

Workplace counselling: new models for new times

Norman Claringbull maps out the current and future landscape

Over the years, many authors¹ have suggested ways to model workplace counselling. Some have approached this from the perspective of the inter-relationships between workplace counselling's directly-involved stakeholders. For example, Lammers² identified four key stakeholders in a typical therapy-focused workplace counselling intervention with an individual client (figure 1).

Nevertheless, it is arguable that workplace counselling has many other important direct and indirect stakeholders. Therefore, other authors³ have suggested that workplace counselling might be a task-centred process. Typical of this genre are the contract models^{4,5}: a task-centred modality⁶ derived from Towler⁷ illustrates this overall approach (figure 2).

However, when attempts are made to try and integrate the various demands of the stakeholder and task-centred influences on the workplace counselling process⁸, the outcomes seem to generate ever more complex modelling schematics. Tudor⁹ refers to this as 'the complexity of contracts' and figure 3⁵ (p18) demonstrates just how complex such integrated models can become.

Clearly, as ways to model workplace counselling

increase in complexity, the likelihood that the resulting models will become increasingly difficult (or even impossible) to manage also increases. I suggest that in order to try and control or overcome this problem, it might now be necessary to find some different, possibly systematic, approaches to modelling workplace counselling. I offer the following proposals to this process.

A 'counselling manager centred' systemic approach

Beer¹⁰ suggests that much of workplace counselling is delivered via Employee Assistance Programmes (EAPs). My own research⁶ showed that many EAP clinical managers see individual case managers as vital and central in any workplace counselling provision. The clinical managers argue that case managers should always occupy a pivotal position in any workplace counselling model. Figure 4⁶ (p18) sets out one possible systemic way of modelling this concept.

From the counsellor's point of view, this model has the apparent advantage of relieving the counsellor from many of the routine administrative concerns, while linking the counsellor and the therapeutic/consultancy provisions firmly into the

Norman Claringbull
teaches and researches
counselling at
Southampton University
nwc1@sofon.ac.uk

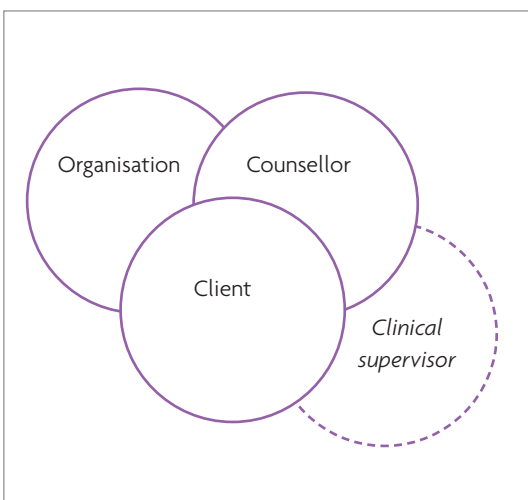


Figure 1: Stakeholders' interactions model

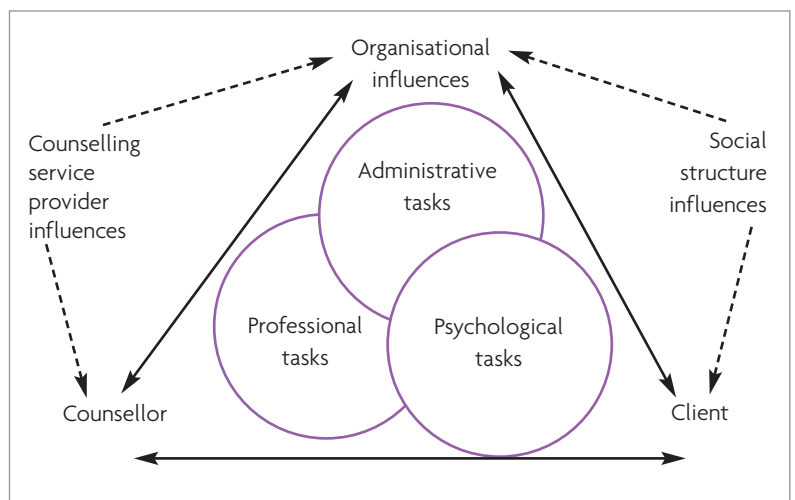


Figure 2: Multi-cornered contract

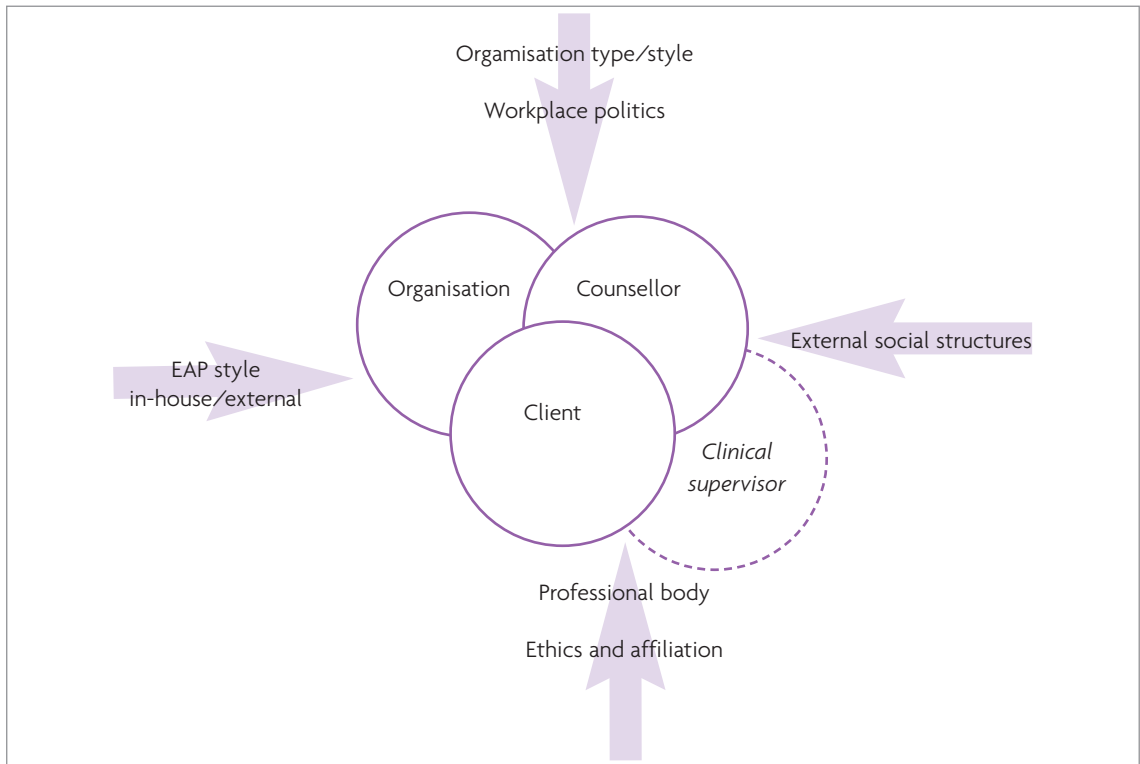


Figure 3: A complex model of workplace counselling

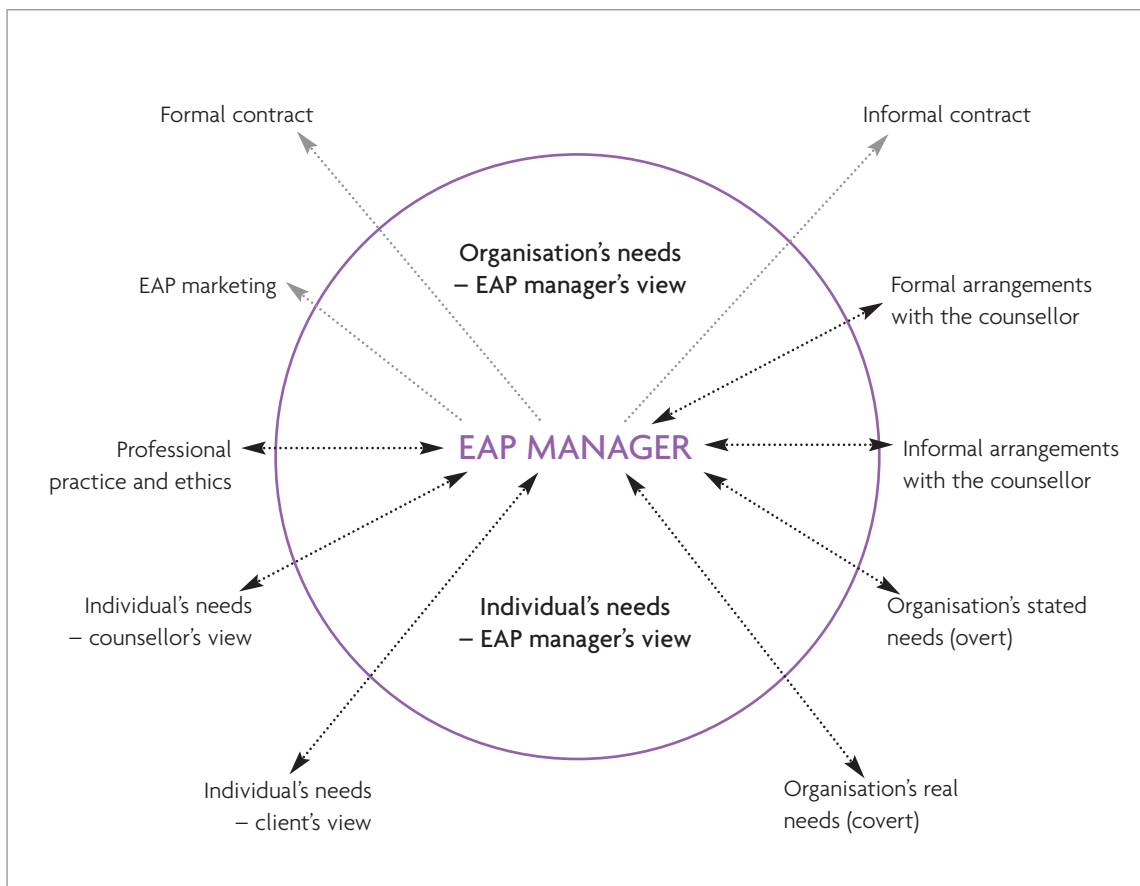


Figure 4: The case manager centred model

client's overt and covert organisational backgrounds. However, its potential disadvantage comes from its emphasis on the power of the case manager, which might tend to diminish the autonomy of the individual practitioner.

From an EAP case manager's viewpoint the advantage of this model is that a large measure of control is possible over the entire workplace counselling scenario. The disadvantage is that this might degenerate into over-control and disempower practitioners' creativity and reduce their ability to produce innovative, professional interventions.

The 'client is no longer king' systemic approach

One basis for a new and possibly radically different approach to modelling workplace counselling might be to consider downgrading the importance of individual clients and to focus instead on the needs of the organisation. One rationale for this is derived from reports that healthy organisations generate healthy workers^{3,11-13}. Of course, for many counsellors, dismissing the individual client from the centre of the therapeutic process is a conceptual impossibility. However, the idea of working therapeutically with an organisation as an entity is not such an original thought. In psychotherapy's infancy Jung¹⁴ drew attention to the consciously unacceptable parts of the personality (the ego's shadow). The Jungian concept was linked to the notion of a shadow within the culture of an organisation by Egan¹⁵ and by this he meant the significant activities within an organisation that remained unidentified and/or unacknowledged.

One possible way of approaching this proposed re-focusing on the needs of the organisation might be found in exploring what Egan and Cowan¹⁶ refer to as workplace counselling's 'upstream/downstream' modalities. In the downstream case, the counselling interventions are targeted at the allegedly 'emotionally sick' workers. In the upstream

case, the interventions are targeted at the non-clinical population in order to maintain or improve workplace emotional health. If this approach is combined with what Towler⁷ describes as being an organisational/individual counselling alliance continuum, the apparent organisational needs/individual's needs dichotomy disappears. Instead, a therapeutic continuum emerges, along which counsellors could move according to whether or not they might feel more or less allied towards either the organisation or the individual client. This positioning might come from a personal belief or it might be imposed by the employer-EAP-counsellor contract. My own version of such a combined alliance continuum is shown in figure 5.

Another way to satisfy the varying needs of organisations and their individual members might come from Walton's¹⁷ model in which counselling is seen as an influence or agent in organisational change. Figure 6 shows what Walton describes as 'the four dimensions of the workplace counsellor's role'.

In Walton's approach each of these four dimensions can be equally important. However, if they are re-modelled in a way that parallels the 'four gateways paradigm' used in cognitive-behavioural therapy, a new model of workplace counselling can be suggested (figure 7, p20). In this model, the counselling intervention is targeted at various organisational facets (including individual client needs) as required. The major 'in-house' facet is the organisational entity, the secondary facet is the organisational sponsor(s) and the needs of the individual clients are partially ignored. Obviously other examples can be constructed in which different emphases and balances could be incorporated.

In this model, if the overall organisation is emotionally healthy, then the workplace counsellor's interventions are prophylactic; but in the case of an emotionally dysfunctional workplace, the counsellor's interventions are therapeutic. This

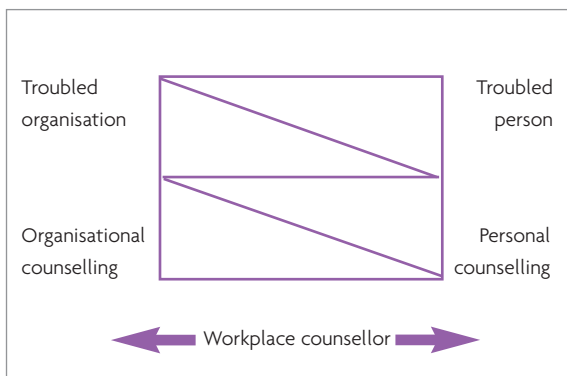
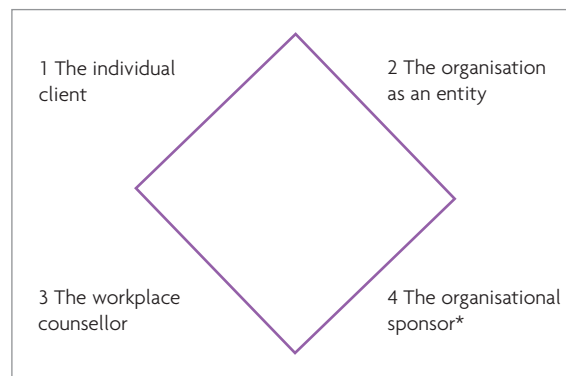


Figure 5: The combined alliance continuum



* Sponsor = the person(s) within the organisation with whom the counsellor interfaces and who influences/controls the relationship between counsellor and organisation

Figure 6: The four dimensions of workplace counselling

‘ A future counsellor-centred model, based on deliverable (or attainable) skills, might evolve so that the needs of organisations and their members can be tailored to fit the needs of any workplace counselling task or objective ’

model also has the advantage of addressing the upstream and downstream needs simultaneously.

Further support for the notion that attending to the needs of the organisation might also be the proper, even primary, target for the workplace counsellor comes from Orleans and Edwards¹⁸. They suggest that ‘in the dynamic between counsellor, client and organisation, it is often the organisation that is left without any healing and change process’. The essence of this argument is that rather than bringing in counselling as an add-on concept in times of difficulty, it is seen as an integral element in managing the workplace. So, rather than being a special activity, counselling and counselling methodologies are routinely interwoven into the organisational structure.

It seems that Orleans and Edwards’ work supports the possibility that organisations can become sick and therefore need their own healing. Assuming this is so, it is reasonable to suggest that as a sick organisation convalesces, the emotional health of its workers might also improve. This is further

support for the notion that sometimes the sickness of the organisation could be of more concern to the workplace counsellor than the dysfunctions of the individual worker. Therefore, it might become necessary to break free from some of the professional constraints of traditional counselling; break free from client-focused approaches and break into organisational therapy.

A different way forward

Yet another approach might be generated by focusing workplace counsellors’ practices away from the assumed needs of employees and their employers and onto the actual or potential skills of the workplace practitioner as delivered in any particular case. My own research¹⁹ has produced a list of skills/abilities that EAP managers would like to see counsellors provide. Other writers have argued that there are yet further skills/abilities that workplace counsellors either could acquire or already do provide²⁰⁻²².

I have tentatively divided these activities into those that many practitioners already provide and those that my enquiries suggest they will have or currently could have acquired. Therefore, with appropriate ongoing workplace counsellor development and training, a future counsellor-centred model, based on deliverable (or attainable) skills, might evolve as in figure 8. In this model, the fit between the modelling approaches and the varying needs of organisations and their individual members can be tailored to fit the needs of any workplace counselling task or objective.

Most of the proposals and suggestions offered in this article are speculative. However, I suggest that these concepts have at least a heuristic value and are well worth further exploration. ■

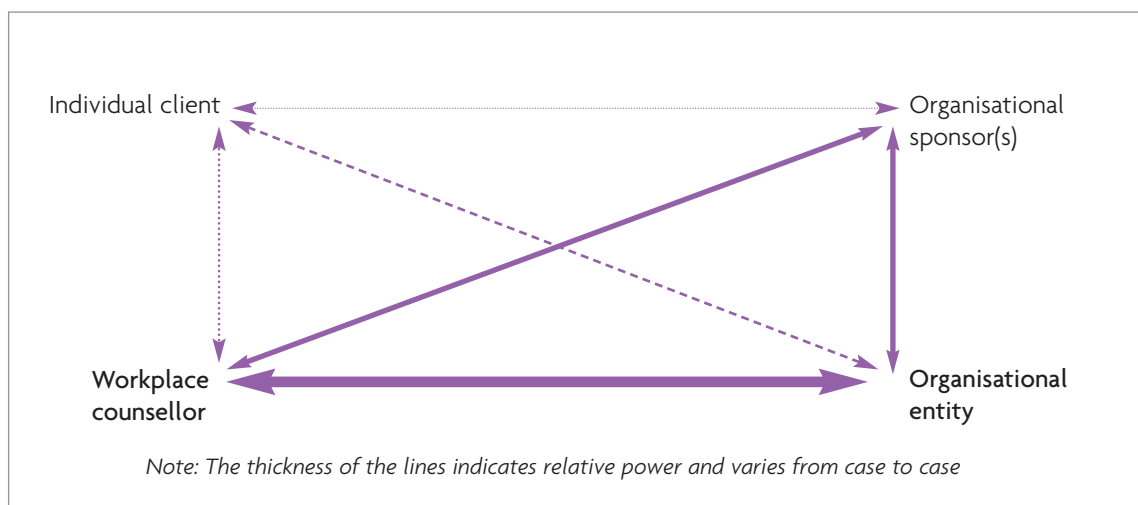


Figure 7: The four gateways paradigm

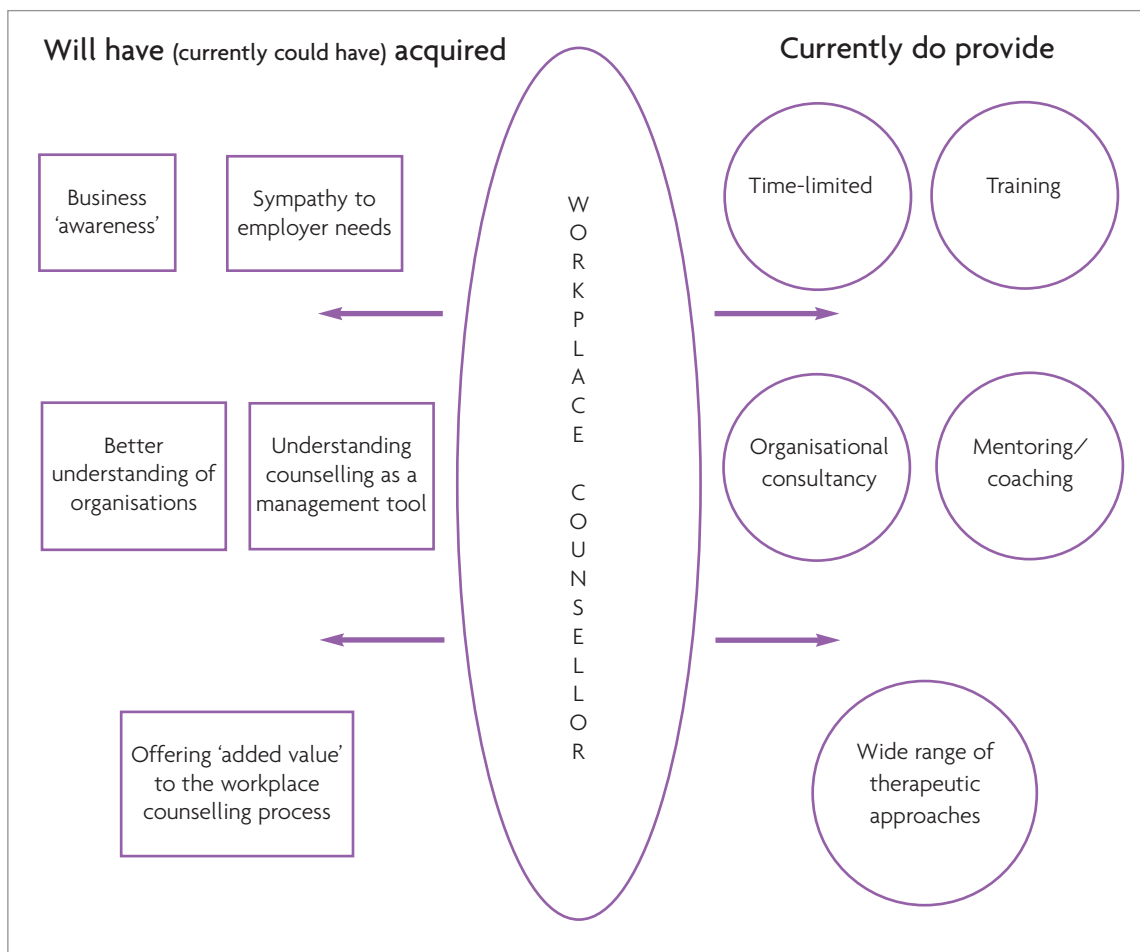


Figure 8: A multi-skilled model

References

- 1 Coles A. *Counselling in the workplace*. Milton Keynes: Open University Press; 2003.
- 2 Lammers W. Training in group and team supervision. In: Holloway, Carroll M. *Training counselling supervisors*. London: Sage; 1999.
- 3 Carroll M. *Workplace counselling*. London: Sage; 1996.
- 4 Hay J. *Transactional analysis for trainers*. London: McGraw-Hill; 1992.
- 5 Micholt N. Psychological distance and group interventions. *Transactional Analysis Journal*. 1992;22.
- 6 Claringbull N. *The fourth wave in workplace counselling: towards the understanding and the development of the professional specialisation of workplace counselling*. Unpub doctoral project, University of Middlesex. 2006.
- 7 Towler J. Managing the counselling process in organisations. In: Carroll M, Walton M. *The handbook of counselling in organisations*. London: Sage; 1997.
- 8 Clarkson P. *The therapeutic relationship*. London: Whurr; 1995.
- 9 Tudor K. A complexity of contracts. In: Sills (ed). *Contracts in counselling*. London: Sage; 1997.
- 10 Beer S. Demystifying EAPs. Paper presented at ACW conference, 2003.
- 11 Fullan M. *Change forces: the sequel*. Philadelphia: Falmer Press; 2000.
- 12 Hampden-Turner C. *Corporate culture*. London: Piatkus; 1994.
- 13 Wallace M. *Action research for language teachers*. New York: CU Press; 2000.
- 14 Jung C. *Collected works*. Vol 9 part II. Princeton: Princeton University Press; 1948.
- 15 Egan G. *Working the shadow side*. San Francisco: Jossey Bass; 1994.
- 16 Egan G, Cowan M. *People in systems*. Monterey CA: Brookes-Cole; 1979.
- 17 Walton M. Counselling as a form of organisational change. In: Carroll M, Walton M. *The Handbook of Counselling in Organisations*. London: Sage; 1997.
- 18 Orlans V, Edwards E. Counselling the organisation. *Counselling at Work*. Summer 2001;33.
- 19 Claringbull N. *A fourth wave in workplace counselling – its professional specialisation?* Monograph. University of Southampton. 2004.
- 20 Pointon C. A life coach in two days? *Counselling and Psychotherapy Journal*. 2003;14(10).
- 21 Stokes P. Exploring the relationship between mentoring and counselling. *British Journal of Guidance and Counselling*. 2003;31(1).
- 22 Jenkins G, Bozarth J, Bryant-Jefferies R. *Time-limited therapy in primary care: a person-centred dialogue*. Oxford: Radcliffe Medical Press; 2003.