



# Partner Policy: Single Session Therapy

## Introduction

Single Session Therapy (SST) is the act of providing the participant with an immediate intervention (emotional support, reframing, information, guidance) sufficient to facilitate resolution or constructive help in a single conversation. This conversation may be verbal (via telephone/video) or written (via instant messaging).

## Policy

WPO's Partners will offer SST to anyone contacting their service regardless of eligibility (First Serve). The only exceptions to this may be those who are chronic or abusive users of the service.

SST can be delivered telephonically or via video or, if the participant refuses to engage in any other way, instant messaging. Participants who engage the service via instant messaging, email or SMS will always, at an appropriate point in the interaction, be encouraged to initiate a clinical conversation via telephone/video in preference. SST can not be delivered via email/SMS unless the participant reports being at risk of harm to self or others and refuses to engage using a more interactive modality. Any participant engaging via email/SMS, who is not at risk of harm, and refuses to engage other than through email/SMS, will be provided with holding support, not SST.

Participants seeking SST can remain anonymous, if they wish, throughout the interaction.

SST provides the participant with an immediate clinical intervention such that minimal or no clinical follow up is required following the contact. This includes participants reporting *non-imminent* risk of harm, where the only follow-up required after the interaction is either to triage with a third party (e.g. a primary care doctor or a psychiatrist) or conduct a scheduled welfare check.

Managing a participant in imminent crisis, resulting in Emergency Services being contacted, constitutes SST.

Created Date: September 2020

Document Valid as of: September 2020

Revision #: 1

Next Revision Date: April 2021

Document Owner (Dept): Clinical

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When a clinician provides emotional support to a participant, including an appropriate risk assessment, which results in a resolution for the participant, before transferring them to work-life services, this is SST.

Contact that results in any kind of on-going WPO clinical support, such as a referral to EAP short-term counselling sessions, Transitional Support, computerised Cognitive Behavioural Therapy, Aware, Group Counselling, Elevate – Depression and Anxiety, Pathways, Assessment Only or ongoing resources, is not SST.

On occasion, a participant will contact the service requesting general information about what the service provides or requiring immediate signposting to another organisation. Such contact does not constitute SST as no clinical intervention is required or provided.

Participants who are engaged in EAP sessions and are being case-managed do occasionally contact the service in between scheduled sessions for in-the-moment support. Providing this support is not SST; it is, however, Holding Support.

On occasion a participant may end their current interaction with the EAP due to lack of time or an interruption before an outcome or a way forward has been agreed; this is not SST.

## Clinical Practice

- The clinician should use an open stance and open-ended questions in order to fully assess the reason the participant has contacted the service and the clinical appropriateness of using SST. In order to approach the interaction in a way most likely to facilitate SST the clinician should open the interaction with a question such as ‘What led you to contact us today?’
- Clinicians will avoid introducing the concept of session models or assessments for counselling into the conversation unless the participant specifically asks, as this can focus the interaction on on-going support and reduce the likelihood of a successful SST.
- The clinician should use interventions based on a brief modality such as solution-focused, psychoeducation or problem-solving approaches to aid the participant in identifying their own way forward during the interaction.
- The clinician may provide the participant with potentially useful resources for them to explore following the interaction, in-the-moment of the SST.
- SST may take as long as 50 or even 60 minutes.

- The resolution or way forward agreed with a participant during the SST must be clearly documented on the case management system.
- An “outbound call” occurs when a clinician reaches out to a participant who has previously requested a conversation with a clinician, perhaps because they initially contacted the service through instant messaging, email or SMS. When making an outbound call the clinician should approach the conversation in such a way as to most likely facilitate a SST by saying something like: “I understand you were looking to speak to a counsellor earlier today; I’m a counsellor, how can I help you?” By starting the call with an open stance, the participant is invited to return to their original need and you may be able to re-capture their experience when they first attempted to speak to a clinician.
- Where the participant does approach the interaction with a request for EAP counselling sessions, the clinician should open up the conversation by explaining that they are a clinician who can work with the participant during the conversation to agree what is the best way forward for them, as there are potentially a number of options available. The participant may open the call saying something like:
  - ‘My company/manager told us we receive free counselling sessions. I’d like to set them up now.’
  - ‘I can see from your website that I just have to call in and you will provide me with free counselling. I would like to start next Tuesday.’

Examples of how to approach this include:

- ‘I am a counsellor with the service and this is something I have helped others with before. Do you have time to talk now so we can gauge what might be the best way of supporting you?’
- ‘I’m so glad you decided to join us today. I’m a counsellor. Would it be OK if we begin with you sharing a little bit more about what’s been happening recently that led you to call us today?’
- ‘I certainly can assist with your counselling request. There are many available supports open to you through the program. Would you have a moment to speak to me about what prompted your call today?’
- ‘Let me just start by letting you know that you have taken an important step by contacting us. Seeking help in this way shows that you have already begun to make some changes....and we want to continue the process of change however we can.’
- ‘We can look now at identifying what areas in your life you would like assistance with. We can also look at the most appropriate way forward using the options available to you through our service.’

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- If the participant hesitates or expresses that they are not free or do not currently have the time for a conversation, explain:
  - 'I understand however we do need to have a conversation, so I can better understand what is going on right now, so we can determine, together, the best way forward. Would you like to call us back once you have some privacy and tell me more? We are available 24/7.'
  
- Some participants may be persistent in their request for EAP counselling sessions even before a conversation about their present needs has taken place. Some will insist that their HR/OH Manager has told them that they are entitled to sessions. In these circumstances, the clinician will:
  - Assure the participant that counselling is an available option (where it is) but stress that we need to talk about the issues at hand before making any assumptions on the outcome.
  - Explain the parameters of the service.
  - Explain that we are happy to discuss options as recommended by their HR/OH Manager, however, our first priority is the participant's particular needs and to hear about their difficulties from their own perspective.
  - Explain that while the service is available to employees, we can only refer individuals who are appropriate for using a short-term counselling service or whatever services are provided per their service offering.

If a participant continues to refuse to engage in a conversation about their presenting problem(s) and states that they want EAP counselling regardless, explain that we have an obligation to provide them with the most beneficial services possible and are unable to refer them to on-going EAP sessions unless a conversation about their current circumstances has taken place. An Assessment Only session can be offered as long as they have provided their name, contact and full address details and provided there are no significant safety issues following an appropriate risk assessment. The Assessment Only session can only be held in-person (not via telephone or video). It must be explained that this assessment will constitute the first session of their EAP benefit and that if during the assessment their presenting issue(s) is not considered appropriate for short-term solution-focused counselling, further sessions will not be available, and they will be offered resources.

- Clinicians should always end SST, whatever medium is used for its delivery (telephone, video or instant messaging), by ensuring the participant understands what has been agreed as the resolution or way forward:
  - 'In closing our conversation today, do you feel like you have the strategies and tools you need in the coming week(s) to see a change in X'

- There are occasions when the clinician will feel that SST has been successfully completed with the participant and yet the participant still insists that they be provided with a referral to EAP sessions or expresses some hesitation over their ability to move forward as discussed. In these circumstances, the clinician should re-iterate what has been discussed and probe what more the participant would be looking to achieve from sessions:
  - 'Given that we have come to an agreement that you will practice strategies X and Y in the next few weeks, what else are you hoping to achieve from the sessions?'

The clinician can further suggest that perhaps the participant practice the way forward that has been agreed before committing to sessions:

- 'Would you like to practice the strategies we have discussed in the last hour before deciding whether sessions are necessary?'

If the participant can describe or provide a sound expected outcome or goal for the sessions, and has contacted WPO via telephone or video, they can be referred to EAP sessions. Those participants who have contacted the service via instant messaging will need to re-connect with the service via telephone/video to complete a full clinical assessment before they can be referred to on-going sessions and the chat will be recorded as Holding Support, rather than SST.

**CHANGE HISTORY:**

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

**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