Fit for business

Emma Cruse considers the difference between 'workplace counselling' and 'counselling in the workplace' based on her view of the 2010 BACP Workplace conference

This article explores the role of a workplace counsellor and questions whether the title is a true representation of the work that such a practitioner carries out and whether this work should be called counselling at all. The conditions imposed on the workplace counsellor, for example that of compromised confidentiality, pose a great risk to undermining the integrity of the therapeutic profession as a whole, and I will attempt to highlight some of the ethical issues raised in practice as a result. I will also draw upon contemporary concerns relating to the pressures, which the whole profession currently finds itself under, and give some thought to the reasons why the role of workplace counsellor came to exist under the umbrella of counselling in the first place. Finally, I wish to demonstrate that there is a fundamental difference in the roles of the counsellor in the workplace and the workplace counsellor.

For many, the concept of workplace counselling will produce an image of a quiet room with low level lighting, comfortable chairs and a box of tissues hidden away in the back end of a large modern building in the city, where employees can go to work through their issues (work or otherwise). One might fantasise that the business, some huge corporate machine, has employed the counsellor to improve the overall wellbeing of the employee, in the hope that a notable side effect will be increased business performance. Unfortunately, this is not the reality of the world in which we live.

When I booked myself onto the 'Fit for business' conference, I imagined that as well as discussing the Government's reformation of the conventional 'sick note', we would also take some comfort from thrashing out our concerns and swapping tricks on how to tactfully manage the managers and uphold our professional integrity in an often hostile business world. At this stage I was under the impression that workplace counselling meant a counsellor practising in a work setting and I included myself under this heading.

I accept that my idealised version of the workplace counsellor might be a touch optimistic but nothing could have prepared me for what I was about to hear as I sat and listened to the guest speakers and joined in the discussion that followed.

Dr Mark Gabbay first gave an overview of the 'fit note', concentrating mainly on the reasons behind the idea, the way in which it would be implemented and emphasising the pressure that it would place on the employer to make 'reasonable adjustments' to accommodate the health needs of employees, thus taking the pressure off the GP and placing it on occupational health. Dr Gabbay's presentation was informative, outlining the historic reasons why the current 'sick note' needed an overhaul. Moving forward, what is relevant to the counselling profession is that the new 'fit note' may call for more occupational health professionals within businesses and this may lead to the need for more counselling support in the workplace.

Next up was Janet Soma, who introduced herself as a 'client-centred counsellor'. Soma's biography states that she has an enthusiasm for a short-term focused approach to therapy. Her speech evoked such a strong emotional reaction in me that I began to understand why conference organisers provided me with a stress ball in my welcome pack. As she spoke the room appeared to split quite clearly into those who agreed with her thinking and those who strongly did not. With tuts and head-shaking the divide continued to become increasingly apparent. As Soma spoke of being able to treat her case study, JJ's, lengthy list of issues in just four sessions, I wondered if I had entered the wrong conference. Any shorter and this stress ball will be doing us all out of a job. Joking aside, this 'client-centred' counsellor went on to explain that, while she was using motivational interviewing, JJ (among many other things) mentioned a desire to return to work at some stage in the future, which she then labelled as her 'gem', the tool she would use to enforce within him her desire for his return to work, sooner rather than later. It may well be that JJ would benefit from returning to work; however, there was an obvious and seemingly blind assumption that this was the inevitable outcome from the beginning. There is a growing evidence base that working is

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good for health, but this is not an absolute, especially within counselling where it is the journey and not the end result that is of importance.

The day continued quite relentlessly with endless comments about 'changing with the times', adapting our work to 'suit demand', and so on. One speaker stated that she had made her client see that the mountain was actually a bump in the road' – a wonderful example of how to shame our clients by highlighting the insignificance of their personal experience. The entire conference had the feeling of a desperate attempt to justify the apparent lack of counselling taking place. It was a panel of 'experts' using power talk, delivered in a way that, in my opinion, demonstrated how little thinking in therapeutic terms was actually occurring. Not one person mentioned reflection or supervision and there was a looming question of whether it took place.

Kathy Woodcock, whose conference biography states that she firmly believes in 'balancing the needs of the individual employee with the needs of the organisation', spoke of the 'elephant in the room' relating to the business, the manager or employer being a third party in the therapeutic relationship. Woodcock discussed how practitioners should acknowledge and work with the dynamic as if the manager were present. During her presentation, detailing the difficulties faced when employers request reports on employees who have attended counselling, she said that she 'will often encourage clients not to disclose too much personal information' out of concern that there will be repercussions from sharing this in the report. Isn't that what visiting a counsellor is about? To share feelings and insight with another person whom you can deeply trust? To be contained, by being held and understood in the mind of another, and healing through the strength of the relationship. Since when did a therapist, in any of the models, ever encourage her client to keep tight lipped? The BACP *Ethical Framework*[1] states that: 'Confidentiality is a means of providing the client with safety and privacy, thus protecting their autonomy. For this reason any limitation on the degree of confidentiality is likely to diminish the effectiveness of counselling.'

This demonstrates that a 'workplace counsellor', who is stripped of client confidentiality, is not truly practising counselling at all. It is reasonable to expect that, as with most things, time, evidence and experience may lead to changes in practice – and why should the counselling profession be any different? However, we must think carefully about the changes that we make and whom they benefit. Paul Williams[2] makes a valid point: '... we have undergone a cultural change in mental illness in recent years. This change has led us away from the enduring therapeutic benefit of self-knowledge and the capacity to engage deeply in human relationships, towards a wholesale reliance on psychopharmacology and short-term treatments. These contemporary methods, while helpful for some individuals, perhaps most in the containment of symptoms, too often have the side effect of colluding with the core psychological premise.'

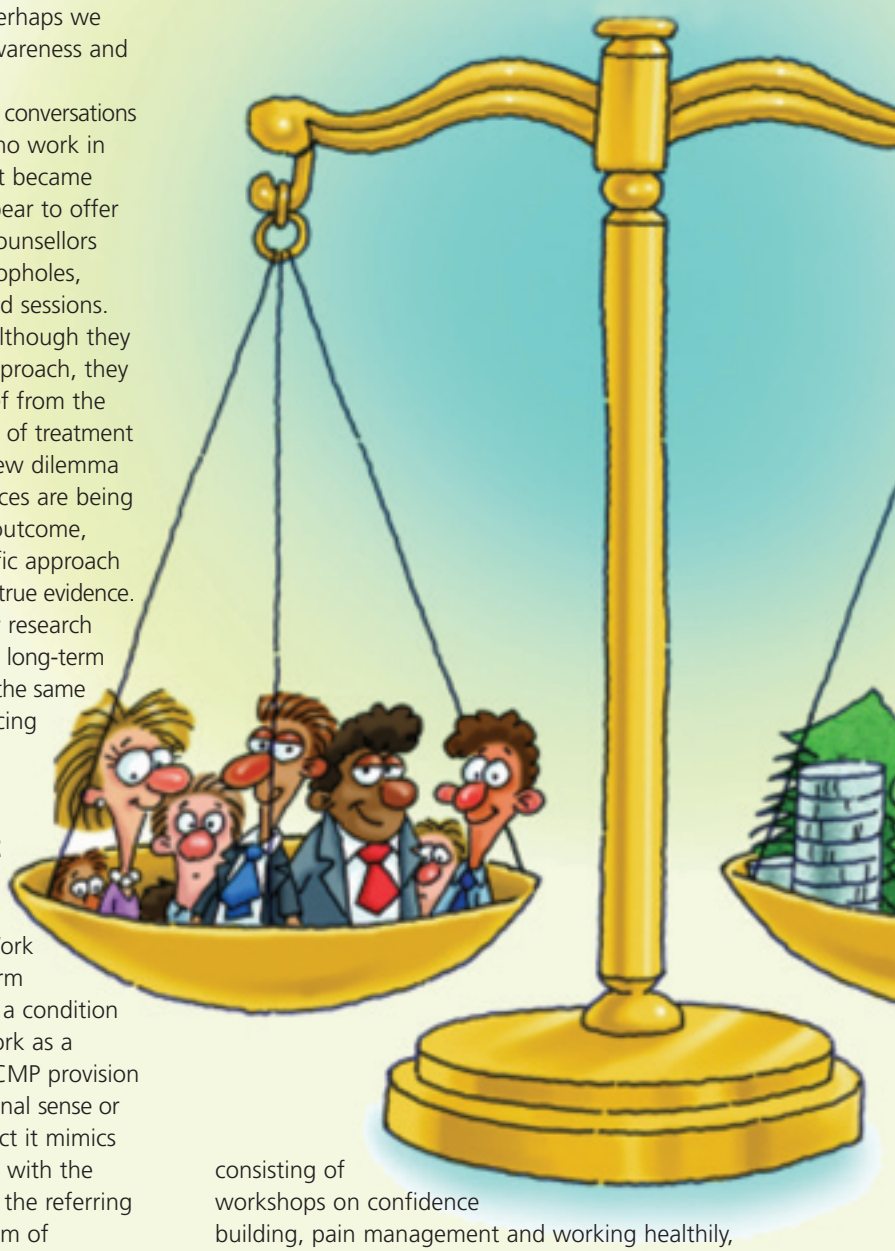
Can the workplace counsellor say with conviction that this approach has long-term meaningful benefit to the clients and not just to the business? What about the ethical position? Counselling is not compatible with a system that prioritises economic profit above all else. Counselling is primarily about welfare, but can Employee Assistance Programmes (EAPs) assist companies and get employees working again without compromising welfare? Even if the welfare is only compromised very occasionally or in a subtle way, does this not still constitute professional negligence?

'Counselling is not compatible with a system that prioritises economic profit above all else'

The speakers presented a portfolio of success stories but I believe that it is essential to make the space to look more closely at this apparent success. Is this success judged by the criteria of the client or the therapist? For example, a client may present an external optimism while concealing a deeply pessimistic or troubled internal world but be afraid to ask for help. How can we consider these complex issues with such little time to develop a meaningful relationship? It is undoubtedly seductive for any counsellor to feel as though they can really make a difference to someone's life so quickly, but let us

remember that we do not have a magic wand, even though we may wish to have. Perhaps we need to inject some reflection, self-awareness and humility into the work?

A further thought arose from various conversations at the conference with counsellors who work in short-term focused therapy services. It became clear that although these services appear to offer a limited number of sessions, many counsellors were able to bypass this rule using loopholes, allowing rapid re-referral for continued sessions. Also, several counsellors stated that although they are supposed to work using a CBT approach, they rarely did. While this offers some relief from the anxiety surrounding the narrow choice of treatment available, it also highlights a whole new dilemma of which we must be mindful. If services are being measured as successful by a specific outcome, assuming that a time-limited or specific approach was used, surely we are not producing true evidence. We are in fact colluding with the very research that is in danger of killing off the other long-term approaches that have been discussed, the same approaches that are seemingly producing some of these positive outcomes and getting none of the credit.

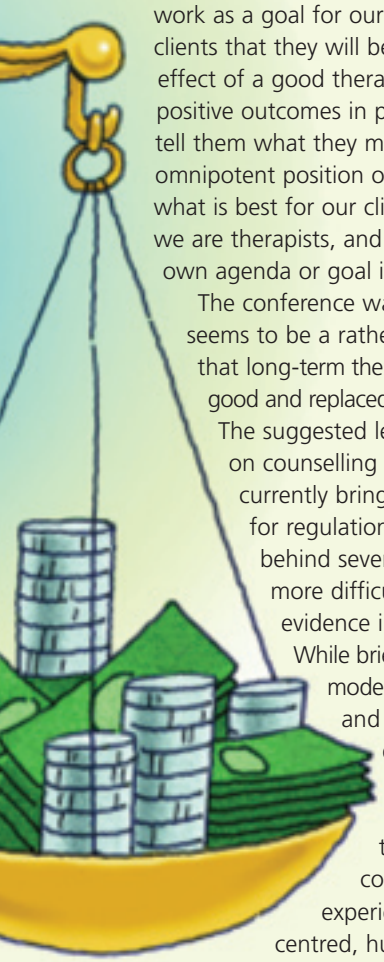


Outcomes as a side-effect of good intervention versus goal setting

I work on the Pathways Welfare to Work contract, aimed at getting the long-term unemployed back to work. As part of a condition management programme (CMP), I work as a counsellor and group facilitator. The CMP provision is not designed to treat in the traditional sense or replace existing statutory services; in fact it mimics on paper the service provided by EAP, with the employment advisor acting much like the referring manager/business, requiring some form of feedback on the client's progress/ability to look for work. Most CMP providers use a CBT short-term focused therapy model, measuring a successful outcome on whether work is achieved as a result of the intervention. The north London team that I work in consists of a psychotherapist, a clinical psychologist and myself (humanistic integrative training and now working towards a UKCP psychoanalytic psychotherapy qualification). We work in a psychodynamic/humanistic way, offering both group and individual therapy for 12 sessions. This is often extended to 20 sessions if necessary and will sometimes include a mixture of group and individual work. Our contemporaries in the west and south of London and in Cambridge and Suffolk offer a more generalised CMP provision consisting of workshops on confidence building, pain management and working healthily, as well as individual goal-focused sessions.

Over the last 18 months the conversion rates for CMP programme starts to job starts (or returns to work) in my team have been consistently higher than our contemporaries, even though we do not focus on work as a reason or goal of therapy. In fact we do not set goals on behalf of our clients or ask them to do so. Occasionally we do discuss goals in true client-centred fashion: when the client chooses to or has a specific issue that they want to work through in therapy. We hold the principles of Carl Rogers[3] in believing that: 'Every person has the capacity to find the answers to their own problems.'

On average the other teams have a conversion rate, from programme start to job outcome of



between 23 per cent and 26 per cent. My team's conversion rate sits comfortably around 33 per cent. This indicates that we do not need to push work as a goal for our counselling, convincing clients that they will be better off working. A side effect of a good therapeutic intervention produces positive outcomes in people, without the need to tell them what they must change or take the omnipotent position of assuming that we know what is best for our clients. We are not advisors, we are therapists, and we should not have our own agenda or goal in mind for therapy.

The conference was occupied with what seems to be a rather familiar and sad reality: that long-term therapy may be killed off for good and replaced with brief, focused therapy. The suggested legislation being imposed on counselling and psychotherapy work currently brings about a welcome need for regulation but also risks leaving behind several approaches that are more difficult to measure with tangible evidence in accordance with NICE. While brief therapy like CBT-based models can combat symptoms and make way, if desired, for deeper work, let us not forget the powerful effects of psychoanalysis as a way to understand the sheer complexities of human experience (as well as client-centred, humanistic and existential ideas, to name but a few) and the subtle yet powerful way that these more complex models can reach clients. They are not, as it was suggested at the conference by one of the attendees, simply an overindulgent means of therapy, but a way to think about human relatedness in a broader and multifaceted way. This is not to say that the shallower and less complex behavioural models are less effective, but rather it highlights the need for a variety of therapeutic intervention in order to reach the broad spectrum of personalities.

What we need to do as practitioners is to be able to adapt our approach to fit the needs of the individual client. The client who craves more insight should be met with a more complex model and vice versa. We should embrace the diversity of our profession and protect one another from the slaughter, not fight over which model works best as if it were some kind of competition. With this in mind, it is important to ask ourselves why we only appear to be offering short-term focused therapy around the issue of work. It is as though we are taking a viewpoint that if work life is healthy, then everything else will follow. While this may sometimes be the case, it cannot be denied that the reality is much more complex. Work may be the issue on the agenda but can one thing in a person's life be dealt with in isolation? Surely any form of psychic intervention will entail autonomy, which goes to show that this idea of work-focused counselling is extremely limited, if not entirely flawed.

Money talks

We are in real danger, as a profession, of replacing existing approaches with new ones that are different, not better. Instead, we should be adding to, and being proud of, the dynamic versatile help available. In addition, it now seems we are also faced with a new threat: the constant demand for 'value for money'. This extends beyond the cost-cutting NHS, which is happier to fund £300 million of prescriptions to tackle our depressed nation than to provide a comprehensive talking therapies service. Value for money has also found its way to the private sector, where it has managed to coin an entirely new provision, dressed up as a counselling service. The EAPs, in my opinion, have jumped on the bandwagon to make/save money through therapy. They have not only agreed to allow a third person (the employer) into the therapy room, but have also managed to turn a client-centred model into an employer-centred model by having a goal on behalf of the clients, namely to get them back to work or off the payroll/benefit: this, it seems, is the bottom line. In doing so, they have compromised the very thing that sits at the heart of any meaningful therapeutic relationship – confidentiality.

What I am suggesting here is that we have forgotten the principles of our profession in a funding dilemma, allowing the businesses paying us to dictate how our profession operates, or to lure clients in with the promise of counselling while modelling a service with an objective that it will save/make a business money. This is not about the welfare of clients; it is about profit. We must consider that counselling is a welfare matter and can only be carried out effectively with that understanding. To do it for any other reason is negligent. We are the professionals; shouldn't we set the standards? Why should we compromise our professional integrity to suit the micro management requirements that all too often dominate the workplace? Are we really suggesting that we can make assessments of our clients over the phone in order to cut costs, and that we must bear in mind a client's employer when counselling? We are supposed to be experts in the act of setting

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boundaries so why can't we set the boundaries of how we work? Perhaps we are all scared that there will be no more work if we do not adapt to meet the expectations of the funding party? The bottom line is that, as practitioners, we need to have enough belief in what we do to stand up for the fact (as demonstrated in the figures above) that our service can help, and as a result, save money. However, that should not be the ethos behind how a counselling service operates. Counselling can never be effective or congruent if managed by the counsellor meeting targets or having a desired outcome. To operate in such a way is open to abuse from every angle, and in my opinion, not enough consideration or thought is given to this from within the profession.

Aside from money, perhaps the reason that counsellors are prepared to hide behind behavioural models, task setting and goals might be because it is an easy 'get out'. In the face of deeply troubling issues, such as murderous rage and envy, we are also propelled to face our own fears and troubling thoughts that are perhaps too deep to bare.

Counselling in the workplace versus workplace counselling

It has become clear to me that 'workplace counselling' is different to 'counselling in the workplace'; the latter closely fitting my idealised version and the former being something other than counselling. In conclusion, two fundamental questions arise from this reflection. Firstly, why title the workplace counsellor as a counsellor at all? Why not find a new title that depicts the role more accurately and prevents the confusion that arises for professionals and clients alike? Andrew Kinder[4] discusses the balancing act of the different roles that a workplace counsellor has to take on, listing: 'face-to-face counsellor, advocate, conscience of the organisation, telephone counsellor, stress management trainer, health and work balance prompter, information giver, group facilitator, online counsellor'.

This brings me to the second point: why are we expecting a counsellor to wear so many hats? Don't we wear enough already? With complex transference, boundaries, projections and identifications, managing assumptions and expectations and challenging appropriately, are we not juggling enough already? What I would suggest as a more realistic way forward is to do what is done in most other health services and adopt a multidisciplinary approach to our work. GPs for example would not perform heart surgery but refer to a colleague with the skills to do so. The very nature of the conference was to discuss the fact that GPs are now giving responsibility to an occupational health expert when it comes to a person's capacity for work. Why therefore are we expecting counsellors to serve several other functions as well? It is as though we have crumbled under attack and succumbed to the idea that we must do more. If we adopted the multidisciplinary approach, a counsellor could invite the client to see a mediator if necessary to avoid involving the manager in the dynamic. This would ensure that a counsellor's focus remained with the client's welfare, while the service as a whole took into account the business needs and aimed for a resolve that was negotiated by all involved.

The therapy world, across the board, is under attack. Children's services, the private sector, charities and the NHS are feeling the pinch on funding. With increasing demand for services, we are faced with managers and directors who want to see results. However, the real threat that we face is from within. If we crumble under the pressure of attack and do not defend the work that we do, we will inevitably fall. We need to believe that we are good at what we do. We need to support the variety of approaches and protect each other from attack. We need to stop taking responsibility for that which we are not trained to do. If we do not stand up for ourselves, we will continue to lose respect across the care profession, and the special work that we do will be gone for good. We cannot be everything to everyone, or satisfactorily undertake so many roles at once. We are a profession in our own right and do not need to mould ourselves to sit under the umbrella of the medical model. We do not fit the medical model, but can support it. We are a social science, a science of personality and of relationships, not a medical or clinical intervention. We do not, therefore, need to meet the NICE standards of clinical excellence. We are striving to be too much, to be good. And in the words of Winnicott, it is okay to be 'good enough'. ■

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