



# Partner Policy: Management of Frequent Users of the Service

## Introduction

On occasion a participant will contact the WPO clinical service frequently during a period in their lives when they are troubled or overwhelmed. Often this contact can be quite intense for a short period of time but will trail off as their situation changes or improves; perhaps to be re-ignited should another period of distress emerge. However, participants who consistently contact the service repeatedly, perhaps multiple times daily, for a significant period of time and connect with several clinicians with a similar pattern of concerns, may be categorized as chronic in their use of the EAP service. Challenging participants, who for example may present as under the influence of a mind-altering substance, as manipulative or abusive, may also become chronic in their use of the service.

## Policy

WPO aims to identify and manage all frequent users of the service to ensure the most appropriate clinical approach is consistently adopted towards them. Partners will identify frequent users of the service, monitor their ongoing contact and take appropriate steps to ensure that they are provided with consistent messages and categorized as chronic where this becomes appropriate.

Partners should review any emerging chronic caller with WPO Clinical Management to agree the steps that will be taken to try and contain their use of the service and manage them into services more appropriate to their needs.

There are no hard and fast rules for deciding when a participant has become chronic in their use of the EAP service and needs special management. Each case needs to be considered on its own merits. Generally, however, they will be contacting the EAP regularly (sometimes multiple times a day) over a significant period of time (at least a month) and presenting with the same issues repeatedly during each contact with no apparent change in their outlook or situation. Some will remain anonymous; others may use a variety of names in an attempt to avoid detection as a frequent user of the service. Some can become verbally abusive and threatening towards the clinician. Many present with serious mental health issues. It is the EAP's clinical responsibility to identify and proactively manage these participants into support more suitable for their needs as it is clear that use of the service is merely providing them with sufficient support to remain in their current situation but not to take the steps required to move forward.

Once a participant is identified as a chronic user of the service, a Partner clinician will be designated as their primary contact (their case manager). This case manager will be responsible for explaining to the participant that their use of the EAP service is not supporting them in moving forward with their issues effectively and will ensure the participant is given a consistent message with regard to the more appropriate and effective support to which they need to transition. Once a case manager is assigned an alert will be added to the case management system and any clinician receiving a call from the participant will check for safety and explain their case manager will contact them when they are next available.

Some participants will persist in accessing the service inappropriately despite regular contact with their case manager or will refuse to co-operate with the case manager assigned. In these cases a partner clinical manager will be assigned to contact the participant (repeatedly if necessary) to further emphasize that their use of the service is inappropriate and request that they engage with the resources that have been suggested and stop calling the EAP service.

First Serve does not apply to participants whose use of the service has become chronic.

Some participants are 'prank' callers who call repeatedly in a deliberately abusive manner. These callers may, or may not, be eligible for the EAP benefit. Regardless of this, their calls may be blocked if they become a nuisance and do not respond to a request that they stop their abusive behaviour. WPO Clinical Management should always be consulted before a Partner blocks a participant from using the service.

Participants whose use of the service is chronic but never deliberately rude or abusive will not be blocked except in very extreme circumstances.

When the contract with a participant's employer is not held directly with WPO but is through an organisation (such as another EAP) who have signed a data-sharing agreement with WPO, WPO will, where appropriate, work with the contracting service, possibly through the WPO Account Manager, to manage a chronic caller effectively. This process will be managed directly by WPO with the Partners participation.

Clinicians will be mindful that there may be occasions when a participant whose use of the service is chronic, reaches out following an incident in their lives for which they do need support, and which is outside the scope of their general (chronic) presentation. In these situations, Single Session Therapy services will be provided.

## Clinical Practice

- The first step in dealing with chronic users of the service is to identify the repeat or chronic nature of the participant's use of the service. The following guidelines can be used to identify chronic users of the service:
  - The participant may present anonymously or provide false demographic information.
  - The participant may be vague regarding their problem, despite the clinicians' best effort to clarify the situation.
  - The problems have a long history (especially if there are multiple professional contacts and the participant claims nobody has helped).
  - The participant reports frequent, brief contacts with different professional services.
  - The participant may know clinician' names, schedules, and be aware of policies.
  - The participant may try to make a call a 'social occasion' and want to chat.
  - The participant may be intoxicated and is not interested in ongoing services or is too impaired to engage in a clinical conversation.
  - The participant is excessively passive or indirect and makes it difficult for the clinician to obtain information.
  - The participant often makes indirect or direct threats about harming themselves or others in order to manipulate the clinician into staying on the call.
  - There may be no recent event, which prompted the call.
  - The client may be lewd.

- Once a participant has been identified as a chronic user of the service, the participant will be highlighted on the case management system as one who uses the service chronically so that all clinicians are aware of this when responding to the participant. This alert will contain a brief plan on how to handle the participant. In some cases, a specific clinician will be designated as the identified case manager for this participant and each time this person contacts the service they will be checked for safety and informed their case manager will contact them when they are next available. If the participant insists on communicating with a clinician who is not their designated case manager, the clinician should explain to the participant that the length of the call will be limited to 15 minutes and manage the call to that time boundary.
- Once assigned, it is the case manager's responsibility to reach out to the participant to introduce themselves and explain that they are being given a single point of contact with the EAP to assist them to transition into the resources that have been suggested to them. The importance of ensuring that they are engaged in the support most likely to be beneficial to them will be explained and the importance of therapy having direction and progression towards a goal stressed. The resources already offered to the participant will be reviewed and a collaborative plan agreed for transitioning them into those resources so that their reliance on the EAP can be addressed and they can engage in an intervention that will be more effective in moving them forward. It will be explained to them that if they call the EAP they will either be transferred to their case manager or receive a call back from them when they are next available. A follow up call from the case manager will be agreed to ensure the participant has implemented that plan.
- Once a case manager is assigned and has made initial contact with the participant, they will contact the participant whenever they are informed that the participant has accessed the service again. During this contact the case manager will highlight again the supports with which the participant needs to engage and encourage them actively to do so. The case manager will not offer any in-the-moment support during these calls unless the participant is distressed.
- Some chronic users of the service provide false demographic information when they access the service to prevent identification. This can take some time to be spotted. Once identified the case manager who is assigned to this participant should ensure the cases are linked together and contact the participant to explain that their abuse of the service has been noticed and request that they stop.
- Chronic users of the service should not be offered further contact (e.g. Welfare Checks) with anyone other than their designated case manager.



- Where a participant is continually and repeatedly presenting with situations of immediate risk with a need to call emergency services, the clinician will attempt to understand what measures were taken by emergency services during previous instances. The clinician will assess for risk as normal and, if deemed necessary, activate emergency services again. Any threats of harm to self or others will be taken seriously regardless of the amount of times where emergency services were activated in the recent past around the same concern. Such cases must be escalated to Clinical Management to a more thorough safety plan can be put in place. Where this situation has become a regular occurrence (sometimes even multiple times a day), it may be decided that clinicians no longer need to stay on the call while waiting for Emergency Services to attend.
- On occasion a chronic user of the service will continue to repeatedly contact the service irrespective of the conversations held with their designated case manager explaining the nature of the service and urging them to engage with resources more appropriate to their needs. They have become persistently chronic users of the service. In these cases, a clinical manager will be assigned to contact the participant, explain that their use of the service is inappropriate, again highlight that they ought to engage with the resources that have been provided and request that they stop calling the EAP as we are unable to help them any further.

**CHANGE HISTORY:**

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

<b>Change Date:</b>	<b>Approved by:</b>	<b>Subject Matter Expert(S) [SME] Utilized:</b>	<b>Description/Details of Change [Why &amp; What]:</b>
September 2020	Alan King	Alison Brown/ Maulika Sharma/ Maria Guimaraes	Document Initially Created
November 2020	Alan King	Alison Brown/ Maulika Sharma/ Maria Guimaraes	Document updated in line with current naming conventions. Further guidance provided around reporting potentially frequent users of the service and managing participants who regularly require Emergency Services.