

A different kind of report – Narrative therapy comes to an Employee Assistance Program

By Kevin Geraghty



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Abstract

This article describes the early stages of using narrative therapy within an employee assistance program (EAP). The author provides a copy of an annual report that was used to introduce narrative worldviews, especially the externalisation of problems, to the employees of a medical centre. The spread of these ideas into other efforts by the EAP is described.

Keywords: employee assistance program (EAP), professional discourse, externalisation, fee for service, community document, narrative therapy, report writing.

Saint Alphonsus Regional Medical Center is located in Boise, Idaho, USA. The medical centre has an employee assistance program (EAP) that provides assessment, brief counselling, and referral services. We offer the EAP service to our own employees at the medical centre, and we sell this same service to other employers in the area who like the idea. An EAP is designed to provide employees with quick and free access to mental health professionals who are expected to provide or arrange for counselling and other services. Employers pay for the program, recognising that multiple studies (Attridge, 2005) demonstrate how an EAP will minimise the influence of problems that might otherwise cause absenteeism, low productivity, accidents, and conflicts with co-workers. Employers pay for this service according to the number of employees covered by the benefit, rather than through the more traditional system of fee for service.

We organised our services twenty-five years ago to be very similar to traditional mental health clinics. In order to appeal to businesses that might purchase our services for their employees, we have strongly supported and contributed to the traditionally dominant discourses of professionalism over the years.

While working under the influence of these discourses, which seemed to require me to be the expert on other people's lives, I found myself in the land of professional burn-out. I had experienced too many years of working in ways that lacked sufficient respect and collaboration with my clients. My personal values had drifted too far from daily life.

I began my study of narrative therapy (Freedman & Combs, 1996; White & Epston, 1990) in that context, invigorating my life by repositioning my values and inviting clients to do something similar. New professional challenges came from this. Following Chambon (1999), I asked of the EAP, 'How can we step back from those practices and forms of knowledge that we experience as most natural, that we have been socialised into, and to which we actively contribute as scholars, educators, practitioners and policy makers?' It seems that thinking to ask the question took much longer than finding some ways forward.

I had come to know the fresh air experience of separating people and problems, and I remembered how this distinction was often an easy entry point into narrative worldviews. I believed that, as the program supervisor, I could introduce this externalising practice as a first step toward more respectful relationships with our customers in the EAP.

I began using externalising language in weekly case consultation meetings. I spoke of the differences that this approach was making in my work and in my life. I told the story of burn-out, alongside the second story of holding onto respectful and collaborative ways throughout my career. At a staff retreat, I introduced outsider witnessing as part of an inquiry into each person's best efforts of the year. These steps helped familiarise staff members with some of the concepts and language of narrative therapy.

In responding to Chambon's question and other challenges, we are having experiences that strongly attest to Madsen's description of competing or juxtaposed professional discourses (Madsen, 2007). We are witnessing the daily pulls between a focus on deficits and a focus on possibilities. We experience another pull between a reliance on professional expertise and an intention to collaborate with our customers. These competing discourses have been a more serious difficulty for all of us. For instance, I find that pointing out the influence of the expert discourse (from my position of power) can have a chilling effect on our discussions. While my co-workers have shown support, interest and curiosity at the theoretical level, we continue to

look for ways around the effects of my power position as well as the limitations embedded in the professional discourses.

In the context of EAP services for our business customers, I noticed a great opportunity that had been overlooked. Businesses are already thinking about problems in an externalised way! They are mostly interested in knowing what kinds of problems their employees are experiencing. They don't expect to link problems to names, and they don't use clinical jargon to categorise the problems. The opportunity was open for a public document that could promote more respectful relationships and, in a subtle way, open opportunities to challenge some dominant professional discourses.

In previous years, reporting the data has often been a dreary affair, with charts, statistics, tables of comparative data, and so on. We did it that way because we had always done it that way, living within professional discourses that put the most scientific and empirical face on our services.

Following other creative approaches (White, 2002; Zimmerman & Dickerson, 1996), I decided to write an alternative year-end report. Although it began as an enjoyable way to further expose co-workers to narrative perspectives, those co-workers joined in the fun, made contributions, and encouraged me to send it, along with the traditional report, to those who evaluate the cost/benefit of the EAP. Here is the report that we sent, with only minor grammatical changes.

A Year in Review

The EAP likes to remember that people and problems are two different things and shouldn't be mixed up. We believe that people are always bigger than the problems that come into their lives, even though problems don't like to admit this.

Over the last year, we met with 758 people, and we heard about at least twice that many problems. However, our data system only records one problem code per person, which caused competition and conflict between various problems, who never like anything less than top-billing.

We tracked the struggles between people and problems during the year, and we invited problems to comment on their efforts for this year.

Psychological problems easily defended their number one ranking, boosted by strong performances from anxiety and depression. Anxiety owed its success, at least in part, to the adoption of new technology. Awful futures are now available in high definition virtual reality, and people are now available for harassment from many stressors day or night, at home, or on the road.

'People used to spend more time outside the house, and forget about us. Now they take us along. We really couldn't ask for more,' a spokesman for anxiety commented. 'If you're not anxious, you're just not paying attention. Depression will never keep up with us, as long as they insist on making people not care.'

When reached for comment, depression indicated that it would stick with its proven formula of stealing its victim's energy, blaming the person for this change, and isolating the person from the support systems which supply hope.

People reported a number of helpful strategies against psychological problems, including the maintenance of strong social connections, creative hobbies, prayer, medications, fitness activities and focussing on others in need.

Marital and relationship problems rebounded from last year's disappointing finish to take second place.

'We have to thank all the financial difficulties, and how they were able to promote blaming and competition over spending. We might have done even better except that some people had insisted on keeping communication open, refused blaming, and relied on gratitude for a better perspective. Those people seem to resist our message that finances are always a higher priority than relationships.'

Third place went to child and family problems. Although disappointed after gaining second place last year, they were looking forward to the holiday season, when they could team up with guilt and frustration over tight budgets to cause a lot of new conflict within families.

'It's only September, and we're counting down the shopping days. We just have to make sure people don't start thinking too much about priorities.'

A number of other problems joined in this concern over a possible coalition of independent thinkers and simple-life advocates.

Among problem also-rans, alcohol and drug problems showed another poor performance.

Their spokesperson Jack Daniels did not seem concerned. 'We pride ourselves on a low-key image and our teamwork with other problems. We are well-represented, and often disguised among the other problems. Going unnoticed is our marketing plan. Alcohol alone directly accounts for 100,000 caused deaths in the United States every year. Do you think anxiety can touch that?'

EAP counsellors provided 2,908 sessions working with people against these problems. Problems were asked what they thought all this effort might say about the intentions of these people.

They replied, 'We don't understand this really, we just hope they will soon be ashamed of talking about personal things with strangers.'

Only 12% of our clients were referred out for further services, prompting charges from anxiety representatives that we were not taking them very seriously. Alcohol and drug problems, on the other hand, applauded this outcome.

'We're a fun-loving group, and treatment programs are so serious. We support getting help from your drinking buddies.'

Regarding client satisfaction, none of the problems were happy about the extraordinarily high scores that people gave the EAP. On a five-point scale regarding overall satisfaction, the EAP was rated five out of five by 92% of respondents. No-one rated the services below four on a five-point scale.

Reactions to this news ranged from angry to incredulous. Cynicism representatives charged falsification and distortion, suggesting that next year would surely be worse. Depression was reported to be fully absorbed in learning more about the 8% who were not fully satisfied. Drug and alcohol problems issued a terse response.:

'We don't believe in being truthful on surveys, and we don't think anyone else is either.'

In summary, people experienced both fleeting and persistent problems. These were linked to traumatic life events, brain chemistry, faulty expectations, discrimination, bad habits, and to other things. Truth be told, these problems consistently failed to dominate the lives that they visited.

If you would like to talk with us about problems in your life, or if you have stories about overcoming or containing some problems that you would like to share, please give us a call-367-3300.

Both reports were sent out to administrative officials in advance of a yearly meeting to review utilisation. A few short responses came back, which could best be described as polite, positive and business-like. Only one person commented in any specific way about the odd new report.

The meeting itself was a different story. While the statistics and charts were still the main focus, I thought this to be old habit, as the narrative report easily generated the most discussion in the hallway, on break, and in the parking lot. The comments lead me to believe that the new report was seen as clever and fun to read, but not destined to replace charts and graphs. The implications of externalising language and other postmodern perspectives were not noticed in any obvious way. Still, I felt well-received, and the casual conversations opened space for very brief explanations about how people find more room to challenge a problem if they are not so fully identified with it. Because of the mostly positive response, we decided to publish the new report in a newsletter that goes to all employees. We are interested to see if people respond with any increased utilisation of our service.

Following the report, I hoped to find more ways to bring narrative ideas and practices to our medical centre, where we had access to committees, administrative meetings and program consultations. I had seen the EAP staff respond positively to outsider witnessing practices, and we hoped that externalising practices would also make a difference to our customers who work in health care.

In the context of a hospital and medical centre, we seem to be engulfed in a view of passive or compliant patients, contrasted with expert healers. There are certainly many times when this is preferred on both sides. The professional discourses concerning expertise and problem diagnosis are upheld in so many important ways, leaving very little room for doctors, nurses and allied health professionals to think outside of those discourses when the situation permits. We are still thinking about what kinds of relationships might be possible in circumstances of this great power imbalance. The lessons we learn working around power positions and professional discourses in our smaller EAP setting may have future application to the larger medical centre.

The healer role can also be an obstacle to self-care for the healers. In providing the EAP to these individuals, we have looked for opportunities to encourage self-care by connecting with the stories of patients who surprise and inspire the healers.

This was easily spotted in cancer treatment, where externalising language is almost a norm. 'She's just not going to give in to this melanoma', or, 'He's fought a long battle with that throat cancer'. We intend to promote a culture in which the healers are invited to see the difficulties of

their own lives in this way. We hope this respect for the way people respond to problems might open new possibilities for people on either side of the patient/healer discourse.

In working with administrative groups, I offered summaries at the end of meetings, which exhibited double listening (White, 2000):

'I heard about such-and-such a problem, and how threatening it is. I also heard such-and-such responses, which seem to be gaining the support of the group. What do you think these responses say about us and our priorities? What do they predict?'

These comments and questions have been reported to add hopeful and positive endings to the meetings. It seems that bringing hopeful questions to administrative groups can be valued in some of the same ways that it is valued by clients in the therapy setting. Consequently, we have been asked to participate in organisational development, consulting with troubled work teams, helping to manage through times of lay-offs and financial crisis and, lately, being involved in the conversion to electronic medical records. In this medical records conversion, we are seeking out the employees who are struggling most to learn the new system. We use a brief statement of position map (White, 2007) to learn what they believe keeps them going and helps them to learn, despite frustration and other problems. We document the struggles, the values that are thus upheld and the skills that make a difference. With permission, our documentation is made public in a newsletter that serves as a kind of community document (Denborough, 2008), thickening the story for the person interviewed, while promoting skills which might help others to get through.

We are just beginning to appreciate the unique freedom that is available when we are not obligated to insurance companies and diagnostic rituals for payment of our services. As we think about categories of problems instead of categories of people, we expect different kinds of services to become possible. As we promote respect and collaborative problem-solving, we expect to be invited into more varied roles within the medical centre. With no fee for service and no diagnosis required, we can look forward to a time when more people schedule an EAP appointment to tell stories about their skills and knowledges with some problem.

The trouble is, we don't yet know how to translate those stories back into charts and graphs.

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