Clinical Mental Health Counselors' Experiences with Mandated Reporting of Child Abuse and Neglect in Pennsylvania

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Abstract

Many phenomenological factors influence counselors when navigating mandated reporting and deciphering reasonable suspicion, such as beliefs, emotions, culture, decision-making, training opportunities, and past experiences. The purpose of this qualitative study was to explore the experiences of clinical mental health counselors with mandated reporting of child abuse and neglect in Pennsylvania. A hermeneutic phenomenological approach was used to analyze the lived experiences of eight clinical mental health counselors. The hermeneutic circle guided data analysis in a parts-to-whole process, which enabled interpretations to transform into phenomenologically crafted texts. Findings revealed global themes among participants relating to the reporting process, decision-making factors, and preparation for the role of mandated reporter. The identification of global themes addressed the study's research questions and gaps in the counseling field. Implications from the study will be used to inform counselors' reporting practices, counselor educators' curricula when training masters-level counseling students, and awareness to facilitate systemic change.

Purpose

- During the federal fiscal year in 2021, a national estimate of 3,987,000 referrals were made to child protective agencies
  - 2,045,000 referrals were screened-in
  - 67% of screened-in referrals were completed by professionals, in which 6% consisted of mental health personnel
- To explore the experiences of clinical mental health counselors with mandated reporting of child abuse and neglect in Pennsylvania and offer the opportunity to share...
  - Experiences with the standard of *reasonable suspicion* when reporting
  - Decision-making process
  - Factors that have helped and/or hindered duty to report in past experiences
  - Training opportunities

Research Questions

What experiences do clinical mental health counselors have with mandated reporting of child abuse and neglect in Pennsylvania?

a. How are clinical mental health counselors influenced by the standard of *reasonable suspicion*?
b. How do the experiences differ between novice and seasoned clinical mental health counselors?
c. How are the experiences similar between novice and seasoned clinical mental health counselors?

Methodology

Hermeneutic Phenomenology

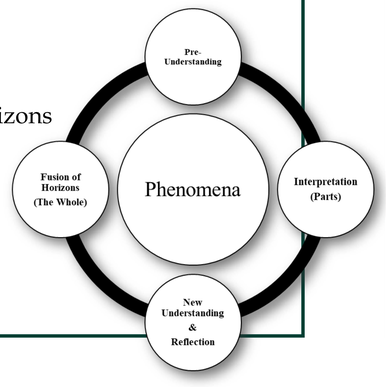
- Interpretive, as opposed to descriptive phenomenology
- Interpretation of lived experiences is essential to understanding existence and being-in-the-world

The Hermeneutic Circle

- Holistic and cyclical
- Parts-to-whole process, ongoing
- Initial understanding → Fusion of Horizons

Theoretical Framework

- Moral relativism



Data Collection & Analysis

Data Collection

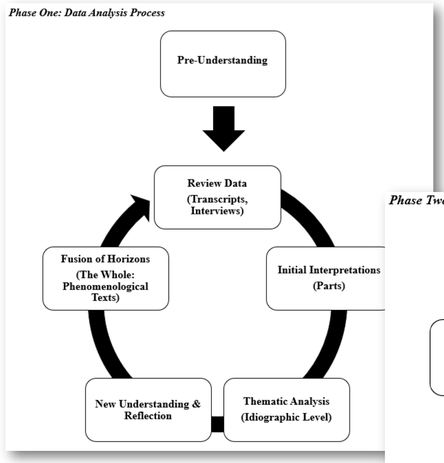
- Semi-structured interviews
  - Guided the interview loosely, ensuring relevant data was generated about the targeted phenomena
  - The essence of phenomenology was retained by permitting participants to engage in organic dialogue that arose around phenomenological questions
- Transcribed interviews

Data Analysis

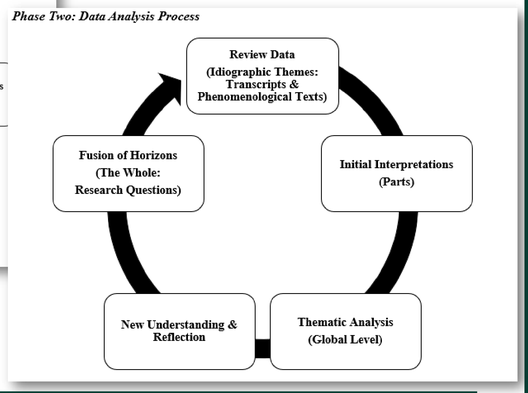
- Thematic coding to identify any themes, patterns, and/or shared experiences that may exist
  - Highlighted terms, phrases, and statements
  - Idiographic versus Global Themes
- Interpretation
  - The arts (creative writing, poetry, drawing) were utilized to achieve deeper meaning
  - Documented ongoing perceptions and interpretations
  - Phenomenological texts

Research Questions	Global Themes (Major & Minor)
What experiences do clinical mental health counselors have with mandated reporting of child abuse and neglect in Pennsylvania?	**Responsibility**
	Liability
	Uncertainty
	Emotions
	Apathy Towards Reporting
	Training Opportunities
	Supervision and Consultation
	Unprepared
(a) How are clinical mental health counselors influenced by the standard of *reasonable suspicion*?	**Responsibility**
	Liability
	Erring on the Side of Caution
	Supervision and Consultation
	Uncertainty
	Information Gathering
	Confidence
(b) How do the experiences differ between novice and seasoned clinical mental health counselors?	**More Harm Than Good?**
	Emotions
	Apathy Towards Reporting
(c) How are the experiences similar between novice and seasoned clinical mental health counselors?	**Responsibility**
	Liability
	Uncertainty
	Emotions
	Erring on the Side of Caution
	Supervision & Consultation
	Training Opportunities
	Confidence
	Information Gathering

Phase One: Data Analysis Process



Phase Two: Data Analysis Process



Implications

Counselors

- Additional training and resources
- Having access to ongoing supervision and consultation
- Supervision for clinical support and continued growth, but also to nurture wellness and address emotions, burnout, and compassion fatigue
- Connecting and collaborating with local Children and Youth Services (CYS) agencies

Counselor Educators

- Adjusting curriculum of counselor education programs to increase attention on mandated reporting procedures
  - More engaging, evoke open discussion, prompt critical thinking, and address gray areas
- Invite CYS employees/caseworkers to deliver lectures and training
  - Foster relationships and reduce divide

Systemic Changes

- Addressing ambiguity that accompanies the standard of *reasonable suspicion*
- Gather information to elevate concerns to the appropriate level of *reasonable suspicion*, rather than reporting at initial discomfort
  - Incorporation of other responses rather than **only** reporting
  - Reduce unfounded reports
- Improved relationships and collaboration between mandated reporters and reporting agencies (CYS)
- All stakeholders to engage in open dialogue to build understanding of all perspectives, barriers, and challenges related to mandated reporting
  - Mandated reporters
  - Reporting agencies
  - State officials

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