



# Partner Policy: EAP Sessions

## Introduction

Following the telephonic/video clinical conversation a participant may be referred to EAP counselling sessions. These sessions may be delivered in-person or via Structured Telephone or Video Counselling (STC/SVC) depending on what is available through the participant's benefits, clinical appropriateness and participant preference. The referral may be for Adult Individual Sessions, Transitional Support, an In-Person Assessment, Couples Counselling, Family Counselling or Minors Counselling.

## Policy

When clinically appropriate, and available through the participant's benefit, a participant may be offered a referral to EAP sessions for short-term solution focused therapy.

All the sessions (up to the maximum allowed by the participant's benefit) will be confirmed upfront. The only exceptions to this are when the participant is referred for Couples, Family or Minors Counselling sessions, Transitional Support or an In-Person Assessment. In these circumstances the case will need to be reviewed with a case manager after the first (assessment) session and the way forward agreed.

If, during the telephonic/video clinical conversation, there is any concern for the safety/well-being of the participant or any reason to suppose short-term solution-focused counselling *may* not be appropriate, the case will be flagged for ongoing review with the clinician to whom the case is referred.

The clinician assigned to the case may be internal (i.e. an EAP clinician) or external (i.e. a provider).

Every effort will be made to allocate a qualified clinician who can best meet the participant's clinical and practical needs. Preferred gender and language requirements will be taken into consideration when identifying an appropriate clinician. However, the EAP does not recognize any other criteria for selection including, but not limited to, a clinician's ethnic origins, sexual orientation or religious beliefs.

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The clinician providing the short-term intervention must contact a case manager immediately if any concern for the welfare of the participant(s) emerges during any session.

Only short-term solution-focused therapy can be provided concentrating on the goals agreed with the participant during the telephonic/video clinical conversation; any deviation from these goals must be discussed and agreed as appropriate with a case manager.

A clinician will be assigned to the case within 2 business days of the telephonic/video clinical conversation being completed. The clinician will be available to arrange the first session within 5 working days of accepting the case. Where the participant is being referred to an internal EAP clinician the session(s) *may* be scheduled while the participant remains on the intake call/video.

For in-person counselling, the participant can choose whether the search for an appropriate clinician is centred on their home or, if preferred, work address. The provider offered will be situated within the distance/time-of-travel agreements made with the participant's organisation.

The counselling sessions, regardless of the medium through which they are delivered, must commence within 30 days of the participant being provided with the name of the counsellor. Otherwise the participant will need to contact the EAP to review their situation and establish whether short term solution-focused counselling remains the best way forward for them.

EAP sessions last 50 minutes and, ideally, are held on the same day at the same time each week.

The counselling needs to be completed within 3 months of the first session in order to maximize how beneficial it is likely to be in addressing the participant's immediate needs.

The EAP offers one set of EAP counselling sessions, where clinically appropriate, for any specific issue within a 12-month period. Separate sets of sessions can be offered for different issues. These cannot run concurrently, and it is recommended that there is a gap of at least one month between ending one set of sessions and starting the next. If the participant returns following the end of that 12-month period requesting further sessions for the same issue, further EAP sessions may be offered where appropriate. Where it is clear, following a full telephonic/video clinical conversation, that further sessions are unlikely to resolve the participant's ongoing situation, resources will be offered.

Ideally, participants should only engage in one therapeutic relationship at any one time regardless of whether the counselling is being provided by the EAP or via another source. See the Partner Clinical Engagement Policy for further clarification around this.

Participants who leave their qualifying employment whilst their EAP sessions are in progress can complete the intervention if they so wish.

Sessions cancelled within 24 hours of their start time will be lost; those cancelled in advance of this 24-hour window may be re-scheduled.

If a participant fails to attend any two sessions in a row without giving the 24 hours warning of cancellation, the intervention will be terminated, and they will be encouraged to contact the EAP to discuss next steps.

When a participant requests they are referred to a clinician who is not in the EAP Network, an appropriate provider from within the Network will be offered where they are available. If the participant refuses to attend sessions with the Network provider offered, and it is clinically appropriate to engage the clinician they have requested, their requested clinician will be approached with a view to joining the EAP Network. The clinician will need to meet the EAP's credentialing criteria and be willing to accept the EAP's contractual terms. It will be explained to the participant that their referral will be delayed while this process is completed. Where the clinician requested refuses to join the EAP Network or fails to meet the credentialing criteria, the participant will be informed and can choose whether they prefer to engage with the requested provider privately or meet with the EAP Network provider offered.

When making a referral the clinician completing the telephonic/video clinical conversation will ensure that the participant's expectations are properly set as to the timescales and process for allocating a counsellor to them and getting the sessions started. The participant will be properly briefed around what they can expect from the sessions, for example that short-term solution-focused therapy will be provided, the cancellation policy and the importance of attending at the same time/day each week in order to maintain the momentum for the work and gain the most benefit from it.

Where appropriate participants will be informed that if they attend a session under the influence of a mind-altering substance (i.e. alcohol or drugs) the session cannot proceed.

The EAP does not provide in-person sessions in a participant's home.

Occasionally, a participant will present a provider with a gift at the end of the engagement; providers are to adhere to the rules laid down by their professional body in this regard. Where a participant wishes to bestow a gift on an EAP clinician for the support they have provided, this must be limited to \$25 or equivalent in value.

## Clinical Practice

- Providers are generally assigned to a case from the EAP network however occasionally where a suitable network provider is not available a clinician will be engaged from outside the EAP network.
- Cases are referred to a named clinician, one who has met the EAP's credentialing criteria. That clinician cannot refer a participant on to another clinician for any reason without the EAP's explicit consent.
- If the participant specifically requests confirmation of the number of sessions available to them, they will be informed that between 1 and the maximum of sessions allowed under the terms of their benefit may be provided, to address the short-term goal agreed with them during the telephonic/video clinical conversation.
- Some client organisations have requested that their cases be formally reviewed with the clinician providing the counselling following specifically agreed session numbers. This will be documented in the Case Management System.
- Management Referral cases will be formally reviewed with the clinician providing the sessions at regular points in the intervention.
- Participants will, on occasion, request they see a specific clinician for their EAP sessions. The rationale for this request must be explored with the participant in case such a referral would be inappropriate in the EAP setting.
  - If the clinician has been recommended to the participant by a third party the intake counsellor must explore whether this recommendation was made by someone who has already engaged in a counselling relationship with the requested provider, whose relationship with the participant raises a boundary issue making the referral inappropriate.
  - If the participant has engaged in counselling with the clinician before and the presenting issue is clearly different, or a significant period of time has elapsed since the previous referral (over a year), a referral to the same clinician can be made. It will be explained to the participant that WPO recommends engaging with different clinicians for separate presenting issues to ensure the new referral does not become confused with the previous work, however, it is the participant's choice as to how they wish to proceed.

- If, however, it is clear that the participant has, or is, engaged with the clinician requested in a long-term on-going relationship the participant must be referred to another provider for any short-term EAP sessions if this is clinically appropriate.
- The EAP will not fund a set of EAP sessions as part of an ongoing long-term private counselling arrangement.
- When reviewing a case, case managers will be mindful of the following and escalate appropriately to ensure that the clinician performing the intervention is:
  - Working on the agreed goal for the counselling,
  - Handling risk appropriately,
  - Not diagnosing participants with a mental health condition,
  - Adhering to WPO clinical policies,
  - Submitting clinical notes that are clear, concise, correct, complete and comprehensible,
  - Submitting clinical notes that are non-judgmental,
  - Providing solution-focused therapy; not a modality such as CBT or EMDR,
  - Not encouraging the participant to request further sessions,
  - Adhering to proper boundaries in areas such as;
    - Length and frequency of sessions,
    - Dual relationships,
    - Not allowing 3<sup>rd</sup> party's into sessions,
    - Holding sessions in an inappropriate environment,
    - Not colluding with the participant,
    - Not providing guidance/information that is beyond their expertise.

**CHANGE HISTORY:**

**Document Original Author:** Alison Brown; Vice President Global Clinical Quality

**Stakeholders:** Global Infrastructure, Clinical Operations, Quality, Learning & Development, Sales & Account Management.

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November 2020	Alan King	Alison Brown/ Maulika Sharma/ Maria Guimaraes	Annual Review; no policy changes. Document updated in line with current naming conventions