



Partner Policy: Family Counselling

Introduction

WPO offers short-term solution-focused family counselling to those looking to resolve issues or pressures within their family group, or a subset of that group

Policy

Single Session Therapy will be attempted with all participants accessing the EAP service. This includes those seeking family counselling.

When, following a telephonic/video clinical conversation, short-term solution-focused family counselling is identified as the potentially most beneficial way forward for the participant, the intake clinician will refer them and those they wish to attend the counselling with them (the Family Group), for an assessment with an appropriately trained and qualified clinician. The needs of the Family Group will be ascertained during this assessment which will constitute the first session of their benefit. All family members named by the participant must attend the assessment together.

The goal for short-term solution-focused family counselling will be based on systemic concerns in the family dynamics. This support can also be provided to a couple whenever the goal for counselling is not focused on relationship issues (as this would be more appropriate for couple's counselling) but involves the family dynamic (including, but not limited to, processes of grief, conflicts with other family members or difficulties adjusting to recent changes).

During the clinical assessment with the Family Group, the practitioner will ascertain whether the family could benefit from EAP short-term solution-focused family sessions. Where an appropriate goal is agreed the practitioner can confirm and proceed to schedule the sessions. Where an appropriate goal cannot be established for short-term solution-focused work, the practitioner will provide the family with resources or a referral to another agency.

Created Date: September 2020
Document Valid as of: April 2021
Revision #: 3
Next Revision Date: April 2022
Document Owner (Dept): Clinical

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

Practitioners administering the assessment of a Family Group may proceed to implement their recommendations without further authorisation from the EAP. However, they must provide a written report detailing the outcome of the assessment to the EAP before any further sessions with the Family Group are held.

If family sessions are agreed as an appropriate way forward the clinician must ensure that all members of the family referred during the initial clinical conversation are seen together for the duration of the contract. Clinicians cannot see any member of the family separately for any of the sessions. However, where clinically appropriate, the clinician can see any member of the group separately for part of any session.

Should any member of the family group not attend a session the clinician should explain that the session cannot proceed without all members being present, contain any evident distress and request that the participant contacts the EAP to agree the best way to proceed.

Family Counselling cannot be offered where recent or ongoing abuse is disclosed, regardless of the form (physical, sexual, emotional, psychological, financial or spiritual) the abuse is taking, within the Family Group. Controlling or coercive behaviour of any sort needs to be addressed by counselling services specialising in abusive relationships.

Wherever possible, the clinical conversation held with the Family Group, and any on-going EAP sessions arising out of that conversation, will be held in-person. Telephonic or Video access will only be offered in exceptional circumstances when in-person contact is not possible; in these circumstances video counselling will be the preference whenever possible.

Children under the age of 5 (i.e., children between the ages of 0-4) will not be referred to, or included in, family counselling.

Referrals to family counselling cannot be made concurrently with other EAP counselling support (e.g., where one or more of the attendees are already receiving individual or couples counselling through the EAP).

If one or more of the participants in the family group wishes to engage with family counselling while also engaging in individual or couples counselling through an external service, the intake clinician will explain that engaging in multiple counselling arrangements simultaneously are not recommended and can become confusing and/or overwhelming for the participant(s). If the participant(s) still wish to engage in this course of action, clinical appropriateness must be reviewed with Clinical Management who can authorise the family counselling if it is considered that concurrent family/couples/individual counselling may be beneficial.

The ORS is not collected for those engaged in family counselling.

Transitional Support cannot be offered to a family group following the initial telephonic/video clinical conversation with the participant. If during the clinical assessment with the Family Group a suitable short-term solution-focused goal cannot be identified for EAP sessions, a further session(s) may be agreed to transition the family into more appropriate support if necessary.

Family counselling cannot be offered if any members of the family group present with addiction or the symptoms of mental health issues (e.g., Borderline Personality Disorder, Schizophrenia or Bipolar).

Family counselling will not be offered if any of the family group are reported as at risk of harm to self or others. Appropriate steps to try and ensure the safety of all members of the family group will be taken.

Clinical Practice

- During the initial intake with the participant, the clinician will establish whether a short-term counselling intervention is *likely* to be effective and only refer the family for a clinical assessment as a Family Group if that appears to be so. Otherwise resources will be offered.
- Children can be included in family counselling from the age of 5. However, the clinician must ensure that the family counselling is not being offered simply as an alternative to individual counselling for the child because they are under the age of 8 and therefore too young to attend EAP short-term solution-focused individual sessions. It could be extremely damaging for an already vulnerable child to be subjected to an exploration of their issues under the scrutiny of other family members.
- All contact between the EAP and the family will be through the participant who initially contacts the service. Contact with other members of the group will not be initiated though their name(s), age and role in the family (e.g. Mother, Stepfather) will be taken from the participant during the initial telephonic/video clinical conversation. Should another member of the Group call in requesting information regarding the progression of the case it will be explained to them that the participant will need to contact the EAP to discuss.
- The total number of family members attending the counselling will be limited to 5.
- The participant will be responsible for ensuring that each member of the group named in the referral attends every session. It will be communicated to the participant that the clinician to whom they are referred must maintain clear boundaries and only see the group within the context of their joint sessions. Maintaining a counselling relationship with any member of the group individually could be clinically inappropriate or a violation of ethical standards. This expectation must be set with the participant on intake prior to referral.

- Any clinician accepting a family for a clinical conversation must be fully briefed as to what is expected from the conversation and what the potential outcomes may be. EAP policy towards abusive relationships and what constitutes appropriate boundaries for family counselling must be made clear.
- Following the clinical assessment with the Family Group, the practitioner will schedule any further sessions as appropriate and provide the EAP with written feedback regarding the outcome. While no authorisation is required from WPO to proceed with any recommended sessions (they are at the discretion of the practitioner), the feedback from the assessment should be submitted to the EAP before the sessions take place. An EAP clinician will review this feedback, and, if concerned about some aspect of the report, reach out to the practitioner to clarify and agree an appropriate way forward.
- The recommendation coming out of the clinical conversation may be that one or more members of the Family Group should engage in individual counselling before going ahead with any family work. Any member of the group wishing to proceed with this recommendation would need to contact the EAP separately for a further telephonic/video clinical conversation to agree whether short-term counselling through the EAP would be likely to be beneficial, otherwise resources will be provided.
- There may be variations to this policy for specific client organisations; these are documented on the Case Management System.
- Clinicians must always be mindful that this policy provides a guideline for the EAP's approach to Family Counselling. There may be occasions when a clinician feels it is clinically appropriate to demonstrate some flexibility around these guidelines for a particular case. In these situations, the case will be reviewed with Clinical Management and the way forward agreed. Where a decision is taken to go forward with a solution outside the boundaries of the policy, the clinical rationale for this will be clearly documented in the Case Management System.

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	Annual Review; sessions may now be provided via telephone/video where in-person sessions are impracticable. Document updated in line with current naming conventions.
March 2021	Alan King	Alison Brown/ Maria Guimaraes	Age where a minor may attend EAP sessions for Family Counselling changed from 8 to 5. Practitioners to whom a Family Group are referred for assessment may immediately proceed to EAP sessions should these be appropriate and do not require WPO approval to do so. Practitioners must, however, provide WPO with written feedback on the assessment before any sessions are attended, such that a WPO case manager can clarify the content of the feedback if necessary.