

EAPAA Clinical Guidelines for Domestic and Family Violence

In response to growing evidence of the importance of the quality of the initial interaction and subsequent intervention from clinicians working within Employee Assistance Programs to those experiencing domestic and family violence, EAPAA has outlined the below clinical guidelines. These guidelines have been developed with input from our membership and refined through our clinical governance committee. The guidelines are intended to assist organisations and government agencies who interact with EAP companies, with clearly stated expectations from our industry.

Core Requirements

A clinician working within an EAP context is expected to have the core competencies referred to in the EAPAA standards of service and noted below for reference:

- Clinical professionals are registered with and accredited by the relevant regulatory body or working toward accreditation
- Minimum of 3 years clinical experience
- An EAP will ensure relevant staff are aware of their responsibilities to other professional codes of ethics as appropriate (for example, to AHPRA, APS, AAWS, ACA, NZAC or NZAP, NCNZ, SWRB or CIMA) and the requirement to identify and resolve actual or perceived conflicts of interest.

Specialist Requirements for Domestic and Family Violence

- Clinicians deliver services as per their organisation's clinical governance framework document, which clearly defines how to work with DFV clients and processes for assessment, escalation and referral. This document can assist clinicians to identify different forms of safety and resistance and provide a framework/model for short term intervention.
- Each clinician undertakes a form of internal accreditation within their workplace which involves at a minimum exposure to their clinical governance framework and core documents endorsed by EAPAA from DVSM Sightlines as noted below:
 - Follow My Lead, My Safety kit and Foundations Guide: https://www.insightexchange.net/publications/
- Although specific DFV training is preferable this is not mandatory and the core concepts of
 empathy and empowerment to allow the individual to lead the conversation is of higher
 importance. It is our expectation that EAP provider members will identify those clinicians
 who may not be appropriate for work within DFV and provide the tools and support to the
 majority to work with clients in the DFV context.

Ongoing Development

EAPAA has provided several options for professional development in the DFV space with the belief that ongoing training is of key importance for clinicians working in this space. Clinicians are expected to undertake annual learning in this area to stay well-informed of latest developments, approaches and tools available to support clients presenting with DFV matters.