THE CAREWAYS GROUP

EWP Practitioner Orientation

Version 1.2, January 2010

THE CAREWAYS GROUP

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List of abbreviations

A&R	assessment and referral
Aids	acquired immune deficiency syndrome
B-Psych	Bachelor of Psychology degree with honours
CAT	Children's Apperception Test
DSM IV	*Diagnostic and Statistical Manual of Mental Disorders,* 4th edition
EAP	employee assistance programme
Etc.	*et cetera*
EWP	employee wellness programme
CBT	cognitive behaviour therapy
CIS	critical incident stress
CISD	critical incident stress debriefing
CISM	critical incident stress management
CNA	could not attend
DAP	draw-a-person test
DNA	did not arrive
e.g.	for example
FAQ	frequently asked question
FFS	fee for service
FS	full service
GP	general practitioner
HIV	human immunodeficiency virus
HR	human resources
ICD-10	*International Statistical Classification of Diseases and Related Health Problems*, 10th revision
ID	identification
i.e.	that is
IQ	intelligence quotient
KFD	kinetic family drawing
Late cancels	late cancellations
MFRC	Micro Finance Regulatory Council
Millon	Millon Adolescent Clinical Inventory
MMPI	Minnesota Multiphasic Personality Inventory
MSE	mental status examination

N/A	not applicable
p.	page
PF	Personality Factor Questionnaire
PTSD	post-traumatic stress disorder
RFC	reason for call
SSAIS	Senior South African Individual Scale
SFT	solution-focused therapy
SLA	service level agreement
SMS	short message system
SOU	statement of understanding
TAT	Thematic Apperception Test
VCT	voluntary counselling and testing
WAIS	Wechsler Adult Intelligence Scale

1 Welcome

The Careways Group (hereinafter called “Careways”) welcomes you as the EWP practitioner (hereinafter called “practitioner”) to our dynamic family. We believe that our working relationship will be prosperous and fruitful.

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2 The Careways Group

To begin this orientation it is best to start with the company itself. To understand the company is to know what you, as a practitioner, are part of and where you fit in.

2.1 What is Careways?

Careways is a company that delivers tailor-made, integrated solutions designed to promote the emotional and physical wellbeing of corporate workforces. We are South Africa's leading provider of psycho-social and on-site healthcare services.

Careways is a comprehensive and integrated solution provider. The Company has the ability to provide a one-stop solution addressing psycho-social, lifestyle and medical aspects.

Careways's solution is a customised and personalised service. No one client will receive the same off-the-shelf solution.

All components of care are available through all the channels, namely telecare (Service Centre, and electronic-based care), in-person and group sessions.

2.2 What are the aims of the company?

Careways's **vision** is to be the provider of choice of wellness support solutions in southern Africa and to be acknowledged for the relevance of its technology and expertise on a worldwide basis.

The **mission** of Careways is to provide integrated and comprehensive wellbeing solutions to target populations within organisations, thereby:

- Contributing to the business effectiveness of these organisations
- Improving the quality of work and life of the people working for them.

The values of Careways are aimed at optimising work and life through:

- Diversity (relevance, empowerment)
- Excellence (professional, learning and evidence based)
- Logic (experience, business model and implementation)
- Magic (innovative, dynamic, integrity, zest and care).

3 What services does Careways render?

Careways has several service options for the clients to consider:

3.1 Executive health consultations

Sustained high performance is perhaps the largest challenge executives have to face and dealing with personal health and related matters on behalf of the company is a crucial component of their success.

Careways has designed a comprehensive wellbeing solution to address the physical, emotional and lifestyle management needs of the executive.

The outcome of these services is to:

- Identify risk associated with the physical, emotional and lifestyle functioning of these key individuals
- Provide suitable resources to manage the identified risk as well as facilitate strategies to improve the wellbeing of these executives
- Facilitate the executive's decision making about health issues in the workplace.

3.2 Insurance medicals

Careways provides a risk screening service to a number of insurers. Careways Service Centre is contacted to coordinate the visits of nurse practitioners to the workplace or at home. These short medicals are done for either insurance purposes or to support decision making regarding the management of the quality and cost of care.

3.3 Health days

Mass screenings are provided at the workplace:

- To establish the health profile of the workforce to plan and manage future wellbeing initiatives
- To create awareness of the importance of a healthy lifestyle
- These know-your-status campaigns can include measurements of blood pressure, diabetes, cholesterol, stress, body type, lifestyle practices and VCTs.

3.4 Voluntary counselling and testing (VCT)

Careways does VCT testing at companies so as to:

- Identify people who are HIV-negative in order to reinforce change in risk behaviour, thereby reducing the risk of contracting HIV
- Identify those that are HIV-positive also to modify risk behaviour and thereby reducing transmission of HIV
- Provide access to preventative treatment
- Identify HIV-positive employees for the purpose of providing them with the option of early access to medical care and ongoing emotional and social support.

3.5 Financial wellbeing consultations

General financial wellbeing advice can be defined as direct client intervention where Careways will only communicate directly with the client (no external parties will be contacted, challenged or consulted). Employees can access this facility via the Service Centre, Website, e-mail or their HR department. This would include the following services:

- Providing information to the client for financial decisions based on financial calculations
- Providing assistance on drawing up budgets
- Providing advice to individuals on a step-by-step process of addressing their over-indebted situation
- Inspecting debt documentation to identify irregularities based on the *Usury Act*, *Exemption to the Usury Act*, *Debt Collectors Act* and MFRC regulations and advising the client accordingly
- Providing guidance on what the client's steps should be in challenging a lender directly.

3.6 Legal wellbeing consultations

A telecare service run by qualified and experienced in-house attorneys who will provide guidance and information on all legal matters is available 24 hours a day.

Careways undertakes to assist employees who have legal problems through the application of an assessment, lifestyle or legal wellbeing advice and information and referral to a specialist in the legal field.

A panel of practising attorneys is also available who will provide the client with a free initial 30-minute consultation, should this be considered necessary. If required, the practising attorney will draft one letter or make one telephone call to a third party.

3.7 Health and dietary information

In the case where an employee needs advice on any health issue or information on his or her diet; Careways renders a telephonic service where a registered nurse or dietician will give the employee the requested advice.

3.8 Training

Careways offers a number of workshops to companies depending on the need expressed. Topics include stress management, conflict resolution, HIV and Aids, substance abuse and parental guidance among other things.

3.9 Psycho-social and wellbeing consultations (EWP)

Employees and their immediate household members are able to access the services of Careways for a wide range of personal and work-related problems that include emotional, physical, mental and health issues. The outcome of these services is twofold, namely:

- Providing proactive ways to improve and maintain physical, emotional, psychological, occupational and social health and wellbeing
- Identifying, assessing and intervening with troubled and at-risk employees timeously.

The employees are able to access wellbeing services via:

1. Self-referral, whereby an employee calls Careways Service Centre for an appointment
2. Informal referral, whereby an employee receives a recommendation for wellbeing consultation from a manager or supervisor
3. Mandatory referral, whereby it is required that the employee make use of the wellbeing facility as a result of a work performance related issue, for example testing positive for drugs or alcohol, being absent without leave, or a drop in work performance.

Whenever a client accesses the employee wellbeing programme (EWP), Careways will assist the caller in scheduling a face-to-face appointment with one of our practitioners in the caller's local community.

Careways will ensure that the client's problems are thoroughly assessed and brief solution focused intervention (typically 1 to 8 sessions per case) is provided.

- Wellbeing services will be offered for all personal and work-related problems including, but not limited to:
    - Personal and family crises or emergencies
    - Interpersonal difficulties
    - Stress
    - Job or career issues
    - Bereavement
    - General emotional difficulties
    - HIV and Aids wellbeing intervention (pre- and post-test counselling)
    - Substance abuse wellbeing intervention(namely assessment, motivation for in- or out-patient treatment, after-care programme, reintegration into the workplace and relapse prevention)
    - Referral outside the EWP will be made when longer term or in-patient treatment is required. When a referral has been made, Careways practitioner will follow up by contacting the client to ensure that a solid treatment match has been made and that the client is satisfied with the referral choice.

3.10 Critical incident stress management (CISM)

Critical incident stress management (CISM) is the comprehensive approach to managing critical incident stress (CIS). Included in the comprehensive approach to the management of traumatic stress by Careways, are these components:

3.10.1 Critical incident education

Critical incident education is provided to an organisation prior to an event. This includes two components, namely consultation with management and training sessions for employees and management. A needs assessment is conducted to determine the client organisation's potential risk for a critical incident and encourages the organisation to develop a critical incident policy and a CISM plan. Training for management and employees should include normal post- trauma coping skills.

3.10.2 Defusing

Defusing (and critical incident stress debriefing) normally follows a specific telephonic request from a client organization after a critical incident has taken place. Defusing is a short version

of the more formal debriefing process and is usually performed within a few hours of the critical incident. It is typically informal and supportive. There are three segments:

- Section 1: Brief introduction in which the guidelines for the process are described
- Section 2: Discussion of feelings and reactions in relation to the incident
- Section 3: Summary and normalization of reactions where suggestions are given regarding coping strategies.

The goal is to defuse the impact of the event and assess the needs of the group. The process is brief (usually 20 to 45 minutes). A full debriefing can occur at a later time if indicated.

3.10.3 Critical incident stress debriefings (CISD)

Critical incidents may fall into many categories but, in the context of EWP, there are two main categories; personal CISD and occupational CISD.

The critical incident stress debriefing model addresses employees affected by the traumatic incident at the work site. The premise is that by participating in the debriefing immediately following the incident, the employees will be able to resolve the trauma more quickly and the potential for delayed stress reactions will be reduced.

A base line of the critical incident model is that all people involved with the incident need to be included in the debriefing services.

An affiliate is sent to the worksite to conduct a CISD session.

4 Where do I fit in?

As a practitioner of Careways, you will be delivering the following services: psycho-social and wellbeing consultations or sessions and CISDs. The Care Centre will refer any client for face-to-face wellbeing sessions to you. **It is extremely important to remember that you are the face of Careways and should uphold Careways's name accordingly.** Careways expects the practitioner to render a professional and a confidential service. When clients visit the practitioner's office, they think that they are visiting Careways. Thus, as a Careways practitioner, you must view yourself as a Careways Representative, not a therapist in private practice, when consulting with a Careways client.

5 EWP focus

The EWP focus has the following as main factors to take into account:

5.1 Dual client relationship

The practitioner must always keep in mind that he or she is serving both the client and the employer at all times. The EWP simultaneously serves the employer and employee by helping the employee in a confidential manner to resolve personal problems that may impact job performance. Likewise, it serves both the employer and the employee by providing management feedback on managing troubled or problem employees. The focus is on ensuring that the employee's performance and work attendance must always be maintained. EWP interventions are viewed as an essential component of the business processes. The practitioner thereby engages with a dual client relationship, namely the individual client as well as the awareness of the client's company productivity needs. Within the context of the dual client relationship a more deliberate therapeutic intervention is required so as to produce change or action leading to solutions.

5.2 Confidentiality

Confidentiality is the cornerstone of the EWP and is treated with extreme conscientiousness. Any breach of confidentiality places the entire EWP in jeopardy. Clients should have every confidence that their privacy is protected within the limits of the law. All requests for disclosure or clinical records should be reported by the practitioner to the Quality care consultant at Careways. The 'Consent to Release Information' form (see Annexure A) must be signed before any feedback will be given. Feedback should always be done through the Quality care consultant at the Careways Care Centre. There should be no contact between you as the practitioner and any manager, family members and/or third party. If a situation like this should arise, the practitioner should give the contact details of the third party to the Quality care consultant to contact.

5.3 EWP as a management tool

Client organisations contracted with Careways view the EWP as a management tool in the sense that the EWP should assist the manager to deal with a problematic employee in the workplace. Managers do not necessarily have the time and/or expertise to deal with an employee's personal problems. The expectation is that treatment through the EWP will equip

the employee to return to the workplace and that he or she will be productive and motivated again. Although Careways does give limited feedback regarding a case to the manager, with the consent of the employee, no contact will be allowed between the Practitioner and the employee's manager. All feedback shall be done via the Quality care consultant.

5.4 Assumptions of therapy within the EWP context

Traditionally therapy has focused on the past, searching in a client's childhood for the roots to the present symptoms experienced. A current 'megatrend' in psychology encourages a move away from explanations of problems and pathology towards solutions, competencies, capabilities, resources and strengths, and the 'here and now', as expressed in social constructionist theories.

Furthermore:

- Therapy is viewed as a means to a solution, not an end in itself
- A small change can be sufficient and can generalise to beyond the immediate problem
- Clients are encouraged to practise behaviour outside of sessions. The use of homework tasks maximises therapeutic time spent as the 'in-between session' facilitates a continuation of the wellbeing dialogue
- The therapeutic focus shifts to what is possible and changeable for the client. In this way the emphasis is first on behaviour management and then character change.

5.4.1 Brief therapy

It is very important to maintain an EWP focus in your intervention with Careways clients. The interventions within the EWP seek resolution of problems in living rather than basic character change. The emphasis is on working with the existing skills and resources, and to address knowledge and skill deficit. The process involves the setting and maintaining of realistic goals that are achievable. It requires active and direct participation of the practitioner to provide structure, interpret behaviour, offer suggestions and assign homework activities so as to allow the individual to practise behaviour change outside of the EWP environment. The practitioner has to focus on a workplace intervention. It must always be kept in mind, how the problem (whatever it may be) is influencing the client's productivity and attendance at work. It is very important to do a thorough screening of the following factors with every client:

- Productivity – how it is influenced by the presenting problem
- Attendance – how it is influenced by the presenting problem
- Substance abuse – screen to see if it is present

- Suicide risk and/or harm to others – screen to see if it is present.

It is important to remember that the employer is offering this service to its staff with the view of improving productivity; thus results need to be seen.

Although time rationed EWP sessions may not provide sufficient time to assist clients to rebuild new personality structures, it is often adequate to help meet the challenges of many, if not most, of the issues that prompt them to seek outside assistance.

The maximum amount of pre-approved session is determined by a company's choice of contract (see section 7).

Assumptions of solution-focused therapy (SFT)

- Clients have resources
- Change is constant
- Small change leads to big change
- The therapist's goal is to amplify or intensify change
- All goals are identified by the client
- There is no ONE reality; different views are valid
- The therapist's focus is on what is possible.

Some SFT techniques

SFT has been referred to as a model of questions governed by three rules:

- If it's not broken, don't fix it
- If it works, do more of it
- If it doesn't work, do something different.

Problem-free talk

Problem talk (i.e. talking about the problem) fills the client's story with negative energy that is constantly used to describe the difficulty. The role of therapy is to assist clients to recognise what they want *versus* what they do not want. The goal of SFT is to ask questions that do not elicit problem-saturated talk but explore the *exception* to the problem.

Exception questions

Asking questions about exceptions to the problem elicits a client's strengths. These questions explore when the problem does not occur, or occurs less often.

Why now? question

'What makes it important for us to be discussing this problem now rather than two weeks ago?'

The 'why now?' question seeks to identify the precise moment or event or thought that triggered the decision to seek help and in this way; it identifies EWP intervention leverage to encourage change.

Scaling

Scaling questions rank and estimate possibilities and help to create a platform for exceptions. For example: 'On a scale from 1 to10, how badly is the problem affecting your life?'

Goals

Goals are expressed in terms of the presence of something rather than the absence of something. Goals should be expressed as small, concrete, realistic, observable and achievable.

Inside or outside question

Inside questions explore a client's inner resources.

Examples:

- 'Amidst this overwhelming problem, how do you manage to sleep or get by?'
- 'What gave you the strength to come here today?'

Outside questions are relational questions that explore external resources.

Example:

- 'What would your daughter say that you are doing to try to solve this problem?'

Miracle question

The miracle question creates a possible picture of life without the problem, an exception to the problem. It is a future-oriented question.

Parameters of working within a framework of brief therapy

Although some suggestions of SFT techniques have been made, Careways does not prescribe the way in which the practitioner conducts EWP sessions.

Irrespective of the theoretical orientation or preference of the EWP practitioner, developing a way of work that is compatible with a brief therapy framework is needed. The following factors needs to be adhered to:

Time-management of the referred event

- The EWP sessions are limited in number and require the practitioner's sensitivity and respect for time
- The EWP interventions are necessarily productive and require maximum benefit to the client with the lowest practitioner time invested in relation to the cost invested by the corporate client company
- The EWP sessions are 60 minutes in duration, start and end on time, and occur weekly
- The client's presenting problem can be timeously managed by:
    - Eliciting the active collaboration of the client at all times, specifically pertaining to the definition of the focal material needing resolution and the prioritising of other needs to be addressed
    - Agreeing to a solution plan
    - Developing tasks or homework
    - Reviewing tasks or homework
    - Reviewing progress
    - Collectively deciding on matters that require specialised and/or longer-term interventions.

Rapid establishment of rapport

- The practitioner's professional warmth and genuine positive regard facilitate early establishment of a working therapeutic relationship and are relevant at the time of scheduling of consultations
- The practitioner's sensitivity to, and awareness of, cross-cultural or gender or religious factors and willingness to work within unique contexts is essential in order to establish the 'best fit' client-therapist relationship

- Early orientation of the client on what to expect from EWP consultations facilitates emotional safety and personal control
- Transference issues are selectively **not** used as a therapeutic tool in brief therapy models but, when routinely addressed upon early identification, the client-therapist relationship is facilitated. Alternatively, the client can be re-referred to a more compatible practitioner.

Clear and specific focus

- Brief therapy models focus on interventions that address the target problem as perceived by the client
- This sense of focus does not imply that other problem areas do not exist (either as specified by the client or as identified by the practitioner) but rather encourages the selective attention and selective neglect of the practitioner in order to channel the client's resources to a specific issue and encourage the generalisation of the resolution to other life areas
- To maintain this focus, the practitioner often needs to take a more directive stance in the therapy session.

Encouragement of the client 'being' outside of EWP sessions

- The use of homework tasks facilitates the client's practise of a defined range of tasks and supports the client in improved functioning in one or more major areas in her or his life
- Tasks given for 'in-between' sessions facilitate action. The more action the client undertakes to create change, the more confidence is created.

Inextricability of assessment and intervention

- The assessment creates focus on a climate for change. It forms part of the wellbeing intervention process.

Time limited solution plan agreement

- The collective establishment of a timeline within which a solution can be realised assists clients to remain focused and it identifies the benefits of moving towards a goal
- Working with a clear solution plan conveys a sense of optimism, incentive and perspective. The early determination of a termination date ensures that the wellbeing

intervention process remains predictable, thereby creating emotional security for the client.

Brief wellbeing intervention with Careways EWP encompasses comprehensive assessment, brief, solution-orientated intervention, referral (if necessary), follow-up and quality care within the context of the workplace.

6 Attributes of an EWP practitioner

As a practitioner within the EWP you need to have the following attributes:

- Comfort and skill in maintaining the dual client relationship
- Understanding of the performance and productivity needs of employers and acceptance of the work cultures of various client organisations
- Ability to make workplace recommendations on handling the troubled or problem employee
- Expert knowledge, skill and attitude in assessment, intervention, referral and follow up of substance abuse cases
- Expert knowledge, skill and attitude as a generalist practitioner for most problems of daily living
- Be comfortable to work within the brief therapy model.

7 Service models and benchmarks

7.1 Service models within the EWP framework

7.1.1 Assessment and referral model (A&R)

This model provides 1 to 4 sessions to clarify, define and assess a problem. When appropriate, the client is sent to a provider (private or community resource) outside the EWP context best suited to respond to the assessed problem. This model relies heavily upon the use of employer group medical aid benefits, private insurance or the availability of government resources. All referrals must be supported by a signed referral document.

7.1.2 Fee for service (FFS)

This model provides for a maximum of 3 sessions only and no further sessions can be authorised in the EWP context. Clients have the option to continue treatment on their own medical benefits privately.

7.1.3 Full service (FS)

This model provides for brief solution orientated intervention, typically accomplished in 1 to 8 sessions, depending on the presenting problem. When specialised or extended treatment is necessary, the client is referred to a provider outside the EWP. All referrals must be supported by a signed referral document.

About 75% of clients' problems can be resolved within this model; the remaining 25% of clients' problems require referral to some kind of treatment option outside the EWP.

Clients have the option to continue treatment on their own medical benefits privately.

7.2 Benchmarks

7.2 1 Scheduling of appointments

- Routine appointment: See the client within 5 working day
- Mandatory or formal referrals: See the client within 48 hours
- Red flag:
    - Urgent: See the client within 24 hours
    - Emergency: See the client within 4 hours.

7.2.2 Loading of session notes

- Routine case: Load session notes within 3 working days
- Formal or mandatory referral: Load session notes within 24 hours
- Red flag: Load session notes within 24 hours
- CISD: Load session notes within 24 hours.

8 How does the referral process work?

The Careways Care Centre is a national call centre based in Midrand, Gauteng, managed by clinically qualified and multilingual staff providing around-the-clock access to care. Internationally benchmarked protocols and procedures manage incoming calls.

The Care Centre's highly trained staff:

- Provide convenient access to care
- Conduct risk streaming, that is conduct an initial assessment and develop a service plan that is appropriate for the needs of the caller (i.e. immediate telephonic intervention, referral for face-to-face wellbeing intervention in the local area, or referral to other resources outside the programme)
- Initiate care through the national networks of affiliated psychologists and social workers and provide telecounselling when appropriate
- Monitor the progress of care, to ensure quality care at all times (Quality care consultant).

8.1 How employees access the service

Careways has developed a referral process that limits the paperwork and administration for the practitioner. All our systems are as user-friendly as possible and we have a support system in place should the practitioner experience problems.

The practitioner is also expected to keep to the benchmarks. Careways renders a service to client companies and is expected to perform according to the timelines as negotiated with the client companies. A full discussion of the benchmarks follows.

The services are available to employees and their household members. Eligibility for the service is determent by the Service Centre. These individuals can either call, e-mail, fax or SMS their request for assistance.

Self-referral

The employee decides on his or her own to call in to the Careways Care Centre for an appointment.

Manager informal referral

The employee receives a recommendation for EWP intervention from his or her manager or referral agent. The employee agrees that feedback regarding his or her attendance will be given to the referral agent. No personal information is disclosed.

Mandatory referral

The employee is required to use the EWP services because of a work performance problem. This referral could be a condition for further service. Only process feedback is given (is the client participating in the treatment, progress and suggestions for further management in the workplace).

Practitioners must not give any feedback to managers directly. All feedback about a Mandatory referral should always be channeled through the quality care consultant. Should a manager contact you directly please refer him or her to your quality care consultant.

The Careways Care Centre is divided into three levels:

- Employee care consultants
- Corporate care consultants
- Telecounselling.

On contacting the Careways Care Centre, the employee will reach the first level in the Care Centre called the 'employee care consultant'. This level is responsible for allocating the call to the right department (legal, financial and/or emotional services). In the case where emotional intervention is needed, the employee care consultant does a basic risk assessment. This risk assessment consist of four basic risk questions to screen for harm to self and/or others and substance abuse. The risk questions are:

- Are you at risk of harming yourself or someone else?
- Are you at risk of being harmed by someone else?
- Are there any conflict at work that you cannot safely resolve?
- Are you using alcohol and/or other drugs to cope?

Should the employee answer 'no' on any of these risk questions, the employee will be referred to you the practitioner as a '**routine referral**'. Always remember that the benchmark to have an appointment in such a referral is **5 working days.**

If an employee answered ‘yes’ on any of the risk questions, the call will go through to the second level in the Careways Care Centre called the ‘corporate care consultant’. The staff in this level are all qualified social workers, psychologists. The function on this level is to contain any situation before the client gets referred to you as the practitioner. The staff at this level also do an in-depth assessment to understand the nature of the emergency. Client referrals that will be referred to you out of this level in the Careways Care Centre are ‘**urgent**’, or ‘**emergency**’. You need to set up an appointment for these types of referrals within:

- **Urgent – appointment within 24 hours**
- **Emergency – appointment within 4 hours.**

The corporate care services also manage mandatory and informal referrals. A manager will contact the Careways Care Centre to refer an employee that might experience personal problems that have an impact on work productivity and/or absenteeism. The corporate care consultant will take all the referring details from the manager and contact the employee to open a file. This is then referred to the practitioner as a ‘mandatory referral’.

- **Formal or mandatory referrals – appointment within 48 hours(unless exceptions like, sick leave etc).**

The third level in the Careways Care Centre is the telecounselling services. In attendance are qualified social workers and psychologists(who are also classified as EWP practitioners) who do telephone counselling with any client that cannot travel to a practitioners rooms or prefer this as an option instead of face-to-face wellbeing intervention.

8.2 How affiliates receive the referral

A consultant from the Careways Care Centre will call the practitioner to refer a client. If the practitioner is not available, an SMS may be sent requiring the practitioner to respond whether the case is accepted or not. A telephonic referral or SMS will always be backed up by an e-mail.

- Practitioners are requested not to take calls during sessions
- Practitioners should not contact the clients at their workplace. If you must call the client at work, you must not mention that you are from the EWP or that you are a therapist.

We recruit practitioners in the numbers and locations necessary to meet contractual access standards. Face-to-face appointments are available Monday through Friday during normal

business hours as well as in the evenings and on weekends to accommodate client schedules.

Practitioners always have the responsibility to indicate immediately via phone call or sms to the Careways Care Centre their intention to accept or reject a client. **The practitioner must contact a client within 24 hours to set up the appointment.** In the event that an affiliate rejects a referral, the referring consultant must be informed immediately at the Care Centre so that the client can be referred to another practitioner urgently. If an practitioner is aware that an appointment is out of benchmark, please inform the referring care centre consultant.

The practitioner must try to contact the client three times to secure an appointment. If for any reason the contact by the practitioner with the client does not result in an appointment, the affiliate must notify the quality care consultant immediately.

After an appointment has been set up between the practitioner and the employee, the practitioner need to let the referring care centre consultant know when the first appointment has been scheduled. The practitioner can do this by either contacting the referring care centre consultant or the practitioner can reply on the sms he or she has received.

8.3 Event importance

Clients have toll free access to care 24 hours a day, every day of the year. All clients requesting referrals are assessed for risk and events are flagged according to assessed risk.

Red flag

- **Emergency appointments**
  Events posing a serious risk to life, for example suicide; require an appointment within 4 hours
- **Urgent appointments (red flag)**
  Serious events but with no immediate threat to life require an appointment within 24 hours. After the initial session with a ‘red-flag’ client, the practitioner must provide the quality care consultant with information as to whether the client is contained or not
- **Routine appointments**
  Routine cases require appointments within 5 business days.

Should a routine case become a 'red flag', the practitioner has a responsibility to notify the quality care consultant urgently. Uncontained cases are also escalated for management and support from a quality care consultant.

8.4 Statement of understanding (SOU) (see Annexure B)

During the first session the practitioner must **discuss** the statement of understanding (SOU) with the client and have him or her sign it. The practitioner must ensure that the client understands all the points outlined in the SOU. The signed SOU must be kept in a safe place for the legally required five-year period and may at any time be requested by the quality care consultant and/or Team manager: Network care and Management.

The statement of understanding (SOU) describes the terms under which the EWP services are provided to the employee, what the client can expect and is entitled to, and the scope and limits to confidentiality. It is and should be regarded as both a clinical and a legal document. Discussion of the SOU in the first session provides the appropriate framework for the EWP intervention and protects the client, the employer, the practitioner and Careways. If the client refuses to sign the SOU, **the practitioner must terminate the session at that point**. If the client is in an acute suicidal or homicidal frame of mind, the crises should be addressed before releasing the client. The quality care consultant should be informed immediately.

Issues addressed in SOU:

- Pre-paid services by the employee's company
- Includes assessment, treatment or referrals
- In the event of a referral, it is for the client's own account
- Limits of confidentiality
- Formal referrals
- Cancellation agreement and policy regarding missed appointments.

8.5 Session notes

8.5.1 Benchmarks

For routine referrals:

- Session notes to be loaded on iCare within 3 working days after the session.

For formal or mandatory referrals and 'red-flag' cases:

- Session notes to be loaded on iCare within 24 hours after the session. The Benchmark for feedback to the referring manager is 48 hours, thus the quality care consultant need the session notes after 24 hours to be able to draw up the report within benchmark.

Files are to be closed within 5 months.

8.5 2 Session utilisation and session requests

Most presenting problems should be contained and addressed within an average of 4 to 8 sessions. On receiving the referral an initial three sessions is provided. In your first session notes there is space to indicate how many sessions you require. Sessions request is best to done after the first session notes are completed. Should you require more sessions, you can request it under 'session request'. A session request can be done from the client's file. Clinical motivation, as well as completed first session notes, is required before such a request can be considered. The quality care consultant will allocate the sessions, limited according to the client SLA and intervention solution plan (if necessary the quality care consultant will conduct case discussion regarding solution plan with the practitioner).

8.5 3 Session notes

While often cumbersome and time consuming, session notes within the EWP context serve a number of purposes. From the psycho-social practitioner's point of view it is first of all, as for any other client, a method of record keeping. Should there be a query about a particular client, session notes offer an easily accessible source of reference for this purpose, while it also serves as a record for invoicing purposes. Secondly, session notes provide information on a particular event, such as personal details, the initial assessment at the time of call and of the wellbeing intervention in terms of the progress towards set goals and objectives. The writing of session notes also provides an opportunity to verbalise your understanding of process (as opposed to content) considerations of a particular session and to reflect on the dynamic interactions you had with a client.

The quality care consultant manages events referred to you by Careways, and apart from conversations with you about a particular client, the quality care consultant may in some instances only have your case notes to refer to. Complete, comprehensive (**not cryptic**) and coherent notes are therefore of the utmost importance as the affiliate case manager will use

them to ensure that our affiliate network provide a quality service to the employees of our client companies.

Refer to Annexure C (First session notes – emotional), Annexure D (Intermediary session notes) and Annexure E (Event closure) for examples of the forms to be used.

The first session

Presenting problem and psycho-social detail

An assessment should start with the client's view and experience of the problem and the relevant psycho-social history detail. Clients need affirmation and validation of their view of the world and therefore it remains imperative that you elicit this from them, irrespective of how much prior knowledge you may have of the referral. Any presenting problem also has an inevitable process of events that lead to the current state of affairs and these need to be reflected in your notes. The history of a problem can vary and, if relevant, childhood experiences should be included.

The miracle question

The miracle question is a further exploration of the presenting problem and: a) allows a client to narrow down what is most pertinent in his or her life; b) prevents vague or diffuse descriptions of problems; c) suggests the goal directedness of the therapeutic process; and d) provides an opportunity for the client to consider the possibilities of her or his life without the problem being present.

Work impact

As a work-based programme and management tool, within the EWP context, the impact on work functioning of personal challenges or problems remains a primary assessment screening. This prompt keeps the assessment contextual, can be used as an indicator of progress and to provide feedback to the employer in the case of formal referrals.

Cultural or religious factors

We live and work in a diverse society and your knowledge of the cultural or religious context within which a problem exists should be reflected in your notes. Although not applicable in all cases, cultural and religious factors can play a role in precipitating and maintaining certain problem behaviour. In this regard, factors present which impact on the therapist or client 'fit' also need to be noted.

Risk screens

The screens below are viewed as critical screens in standard practice as well as Careways contractual commitment to companies to assist in managing risk:

- Domestic violence or child abuse or sexual violence
- Present risk of domestic violence
- Self-harm or harm to others or ideation or suicide plan
- Present risk of self-harm.

Emotional rating scale: This scale converts your answer into a statistic from which we can draw reports for any particular client company indicating clinical effectiveness. It is important that, should your client still be uncontained at the time of the case closure (if no remaining sessions exist) that a clear referral plan of action is in place.

Emotional – mental status assessment

The mental status assessment questions review seven general areas of functioning and provide an indication of the extent to which certain concerning behaviour and symptoms are present.

Substance related

Within the EWP context early detection of substance abuse or addiction remains imperative because of the work-based impact and cost to the employee's company in lost productivity and absenteeism. Please also consider the employee's possible risk of addiction in the same light. We require your assessment of substance abuse or addiction to indicate the quantity of substance use, the recent increase in substance use and also the impact of the employee's substance use on various life areas.

In particular, we strongly recommend that you obtain the employee's written consent to gather collateral information from family members should the substance use have a possible impact on them.

Clinical formulation of a problem

A clinical formulation of a problem is **not** a psychiatric (DSM IV or ICD-10) diagnosis or a restating of the presenting problem, but rather:

- Your understanding of the current and historical context within which a problem exists

- Predisposing (family of origin), relevant factors or events from the client's historical past that may be contributing to the current presenting problem, for example, childhood experiences (abuse) and learning in family of origin
- Precipitating (trauma):
    - Factors or events in the client's recent past that triggered the need for therapy or counselling, for example, recent losses, escalating interpersonal conflict or traumatic experiences
- Maintaining (enabling) factors:
    - Factors that are keeping the problem alive currently and preventing progress or change, for example, limited insight and motivation, ongoing interpersonal difficulties, functionality of symptoms or problem behaviours (pay-offs), enablers, substance abuse (secondary to presenting problem), personality disorders or rigid and limited interpersonal repertoires, resistance
- Protective factors:
    - Those factors that can contribute towards a positive and constructive outcome, for example, good support systems, previous positive experiences in therapy, willingness to change, etc. Here we are also looking for prognostic considerations – in other words, we would like you to make a prediction on the likely outcome of therapy and on the relative success of interventions
- The functionality of symptoms or problem behaviours (how do certain behaviours 'work' for clients, communication through symptoms)
- Coping skills and resources (previous crises and outcomes)
- Availability of and interactions with support systems (family, friends, colleagues, community involvement, social isolation)
- Prognostic considerations (motivation, insight, emotional maturity, commitment, addiction, defensive operations).

A clinical formulation is the sense that you make of the client's functioning and provides an integration of the dynamic interaction between the different variables that influence a person and his or her behaviour, cognition and mood, which in turn would form the basis of your working hypothesis.

Solution plan

Based on your clinical formulation, you need to develop a solution (therapeutic or action) plan that is relevant, specific, achievable and measurable. Since therapy is a collaborative

endeavour, the target problem(s) and goal(s) need to be discussed with the client and agreed on by both parties. The target problem can be the presenting problem or what you, based on your clinical experience and expertise, regard as problematic in the client's functioning or fringe factors that are relevant to and impacting on the most obvious problems. Goals are not the mere stating of therapeutic approaches or techniques or the obvious ('marital counselling', 'cognitive behaviour therapy' ['CBT'], 'relief from symptoms', 'anger management'), but the end results that need to be achieved to ensure better general functioning or solving the problem.

Example: The client presents with depression and feels used by others, taken for granted and not appreciated
Target problem: Lack of assertion, poor boundaries
Goal: Appropriate expression of needs and feelings in different contexts.

Number of sessions

Although every case is unique and dynamic or evolving, you need to indicate the number of sessions you would require to achieve the agreed upon goals based on your initial assessment. Continue to explore the need for further sessions as you progress through therapy. A session request may be completed should this be indicated.

Rather indicate the minimum as opposed to the maximum number of sessions as a) you can always request more sessions and b) you should be able to justify this number if there is a difference in opinion between yourself and the quality care consultant based on your assessment.

Homework

Homework tasks need to 'fit' the general path or goals of therapy. They are often referred to as the 'in-between session', which capitalises on the brief therapy process. Homework tasks also keep the client actively involved in the therapeutic process and provide continuity between sessions.

Example: In our example above, the client can be given a homework assignment to say 'no' to demands from others.

Referrral

When you refer a client to an outside agent (GP, psychiatrist, hospital, rehabilitation clinic, etc.), please have at least one more session for follow-up purposes to ensure the referral was successful and to determine the outcome of that intervention.

11 What is important to remember with regard to session notes?

11.1 Clinical assessment and compulsory screens

11.1.1 Competent assessment

A well-designed, structured and thorough assessment is the foundation of effective counselling. It helps the client focus on the most important problem to be resolved and helps the affiliate to determine whether the problem can be solved within the EWP or whether referral is indicated.

Accurate assessment can identify high-risk situations, such as substance abuse, child abuse, domestic violence and sexual abuse. Without a thorough assessment these serious problems frequently go undetected.

11.2.2 Compulsory screens

The term ‘screen’ is used to indicate an initial investigation to identify what areas require an in-depth evaluation. The following areas should be screened with each client.

- Work and school functioning
- Cultural and religious factors
- Domestic violence, child abuse and sexual absue
- Self harm and harm to others
- Substance abuse.

11.2.3 Safety Behavioural Risk Assessment (SBRA)

The SBRA provides the practitioner with a picture of the client’s current psychological functioning. It provides a wealth of important information to the practitioner in identifying problem areas and areas that require in-depth probing, determining whether or not the client is an appropriate candidate for brief counselling, determining areas of emotional vulnerability,

prominent defence mechanisms that must be considered and the therapeutic approach that is chosen. The SBRA considers 10 categories: appearance and behaviour, speech, mood, thought content, judgement, insight, attention or concentration, memory, orientation and impulse control.

9 Case management

Your quality care consultant is your contact with Careways. You can contact your quality care consultant with any queries, feedback, question, etc. regarding anything to do with Careways clients and staff.

The quality care consultan is responsible for supporting the practitioner with any task he or she needs to do in order to render an excellent service to a Careways client. Once a client has been referred to you, he or she gets allocated to your quality care consultant. The quality care consultant is responsible for all activities related to that client.

9.1 First, Intermediate, and last session review

The quality care consultant is responsible for performing a random first-session, intermediate and last session review. In this review, the quality care consultant will look at your assessment, clinical formulation, goals and action plan. Depending on the need, your quality care consultant may provide you with feedback in certain areas of your session notes. The feedback is always aimed at ensuring that an effective service is being delivered and that in the end the client has been assisted in resolving the presenting problem.

9.2 Sessions review

The quality care consultant does sessions review (see Annexure F and G – First session - case closure review). In this review he or she makes sure that the problem has been addressed, the goals achieved and that the client does not need any further assistance. At times the quality care consultant may provide you with feedback on the process.

9.3 Red flags

Feedback regarding a ‘red flag’ must reach the quality care consultant within the same day as the first appointment. The practitioner must load the session notes within 24 hours after the session took place. This will ensure that the quality care consultant can follow up with the case within benchmark and can monitor the situation until the ‘red flag’ has been contained.

9.4 Formal or mandatory referrals

Feedback regarding formal or mandatory referrals must be sent by the quality care consultant to the referring agent within 48 hours of the session. Therefore the practitioner must load the session notes within 24 hours.

The quality care consultant compiles a short, work-related report and sends it to the client company. This report is drawn out of the session notes. It is vital therefore that session notes for formal or mandatory referrals are loaded the same day as the session. The practitioner must comprehensively explain what took place in the session and must include any relevant work-related recommendations.

9.5 Complaints

The quality care consultant is also responsible to handle complaints concerning the intervention of the practitioner. The complaints shall be handled according to Careways's complaints protocol:

- The quality care consultant will contact complainant and/or client to obtain all relevant information directly
- Practitioner to be notified of complaint
- A telephone discussion will be held with the relevant practitioner regarding the complaint; to investigate the complaint
- The quality care consultant will draw up a report on the complaint and forward it to the Team manager: Network Development and Management who gives feedback to complainant
- Appropriate actions will be taken should complaint be justified.

10 iCare

Affiliates are contractually bound to load their process or session notes on the Careways electronic system called iCare.

At the end of every session, you need to load the case notes on iCare. Practitioners should keep an administration file as well for their own reference. Careways has the legal obligation to keep confidential clinical records of all clients' files. The session notes of all Careways clients belong to Careways and in the event of any legal action taken, Careways will be subpoenaed for the session notes. It is vital, therefore, to ensure that session notes are comprehensive and clinically accurate so as to be legally compliant. Clinical information entered by the practitioner also provides critical statistical information to assist in complying with contractual reporting requirements as well as allows for the case management function to take place.

10.1 What is iCare?

iCare is an interactive electronic system with which client files are registered and linked to affiliates. The iCare system contains a database of:

- All employees of organisations with which Careways is contracted to deliver EWP services
- A database of all contractual information
- Clinical documentation
- Protocols.

The interactive nature of the iCare system allows case management to take place at any given time as well as tracking and monitoring 'red flag' cases. This enables support to the practitioner in managing the case. This is a confidential system, which is role based and password protected. iCare is also protected by firewalls and the necessary access procedures to protect client confidentiality. The iCare programme has a reporting capacity that allows for statistical data to be provided to client companies. It also allows for the identification of clinical trends and utilisation information.

10.2 How do I use iCare?

iCare can be accessed through the Internet by means of the following address:

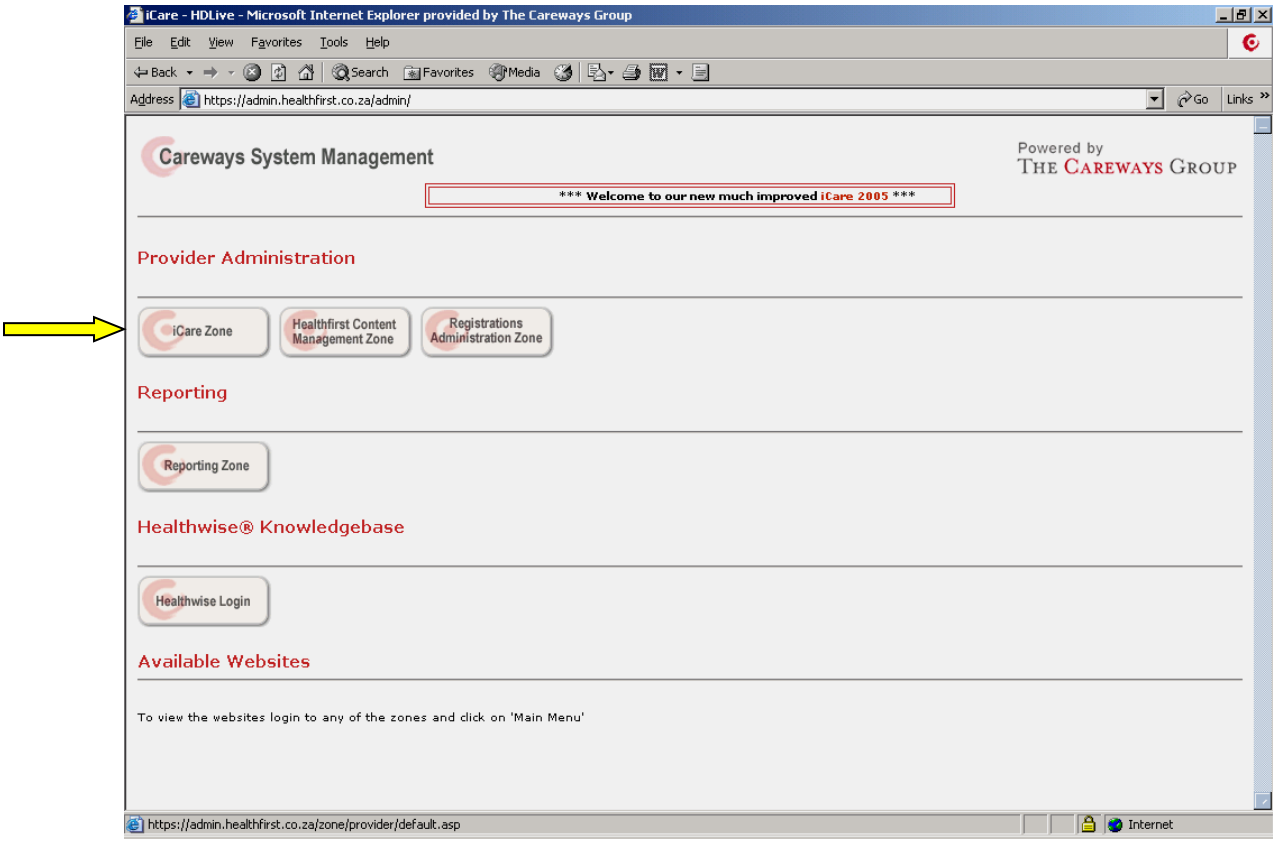
admin.healthfirst.co.za/admin

(Note: Do not put ‘www’ or ‘http://’ before or above the Web addresses)

Important to remember when using iCare:

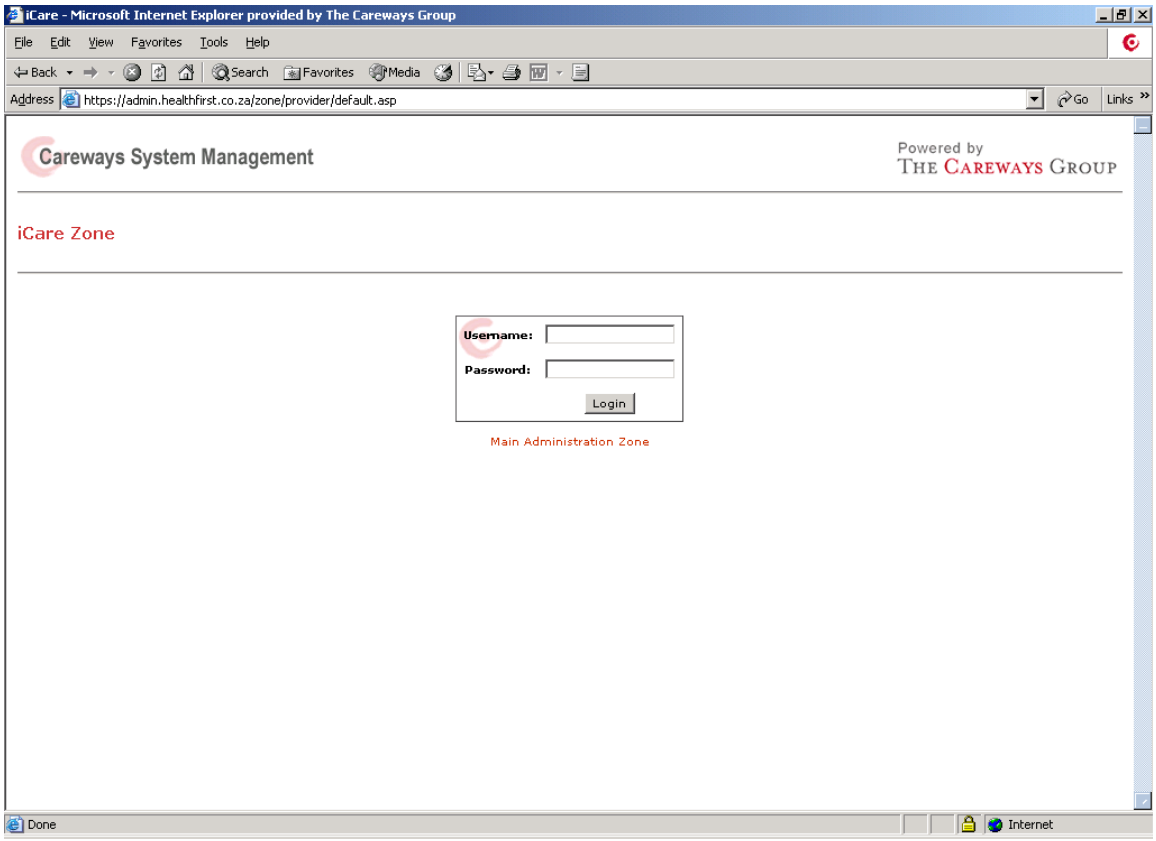
Only click once. A double-click can cause the system to throw out an error message. Wait until every page is fully functional before you move on. Moving too fast may cause information loss.

Once you enter the site, it will look like this:



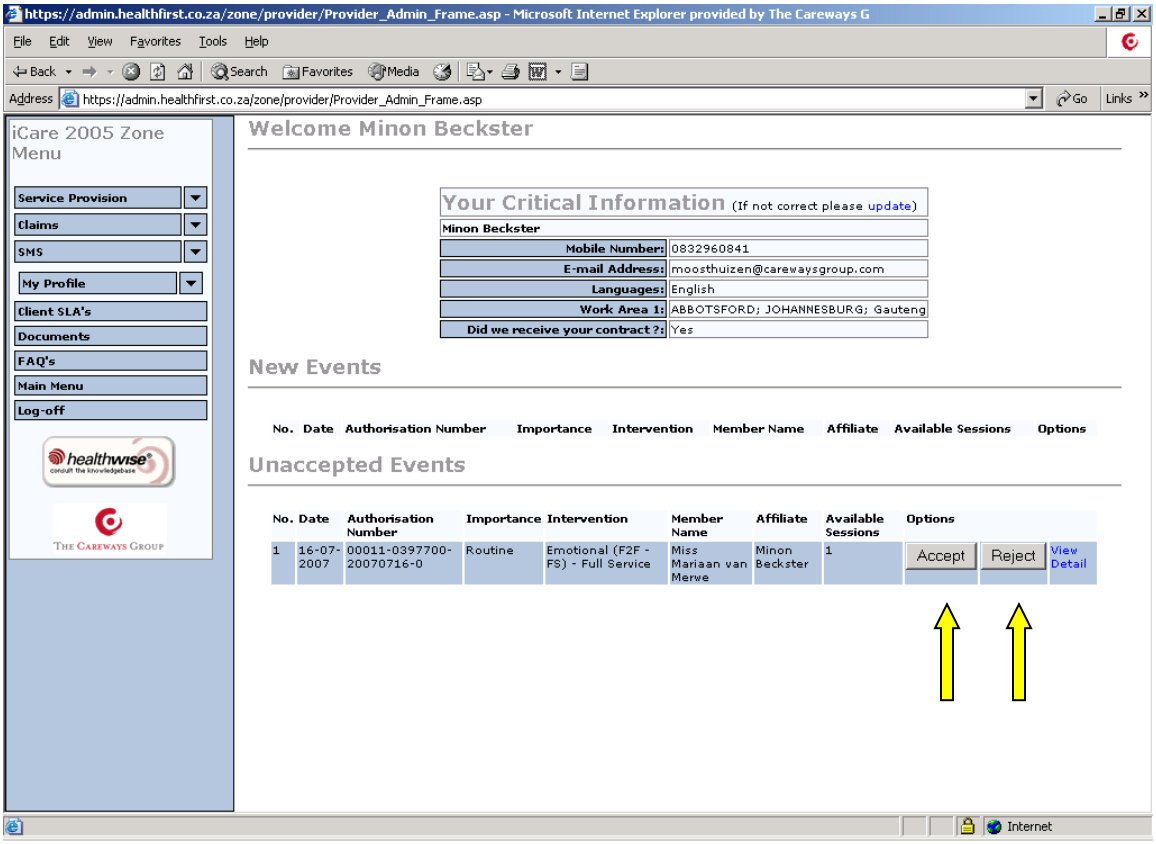
Click the button that says ***iCare Zone.***

The next screen will look like this:



Enter your username and password provided to you by the network care (if you have problems with this page, please contact the network care).

The next screen will look like this:

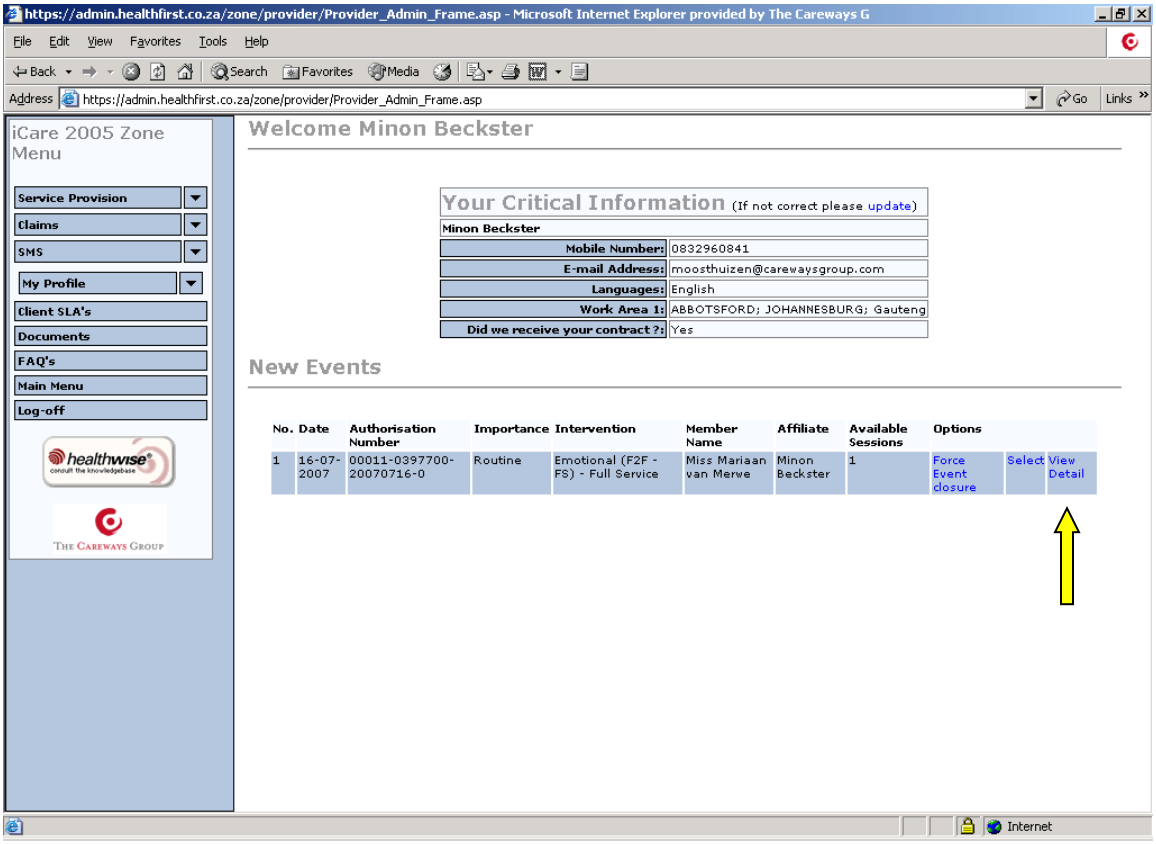


This screen will show you all your unaccepted and new events.

For unaccepted events

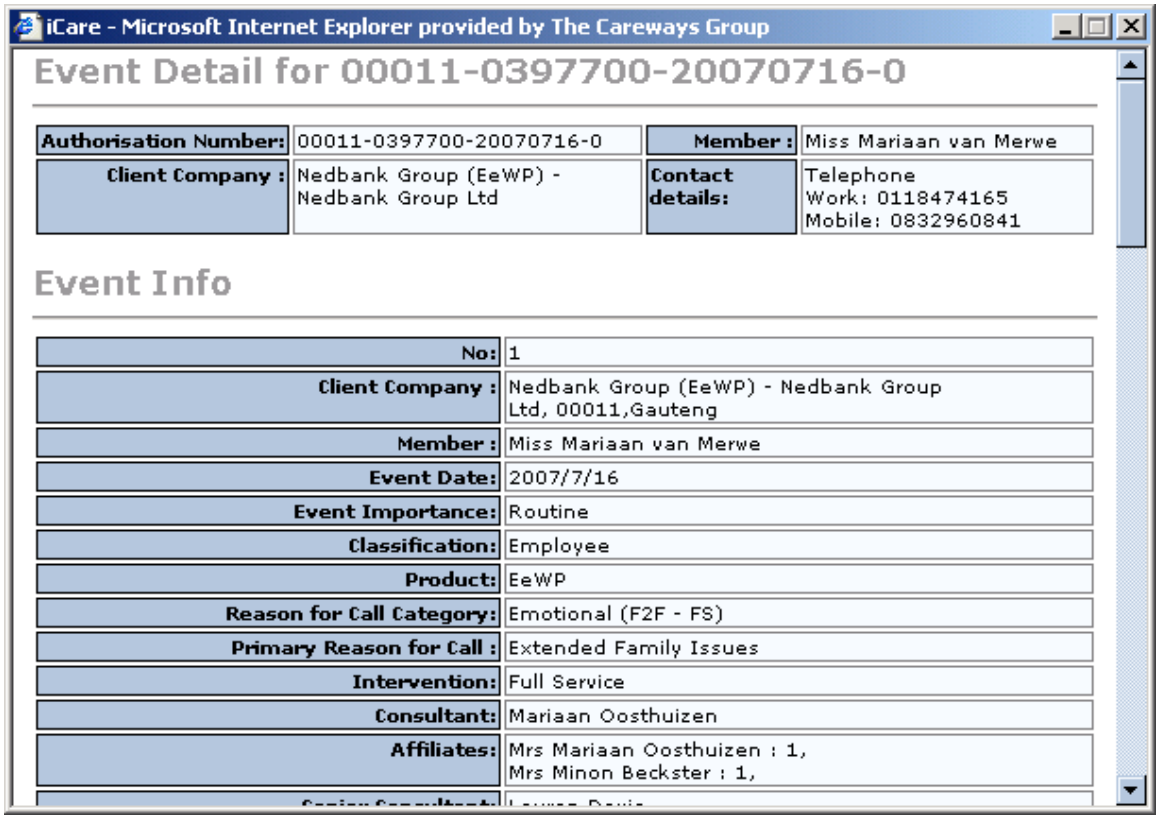
Accept the event by clicking the Accept button. You can also reject by clicking the ***Reject*** button (if you reject a case, make sure that you notify the consultant in the Careways Care Centre via a phone call).

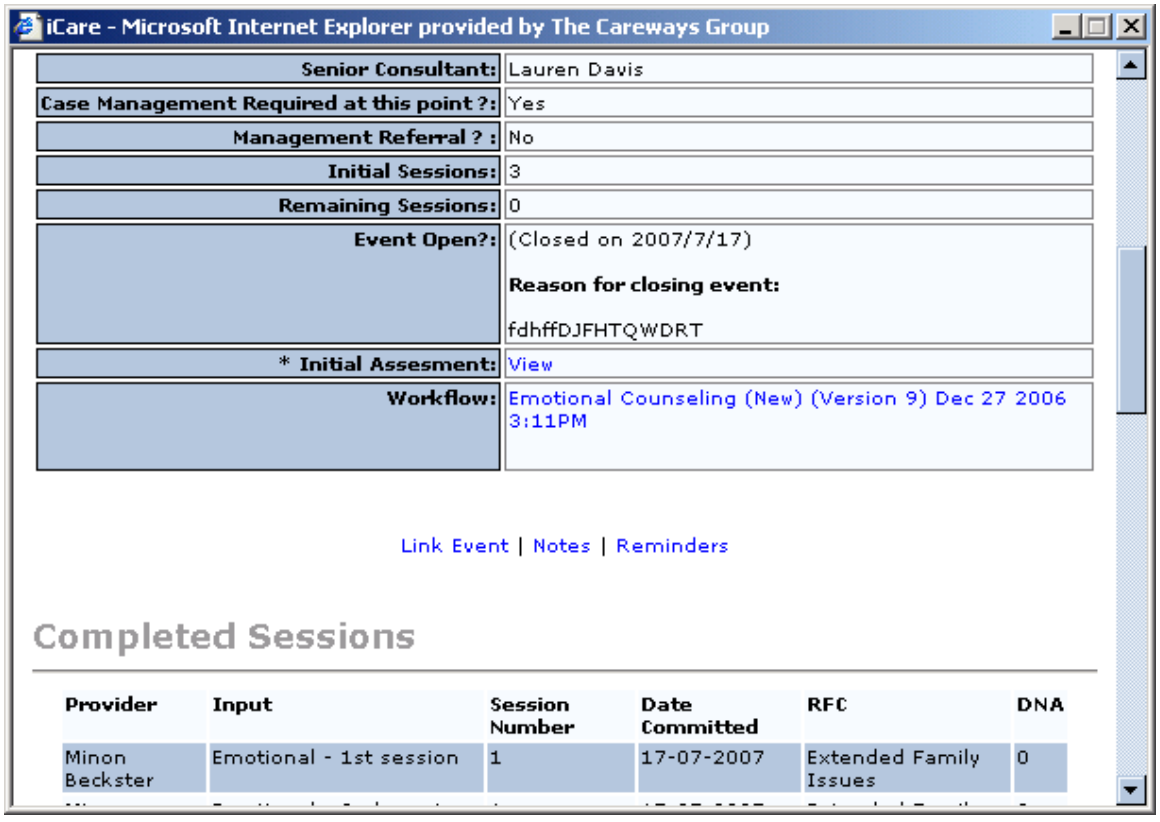
The file will automatically go to your new events and will look like this:

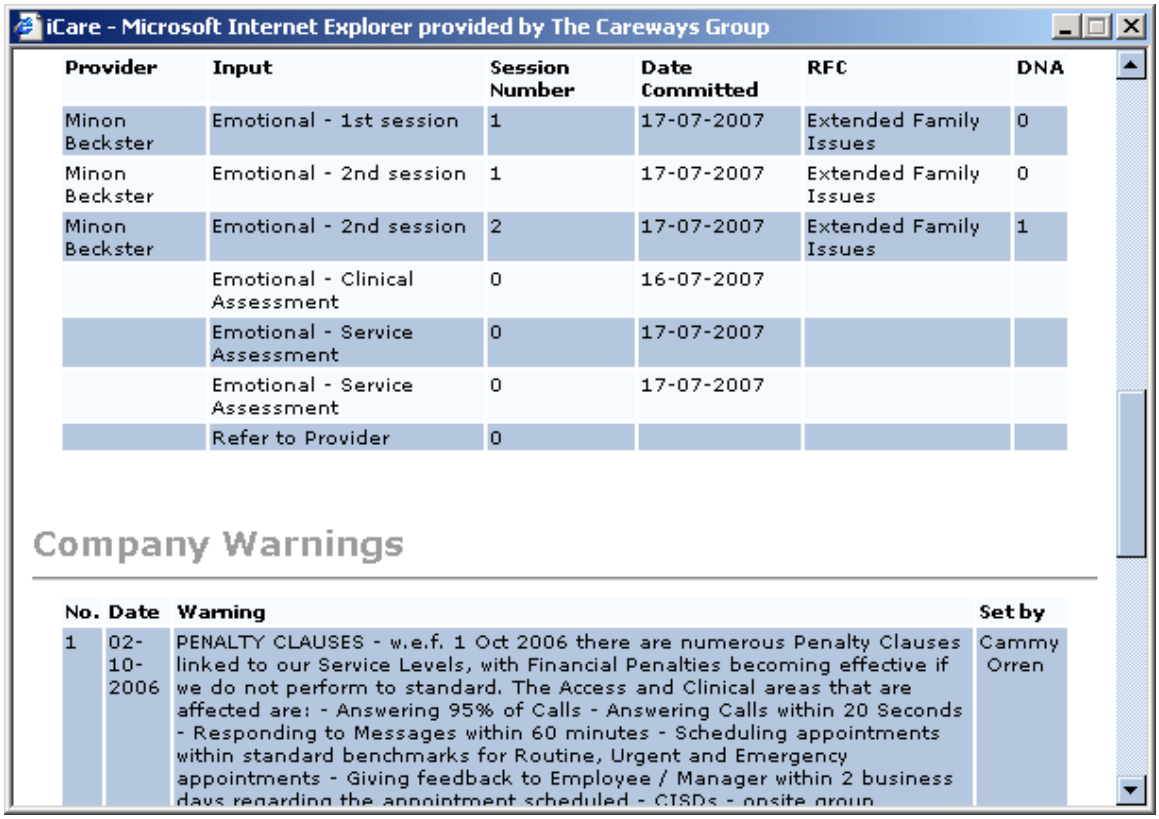


10.2.1 Viewing event details

Next to session Select is a button ***View Detail***. Click on this button.







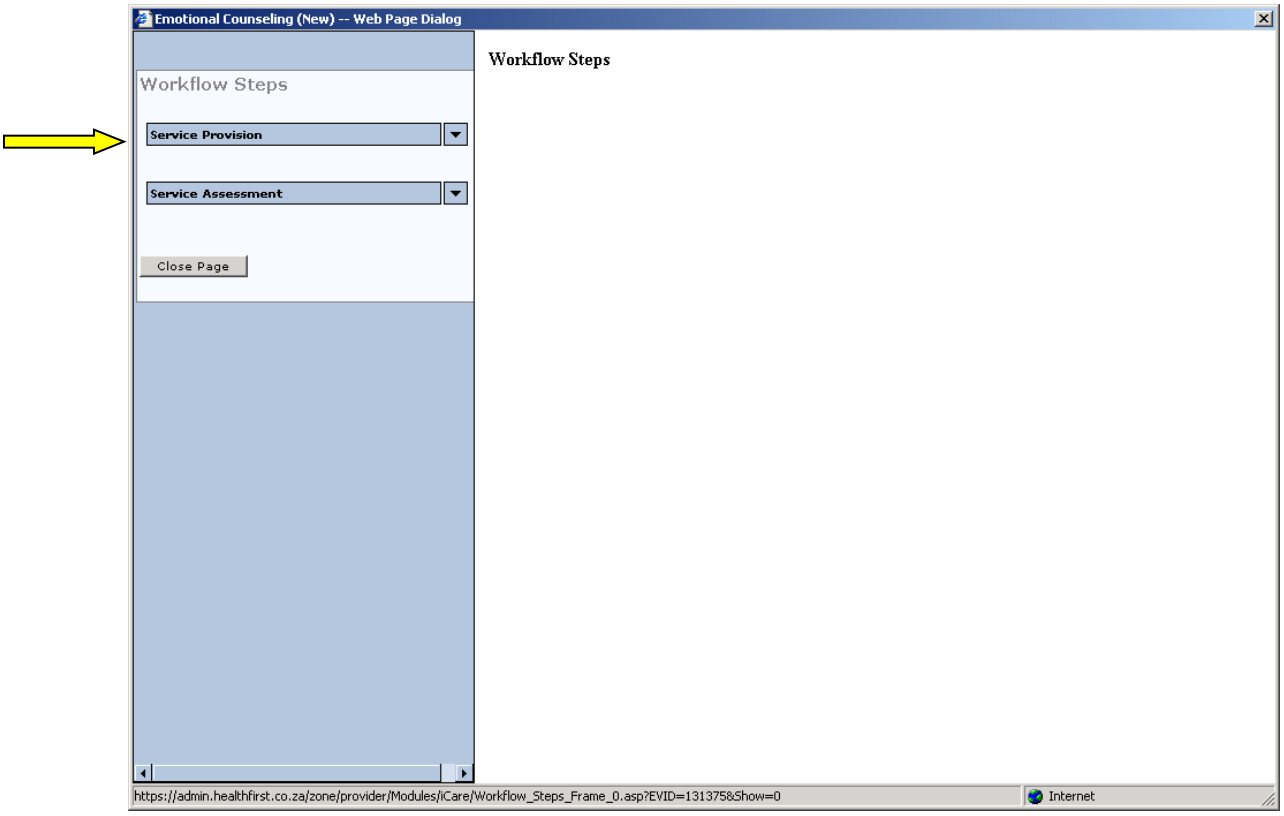
On this page you will get all the details on the case referred to you.

- The authorisation number
- Client company details
- Client details
- Contact details
- Number of sessions
- Service model
- The referring care consultant is reflected as ‘consultant’
- The quality care consultant is reflected as ‘senior consultant”
- Any notes added onto a file.
- Company or individual warnings
- Initial assessments and notes

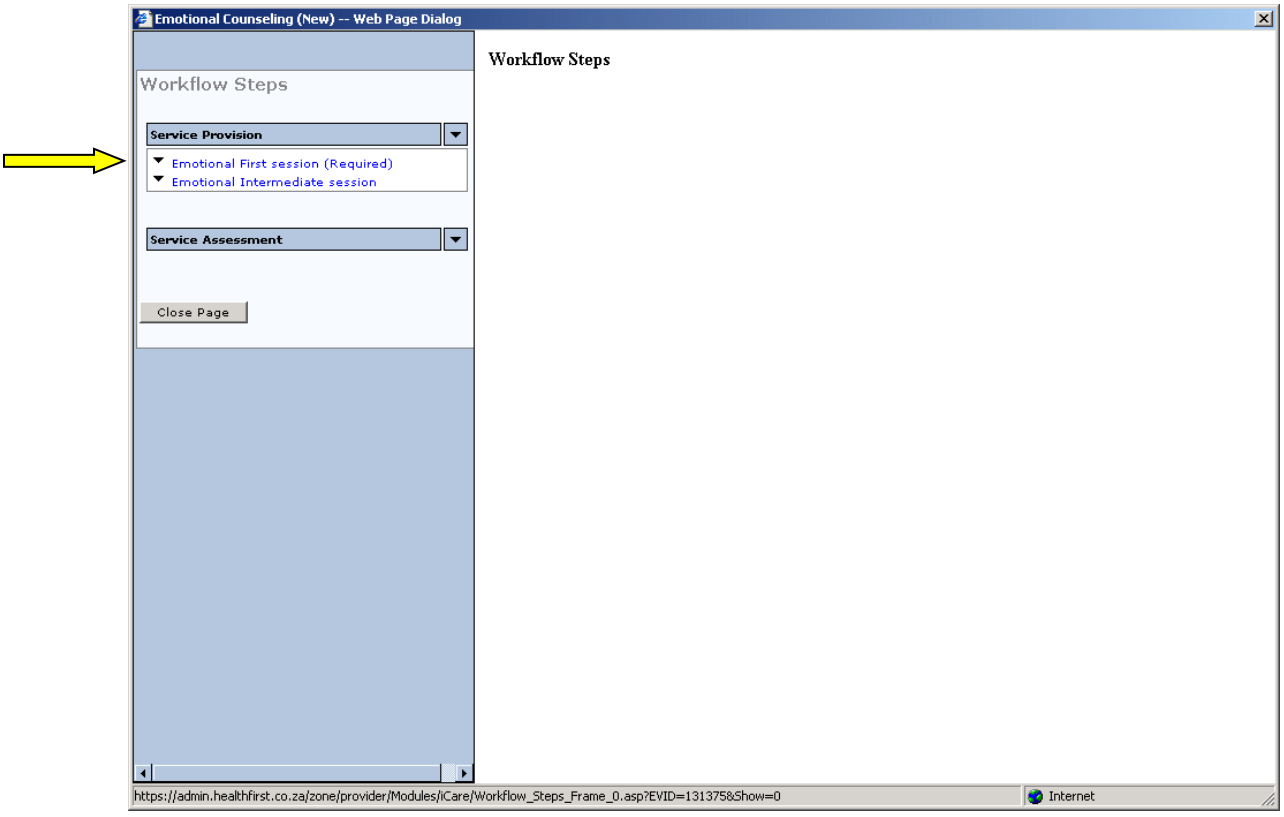
10.2.2 How to load session notes

Click on close to return to your New Events window.

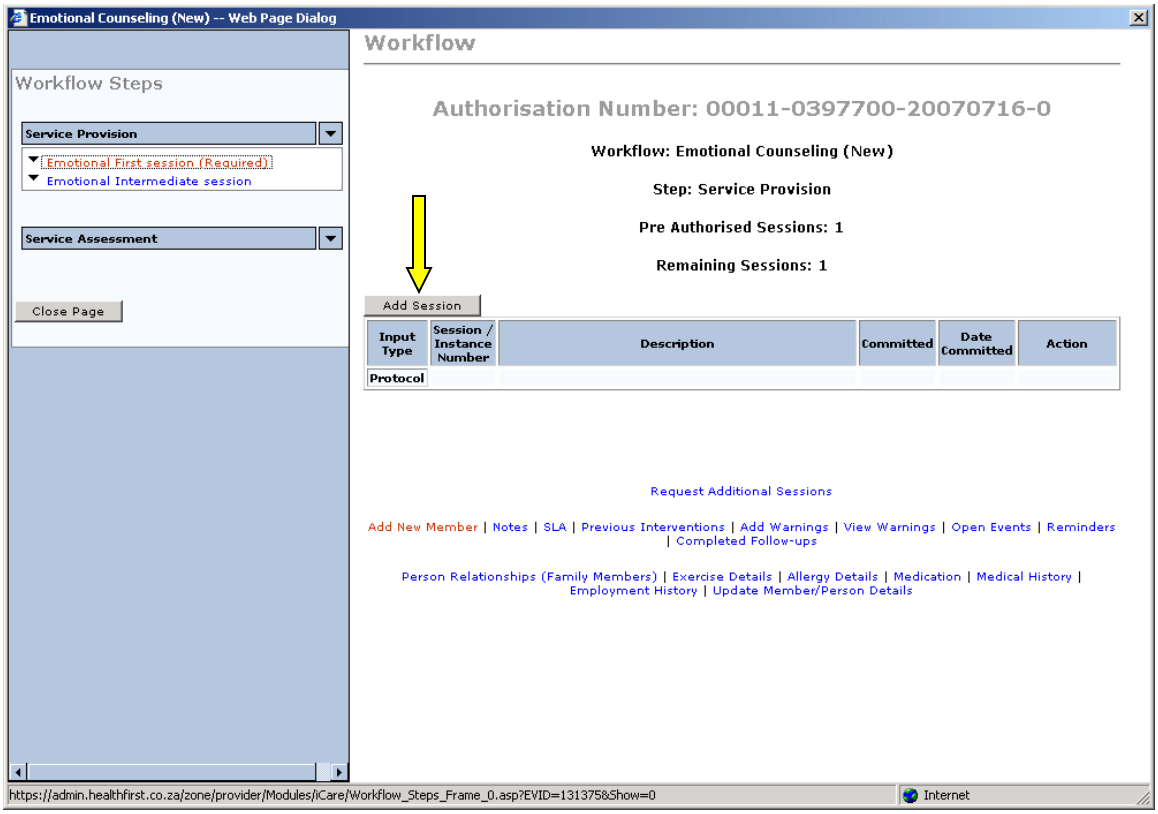
Click on ***Select*** (remember to only click once)



Click on ***Service Provision*** (on the left-hand side).

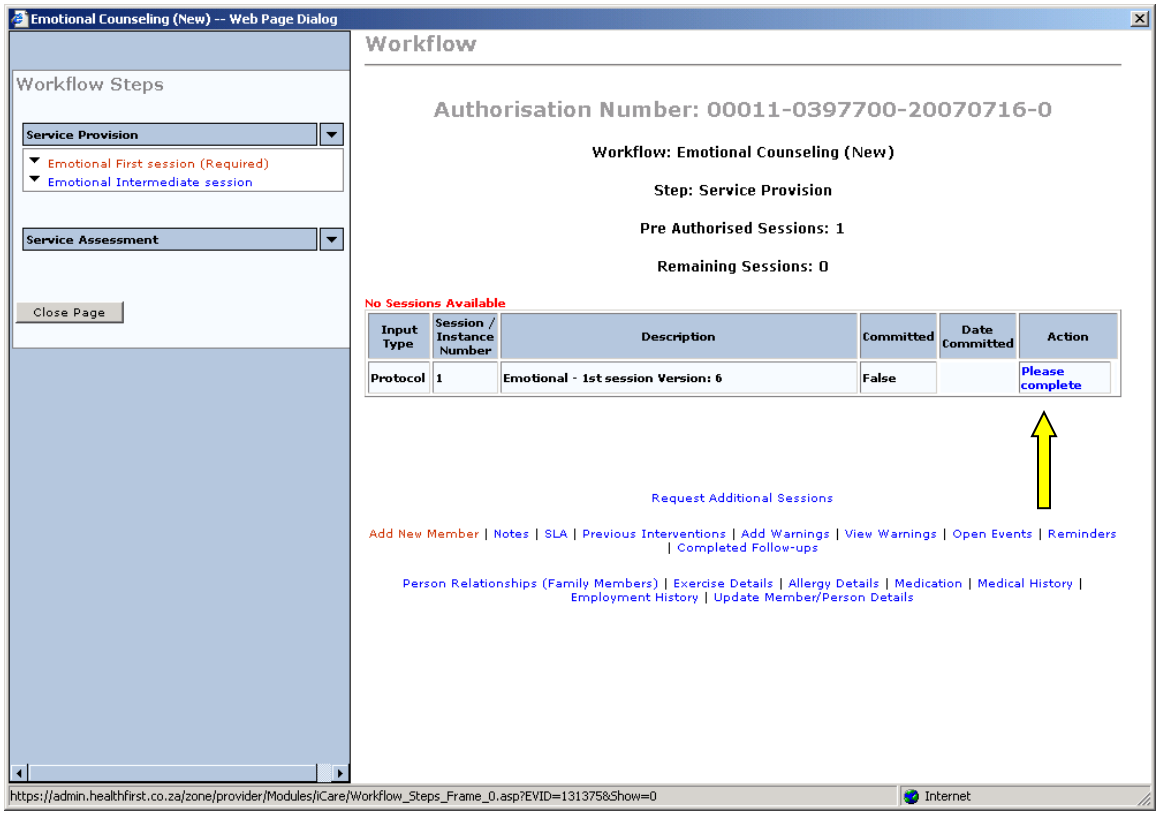


Click on ***Emotional First Session*** (on the left-hand side).

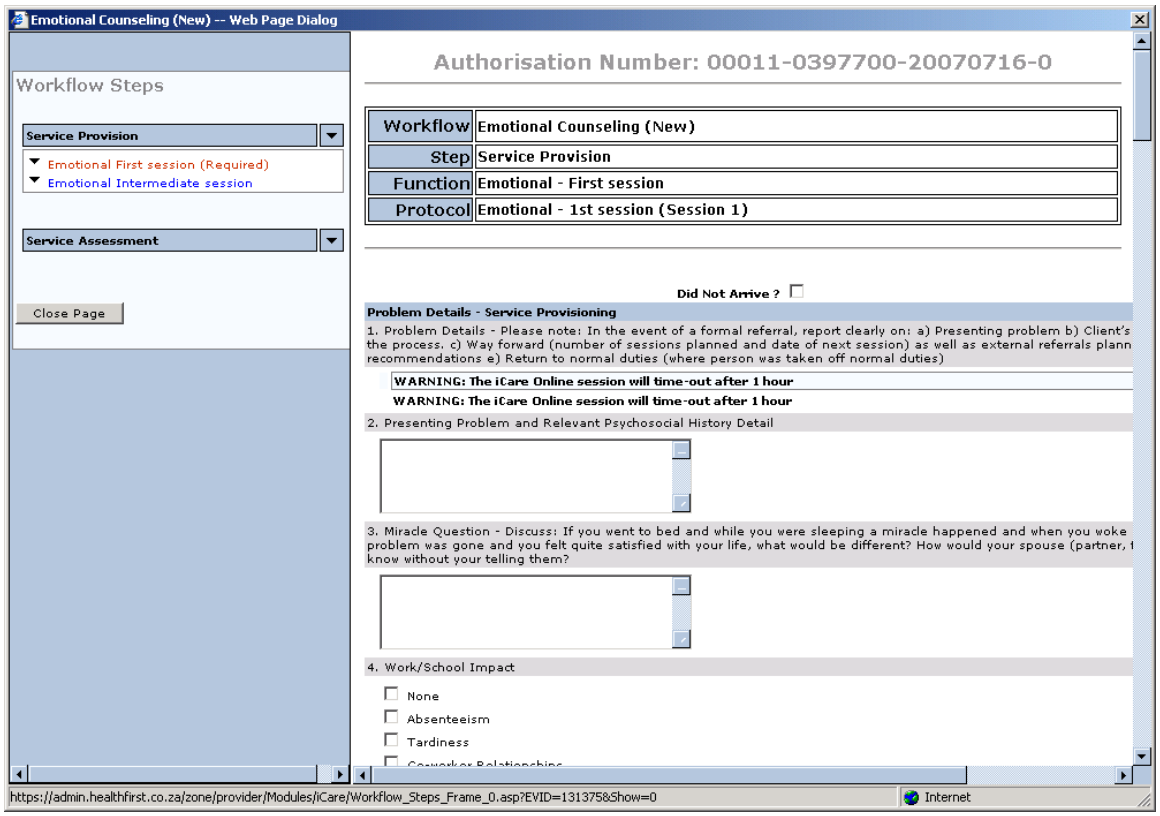


Click on ***Add Session***.

Note: you can only add one first session in an event



Click on ***Please complete*** (on the right-hand side).

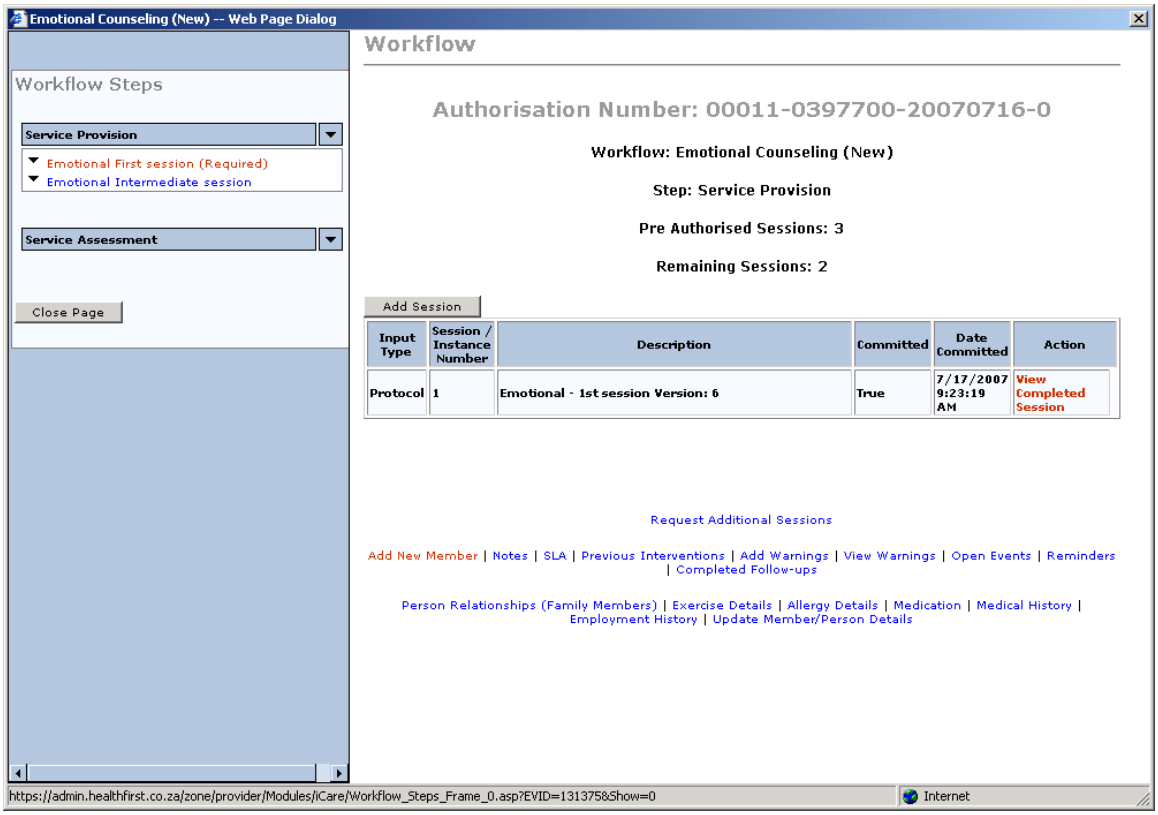


Complete your session notes on this page. (Please note that the whole page is not visible in this document.)

Please note: The system will time-out after 1 hour and your notes will be lost. Be sure to complete notes within 1 hour. iCare does not have a 'save' facility.

After having completed the session note, click on the ***Continue*** button at the bottom of the page (if you do not press continue, the notes will be lost).

You need to wait until the next page is visible before you click on anything else. If you do not wait your notes will be lost. Below is the page that needs to be visible before moving on.

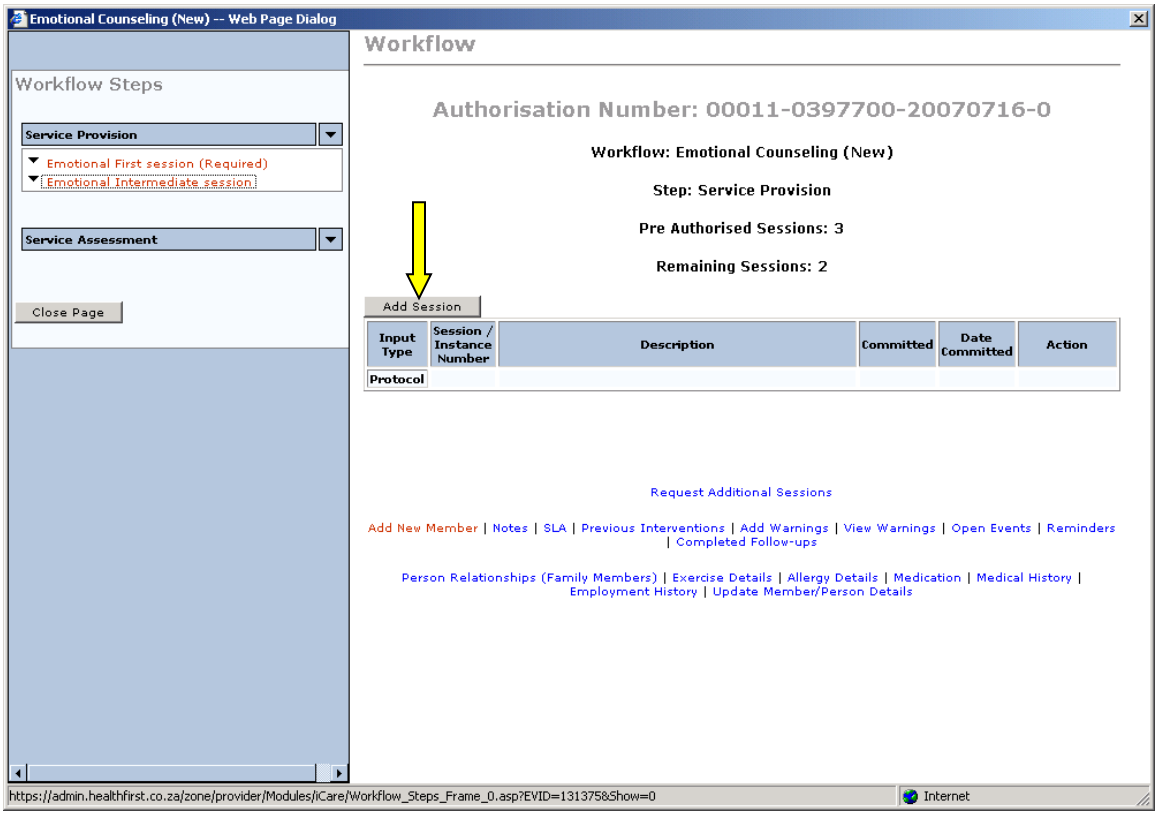


The screen must say 'view completed session' for you to know the session notes have been accepted. You can click on 'View Completed Session' to see your notes. Notes on a completed session cannot be edited.

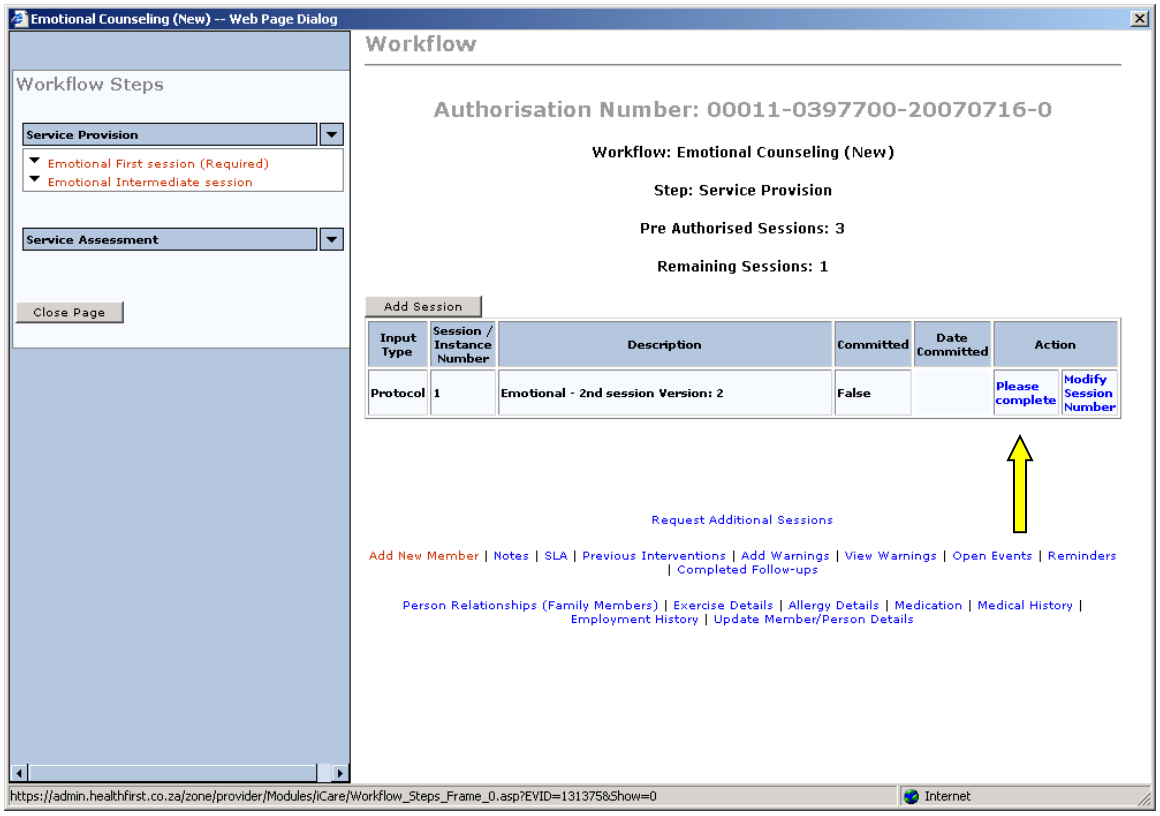
Intermediate sessions

After you have seen the client for subsequent sessions, you can then continue to load your intermediate session notes:

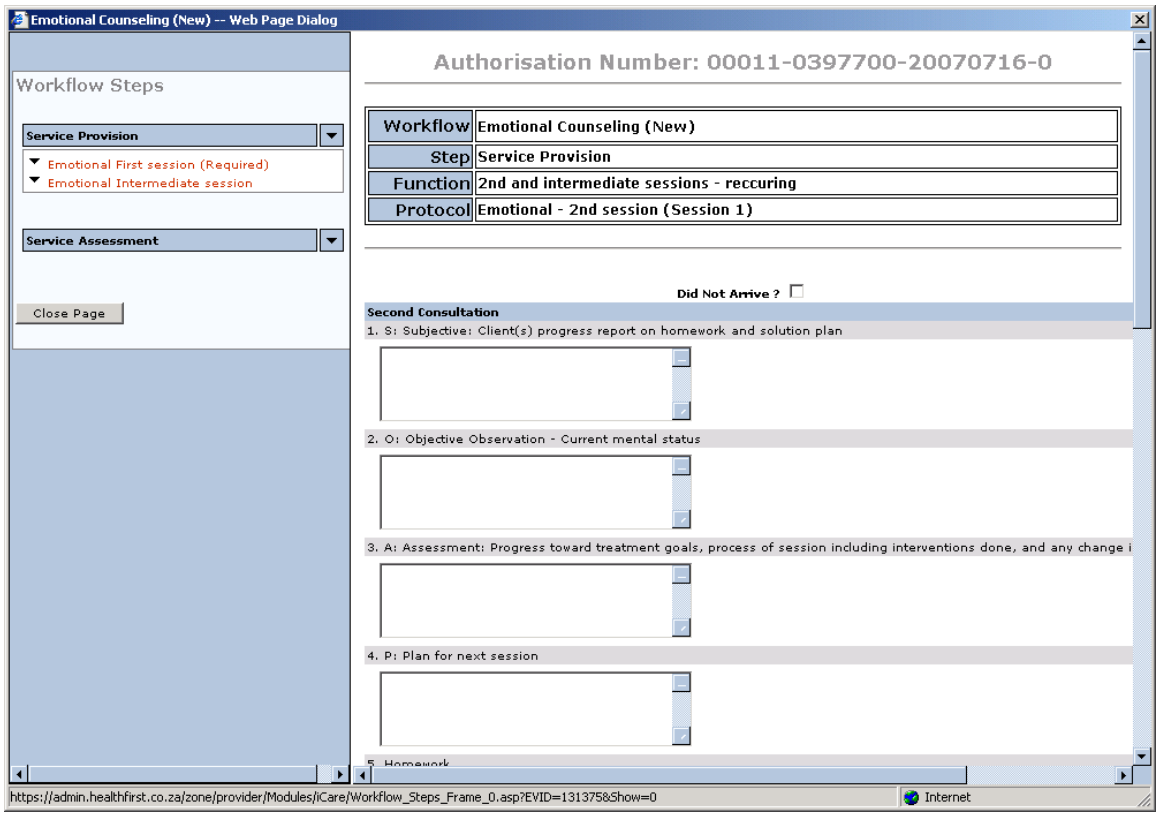
Click on ***Emotional Intermediate Session*** on the left-hand side of the screen.



Click on ***Add Session.***



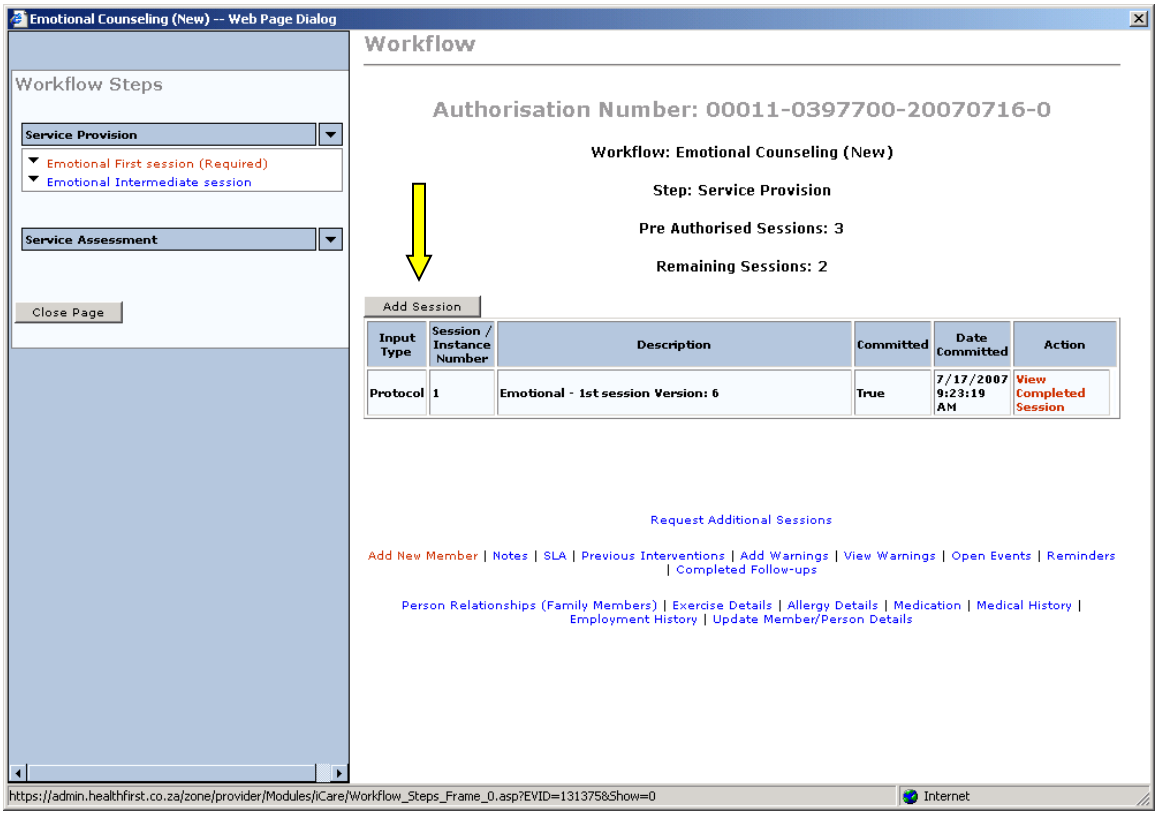
Click on ***Please Complete***.



Complete your second session on this page (please note, the full screen is not visible in this document).

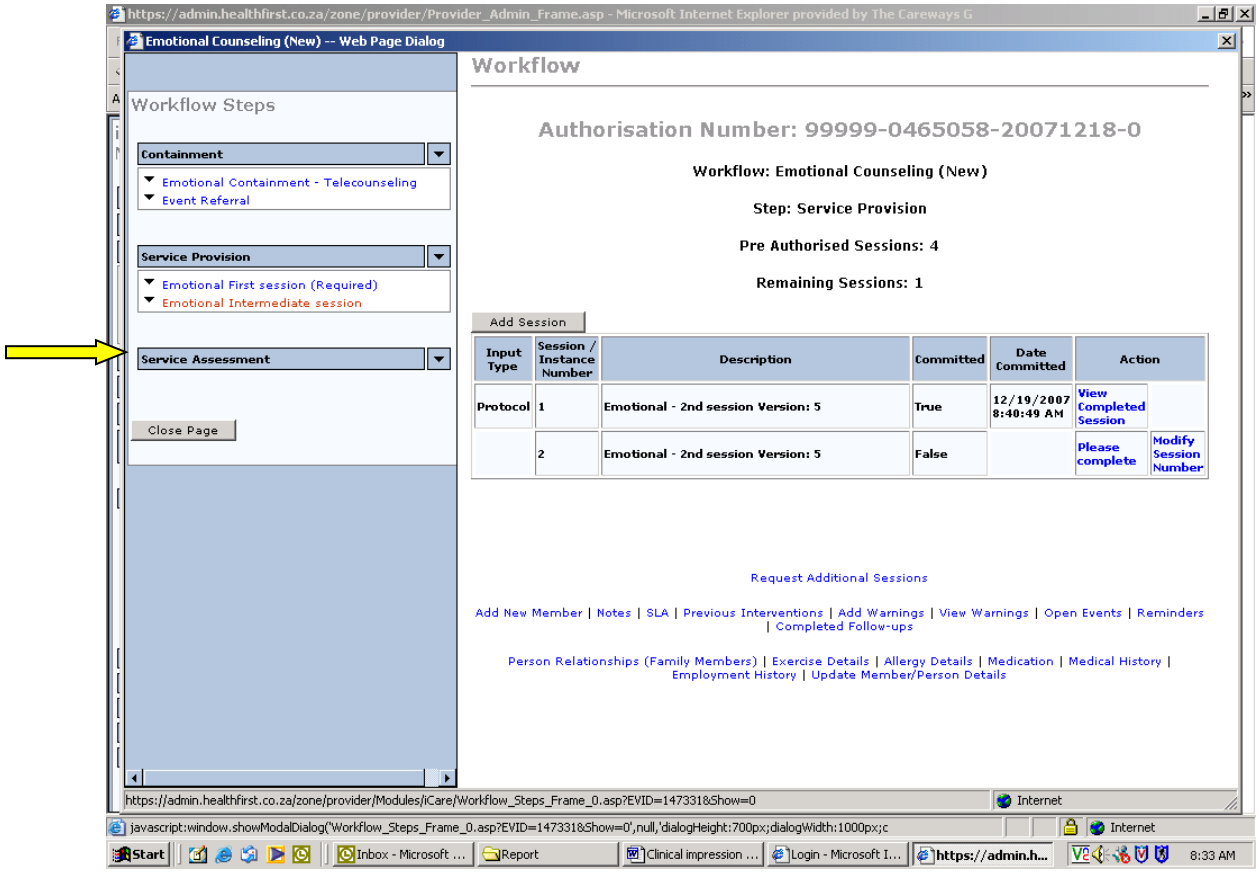
After you have completed the session, you need to click on the ***Continue*** button at the bottom of the page.

You need to wait until the next page is visible before you press anything else. If you do not wait, your notes will be lost. Below is the page that needs to be visible.



For all the remaining sessions, click on ***Add Session*** and ***Please Complete***.

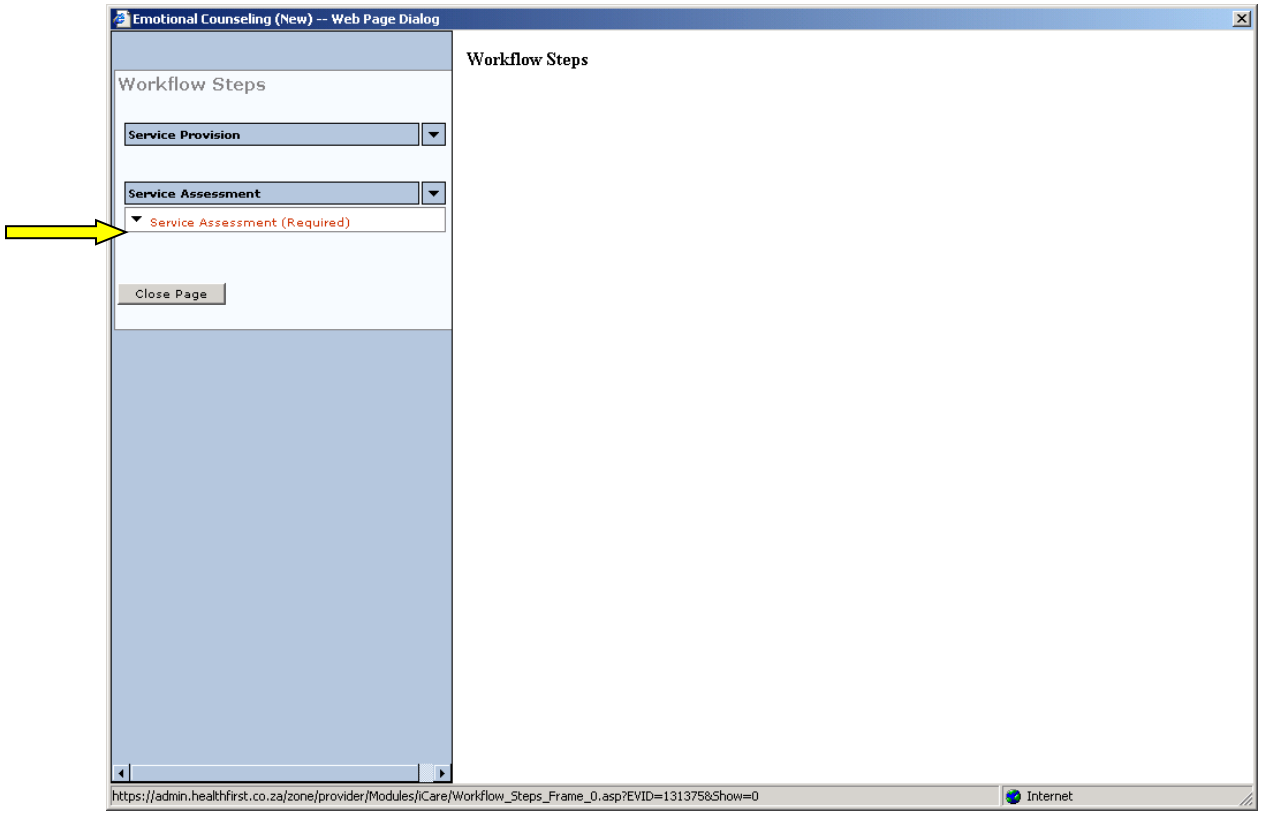
To request additional sessions, click on the link ‘Request Additional Sessions’ on the workflow screen. Specify how many additional session will be required and include a clinical justification.



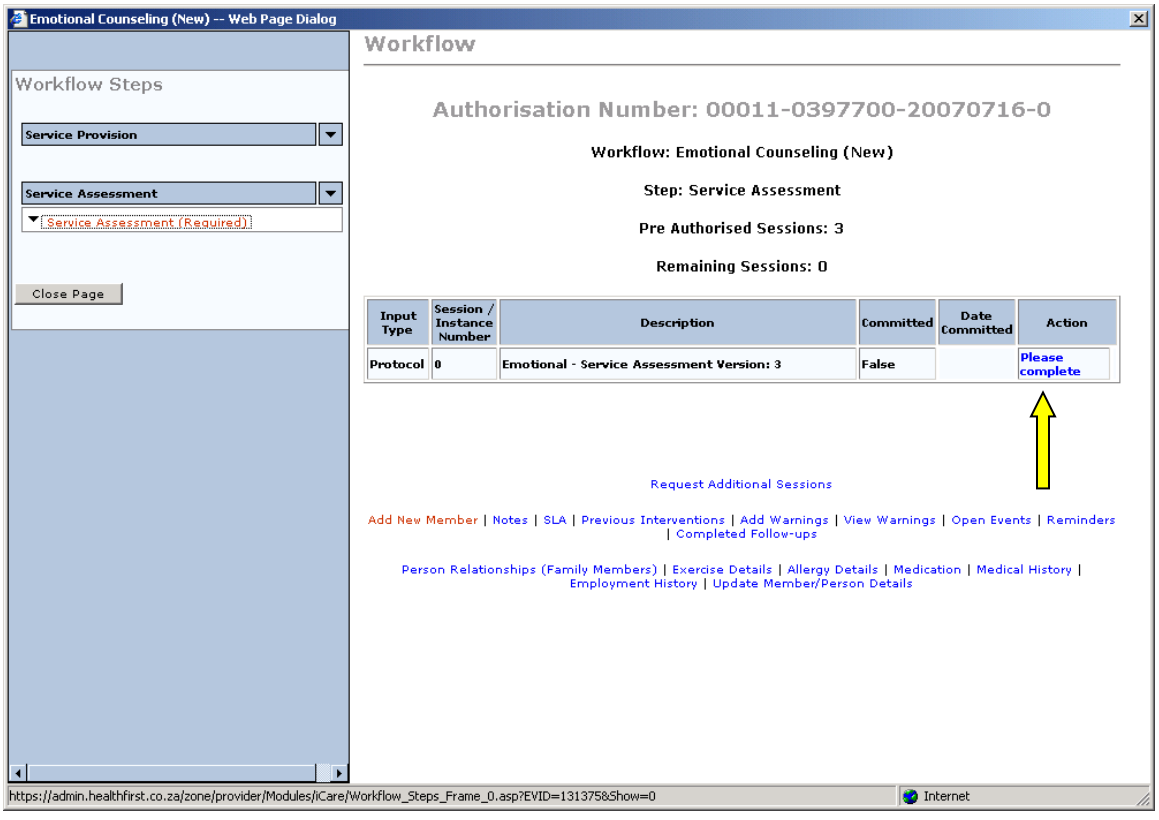
Case closure

Once all your session notes have been loaded on iCare, you can close the file.

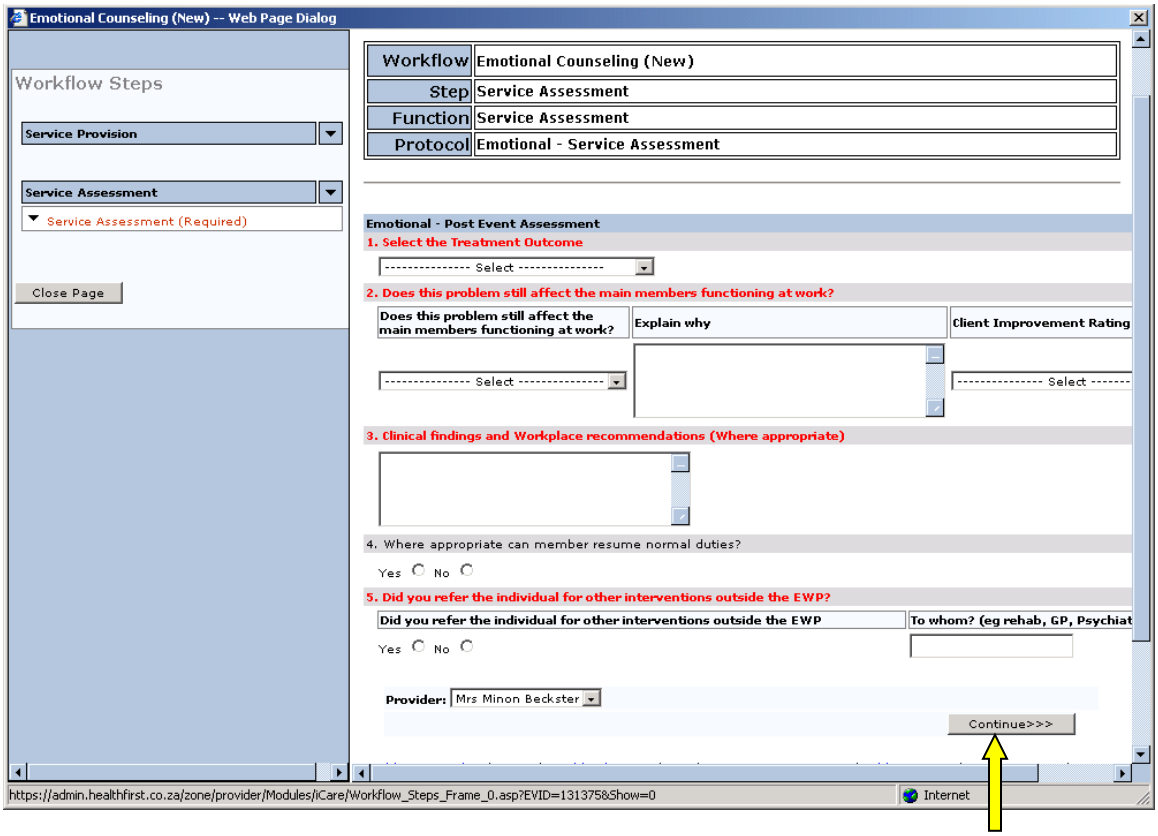
If you have utilised all the sessions, click on ***Service Assessment*** on the left-hand side of the screen.



Click on ***Service Assessment***.

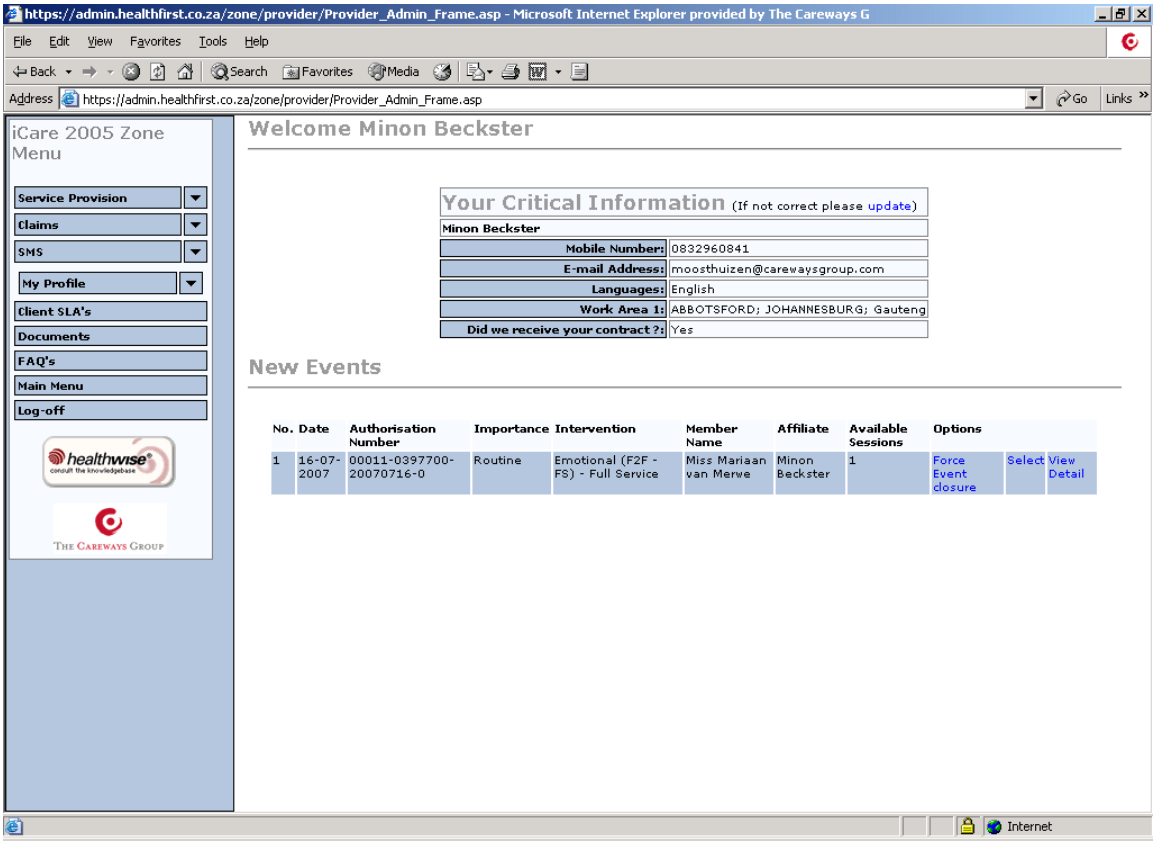


Click on ***Please Complete*** on the right-hand side of the screen.



Complete the case-closure session and click on ***Continue***. Your case is now closed and you can claim for the sessions rendered.

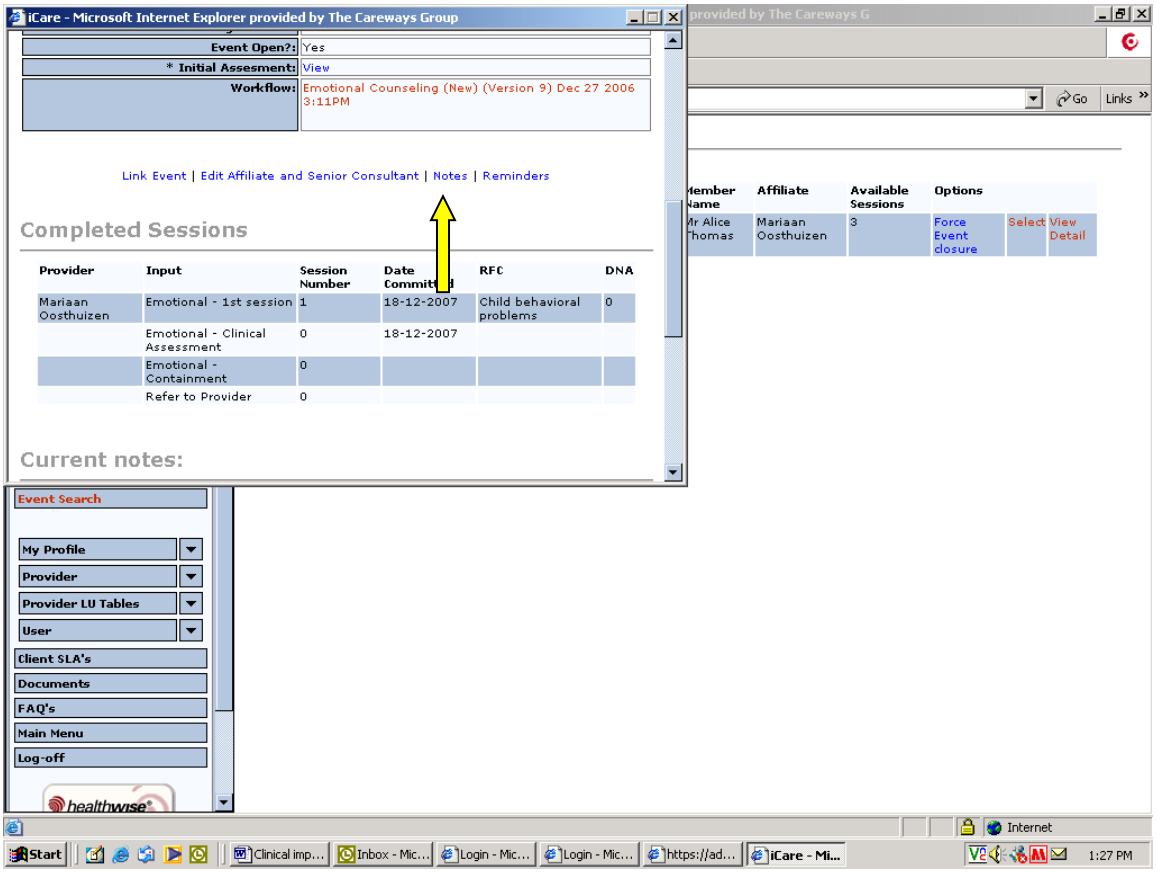
If you have not utilised all sessions (e.g. client dropped out), or you did not utilise the full amount of allocated sessions, go to the New Events or Open Events screen and click on ***Force Event Closure*** and complete the screen (the same screen as above will appear).



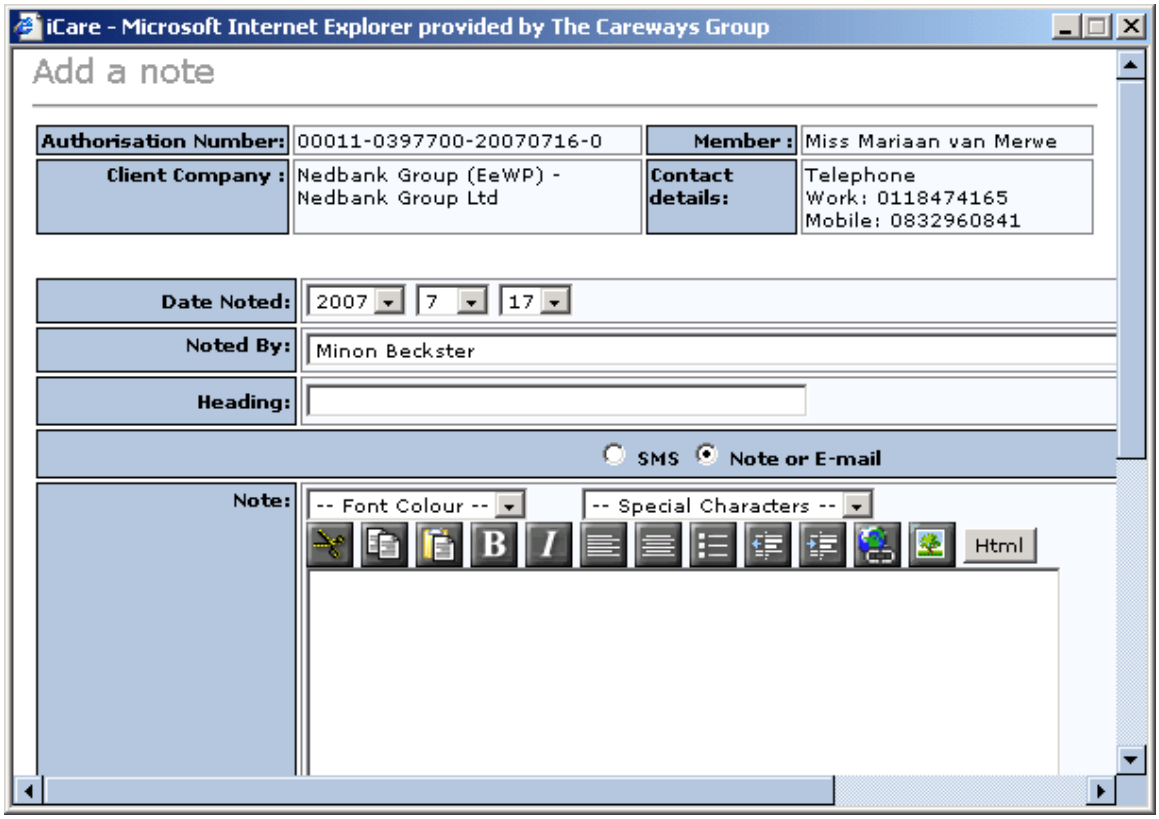
10.2.3 Adding a note to a file

Please note that this CANNOT be done when a case has been closed.

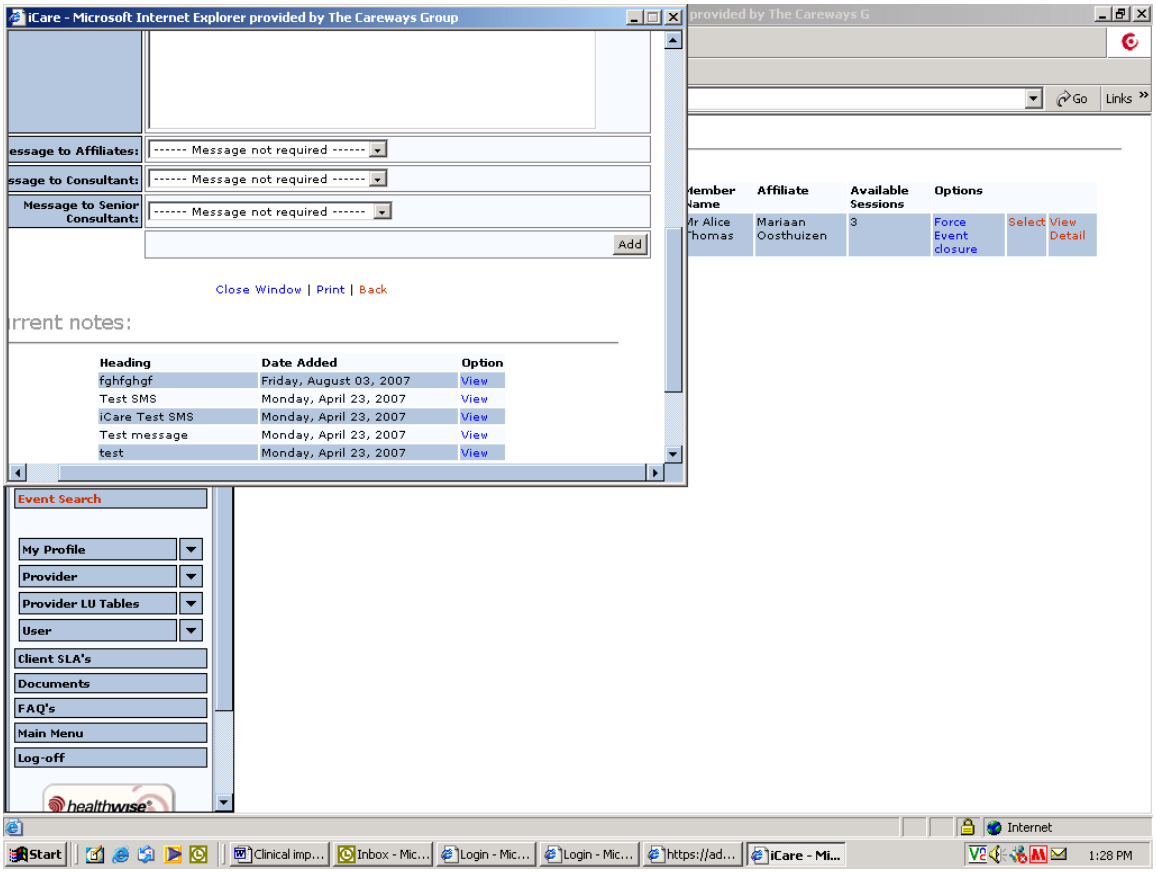
You can add a note to the client's file by doing the following:



Click on ***Note*** (in the middle of the ***Completed Sessions*** screen).



Put a brief heading and then put your notes in the open space. Click ***Add*** (you need to scroll down and to the right to find the add button).



If you want to send the note as an e-mail, select the name of the person you want to sent the note to and click ***Add***. Your note will then be sent to the relevant person.

Please ignore the SMS function on this page as it is not for the use of practitioner.

10.3 How do I claim on iCare?

Log on to iCare . Click on ***Claims*** on the left-hand side of the screen.

10.3.1 Ad hoc events

Procedure for loading of ad hoc events (travel expenses)

- Record the authorisation number (see the ***Events Detail*** page for this number) of the file for which the travel expenses will be claimed
- Click on ***Ad* hoc** on the left-hand side of the screen
- Click ***Search***
- Enter the authorisation number (if you have not recorded the authorisation number, the client ID number, first name or surname can be entered)

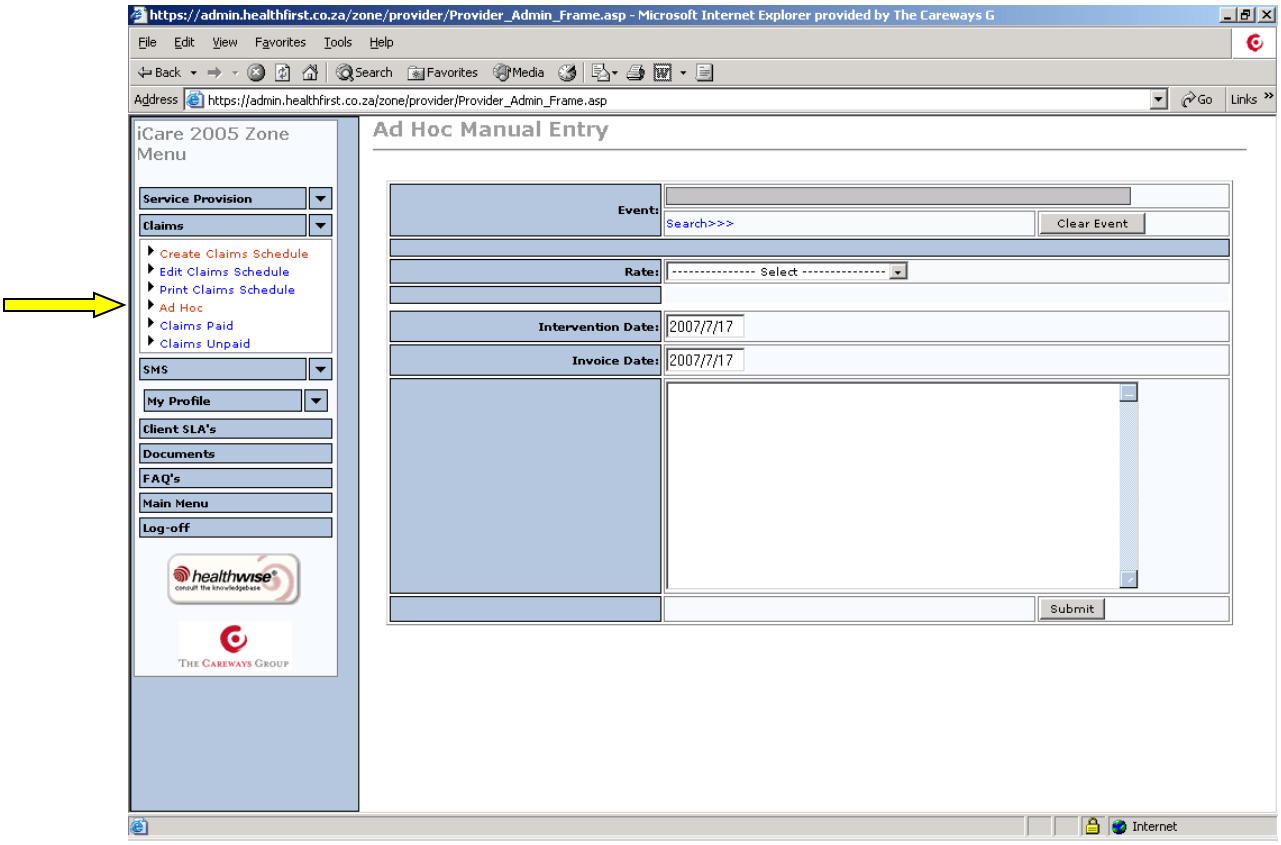
- Click ***Search***
- Once the file that you want to claim against has been retrieved, click ***Select***
- The authorisation number for the file will appear in the top line of the page
- Select the rate (eg travel kilometers)
- Enter the date of the event:

  For travel claims, enter the date that travel took place and enter the number of kilometers travelled in the text box below
- Click ***Submit***.

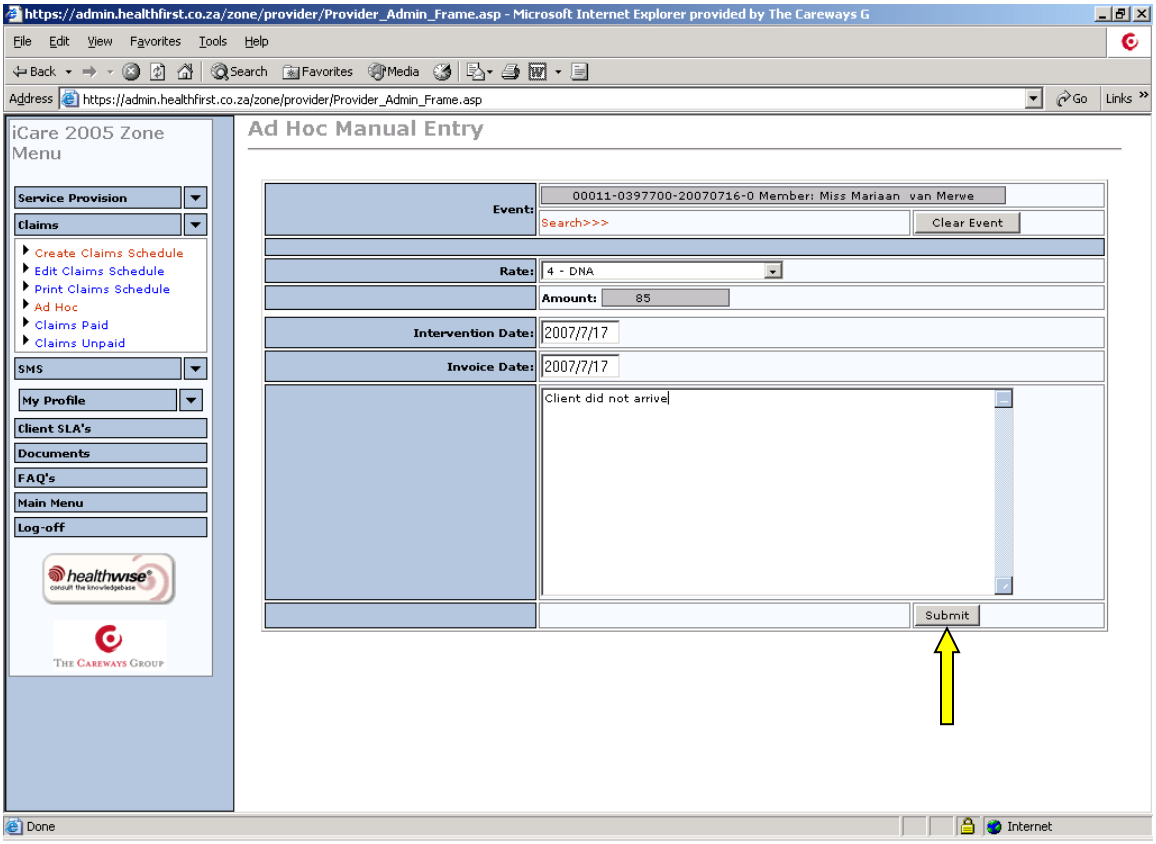
Step-by-step procedure

Please note, travel claims are not claimed for automatically by the system. You need to follow the following procedure to claim for them.

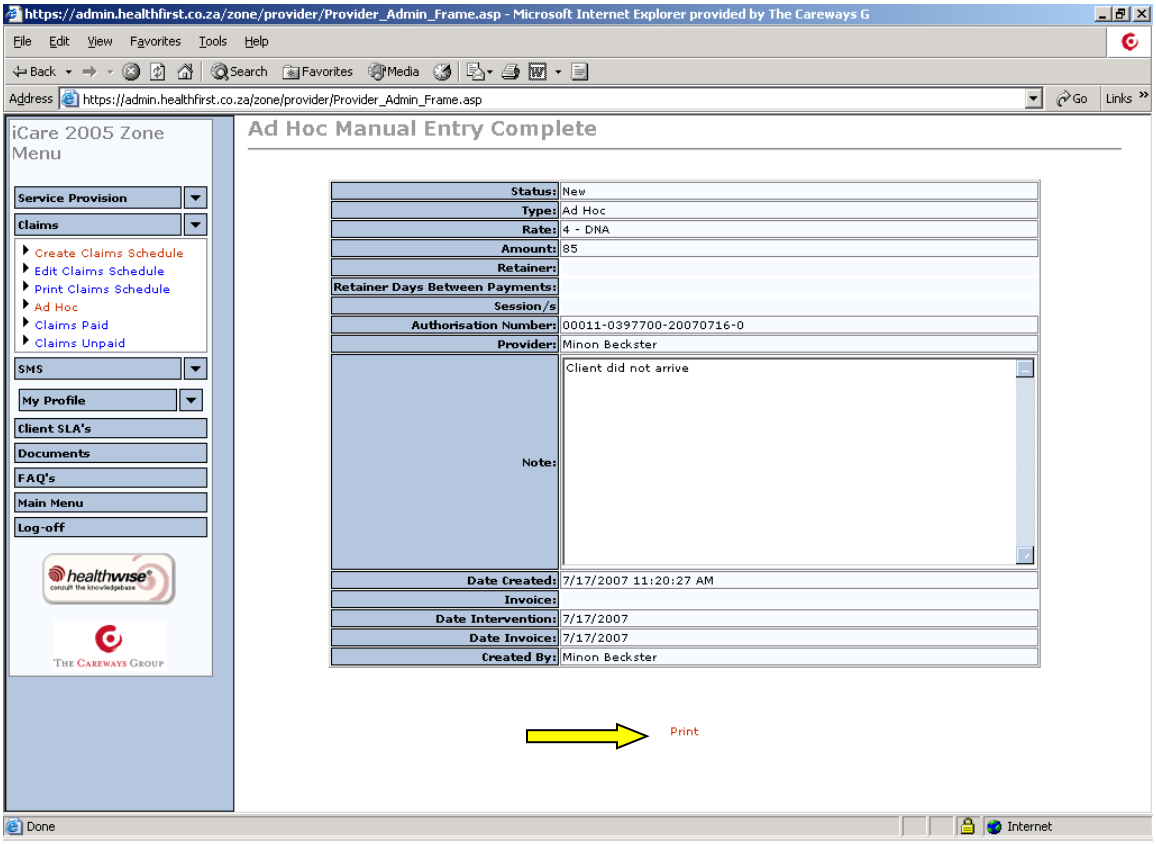
Under Claims, select ***Ad Hoc***.



It must look like the screen above.



Then click on ***Submit***. Remember to print and keep a copy for yourself.



10.3.2 Claiming for closed files

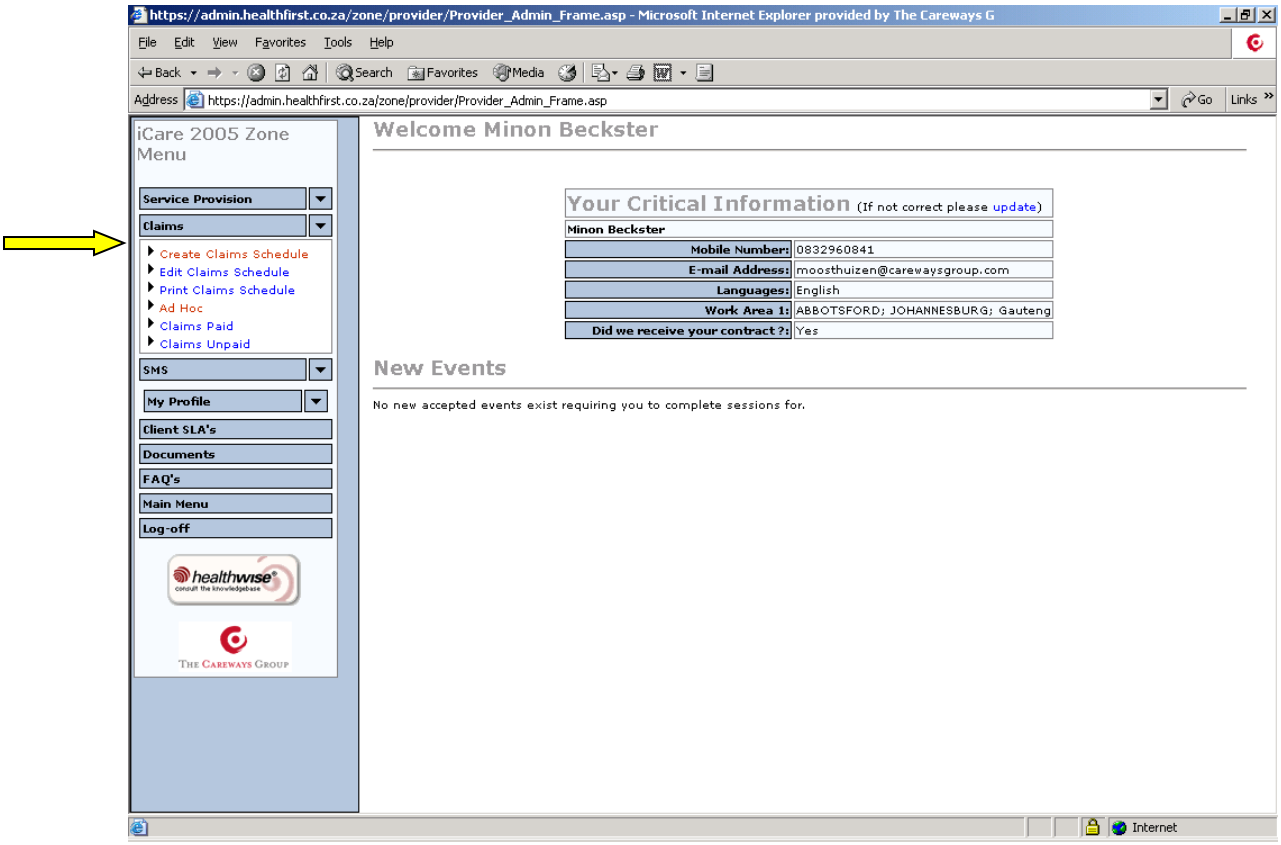
Procedure for creating a claim schedule

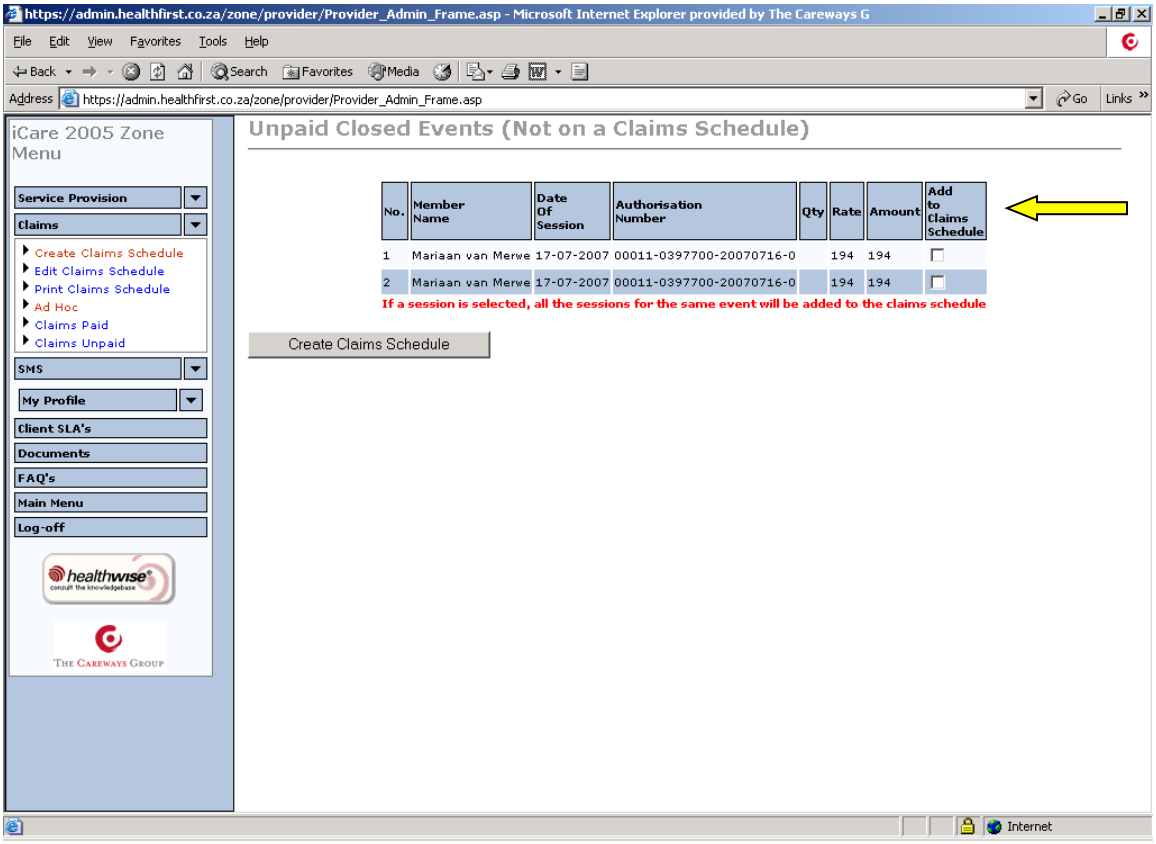
- Click on ***Create Claim Schedule*** on the left-hand side of the screen
- Click on all the files that appear. You will see that the travel expense that you created under ***Ad Hoc*** will appear here for claiming purposes
- Click on ***Create Claims Schedule*** at the bottom of the page
- If editing is required, this can be done before clicking on submit on this screen by clicking on ***Edit Claim Schedule*** on the left-hand side of the screen
- Whether editing has been done or not, at this point click **Make *Claim Schedule Billable***
- The claim schedule will say ***Billable*** in red. This is the claim schedule that will be sent to the Careways Finance Department
- **Click *Submit* at the bottom of the page** (this is a vital step because if you do not click ***Submit*** the claim will not be sent through to the Careways Finance Department)
- A message will then say ***Claim Schedule Was Sent*** in red at the bottom of the screen. Only when you see this do you know that the claim has been sent to the Careways Finance Department

- For a hard copy of the claim, click ***Print***.

Step-by-step procedure

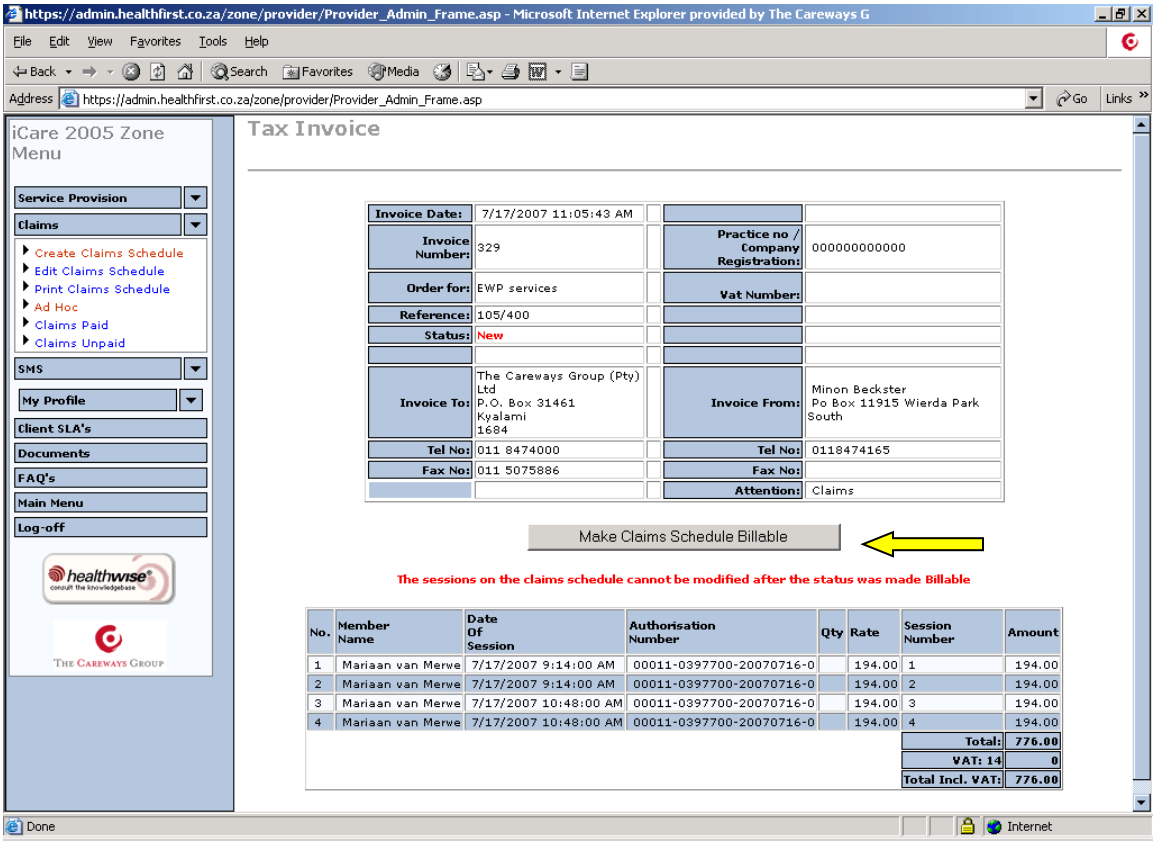
Click on ***Claim*** and then ***Create Claims Schedule***.



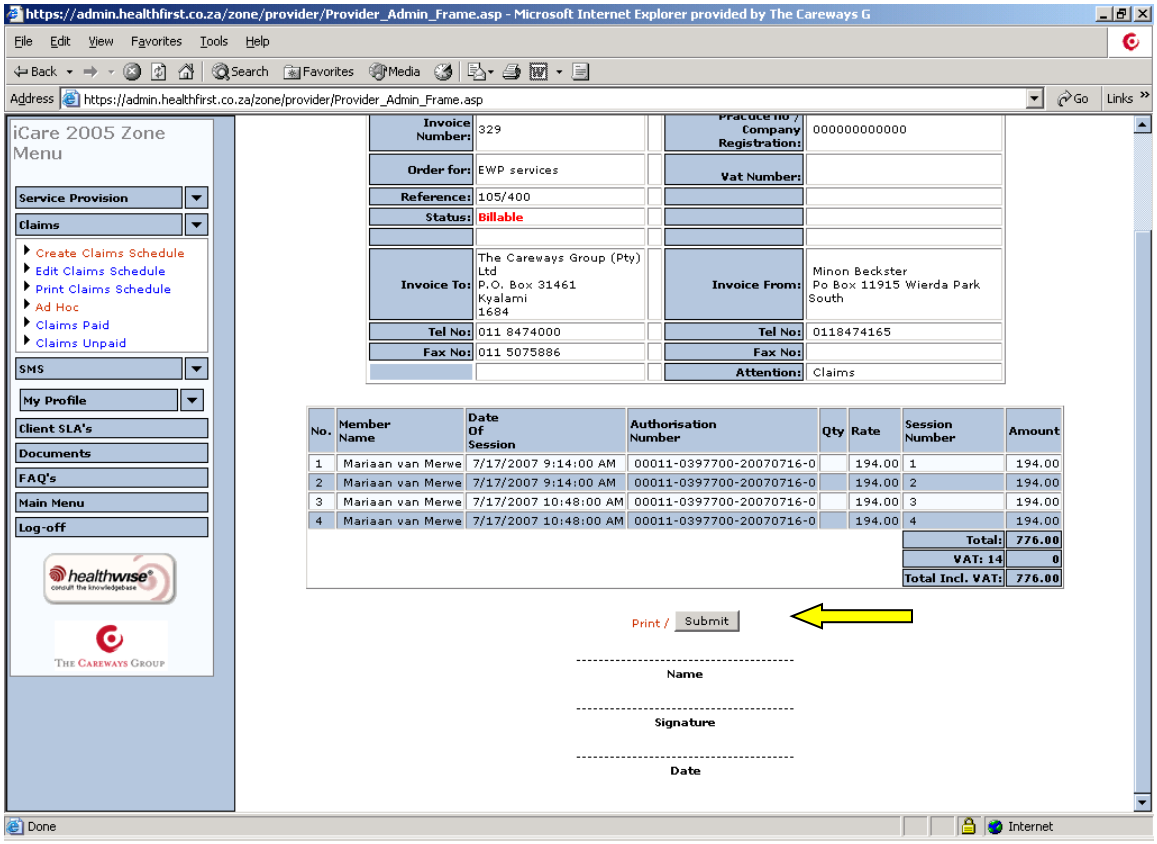


Make ticks under ***Add to Claims Schedule*** next to all sessions you want to include on your claim.

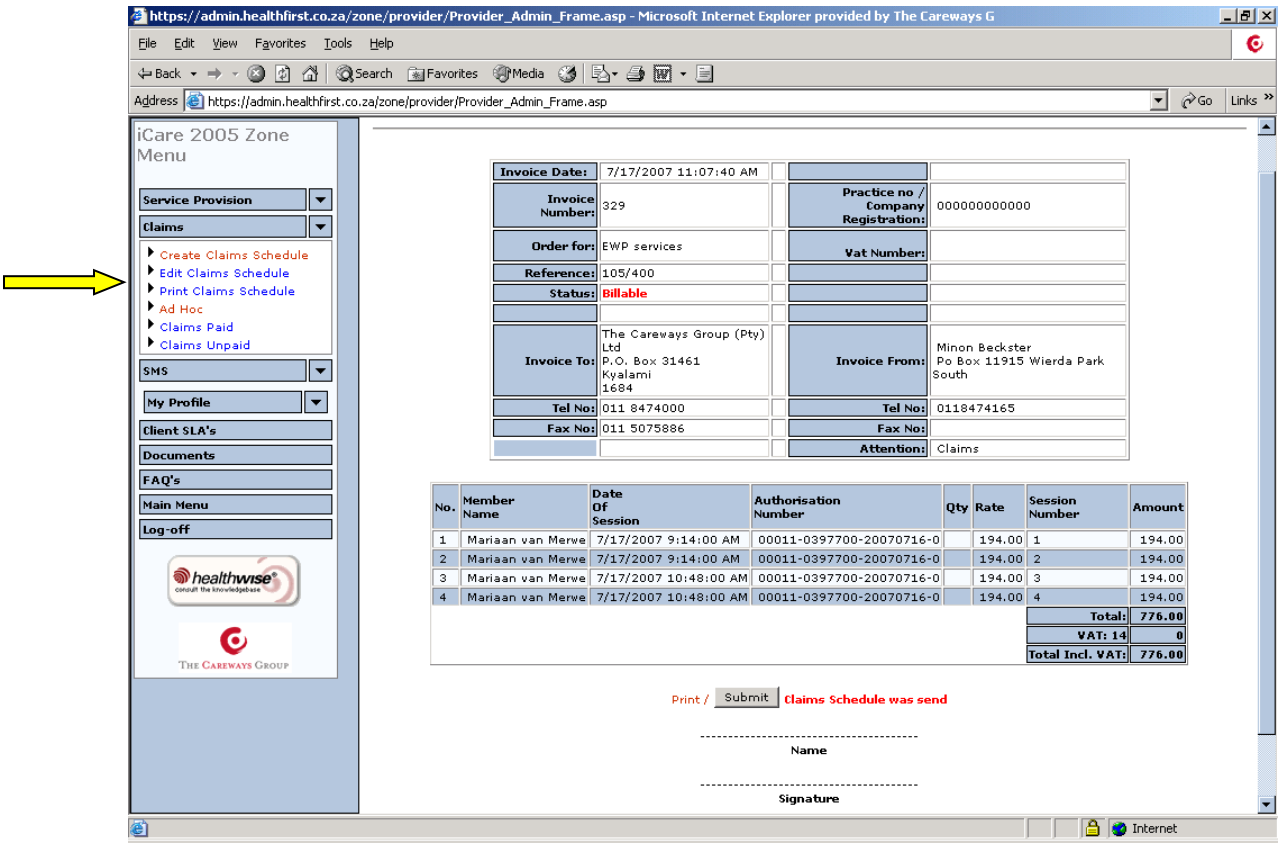
Click on ***Create Claims Schedule***.



Click on ***Make Claims Schedule Billable***.



Click on ***Submit***. Your claim has been sent.



Remember to always print a copy of your claim and keep it. You can do this by selecting ***Print Claims Schedule***.

10.3.3 Additional claiming information

- It is recommended that as you close a file, a claim schedule should be created and submitted to finance. Please try not to wait until the end of the month to create your claim schedule. This will prevent a backlog at the Careways Finance Department
- For hard copies of other claims, click ***Print Claim Schedule*** on the left-hand side of the screen. Then select the claims that need printing
- To check for claims that have been paid, click ***Claims Paid***
- To check for claims that have not been paid, click ***Claims Unpaid***. *(At this point, the only reasons for claims not being paid would be if an practitioner did not click* ***Submit*** *at the end of the claiming procedure so that the claim did not reach the Careways Finance Department)*
- If claims are unpaid, please send a query to administration@carewaysgroup.com with the authorisation number for the unpaid claim

- If the wrong rate appears when you create a claim schedule, please contact network care immediately so that he or she can check why the file generating incorrect rate on iCare. If you're the file is incorrectly loaded, the wrong rate will be reflected. The network care/ care consultant will correct this on the system or the file so that the correct rate appears.

When an invoice reaches Careways by the 25th of every month, payment will take place on the 7th of the next month.

10.4 Other features on iCare

10.4.1 Service provision

Under ***Service Provision***, you have the option to view your:

- **New events**: All events that you need to accept or reject
- **Open events**: All events that you are currently busy with
- **Closed events**: All events that were closed
- **Careways extranet**: A visit to Careway's Website with interesting topics to read.

10.4.2 My profile

Under ***My Profile*** you can change your details and/or password. It is suggested that you change your password immediately on entering iCare for the first time.

10.4.3 Documents

You can view all the appropriate documents on iCare.

10.4.4 Frequently asked questions (FAQs)

A list of FAQs and answers is available on iCare, for your information.

10.4.5 **Healthwise**

Healthwise is a comprehensive knowledgebase of medical, psycosocial and lifestyle information.

10.5 Problems with iCare

An IT helpdesk is available for support with technical problems. Any technical difficulties can be forwarded to providers@carewaysgroup.com and or helpdesk@carewaysgroup.com.

12 Protocols

12.1 Referring clients outside the EWP

The practitioner takes the responsibility to refer the client to an appropriate resource if indicated. The practitioner should give due consideration to the appropriate type and level of care as well as cost effectiveness of care. All referrals should be done at the earliest possible opportunity and supported by a signed referral document (see Annexure H – Referral document). The practitioner are also expected to follow up with the client after the referral has taken place. The practitioner must ensure that the client understands that all referrals out of the EWP are for the client's own account.

12.2 Self-referrals

The practitioners are discouraged to refer clients to themselves for long-term or specialised treatment. This, however, is allowed when there are no other resources available to address the client's specific needs or when the client specifically requests to continue with the practitioner on a private basis or where it is clinically indicated. The practitioner must obtain permission from his or her quality care consultant to do a self-referral.

12.3 Children in the EWP

The target group in this context is a child and is defined as being a person of the age of 13 years and younger (depending on the maturity of the child).

The EWP does not include the therapeutic treatment of children. The model used is *assess and refer*. The therapeutic focus should be more on parental guidance. The focus within the EWP is on the system and not on an individual. Thus you get a certain amount of sessions for the problem and not per individual. Therefore, there cannot be separate files for the mother, father and the child.

Psychometric assessments are NOT included as part of the assessment. Psychometric assessments are excluded from the EWP as it is considered a specialist and not a generalist intervention. However, the practitioner to whom the case has been referred may complete a psychometric evaluation provided that the parent bears full responsibility for these costs. The parent's understanding that they are liable for the payment of the psychometric assessment

must be put in writing. Projective measures such as the DAP, KFD and CAT may be used in assessing the child.

When loading the first session note for a child, please ensure that the age of the child is included.

12.3.1 Child physical + sexual abuse in children

- The EWP does not get involved in statutory cases
- If practitioners are faced with information on child abuse, law forces them to report the case to the relevant authority. All practitioners must report cases of child abuse or suspected child abuse to the appropriate institutions for a proper investigation to take place
- Presence or absence of risk factors must be noted on iCare as a case note and sent as a message to the quality care consultant
- Telephonic discussion of a case must be done in severe cases
- Notes must give details on action steps taken to neutralise any threat to children's lives, including resources used
- Cases must be evaluated for suitability for short-term work
- Practitioners must play a significant facilitating role and take responsibility for the case during and after hours with the support of the quality care consultant and the after-hours service at the Careways Care Centre.

12.4 Couples

- If a couple presents with marital problems, the marriage is seen as the client and the practitioner is encouraged to address the couple together in EWP sessions and only refer for individual therapy if clinically indicated. Again you must address the system and not the individual
- Individual sessions, conducted with both parties separately by the same practitioner, is not permitted as this gives rise to complaints of a loss of neutrality and impartiality by the therapist
- Should one party or the therapist himself or herself request individual consultation; the other party essentially needs to be afforded the opportunity to have access to an individual consultation as well
- The same therapist who is conducting the couples counselling cannot conduct this individual consultation. The individual should be referred to another practitioner

- The practitioner must inform the quality care consultant to arrange this referral
- Within a brief psychotherapy model (4 to 8 sessions) the therapist has the opportunity to:
    - Contain an intense relationship crises and dynamic
    - Assess and describe the relationship dynamic in such a way as to suggest a possible therapeutic agenda for the couple to work with in longer-term therapy
    - Conduct an initial assessment, containment and/or referral to additional community resources (medical, legal, protective shelter) in the event of family violence, suicide risk and pending or arising legal process
    - The practitioner needs to screen for any risk factors as aggravating circumstances to the couple dilemma, that is chemical addictions, family violence, children at risk, suicide and homicide and unreported employee labour-related matters. In the event of any of the above risk factors being present, therapists need to operate within the guidelines of the Careways protocols and their professional ethical code.

12.5 Forensic or legal cases

Forensic and legal cases are not accommodated in the EWP and should be referred out appropriately, for example, child custody assessments and court referrals.

If the practitioner becomes aware of a legal matter once the client is already in therapy with the practitioner, the practitioner must inform his or her quality care consultant and a decision will be made whether to continue or to terminate and refer.

12.6 Non-attendance at EWP sessions

It is the objective of Careways to ensure, as far as possible, that the employer groups receive the maximum benefit possible from the money that they have invested in the EWP. The first step in this objective is to ensure, as far as possible, that each employee attends the appointment that has been made for therapy. To ensure that the employee takes responsibility for the therapy that he or she has requested, he or she needs to contact the practitioner in order to notify of the cancellation **at least 24 hours prior** to the appointment time should he or she not be able to attend the sessions for whatever reason. The employee is requested to acknowledge the responsibility for the re-scheduling of appointments, failing which continuation of EWP consultations remains at the discretion of the quality care consultant (see Annexure B – Statement of Understanding).

Note: The purpose of advising the client that the responsibility for the re-scheduling of missed appointments remains her or his responsibility is to encourage the client not to take advantage of the free EWP service that has been provided by the employer.

However, at times, clients still do not attend sessions. The reason for this non-attendance falls into the following categories:

- When an employee agrees to an appointment date and does not honour the appointment without prior notification of non-attendance. This is referred to as a DNA (did not arrive)
- When an employee could not attend an appointment due to unforeseen **work-related** circumstances, for example the manager would not allow time off; the client has a meeting or work commitment that cannot be cancelled. This is referred to as a CNA (could not attend)
- When an employee cancels the appointment less that 24 hours prior to the appointment time owing to a valid reason, for example illness, death in the family, or a car accident. This is referred to as a late cancellation (late cancels).

Note: For both CNAs and late cancels, it remains the discretion of the quality care consultant to determine the validity of the reason for the non-attendance. Careways reserves the right to amend this policy from time to time.

12.6.1 Objectives

- To encourage the client to take responsibility for the therapy that he or she has requested by:
    - informing the client that he or she remains responsible for the re-scheduling of appointments in time thereby not incurring unnecessary expense for his or her company and infringing on the practitioners's time for the missed appointment
- To assist the practitioner in co-managing with Careways the number of sessions not attended
- To facilitate maximum use of the practitioner's time as full consultations versus non-attended consultations.

12.6.2 Policy

The Careways policy in respect of client non-attendance is the following:

DNAs – self-referrals

- When a client did not arrive for the session without notifying the therapist and there is not a valid reason, this constitutes a DNA
- When a client did not arrive, the DNA session will be deducted from the total number of allocated sessions
- In the event of **a first session DNA**:
    - The practitioner will NOT be paid for the DNA
    - The practitioner must load the DNA on iCare and close the file
    - The practitioner must notify the quality care consultant within 24 hours of the DNA so that the case can be referred for follow-up by the Service Centre and, if necessary, telecounselling will be arranged
- In the event of DNA occuring during the therapy process:
    - The practitioner will NOT be paid the agreed upon rate
    - The practitioner must load the DNA on iCare
    - The practitioner must try to contact the client twice within a one week period in an attempt to reschedule an appointment
        - If the client cannot be reached, the file can be closed and the quality care consultant notified. The practitioner must document all attempts to contact the client as a ***Note*** on the client's file on iCare
- If the client can be reached, then a session must be scheduled. If the client does not arrive a second time, the practitioner must close the file and notify the quality care consultant within 24 hours of the DNA. No follow-up call is required. The client must NOT be invoiced directly for this missed session Payment for DNAs will not be made if the affiliate has not indicated the next session date in the iCare session notes and if the affiliate case manager has not been informed.

Did not arrive (DNAs) – formal referrals

- In the event of a DNA of a formal referral, the practitioner must notify the quality care consultant **immediately** after the DNA (either by telephone call or e-mail note on iCare)
- The practitioner is not responsible for following up with a client
- The quality care consultant will write a DNA report to the referring manager, informing him or her of the DNA. Allowance is made for the manager to contact the quality care consultant within two weeks to reschedule the appointment

- If there is no response from the manager at the end of this two-week period, the file will be closed
- If the manager contacts the quality care consultant, an appointment will be rescheduled with the practitioner
- If the client did not arrive a second time, the practitioner must notify the quality care consultant **immediately** after the DNA
- The quality care consultant will inform the referring manager that the client did not arrive a second time and that he or she is no longer eligible for the EWP service
- Depending on the circumstances, allowances may be made, only on approval by the quality care consultant, for a third session to be rescheduled
- The practitioner has the right to decline this referral and referral will be made to another practitioner.

Could not attend (CNAs)

- When a client cannot attend a session due to a work-related reason, this constitutes a CNA
- In the event of a CNA, the practitioner will NOT be paid the CNA
- The practitioner must load the CNA on iCare, providing a reason for the CNA
- Whether the CNA takes place at the first session or during the therapy process, the practitioner must reschedule another appointment with the client
- The practitioner must notify the quality care consultant of all CNAs within 24 hours of the CNA
- In the event of a CNA for a **formal referral**:
    - In the event of a CNA of a formal referral, the practitioner must notify the quality care consultant IMMEDIATELY after the CNA (either by telephone call or e-mail note on iCare)
    - The referring manager will be informed via a report written by the quality care consultant
    - If the client could not attend more than once during a formal EWP process, the matter will be addressed with the referring manager so that it can be taken up on a company level.

Late cancellation (late cancel)

- When a client cancels an appointment less that 24 hours prior to the scheduled time, this constitutes a 'late cancel'
- The practitioner will NOT be paid the late cancellation
- The practitioner must load the late cancellation on iCare, providing a reason for the late cancellation
- Whether the late cancellation occurs at the first session or during the therapy process, the practitioner must reschedule another appointment with the client
- If a client cancels late a second time, the continuation of the EWP remains at the discretion of the practitioner and quality care consultant

12.6.3 The process

- Every caller referred to a service provider should be informed of the DNA policy by the Careways Care Centre consultant handling the call
- The Service Centre consultant should, in all cases, accurately and completely, record the client's personal details, for example full names, accurate contact details and physical address, to be made available to the practitioner on request
- Practitioners who accept the referral of a client should make the appointment with the client and discuss the DNA policy. The practitioner should ensure that the client has her or his contact numbers in order to advise of a cancellation (below is a suggested communication):

  > 'This appointment has now been confirmed by both of us. Should you not be able to keep the appointment, you need to notify me at least 24 hours in advance. If you do not do so, I am required to consult with the quality care consultant from Careways in order to decide on the continuation of the service. The reason for this is that your company would like to be paying for events attended and not events missed in order to ensure the maximum benefit of the EWP programme'

- The practitioner should be notified at least 24 hours in advance of a cancellation.

12.6.4 Record keeping

- It is the practitioner's responsibility to record all DNAs, CNAs and late cancellations on iCare within 24 hours of the missed appointment. An indication of the agreed-upon appointment date and time must have been indicated on the file previously (either as a

Note made by the Careways Care Centre consultants in the case of a first session, or by the practitioner in the iCare session notes indicating the next session date)

12.6.5 On-site clinics

All practitioner servicing Careways at site clinics will not be required to invoice Careways for the DNA at the annual DNA tarrif as such practitioner are re-imbursed for their attendance time.

All practitioners are required, however, to follow this protocol in all other aspects.

12.7 Home visits

Home visits are strictly prohibited unless specifically requested by the quality care consultant.

12.8 Substance abuse

Substance abuse is one of the most significant hindrances to workplace productivity. Careways is contractually bound to its client organisations to ensure that every EWP client will be accurately screened for alcohol and drug use that may compromise workplace productivity.

- If a person's continued use of alcohol or other drugs results in problems in one or more of the person's life areas, then it is a problem that needs to be addressed
- Careways subscribes to the disease model of substance dependence. That is, it is primary, progressive, chronic and fatal if not stopped
- **Every individual receiving EWP sessions must be screened for substance abuse issues.** Probing for alcohol and drug problems must be of sufficient depth to determine the absence or presence of a problem. Past and present use of each substance must be described in specific amounts and frequency. The date of the most recent use and age of first use should be specified for each substance. Changes in patterns should be noted together with the client's explanation of any decrease or increase in the amount of substance used. The practitioner should enquire specifically about the effect that the alcohol or drug use has had on each major life area: legal, physical, marital, social, financial, leisure, emotional, work, school and religion
- As abstinence is relatively uncommon in most western cultures, document the reason why
- If the client admits to using substances, the practitioner must indicate presence or absence of risk factors and indicate whether it is use, abuse or dependence
- A telephonic discussion of the case must be done in severe cases

- Substance abuse is viewed as assess-and-refer cases. Substance abuse rehabilitation does not fall within the short-term framework and should therefore be referred out for rehabilitation at an appropriate rehabilitation facility. The EWP needs to play a facilitating role and stabilise the client to start making change happen. It is therefore crucial to ensure that the client is linked with the right resource for long-term treatment
- After rehabilitation the client needs to be seen by the practitioner to evaluate if treatment was adequate and to ensure that the client is ready to reintegrate in his workplace. If no after-care facility is available, the affiliate is responsible to provide the after-care. It is the client's responsibility to contact the practitioner on discharge to reschedule an appointment
- Most cases of substance abuse and dependence require immediate referral for rehabilitation. The EWP policy is that, in general, if substance abuse is present, it needs to be dealt with as the primary problem and once that is resolved all other issues can become the focus of therapy.

12.9 Use of a receptionist and/or a voice-mail system

Practitioners using receptionists should fully train their employees regarding Careways's benchmarks and protocols to avoid misunderstandings regarding appointments. Practitioners using receptionists must ensure that this receptionist do not phone the client's workplace (unless the client has asked to be contacted at work). The receptionists must also be aware that if they do contact the client at their workplace never to mention that they are calling from the EWP or a therapist's office. Practitioners not using receptionists should at minimum be accessible via cell phone or landline with a voicemail capability.

12.10 Leave and locums

Practitioners should notify the quality care consultant of their intention to go on leave. If the practitioner is going on leave for an extended period and decides to use a locum, Network Care must be notified. Network Care will contact the locum to do a brief screening, receive proof of registration and qualifications and to do an orientation.

We do not allow the referral of Careways clients to associates in your practice or to any other colleagues who are not contracted with Careways. **Your contract with us will be terminated immediately without discussion or debate should we discover that you have made use of an associate who is not affiliated with Careways to see our clients. THIS PRACTICE IS BOTH ILLEGAL AND UNETHICAL.**

12.11 Travelling

Travelling expenses are only remunerated if it was agreed upon by prior arrangement with the quality care consultant and there is a note on the file confirming this. Clinic affiliates usually qualify contractually for travelling expenses.

12.12 Red flags

A ‘red flag’ is defined as any threat to the life, safety or confidentiality of a client. Clinical red flags can include, inter alia:

- Attempted suicide
- Potential suicide
- Threat of harm to others
- Sexual and/or physical abuse of:
    - A child
    - An adult
- Domestic violence
- Substance abuse that is acute, active and potentially life threatening
- Death of a client under any circumstances
- Potential threat to national security
- Potential threat to public safety
- Threat to the client’s employer or place of work
- Indications that the client is volatile or impulsive
- Crisis calls and requests for emergency services
- An individual that presents with a physical life-threatening condition (e.g. chest pains)
- Lifestyle crises (e.g. severe financial distress).

The quality care consultant shall be responsible for the following:

- To determine whether the appointment with the therapist was made within the benchmark timeframe and whether the client attended the appointment
- Consultation with the therapist to review the assessment of the client as well as the clinical intervention
- Monitor the clinical quality of the practitioner’s intervention
- Ensure that the notes are loaded by the practitioner within 24 hours of the appointment
- With the consent of the client, manage any feedback that needs to be given to a third party (e.g. employer).

12.13 Critical incident stress management (CISM)

Critical incident stress management (CISM) is the comprehensive approach to managing critical incident stress (CIS). Included in the comprehensive approach to the management of traumatic stress are these components:

- Critical incident education
- On-scene support
- Defusing
- Demobilisation
- Debriefing
- Individual consultation
- Follow-up debriefing
- Post-trauma counselling.

12.13.1 Critical incident education

Critical incident education is provided to an organisation prior to an event. This includes two components:

- Consultation with management
- Training sessions for employees and management.

The EWP case manager addresses the client organisation's potential risk for a critical incident and encourages the organisation to develop a critical incident policy and a CISM plan. Training for management and employees should include normal post-trauma coping skills. Employees and managers that are forewarned about stress reactions tend to:

- Recognise signs of distress earlier
- Be more receptive to help
- Recover faster.

12.13.2 On-scene support services

When a critical incident is so distressing that employees and managers begin to react immediately, the CISD team may need to go immediately to the scene. This intervention is considered to be 'emotional first aid' and is mostly associated with rescue workers. The CISD team can offer support and make suggestions to management as to which individuals may need a break or change in duties.

12.13.3 Defusing

Defusing is the short version of the more formal debriefing process and is usually performed within a few hours after the critical incident. It is typically informal and supportive. There are three segments:

- Section 1: A brief introduction in which guidelines for the process are described
- Section 2: Discussion of feelings and reactions in relation to the incident
- Section 3: Summary and normalisation of reactions where suggestions are given regarding coping strategies

The goal is to defuse the impact of the event and assess the needs of the group. The process is brief (usually 20 to 45 minutes). For instance, online employees witnessing a crash might take time to process the incident before going off duty. A full debriefing can occur at a later time if indicated.

12.13.4 Demobilisation

Demobilisations are usually associated with large-scale or mass-casualty critical incidents. The demobilisation process is only employed as a primary intervention technique when large numbers of personnel are being relieved from operations at the scene of large-scale disasters. It is best to provide the service only to those who are showing obvious signs of distress at the scene of the event.

Demobilisation usually has two parts and last no longer than 30 minutes. Demobilisations are followed by a debriefing a few days later. Defusing and demobilisation substitute for one another. One or the other is provided, not both.

Demobilisations have two parts, namely:
Part 1: Initially, participants with a similar experience are brought together and provided with information regarding the possible stress effects of exposure to a mass-casualty event and the steps participants can take to lessen the impact of the stress reaction on their lives. No one has to talk during this process and no questions are asked of those who are being demobilised. Participants are advised that a debriefing or a series of debriefings will be offered in the next week. This segment lasts for about 10 minutes.
Part 2: Participants are then served nutritious refreshments in a separate room.

12.13.5 Critical incident stress debriefings

The formal CISD is a group meeting typically facilitated by a mental health professional. All critical incident stress management are designed to reduce the time it takes for individuals experiencing normal reactions to abnormal events to recover. In the debriefing, participants are guided through a programme designed to release emotional response to the event. This requires a skilled facilitator with experience in group dynamics and a good working knowledge of stress response syndromes.

The principle that CISDs are based upon is that it is important for people to acknowledge, accept and talk about their stressing order to relieve it. CISDs have been found to be a very active recovery tool for employees exposed to workplace trauma. Typically, formal CISDs are held within 48 hours to 72 hours of the incident and provide an opportunity for the healing process to begin. This can reduce the absenteeism and healthcare costs historically associated with exposure to workplace trauma. The result is a healthy and more productive work force.

12.13.6 Individual consultation

Individual consultation with a mental health professional can occur immediately after the debriefing or at a later time. It is important for practitioners to encourage all participants to seek individual counselling and also assess the needs of the participants in a debriefing, making referrals to the EWP for follow-up intervention (or other professional counselling), if indicated. Participants are encouraged by the practitioner to seek help individually.

12.13.7 Follow-up debriefing

Follow-up debriefing is performed a week or two after a critical incident, if necessary. Its main purpose is to resolve issues or problems that come up as a result of the incident and are still present. The follow-up debriefing may be performed with the entire group, a portion of it, or with an individual. More than one session may be necessary to relieve employees of residual psychological reactions.

12.13.8 Post-trauma counselling

Post-trauma counselling is recommended if the post-trauma stress reactions persist for more than a few weeks or the reactions are too overwhelming for the individual to cope with everyday living. This may occur when there has been some previous trauma.

12.14 Critical incident stress debriefing (CISD)

12.14.1 What is a 'critical incident'?

Critical incidents are highly stressful situations, which are usually short in duration and occur in a manner that does not allow the effected people the opportunity to consider the incident prior to its occurrence.

The critical incident confronts one's sense of vulnerability and fear and disrupts one's sense of control. It may involve physical or emotional loss. Simply put, a critical incident is a traumatic event (or perceived life-threatening event) that has sufficient emotional power to overwhelm an individual's ability to cope. Physical and psychological responses to the incident place considerable pressure upon a person's ability to cope.

Annexures I, J, K, L, M and N contain documents that are used during CISDs.

12.14.2 How does critical incident stress debriefing differ from crisis intervention?

It is important to understand some of the differences between critical incident stress debriefing and crisis intervention. Crisis intervention is modelled after a traditional triage approach to problem resolution. The model assesses the extent of the problem and provides an appropriate level of intervention. The goal is to stabilise the client as quickly as possible. A limitation of the crisis intervention model as a technique for critical incident intervention is that the triage approach assesses survivors based on the severity of their immediate response to the trauma. Those persons not initially presenting serious symptoms may be ignored.

Clinical data are beginning to demonstrate that when survivors are unable to to deal with their response to the incident within the first 24 to 72 hours, intervention services may be required at a later time.

The critical incident stress debriefing model addresses survivors at the worksite and includes everyone involved. The premise is that, when participating in the debriefing session immediately following the incident, the survivor will be able to resolve the trauma more quickly and the potential for delayed stress reactions will be reduced.

A base line of the critical incident model is that all people involved with the incident need to be included in the debriefing services.

Examples of workplace critical incidents

- An employee shoots a co-worker at the workplace
- Workers at a factory site witness an industrial accidental death of a co-worker
- An attorney at a large law firm commits suicide over the weekend
- Masked robbers hold up bank tellers at gunpoint
- A city vehicle accidentally runs over a pedestrian who dies in front of the driver
- Air-traffic controllers are unable to avert a mayor airline disaster and witness the plane crash
- A group of school children are held hostage and injured
- An earthquake occurs at an organisation's branch location
- Any incident where sights, sounds or orders are so distressing as to produce an intense emotional response, for example flashbacks to other traumatic events.

12.14.3 What clinical approaches are used to treat traumatic stress?

Recovery from traumatic stress is affected positively when both professionals and peer-support personnel, who are personally trained and follow an established standard protocol of stress intervention techniques, provide early intervention. Research has demonstrated that the use of debriefing can help individuals improve their coping abilities and dramatically decrease the occurrence of post-traumatic stress disorder (PTSD). The debriefing is a process during which traumatised individuals are led through a series of steps to discuss their experiences, be supported, normalise their reactions and learn coping strategies.

When efforts to support traumatised employees are limited, delayed, or non-existent, a traumatic stress reaction may result, for example PTSD, the pathological result of neglected traumatic stress.

The EWP may be called upon to provide critical incident stress debriefing (CISD) to employees of client organisations who have been exposed to critical incidents.

Factors influencing the resolution of traumatic stress

- Proximity to the critical incident site
- Relationship to the victims or survivors
- Previous exposure to past critical incidents
- Quality of a person's social supports and coping skills
- Prior training or education specific to critical incident theory and how it affects

survivors. If a person is aware of the symptoms that might accompany an incident, he or she is generally able to accept the symptoms as a normal reaction to an abnormal situation

- Client organisations response and support to employees after the incident.

12.14.4 CISD preparation

What aspects of the dual client relationship must the practitioner provider be aware of when preparing a CISD?

Ideally, the contract with the client organisation should specify the types of service provided, including CISDs. However, sometimes critical incidents are not foreseen (such as natural disasters). The client organisation's representative requesting an intervention after a workplace critical incident has occurred may not know the critical incident policy. It is the responsibility of the practitioner to consult and educate and to generally be aware of the dual client relationship issues, which may affect the debriefing. For instance, it is important to know:

- If the organisation expect any legal action as a result of the critical incident
- If the client organisation has any hidden agendas with respect to the purpose of the debriefing
- If the client organisation has any labour or management issues that could influence CISD outcome.

Remember, it is absolutely necessary to avoid any conflict of interest issues between the needs of the client organisation and those of individuals in any debriefing activities. For example, when affected employees start talking about taking legal action against the organisation, it is important to acknowledge the anger, then refocus the individual or group on psychological reactions and coping strategies. *Keep in mind that the purpose of these activities is to give emotional support and allow ventilation of feelings to restore an individual's coping skills.*

12.14.5 Who should attend a CISD?

Employee attendance: Preferably, attendance is *mandatory* for all employees who *experienced the incident* so that participants can receive a more complete image of the event and others' responses, support and assistance towards a more complete recovery. When some individuals participate and others don't, a lopsided recovery often follows with

participating employees perceived as ‘weak’ or ‘unable to cope’ or ‘unstable’. Everyone affected by the trauma benefits from participating. The practitioner should support the manager in presenting the CISD process to the employees in a positive light. Employees hesitant to attend can be encouraged to come because others might need their support. They can come to listen and learn – no one is forced to participate. Participation in a CISD is not an indication of one’s ability to cope. Describing the content of the CISD to employees in the introduction may defuse scepticism, paranoia and fears. Emphasise to the manager that the request for unanimous participation is both preventative and proactive; no assumptions are being made that individuals are not handling the situation appropriately. The possibility that individuals may abruptly leave the room during the CISD should be discussed with the contact person in advance.

Management attendance: Typically, managers should not attend unless:

- They were involved in the incident (e.g. the bank branch manager that was held up along with the tellers during the robbery) or
- Only to introduce the CISD team and discuss the organisation’s response to the incident (e.g. changes in security procedures or location of funeral for the employee who was killed on the job).

The setting: The setting should be comfortable and private to ensure confidentiality.

Group size: The group size is usually arranged to be no more than 10 to 15 individuals. If there are more than 15 employees needing debriefing, two or more groups of 10 to 15 will be constructed.

12.14.6 CISD steps

Step 1: Setting the stage for the CISD

What must be covered when introducing a CISD? Set the stage:

- Provide an opportunity for the manager to make an announcement regarding the organisation’s reaction to the event. If appropriate, the manager can introduce the practitioner.
- Introduce self, the EWP, and the debriefing process briefly. The practitioner must discuss expectations and guidelines as follows:
    - **CISD purpose**. The CISD is an opportunity to discuss what happened, a place to learn about common reactions, and a time to hear about coping strategies. The purpose of the meeting is not to critique the critical incident, discuss workplace problems, evaluate who is right or wrong or blame or criticise anyone

- **Group dynamics**. The practitioner must explain that participants will be asked to share what they were doing, feeling and thinking, both during and after the incident. The practitioner will share information on how stress may affect participants and strategies to help them cope
- **Confidentiality**. First and foremost is confidentiality. For participants to feel comfortable, the practitioner must explain that the contents of the debriefing will not be discussed by anyone in the room with outsiders. The CISD team must similarly agree not to discuss the details of the meeting with the organisational officials who are not themselves participating in the group. The practitioner will share only general comments on how the session went and whether there is a need for a follow-up session. The only exception to this is when there is a threat of harm to self or others, in which the practitioner needs to consult with his or her quality care consultant.
- **CISD rules**. Everyone stays for the entire session. If someone becomes very upset and wants to leave, he or she should tell the practitioner
- **Participation**. Active participation in the session is voluntary. Participants should speak one at a time and only for himself or herself
- **The practitioner's goal**. Set up the positive expectation that participants will get through the initial stage of the experience and adjust their functioning by understanding what they are feeling and learning different ways of coping.

Step 2: Telling the story

The practitioner presents normal reactions to a traumatic event. A few participants may be asked to share their experience of the event and discuss their feelings and reactions.

How do we encourage participation? The practitioner should explain that the next step in the debriefing process is sharing reaction to the event and because there are similarities in how we all respond to crisis, we can learn from one another.

To ease participants into telling their stories, the practitioner asks each participant the following questions. This information may be given in the first 'go-around' of the group.

- What were you doing at the time of the incident?
- Where were you (physically) during the incident?
- What happened to you during the incident?

Each participant is then asked to describe his or her experience with the traumatic event, describing what he or she saw, heard, smelled, thought and felt.

It is important to remember at this point not to probe, but to listen. The goal of the debriefing is to help participants understand and move through the experience. It is not the purpose to explore etiology, or go into depth about why a particular person is experiencing something different than other group members. Make a note of any unusual or aberrant reactions an individual may be having and talk to that person individually after the group session.

Beware of potential 'high-risk' groups or individuals. Following a violent incident, special attention needs to be paid to those employees that perceived themselves as having been spared from a 'certain death', employees who had close relationship with any deceased or seriously injured co-workers, and the direct supervisors of affected employees (who may themselves be traumatised). The practitioner may need to refer this individual to the EWP or any other appropriate resources.

Participants are encouraged to be patient and understanding of each other in how each adjusts to the incident. Note that not everyone will deal with the situation in the same way or at the same rate.

The amount of time spent on this phase of the debriefing depends on the intensity of the traumatic event and the number of participants in relationship to the amount of time allotted. At this point the practitioner will get an idea about who is having the most difficulty with the event.

Step 3: Normalising reactions

The practitioner presents the normal emotional reactions that result from a critical incident. This is accomplished through group discussions and presentation of post-trauma stress reactions.

How do we normalise reactions in a process debriefing? The practitioner should:

- Explain that the reactions to a traumatic event vary, many different types of responses can be expected, and that these reactions are different than stress reactions
- Ask participants to describe their post-trauma reactions. Responses will be affected by how quickly the debriefing takes place after the event

- Present common cognitive, physical, emotional and behavioural responses to traumatic events. Be sure to repeat the reactions that were reported by the participants and reinforce that these reactions are normal
- Explain why trauma affects us the way it does
- Suggest that if anyone continues to have symptoms, he or she should call the EWP. Give the participants the toll-free number (080 000 4770).

Normal phases of a participant's emotional reactions to a critical incident are listed in the box below:

Normal reactions to a critical incident
Phase 1: Outcry phase • Immediate feelings of fear related to awareness of the event or threat • High alarm reaction • Stunned inability to process the meaning of new information. Phase 2: Denial phase • Blunted perception • Selective inattention • Constriction • Numbness • Amnesia. Phase 3: Intrusive phase • Hyper vigilance • Startle reaction • Intrusive-repetitive thoughts, images, emotions and behaviours • Inability to concentrate on other activities owing to preoccupation with event-related issues • Confusion • Intensely emotional states; rage, depression, anxiety, guilt, shame • Sleep and dream disturbances. Eating disturbances • Symptoms of flight or fright readiness, tremors, nausea, diarrhea, sweating • Intensification of personal, marital and family problems • Somatic complaints. Phase 4: Working-through phase

- Grief process or mourning
- Survivor's guilt
- Evaluation of feelings and thought
- Conflicting and changing feelings and thoughts
- Increased acceptance and surrender.

Phase 5: Relative completion of response

- Feelings of increasing acceptance
- Re-stabilisation
- Recollection of event without intrusive symptoms
- Resolution.

Step 4: Presenting coping strategies

What coping strategies do we present in a CISD? In this stage of the debriefing, a variety of coping skills and stress management techniques can be presented to the participants, however, it is important to be practical and to help the participants know what has worked in the past. General questions about the event are answered.

Practitioners should explain to the participants that people sort out feelings about stressful experiences in different ways. Introverts, for example, typically process feelings internally and extroverts typically want to talk to lots of people. In addition, people have different internal timetables for processing stressful situations. Some want to deal with their feelings on the spot, and some prefer to get to their feelings later on. There is no right or wrong way to process feelings.

The practitioner presents to the group the normal reactions resulting from the critical incident and coping strategies to deal with them through a group discussion and presentation. (See handout 'Practical guide to feeling better' – Annexure I.)

The practitioner:

- Emphasises that it is normal and natural for participants to experience a variety of symptoms and emotional reactions to the critical incident experienced
- Advises the participants to share the information received with their family and friends
- Reviews with participants what they can do to help themselves feel better
- Encourages them to access their EWP if their symptoms persist or worsen

- Encourages participants who have a ‘shared experience’ to keep in touch with one another
- Suggests that the participants begin thinking how this experience will affect them in the future. This suggestion sets up the expectation that they will recover but, at the same time, normalise that they will be affected and changed somewhat for the rest of their lives as a result of this trauma.

Step 5: Summarise and close

How is a CISD ended? It is important to bring a natural and comfortable closure to the debriefing process. This structure reinforces an element of control and predictability for the participants. The practitioner should:

- **Summarise the process:** Summarise what was covered in the debriefing and recognise participants’ reactions as normal
- **Review confidentiality:** Remind participants that what was shared remains confidential
- **Answer questions:** Ask for any unanswered question
- **Distribute information about resources:** Discuss the importance of self-referral to their EWP if symptoms do not subside over the next several weeks. Distribute appropriate resource information
- **Thank participants:** Thank the participants for coming and sharing their experiences
- **Mingle:** When the debriefing is over, remain available and make contact with as many participants as possible with a word of encouragement or a handshake. Be especially aware of an attempt to make contact with those assessed as having difficulty coping
- **Refer if necessary:** Referrals for post-trauma counselling can be made to the EWP. A small percentage of employees exposed to trauma may require more assistance than is provided by the debriefing
    - It is important that the counsellor be able to recognise the signs and symptoms of PTSD
    - If the potential exists for more serious and chronic symptoms to develop or persist, referral to the EWP may be required
    - If medication may be needed, the participant should be referred the EWP who can then make a referral to a psychiatrist.

Step 6: Consult with the manager immediately

- Summarise the results of the meeting without compromising confidentiality

- Inform the manager that the employees that continue to have traumatic stress reactions after a month may require a referral to the EWP or professional services as appropriate. Explain what kinds of behaviour to look for. If more than a couple of employees continue to have reactions, it may be necessary to schedule a follow-up session
- Inform the manager that the quality care consultant will send a feedback report.

Step 7: Contact the quality care consultant promptly

- Inform or consult with the practitioner case manager regarding the outcome of the debriefing and any plan for continued follow up. (It is vital to load session notes within 24 hours of the event so that the quality care consultant case manager can sent the report within 48 hours)
- The quality care consultant will complete the feedback report. If there is a need for a follow up session, the practitioner must discuss this with the quality care consultant. The practitioner cannot schedule a follow-up session without the approval from the affiliate case manager
- The corporate wellbeing consultant will follow up with the client organisation's manager regarding any account service issues surrounding the debriefing.

12.14.7 Debriefing the practitioner

What should practitioner do following a CISD? After the practitioner has completed a CISD, each practitioner should:

- Share and discuss experiences. In addition, the practitioner needs to recognise that he or she has taken part in a powerful emotional experience and to take time to share his or her experience and discuss his or her own reactions to the debriefing with a supervisor, mentor, colleague or quality care consultant. It is important to clarify any personal issues that may have arisen. The practitioner's debriefing provides the participant with an outlet and an opportunity to gain support, analyse the intervention and learn what he or she might do differently next time
- Spent time alone to process, reflect and/or write about the experience of the debriefing.

Note to practitioners:

- Remember that a debriefing is not a therapy session; although therapeutic, it has quite different goals

- Use clinical judgement in assessing how quickly to move through the debriefing process. Stay attuned to the group process
- Remember that you are there for the whole group; individuals with difficulty coping, need an individual session.

Attendance register

When you conduct a CISD session, please ensure that all the group members sign an attendance register. Assure them that their names will not be forwarded to the company, but that we (Careways) need to report on the number of employees attending such sessions. Please keep these attendance registers for record keeping purposes and inform the quality care consultant of the number of employees that attended session in your session notes (see Annexure N – Attendance register).

12.15 Domestic violence

- All practitioners must conduct a detailed face-to-face clinical assessment to determine risk
- All risk factors must be logged on iCare in the Assessment Protocol
- Presence or absence of risk factors must be noted in iCare as a case note and sent as a message to the quality care consultant
- Telephonic discussion of a case must be done in severe cases
- Notes must give details on action steps taken to neutralise any threat to people's lives, including resources used
- Cases must be evaluated for suitability for short-term work
- Practitioners must play a significant role and take responsibility for the case during office hours and after hours (with the use of Careways after-hours services)
- Most cases of domestic violence usually indicate severe and complicated systemic problems that need to be addressed on a long-term basis to enhance quality of life for all individuals involved
- The EWP needs to play a facilitating role and stabilise the system, but also mobilise the individual to start making change happen. It is therefore crucial to insure that the client is linked with the right resource for long-term treatment.

12.16 Psychometric assessments

The EWP **does not** include any psychometric assessment. Should these be indicated, the practitioner must arrange with the client to conduct this on a private basis. However, projective

tests such as the DAP, TAT, CAT, etc. can be used in order to **facilitate a therapeutic process**. However, no full-scale tests such IQ tests (SSAIS, WAIS, etc.) or personality tests (e.g. MMPI, 16 PF, Millon) or career testing should be used within the EWP.

Annexures

Annexure A

Consent to release information

THE CAREWAYS GROUP

AUTHORISATION FOR RELEASE
OF RECORDS AND INFORMATION

I, _____ (full name of employee) hereby give consent to Careways (Pty) Ltd and the practitioner/s providing services on behalf of Careways, in respect of the EWP sessions that I am receiving, to:

(tick that which is applicable)

☐ DISCLOSE information to:

_____
(name of person, organisation, legal representative, school counsellor, therapist, etc.)

Contact telephone number: _____ E-mail address: _____

AND/OR

☐ RECEIVE information from:

_____
(name of person, organisation, legal representative, school counsellor, therapist, etc.)

Contact telephone number: _____ E-mail address: _____

SPECIFIC INFORMATION TO BE DISCLOSED/OBTAINED:

_____
_____
_____
_____

I UNDERSTAND THAT I MAY REVOKE THIS AUTHORISATION AT ANY TIME.
Should I decide to revoke this authorisation, I understand that it is my responsibility to advise Careways (Pty) Ltd and the practitioner of my decision.

_____ _____
(signed by employee) (date)

_____ _____
(signed by practitioner) (authorisation number)

Annexure B

Statement of understanding

THE CAREWAYS GROUP

STATEMENT OF UNDERSTANDING (add heading)

Date: _____ Name of counsellor: _____

Name of employee: _____ Company: _____

Your company's EAP/EWP service is provided through an independent counselling service, Careways, to which the practitioner is affiliated. The EAP/EWP services offered to you (and your family members) may include **assessment, brief intervention and/or referral**. It may be that longer-term or specialised counselling would be beneficial for you, in which case you will be referred to the most appropriate service outside of the EAP/EWP. In this instance, it **may** not be possible for your practitioner to continue working with you. **Please note:** Your EAP/EWP service does **not** include any interventions required for court proceedings, legal matters or any other intervention that would require a report for any purpose other than work-related matters.

1. Fees

1.1 The EAP/EWP service is provided to you and your family at no cost. Your company has already paid for the services. Should you consent to a referral **outside** of the EAP/EWP, it is your responsibility to pay for the services provided by that professional person/organisation

1.2 Psychometric assessments are not conducted within the scope of the EAP/EWP and if required will be for your own account.

2. Consent

By signing this document you consent to the assessment by and/or EWP intervention with the practitioner.

3. Confidentiality

All information that may arise from an assessment or EWP intervention will be regarded as strictly confidential, not be divulged to any other party outside of the EAP/EWP, with the following exceptions:

3.1 When you provide written consent

3.2 When the life or safety of yourself or someone else is seriously threatened due to your state of mind or your stated or implied intent

3.3 When a child is considered at risk (as defined by the *Child Care Act*)

3.4 When disclosure of information is required by law or the practitioner is ordered by a competent court to do so

3.5 When you are suspected to be involved in company-related fraud or espionage

3.6 To Careways administrative office for purposes of coordination of EAP/EWP services, case management and record-keeping.

4. Referrals by employer

4.1 If you were *informally* referred, the referral source will be notified of your attendance, but your personal problems will not be discussed or revealed

4.2 If you were *formally* referred, the referral source will be notified of your attendance as well as the treatment plan and your compliance to the treatment, but your personal problems will not be discussed or revealed. Please take note that your employer does expect your performance to improve if you were referred for a work/performance-related matter.

5. Cancellation of appointments

5.1 24 hours' notice is required for postponement or cancellation of appointments

5.2 If you do not postpone or cancel as specified above or do not arrive for a session, you will lose that session

This statement of understanding has been explained to me and I understand and agree to the above conditions.

Signed: _____ _____

Client/Employee Practitioner

Authorisation number: _____

Annexure C

First emotional session notes

THE CAREWAYS GROUP

Practitioner name:…… 1st Session date:……..

Client company:……Time:……

Client name/s:…… Surname:……

Problem details – service provisioning

1. Has the client signed the Statement of Understanding? Yes/No

2. Presenting problem and relevant psychosocial history detail

……

……

……

……

……

……

……

……

3. Miracle question – discuss: If you went to bed and while you were sleeping a miracle happened and when you wake up the next morning your problem was gone and you felt quite satisfied with your life, what would be different? How would your spouse (partner, friend at work, children) know without you telling them?

……

……

……

……..

4. Work/school impact

1. Does this problem affect your functioning at work?

○Yes ○ No

2. Does the problem impact on your ability to do your job?

○Never ○ Sometimes ○ Regularly ○ All the time

3. Does the problem impact on your attendance?

○Never ○ Sometimes ○ Regularly ○ All the time

4. Does the problem impact on your relationship with the people that you work with?

○Never ○ Sometimes ○ Regularly ○ All the time

5. Does the problem impact on your concentration at work?

○Never ○ Sometimes ○ Regularly ○ All the time

6. Does the problem impact on your job satisfaction?

○Never ○ Sometimes ○ Regularly ○ All the time

7. Does the problem impact on your motivation at work?

○Never ○ Sometimes ○ Regularly ○ All the time

8. Does the problem impact on your relationship with management?

○Never ○ Sometimes ○ Regularly ○ All the time

Details:

……

……

……

5. Cultural/religious factors

……

……

……

……

6. Domestic violence/child abuse/sexual violence

Current	Past

7. Present risk of domestic violence **(✓ only one)**

○ None ○ Low ○ Moderate ○ High

8. Self-harm/harm to others/ideation/suicide plan

Current	Past

9. Present risk of self-harm/harm to others **(✓ only one)**

○ None ○ Low ○ Moderate ○ High

Emotional rating

Emotional distress (✓ only one)

0 No cause for concern. Contained, content and functioning. May have long term issues to work on

1 Unhappy but contained, has coping resources and supports, functioning
2 Distressed but able to use support to cope, functioning
3 Initially uncontained, responds to EWP intervention, anxious and significant distress. Needs support to cope, functioning less than usual
4 Uncontained, distress serious, needs immediate support, coping skills and resources almost absent. Poor functioning at home and at work
5 In crisis, extreme distress and unable to cope with situation. Not functioning at all, needs immediate intervention and care.

Emotional – mental status

IF THESE SYMPTOMS EXIST PLEASE SELECT (can choose more than one)

General presentation

- ☐ N/A
- ☐ Hygiene/grooming
- ☐ Clothing/attire
- ☐ Posture
- ☐ Distractible
- ☐ Cooperative
- ☐ Agitated
- ☐ Psychomotor retardation
- ☐ Involuntary movements/tremors
- ☐ Guarded/suspicious

Speech

- ☐ N/A
- ☐ Tone of voice
- ☐ Rate and pressure of speech
- ☐ Rhythm
- ☐ Poverty of speech

Affect

- ☐ N/A
- ☐ Restricted
- ☐ Blunted/flat
- ☐ Inappropriate to content
- ☐ Labile

Mood

- ☐ N/A
- ☐ Depressed/sad
- ☐ Anxious
- ☐ Irritable
- ☐ Angry
- ☐ Elevated
- ☐ Euphoric/elated
- ☐ Expansive
- ☐ Anhedonic

Intellectual functioning

- ☐ N/A
- ☐ Attention/concentration
- ☐ Memory
- ☐ Judgement
- ☐ Intelligence
- ☐ Comprehension

Thought/content

- ☐ N/A
- ☐ Delusions
- ☐ Obsessions
- ☐ Ideas of reference
- ☐ Tangential thought
- ☐ Compulsions
- ☐ Illogical thought
- ☐ Circumstantial thought
- ☐ Loose associations
- ☐ Flight of ideas
- ☐ Hallucinations

Organic

- ☐ N/A
- ☐ Orientation x 4
- ☐ Alert
- ☐ Confused

Details

……

……..

Emotional – substance related

1. Does caller abstain from using alcohol or drugs?
   ○ Yes ○ No

   If yes, provide reason for abstinence:

   ……

   ……

   ……..

   If no, indicate if: ○ Use ○ Harmful use ○ Abuse ○ Dependence

2. Substance details

Number	Substance	Units/amount per week	Period of use	Using more	
1		1 2 3 4 5 6	years	○ Yes	○ No
2		1 2 3 4 5 6		○ Yes	○ No
3		1 2 3 4 5 6		○ Yes	○ No

3. Please supply any additional substance-related information

   ……

   ……..

4. Check all life areas and all family members affected by alcohol/drugs

   ☐ No life areas affected ☐ Financial ☐ School

   ☐ Physical ☐ Leisure ☐ Spiritual

   ☐ Family ☐ Emotional ☐ Legal

   ☐ Social ☐ Work

5. Any family members affected

   ……

   ……..

6. Any other relevant information

   ……

   ……..

Clinical – service provisioning

1. Please complete questions 2 to 6 or question 7
2. Predisposing factors:

   ……

   ……

   ……..

3. Precipitating factors:

……

……

……..

4. Maintaining factors:

……

……

……..

5. Protective factors:

……

……

……..

6. Clinical impression:

……

……

……..

7. Clinical formulation of the problem:

……

……

……..

Solution planning

1. Solution planning – please indicate how many sessions are planned and when the next session will be. Also discuss any external referrals planned or suggested.
2. Solution plan

Number	Target problem	Goal
1	…… ……	…….. ……..
2	…… ……	…….. ……..
3	…… ……	…….. ……..

3. **Please indicate the number of sessions that you will require based on this detailed assessment**

No of sessions required | Next appointment date | Time

4. Has the plan been discussed with the client?
   ○ Yes ○ No
5. Details……
   ……..
6. If the person was taken off his or her normal duties as a result of the presenting problem, is he or she ready to return to normal duties?
   ○ Yes ○ No
7. Workplace recommendations (**in the event of formal referrals**):
   ……
   ……..

Session location (where did this session take place?)

Choose one ⊙

⊙On-site clinic

⊙Practitioner room

⊙Medical facility

⊙Telephone counselling Service Centre

⊙Employer workplace

Reason for call (RFC) (✓ only one) Lvl 1		**& Lvl 2**
○ Couple and family related	o Child behavioural problems	o Couple relationship
	o Domestic violence	o Extended family issues
	o Parental guidance	o Sexual abuse
○ Dependency problems	o Alcohol dependency	o Chemical dependency (not alcohol)
	o Psychological dependency	
○ HIV/Aids related	o Affected	o Infected
	o Pre- or post-test counselling	o VCT (individual)
	o Wellbeing support programme	
○ Personal emotional	o Anxiety	o Bereavement
	o Depression	o Health related
	o Homicidal risk	o Identity problems
	o Phase of life/adjustment difficulties	o Spiritual/religious concerns

	o Suicidal	o Traumatic event
○ Work related	o Adapting to organisational change	o Attendance: Absenteeism
	o Adjustment to change in personal work role	o Career choice
	o Disciplinary issues	o Discrimination
	o Job dissatisfaction	o Lack of support at work
	o Lack of focus/concentration	o Lower productivity
	o Peer relationship problems	o Poor motivation
	o Redundancy: actual or threat	o Retrenchment
	o Role confusion	o Sexual harassment
	o Under utilisation	o Victimisation
	o Problems with relationship with management	o Work overload

Annexure D

Intermediary session notes

THE CAREWAYS GROUP

Practitioner's name:…… 1st Session date:……..

Client company:…… ….Time:……

Client name/s:…… Surname:……

INTERMEDIATE CONSULTATION

1. Content of the session (themes and topics discussed)

……

……

……

……

2. Practitioner's clinical impression (current mental status; process of session including interventions done; progress towards treatment goals; any changes observed)

……

……

……

……

……

3. Emotional rating

Emotional distress (✓ **only one)**

0 – No cause for concern. Contained, content and functioning. May have long term issues to work on.

1 – Unhappy but contained, has coping resources and supports, functioning.

2 – Distressed but able to use support to cope, functioning.

3 – Initially uncontained, responds to counselling, anxious and significant distress. Needs support to cope, functioning less than usual.

4 – Uncontained, distress serious, needs immediate support, coping skills and resources almost absent. Poor functioning at home and at work.

5 –- In crisis, extreme distress and unable to cope with situation. Not functioning at all, needs immediate intervention and care.

1. Does the problem impact on your ability to do your job?
   ○Never ○ Sometimes ○Regularly ○All the time

2. Does the problem impact on your relationship with people that you work with?

○Never ○ Sometimes ○Regularly ○All the time

3. Does the problem impact on your attendance?
○Never ○ Sometimes ○Regularly ○All the time

4. Does the problem impact on your concentration at work?
○Never ○ Sometimes ○Regularly ○All the time

5. Does the problem impact on your job satisfaction?
○Never ○ Sometimes ○Regularly ○All the time

6. Does the problem impact on your motivation at work?
○Never ○ Sometimes ○Regularly ○All the time

7. Does the problem impact on your relationship with management?
○Never ○ Sometimes ○Regularly ○All the time

4. Plan for next session

……
……
……

5. Homework

……
……
……

6. Did you refer the individual for other interventions outside the EWP?

○Yes ○No

To whom? (e.g. rehabilitation, GP, psychiatrist)

……

Manager feedback

1. Recommendations to the manager:

……
……
……
……

3. Where appropriate, can employee resume normal duties?
   ○Yes ○No

Appointment information

1. Next appointment date and time:

   Day ☐ Month ☐ Year ☐ Time ☐

SESSION LOCATION: Where did this session take place?

CHOOSE one ⊙

⊙On-site clinic ⊙Affiliate room ⊙Medical facility

⊙Telephone counselling Service Center ⊙Employer workplace

RFC (✓ only one) Lvl 1 & Lvl 2

○ Couple and family related	o Child behavioural problems	o Couple relationship
	o Parental guidance	o Domestic violence
	o Extended family issues	o Sexual abuse
○ Dependency problems	o Alcohol dependency	o Chemical dependency (not alcohol)
	o Psychological dependency	
○ HIV/Aids related	o Wellbeing support programme	o Affected
	o Infected	o Pre- or post-test counselling
	o VCT (individual)	
○ Personal emotional	o Phase of life/adjustment difficulties	o Anxiety
	o Bereavement	o Spiritual/religious concerns
	o Health related	o Depression
	o Homicidal risk	o Identity problems
	o Suicidal	o Traumatic event
○ Work related	o Adapting to organisational change	o Attendance: absenteeism
	o Adjustment to change in personal work	o Career choice role
	o Disciplinary issues	o Discrimination
	o Job dissatisfaction	o Lack of support at work
	o Lack of focus/concentration	o Lower productivity
	o Peer relationship problems	o Poor motivation
	o Redundancy: actual or threat	o Retrenchment

- Role confusion
- Under utilisation
- Problems with relationship with management
- Sexual harassment
- Victimisation
- Work overload

Annexure E

Event closure

THE CAREWAYS GROUP

Practitioner name:…… 1st Session date:……..

Client company:…… ….Time:……

Client name/s:…… Surname:……

EVENT CLOSURE (service assessment)

Emotional – Post-event assessment

1. (☑ only one) Select the treatment outcome

○ Treatment goals achieved	○ Prevention of abuse of EWP
○ Client referred	○ Dissatisfied with service
○ Client dropped out – reason unknown	○ Unable to attend – health reasons
○ Client moved	○ Unable to attend – work circumstances
○ Resistant to treatment: chemical	○ Retired
○ Resistant to treatment: marital	○ Client uncontactable
○ Resistant to treatment: formal	○ Retrenched
○ Long-term issues	○ Parents did not bring child
○ Deceased	○ Client dismissed
○ Resigned	○ Repatriated
○ Client not motivated for therapy	○ Client not ready for therapy

2. Does this problem still affect the client's functioning at work?

○YES ○ NO

a. Does the problem impact on your ability to do your job?

○Never ○ Sometimes ○ Regularly ○ All the time

b. Does the problem impact on your attendance?

○Never ○ Sometimes ○ Regularly ○ All the time

c. Does the problem impact on your relationship with the people that you work with?

○Never ○ Sometimes ○ Regularly ○ All the time

d. Does the problem impact on your concentration at work?

○Never ○ Sometimes ○ Regularly ○ All the time

e. Does the problem impact on your job satisfaction?

○ Never ○ Sometimes ○ Regularly ○ All the time

f. Does the problem impact on your motivation at work?

○ Never ○ Sometimes ○ Regularly ○ All the time

g. Does the problem impact on your relationship with management?

○ Never ○ Sometimes ○ Regularly ○ All the time

Details:

……

……

……

3. Overall client improvement rating scale

○ No improvement ○ Mild improvement ○ Improvement

○ Significant ○ Excellent

4. Did you refer the individual for other interventions outside the EWP?

○ Yes ○ No

To whom (e.g. rehabilitation, GP, psychiatrist)?

……

Annexure F

First session review

CM – Checklist of case material

1. Referral type
2. Red Flag
3. Are all fields complete?
4. Is the information coherent and clinically thorough?
5. Risks indicated?
6. Risks contained?
7. Is the Mental Status Examination complete?
8. Screening completed for substance use
9. Treatment plan completed?
10. Plan in accordance with Brief Therapy model?
11. Presenting problem clearly stated?
12. Has the miracle question been completed?
13. Number of sessions required
14. Next session date
15. Information to workplace completed

CM – Case management processes

1. Is the clinical formulation meaningfully stated and clinically appropriate?
2. Does the case manager agree with the practitioner's treatment plan and goals?
3. Does this case need ongoing review, after sessions?
4. Is manager consultation or feedback due?
5. What are the case manager activities necessary for this case?

    Initial Review

    Session Allocation

    1st Report

    Intermediary reports

    Final report

    ACM feedback to practitioner – e-mail

    ACM feedback to practitioner – call

    Close file

Annexure G

Case closure review

CM – Case Closure

1. Early identification of long-term clients?
2. Proper utilisations of sessions?
3. Use of homework?
4. Did the interventions lead to the containment and management of presenting problem?
5. Thorough therapeutic process (confidentiality, punctuality, appropriate boundaries, clinical process)?
6. Was the treatment plan adhered to?
7. Were the treatment goals achieved?
8. Risks indicated and contained?
9. Were the session notes loaded timeously?
10. Is the information in session notes coherent and clinically thorough?
11. Did the practitioner engage meaningfully with the case manager?
12. Was termination dealt with appropriately?
13. Appropriate referrals done?
14. Feedback to practitioner needed?

Annexure H

Referral document

THE CAREWAYS GROUP

REFERRAL FORM
EWP – Employee Wellness Programme
EAP – Employee Assistance Programme

I, _____, understand that further intervention, as recommended to me by the EWP service provider, falls outside of the scope of the EWP provided by my employer. The EWP service provider (therapist) has explained this to me in full.

To this end, I have been referred to the following resource and I understand that the costs for the intervention will not be covered by my EWP and will be for my own account.

Referral to : _____
Physical address: _____
Contact number/s: _____

Should I choose to proceed with this referral, I undertake to contact the above-mentioned service provider, at my convenience, to schedule the necessary appointments.

Signed at …….. on the …..…. day of …….. 200……

_____ _____
Client EWP service provider

Annexure I

Practical guide to feeling better (CISD handout to employees)

Practical guide to feeling better

- **Find someone you trust**. Find a family member or a close friend, and talk with them about your experience. Don't carry this burden alone; share it with those who care about you. Contact a friend and have someone stay with you
- **Give yourself permission to feel what you are feeling**. Express your feelings as they arise. Take time to cry, as you need
- **Take care of yourself. Get enough rest and eat regularly**. If you are irritable or tense from a lack of sleep or if you are not eating correctly, you will have less ability to deal with a stressful situation
- **Make as many daily decisions as possible**. This will give you a feeling of control over your life. Know your limits. If the problem is beyond control and cannot be changed at the moment, don't fight the situation. Learn to accept what is – for now – until a time when you can change it
- **Practise relaxation and meditation**
- **Create a quiet scene**. You can't always run away, but you can hold a vision in your mind; a quiet country scene or walking along the beach can temporarily take you out of the turmoil of a stressful situation
- **Play soft background music**. At home or in your office or car, provide a soothing backdrop to the hustle and bustle at the office, noisy telephones, traffic or cranky children
- **Maintain as normal a schedule as possible**
- **Take one thing at a time**. For people under tension, an ordinary workload can sometimes seem unbearable. The load looks so great that it becomes impossible to tackle any part of it. When this happens, remember that it is a temporary condition and that you can work your way out of it … one step at a time
- **Allow time for a task**. This will help reduce some of your own self-imposed time pressure. If you normally plan half an hour to get a job done by rushing through it,

schedule 45 minutes or an hour so that you can do the job more deliberately and thoughtfully. This can only improve the quality of your work

- **Control the urge to be everything to everyone**. Don't expect too much from yourself. If you do, you'll only increase your tension. Trying for perfection is an open invitation for failure and frustration. Give your best effort, but don't take yourself to task if you can't achieve the impossible
- **Be aware of your surroundings**. Keep a beautiful banquette of fresh flowers in the office or at home. Surround yourself with plants or selected art pieces that you specifically like. Make your environment one you enjoy
- **Escape for a while**. Sometimes it helps to temporarily get away from whatever is causing tension. Whether it's a brief trip, a change of scene or losing yourself in a book or movie; escaping for a while may give you a chance to put things in perspectives so that you can return composed and better able to deal with the situation.

If these coping strategies don't seem to be successfully reducing your stress reactions, you may want to seek professional counselling.

Annexure J

How to help your employees (CISD handout for managers)

How to help your employees

- Following a traumatic incident, everyone has some type of an emotional response
- Each person will recover at his or her own rate. Recovery can be a long and difficult process
- Tell your employees how you feel and that you are sorry they have been hurt. Avoid statements such as ‘I know how you feel’ or ‘Everything will be all right’. These statements make some people think their feelings are not understood
- Be willing to say nothing. Just being there is often the most supportive thing you can do to help
- Remind people that their confusing emotions are normal
- Attempting to explain why this incident happened is not helpful. Your explanation may not be believed and may hurt your relationship
- Encourage people to ask for help from the EWP. If people wish, offer to help make an appointment.

Annexure K

Critical incident stress information sheet (CISD handout for managers and employees)

THE CAREWAYS GROUP

Critical incident stress information sheet

You have experienced a traumatic event. Even though the event may be over, you may now be experiencing, or may experience later, some strong emotional or physical reactions. It is very and quite normal for people to experience aftershocks when they have passed through a horrible event.

Sometimes the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. In some cases, weeks or months may pass before the stress reactions appear. The signs and symptoms of stress reactions may last days, weeks, months and occasionally longer, depending on the severity of the traumatic event. With understanding and support from your co-workers, family and friends, the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counsellor may be helpful. This does not imply craziness or weakness, but it simply indicates that this particular event was just too powerful to manage alone.

Here are some common signs and signals of a stress reaction:

Physical	**Mental**	**Emotional**	**Behavioural**
Fatigue	Tendency to blame others	Anxiety	Changes in normal activities
Insomnia	Confusion	Survivor guilt/self-blame	Change in speech
Muscle tremors	Poor attention	Grief	Withdrawal from others
Twitches	Inability to make decisions	Denial	Emotional outbursts
Difficulty breathing	Heightened or lowered alertness	Severe panic (rare)	Change in communication
Rapid breathing	Poor concentration	Fear of loss/going crazy	Suspiciousness
Elevated blood pressure	Forgetfulness	Uncertainty	Inability to rest

Rapid heartbeat	Trouble identifying known objects or people	Loss of emotional control	Substance abuse
Chest pain	Increased or decreased awareness of surroundings	Emotional numbness	Intensified startle reflex
Headaches	Poor problem solving	Depression	Antisocial acts
Visual difficulties	Loss of a sense of time, place or person	Lack of capacity for enjoyment	Pacing
Nausea/vomiting	Disturbed thinking	Apprehension	Erratic movements
Thirst	Nightmares	Intense anger	Decreased personal hygiene
Hunger	Inescapable images	Irritability	Diminished sexual drive
Dizziness	Flashbacks	Agitation	Appetite disturbances
Excessive sweating	Suicidal ideas	Helplessness	Prolonged silences
Chills	Disbelief	Mistrust	Accident proneness
Weakness	Change in values	Feelings of worthlessness	
Fainting	Search for meaning	Apathy/boredom	

Annexure L

Post-trauma do’s and don’ts (CISD handout for employers and managers)

THE CAREWAYS GROUP

Post-trauma 'do's and don'ts'

People who have experienced a traumatic event often demonstrate changes in behaviour. These suggestions reduce the probability of long-term stress reactions.

Don't	Do
• Don't drink alcohol excessively • Don't use drugs or alcohol to numb feelings • Don't withdraw from significant others • Don't reduce leisure activities • Don't stay away from work • Don't increase caffeine intake • Don't have unrealistic expectations for recovery • Don't look for easy answers • Don't take on major new projects • Don't pretend everything is okay • Don't make major changes if you don't need to.	• Do get enough rest • Do maintain a good diet and exercise programme • Do follow a familiar routine • Do find and talk to supportive peers and family about the incident • Do take time for leisure activities • Do take one thing at a time • Do attend any meetings regarding this traumatic event • Do spent time with family and friends • Do create a serene scene to escape to either visually or in reality • Do expect the experience to bother you • Do seek professional help if your symptoms persist.

Annexure M

CISD session notes

THE CAREWAYS GROUP

Practitioner name: …….. **Session date: ……**

Client company: …….. **Time: ……..**

Name of manager ……

Requesting CISD

Group intervention

1. Reason for CISD:

   ……

   ……

   ……

   ……

   ……

   ……

   ……

2. Number of employees who attended the session: ☐
3. Did the employees sign the attendance register? ○Yes ○ No
4. Physical address of the CISD:

   ……

   ……

   ……

   ……

5. Ground rules discussed? ○Yes ○ No
6. Describe the presenting trauma symptoms of the group (physical, emotional, mental)

   ……

   ……

   ……

   ……

   ……

   ……

7. Describe the key issues/needs of the group that emerged during the session:

   ……

   ……

   ……

   ……

8. Did containment take place? ○Yes ○ No

   Details:

   ……

   ……

   ……

   ……

9. Describe any resistance and/or conflict encountered?

   ……

   ……

   ……

   ……

10. What information did you give the group?

    ……

    ……

    ……

    ……

11. Did you provide the group with the Careways toll-free number in case of the need for further assistance? ○Yes ○ No
12. How many employees require further individual intervention? ☐
13. Did you refer these employees to the EWP? ○Yes ○ No
14. Recommendations to the workplace:

    ……

    ……

    ……

    ……

15. Do you need a follow up session? ○Yes ○ No
16. Have you discussed this with your case manager? ○Yes ○ No
17. Has approval for the second session been granted? ○Yes ○ No
18. Date of the next session: ……..

Annexure N

Attendance register

THE CAREWAYS GROUP

CISD ATTENDANCE REGISTER

DATE:……

PRACTITIONER:……..

COMPANY:……..

REASON FOR CISD:……

……

……

Name	Signature