

When self-referrals can be too little, too late

Linda Hoskinson reviews the human tendency to 'deny' that we might benefit from counselling until late in the process, and assesses the merits of the different referral sources used by EAPs to help us address this

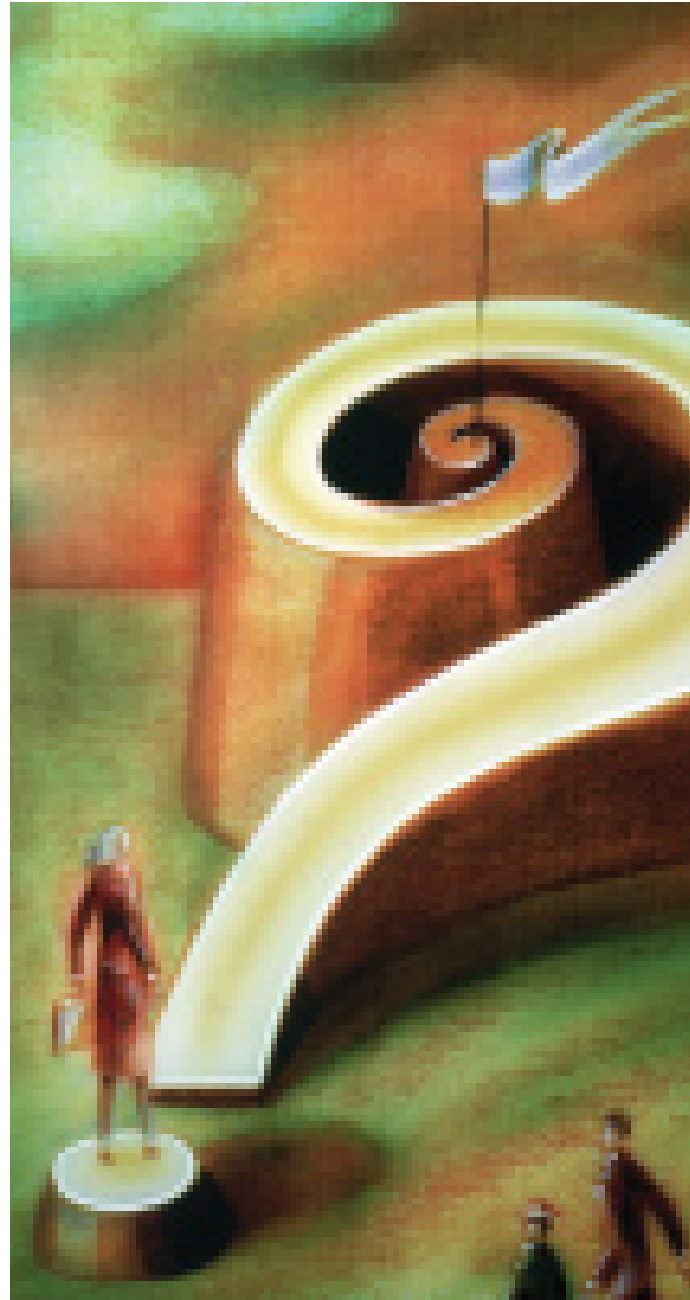
It seems many of us have a tendency to 'deny' that we might benefit from assistance until the situation becomes serious. We often wait until the decline in our level of functioning is obvious or even damaging to ourselves as well as to those around us. This is a distinct tendency in relation to our behaviour at work.

For example, recent outcome (CORE) statistics for a reputable work-focused counselling service reported that, of those self-referring to the service, 28 per cent were already on medication, 18 per cent were at risk of self harm, 20 per cent were assessed as a suicide risk and 3.5 per cent a risk to others. More than half were already on sick leave or absent from work, and for a further 16 per cent their work functioning was assessed as impaired or seriously impaired. Only four per cent were assessed as functioning normally at work.

Even with a time-limited counselling model of between four and six sessions, more than half of these people had returned to work by the end of counselling and 24 per cent were then described as functioning normally at work.

Although this data may not be representative of all workplace counselling services, it serves to highlight not only the positive contribution of counselling, but also important issues of timely referral and intervention.

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Self-referrals

I recently spoke with an experienced EAP counsellor who had carefully assessed a client presenting with 'financial worries'. She discovered the client had been off sick for two weeks with stress, had received a warning at work for inappropriately handling a budget review, had missed attending two essential training events, one on health and safety issues relevant to his own staff, and had failed to renew a 'safe and long-standing customer' contract after their key contact accused him of indifference.

The price being paid by the organisation was already escalating, with future risk to the business, and to health and safety, becoming a reality. Add to this the personal matter of the sale of the family home due to debt, and the distress of the client was understandable. The counsellor commented that most of the serious developments would have been avoidable had the client made contact earlier.

Many employees use their feedback forms to compliment good counsellors in such situations,

commenting on their counsellor's ability to improve their levels of confidence and problem-solving so that life and work issues can be constructively addressed. They often comment that they wish they had called earlier.

As those in the helping professions know only too well, denial is a difficult problem to address. This is particularly true if we work with a philosophy that self-referrals are the best ones, so let's only address those. Of course they are. We end up with clients who have realised they might value support, who have taken an important active step towards resolving their problems and they are often well-motivated towards addressing their concerns and taking agreed action.

Counsellors particularly like self-referrals because they assume the client will come more motivated and ready to engage with the process. They also need to consider less often how a client might permit appropriate follow-up, especially if the client is about to disengage at a time when the support might be most beneficial. Neither do they need to agree consent to keep a supportive manager informed, as in a manager referral (see below).

These are all essential skills for those working in the EAP field where all aspects of denial are proactively addressed.

Earlier self-referrals

Counsellors tell me that many domestic and work-related matters, particularly stress, are some of the easiest and most rewarding for them to work with. So how can we get people to make contact earlier and avoid the cost of delay to both the individual and to the organisation? The box at the end of this article (p11) includes some ideas often used by active EAP suppliers and programme managers to encourage earlier self-referrals.

Some clients who call earlier in the process can be assisted in fewer sessions than if they had called later. However, if we actively promote the service and encourage more people overall to contact us, – and this is the aim in any case – we may need to charge higher fees for the service as a whole.

Not all organisations purchasing an EAP appreciate that the suppliers taking a low profile will be undercutting the more proactive ones on price for this reason. Purchasers choosing the cheaper service may think they are saving money but in fact they may be failing to assist large numbers of their staff who are already costing them significant sums in reduced levels of personal and work-related functioning.

Professor John McLeod's review of counselling¹ suggests that counselling services more than pay for themselves. EAPs, largely based on self-referrals

and proactively promoting their services, have been able to demonstrate a minimum return of £3 for every £1 invested in their service, and this figure is sometimes higher.

Referrals from managers and colleagues

Other forms of referral have been successfully used by EAPs. These have evolved particularly as a result of careful research into denial as a psychological condition, workplace evaluations and, of course, attention to confidentiality and boundaries.

Informal referral

For example, it has been shown that managers and employees who attend awareness briefings about their EAP in person often gain sufficient confidence to suggest to colleagues that they might benefit from support – possibly from a number of sources, but including the EAP. This would constitute a friendly 'nudge', an 'informal manager referral' or a 'peer/colleague referral'. All these have been shown to improve take-up of the service and to reach people earlier in their problem-solving journey. The service remains confidential in the same way as for self-referrals. No colleague or manager receives any information about the situation from the EAP.

It has also been shown that managers appreciate being trained in how to ensure their staff receive the support they might need. They are given skills training to identify employees with potential problems, to support them appropriately without intruding in personal matters, and to refer skilfully to a range of resources, especially the EAP.

They are encouraged to avoid any form of diagnosis of the potential problems, to concentrate on the previously good performance of the employee and the hope that this can be maintained or returned to previous levels, in spite of the challenges possibly faced by the employee. Managers are reminded that by turning a blind eye to declining performance or behaviour, perhaps because they know their employee has problems at home, they are reinforcing the denial and delaying the offer of support and resolution.

Many managers on training sessions have been asked to think of their most difficult employee situation ever. They have almost uniformly commented that they wish now with hindsight they had acted earlier to intervene and wished they had known how to connect the employee with appropriate assistance.

Many of these referrals will finally be self-referrals or informal manager referrals since the manager may have acted before declining performance at work has become an issue.

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Formal referral

Managers can, however, also be trained to make ‘formal manager referrals’ where performance or behaviour is becoming an issue. The manager may wish the counsellor to be aware of some of the work issues so that addressing them can be included in the counselling sessions.

For example, a male employee was stalking a female colleague at work, watching her studiously and following her to the photocopier and the underground garage. She was a little anxious and complained to her boss. He encouraged the male employee to visit the EAP (informal manager referral). It was not a secret that the male employee was dealing with his disappointment that his girlfriend had ended their relationship. The male employee attended a few sessions of counselling to no avail. The manager said it was a waste of money and the female employee was now off sick.

The HR manager suggested a formal manager referral. The manager gently made it clear to the male employee that his behaviour at work was not acceptable and explained the effect it was having on his female colleague and the atmosphere in the office. Further counselling was made available but this time, sensitively handled with consent, the counsellor was made aware that the manager was making the referral and of the nature of the behaviour at work that was of concern. The manager reinforced the confidentiality and that he did not want to know the content of the sessions – simply that the matter was being addressed.

The counsellor appreciated knowing the additional perspectives from the workplace and used them constructively. Within two more sessions the male employee had apologised to his female colleague who returned to work, the stalking stopped and the office atmosphere was returned to normal. The manager was pleased and said that his confidence in counselling was re-established.

The Chartered Institute of Personnel and Development (CIPD) has recently published the results of a survey demonstrating that businesses

consider managers to be their best assets in preventing and dealing with interpersonal issues in the workplace, including harassment and bullying. With training they can intervene promptly and sensitively².

Managers also appreciate being provided with access to the EAP to discuss a situation they may have with one of their employees, or to be reminded of how to make a referral. This contact is known as a ‘manager consultation’, renamed by some providers as their ‘manager coaching service’. Hence, it is important for the EAP to have people who are comfortable receiving calls from managers and who have the skills to coach and guide them.

In many EAPs internationally, the issue of denial has played a larger part than here in the UK. In particular, practitioners have needed to deploy advanced skills when dealing with addictions. The most impressive ‘return for your money’ statistics remain those from EAPs experienced in addressing alcohol and drug misuse. In addition, it is interesting that EAPs with an emphasis on training managers have had a greater effect on addictions than many other professional interventions. Managers have been skilfully able to gain the addicted employee’s attention by making their declining job performance an issue and ensuring they receive the assistance they may need, to the advantage of everyone. Many employees have commented that they would not have engaged in ‘the support that made the difference’ without the careful, caring but firm intervention of their line manager.

The additional skills, therefore, for EAP counsellors must include the ability to receive a formal referral from a line manager, to engage the employee quickly and to address the workplace issues with sensitivity. EAP counsellors are also experienced in knowing how to gain appropriate client consent to ensure a supportive manager has sufficient information fed back to know how to support and follow up on the improvements. Doing this well can also ensure that the manager can defer disciplinary action if improvements are imminent.

Retaining all forms of referral

The EAP profession has defined itself as unique compared with other mental health professions⁴. It is no accident that of the seven essential components that make it unique, the first three relate to ensuring that the key methods of referral include those from line managers³, namely:

- 1 training and consultation to line managers
- 2 confidential and early problem assessment for clients
- 3 the appropriate use of work performance to create earlier interventions
- 4 referral to appropriate resources, including counselling
- 5 the establishment of referral resources relevant to this population, including those in the community
- 6 consultancy to the organisation
- 7 regular evaluation.

As a result, services with all the above forms of referral, and manager consultation/coaching, have improved cost-benefit results dramatically for their customers with many able to demonstrate a return of up to £14 for every £1 invested in their service⁴.

Knowledge of all the above methods of referral is considered essential in the provision of professional

EAPs and they are included in the international and UK standards for the delivery of EAPs.

Conclusion

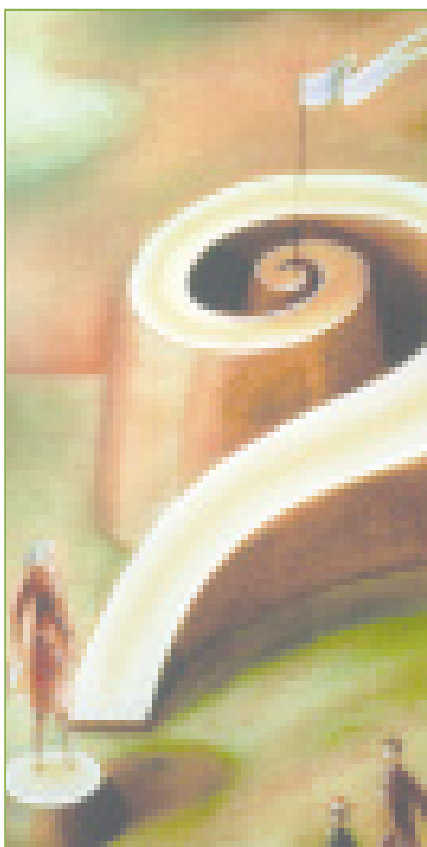
EAPs usually, therefore, include self-referrals, informal and colleague referrals, formal manager referrals and also the supporting 'consultation/coaching' service for managers.

Because of the above benefits, EAP sales teams and account managers feel a duty to persist gently with potential customer organisations and position all of these referral routes as having their place, even when they may not have been in the original customer request.

As a result, EAPs have every opportunity to make a bigger impact on health, wellbeing and productivity – and our services will become more secure. ■

References

- 1 McLeod J. Counselling in the workplace: the facts. Rugby: British Association for Counselling and Psychotherapy; 2001.
- 2 Chartered Institute of Personnel and Development. Managing conflict at work. www.cipd.co.uk/surveys/
- 3 Cagney T. Defining the EAP profession. EAP Association Exchange; 1998.
- 4 Collins K. Cost/benefit analysis shows EAP's value to employer. EAP Association Exchange; 1998.



Persuading people to self-refer earlier

- Employee and manager awareness briefings in person.
- Leaflets, brochures, posters, websites, emails.
- The use of positive messages in all promotion.
- 'Normalise' counselling; mention that it is best as a preventative measure, before problems escalate.
- Point out that it is often successful people who see the benefit of making good use of available resources, such as counselling.
- Mention, with permission, a senior director who vouches for the service and wants it available to everyone.
- Demonstrate cultural sensitivity – use a variety of examples.
- Target different groups specifically and regularly – eg change posters frequently to communicate with production staff, sales teams, the IT department, those with children, those with ageing parents, etc.
- Reinforce any 'information' service you provide; they often encourage male callers.
- Consider interesting self-assessment themes. For example, a US EAP encouraged people to go online and check if they could be showing some signs of depression. It found that 20 per cent of those who did were showing signs of clinical depression and were connected with assistance more quickly than would otherwise have been the case.