

On the phone...

Mark Winwood discusses his qualitative exploration of psychological assessment delivered over the telephone in the context of an employee assistance programme

An increasing number of people have access to psychological support provided by their employers via an employee assistance programme (EAP).

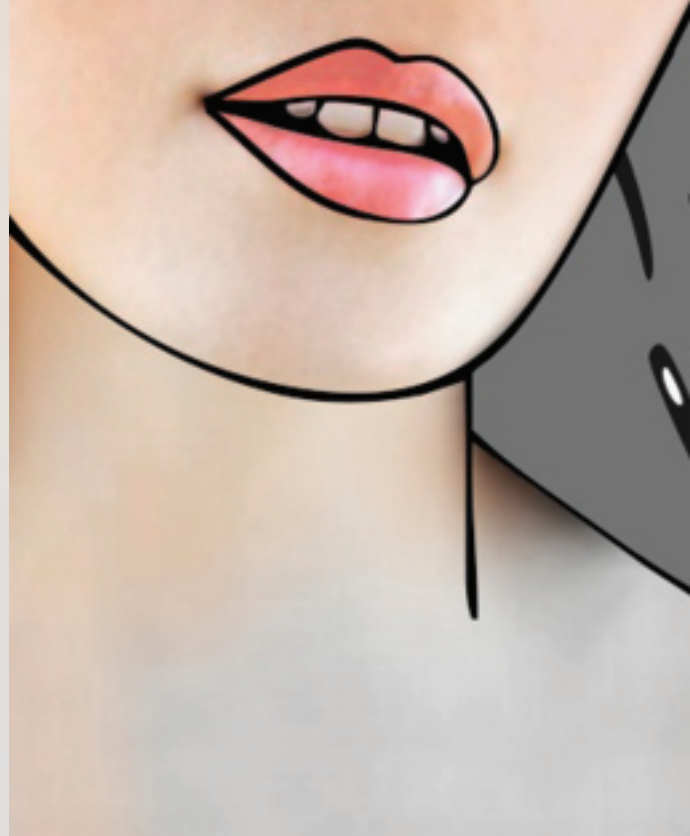
An EAP is a worksite-focused programme to assist in the identification and resolution of employee concerns that affect, or may affect, performance. Such employee concerns typically include, but are not limited to:

- personal matters – health, relationship, family, financial, emotional, legal, anxiety, alcohol, drugs and other related issues
- work matters – work demands, fairness at work, working relationships, harassment and bullying, personal and interpersonal skills, work/life balance, stress and other related issues¹.

It includes a mechanism for providing counselling and other forms of assistance, advice and information to employees on a systematic and uniform basis, and to recognised standards².

Undoubtedly, the connection of work and welfare is represented by EAPs as part of that phenomenon that conceptualises world and society within a superposition of economical and cultural areas. Therefore the employer shows increased concern about the health welfare of its employee by providing assistance and support which goes beyond the general care that would be part of the working relationship.

In modern society EAPs form a part of the preventative measures employers can decide to implement in the workplace, encouraging investment in psychological support, in order to prevent sickness and absence and to improve



productivity and job performance.

Delivery of EAP services can vary between providers of service. EAPs can be delivered internally (by employees of an organisation), externally (by a specialist wellbeing or EAP provider) or by using a hybrid model³. An aspect shared by most providers of EAP service within the UK is their reliance on the telephone (and increasingly the internet) for the delivery of psychological counselling.

One of the most common criticisms of employee assistance counselling programmes is the number of providers who will provide short-term therapeutic intervention for individuals without adequately assessing their suitability for this support. To address this issue the service that will provide the context for this study has developed an assessment model, which precedes any counselling being delivered. The assessments are carried out by experienced psychologists who are chartered by the British Psychological Society in the divisions of counselling or clinical psychology. These assessments, if counselling is recommended, are used by the treating counsellor/psychotherapist to guide the therapy.

Due to financial constraints and geographical location of some of the EAP clients, it was decided to offer assessments over the telephone as well as face to face. This change to the service was assessed using client satisfaction feedback data and results indicated that the telephone assessments were rated as 'superior' to the face-to-face encounters.

The results of this small-scale trial raised many interesting questions about the experience of being assessed in this way and what factors may influence clients' ratings of this mode of delivery.

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Aims and rationale of the study

There is a lack of published research on the evaluation of the effectiveness of EAP counselling services. The work that has been done has used sickness absence data as an indication of the interventions' effectiveness. No work has been undertaken to explore how employees – the service users – experience the service.

When exploring the literature relating to the experience of therapy it is evident that clients recognise the importance of the therapist over the techniques used to attain therapeutic success⁴. Clients value a therapist who is warm and listens in a non-judgmental fashion. When working with a client over the telephone these factors may not be present or may indeed be amplified as only one modality (voice) is being used. There has been no published research work identified that explores the experience of receiving telephone therapy.

Work on assessing the effectiveness of telephone counselling has been focused on the areas of telemedicine, to address health behaviour change. Telephone counselling has also been described as an inferior replacement to face-to-face therapy when clients, for practical or psychological reasons, are 'unreachable'; and as a way of containing patients on waiting lists or in crisis. There has been no research on the experience, from a client perspective, on receiving psychological intervention in this way⁵.

The focus of the study is the reported experiences of individuals who receive psychological assessment over the telephone from the EAP, where the aim of the assessment is to make recommendations for the possible future treatment of the client.

The specific research questions are:

- How do employees report their experience of the process of telephone assessment?
- What aspects of being assessed in this way do they identify as aiding or hindering the process of personal disclosure?
- How do clients view the EAP as a source of psychological support, given it is funded by their employing organisation?

Research methods

Qualitative methodology was used to investigate the experience of receiving psychological assessment over the telephone. Fourteen individuals took part and underwent a one-to-one semi-structured interview that lasted between 35 and 45 minutes. All participants had received psychological assessment less than five days previously, conducted by one of two chartered counselling psychologists employed by the EAP. All participants had agreed to take part and had signed consent forms in line with the ethics committee guidelines of the University of Essex and the Tavistock Clinic, London. All interviews took place on the telephone. This seemed appropriate so as not to bias the results. All interviews were recorded using RACAL digital telephone recording equipment. All interviews were saved to CD and transcribed. Interpretative phenomenological analysis, devised by Smith⁶, was the analysis method.

Interpretative phenomenological analysis

Interpretative phenomenological analysis (IPA) is a relatively recent qualitative research approach developed specifically within psychology. It is now being used widely by researchers in health, clinical, counselling and social psychology, particularly in the UK. It has been found to be particularly useful to examine complex psychological reaction and behaviour such as the experience of chronic pain and the processes involved in the decision to engage in 'high risk' sexual practice against the background of HIV. It is also useful to investigate novel or under-researched areas.

IPA is concerned with trying to understand how people themselves make sense of their experiences. IPA is phenomenological in that it wishes to explore an individual's personal perception or account of an event or state as opposed to attempting to produce an objective record of the event or state itself. While doing this it tries to get close to the individual's personal world; however, IPA assumes that this cannot be done directly or completely. Access to the individual's personal world is dependent on the researcher's own conceptions which are required to make sense of the individual's personal world through a process of interpretative activity. IPA, therefore, is a dynamic process with an active

Super-ordinate themes	Sub-themes
Assumptions and expectations of receiving a telephone psychological assessment	The experience of indifference towards the mode of delivery
	The experience of anxiety
	Assumptions around the superiority of a face-to-face encounter
	Assumptions that telephone assessment would be 'easier'
The experience of building a therapeutic relationship	The experience of reliance on voice to convey feedback
	The effects of absence of visual cues
	Perceiving the experience as less personal
	The experience of reassurance
	The use of fantasy to describe psychologist and location
Controlling the relationship	Reduces feelings of shame and embarrassment
	The experience of the ability to hide
The experience of choice over therapeutic environment	The experience of control over environment
	The experience of building a therapeutic space
	The experience of lack of physical boundary
The importance of confidentiality	The tension between disclosure and privacy
	The experience of control over confidentiality
The assessment as perceived as a 'gatekeeper' to counselling	Investment in the therapeutic relationship
	The experience of following a therapist's agenda
Perception of the EAP	The experience of the EAP as a positive benefit
	The belief that the EAP promotes the organisation as being 'caring'

Table 1: summary of super-ordinate and related sub-themes

role for the researcher in that process.

Interpretative phenomenological analysis involves a two-stage interpretation process, or a double hermeneutic. The participants of the research are trying to make sense of their experiences; the researcher is trying to make sense of the participants trying to make sense of their experiences. At the same time a detailed analysis can also involve asking critical questions of the dialogue from research participants, such as: What is the person trying to achieve here? Do I have a sense of something going on here that the participants themselves are less aware of? Allowing for both aspects in the enquiry is likely to lead to a richer analysis and do greater justice to the 'wholeness' of the person and their experiences.

When using IPA methodology it is acknowledged that insights gained from the analysis of the text are the product of interpretation; this interpretation is dependent upon the researcher's own conceptions and standpoint. IPA therefore requires a reflexive stance.

Analysis of the interviews Initial encounter with the text

The transcript was read a number of times in order for the researcher to become very familiar with the text. Each read of the transcript had the effect of bringing up different insights into the experience for the participants. The left-hand margin of the transcript was used to annotate what was interesting or meaningful about what was being said. Some parts of the transcript were richer than others and required more annotation. The comments consisted of summaries of what was being said, associations and connections and also preliminary interpretations. The process was continued for the whole transcript.

Emergence of themes

Once the whole transcript had been commented upon, the transcript was revisited and the right-hand margin of the document was used to document the titles of emerging themes. At this time the researcher started to interpret the data and noted emergent themes. The initial notes are then transformed into phrases that represent the essential meaning of what was uncovered in the text. The language used when constructing the themes was slightly more psychological and used a higher level of abstraction while referring back to what the participant actually said. This can be seen as a difficult balance to achieve as the themes need to be sufficiently sophisticated to allow connections both between and across cases but still need to reflect the actual dialogue of the interview.

This process was continued through the whole transcript and where similar themes arose through the transcript the same theme title was repeated. The number of themes that emerged reflected the richness of the data.

Connecting the themes

The next stage of the process involved a more analytical ordering of the themes and the researcher attempted to make sense of any connections between themes. As the theme clusters emerged, the transcript was checked to ensure that the connections make sense when referring back to the original data. Parts of the dialogue and phrases that represented the themes were referenced next to the themes to illustrate the emerging interpretation of the data. The themes were then logically ordered and clusters of themes identified; these clusters themselves were then given a name. The names cluster represented a super-ordinate theme.

In the final write-up of the research, actual participant dialogue is used to illustrate the themes identified (see table 1).

Results

A number of participants seemed indifferent about the mode of delivery of the assessment and others to the process of assessment itself. A number of participants were far more concerned with the practical aspects of receiving the assessment, ie time, childcare, travel, rather than how the assessment was delivered or the potential benefit that might be gained from the session.

There was evidence in the study that telephone intervention may be of specific benefit, and in some cases the sole route of access, for highly anxious clients. Visiting an unfamiliar consulting room can cause anxiety, whereas using the telephone is far more familiar.

Many discussed both the negative and positive aspects of the absence of visual cues, with some concerned that the psychologist may 'miss' their true distress while others felt more comfortable as it enabled them to hide. It was clear that certain vocal tones and speech style suit telephonic work more than others.

Many participants chose to have their session at home and the majority felt that was a very positive aspect of the service. Some described having permission to cry and be upset in their own homes. They could somehow suspend the social 'norms' associated with being seen in a professional setting. Some described that being seen would have been more traumatic and saved them from being upset in the street following the session. The one participant with the most experience of

therapy had the most negative experience and felt 'stuck' in the therapeutic space, which was her living room, and could not disengage from the sadness she felt there. In her case she needed the transitional space between therapy and home to debrief herself and 'normalise'.

The technology was an issue when discussing confidentiality. Participants felt concerned that they were being heard by others as they were unable to see walls and therefore the physical boundaries of the space. Clicks and background noise were raised as potential disclosure barriers.

Participants felt that although useful in terms of problem identification, normalising and giving optimism for the future, the session was still something that needed to be passed or endured in order to progress to counselling. The potential therapeutic value was not realised and little effort was used to build a therapeutic alliance.

Conclusions

The main findings included the indifference to the method of delivery of assessment with factors such as convenience and time being more important.

The ability to choose the environment for the assessment was reported favourably along with a reduction in the anxiety of being assessed. Although the usefulness of assessment was appreciated by the participants, the investment in building a therapeutic alliance with the psychologist was minimal. Absence of visual cues was a clear advantage for more anxious clients who were not used to receiving psychological support. The EAP was described as a good source of support while giving employees the impression that the employing organisation cared about their wellbeing.

The findings of this study have clear implications for the practice of telephone psychological interventions and the management of telephone-based support services. ■

References

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