



# Partner Policy: Management of Challenging or Resistant Participants

## Introduction

Challenging and resistant participants fall into several categories and constitute a participant group who need sensitive handling when they contact the service. Their presentation may indicate that they have taken mind-altering substances (alcohol or drugs), they may be angry or abusive, or their communication may be lewd or sexual in nature. On occasion they may threaten to harm themselves, or others, if the EAP does not meet their demands.

Challenging and resistant participants may present with more than one of the traits detailed above. For example, the intoxicated participant could be lewd, or the lewd participant could be threatening in an attempt to keep the clinician on the line. Challenging and resistant participants can become chronic in their misuse of the service.

This Policy covers all challenging and resistant participants regardless of how they access the service. The 'conversation' could be telephonic or via video, email, SMS Text or Instant Messaging.

## Policy

Counselling or psychotherapy is not appropriate or effective for a participant who is under the influence of mind-altering substances. In order to provide an accurate assessment and/or psychological intervention, the participant should not be using or have used drugs and/or alcohol. The safety of any participant accessing the service in an inebriated or drugged state will be ascertained wherever possible, after which the participant will be asked to call again once they are free from the effects of the substance.

Clinicians will engage with angry participants and attempt to diffuse the situation however any participant who is personally abusive towards a clinician will be asked to stop and the conversation terminated if they refuse to do so.

Created Date: September 2020

Document Valid as of: November 2020

Revision #: 2

Next Revision Date: November 2021

Document Owner (Dept): Clinical

\*\* Any printed document is considered an uncontrolled document. Please refer to the intranet or your departmental storage location\*\*

Participants who are lewd or whose conversation is sexual in nature will be firmly informed that the conversation will be terminated.

The EAP may block participants who use the service repeatedly in an abusive manner; this can only be initiated with the agreement of the WPO Vice President responsible for Global Clinical Quality.

## Clinical Practice

- If a participant presents in a way that indicates that they are intoxicated, it is appropriate to ask whether they have been using alcohol or drugs (most will readily admit to it) and to try to determine how much they have consumed. The focus for dealing with inebriated participants is to primarily assess for risk. The participant will be asked whether they have taken any medication/drugs in conjunction with alcohol (as combining many medications with alcohol could further complicate health risks or intensify the effects). The clinician will also check where the participant is calling from and whether they are alone. If a serious risk is identified (harm to self or others) appropriate action will be taken. Whether a child or a vulnerable adult may be at risk must always be checked. Once a risk assessment is completed and safety concerns have been ruled out, the focus may shift to providing easy self-care strategies such as:
  - Can they eat something?
  - Can they have a friend come over?
  - Can they relax and listen to music?
  - Can they get ready for bed?

The participant will be encouraged not to consume any more alcohol or drugs and reminded of their obligations regarding work or plans for the following day. The participant can then be informed that once they are sober and have a clear mind, they are free to re-connect with the service.

- Angry participants will be given the space to talk about what is making them angry and it will be acknowledged that they have a reason to feel angry with what has happened (understanding and validating their feelings). Where the anger is related to an EAP service issue or misunderstanding, the clinician will apologise and empathise with the participant and attempt to solve the participant's issue. No false assurances will be given, nor will the problem be minimised. A safety check will be attempted, and appropriate action taken where necessary. If the participant feels they are being listened to, they will often calm down. However, if the anger turns into personal abuse towards the clinician (abuse that may be motivated by country of origin issues, race, sexual orientation, religion etc.), the participant will be asked not to use abusive language and informed that the conversation can only continue if the participant calms down. However, if the abusive language continues, they will be warned that the conversation will be stopped:

"I would like to assist you in resolving your issue; however, I can only assist you when your language is appropriate. If you continue to use inappropriate language, company policy requires that I terminate this conversation."

If the abusive language still continues the participant will be informed that the conversation is going to be terminated and that they can contact us again when they are less angry. The clinician will then terminate the conversation.

- If a participant is lewd or their conversation sexual in nature, the clinician will clearly state that the conversation is inappropriate and inform them that the conversation will be terminated.
- On rare occasions, a participant will threaten to harm themselves or another person in order to blackmail the counsellor to do what they wish. This is not the same as a genuinely suicidal, self-harming or homicidal participant who is reaching out for help but a participant who openly states that they will do harm *unless* the clinician does something specific, for example continue with a lewd conversation or refer them inappropriately. The clinician will assume that the threat is real and take appropriate steps to mitigate the risk. The participant will be informed that their threat is being taken seriously and that Emergency Services are being called. Their distress/anger/frustration will be acknowledged. The clinician will stress that they want to support the participant at this time but will also be very clear that any further discussion will have to be halted until we can be confident that the participant or any other threatened person is safe.

- Where a participant requests to speak to a manager, and no manager is immediately available, the participant will be offered a callback from a manager within 24 hours. Details of the interaction, and the request for a manager callback, must be recorded in the Case Management System.
- Where a participant states they would like to make a complaint, the clinician will immediately acknowledge their request and attempt to understand what, specifically, the participant would like to complain about (where this can not be ascertained from the current interaction). In situations where the complaint is a general comment about services or interaction with the EAP, the clinician will apologise and offer immediate resolution where this is possible. If the participant prefers to make a formal complaint, the clinician will explain that this will be escalated to Clinical Management, who will investigate the situation and establish the best solution to move forward. Should the participant request a callback from a manager regarding the complaint, this information will be included in the documentation and the clinician will confirm to the participant that they will receive a callback from a manager within 24 hours. Should the participant be requesting a callback from management only to know what 'punishments' were applied or what consequences were given to any person involved, set expectations that any interaction made with the participant by management, whether by telephone, email or any other means requested, will focus exclusively in the resolution of the situation and what positive steps have been taken to resolve the participant's concern. No information will be provided around internal EAP measures such as coaching, changes in procedures or any other measures. All complaints must be brought to the attention of WPO Clinical Management immediately.
- If the caller is a provider who is using abusive or inappropriate language, the clinician will immediately request that they cease such language and explain that the language they use needs to be reflective of the professional relationship they have with the EAP.

- Contact with challenging or resistant participants can be difficult for the clinician managing the call. The clinician must ensure that they attend to their self-care and seek support where required to ensure the interaction does not affect their ability to engage with subsequent participants. Despite our best efforts, self-care and coping strategies, it is possible that a challenging or resistant participant is able to unbalance us, “get under our skin” or lead us into emotional outbursts or reactions that go against our professional codes, ethics or personal beliefs. While it is uncommon for counsellors to manifest these outbursts during a call, it is possible that these emotional states will lead to the use of unhealthy and inappropriate coping strategies both during and after the call. These inappropriate coping strategies can lead to burnout, emotional exhaustion or taking reactive approaches to participants such as creating reactive diagnosis, refusing to pick up their calls when recognising the phone number, refusing outright to speak with a participant without management instruction or impacting the following participant who had no connection with the previous call. It is important to be very self-aware of these unhealthy coping strategies as they can affect a clinician’s clinical work and internal wellbeing and extend far outside the workplace. In such situations, clinicians must process how they feel with their Clinical Management to receive in the moment support and develop a plan moving forward.

**CHANGE HISTORY:**

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

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

Change Date:	Approved by:	Subject Matter Expert(S) [SME] Utilized:	Description/Details of Change [Why & What]:
September 2020	Alan King	Alison Brown/ Maullika Sharma/ Maria Guimaraes	Document Initially Created
November 2020	Alan King	Alison Brown/ Maullika Sharma/ Maria Guimaraes	Further guidance provides on handling participants who request to speak to a manager, raise a complaint or who are providers using inappropriate language. The importance of self-care in managing these participants further highlighted.