



In support of brief therapy

Kathy Woodcock and **Janet Soma** believe that therapy of any length is better than no therapy at all, and that brief therapy is very effective in helping clients to achieve their emotional and personal goals in a workplace setting

We were very interested to note the feedback from the 2010 BACP Workplace conference and delighted to see that it had provoked such an interesting debate.

We consider it would be useful in terms of adding to the debate (especially for those who were unable to attend the conference) to provide an overview of brief therapy as we see it, and its role and value within an organisational setting.

Our views may be different from some but we believe passionately that brief therapy (four to six sessions of counselling) is very effective in supporting a client to achieve their emotional and personal goals within the context of the workplace setting.

We both work as workplace counsellors within a large employee assistance programme (EAP) provider that offers employee support services for employees within organisations throughout the UK.

Alongside the traditional EAP that provides confidential support to employees who choose to self-refer for help with the resolution of their issues, we also offer a service available for managers to refer those individuals who are absent from work with a mental health condition. This is called a 'business referral'. It is this aspect of *workplace counselling* that we wish to explore in this article.

The business referral is perhaps the most challenging of these services for us as workplace counsellors. At the BACP Workplace conference we both shared our experience of the challenges and joys of working with clients in this context. The point we made was that a third party (the organisation) is, in a sense, also in the counselling room along with the client. English refers to this as the 'three-cornered contract'¹.

This is a crucial point to understand as it makes tangible, in our opinion, the difference between counselling in organisations and *workplace*

counselling. The presence of the organisation is often felt, whether this is acknowledged or not. Counsellors who see clients in the workplace are often faced with many practice dilemmas and good supervision is vital here. For instance, we have often wrestled with the following questions:

- Whose side is the counsellor on?
- How can the counsellor balance the demands of the client and the organisation, particularly when these two may conflict?
- Should the counsellor purely be concerned about issues that are affecting work performance?
- How should the counsellor respond when a manager refers a client rather than the individual self-referring?

Pickard² makes the point that training for counsellors should draw from counselling *as well as* organisational theories/practices so that the counsellor has an appreciation of the influence of the organisation within the counselling process. Perhaps this has been missed on many traditional counselling courses. In addition, working as a counsellor in an organisation, as opposed to in private practice, brings with it a greater complexity, given the influence of the organisation. This is highlighted by Orlans³, who traces this increased complexity as follows: 'We move from a more individually based perspective, to one which is systems-oriented, and where any analysis or diagnostic activity must take account of a larger data field.'

The implication of this is that a counsellor therefore needs to contract carefully with clients as well as with the organisation and this was one of the points we were making when discussing the nature of referrals made by the manager. These points are discussed in more detail in BACP Workplace's

Kathy Woodcock (BACP Accredited) has a graduate diploma in organisational counselling, an honours degree in sociology and is a qualified teacher. With 20 years' counselling and welfare experience in an organisational setting, she has worked for Atos Healthcare for the last five years as counsellor and manager of specialist counsellors. As a training specialist, Kathy develops and delivers workshops that include trauma, managing change, stress management and conflict resolution.

Janet Soma (BACP Accredited) has a BA (Hons) in applied social science, diploma in counselling and graduate diploma in organisational counselling. She has practised as a counsellor in organisational settings for over 10 years. Janet is experienced in delivering courses on stress management, change management and trauma, as well as offering mentoring and mediation services.

*Guidelines for counselling in the workplace*⁴, which are particularly useful in that they provide clear parameters for those counsellors who work in organisations.

Our training has instilled in us the notion that confidentiality is central to the development of an effective therapeutic relationship. Without trust the client will not share their innermost thoughts and the therapy is therefore unlikely to be beneficial for the client.

It's imperative that the contract is transparent from the outset. For instance, the authors share the contents of any referral received with the client at the first session and discuss with the client what information can be sent back to the organisation to help address the work issues. Consent is always obtained from the client before this information is sent. The client will have been advised prior to attending for counselling that a report will be submitted. This clear explanation is reassuring and they feel a sense of both relief – in that their work concerns will be addressed – and a sense of control

in the collaborative experience of compiling the report. We have acknowledged the third party in the room and we are now able to work with the issues the client sees as key. Trust is present and

the client is free to share whatever they feel would be helpful for them to work through to move towards resolution. In our experience if these concerns are addressed at the start of counselling and the client is reassured that only information that is pertinent to work will be released back to the referrer, then the client will happily engage with the counselling process.

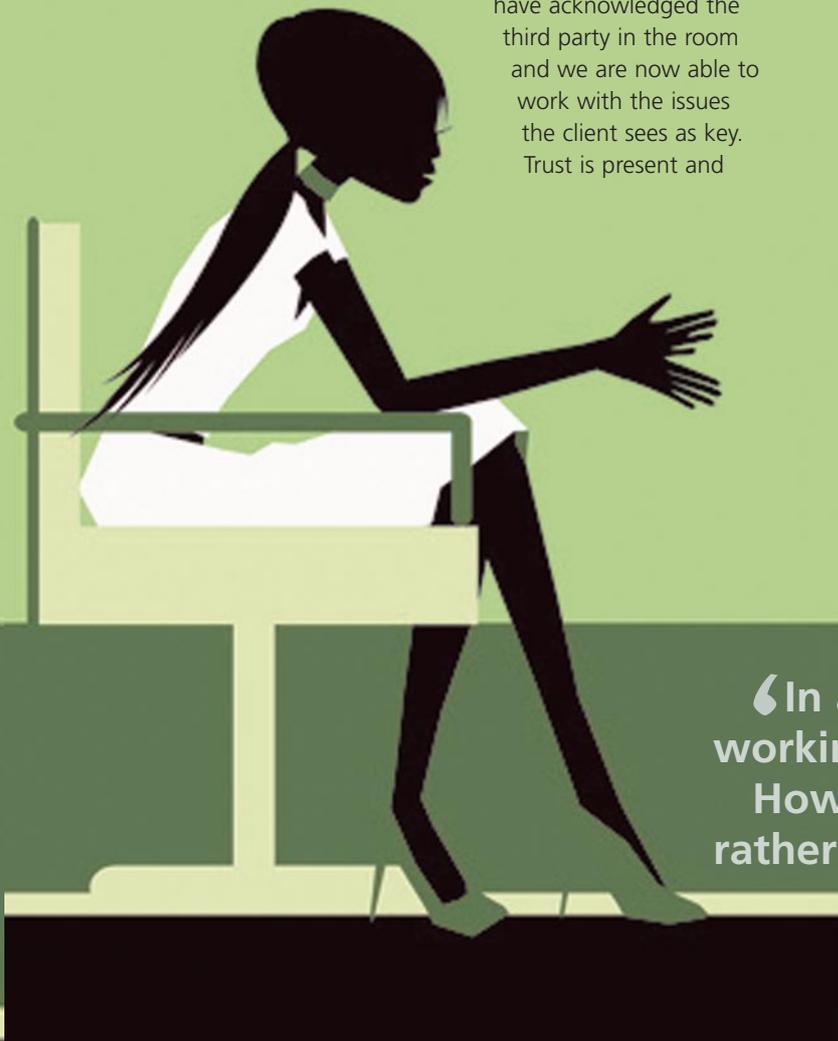
From an employer's perspective, the ideal outcome is a return to work and/or an improvement in the employee's performance. From an employee's perspective, the ideal outcome is a resolution of their issues which results in an increase in their sense of wellbeing. From our perspective, the ideal outcome is an improvement in the employee's wellbeing, whatever direction that may take them in, which includes the possibility that the employee may decide that the organisation is not where they should stay.

We firmly believe that for the majority of individuals in employment, who present with mild to moderate mental health issues, work is beneficial, especially when the client's goal is to 'get back to normal'. Going to work is 'normal' – it just may be that the client is temporarily not able to undertake their normal role. The opportunity to write a report in response to the line-manager referral provides the organisation with some guidance on adjustments to the role. In this way a rehabilitation programme can be set up and this will support the client back to the world of 'normality', assisted by the therapeutic support if this is what the client wishes. Structure and routine supports emotional recovery; and for an employee, work is part of their sense of structure and routine.

However, clear boundaries exist for other services. For instance, if the real issue is a conflict between the employee and the manager, then workplace mediation can be recommended, although this will be delivered by a different practitioner trained in this discipline.

The current economic climate is tough for most UK employers. Organisations are increasingly

“In an ideal world, we would have them working to a specified number of sessions. However, in today's economic environment, this is not the rule, and there is evidence



exploring ways to effectively reduce costs in order to survive. Our fear is that unless counsellors can show that their work is improving the cost effectiveness of the organisation, then organisations may consider counselling-related services to be an expensive luxury, offering no clear, tangible cost-benefit. This taps into the issue that all counsellors are keen to prove – that counselling works and is effective – but how do we best evidence this?

For instance, if we monitor sickness absence for clients who present for counselling, then we can assess the positive impact that the counselling may have on reducing this absence, ie a clear, tangible cost-benefit for offering counselling services. This was an issue we touched on within our presentations.

The final question is whether workplace counselling is actually 'counselling'. We use cognitive behavioural therapy (CBT) as our core therapeutic mode, but we both feel that CBT does not suit all clients who are referred and so we work in an integrative way, matching the client's needs with the counselling approach that they can most easily relate to. But is workplace counselling 'counselling'? We both believe it is.

According to BACP's⁵ definition of counselling on its website: 'Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose.'

The particular features of workplace counselling are explained in *Guidelines for counselling in the workplace*⁴, which we have based our practice on. We accept that in an ideal world, we would have the luxury of not being restricted to working to a specified number of sessions and to have open-ended contracts. However, in today's economic environment, this luxury is the exception rather than the rule, and there is evidence that short-term therapy is effective. Lastly, we both believe that therapy of any length is better than no therapy at all. ■

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sessions and to have open-ended contracts.
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rather than the rule. Evidence that short-term therapy is effective

References

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- 2 Pickard E. Developing training for organisational counselling. In: Carroll M, Walton M. (eds) Handbook of counselling in organisations. London: Sage; 1997.
- 3 Orlans V. Counselling psychology in the workplace. In: Woolfe R, Dryden W. (eds) Handbook of counselling psychology. London: Sage; 1996.
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- 5 <http://www.bacp.co.uk/education/whatiscounselling.html>

Further reading

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