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THE APPROPRIATENESS AND NECESSITY OF SHORT-TERM THERAPY IN THE CONTEXT OF THE EMPLOYEE ASSISTANCE PROGRAMME

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INTRODUCTION

The existence of work-related problems such as job stress experienced by employees in the workplace and personal problems such as marital problems, interpersonal problems and emotional stress underlines the importance of psychotherapy by employee assistance professionals. Googins as quoted by Sprang (1992:57) emphasises the fact that there is a need for Employee Assistance Programme (EAP) service delivery to be cost effective in order to be beneficial to both employee and employer.

Fleming (1998:288) reminds us that in the late 1970s De Shazer and his colleagues had already developed a way to do therapy that was intentionally brief and that was based on “focused solution development”. Crits-Cristoph, Barber and Kurcias (1991:1) pointed out in 1991 that clinicians of varying orientations as well as therapy researchers have been shifting toward the brief therapy model as the standard, and that long-term therapy was becoming the exception. Today this may be the major difference between EAP services and other therapies.

Darick (1999:10) maintains that short-term therapy, especially in the EAP context, can be valuable and successful for work-related issues and a broad range of personal issues. The value and success of this approach lie in the fact that short-term therapy is cost effective, time effective and enhances productivity.

This article will discuss critically the concept of short-term therapy within the EAP context, focussing on its appropriateness and necessity. The role of homework during short-term therapy for the employee as a client in EAP is highlighted. Definitions of short-term therapy are provided for a better understanding of this work. The types of problems that can be addressed by short-term therapy in the workplace will be discussed.

DEFINITIONS

Ryan (1994:5) defines short-term or brief therapy as a group of therapeutic interventions aimed at solving the client’s problem in the shortest amount of time possible.

Ligon (1996:30) defines brief therapy in terms of its time-limited nature and uses active professional and employee co-operation to define and carry out goals, monitor progress and praise accomplishments. Its techniques emphasise solutions rather than symptoms, strengths over pathology and behavioural or action-oriented goals rather than insight into problems.

Short-term therapy in EAP can thus be seen as therapeutic help to a troubled employee(s) within a specific time frame. It is then the Employee Assistance (EA) professional’s responsibility to ensure that the employee is helped in as short a time as possible, in order to return to work and be productive as soon as possible, thus providing savings to the company in terms of costs, time and other productivity factors.

THE NATURE AND APPROPRIATENESS OF SHORT-TERM THERAPY

Wells and Phelps (1989:8) suggest that 75% of the employees in short-term therapy benefited over a six-month period. The fact that the sessions are structured, planned and time limited allows the professional to help the employee achieve the maximum benefit from the therapeutic sessions with the minimum amount of time and cost to the employees. Thus short-term therapy provides financial and psychological benefits to the employee.

Identifying resources is another important aspect of short-term therapy. When obstacles for the solution of a problem are faced, then resources enable the employee to make progress. Resources refer to the strengths and competencies of the employee, the family and external support systems such as religious affiliation and support groups. This provides an aid to the employee.

Short-term therapy aims to stimulate, guide and strengthen the employee's problem-solving efforts, the task-centred model requires that the target problems be alleviated through the employee's own actions (Reid, 1989:72). Obviously, it must be stressed that employee commitment is a key factor in successful task completion, both at home and in the session. Many authors as cited in Hoyt (1989:119) have observed that change initiated in short-term contact is followed through even before the short-term therapy sessions have been completed.

This advantage of 'forcing' employees to change now is adeptly implied in the question: "What are you willing to change today?"

Hoyt (1989:126) aptly spells out the implications of this question as follows:

What [specificity, target, focus]

are [active verb, present tense]

you [self as agent, intra-psychic, personal functioning]

willing [choice, responsibility, initiative]

to change [alter or be different, not just "work on or explore"]

today [now, in the moment]

? [inquiry, open field, professional receptive but not insistent]

Sonnenstuhn and Trice (1986:64) report that short-term therapy has the following benefits:

- "There are well-established methods for reducing anxieties and fears.
- Good progress has been made in treating obsessive-compulsive behavior.
- Significant advances have been made in dealing with sexual dysfunction."

Gould and Smith (1988:67) state that "Increments in the employee's self-esteem may explain the familiar observation that brief therapy often stimulates a growth process."

According to Laor (1999:513), brief therapy has three primary factors that make it unique: "The first is the setting: therapy is intended to be short, and in some cases the termination date may also be precisely predefined. The two other aspects have to do with the therapeutic stance: therapeutic focus and the professional's activity in maintaining the focus".

The assumptions and the beliefs of brief therapy that distinguish it clearly from other therapies are discussed below.

Time-Bound therapy

As stated earlier, Laor (1999:513) indicated that brief therapy is intended to be short and in some cases the termination date may also be precisely predefined.

Ligon (1996:30) says that brief therapy is defined by its time-limited nature – from as few as five to ten sessions. Gingerich (2000:478) is of the opinion that brief therapy normally lasts less than six sessions. Although there is not yet a set rule concerning the time frame of brief therapy, in practice EA professionals try to maintain a standard of three to eight sessions.

Since there is a limited amount of time allotted for the employee to affect changes or improve his situation, clear demands and responsibilities are placed on the employee. The EA professional is bound by the time limit, therefore there is a commitment from both parties to achieve the desired outcomes.

In short-term therapy, when a professional conveys the time limits to the employee, he is in effect saying: “You are capable of solving this problem quickly.” This provides the employee with a sense of mastery, capability and opportunity for change. Hoyt (1989:122) expounds on the concept of time in short-term therapy by stating that it creates a sense of urgency and fosters a deep sense of commitment and involvement in the employee.

Solution focused and not problem focused

The EA professional has to be able to guide the employee or be the counsellor and facilitator of change by guiding, directing and encouraging the employee in his choices. According to Gingerich (2000:478), this type of therapy is primarily focused on creating solutions instead of resolving problems. He continues by stating that the main therapeutic task is helping the employee to imagine how he or she would like things to be different and what it will take to make this happen. Reid (1989:57) agrees that humans have the capacity to change and, although these “...capacities are often blocked or utilized in destructive directions, they can be nurtured and channeled.”

Brief therapy is thus solution focused and the EA professional has to steer processes in such a way that there will be a shift from focusing on the problem to looking for the solution. With proper guidance and facilitation, then, people are capable of evoking change in themselves and finding their own solutions rather than being told what to do by the professional.

Through the help of brief therapy, employees see that they do not have to stay with the problem and that the changes or solutions already exist in their lives. Brief therapy enables an employee to “...assume that their lives will get better and provides them with interpretative ‘lenses’ for seeing their lives in new ways” (Miller, 1997:21). The employee has the task of choosing to look at life in a solution-focused way.

Goal-Oriented approach

Anderson-Klontz, Bradley, Dayton and Anderson-Klontz (1999:114) claim that Solution-Focused Brief Therapy (SFBT) “... provides a solid framework in which employees can reach achievable goals within a limited time period”.

Dryden (1995:3) clarifies this further by noting that the person undergoing brief therapy should be able and willing to present his problems in a specific form and set goals that are concrete and achievable.

It is important to notice that the inter-active role of the employee is highlighted to such an extent that, through the empowerment process during therapy, the employee takes responsibility for his

problem and solve it. Although the professional is active in this approach, the employee must take ownership of his or her problem.

Fleming (1998:294) highlights the importance of goals being described in specific, concrete and behavioural terms and in terms of positive indicators of success rather than in the absence of problems. He adds that the goals need to be achievable and realistic.

In EAP there will be no need to focus on the problems that may not have a direct impact on the job performance of the employee. The implication is that even if the problem is so obvious to the EA professional, there is no need to focus on it unless it affects the employee's job performance.

Focusing on the present means that the EA professional should thus be focusing on the here and now and on the way that the problem relates immediately to the employee's job performance. The idea that *now* is the time to change and *now* is the time to move on, spurs the employee on and provides light at the end of the tunnel after short-term intervention. It is important to note that goals must be limited due to the time limit of short-term therapy.

The importance of goals that must reflect what is in the employee's control must be emphasised, because the EA professional will use constructive confrontation on an ongoing basis, which can be destructive if the employee is not in control of the goals to be reached.

Darick (1999:10) expands on this by recommending the following elements in order for short-term counselling to be effective in the EAP context:

- Counselling must be focused;
- Counselling must contain direct objectives for EAP sessions;
- Problem areas must be identified and prioritised;
- Objectives must be established for resolution of the identified problem areas.

Reid (1989:72) contends that "The short-term model provides a better fit to what is needed and does not have to be 'geared down'." Its brevity prevents biting off more than the employee can chew, so to speak. The goals of treatment in short-term therapy are more important than diagnoses and past problems. The focus is on the "here and now" rather than the "there and then".

Due to the briefness of short-term therapy, it is important to emphasise the temporary nature of the relationship. Flexibility is thus imperative to accomplish tasks and for the employee to be involved in the planned outcomes.

The Employee Assistance Professionals Association South Africa Chapter (EAPA) SA Standards (1999:18) recommends that the short-term intervention action plan should be in a written format. A written action plan should be prepared to accomplish specific objectives within an appropriate time. This could include identification and ranking of problems needing resolution, establishment of immediate and long-term goals, and designation of resources to be used, including those contained within the EAP. Through a written action plan, the measurement and evaluation of results can be accomplished throughout the process of therapy.

PROBLEMS THAT MAY BE ADDRESSED THROUGH BRIEF THERAPY

Wells & Phelps (1989:21) point out that the strengths of short-term therapy lie in dealing with specific problems such as bouts of depression, anxiety, low self-esteem, sexual problems or difficulties in relationships.

Pinkard (1988:215) asserts that short-term cognitive-behavioural therapy focuses on changing irrational beliefs about the self, others and the world to rational beliefs and further cites benefits of short-term therapy. Maladaptive behaviour patterns are replaced with more appropriate ones to resolve relatively simple, practical problems and to learn methods of problem solving. Thus short-term therapy can be applied to a broad range of problems over a large range of the workforce.

Job stress

Job stress can be explained as work-related pressures experienced by the employee. Every employee is vulnerable to these kinds of pressures, because the employees are subjected to the changes that occur in the workplace. Such pressures may be related to workplace violence, downsizing and retrenchments, crime-related behaviour such as loss of company property, or hijacking as well as communication problems.

Marital difficulties

Jongsma (2000:199) maintains that “Contrary to popular belief, marriage is not a state, but a process of becoming that passes through many stages”. He adds that marital conflict can lead to preoccupations that may affect work performance, lead to anger towards colleagues, or result in substance abuse, depression or avoidance of home life. He maintains that counselling is typically the last resort and each partner generally has the expectation that, if the professional can change the other partner, the problems will be resolved.

Interpersonal problems

The prevalence of workplace interactions makes it obvious that there will be misunderstandings and communication problems amongst employees. Interpersonal relationship problems may stem from simple misunderstandings, but may result in overreactions of employees as well as in isolation that may block the workflow or have a serious impact on employee job performance. Lack of respect and inability to adjust to cultural diversity are also problems leading to interpersonal relationship problems.

Emotional stress

Emotional stress resulting from a number of factors may be evident in the workplace and this is a challenge for the EA professionals, because motivating an employee to deal with emotions entails a great deal of work for the professional. This involves working in the here and now rather than dealing with the past, or helping the employee to release his or her emotions without dwelling in the past. Emotions that are likely to be experienced during a time of emotional stress include the following: anxiety, anger, remorse, grief and fear (Van Den Bergh 1992:37).

Early stages of substance abuse

Regarding substance abuse, Jongsma (2000:46) maintains that the problem of “... chemical dependence” can be “... identified by consistent use of alcohol and/or other mood-altering drugs affecting previously satisfactory work performance or which interferes with activities of daily living”. He further claims that this also affects the family of the abuser and costs employers billions every year as a result of “...decreased productivity, increased absenteeism and increased accidents at work”.

During the early stages of substance abuse the substance user is still in the psychological dependence phase, during which the substance user is still learning various things from using the

substance. The emotional dependence phase is one in which there are notable tracks of dependence due to the emotional problems that are present and the substance becomes functional in the way that the employee copes emotionally.

Wells & Phelps (1989:21) are adamant that short-term therapy is "... [not] helpful to drug addicts, alcoholics, suicidal patients or other people troubled by psychiatric illnesses."

THE ROLE OF HOMEWORK IN BRIEF THERAPY

Dryden (1995:134) emphasises that work and practice are the essential ingredients for change. Segal (1995:127) states that brief therapy assumes that therapeutic change takes place in between sessions and many of the interventions take the form of homework assignments. The implementation of homework allows the employee to see himself or herself not as a passive recipient, but as an active participant. Ewing (1989:290) maintains that homework offers the employee an opportunity to practice coping skills that would eventually help the employee to resolve his or her problems. Homework thus provides the employees with control over their own lives and the ability to make choices for which they are responsible.

It can therefore be said that, if the therapy is done and no one takes charge of what really happens in the real world of the employee, then it has been a waste of resources and time. The lack of practical implementation of the therapeutic input, or failure to integrate the therapeutic input with the personal experiences of the employee, makes the therapy an unrealistic and abstract process, because the employee is unable to identify with what is going on and may abscond from therapy.

Friedman and Fanger (1991:142) distinguish between the two kinds of homework tasks that can be given to a client:

- Overt tasks

This involves tasks in which the professional tells the client what to do and he expects him to comply with his directives. It is designed to interrupt behavioural patterns and perhaps by changing the sequence, thus challenging the sense of powerlessness.

- Covert tasks

Covert tasks are mainly suggestions or involve paradoxical or metaphorical instructions and results are expected from either defiance or indirection. With a paradox the professional can either explain the symptom directly, telling the client to continue with it, or perhaps ask him to schedule it at certain times or to increase it.

The homework of the client includes tasks or behavioural and therapeutic instructions. Task instructions need to be explained and clearly stated in positive language; it must be evident what the professional wants the employee to do, not what the professional wants the employee to stop doing. An example is that the employee can be asked to prioritise his problems by asking him to compile a priority list as homework. The EA professional should also be careful not to give the employee too much homework. Friedman & Fanger (1991:142) are of the opinion that if the employee fails to complete the tasks, they may have been too many or too complicated.

Since short-term therapy has to be effective in a short time frame, it is necessary for the employee to perform therapeutic activities both inside and outside the therapeutic session. Some tasks that may be performed outside the session (i.e. homework tasks) are classified by Wells and Phelps (1989:146) into the following five categories:

- Observational and monitoring tasks – observing and monitoring behaviour and events;

- Experiential tasks – designed to arouse emotion and challenge beliefs and attitudes;
- Incremental change tasks – designed to stimulate change directly toward a desired goal, in a step-by-step manner, for example, practising skills;
- One-shot tasks – tasks to get something done which are then over and done with;
- Mediator assignments – a person in the employee's social environment who does the assignment on behalf of the employee and records, monitors and collects data.

An explanation of what can be done in brief therapy, which includes the techniques and homework plan for each session as well as the types of presenting problems, are explained below.

Pre-Session arrangements

The role of EA professionals is distinctive in that they have to be careful not to create unnecessary therapeutic cycles that might be too emotional for themselves and/or the employees. The value of pre-session arrangements is therefore important to the EA professional's role. The fact that an employee is referred to the EA professional shows that there is a need for functional and emotional preparation of the professional as the employee might end up being a client. The functional preparation may include arrangements such as preparing the venue or making an appointment with the employee or preparing functional aids. Emotional preparations include the preparation of the professional to interview this employee or creating an environment conducive for the therapy.

Session 1

It has already been mentioned that brief therapy is a goal-oriented approach because this helps the professional to do effective and time-conscious therapy that would assist employees to direct their intentions or unlock their potential to work on positive change. Dryden (1995:51) says that brief therapy is an approach that stresses the therapeutic value of structure. Brief therapy sessions are thus highly structured.

According to Reid (1989:58), the structure of short-term therapy "... enables practitioners to move ahead systematically and to retrace steps as a means of pinpointing short-falls and wrong turns. For example, if clients are unable to complete tasks, obstacles are taken up, and an effort is made to resolve them. If this fails, then the practitioner and client consider whether or not the problem definition itself makes sense." The structured nature of the therapy thus allows the professional to re-identify problems or shortfalls. This, for instance, means that if the client is unable to complete a task, obstacles to the completion of the task are identified and resolved. If this does not work, then the client and professional redefine and reformulate the problem again.

The roles of the client and the professional should be mutually decided on. During the process of assessment in this session, the employee may be initially allowed to freely talk about his problems as he wishes, before prioritising them and formulating the goals. This allows the employee ownership of the problems and avoids the professional enforcing his definition of what the problem might be. Short-term therapy thus encompasses a strong element of choice for the employee. According to Hoyt (1989:123), the professional is in this way respecting the employee and enabling him to take control of his life and problems. Darick (1999:10) highlights the importance of both the EAP professional and the employee being involved in the decision regarding the planned outcomes.

During this first session, assessment focuses on what the problem is and what the employee wants to do about it. To complete the assessment the professional needs to know when, how and why the

problems developed, how the employee has coped with the problems until now and what was successful or what was a failure? Standardised instruments may be used to gather more information. Having completed the assessment and problem formulation, the professional uses various theories to try and explain the employee's problem.

A therapeutic contract may now be formulated. The first homework task may include that the employee is asked to give an indication of what he anticipates. An example is that he may be asked to draw a life map of his future.

Mid-Therapy sessions

Reid (1989:62) emphasises that the employee chooses the most important problem to work on. The professional helps the employee to develop a new way of behaving or a new course of action. The planned objective is to develop a plan of action or to identify tasks that the employee could implement before the next session. The plan outlines exactly who does what, when and how. The employee must understand the plan and its rationale and must express a commitment to carry out the plan. If the employee appears anxious about the tasks, a role-play exercise could help to ease the tension. Sometimes it is good to anticipate obstacles and help the employee to decode in the session a way of dealing with the obstacles. The employee must be held accountable for performing the tasks. The employee's progress and tasks should be reviewed at the beginning of each following session.

The employee may be asked about his reaction to the previous session and the professional may observe his judgement of his therapeutic growth. The homework given to the employee should also be evaluated in order to be able to determine the employee's motivation for self-help.

The employee is accountable to the professional for performing the tasks. Sometimes a professional can gain insight into an employee's needs if he has not performed a task (Reid, 1989:64). The importance of constructive confrontation throughout the therapy sessions must therefore be emphasised.

Termination of therapy

In short-term therapy the employee's satisfaction is the priority of the professional. The professional will determine if it is necessary to go on with the sessions according to the employee's growth and development. If the employee mentions that he can now go on without therapy, it is recommended that the professional and the employee jointly evaluate progress and decide on termination.

CONCLUSION

Anderson-Klontz *et al.* (1999:120) conclude that, although longer-term intervention might be the ideal for many employees and clinicians, most psychotherapy is brief.

Short-term therapy is an important approach for Employee Assistance Programmes, since it helps the Employee Assistance Professionals to provide a cost-effective, time-limited therapy to the benefit of both the employer and the employee. It was highlighted that short-term therapy concentrates on the development of solutions by focusing on creating solutions for the problems of the employee that effect his or her job performance.

Unlike long-term therapy, short-term therapy sets the date for termination at the beginning of therapy. This forces the employee to 'gear up for action', become an active participant in the

therapeutic process and initiate change immediately. The employee is also forced to deal with separation from the professional, thus making termination or disengagement less stressful.

In comparison with other therapies, short-term therapy in Employee Assistance Programmes focuses on therapy within (at most) eight sessions. The importance is highlighted that goals should be described in specific, concrete and behavioural terms and in terms of positive indicators of success rather than in the absence of problems. Goals need to be achievable and realistic, and therefore the importance of a written contract must be reiterated.

Through the process of homework, the professionals are in a better position to measure success and to evaluate the process realistically.

If professionals are to provide a value-added service, then it is incumbent on the professional to ensure affordability. This then necessitates conducting short-term therapy in which a problem is dealt with efficiently and cost effectively in a short time, as opposed to long-term therapy in which the employee may have to leave the therapy before success is achieved because of depleted financial resources. Short-term therapy is thus beneficial to a wide range of the population because of its affordability (Employee Assistance Professionals Association South Africa Chapter, 1999:18).

The recommendation at this stage is that more research should be done in order to explore the South African version of the application of short-term therapy in Employee Assistance Programmes.

BIBLIOGRAPHY

ANDERSON-KLONTZ, B.T.; BRADLEY, T.; DAYTON, T. & ANDERSON-KLONTZ, L.S. 1999. The use of psycho dramatic techniques within solution-focused brief therapy: A theoretical and technical integration. **International Journal of Action Methods**, 52(3):113–120.

CRITS-CRISTOPH, P.; BARBER, J.P. & KURCIAS, J.S. 1991. Introduction and historical background. **In:** CRITS-CRISTOPH, P. & BARBER, J.P. (eds) **Handbook of short-term dynamic psychotherapy**. New York: Basic Books, a Division of Harper Collins Publishers.

DARICK, A.A. 1999. Clinical practices and procedures. **In:** OHER, J.M. (ed) 1999. **The employee assistance handbook**. New York: Wiley and Sons.

DRYDEN, W. 1995. **Brief rational emotive therapy**. New York: J. Wiley & Sons

EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION SOUTH AFRICA CHAPTER. 1999. **Standards for employee assistance programmes in South Africa**. Johannesburg: EAP Association.

EWING, C.P. 1989. Crisis intervention as brief psychotherapy. **In:** WELLS, R.A. & PHELPS, P.A. **Handbook of brief psychotherapies**. New York: Plenum Press.

FLEMING, J.S. 1998. Solution-focused brief therapy: One answer to managed mental health care. **Family Journal**, 6 (3):286–294.

FRIEDMAN, S & FANGER, M.J. 1991. **Expanding therapeutic possibilities**. Lexington, Mass: Lexington Books.

GINGERICH, W.J. 2000. Solution-focused brief therapy: A review of the outcome research. **Family Process**, 39(4):477–499.

GOULD, G.M. & SMITH, M.L. 1988. **Social work in the workplace: Practice and principles**. New York: Springer Publishing Co.

HOYT, M.F. 1989. One time brief therapy. **In:** WELLS, R.A. & PHELPS, P.A. **Handbook of brief psychotherapies**. New York: Plenum Press.

JONGSMA, A.E. 2000. **Brief employee assistance homework planner**. New York: John Wiley & Sons, Inc.

LAOR, I. 1999. Short-term dynamic therapy as a unique container. **American Journal of Psychotherapy**, 53(4):513–528.

LIGON, J. 1996. Employees satisfaction with brief therapy. **EAP Digest**, 1(4):300-310.

MILLER, G. 1997. Systems and solutions: The discourses of brief therapy. **Contemporary Family Therapy**, 19(1):5-22.

PINKARD, C.M. 1988. The mental health component of employee assistance programs. **In:** DICKMAN, F., CHALLENGER, B.R., EMENER, W. G. & HUTCHISON, W.S. (eds) **Employee assistance programs: A basic text**. Springfield, Illinois: Charles C. Thomas Publishers.

REID, W.J. 1989. An integrative model. **In:** WELLS, R.A. & PHELPS, P.A. **Handbook of brief psychotherapies**. New York: Plenum Press.

RYAN, C. 1994. Scientific study of brief therapy outcomes is still scarce. **Psychotherapy Letter**, 6(9):5–7.

SEGAL, L. 1995. **Brief therapy II**. New York: Haworth Press.

SONNENSTUHN, W.J. & TRICE, H.M. 1986. **Strategies for employee assistance programs: The clinical balance**. New York: ILR Press.

SPRANG, G. 1992. Utilizing a brief EAP –based intervention as an agent for change in the treatment of depression. **Employee Assistance Quarterly**, 8(2):57-65.

VAN DEN BERGH, N. 1992. Using critical incident stress debriefing to mediate organizational crisis, change and loss. **Employee Assistance Quarterly**, 8(2):35-55.

WELLS, R.A. & PHELPS, P.A. (ed) 1989. **Handbook of brief psychotherapies**. New York: Plenum Press.