

Helpful Conversations

(Part 4)

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CHAPTER 8:

The Wider Frame

So far, we have considered client conversations as though they took place in a vacuum that is outside of their real life context. However, employee & organization support conversations very much depend on their wider 'frame.' It is time to think about the elements of the wider frame and how they affect conversations.

The Secure Frame

Our starting point is what is known as 'the secure frame' of psychotherapy. We will contrast it with the much more 'insecure' kinds of frames of helpful conversations at work.

Elements of the Secure Frame:

- A *secure* and *reliable* setting in which there is a fixed place, time and duration for each meeting.
- An appropriate *fee* to ensure that the therapist is employed by and accountable to the client.
- Privacy and
- Confidentiality, with no third-party intrusions.
- A *client-centered* therapist who does not permit his or her personal concerns to intrude into the psychotherapeutic work.
- A therapist who refrains from any form of *coercion*.
- A therapist who *refrains from physical contact*.
- A therapist who will *confine contact* with the patient to the psychotherapeutic hour and who has had *no extra-therapeutic relationship* with the patient — either before, during or after the therapy.

Adapted from Smith, D. L., *Communicative psychotherapy* in:
M. Jacobs (ed.) *In Search of Supervision*, OUP, 1996

Advantages of the Secure Frame

The presence of these conditions makes for a 'secure therapeutic frame.' From the client's perspective, it allows them to 'step out of' reality into another dimension where the usual everyday rules of conversation do not apply. They no longer need to:

- Edit what they say.
- Be concerned about how the Recipient is affected.
- Worry about confidentiality.
- Allow for a degree of interpersonal influence or manipulation by the Recipient.

On the contrary, the client is completely safe to say:

- Whatever they want
- However and
- Whenever.

THE SECURE FRAME



In the secure frame, there is no pressure from external factors, such as lack of time and organizational agenda. Its boundaries are solid and safeguard and contain the relationship and information. The practitioner has a single, primary and professional relationship with the client, which is that of being their therapist. The relationship is not compromised.

The Insecure Frame

While helping conversations in workplace settings manage to incorporate some of the features of the secure frame, invariably they are compromised to a greater or lesser degree by situational and contextual demands. The frame of helping conversations at work is insecure in so far as:

- There is not necessarily a *secure* and *reliable* setting, with a fixed place, time and predictable duration for each meeting.
- There is no *fee*, because the practitioner is employed by and accountable to, the Organization.
- While privacy may be in place,
- Confidentiality is compromised and there may be
- The need to work with or report to third parties (managerial, etc.)
- The practitioner is *organization-centered*, and (like a therapist), they would be expected not to permit their personal concerns to intrude.
- The practitioner needs to observe the departmental mission statement, which might be that of keeping people effective at work.
- Practitioners may, or may not, *refrain from physical contact*, especially in visits at a hospital or the client's home.
- The practitioner may be unable to *confine contact* with the client to the psychotherapeutic hour or have *no extra-therapeutic relationship* with the client, before, during or after helping conversations, because they already know the client within another role or will continue to interact with them in another role.

Outside of the therapeutic consulting room, practitioners work with a more or less insecure frame. As a rule of thumb, we can say that the more secure the frame, the greater client depth, intensity and self-disclosure it can contain. Conversely, the more insecure it is, the greater the need for the practitioner to manage depth, intensity and self-disclosure appropriately.

Practitioners need to take this into account and contract with clients appropriately.

THE INSECURE FRAME



The insecure frame is under pressure from external factors, such as lack of time and organizational agenda, which distort it. Its boundaries are permeable, allowing information to pass both in and out. The practitioner is likely to have a dual/hybrid relationship with the client.

Managing Insecure Frames, Role, Remit & Contracting

In an earlier chapter, we looked at the need for practitioners to contract with their clients for the kind of work they were going to undertake. We did not then explicitly take into account the factor of needing to work within an insecure frame. That requires contracting over and above the work itself. It means clarifying the boundaries of information (confidentiality) in overlapping systems of information. Usually, practitioners at work have multiple and complex role relationships with their clients. These need to be considered carefully.

Roles and their overlap

Practitioners' responsibilities may include those of:

- Direct support and counseling conversations with clients
- Referring clients on for therapeutic counseling
- Advising line managers on how to support staff
- Client Training and Health Education
- Promoting the Service
- Training new or junior colleagues
- 3-way organizational conversations
- Feedback to the organization on systems and policy
- Facilitating organizational change
- Service Evaluation.

(Adapted from Michael Carroll, *Workplace Counseling*, Sage, 1996)

Multi-cornered contracting

It is important that practitioners be clear in their own minds which role they are engaged in at any one time. They should also try to view the situation from the client's perspective by asking themselves questions, such as:

- What is my relationship with this employee at this stage?
- How does the employee understand that relationship?
- What responsibilities do I have in this role as adviser, consultant and/or facilitator?
- Are employees aware of my responsibilities to others both inside and outside the organization (e.g., sending a report)?
- Is there conflict between this role and my counseling role within the organization? (e.g., it might be advisable for the practitioner to write a report that indicts the organization for making unreasonable demands on the employee that have led to a breakdown. On the other hand, not to do so may result in loss of integrity and damage client relationships.)
- What might employee clients imagine if they saw me now? (In other words, how would clients react to the particular role I am playing? How might they interpret my talking to managers etc?)

(Adapted from Michael Carroll, *Workplace Counseling*, Sage, 1996)

Role & Remit

Having gained clarity about one's *Role*, the next step is that of identifying one's 'Remit.' Remit defines the scope and limits of one's:

- Authority
- Rights
- Duties and
- Responsibilities in a particular situation.

Remit determines the:

- Kinds of topics one would address in counseling conversations, the
- Depth and
- Breadth one would take them to and the
- Amount of client self-disclosure that would be appropriate.

In everyday life, we have an implicit awareness of this, as John Heron explains:

Where there is some formal practitioner-client role relationship, such as counselor and client, doctor and patient, bank manager and customer, then the practitioner's role roughly defines the sorts of interventions the client is expecting. It also roughly defines what sorts of interventions would be unsolicited and intrusive. So customers may find marital advice from their bank manager improper and unsolicited, but financial advice entirely proper and solicited. There are grey areas, however, and when in doubt, the practitioner can always seek a contract for the use of certain types of intervention. What is degenerate within a formal practitioner-client relationship is when practitioners insensitively blunder over into unsolicited territory, without any contract with the client, interfering and intruding in the mistaken supposition that they are doing their job.

John Heron, *Helping the Client*, Sage, 2002, p 186.

Remit and Job Description

When in doubt, it is one's Job Description that clarifies Remit, and where the practical demands of the job exceed it, this should be addressed in the interests of both clients and the practitioner.

CHAPTER SUMMARY

In all helping conversations, practitioners need to consider the dynamics of the frame, and how secure or insecure it is. Practitioners will be concerned to maximize the potential of their existing frames for optimum conversations (for instance by increasing privacy). Conversely, they need to learn how to adapt their conversations to fit even very insecure frames. It is essential to be clear about the frame with the client. That includes covering issues of role, remit and multi-cornered contracts.



Task No 8

What do you understand by a 'secure frame' and an 'insecure frame.'

CHAPTER 9:

Structuring a Conversation or a Series of Conversations

We have looked at the different kinds of conversations practitioners are likely to have, but not so far considered the practicalities of how to put such a conversation together. We perhaps have a sense or 'flavor' of the kind of conversation it should be. Where to start? What comes next? And then?

As one might expect with a broad range of types of conversations, there isn't a single, simple answer. What's more, conversations are adapted to context, to the client and to client issues, which means taking a host of variables into account.

Procedural elements

Just as practitioners need to be familiar with their micro-skills toolkit, there is another DIY (do-it-yourself) build-kit that helps them use their tools for the job in hand, the 'procedural elements' — the various elements, parts, components or 'stepping stones' of how one might proceed in conversations with clients.

What are they?

Procedural elements are smaller, discrete parts of a conversation, such as 'managing the setting,' 'identifying the issue,' 'exploring the issue,' 'referring the client,' and so forth. They were identified over time from observation and analysis of helpful professional conversations. These are the steps we take in conversations, usually without being aware of so doing. We tend to take different steps in different kinds of conversations, for instance in some we might simply identify the issue and refer the client, in others we will go further and explore the issue ourselves.

How are they put together?

There are many procedural elements. A list is given at the end of this chapter. They can be put together to suit the needs of a particular conversation. The choice of elements varies from practitioner to practitioner and depends in the main on:

- Practitioner role and remit
- Practitioner's contract with client
- Client Issue(s)
- Available time
- Setting (office, home, hospital, etc)
- Communication modality (in person, telephone, email, etc)
- Practitioner Competence.

Working Example

This is how one particular practitioner proceeded with a range of client issues he typically encountered in his work.

Example Procedural Elements Grid

Procedural Elements	Client Issues					
	Redundancy	Separation / Divorce	Work Stress	Unwell Partner	Assertiveness for Women	Relationship Problems with Boss
Identify	✓	✓	✓	✓	✓	✓
Acknowledge	✓	✓	✓	✓	✓	✓
Respond	✓	✓	✓	✓	✓	✓
Clarify	✓	✓	✓	✓	✓	✓
Skills Deficit			✓		✓	✓
Action Plan			✓	✓	✓	✓
Refer	✓	✓				

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The main procedural elements

The number of 'procedural elements' illustrated in the above example was limited. There are quite a few more, as described in this list:

1. **Managing the Setting.**
Setting parameters and boundaries prior to the appointment (e.g., for a home visit or for telephone counseling). Ascertaining the suitability of time, privacy and so forth.
2. **Pre-appointment Contracting.**
Agreeing on a provisional contract with the client for the meeting - some overlaps with 'Managing the Setting.'
3. **Contracting.**
Agreeing on the overall scope, purpose and method of the work with the client.
4. **Mini-contracting.**
Refining or amending the basic contract to adapt to the changing nature of the work.
5. **Working with the Reluctant Client.**
Overcoming reluctance and agreeing a mutual basis for working.
6. **Issue Acknowledgment/Support.**
The client is 'heard' and 'supported,' usually by using reflections. The entire interaction may be as brief as a minute and nevertheless therapeutic.
7. **Issue Identification.**
Helping the client identify and 'name' the issue perhaps by drawing together the threads or identifying similarities; this is therapeutic in that it helps the client move on a step.
8. **Issue Clarification.**
Helping the client focus on the specifics of what it is about the issue that is troublesome. Enabling the client to see more clearly.



9. Risk Assessment.

Assessing risk to the client, third parties, the organization or the public at large.

10. Deferral.

Agreeing another time and place to take the matter forward.

11. Exploration of Implications.

Widening understanding of the issue by exploring how it is likely to *affect* the client's *outer* world. What are the probable consequences for self, family and so forth.

12. Prioritization.

Clarifying that there are several issues and agreeing in which order to address them.

13. Exploring the Issue in Depth.

Unpacking the issue (e.g., the client telling the full story, ascertaining relevant background, history of the problem, personal and family circumstances past and present, previous attempts at managing the issue and more).

14. Exploration of Personal Meaning.

Deepening understanding of the issue by exploring what it *means* in the client's *inner* world. The focus is mainly on the present and to a lesser degree on the past.

15. Responding.

Working with the issue, which could including giving information or identifying blind spots. In any event, results in the client having a new / fuller understanding of the issue.

16. Identification of Strengths / Opportunities / Solutions.

Most radically (as in solution-focused therapy) not discussing the issue as such, rather focusing on exceptions to the issue, so called 'problem-free talk.' Identifying client strengths and 'what works.' Encouraging client to do more of same.



17. Identifying Patterns.

Noticing a common theme or repeated pattern of behavior with the client. In therapeutic counseling, what is addressed is the *pattern* rather than the individual incident. This is unlikely to be possible in applied counseling, however it may be useful to *notice* the pattern.

18. Identification of Blind Spots.

Identifying perspectives the client is missing and enabling the client to integrate these.

19. Identification of Short-Term Coping Strategies.

Helping the client get through the short-term by agreeing a series of coping strategies. Entails 'mini-contracting, (e.g., "OK, so you're going to phone your family doctor now and then ...")'

20. Identify & remedy skills deficit.

Looks beyond the issue and identifies underlying lack of skills contributing to problem.

21. Goal Setting.

Working with client to identify what they would like to achieve.

22. Action Plan: Client.

Working with client to agree how they can reach their goal.

23. Action Plan: Practitioner / Call-back.

Practitioner to action and call client back.

24. Life/Executive Coaching.

Equipping client with skills identified as lacking - see above.

25. Internal-Frame-of-Reference Reporting.

Giving an account of client issues and how the client experiences them.

26. External-frame-of-Reference Reports.

Objective reports to third parties.

27. Advocacy / Representation.

Acting on behalf of the client



28. Making Recommendations.

Advising a conclusion or recommendation as a result of client work.

29. Practitioner Initiated Action.

Taking action as practitioner, with or without client agreement, such as advising emergency services.

30. 3-way meetings.

Self evident (e.g., with manager, partner etc.)

31. Referral.

Self evident.

32. Client monitoring and support.

Keeping in touch with the client while they implement an action program.

33. Umbrella monitoring / supervision.

Managing multiple client referrals, (e.g., to more than one agency).

34. Client Follow-up.

Seeing how the client is getting on some time after client work is complete.

35. System Feedback.

Feedback to the system about the *system*, not about clients.

Combining Procedural Elements

In practice, some combinations of procedural elements occur more frequently than others, so working with them is not as unpredictable as it first looks. We call these combinations 'popular procedural models.'

Some Popular Procedural Models

Some of the more frequently used models are the:

- Problem Acknowledgment and Referral Model
- Problem Acknowledgment, Clarification and Referral Model
- Limited Personal Meaning Model
- Three-Stage Egan Model
- Umbrella Model.



Some Popular Procedural Models and Their Elements

Model	Procedural Elements									
	Acknowledge (6)	Clarify (8)	Prioritization (12)	Explore Issue In Depth (13)	Explore Personal Meaning (14)	Identifying Blind Spots (18)	Identify & Remedy Skills Deficit (20)	Goal Setting (21)	Refer (31)	Umbrella Monitoring (33)
Problem Acknowledgment and Referral Model	✓								✓	
Problem Acknowledgment, Clarification and Referral Model	✓	✓							✓	
Limited Personal Meaning Model	✓	✓			✓			Maybe	Maybe	
Three-Stage Egan Model	✓	✓	✓	✓	Maybe	✓	Maybe	✓		
Skills Deficit Model	✓	✓	Maybe	Maybe			✓	✓		
Umbrella Model	✓	✓	✓	Maybe	Maybe	Maybe	Maybe	✓	✓	✓

Notes:

The Problem Acknowledgment and Referral Model

A useful '5-minute' model in which the practitioner quickly assesses the problem and refers the client on.

The Problem Acknowledgment, Clarification and Referral Model.

As above, with some exploratory work done as to the nature of the difficulties. The issue may have been stated globally or vaguely (for example: relationship difficulties). It is unclear whether this is a personal issue (individual counseling) or a relationship issue (couples counseling). Clarifying the matter in greater details allows the practitioner to make an appropriate referral. Again, this can be a very brief model.

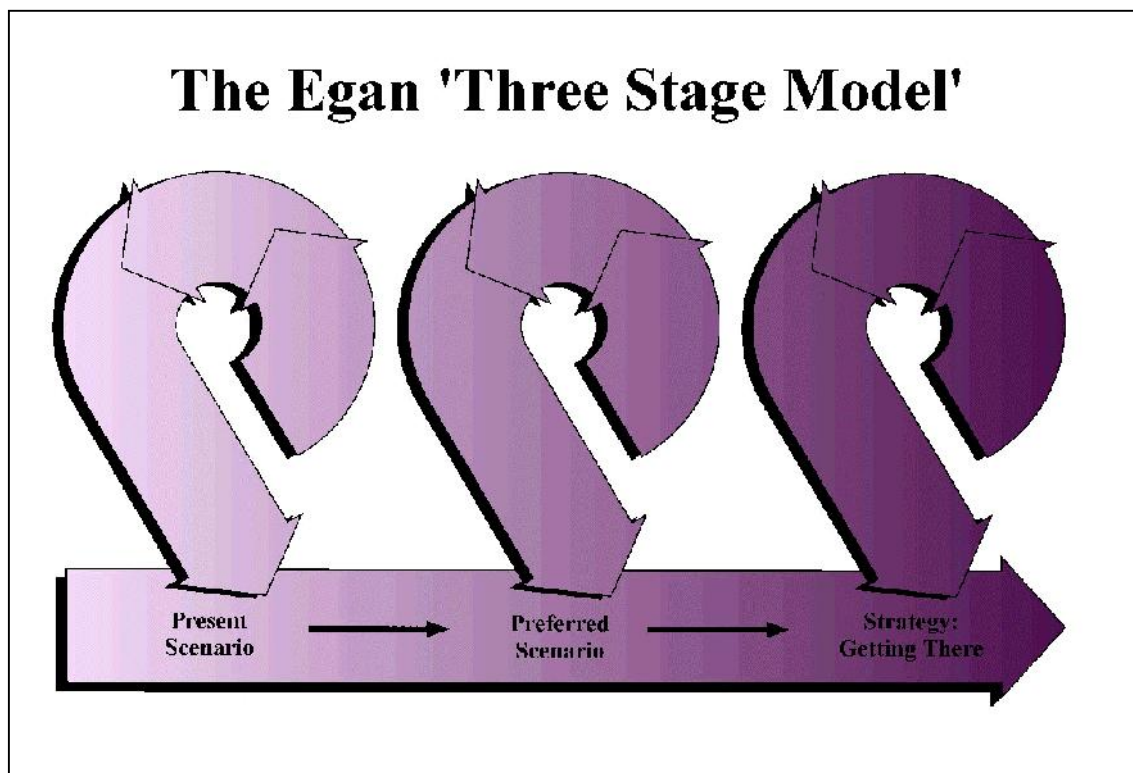
The Limited Personal Meaning Model

Can be a brief model. Particularly suited to issues that have personal significance (e.g., diagnosis of ill health). Goes into the client's inner world quickly and relatively deeply, so needs to be used with good judgment. Powerful. Client feels deeply understood. Sometimes necessary before an appropriate referral can be made because the apparent surface issue may not be what most affects the client. Example: client is made redundant (laid off). Exploration of personal meaning elicits that client less concerned about financial implications and much more about the loss of fellowship with colleagues. Action planning / Referral needs to address this.

Gerard Egan's Three Stage Model

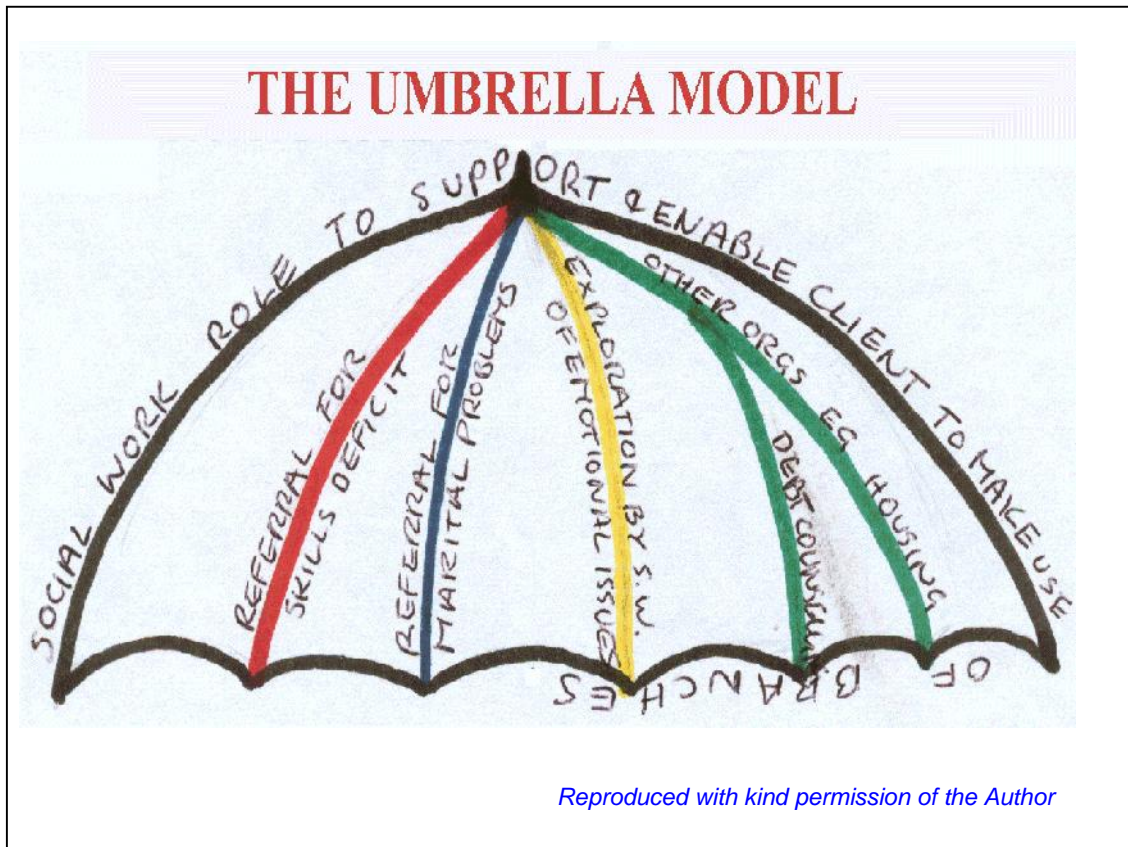
Very widely taught problem-resolution model with three stages:

1. What's going on?
2. What does success look like?
3. How do I get what I need and want?
4. The practitioner works through all three stages with the client, which makes it a longer term model.



The Umbrella Model

Identified by a former (social work) student. A sophisticated model that illustrates the management of multiple issues - most of which are referred, some managed directly by the practitioner. The practitioner's remit includes a supervisory function of the referred strands. Usually longer-term.





Developing Appropriate Procedural Models

The way to identify procedural models that best fit one's practice is to log and reflect on one's client work. There are forms at the end of this book that help you to do this if you so wish. Over time, a pattern of practice emerges that can be evaluated and amended. Having the full range of procedural elements at one's disposal allows one to make optimum choices for client work. It is not uncommon for practitioners to develop models that are unique to their particular practice, circumstances, setting and client need! The key criteria to bear in mind when developing a model is that practice needs to be:

- Safe
- Reflective
- Accountable
- Equitable and
- Utilize resources optimally

Tutor support is available for feedback on practice and guidance on arriving at your own contextualized, tailor-made models.

CHAPTER SUMMARY

In this chapter, we considered the idea that practitioner conversations with clients tend to follow an implicit or explicit 'model' - that is: over time, the practitioner gets a sense of what 'kind of conversation' this is and how they normally proceed with it. They do not reinvent the wheel each time, rather they have developed a tried and tested way of approaching this kind of issues and that is their underlying model. Procedural models consist of procedural elements. These can be 'mixed and matched' to suit practitioner and client requirements.



Task No 9

Please explain:

- (a) What are procedural elements?
- (b) What is a procedural model?

CHAPTER 10:

Safe Practice

We have looked in some detail at the practicalities of holding helpful conversations with clients. In all such work, considerations of safety are paramount as they apply to the client, the practitioner, the organization and society at large. Safety means:

- Working within the Law
- Observing Codes of Ethics and Practice
- Following Departmental & Organizational Procedures and Protocols
- Working According to Best Evidence based practice, Guidelines
- Supervision and Support
- Referral
- Giving Feedback to the System

Working within the Law


It is essential at all times to work within the law. There are two main areas of legislation practitioners need to be aware of:

1. The law as it applies to practice. This covers issues such as Data Protection and Record Keeping, Duty of Care, Professional Negligence, Contracts, Confidentiality, Privilege and Public Interest.
2. The law as it applies to client issues, for example: Health and Safety at Work, Employment Law, The Disability Discrimination Act, The Children Act (UK), etc.

It is important to have a basic understand of the legal framework in order to recognize legal issues when they arise in client work. Practitioners need access to legal advice on specific cases.

Codes of Ethics and Practice

Perhaps it comes as a surprise that professional helping conversations should need to be bound by a code of ethics, however, there are various reasons:

- 
- Such conversations are undertaken within a professional role and, therefore, the client places a degree of trust in the practitioner.
 - The client may be vulnerable and, therefore, require protection.
 - The client may follow advice and suggestions without question; therefore, it needs to be sound.
 - The client may need to disclose personal information that they wish to be kept confidential.
 - The work may include a counseling component.
 - The practitioner may need to observe several competing duties of care: toward the client, a manager and the organization. Guidelines help to manage any conflicts.


Some Codes of Ethics and Practice

Several Codes of Ethics are likely to apply, namely those of:

- Your department or organization's code of ethics
 - Your state's counseling license requirements (United States)
 - National association Codes of Ethics (United States).
- **Departmental /Organizational Code of Ethics**
As a priority, it is suggested you understand your Departmental or Organizational Code of Ethics and Practice.
- **State Counseling Licensing Requirements**
Each state (in the United States) has their own requirements for counselors. Be sure you know what the requirements are for the area where you practice.
- **National Association Codes of Ethics**
If you belong to a national association for counselors, be sure you know what their Codes require.

Following Departmental / Organizational Procedures and Protocols

To safeguard clients and ensure good practice, it is essential at all times to follow departmental procedures and protocols. This is particularly the case with assessment. Assessment is used to plan treatment or action; this should be both appropriate and show equitable deployment of resources.



Departmental protocols protect practitioners, clients and the organization, especially in risk assessment.

General assessment

Departmental protocol for general assessment is likely to include some or all of the following:

- The client's statement of the problem
- The history of the problem
- Past attempts at managing it
- Their success or otherwise.
- The level of client emotional distress
- Personal information
- Current family / partner background
- Social history and current social support
- Physical health
- Risk to self or others
- Other recent or current stressors
- Effect on job performance
- Where relevant - use of alcohol or drugs
- Previous experience of counseling, etc.
- Initial impression
- Recommendations.

Risk Assessment & Protocols

Clients may be a risk to themselves, another adult, a child, the organization or society at large.

Such situations need to be managed in accordance with department policy, the law and ethical guidelines. Protocols and procedures should be in place to cover such eventualities so that individual practitioners do not need to make a major decision on the spot. Protocols should also allow for confidential internal disclosure of the issue so that responsibility can be shared and a second opinion sought in all cases. It is wise to discuss any interview that raises concern with a trusted colleague, supervisor or line-manager as agreed. This is not a sign of incompetence, rather a one of prudence and safe, good and 'transparent' practice.



Areas of Risk

- Harm to self (from self-harming behavior to suicide)
- Harm to others (from intimidation to homicide)
- Harm under the Children Act (UK) or similar US state and national laws
- Threat to Practitioner safety (e.g., home visits)
- Threat to Organization safety: work-related stress, the 'disgruntled employee'
- Harassment and bullying
- Disciplinary and job loss threat
- Trauma (Critical Incident).

Assessing Suicide Risk

Suicide can be a particular worry and it is important to have agreed upon guidelines how this should be managed. Most likely they will include questions about:

- Depressive feelings and current emotional state
- State of physical health
- Suicidal thoughts
- Suicidal feelings / impulses
- Clear plan of suicide
- Means of suicide
- Previous attempts of suicide
- Attempts to self harm
- Recent stresses or losses
- Family and social support
- Drug and alcohol use.

Assessing Risk to Others

Additionally to some of the factors mentioned above, including those of:

- Clear plan
- Available means and
- Past behavior, and the additional feature to assess is that of
- Violence and Abuse.



Child at Risk

Where it becomes clear that circumstances as related by the client mean a child may be at risk, practitioners should verify they have followed Department procedure with regard to any intervention or required report to Social Services and so forth. Legal advice with regard to the application of the Children Act (UK) or similar US state or national laws may need to be sought.

Working According to Best Evidence-Based Practice

Practitioners' duty of care towards clients requires that they adopt approaches to client work that are considered best practice. Practitioners should be trained to accepted professional standards. Their practice should be transparent and accountable. They should have consultancy support for their ongoing work. They should also keep abreast of professional developments with further training and workshops, together with reading. Continuing professional development is a must.

Supervision and Support

Welfare means working with 'people problems.' On the one side, that means a privilege of being entrusted with personal matters that may not have been otherwise disclosed. On the other, it also represents an emotional 'load,' especially where the practitioner can do little to 'help' other than listen and support emotionally.

Why Support?

Supporting employees and the organization goes beyond usual social relationships, requires its own framework or 'container.' Practitioners can only continue to give if in turn they are replenished. All practitioners in the helping professions need support if they are to remain healthy and avoid burn-out, stress and ill health.

What kinds of support

Helping professionals need various kinds of support:

- General good work-life balance.
- Specific professional support, backup & supervision.
- Personal support as appropriate.



Work-life balance

It's important to be able to see one's helping work in perspective by counterbalancing it with doing 'ordinary' things, taking pleasure in daily life, socializing, walking the dog and so forth. Otherwise, it is all too easy to become overwhelmed by the never-ending stream of clients' problems. It should not be necessary to 'take work home' mentally. It's important to be able to switch off, once the office door is closed. If this is not possible, then why not? What needs to be in place so it can happen? Practitioners' first and foremost duty of care is towards themselves. They need to look after themselves in order to be able to look after clients. This means ensuring they have adequate rest, exercise and good nutrition, being alert to signs of stress and aware of how to manage.

Specific professional support, backup, & supervision

Some options are:


- Peer support
- Managerial support
- Mentoring
- Supervision
- Training & Continuous Professional Development
- Networking
- Conferences.

Personal Support

This encompasses any activity that recharges the personal batteries. It need not be anything as formal as individual counseling or therapy. It might mean a week-end away, holistic body treatments, any special treat that 'nourishes the soul.' It might mean further Personal and Interpersonal Development in areas of personal interest, for example: personality styles or group dynamics.

Referral

The breadth of the work places great demands on practitioners to be knowledgeable and skilled in a wide variety of issues. Having to manage a huge range of information can feel overwhelming in itself. Additionally, practitioners may feel under pressure to meet clients' needs themselves rather than refer due to:

- 
- Financial pressures.
 - Concerns about their competence.
 - Perceived client reluctance to be referred.

Such issues should be talked through with managers or in supervision. They should not affect or distort decision-making. A decision to refer is informed by the key issues of:

- Safety and well being of the client
- Safety of the practitioner
- Safety of the organization.

Safety is maintained by observing limits:

- The limits of the situation
- Personal limits
- Limits of practitioner competence
- The client's limits.

Referral is an essential part of practice. Referral issues need to be thought through in the department and the criteria for referral clearly identified so they can be followed to the benefit of all.

Systems Feedback

Finally, safe practice includes feeding back into the organization information gleaned from individual client work such as trends or patterns that need to be addressed at organizational level. In this respect, practitioners are very privileged to be able to draw attention to potential organization trouble spots. The kind of information to be fed back should be agreed up on in advance and should, of course, always be anonymous.

CHAPTER SUMMARY

In this chapter, we considered how to work safely, thus protecting the interests of the client, the practitioner, the organization and society at large. We identified that is meant by working within the law, observing codes of ethics and practice, following departmental procedures and protocols, working according to best evidence-based practice, using supervision and support, making referrals and giving feedback to the system.



Task No 10

How do you respond to this chapter about Safe Practice?

CHAPTER 11

Systems Issues in Managing the Work

This brief chapter flags some of the broader, systemic issues of managing the workload with regard to:

- Identifying the Client
- The Kind of Work
- Interdisciplinary Work
- Systems Feedback
- Service Evaluation.

Identifying the Client


The beauty of employee support work is its versatility — and, that is also its greatest challenge. In each piece of work, the practitioner needs to address the question of who is the client: is it the individual, the manager or the system? Whose interests in the main should the practitioner be pursuing? Indeed, do they have 'the right client'? Should they be seeing the manager, a colleague, a team leader?

The Kind of Work

At the outset, work is likely to be responsive to client need and demand. However, over time, practitioners will want to consider preventative and broad-brush systemic approaches, such as Health Initiatives and Stress Awareness Training. They may 'move up' a level and act as consultants to and coaching managers and team leaders so they in turn can deal with their staff. Senior practitioners will act as organizational consultants, perhaps in collaboration with external professionals.

Interdisciplinary Work

As their work broadens in scope, practitioners will increasingly liaise and collaborate with colleagues, both internally and externally, many from other disciplines. This means getting to know their field, their protocols and spending time networking. All professions have their particular area of expertise, certain ways of going about the job, expectations of fellow colleagues and — quite



importantly — their own 'language' and way of communicating. Successful liaison with fellow professionals presumes an appreciation of their area of expertise and their approach to work so that differences can be bridged. An example has been the introduction of counselors to general medical practitioner (GP) offices. It has taken some 10 years to establish two-way dialogue between the medical and counseling professions, helped by additional training, so that counselors are now aware of GPs needs and vice versa. In liaising with other professionals, practitioners will find explicit contracting about their respective role, remit, procedures and expectations useful and essential.

They are likely to make contact with the following:


- Team Leaders
- Managers
- HR (Human Resources)
- Union
- Occupational Health Doctor & Staff
- Benevolent Fund
- GP (general medical practitioners or family medical offices)
- GP Counselor
- Private Counselor
- Psychologists (clinical, counseling, educational, occupational)
- Psychiatrist
- CPN (community psychiatric nurse - UK)
- Social Worker.

Systems Feedback

This refers to the process of feeding back information from the practitioner's client work (anonymously) to the benefit of the wider organization as a whole. Any such agreement/contract needs to be clear from the outset to the organization and for individual clients.

Service Evaluation

Finally, it is important that the service has systems for audit and evaluation in place. The service is likely to be based on a Service Level Agreement. Audits ensure its standards are maintained.



Feedback should be sought from clients. Usually, this will be in the form of a self-rated questionnaire. Feedback sheet should be compiled and reviewed periodically. Finally, the service as a whole should be evaluated regularly. To what extent does it fulfill its mission statement? Are the existing resources used equitably and as effectively as possible? Does the range of services need to be modified? Can delivery be more efficient? These kinds of questions will be considered at managerial level; they pertain also to the practitioner's day-to-day delivery level.

CHAPTER SUMMARY

Thinking more broadly about the service means considering the issues of: identifying the actual client, the kind of work that is appropriate, working across disciplines internally and externally to the organization, providing systems feedback and evaluating the service.



Task No 11

To what extent do you find that systems issues arise in your work?