A Clinical Counselling Experience at Catholic Family Services Saskatoon

A Practicum Report

Submitted to the Faculty of Social Work

In Partial Fulfillment of the Requirements for the Degree of

Master of Social Work

University of Regina

By

David Broda

Saskatoon, Saskatchewan

March 2012

Copyright 2012: D.K. Broda
Abstract

This practicum report is a reflective review of my clinical placement as a University of Regina MSW graduate student at Catholic Family Services (CFS) Saskatoon. The objectives of the clinical placement were to conduct a literature review of issues related to rapport-building in a counselling setting with criminal offenders; participate in direct practice in the form of clinical therapy and group facilitation; and to develop individual therapy techniques and assessment and intervention skills with a focus on court-mandated clients. The development of specific learning goals bridged with identified objectives guided my learning experience.

The report is divided into two separate sections. Section 1 is a literature review on counselling court-mandated criminal offenders in the community. Section 2 discusses my personal reflections, as well as the CFS counsellor values, ideologies, theories, and strategies guiding therapy with clients. Section 2 also examines CFS counsellors’ perspectives on the relationship-building process with court-mandated clients. This section also offers insight and recommendations for future social work practice.
Acknowledgements

There are several people and a few organizations I wish to thank for supporting and encouraging me in my pursuit of my Master’s of Social Work degree. First, I would like to thank the Ministry of Corrections, Public Safety and Policing and the John Howard Society of Saskatchewan. My innate passion for justice grew with my work experience within various roles within the criminal justice system. I appreciated the opportunity to learn about myself and the criminal justice system while in these roles. The encouragement from supervisors and managers to search for answers and to step outside of the boundaries of the bureaucracy fuelled my desires to return to school and return to the criminal justice system in the future to address the issues I could.

Second, I wish to thank my clinical supervisor and each and every therapist and administrative staff member at CFS for being a part of my rich clinical placement. I felt welcomed from the first day and was helped eagerly at every junction. To Terry Lowe, my clinical supervisor: thank you for your daily support, guidance and patience throughout these three months. I will not forget the important lessons and feedback you provided regularly.

Third, I wish to thank the Faculty of Social Work in Saskatoon for your time, patience and guidance on this journey. I wish to thank my Academic Supervisor, Brigette Krieg, and Academic Committee Member, Donalda Halabuza, for your assistance with this report and counsel during my practicum. To Brigette: thank you so much for your ongoing support, encouragement and mentoring. I hope to continue to rely on you as an ally and friend over the years. Finally, I wish to thank my beautiful wife, Jenna, who continues to support me in all my academic, personal and professional endeavors. This report is dedicated to you.
# Table of Contents

Abstract ......................................................................................................................ii

Acknowledgements ....................................................................................................iii

Table of Contents .......................................................................................................iv

Introduction ................................................................................................................1

SECTION 1: Literature Review .................................................................................3

Introduction ................................................................................................................3

The Helping Relationship and Rapport......................................................................4

The Importance of Rapport in the Effectiveness of Therapy.....................................6

Factors Affecting Counselling Court-Mandated Criminal Offenders .................8

   Court Mandate ...............................................................................................8

   Dual or Multiple Relationships .................................................................9

   Coerced Treatment ....................................................................................10

   Ethical Practice ..........................................................................................11

Conclusion .................................................................................................................12

SECTION 2: Practicum Report .................................................................................14

Personal Reflection ....................................................................................................14

Introduction to CFS ...............................................................................................17

Practicum Objectives ...............................................................................................19

My Practicum Experience ......................................................................................20
Ideologies ...................................................................................................................25

Image of Client: The criminal offender as a client of counselling ............26

Beliefs about Determinants of Problems ..........................................................27

Beliefs about the Client-Worker Status .........................................................28

Dominant Practice Framework within CFS .....................................................30

Theoretical Techniques ...................................................................................34

Adlerian Psychotherapy ..................................................................................36

Rapport from the Perspective of CFS Counsellors .........................................39

Counsellor Attributes ......................................................................................40

Barriers to Establishing Rapport ....................................................................41

Vision ................................................................................................................42

Conclusion .......................................................................................................44

References .......................................................................................................46

Appendices .......................................................................................................51
Introduction

In January 2011, I began a clinical practicum at CFS, a non-government agency in Saskatoon. I began this placement with a vested interest in therapy with criminal offenders; more specifically, in establishing rapport with this sub-group clientele. My interest in this topic arose and evolved over my eight years of experience in the criminal justice system. Since the onset of my experience in this system, I asked myself how those working with criminal offenders build relationships with them, or more specifically, how they established rapport with this apparently difficult group of people.

The focus of this paper is rapport-building with criminal offenders, but more specifically, criminal offenders who have been convicted of an offence under the Canadian Criminal Code of Canada or the Controlled Drug and Substances Act who are serving a community-based sentence. A community-based sentence is a sentence passed by a court of Canada where the offender has been permitted to serve his or her time in the community as opposed to jail. While in the community, these offenders are bound by court orders. In addition, I am identifying criminal offenders who are mandated by the court or by a probation officer to attend personal counselling. For the remainder of this paper, I will use the term “offenders” to refer to this group of criminally convicted offenders who are mandated to participate in personal counselling while on a court order and bound by conditions of their community-based sentences.

This practicum report consists of two separate sections. The purpose of the first section is to outline the literature relating to rapport-building with criminal offenders in a community counselling setting. Through the literature review, I attempt to achieve one of my practicum objectives (to explore challenges and barriers in assessing and conducting therapy with court-mandated clients).
The primary purpose of the second section is to outline my practicum objectives, explain how I achieved these objectives, and describe the services provided by CFS. I will speak about the vision statement of the organization, and describe the professional staff in terms of their qualifications, educational backgrounds, and professional ideologies about counselling. This section will also list recommendations for social workers who work with criminal offenders in clinical settings and Saskatoon Community Corrections.

This report is a practicum report and not a research practicum report despite the inclusion of a literature review and interview information. These inclusions were intended to meet one of the learning goals in my practicum proposal that had encountered a professional obstacle because of my previous work experience. Early on in my practicum, it was decided that it would be a conflict of interest to engage in personal counselling with court-mandated clients at CFS because of my previous role at Saskatoon Community Corrections. As such, I was unable to directly meet one of my primary learning goals of exploring challenges and barriers in assessing and conducting therapy with court-mandated clients, and had to rely on the expertise of my colleagues to assist me in achieving this goal. In order to meet this practicum learning goal I immersed myself in the literature on rapport-building with court-mandated clients and engaged in collegial discussions with several of the counsellors at CFS on this topic. I then compiled the literature and discussions with counsellors at CFS into this report to outline how I have met the above learning goal during my practicum.
SECTION 1 – Literature Review

Introduction

The purpose of this literature review is to examine the phenomenon of rapport-building, and to identify factors that affect rapport-building with offenders. In the exploration of rapport, it is necessary to talk about the helping relationship as well as the therapeutic alliance. This literature review will examine studies relating to the success of counselling and the importance of the therapeutic alliance for success in therapy.

Offenders are categorized according to their offences and/or offending patterns. This categorization was one of the challenges I faced in collecting literature on rapport-building with offenders. I was interested in obtaining a literature review for generalized offending. For the purpose of this paper, “generalized offending” refers to offence patterns that do not fit in the other categories outlined by the criminal justice system. The categories of offenders include but may not be limited to youth offenders, female offenders, Aboriginal offenders, sexual offenders, domestic violence offenders, gang members, drug offenders, property offenders, and offenders with mental health issues. Within each one of these categories, there is literature and research on building effective relationships with court mandated clients. However, it was challenging to locate information pertaining to a generalized criminal type separate from these categories.

In addition to excluding literature on categories of offenders, I also excluded literature pertaining to rapport-building within an institutional setting. There is an ample amount of literature on counselling and rapport-building within a correctional setting with a rehabilitative purpose. Some of this work explains common ground between counselling offenders while incarcerated and counselling offenders in the community (Schrink, 2000). However, the
challenge of locating studies pertaining to counselling offenders while in the community remained.

My interest remained with male criminal offenders who reside in the community and who are court-mandated to participate in personal counselling, but who are not (at least not yet) labelled into one of the above categories. I found, through conducting the literature review, there is a lack of literature on building rapport in counselling settings with court-mandated criminal offenders who reside in the community. Though this client group may be expected to be small, it makes up a significant proportion of the offender population.

**The Helping Relationship and Rapport**

According to [www.thefreedictionary.com](http://www.thefreedictionary.com), rapport is defined as “a relationship, especially one of mutual trust or emotional affinity” (Houghton Mifflin Company [HMC], 2000). The literature traces the modern phrase, the “helping relationship” back to the onset of psychotherapy in the Freudian model of counselling (Turner, 1999). However, there are differences between Freud’s definition of this relationship and what later was described as the therapeutic alliance. Classical Freudian theory no doubt contributed to social work practice, but “it advocated for a worker stance of neutrality, abstinence and aloofness” (Gelso & Carter, 1985, pp. 155-243) in the helping relationship. The psychology standpoint on the therapeutic alliance has evolved from Freud’s model, and they still hold more common threads than the social work helping relationship (Safran, 2000; Turner, 1999).

Since there is slight variation among alternative psychotherapy models, the modern therapeutic relationship is identified by three basic concepts (Lambert and Barley, 2001). Lambert and Barley (2001) explain how these concepts make up the “tri-factor” and include tasks (homework in therapy for clients and therapists), goals (shared short-term and long-term
goals and safety plans for crisis) and the bond (the relationship between the client and the therapist). This bond in the therapeutic relationship is what this essay is referring to as “rapport” from a psychological standpoint.

It was not until the 1930s that the Functional School of Social Work challenged the Freudian model. The Functional School of Social Work reacted to Freud’s emphasis on the worker being a “social distant authority” (Turner, 1999, p. 59) and social workers began to diverge from the Freudian standpoint of the helper’s role and the helping relationship. According to Gelso and Carter (1985), this social distant authority entailed the counsellor stance of neutrality, abstinence and aloofness. The Functional School instead “focused on the use of warm, supportive, empathetic worker-client relationship to release the growth potential of the client” (Turner, 1999, p. 59).

In the social work realm, establishing a helping relationship and the importance of that relationship are tracked back to Felix Biestek, H. Perlman and Carl Rogers in the 1950s (Turner, 1999; Kadushin and Kadushin, 1997; Poulin and Young, 1997; Rothery and Tutty, 2008; Greene, 1999; Smith, 2008). Kadushin and Kadushin (1997) explore definitions of the helping relationship, citing Biestek (1957) in defining the helping relationship as “the dynamic interaction of attitudes and emotions between the caseworker and the client” (p. 99). They go on to cite Perlman (1979) in defining the helping relationship as an emotional bond between people. Turner (1999) cites Perlman (1979) as describing the helping relationship as “a mystique of treatment” (Turner, p. 59).

In conducting this literature review, I found that most of the literature cites Carl Rogers as defining the helping relationship as a whole, describing aspects of a helping relationship, and differentiating between the helping relationship and the traditional therapeutic alliance. Rogers
(1957) described the helping relationship as employed by social workers as offering core conditions, including empathy, warmth and genuineness, and stated these conditions are “not only necessary, but also sufficient for constructive client change” (Turner, 1999, p. 60). For the purpose of this paper, this writer will be defining rapport as Roger’s helping relationship in Turner.

Collectively, the literature outlines four primary characteristics of a social worker who is more likely to establish effective rapport. These characteristics include acceptance, empathetic understanding, genuineness and authenticity, and self-determination (Biestek, 1957; Perlman, 1979; Turner, 1999; Kadushin and Kadushin, 1997; Furlong, 2003). Kadushin and Kadushin state rapport is what is felt by both the social worker and the client once a strong helping relationship have been established.

**The Importance of Rapport in the Effectiveness of Therapy**

Even though “the identification of effective psychotherapy has been a hotly debated topic for decades” (Lambert & Barley, 2001, p. 17), researchers have studied and continue to study factors that affect the success of therapy (with the definition of “success” being different in each study) (Lambert and Barley). Though it is widely accepted in the literature that the helping relationship/rapport/therapeutic alliance is a factor that influences therapy outcomes (Lambert and Barley), there is a wide range of opinions in the literature about how important it is. The most influential researchers who have studied the therapeutic alliance and its effectiveness on success in therapy include Leslie Greenberg, Adam Horvath, Michael Lambert, Lester Luborsky, and D.J. Martin.
In 2001, Michael Lambert and Dean Barley published an in-depth research summary of previous articles and studies, and illustrated the impact of different factors on psychotherapy outcome. This particular research summary outlined how extra-therapeutic factors, such as spontaneous remission, fortuitous events and social support made up 40% of impact on psychotherapy outcome. Common factors such as empathy, warmth, acceptance, encouragement of risk taking, client and therapist characteristics, confidentiality of the client-therapist relationship, and the therapeutic alliance made up 30% of impact on psychotherapy outcome. Client expectancy, including placebo effects, the client’s knowledge that he/she is being treated, and the client’s belief in therapy made up 15% of impact on psychotherapy outcome. Finally, therapeutic techniques made up 15% of impact on psychotherapy outcome.

This particular research summary is of significant interest for three reasons. First, this article is written by two well-researched and published authors in this field who have worked with other influential authors in the area of exploring therapeutic alliance and rapport in therapy. Second, this study is a relatively recent analysis of previous studies done on the effectiveness of the rapport and the therapeutic alliance on therapy outcome. Third and most importantly, Lambert and Barley (2001) combine the therapeutic alliance and attributes of the helping relationship in one category which they refer to as “Common Factors”.

The literature is clear on clarifying differences between the therapeutic alliance and the social work term, the helping relationship. Despite these differences, both concepts include attributes of the service provider required to build some type of working relationship with clients, and are able to portray aspects of a healthy working relationship in service provision.
Factors Affecting Building Rapport with Court-Mandated Criminal Offenders

Court Mandate – The literature presents the various terms referring to clients being required to attend counselling or treatment as being synonymous. Shearer (2003) outlines synonyms for court-mandated treatment as: coerced treatment, mandatory treatment, involuntary treatment and compulsory treatment. Some authors will use these terms interchangeably; however, other authors such as Farabee and Prendergast (1998) argue these terms are not the same at all and each is specific to its situation, but argues all forms of mandated treatment are forms of coercion:

Coercion represents a range of options of varying degrees of severity across various stages of criminal justice processing. Coercion can be used to refer to such actions as a probation officer’s recommendation to enter treatment, a drug court judge’s offer of a choice between treatment or jail, a judge’s requirement that the offender enter treatment as a condition of Probation, or a Correctional policy of sending inmates involuntarily to a prison treatment program. (p. 3)

Even though the focus of this article is on drug offenders and substance abuse treatment, Farabee and Prendergast (1998) discuss the use of the terms of coercion and recognize there is some difference about what coercion can mean. Farabee and Prendergast’s (1998) define four forms of being required to participate in counselling or treatment which translate to Canada, Saskatchewan and Saskatoon courts. Three of these four forms involve a court mandate to attend and participate in treatment, entailing involvement from a probation officer to monitor attendance and participation. For the purpose of this paper, “court mandate” will refer to Farabee and Pendergast’s (1998) three definitions: a probation officer’s recommendation, a Judge’s
ultimatum, or counselling as a condition of a court order. This paper does not include research or information on requirements to participate in prison treatment programs.

**Dual or Multiple Relationships** - Counselling criminal offenders is difficult partly because of the struggle with dual relationships. Saskatoon probation officers are familiar with this struggle, as they are required to flip back and forth between two roles when working with offenders. The first role is as a public safety agent to monitor risk to the community and take action when that risk is elevated to a dangerous level. The second is as a service provider and a broker to assess what the client needs at a particular moment and to refer appropriately.

Masters (2004) outlines many more roles other than these two which counsellors can take when working with offenders. She lists these roles as the police officer, friend, confidant, advisor, teacher, learner, moral guide, parent/nurturer, change agent, crisis intervener, role model, consultant, resource broker/advocate, problem manager and researcher. As noted in the introduction of this essay, most of the literature about counselling criminal offenders was in relation to the correctional facility setting. However, many writers have outlined that this difficulty with dual roles exists as well with any professional working with criminal offenders in other settings, especially when agents of the criminal justice system are involved in case management (Vinson, 1989; Schrink, 2000; Smith, 1990).

One of the subjects about which I was curious when entering CFS as a student was in relation to this role navigation, whether or not counsellors struggled with it and how they dealt with it (if they dealt with it and/or if they were aware of it). This question was explored with counsellors at CFS and will be discussed in an upcoming section of this paper.
**Coerced Treatment** - Another area outlined by the literature is the nature of coercion. From my experience, the offender is sometimes required to participate in programming in order to regain access to children, to be able to live with a partner again after domestic violence, or to regain other freedoms on a court order. In other cases, programming is a consequence of relapse into criminal behaviour, whether it is drug use, gang affiliation, shop-lifting or an altercation in the community. On occasion, offenders have insight into risk factors and request programming or counselling to deal with these issues. These types of offenders are not the offenders included in this literature review. My interest is with court-mandated offenders, or in other words, offenders who are required to participate in counselling to keep or gain their freedom from incarceration.

Motivation to access services and actually make changes is an integral part of therapy (Shearer, 2003; Gelso and Carter, 1985; Farabee, Prendergast, Douglas and Anglin, 1998). As such, if clients are forced to participate in treatment or therapy, they may be entering counselling with negative feelings associated with being forced. Turner (1999) and Perlman (1979) discuss transference as one form of these negative feelings. Perlman (1979) describes an example of transference as a client’s reactions and attitudes toward a counsellor transferring (coming from) an interaction in a previous relationship. He alludes to this previous relationship being oppressive and negative. An example of transference occurring in a counsellor-offender relationship would be the offender viewing a counsellor as part of the criminal justice system - another oppressor forcing them to do something.

There is literature denying that the mandating of treatment is a hindrance, supporting the effectiveness of treatment even when there is an order to attend (Shearer, 2003). Most studies and articles with this viewpoint exclusively pertain to mandated treatment and counselling for
substance abuse clients. Shearer (2003) argues mandated treatment sometimes makes sense with substance abusers because of the need for detoxification, because detoxification is the first step to recovery and change. Mandated treatment to detoxify results in completion of this first step, after which clients can explore their desire to attend further treatment and learn more about addictions.

There is also a great deal of literature on compulsory treatment in domestic violence and sex offender realms as well. Again, it was difficult to locate literature focused on mandated treatment in a one-on-one counselling program. The available literature mirrored an article by Howells and Day (2002) where mandated treatment is seen as a factor which may contribute to an offender’s readiness to participate in programming.

It is clear that being mandated to attend counselling will most likely affect the work toward establishing a rapport in one form or another. It could have a negative impact on someone’s motivation to work while in therapy because of a feeling of being powerless in the original decision to attend; it could create a negative relationship as a result of transference of anger or other negative feelings onto the therapist; or genuine eagerness for change could be replaced by participation as a bargaining chip.

**Ethical Practice** - A third area the literature identified for therapists treating/counselling court-mandated offenders is in relation to ethical practice. Shearer (2003) and Regehr and Antle (1997) discuss serious ethical dilemmas in providing counselling with court-mandated offenders. Welfel and Ingersoll (2001) cite Regehr and Antle (1997) and discuss whether informed consent can actually occur with court-mandated offenders. There exist very real and serious rewards for following through with counselling and completing it, and punishment for failing to follow through with the referral/recommendation or dropping out before the program is complete.
Welfel and Ingersoll (2001) go on to make recommendations about ethical counselling with court-mandated clients, including rephrasing messages around participation and referrals, and reframing the purpose of the counselling. However, they and Shearer (2003) maintain that court-mandated clients cannot provide consent in the same way as clients who seek out services of their free will.

Another ethical consideration is in relation to assumptions of counsellors when clients are referred by the court for counselling. Welfel and Ingersoll (2001) caution counsellors to be conscious of their preconceived notions about the clients’ desire to want change and their motivation to begin change. Counsellors are meant to be objective and non-judgemental; however, Welfel and Ingersoll suggest there may be hidden and unconscious presumptions about court-mandated clients concerning their views on issues and any desire to make things different.

Conclusion

This literature review outlines some of the difficulties in locating relevant literature in relation to rapport-building with criminal offenders in a community setting. The difficulties pertained to the categorization of criminal offenders and a lack of research done on general offenders (unclassified); and to locating research on working with offenders in the community as opposed to in an institutional setting. The literature review explains the origins of the modern term of rapport as being originally in psychology, and later, in social work. For the purpose of this practicum report, rapport will be seen as an evolution of the traditional helping relationship, a part of the historical and current psychology therapeutic alliance (bond); and defined as a relationship of mutual trust and emotional affinity. In relation to importance of rapport, the literature outlines that there is a wide spectrum of opinions, but a recent summary of research found rapport in its counsellor attributes and counterparts made up 30% of a therapeutic success
pie chart. The literature review did not find any literature stating rapport was completely
unimportant in therapy, which requires therapists and researchers to list factors that address
rapport. To narrow the list of factors affecting rapport, this paper focused on factors affecting
rapport with the focus group of this report, court-mandated criminal offenders in a community
counselling setting. The literature identified three main factors: the nature of coercion and its
impact on therapy; difficulty in navigating multiple roles as a therapist; and ethical
considerations in therapy.
SECTION 2 – Practicum Report

Personal Reflection

In 2002, my journey toward a degree in social work began, and I recall the reasons I chose this profession. I felt throughout my life people needed help, support, encouragement in forms of an ear to listen, validation, insight, advice. Throughout my upbringing, I felt more and more I wanted to be in a career that helped people who struggle constantly, periodically or once as a result of a situation. During the introductory social work classes, it became clear social workers had a responsibility to know themselves and understand where they have come from and their own issues prior to diving into a serious conversation with a vulnerable client. My interest in each social worker’s insight into their personal issues began at this time.

In October 2004, having just convocated, I acquired my first real job as a social worker. I was hired by the Ministry of Social Services as a child protection investigator. Remembering lessons from professors throughout my program, I found myself attempting to centre myself, to focus, to be aware of how I was feeling, before starting this job. I was able to find aspects of this job I enjoyed. I was working within a system that I felt needed to be changed greatly which provided me the opportunity to view it through a critical lens and start thinking about possibilities for changes to the system. I was working with parents who were being investigated for neglect and abuse, and who were sometimes charged. I felt closer to justice and felt it was my duty to address injustices in the world and work with those committing injustices. Feeling like a protector of children appealed to the part of me that needed to protect those who cannot protect themselves. In addition, I felt a genuine desire to help the children and adults I was working with.
One day, my comfort with myself in this position dissipated during an apprehension of a child. I attended a house with police officers where a mother was under the influence of alcohol while caring for her very young daughter. This was an apprehension from hell. I was required to physically remove this child from her mother’s arms while both cried and police officers held the father to the side and tried to keep the peace. During the drive back to the office with the child crying in the back seat, I felt a strong conflict within myself. I did not agree with how policies were being carried out within this system. I was not comfortable with contributing to already dangerous and volatile situations. I did not agree with removing children as opposed to providing something to the family in the home. I did not have the answers but was flooded with emotions during this apprehension and began looking for new employment.

Within a very short period of time, I was hired by the John Howard Society of Saskatchewan as a youth mediation caseworker. This job excited me greatly as the John Howard Society works with a wide variety of those involved in the criminal justice system. As an employee of the John Howard Society, I was given the opportunity to work with those who were entrenched in the criminal justice system, and with those who were completing provincial and federal sentencing, in an attempt to assist them in reintegration into society. This was a non-government agency, so I was able to avoid some of the bureaucratic boundaries and actually work toward changes that could be realized in the near future. Even though John Howard Society works with criminal offenders, is present in court rooms and during hearings, and is involved in release plans for incarcerated offenders, this organization is and always has been on the periphery of the Canadian criminal justice system. Although The John Howard Society does advocate for offenders (primarily in their human rights while navigating the system) and for changes in legislation, it is difficult to change practices and policies in the primary sections of
the criminal justice system while employed in a peripheral program. As I read through history of the John Howard Society Canada and heard speakers from the Society speak about the past, present and future, I read and heard frustration with the lack of actual movement. I began to explore other opportunities that could fulfill my needs and allow me to offer the most beneficial services to the clients while advocating for change in a larger criminal justice system.

My search for this type of employment ended for several years when I became a probation officer with the Ministry of Corrections, Public Safety and Policing in Saskatchewan. This job provided me with the opportunity to work face-to-face daily with criminal offenders. It also provided me with a ministry as part of a larger system to allow a framework to work within in order to make changes. Most importantly, it provided me with a genuine drive to continue my training and education to further my understanding of areas of the criminal justice that need to be changed and the flexibility to implement small changes and be a part of new programs for criminal offenders in Saskatoon. I was 26 years old when I became a probation officer. I felt I was old enough to connect to older criminal offenders who had been going through the justice system for many years as well as young adults who were facing their first adult orders.

Over the last ten years, I have learned to be aware of where I came from and what I needed in a career. I had an innate desire to work within the criminal justice system, or to work with those who work daily with criminal offenders. I learned I needed to work in a system that was flawed and needed revamping in some form or another. I believe self-awareness is imperative in social work to ensure you are doing everything you possibly can for clients, by understanding the barriers to best service provision. This belief, along with my desire to help criminal offenders deal with issues and get through the criminal justice system and on with healthier lives, contributed to my interest in this topic. Criminal offenders as a clientele group
may be difficult for many people to work with. Anyone who knows someone who has been assaulted, victimized, targeted, threatened, stole from or hurt in some way may have issues with this clientele group. My reflection on my previous work environments and valuable messages communicated during the undergraduate social work program requires me to urge professionals who work with criminal offenders to be aware of a few things. I urge professionals to be aware of who they are working with, to be conscious of any internal or external barriers to offering the best possible services to the client, and to assess the genuineness of your desire to help the offender in your office.

**Introduction to CFS**

According to their website, CFS Saskatoon was founded in 1941. The non-government, community-based organization offers programs and education to the public and to other agencies and schools as well as counselling to individuals, couples and families. CFS Saskatoon is governed by a volunteer board of directors, who are committed to the mission, vision and values of the agency.

CFS offers a number of programs for professionals, parents, youth, children, couples, and women. Professional programs are aimed to train, teach and explore learning with Social Workers, Child and Youth Workers, Counsellors, Family Educators, Psychologists, School Counsellors, Teachers, Education Assistants, Parent Aides, Police Correction Workers, Child Care Workers, Health Professionals, Church Leaders, Coaches and anyone else who works with children and youth.

([http://www.cfssaskatoon.sk.ca/professional-development.html](http://www.cfssaskatoon.sk.ca/professional-development.html))

*When Teens are Out of Control* is a workshop for professionals focusing on counselling and working with parents who struggle with out-of-control teens. *How Much is Too Much* is an
educational workshop assessing the price of pampering children. *When Children Are Exposed to Violence* is a workshop for professionals working with children who have experienced some form of violence at home or with extended family.

A number of programs and workshops are also offered to mature and teen parents who wish to connect more to their children, to deal with difficult teens, to cope with difficulties of blended families or simply to be more of an active parent to their child/children. These programs include: *Peaceful Parenting, Active Parenting 1,2,3,4, Active Parenting Now, Reaching Out... Connecting with your Children, Active Parenting of Teens, Bridging the Gap for Parents with Out of Control Teens, Reaching Out... When Teens are Out of Control, and Blended Families... Yours, Mine and Ours.*

Other groups include: a self-esteem and empowerment program for women called *Celebrating Women*, a group which focuses on the impacts of perfectionism called *The Perfection Trap*, a *Marriage Preparation Weekend Workshop*, and a group for children who have lost a parent or sibling called *Good Grief*.

Community development programming and capacity building are also integrated into their program coordination. The agency offers a *Family-to-Family Ties Program* to strengthen families in the community, it offers no-fee counselling at the Saskatoon Food Bank and a program for parents whose children have been apprehended or are at risk of being apprehended. The agency also partners with schools to offer programming and groups in schools for children and adolescents as well as two Child and Family Centres and the *Building Healthy Families Program*. 
CFS employs several very skilled counsellors with a variety of theoretical backgrounds, work experience and counselling frameworks. The agency offers individual, couple and family counselling at a sliding scale fee, and is an approved Employee and Family Assistance Program agency.

The Ministry of Corrections, Public Safety and Policing is connected to CFS, as are many other government and non-government agencies and professionals in and around Saskatoon. As a broker of services for clients, a probation officer (like other service providers) makes appropriate referrals for other needed areas to agencies such as CFS. Over the past five years, I have referred numerous criminal offenders to CFS for a variety of programs - so many, in fact, that I have had the phone number memorized for most of my five years at Saskatoon Community Corrections.

Practicum Objectives

The period of my practicum placement extended from 3 January 2011 to 25 March 2011. My primary objective through this placement was to develop individual therapy assessment and intervention skills with a focus on court-mandated clients. I planned on completing this objective by conducting a literature review on rapport-building with court-mandated criminal offenders, through direct practice in the form of clinical therapy and group facilitation, and through clinical supervision and direction.

The scope of my activities for placement included reading recommended and relevant articles, conducting individual therapy, coordinating and facilitating information and support groups, attending team meetings and consulting with the clinical director on cases for regular supervision of cases.
My learning goals included:

- Developing assessment skills to understand factors that contribute to individuals seeking counselling
- Developing individual therapy skills to assist the individual in initiating change
- Developing an understanding of practice and policy of CFS when therapy is utilized
- Exploring challenges and barriers in assessing and conducting therapy with court-mandated clients
- Enhancing my group-facilitation skills

**My Practicum Experience**

Participating in a practicum at CFS allowed me the opportunity to observe and be an active participant in the intake process, in direct counselling with individuals and couples, in group facilitation, and in staff meetings and consultations. The variety of activities provided me with opportunities to explore my practicum objectives and learning goals again, on-site, and to attempt to meet my learning goals.

My first learning goal was to develop assessment skills to learn why people sought out counselling. To be more specific, this goal was not referring to the reasons people were experiencing hardships, but was referring to what led to them making the decision to call CFS (to seek out help). The first opportunity I had to explore this learning goal was during intake calls. Intake protocol at CFS involved a client (who was calling for support or who walked in for support) speaking with an Intake Worker who gathered basic information about the client. This information included the family situation and coverage suitability, contact information and some other demographic information, and of course, the issue which led to the client seeking services. CFS employed an Intake Worker who was involved in other groups and counselling but who primarily handled intake calls and walk-ins. At the onset of my practicum, I expressed an interest
in learning more about the intake process and taking calls on occasion. Over the three-month period, I offered cover-off for Intake several times and estimate that I interviewed approximately 20 clients over the phone during intake calls. Conducting intake interviews allowed me the opportunity to develop my assessment and interviewing skills to better understand what compelled clients to contact CFS.

In addition to intake calls, initial interviews with clients provided me with opportunities to speak with clients about the factors which led them to contact CFS. It was my experience that clients would often share details of “the straw that broke the camel’s back”. Both interviews with clients via intake calls and during initial interviews were discussed thoroughly with the clinical director and often other counsellors as part of ongoing consultation.

My second practicum learning goal was to develop individual therapy skills to assist the individual in initiating change. I was intentional throughout my practicum placement about reaching this learning goal through direct counselling and through consultation with the clinical director about my counselling experiences and preparation for future counselling sessions. Over the three-month period of placement, I was assigned several files, including individual clients ranging from children to adults, as well as couples. I provided individual and couples counselling over the three-month period and explored a variety of areas with clients including but not limited to relationship work, sexuality, anxiety, peer pressure, family relationships and self-esteem. I kept brief notes throughout counselling sessions and discussed each session with the clinical director following the session. These consultations would allow me to debrief about what my approaches were, responses to questions and statements, overall feelings about how the session went and how I would prepare for a possible follow-up session.
The direct counselling experiences were invaluable to my professional growth as well as to my understanding of therapeutic techniques, communication, barriers to change, rapport in therapy and working within boundaries of the Canadian Association of Social Workers Code of Ethics. Many counselling experiences were also very interesting and led to consultation discussions which were very interesting as well.

One example of such an experience involved a male client struggling with conformity to societal messages pertaining to masculinity. This client was fit, rugged, talked little, and discussed hobbies and interests including sports, hunting, fishing, exercise and women. Despite his seemingly masculine appearance, demeanour and lifestyle, he struggled greatly with maintenance of this image and with restraining his sensitivity, love for poetry and music, and interest in clothing design. Sessions with this client led to discussions with the clinical director at CFS on sexuality, peer pressure, conformity, family-of-origin issues, father-son relationships, intimacy and societal pressures. This experience also contributed to me reading more throughout my practicum on counsellor assumptions based on first impressions in therapy.

A second example of such an experience involved a mother who brought her pre-adolescent son in for counselling for behavioural issues and school efficiency issues. This experience was unique in that the client was the youngest client I offered counselling to while at CFS, and the mother attempted to micro-manage counselling sessions and instruct me on my approaches with her son. Sessions became more complicated when I learned the child was doing well in school (average to his peers) and disobeyed on occasion at home (once per week according to his mother). This case also resulted in interesting consultation with the CFS clinical director on my issues as a peer parent and as a father to a child in primary school. I struggled with thoughts of this parent having too high of expectations for her child both in school and at
home. I struggled with thoughts of this parent beginning a process where the child could internalize typical issues for his age group and label himself as a problem child, when it appeared as though he was an average child. I was concerned about this impacting my ability to provide unbiased counselling. This resulted in additional reading during this session block on judging clients and over-involved parents of child clients.

Throughout the practicum, I had access to the library at CFS which held a wide variety of books and articles on any issue I came across while in session. I was permitted to take material home and was encouraged to discuss what was read with the clinical director and other counsellors. Each counsellor also had smaller libraries in their offices more specific to their interests in counselling. I learned very early on in January 2011 while at CFS that each counsellor had a unique educational and professional background, and each had his or her own passion and interest areas in counselling. I was also able to attain this learning goal of developing therapy skills by speaking with counsellors about their special interests when such an interest (such as marriage counselling, for example) would arise in my counselling sessions. These conversations were very rich in information and taught me a great deal about therapy over the three months. For example, when counselling a couple going through marital distress, I spoke with a clinical therapist in detail about his theories on needs in a relationship and the requirement to eliminate criticism from a partnership. His theories on counselling couples emerged from years of experience in clinical therapy and research in marriage counselling.

My third learning goal was to develop an understanding of practice and policy of CFS when therapy is utilized. I was interested in the practice and policy of opening and closing files (in the process and flow of information) when a client attends the agency for therapy. From January to March 2011, I communicated with the staff of CFS around policies and practices
when providing therapy. I learned about the intake process, on what basis files are assigned, potential wait lists for different therapists, information and paperwork which is gone through during the initial session and how files are filed when not used and closed when service provision is complete (for the time being).

I also attended staff meetings where issues pertaining to policies and practices were discussed, meetings which shed light on the reasons behind the practices of CFS. In addition, I was in regular contact with the administrative assistant who provided me with historical reasons for change in practice and forms and who was very knowledgeable and able to answer questions related to general practice regarding files and policies.

My fourth learning objective was to explore challenges and barriers in assessing and conducting therapy with court-mandated clients. In order to avoid a conflict of interest, I was not able to provide direct therapy to court-mandated clients. I was working with criminal offenders just prior to this clinical placement and I planned on returning to Saskatoon Community Corrections following this placement. I attained this goal through my literature review as well as through collegial dialogue with the counsellors of CFS related to providing therapy to court-mandated clients. Details of these conversations and this learning objective will be discussed more in the following sections of this report.

My fifth learning objective was to enhance my group-facilitation skills. I co-facilitated two groups over the three month period of my practicum. The first group, *Reaching Out: Connecting with your Children*, was a program which took place in elementary schools in Saskatoon and involved parents for the discussion session, then their children for lunch. This group included topics related to parenting young children and other family and school difficulties within the attending families. The second group, *What Do You Think?*, was a program for
teenage boys which focused on communication, coping strategies, behaviour, and decision-making and was facilitated in a school setting.

**Ideologies**

The mission of CFS is to develop “strong and healthy individuals and families by providing professional counselling, education and community programs, accessible to all.” ([http://www.cfssaskatoon.sk.ca/about-cfs.html](http://www.cfssaskatoon.sk.ca/about-cfs.html)) The website outlines their visions as “stronger individuals, families and communities; strategic and effective partnerships; relevant, quality services; to be an established and trusted community leader and employer of choice for qualified professional staff.” ([http://www.cfssaskatoon.sk.ca/about-cfs.html](http://www.cfssaskatoon.sk.ca/about-cfs.html))

Throughout my practicum at CFS, I maintained a log of ideologies surrounding the image of criminal offenders accessing services from the organization and how this image changed depending on the perspective. The log included beliefs about the determinants of the problems, again depending on the perspective. It also included beliefs about the clinician/client status, as well as implications for this relationship.

Following the practicum, the information from this log was organized into a chart and information was included on each category from the following perspectives: Society; The Ministry of Corrections, Public Safety and Policing front line staff (probation officers); and CFS clinicians. A limitation within the included ideologies is the absence of the perspective of the criminal offender. Even though critical analysis about the perspectives of the offender took place, offenders were not interviewed; therefore ideas about their perspectives would be speculation at this time.
An entire separate paper could be written on social perspectives on the image of the criminal offender in the community and determinants of problems. More recent general perspectives on crime and the response to criminal activity can be seen in National Justice Surveys as well as letters to editors of newspapers. According to Statistics Canada, Police Reported Crime Statistics in Canada (2009), crime rates are declining and have been declining steadily over the past ten years. Yet according to the 2007 National Justice Survey on the Tackling Crime and Public Confidence agenda, confidence in the criminal justice system among Canadians is low and 88% of Canadians feel crime rates are increasing or staying the same.

Typically, perspectives are aligned with political standpoints. Election campaigners in Canada continue to include the need for security against crime and criminals (the need to address these growing crime rates once and for all), in their campaigns. The general response by the general public, as seen in the 2007 National Justice Survey noted above and in polls, is support and backing to address issues within the criminal justice system. Canadians continue to support Stephen Harper’s government to tighten the straps of the criminal justice system and these straps are being tightened even now. Government follow-through with promises to the public has included mandatory minimum sentencing provisions, a proposal to abolish statutory release, and the concept of super prisons throughout the country. There are other social views of the criminal offender in the community; however, it can be argued that public opinion in surveys and public support of successful campaigns represents a large-scale view of criminal offenders and their place in society.

Image of the Client: The Criminal Offender as a Client of Counselling

The image of the criminal offender participating in personal counselling at a community based organization varies depending on the lens. From the perspective of a probation officer, the
offender is made up of several parts. They are a client on a caseload who requires services, programs and assistance in many ways. They are a criminal offender having a risk level predicting their recidivism rate, each requiring a specific level of supervision within the community and monitoring of attendance to programs or counselling. Clients who are referred for personal counselling could be viewed as anywhere from withdrawn and defeated (just doing what they’re instructed to) to invested and genuinely interested in addressing the areas of need.

When I discussed the image of this clientele group with the clinical therapists at CFS, I found that the views among therapists were (for most part) consistent with each other. Therapists explained that these clients had numbers (offences) attached to them, and the therapists were the first to explain that these are clients are human beings. They struggle similarly to other human beings, but are involved in a system where they are categorized as criminal offenders and are forced to attend counselling. The image of the client from the perspective of therapists also includes resistance, apprehensiveness and/or mistrust, and reclusion which the therapists at CFS attributed in part to mandate counselling.

**Beliefs about the Determinants of Problems**

When offenders report to Saskatoon Community Corrections to begin serving their community-based sentences, an assessment is completed with the offender to determine his or her overall risk level to re-offend and to identify his or her criminogenic needs. The Saskatchewan Primary Risk Assessment (SPRA) Scoring Manual states, “Criminogenic needs are needs or risk factors that are directly linked to criminal behaviour” (Saskatchewan Ministry of Corrections, Public Safety and Policing, 2009, p. 3). Criminogenic needs identified using the SPRA are believed to be the problems or issues, as they are the areas that are linked to criminal behaviour. Therefore, offenders are referred to programs or counselling in order to address one
or some of the needs identified by the SPRA. In addition to these needs being addressed, probation officers are aware personal counselling can help to address other non-criminogenic needs and other self-identified problem areas for the offender. Probation officers are guided in part by two principles including the Risk Principle and the Need Principle (Saskatchewan Ministry of Corrections, Public Safety and Policing [MCPSP], 2009, p. 4). In short, these principles state that risk to re-offend can be predicted when a valid means of prediction is used and the intervention should be matched to the criminogenic need. These principles, along with the SPRA itself, are based on research. Probation officers administer the SPRA and believe the criminogenic needs to be the problems at hand, at least the problems that affect the corrections realm.

In discussions of criminal offenders as clients which I had with the clinical therapists of CFS, a very clear message was conveyed by all therapists. The therapists included the criminal convictions and criminal behaviour in the spectrum of problematic behaviour but believed there were likely other problems to address besides the areas identified by the SPRA and by the probation officer. The therapists were clear in stating their job is not to satisfy the probation officer’s/SPRA’s identification of a criminogenic need. They approached criminal offenders in the therapeutic process just as they would other clients. They explored problematic areas with the offenders in an attempt to work with them on self-identifying issues in their lives which have or are affecting their thinking patterns, choices and lives.

**Beliefs about the Client-Worker Status**

At the onset of my clinical placement at CFS, I believed I had a clear view of what probation officers expected out of the clinician-client relationship once the offender was seeing a personal counsellor. Many discussions around this expectation and assumptions around this
relationship took place over the three-month period. It became obvious over time and during these discussions that probation officers’ views of the clinician-client relationship were not homogenous. Upon returning to the Saskatoon Community Corrections, I had several candid conversations with probation officers about what they expected and assumed would take place once a referral was made for personal counselling. The responses varied and the diversity was indicative of either a lack of communication between probation officers on this topic or discretionary differences between workers. Some ideas from these discussions include:

- Offenders would be ranked;
- The focus of the therapy would follow suggestions of probation officers;
- Counsellors would communicate openly with probation officers around attendance and active participation in counselling;
- Counsellors would become part of a support network for the clients in the community; a part separate from the Ministry of Corrections, Public Safety and Policing;
- The offenders would be more comfortable talking with counsellors about their issues because CFS is a Non-Government Agency;

In summary from these discussions with probation officers, it was clear probation officers expected and assumed the relationship between offenders and counsellors would be stronger and more honest than the probation officer-offender relationship. This expectation was a result of the fact that counsellors were separate from the government and separate from the criminal justice system. Additionally, probation officers expected counsellors would concur in dealing with the “criminogenic needs” during counselling to keep communities and the offender safer. Finally, it was apparent probation officers expected counsellors would verify attendance and participation to counselling in order to assist in probation officers’ job to monitor attendance to programming in the community.

When I discussed the clientclinician status with counsellors, I learned and was impressed with their approaches to counselling criminal offenders. The counsellors seemed to see our offenders as regular people. Criminal offenders were not ranked, nor did clinicians view the
therapy as requiring probation officer involvement or regular communication. Offenders, when referred for therapy, would go through the intake process, were contacted directly by a counsellor when the file was assigned, and therapy would begin without the probation officer being aware. The counsellors identified different expectations about the client-clinician status from those of probation officers. Some of their expectations and assumptions included:

- There may be resistance to therapy and difficulty building a relationship;
- I (the counsellor) may be viewed as a part of the system referring to the criminal justice system;
- The offender may cease therapy following the expiration of any court order;
- The offender may begin therapy discussing the ‘criminogenic needs’ as identified by the probation officer;
- There may be attendance and punctuality issues.

Counsellors verbalized well their intent to provide a service to the offender and not necessarily to the Ministry of Corrections, and their beliefs that offenders are humans with a wide variety of needs and concerns, and therapy would be conducted accordingly. In addition, counsellors reported criminal offenders as clients have a common ground: their common junctions with the criminal justice system. This common ground could potentially affect the relationship-building process and trust, as well as genuine authenticity to change and address issues.

**Dominant Practice Framework within CFS: Anti-Oppressive Practice**

Social workers are responsible for challenging inequalities in society and are bound to address these inequalities by means of ethics associations, morals and legal bodies. If one were to observe an agency which exclusively employed social workers, one would expect to see characteristics of anti-oppressive practice daily. At the onset of my clinical placement with CFS, I discovered counsellors had diverse origins in education and training; so I asked myself what types of practice frameworks I would observe in the counselling environment. Furthermore, I allowed myself the space and time to examine CFS in search of a dominant in-agency practice
framework. I quickly recognized attributes of anti-oppressive practice in policy, programs, staff management and counsellors.

Adams, Dominelli and Payne (2002) explain how anti-oppressive practice is utilized to identify and address inequalities of oppression by offering an analysis tool to explore and operationalize the relationships and connections between people of different races, socio-economic statuses, sexual orientations, ages, genders and classes. Adams et al. go on to explain how practicing in an anti-oppressive framework allows and informs clinicians to analyse individual, family and community struggles by how the relationships and connections impact them. Clifford (1995) similarly defines the term “anti-oppressive” as an

Evaluative position that constructs social divisions (especially race, class, gender, disability, sexual orientation and age) as matters of broad social structure, at the same time as being personal and organisational issues. It looks at the use and abuse of power not only in relation to individual or organisational behaviour, which may be overtly, covertly or indirectly racist, classist, sexist, and so on, but also in relation to broader social structures, for example the health, educational, political and economical, media and cultural systems and their routine provision of services and rewards for powerful groups at local as well as national and international levels. These factors impinge on people’s life stories in unique ways that have to be understood in their socio-historical complexity. (p. 65)

Burke and Harrison (2004) expand on Clifford’s definition stating the use and abuse of power between relationships, and the impacts of the power imbalances among the various levels, are “interconnected, shaping and determining social reality” (p. 132).
In short, these descriptions of anti-oppressive practice describe how not being a member of the dominant society, or not fitting into dominant norms, results in marginalization, alienation, over-representation in welfare state systems and under-representation in mainstream groups and clubs. These may result in the individual feeling “isolated, victimized, tokenized and violated” (Lie and Este, 1999, p. 315).

Over the three-month clinical placement, I observed many instances where anti-oppressive practice could be identified in the focuses of programs and the words of counsellors. CFS offers counselling on a sliding scale fee. I have known this about the agency for several years but did not realize, until conducting phone interviews as a cover-off intake worker, that sliding scale fees are intended not only for clients who are reliant on the Ministry of Social Services for needs. This system is an in-policy recognition that a portion of the working population needs and desires services and counselling as well but cannot afford to pay full price for therapy even though they may be working full-time. In addition, it recognizes that many employers do not offer employee-and family-assistance programs to their workers.

During my first few intake calls, I realized sliding scale fees address a wide variety of circumstances where clients cannot pay large amounts of money for clinical therapy. This program offers understanding to individual circumstances without somebody necessarily needing to be aware of the specifics of the financial hardship in every household. As well, the sliding scale provides a service to clients, while other agencies expect full payment for counselling. Other programs at CFS also have been developed specifically for the non-minority groups of people in and around Saskatoon. There are programs to assist single mothers, parents of blended families, struggling families, women and children. It is apparent in examining these programs: there exists a consciousness within agencies and professionals of social difference in Saskatoon.
There is insight into the divisions of power among Saskatoon subpopulations and this insight has resulted in the development and implementation of programs to assist dominated groups.

In addition to program development, counsellor approaches to the clientele also outline principles of anti-oppressive practice. It became apparent over the many hours of discussing clients, local issues, and service provision with counsellors that they were well aware of the oppression and domination of their clients by other systems, agencies, groups and people. Counsellors were skilled in exploring how and why their clients were unsuccessful in navigating dominant systems in society. They verbalized concern for illiterate clients working with provincial organizations which are so dependent on filling out forms and reading rules and regulations. They spoke of low-income families and the endless battles of getting their children to school with no transportation and poor winter clothing. They spoke of the understandable frustration clients had with ministries of the provincial government and bodies of the Federal government. These discussions often began or ended with concern for criminal offenders navigating one of the most oppressive systems in Canada.

The counsellors at CFS did not complain about massive systems and the domination of people in society. Rather, they participated in exploratory discussion around service provision in their areas of expertise and uniformly outlined how they incorporate teaching, patience, understanding, encouragement, assertiveness training and advocacy into counselling sessions when clients talk about difficulty with oppressing forces.

I do not doubt the authenticity of anti-oppressive practice within CFS. However, I do believe having a graduate student with my experience cultivated the rich discussion throughout my practicum pertaining to oppression of persons who receive services from large systems. I was
working as a probation officer for the five years pre-dating this clinical placement and was planning on returning to Saskatoon Community Corrections following the placement.

Typically, when an offender is placed on a community-based sentence, he is required by a Judge to participate in some form of programming and to report to a probation officer who is responsible for monitoring the progress in programming and completion of a sentence. Therefore, probation officers often refer criminal offenders to agencies such as CFS for counselling. “Refer” in this case is very closely related to “instruct”. This referral to a counsellor contributes to the difficulty in counselling criminal offenders as it adds another role to the counsellor’s position as explained in the literature review of this paper. Additionally, it places the counsellor in an ethical dilemma and identifies the counselling agency and the counsellor as an extension of the criminal justice system to the client; the counsellor becomes “guilty by association” in the mind of the offender. When one of the interests of counsellors is to practice in an anti-oppressive framework, this presumed affiliation to a very oppressive system makes rapport-building and service provision with this clientele group much more challenging.

**Theoretical Techniques**

The clinical counselling team at CFS consists of the counsellors, a Clinical Services Director and an external Mental Health Approved Therapist for consultation. Other important team members exist at CFS; however, the focus of this practicum report is on clinical therapy. Each counsellor is unique in her educational experiences, professional training and approaches to providing therapy to clients. Some theoretical techniques of counsellors include Cognitive-Behavioural Therapy, Psychodynamic Therapy, and the Solution-Focused Approach. Despite each counsellor’s experience and training in a specific field and area, each counsellor also
possessed traits of an eclectic therapist, drawing from a variety of resources, theories and techniques in order to best provide a service to her clients.

CFS houses an extensive collection of resources for a wide variety of issues and challenges in clinical therapy. These resources include books, magazines, DVDs, manuals and articles. In preparation for clients, I spent a great deal of time browsing the resources in this library to find many of the books are well utilized, with markings, page markings and references. Apparently this fitted library is also constantly expanding as counsellors and the agency buy additional resources periodically and add them to the collection. One example of a resource I read is *Natural Relief for Anxiety* (Bourne, Brownstein and Garano, 2004). A counsellor would use a resource such as this if a client disclosed suffering from anxiety but was looking for methods of relieving this anxiety without medication and without necessarily working through historical issues which may have contributed to symptoms.

In addition to an in-house library, CFS values professional development and encourages staff to participate in workshops, seminars and training to learn new theoretical methods or sharpen their skills in the theoretical approaches they already employ. Ongoing training, of course, allows counsellors the opportunities to consult with trainers and other professionals regarding difficulties with techniques or theories. It allows opportunities to connect with other professionals around the country who utilize the same techniques to expand on professional networking. In addition, it teaches counsellors how techniques are evolving and changing with the changing needs of clients and families. This is especially important when theoretical techniques were established in the early years of the twentieth century, such as a theory I learned a great deal about while at CFS, Adlerian Psychotherapy.
**Adlerian Psychotherapy**

Adlerian Psychotherapy is not the dominant theoretical technique used by counsellors at CFS, but it is the technique used by the clinical director, who was my clinical supervisor throughout my practicum. Most of my consultation, exploration of counselling and insightful discussion occurred with the clinical director; therefore, I read a lot about Adlerian Psychotherapy and learned a lot about the methodologies of this type of therapy in a counselling realm.

Alfred Adler was a psychiatrist in the early twentieth century. He was a colleague of Sigmund Freud’s and was a theorist of psychodynamics; however, he broke off from Freud’s work on psychoanalysis to develop his own theories on individual and social psychology. Sharf (2004) explains how Adler’s approach to individual psychology focused on the whole of the individual as opposed to breaking the person into parts. In addition, Adler included the individual’s relationship and conflict with society as an imperative component of therapy.

Sharf (2004) also explains Adler’s inclusion of power dynamics, social interest and “Life-Style” in his theories on psychology. Adler believed the human being was a goal-oriented and creative being who was responsible for his/her own fate. Adler, therefore, attempted in therapy to determine the symptoms of a person’s “life-style”, to shed insight on where the responsibility lies for changing the life path (in the client) and to assist the client in accepting responsibility, recognizing errors in the past and to adjust thinking and decision-making in the future to alter the path (Sharf, 2004; Dreikurs, 1967).

Adler’s theories remain an integral part of therapy for Adlerian counsellors, and though I did not experience much of this type of therapy while at CFS, I did explore three areas of this
Adler believed each person had a life-style and it was a life-style they chose by prioritizing traits and exercising these prioritizations at each intersection in life (Dreikurs, 1976). One of the tasks of Adlerian counsellors is to identify a client’s number one priority early in counselling to have an understanding of how decisions have been made in the past and how the client is struggling with life and with the rest of society (Pew, 1976). Pew (1976) outlines a concise review of the importance of a person’s choice in priority when conducting therapy. A counsellor would use methods (as suggested for example by Pew) to determine the client’s historical number one priority during the first session (preferably) with a goal of being able to teach the client about his life-style and align the therapist and the client in knowledge of this priority and goals for therapy (Pew, 1976).

CFS offers a number of parenting programs in the community and one of the contributions of Adlerian Psychotherapy has been to parenting. Even counsellors who do not practice from an Adlerian perspective acknowledge this contribution. Children form their personalities early in life by asking questions internally and externally in the home and either having these questions answered by others or answering them themselves (Bettner, 2006). These questions and answers create a framework for future relationships. Bettner (2006) uses the analogy of building a house and explains there are three components of a child building his or her personality: genetics (bricks), the environment (putty) and creative force (what they build, their drive or motivation, and how they build it). Adlerians attribute much of the personality in the experiences (perceived) as children; therefore, early recollections are still used in therapy by Adlerian practitioners (Dreikurs, 1976; Kern, 2009)
Roy Kern is a professor for Georgia State University and has offered insight into the importance of early recollections and methods of interviewing clients and interpreting early recollections. Kern (2009) explains how early recollections are disguised but are indicative of how the client perceives life and may show evidence of the driving forces behind the client’s life-style. I was referred to Kern’s article when I began to ask my clinical supervisor about the benefits of using early recollections. Kern (2009) explains how counsellors can and do use early recollections to learn about what keeps people in or out of trouble, how to work best with the client, and how clients solve or work through major problems in their lives.

There are a few aspects of Adlerian Psychotherapy that appeal to me as a therapist in training and as a social worker and student exploring counselling with criminal offenders. Interestingly, the areas of Adlerian theory that appeal to me are three of the main differences between the Freudian and Adlerian approaches. Unlike Freudian Psychotherapy, Adlerians placed importance on power dynamics, client conflict with the rest of society, and viewing the client as a whole.

I believe each of these areas is important when working with criminal offenders. When discussing issues related to personal struggles, conflict with the law, and barriers to change, offenders identify power imbalance as a common factor. Criminal offenders by nature are in conflict with the rest of society and they are also very aware of the stereotyping and maltreatment of offenders within their communities. Criminal offenders also have reported to me feeling that they are categorized by their offences and compartmentalized, whereas they are human beings just like everyone else.

In addition to these components, the Adlerian approach includes an empowerment piece and a client accountability piece. The Adlerian approach includes a fictional final goal of the life-
style and, when utilizing this approach, a therapist would discuss with clients how each of their decisions is and has led to a self-fulfilled prophecy (Bridle, 2000). Henry Stein in Bridle’s (2000) interview explains how this realization is good and bad for clients to hear, because it shows them they have the power to change (which is empowering), but it places the responsibility back onto them (which requires them to be accountable for aspects of their lives).

Rapport from the Perspective of CFS Counsellors

Throughout the practicum at CFS, I learned about the counsellors; their educational and professional backgrounds and how they generally approached therapy. In consideration of the main focus of this Practicum Report, I had a short discussion with each counsellor to learn specifics of her beliefs about rapport, the rapport-building process, barriers to the process and beliefs about the importance of rapport in clinical therapy. I was aware that each clinical technique recommended approaches to build relationships with clients. I developed a list of questions drawn from my personal reflections to discuss this issue based on their therapeutic evolution as opposed to citing theory and talked with five of the counsellors at CFS.

It was clear during discussions with counsellors they were very aware of rapport and its relevance in the therapeutic process, but asking them to verbalize their definitions of rapport brought forward interesting responses. The responses were interesting because even much of the literature describes rapport as an unidentifiable part of the therapeutic process; something often without a concrete indication of success. The responses included:

- “Getting each other at the very simplest form”
- “An emotional construct between the two of you”
- “Acceptance of one another”
- “Connecting with another person on a very human level”
• “More than your head; it’s feeling with your heart”
• “Getting to a point beyond what happens on the surface”
• “A connection; a bond where it’s open enough to talk”
• “A relationship, when people are more than why they came – you’re connected”
• “A trusting relationship that is built”

On a percentage scale, counsellors rated the importance of rapport in therapy between 50% and 90%. Even the counsellors who rated the importance as being moderate (50%) stated “if there is no rapport, there is nothing else” and “the real work happens only when the client trusts you.”

**Counsellor Attributes**

Each counsellor at CFS implements her own strategies to build relationships with clients. Having been aware of what research suggests as important counsellor attributes, I became curious whether counsellors’ ideas were consistent with what the research suggested. I became curious of how the counsellors at CFS were attempting to build relationships with clients. I questioned whether they were conscious of their report-building strategies and their abilities to adapt these strategies depending on barriers to building relationships. When asked what counsellor attributes are important in rapport-building, the counsellors at CFS had a variety of responses, which I later divided into four sub categories: 1) Counsellor’s interest 2) Caring communication techniques 3) Environment of the counsellor, and 4) Counsellor skills.

The first group of responses were in relation to the counsellor’s overall interest in the therapy sessions. Counsellors all verbalized it was important for counsellors to be genuine in their interest to help. These responses included: “empathy”, “Interest”, “Being natural”,

"..."

The second group of responses were in relation to caring communication techniques. These responses included: “Calming voice”, “Tone of voice”, “Eye contact”, “small talk”, and “Body language”.

The third group of responses were in relation to the “environment” created by the counsellor. These responses were verbalized as desired portrayals of the counsellor and included: “Warmth”, “Positivity”, “Kindness”, “Friendliness”, “Non-judgemental”, and “Openness”.

The fourth group of attributes included skills of the counsellor; learned and practiced skills of communicating in a counsellor’s role. These responses included: “Consistency”, “Confidence”, “Ability to read people”, “Word choice”, “Perceptive”, “Maturity”, “Ability to identify and un-cock triggers”, “Ability to move the line of tolerance”, “Recognition of what clients are looking for”, “Professionalism”, “Eclectic – ability to move in and out of paradigms”, and “Self-awareness.”

Counsellors did not tend to stick to one or two of these categories. Each counsellor included attributes from each of these categories. In discussions with all of the counsellors at CFS, I discovered that the uniform organizational response to the question pertaining to counsellor attributes was “being a real person who can communicate caringly to create a trusting environment and carry this all out in a professional, skilled manner”.

**Barriers to Establishing Rapport**

To draw from the literature in the literature review, the primary barriers to building rapport with court-mandated criminal offenders included being court-mandated, adding other relationships to the counsellor’s roles, coerced mandate and ethics. Discussions with the
counsellors around barriers to establishing rapport with this clientele group did lead to the same points as well as a few additional points. Counsellors outlined how mandate was a major barrier to building relationships as it contributed to clients’ resistance levels and protecting themselves. They also described how counselling became coerced treatment like the other numerous programs this clientele group were already involved in. One counsellor stated clearly “they are all programmed up with fragmented services that they didn’t choose.” Counsellors also identified with multiple roles, explaining how criminal offenders ask them questions about the criminal justice system, are concerned about how much information to share out of fear of being breached for failure to comply with a court order, and see the counsellor as an extension of the criminal justice system. The counsellors explained how they spend a lot of time explaining the boundaries of their roles both to the offenders in their offices as well as to probation officers and other members of the criminal justice system.

One additional barrier to establishing rapport that was brought forward by counsellors was in relation to general ability of criminal offenders to trust as a result of their lives and their over-involvement with human service professionals. One counsellor stated, “they come with more issues; more trauma, more abuse, more addictions, more severe lives and broken homes.” Since rapport requires a reciprocity of some level of trust, the often apparent inability to trust others, and more specifically professionals, is a definite barrier.

Vision

One of my purposes as a social worker is to advocate for better service provision for those who cannot advocate for themselves. Criminal offenders are often living within cycles of recidivism and incarceration as they struggle with other issues in their lives. Throughout these cycles, they are facing oppressive systems which, ironically, were originally created to assist
them. My vision for the information I have gathered through my clinical placement and preparing this Practicum Report is twofold.

First, I aim to offer insight to Saskatoon Community Corrections and non-government counsellors about the importance of rapport in clinical therapy and about the barriers that face this important process through court mandate. I have presented the findings of my literature review to the entire staff of CFS following a staff meeting in April 2011. During this presentation, I reiterated the importance of rapport in the therapeutic process. I believe this presentation served as supplementary information to the exploratory discussion that took place with each counsellor during my time at CFS. During this staff meeting, I explained to the staff of CFS that I intended to offer this same information to Saskatoon Community Corrections with recommendations for future referrals for counselling.

The information is critical for counsellors to be aware of when counselling criminal offenders, but it is only half the equation of better service provision. Educating probation officers on the impact of court orders, lawful instruction orders to attend counselling, and over involvement in treatment goals places counsellors in a difficult position and is establishing non-government agencies as extensions of the criminal justice system. Following the completion of my graduate program, my intent is to develop a list of recommendations for probation officers when considering referrals / instruction orders for personal counselling. This information as well as the list of recommendations will be presented to Saskatoon Community Corrections at a staff meeting.

Second, I aim to develop a healthy, collaborative working relationship between Saskatoon Community Corrections and CFS. The relationship presently is detached and functions as a deformed medical system where agents of the criminal justice system act as
doctors assessing the offenders for risk factors, then diagnose treatment programs for each factor, sending referral forms to counsellors asking them to address the identified problematic areas. Saskatoon Community Corrections must recognize community counselling agencies as invaluable resources for clients, but only if they are identified by everyone as separate entities of the criminal justice system and communicated as such very clearly to criminal offenders. The dynamics of this relationship need to be changed, and I believe insight concerning barriers to building effective working relationships with clients is key.

Ultimately, I envision a clear understanding for Saskatoon Community Corrections and non-government counsellors of the importance of rapport and the barriers to establishing rapport, in order to better provide a trust-worthy service for criminal offenders in Saskatchewan - a service which emphasises values imperative to the process as identified in the literature to harbour reciprocal trust and authenticity.

Conclusion

The conclusion of this Practicum Report takes me back to two questions I have been asking myself for several years: First, are we doing the best we can to help criminal offenders stay in the community and out of jail? Second, are we doing the best we can just to help them? Of course, this is a massive issue spanning giant realms of many professions and systems in our society. A social work education has taught me to fight for a small change then aim higher for the next one and that small changes in human service provision will affect people we are working with. Working within the criminal justice system as a social worker who values anti-oppressive practice is difficult; however, there are methods of addressing small issues in large systems. My clinical placement has provided me with an opportunity to conduct a literature review on a topic related to service provision to an oppressed population, to enter a clinical
placement to observe whether the literature speaks to local issues, and to re-enter the workforce with recommendations for better service provision. For this opportunity, I am very grateful.

Even though it is difficult working toward change in large systems, other agents of these systems are not intentionally working against you. I have received a lot of support from managers in Saskatoon Community Corrections and the encouragement to return to Saskatoon Community Corrections to make changes to help our clients. In addition, I was welcomed to CFS with open arms to learn, observe, interview, consult, discuss with counsellors, other staff members and the clinical director. I was welcomed despite my orientation as an agent of the criminal justice system and my likely return back to this system.

The small change I am hoping for lies in the process of service delivery for court-mandated criminal offenders in the community. The small change would be a better, more collaborative relationship between Saskatoon Community Corrections and Family Service Saskatoon and a better client-counsellor relationship. This small change could make all the difference for our offenders who feel every professional is a part of the system holding them down. This small change could identify counsellors as what they should be – people to trust.
References


http://www.enlightennext.org/magazine/j17/stein.asp

http://labspace.open.ac.uk/file.php/5639/K205_1%2520Reader%2520Chap%25202014.pdf

http://www.cfssaskatoon.sk.ca/index.html


Dreikurs, R. (1967). *Psychodynamics, psychotherapy and counseling*. Chicago, IL: Adler’s School of Professional Psychology.


www.socialcareonline.org.uk/profile.asp?guid=22a25cb7-5afe-4ebe-87e3-5f6b04b6e0bc


http://findarticles.com/p/articles/mi_hb013/is_3_6/ai_n29044740/


Encyclopaedia of Informal Education website: 

http://www.infed.org/helping/helping_relationships.htm


correctional institutions. *Journal of Offender Rehabilitation, 16*, 163–174. doi: 

10.1300/J076v16n01_10

Pew, W. L. (1976). *The number one priority*. St. Paul, MN: St. John’s Hospital, Marriage and 

Family Education Centre.


Hall Canada Inc.


Appendices
Counsellor Interview Questions

1) How would you define rapport?

2) What are the strategies you use to build rapport?

3) What are the differences between building rapport with criminal offenders and clients who are not in conflict with the law?

4) What are the barriers to establishing rapport with court-mandated criminal offenders?

5) On a percentage scale, how important is rapport in therapeutic success?

6) Is this percentage different than how you would rate the importance of rapport in therapeutic success with clients who are not in conflict with the law?
Practicum Proposal

Name: David Broda BSW

Program of Study: Social Work

Academic Supervisor: Dr. Brigette Krieg, PhD

Professional Associate: Terry Lowe C.S.W., B.S.W., C.C.F.E. (Certified Canadian Family Educator), Certificate in Adlerian Psychology, Life Skills Coach Certificate, CFS clinical director

Academic Committee Member: Dr. Donalda Halabuza, PhD

Practicum Setting: CFS

Period of Practicum: 3 January 2011 to 25 March 2011

Scope and Activities of Practicum:

1) Literature Review of recommended readings
2) Conduct Individual therapy
3) Coordinate and facilitate information and support groups
4) Attend team meetings
5) Supervision including discussion with clinical director

Practicum Objectives:

Through the literature review, direct practice (in the form of clinical therapy and group facilitation) and clinical supervision and direction, the objective of the practicum is to develop individual therapy assessment and intervention skills with a focus on court-mandated clients.

Learning Goals:

1) To develop assessment skills to understand factors that contribute to individuals seeking counselling.
2) To develop individual therapy skills to assist the individual in initiating change.
3) To develop an understanding of practice and policy of CFS when therapy is utilized.
4) To explore challenges and barriers in assessing and conducting therapy with court-mandated clients.
5) To enhance group-facilitation skills.