appropriate counseling practice are shaped by the professional collaboration, clinical training, and supervision that one receives. Thus, it is important for the counselor and, for the entire counseling profession, that counselors are well trained in clinical aspects of practice as well as the ethical aspects of practice. This training, supervision, and professional support can also serve as a buffer to stress and burnout. This is important because counselors suffering from professional fatigue and burnout can impair a client's attempt at change. Since the ultimate maxim for counselors is to do no harm to their clients, it stands to reason that all counselors should openly embrace the process of training, education, and professional collaboration as a means of ensuring that they deliver appropriate services to society. There is no other objective that is more important to the field of counseling in general, and the field of correctional counseling in particular.

KEY TERMS

access	intraindividual broaching
American Counseling Association (ACA)	liability
burnout	licensure
certification	mental health equity
clinical supervisor developmental stage	microaggression
correction	participation
correctional counseling	professional helper
counselor developmental stage	punishment
cultural humility	racism
day reporting	recidivism
discrimination	rehabilitation
disparities	restoration
harmony	social justice
human service workers	stigma
implementation research	stress
intracounseling broaching	

END OF CHAPTER ESSAY QUESTIONS

1. Define *correctional counseling*. Is correctional counseling different from other forms of counseling? Why or why not?
2. Describe and discuss two key, legal, and ethical considerations that must be attended to when providing counseling services within the correctional setting?
3. What is the most important legal issue that counselors must be aware of when providing services to a client? Why is this issue so important and what are the possible repercussions if this legal parameter is violated?
4. Describe the difference between guidance and counseling? Are these two concepts mutually exclusive or can they overlap?
5. In your own words, describe the concept of stress? What are some of the physical and emotional consequences of stress? What is the likely result of prolonged stress that is not properly defused?

CASE VIGNETTE 1.1: A COUNSELOR IN COLLABORATION WITH A CLINICAL SUPERVISOR

Sohla was an intern therapist who was working in a therapeutic community for men who were incarcerated in a medium security prison. She had recently received a message written on a sticky note from the front office of the prison. It was the mother of one of the program participants, Michael Wheeler, who was a client in one of her mental health groups. She had not yet told Michael that his mother had called, and she had not yet called his mother back. Instead, she decided to contact Mr. Anderson, her clinical supervisor.

Mr. Anderson had worked in the current program for over 8 years and had worked at two other prisons before this one. He often allowed interns completing their clinical hours to do so under his supervision, which meant that, in many respects, he was liable for the intern's actions while they operated under his license. He took his supervision duties seriously and was a bit of a stickler about ethics. In fact, with most interns, the first order of business was often to cover the code of ethics for the license that they sought.

Sohla entered Mr. Anderson's office and explained that the front office informed her that Michael Wheeler's mother had been calling and, according to the information on the note, she wanted to talk with Sohla about his progress in the substance abuse treatment program. Sohla noted that she had not yet talked with Michael or his mother, as she wanted Mr. Anderson's feedback before doing so.

Mr. Anderson listened and then asked, "Has Michael Wheeler signed a release form for you to talk with his mother?"

Sohla indicated, "I did not see one in his chart." Upon giving this response, she knew what the answer was, at least for the moment.

Mr. Anderson then said, "Well, you cannot call her back. You must not even reveal that Mr. Wheeler is a client of yours." Mr. Anderson then sat up a bit more in his chair and added, "You see, 42 CFR, part 2 prevents us from even acknowledging that Mr. Wheeler is our client and from disclosing that he is being treated for substance abuse."

"42 CFR, part 2, is that like HIPAA?" asked Sohla, referring to the Healthcare Insurance Portability and Accountability Act, which is commonly known by medical and mental health professionals to govern the confidentiality of medical information of patients.

"Well, it is an extra protection that is afforded specifically to persons receiving substance abuse treatment. More specifically, it is the statutory authority for confidentiality of substance use disorder patient records, and it is a robust and serious protection," noted Mr. Anderson. He then continued, "I will give you a link where you can read through it yourself, but for now, just know that we cannot even disclose that Mr. Wheeler is in our program. So, if you call his mother and at all confirm any of her queries, you would likely break confidentiality. Mr. Wheeler probably would like for us to talk with his mother but that is not something that we can take for granted, so you need to make sure, personally, that he has signed a waiver for us to talk with his mother about his progress in our program."

Sohla nodded her head as Mr. Anderson reached across his desk and handed her a form.

"We use this form, our Release-of-Information form, and ensure that it has the specific person's information with whom Mr. Wheeler gives permission to talk with," said Mr. Anderson. "I referred to it as a waiver, a moment ago, similar to a HIPAA Waiver-of-Authorization; regardless of the term, they are intended to document that the client has given you permission to divulge their personal information while in treatment."

Sohla then said, "Thank you. We actually had never covered this particular aspect of confidentiality in my graduate program."

"Well, that is pretty common in graduate work. They usually generalize the education with the idea that you will get more specific information at this point in your training, just as we are doing now!" Mr. Anderson added. He then got up and called to one of the security officers outside of his office. When the officer entered, Mr. Anderson said, "Mr. Hayward, we need you to bring Michael Wheeler on H-Dorm to my office so we can talk with him a bit, please."

Mr. Hayward said, "Will do," and left while Sohla and Mr. Anderson waited for Michael Wheeler to be escorted to the office.

VIGNETTE DISCUSSION QUESTIONS

1. What is the purpose of 42 CFR, part 2, according to the vignette?
2. From the vignette above, when would it be okay to talk with family and friends of a client who is in substance abuse treatment?

CASE VIGNETTE 1.2: THE CASE OF JEFF

Though students have only completed one chapter at this point, it is important that they begin to connect the ethical and legal issues relevant to the treatment planning process. For this exercise, divide the class up into pairs of students and have them read the case vignette that follows. Note that issues related to confidentiality, *Turner* reasonableness test, informed consent, or issues associated with potential HIV/AIDS could all be considered particularly suitable.

Jeff is a 35-year-old male imprisoned in the maximum-security facility in which you work. Jeff has recently been transferred to your facility from another facility, largely for protective reasons. Jeff has come to you because he is very, very worried. Jeff has a sexual interest in children, and he has been in prison for nearly 5 years for related crimes. His parole review is coming up and he may very well get released due to prison overcrowding problems and his own exemplary behavior. He has been in treatment and, as you look through his case notes, you can tell that he has done very well.

But there were others at his prior prison facility who did not want to see him get paroled. In fact, Jeff had received "protection" from a powerful gang within the prison in exchange for providing sexual favors to a select trio of gang members. Jeff discloses that while humiliating, he felt he had to do this to survive in the prison subculture, which was notoriously unfriendly to those labeled "pedophiles." The gang knew this, of course, and used this as leverage to ensure that Jeff was compliant. In fact, the gang never had to use any physical force to gain Jeff's compliance. Jeff notes that this now bothers him, and he doubts his own sense of masculinity.

Jeff has performed well in treatment, but he has also been adversely affected by noxious sexual experiences inside the prison. You are the first person that he has disclosed this to.

As you listen to his plight, you begin to wonder if sexuality is now more unstable now than before he was in prison. Though his treatment notes seem convincing, his previous therapist had not known that Jeff had engaged in undesired sexual activity while incarcerated. This activity has created a huge rift in Jeff's masculine identity. Will this affect his likelihood for relapse once released? Will Jeff be able to have an adult sexual or romantic relationship? Will he be more enticed to abuse children again? Does Jeff need to resolve his concerns with consensual vs. forced homosexual activity? You begin to wonder.

Now as you listen, you realize that if you make mention of this, Jeff is unlikely to be paroled, which would risk exposing him to more of the same type of exploitation. And if you do say something, will Jeff feel that honesty and counseling are simply an exercise in vulnerability and betrayal? Or do you not mention this information and allow someone to be released with a highly questionable prognosis?

You sit there listening to Jeff who is on the verge of tears. You begin to wonder what you should do and what ethical and legal bounds you need to consider.

VIGNETTE DISCUSSION QUESTIONS

1. Identify at least four specific legal or ethical issues relevant to this case.
2. After reading this vignette, what would be your course of action in helping Jeff?