

Does workplace counselling actually work?

Many workplaces and organisations pay for and provide access to counsellors for staff, mostly through Employee Assistance Programmes. Craig Jackson reports.

By the start of 2000, it was estimated that 75% of medium and large organisations made counselling available to their staff (Oher, 1999). Such a growth in workplace counselling services has been on the increase for the last 20 years, but to many, it is still viewed as a new (or even the latest) form of intervention. The Management of Health and Safety at Work Regulations 1992 and the subsequent Court of Appeal guidelines on stress at work made it quite apparent what the benefits would be to an organisation offering such support. It is certainly true that the different forms and modalities of talking therapies that are used keep evolving, along with the variety and type of issues appropriate for workplace counselling to address. For many, their understanding of what constitutes workplace counselling is usually something along the lines of cognitive behavioural therapy (CBT), with little knowledge beyond that. This article will attempt to look at changes in workplace counselling and the wealth of issues that can be addressed, and to understand what works.

The point of workplace counselling

Put simply, the British Association for Counselling and Psychotherapy (BACP) describes a vision of workplace counselling: “for everyone in the UK to be happy to go to work, confident they have access to appropriate support within a positive culture, this increasing the well-being, health and motivation of the workforce and maximising productivity”. For those who have no experience of counselling work, a brief introduction to the talking therapies is provided here, with the emergence of person-centred therapy and humanism emerging in the late 1950s in the USA. The applications of “humanistic psychology” grew into different therapeutic modalities and forms, many of which are still popular today, such as CBT, solution-focused therapy, integrative psychotherapy, and perhaps most recently, eye movement desensitisation and reprocessing. Herein, counselling is used as a generic term to encompass forms of talking therapy between a client and a therapist, and it should be remembered that counsellors provide a friendly service that emulates warmth, acceptance and friendliness; they are not intended to befriend the clients involved. Counselling occurs with a counsellor seeing a client in a confidential, supportive and private setting (although telephone counselling remains commonplace, with Skype counselling also growing in size due to convenience), to explore difficulties or distress the client may have. The idea of counselling is for the intimate relationship between counsellor and client to develop, along with trust and empathy, helping the client to assess themselves in ways they may not have done before. The counsellor helps the client to examine the behaviours or situations, which are troublesome, and to find areas where it would be possible to instigate some changes. The counsellor may help the client see any options open to them and help them to decide which would be best.

Types of problems counselling is used for

Given the biopsychosocial approach to understanding the personal and individual complexities behind many workplace problems and hazards, the range of issues discussed in workplace counselling may not always be immediately obvious as work-related problems. Commonly seen cases include those of depression, anxiety, post-traumatic stress disorder, panic attacks, phobias, compulsive or impulsive behaviours, addictions or substance misuse, complex grief, abuse effects (sexual, emotional, physical, historic), self-esteem, performance anxieties, dissociative disorders, self-harming, suicidal thoughts, and relationship problems. Some of which, it could be argued, are not truly workplace issues, but in the biopsychosocial age, if the worker is distressed, whatever the source, it becomes a workplace issue.

Case study 1: Dave the PC

Dave was 28 and worked as a police constable. While attending a call to an altercation on a bus, Dave was verbally abused and insulted by an elderly woman in front of the other passengers. The woman was clearly suffering acute mental health problems. Dave felt quite humiliated by what she said, and embarrassed by the laughter of some of the passengers. The lady was arrested and processed as usual, but in the following weeks afterwards, Dave continued to ruminate and think about some of the insults she had said. Dave had been given up for adoption as a child and had been raised in children's homes, and with a few different foster parents. He had often felt he suffered from low self-esteem, but thinking about the insults voiced by the elderly woman, they reminded him of the abusive comments he often faced at the hands of other children and some of his foster carers. Dave developed mild depression and anxiety as he continued to ruminate on his childhood — something he had never allowed himself to do before. He was referred to a workplace counsellor through the Employee Assistance Programme (EAP) of his constabulary, and described himself as feeling “shame”. Over the course of eight weekly sessions of person-centred counselling, he was able to explore his childhood memories and develop ways to improve his self-esteem by focusing on the positive aspects of his job.

It can be seen that the line between workplace issues and personal or home issues does not really apply in talking therapies under the biopsychosocial model, as they are both related and impact upon each other.

Why offer workplace counselling?

A study by Friery (2006), looking at more than 200 companies that offered workplace counselling, found that a whole variety of reasons were behind such a decision to provide the service. Reasons given were as follows.

- Provide additional support for workers (100%).
- Duty of care (68%).
- Support employees through major changes (63%).
- Stress alleviation (60%).
- Enhancing welfare package (58%).
- Support work of HR (48%).
- Protection from litigation (38%).
- Improve retention (35%).
- Improve sickness absence (29%).

Workplace counselling also offers the employer a service that can be highly valued and prized by employees, with potential for savings from reduced sickness absence. On a management level, it can also provide a helpful way of dealing with “difficult” employees or inflammatory situations. On a public relations level, a workplace counselling service also enhances perceptions of the organisation as being caring.

Case study 2: Lynn the teacher

Lynn was a 24-year-old, newly qualified primary school teacher. Six weeks after starting her first teaching post, she confided in her head teacher that she had problems with eating, and that although not a recognised eating disorder, she felt uncomfortable when eating in public and in seeing others eat. This, of course, caused a problem in her job at lunch periods. She was seen within two weeks by a workplace counsellor who used solution-focused therapy to reinforce that Lynn had previously been able to engage in exceptions to her behaviours and, by doing so in the past, she could do so again in the future. Over the course of five weeks, Lynn was able to put a plan in place to help her step-up her exposure to lunchtimes within the school and to eat among her colleagues.

How workplace counselling differs from “GP counselling”

Workplace counsellors work within a short time frame and on a short-term basis. The client and counsellor usually agree on a set number of sessions upon their initial session — whether it is via telephone or in person (or a mixture of the two) — of usually between two to six sessions. Brief solution-focused therapy, for instance, aims to never need more than six sessions in total. Workplace counsellors usually have a good understanding of the organisational cultures and workplace issues that can impact upon workers’ well-being, and they have the option of referring the client onwards if they feel further specialist input is needed. Like most occupational health providers, they are in the position of having an understanding of the variety of stakeholders concerned, and the potential conflicts between the client, organisation, counselling service and additional services that may be accessed.

Evidence

The majority of evidence concerning workplace counselling still quotes the reviews undertaken by McLeod (2001), with little new research gaining as much publicity as the 2001 results did. This is due, no doubt, to the broad success that workplace counselling clearly showed in such evaluations: sickness absence was reduced by 25% following counselling; symptoms reduced to normal in more than half of those who underwent counselling; and significant improvements in depression and anxiety were observed in up to 75% of those undergoing counselling. Other subjective, but positive, results in those undergoing counselling included improvements in other organisational factors, such as fewer accidents, better performance and happier attitudes towards their work. Indicative results indeed, but none of the studies reviewed (some of which were of very high scientific quality) mentioned negative aspects or failures of the counselling process — which could suggest a publication bias in terms of those studies that were accepted by journals.

Qualitative research studies have also found many benefits behind counselling. Millar (2002) interviewed police officers and support staff from a constabulary, after having undergone workplace counselling for a variety of reasons that had impacted upon their work and performance. The majority of participants were convinced that the counselling had helped them to overcome their personal issues and, in some cases, had prompted them to seek further help. The participants also said that the learning process they underwent during the counselling sessions was helpful and provided useful reflections. On balance, it should be remembered that researcher-bias could also be behind some of the impressive results shown by workplace counselling — with non-randomised controlled studies, such as those in the McLeod review, often producing false-positive results, ie saying there is a benefit when there genuinely is not. In short, results from studies that claim workplace counselling has clinical effects of a great magnitude are a positive step, but should be interpreted cautiously. In terms of providing organisations with a service that demonstrates they take their duty of care seriously, workplace counselling services clearly do “work” in that respect. For any organisation considering workplace counselling services, it is strongly recommended to evaluate the BACP report, available online, listed in the references.

References

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