

EMPLOYEE COUNSELING PROGRAM FRONTLINE SUPERVISOR

Daytime: 410-366-1980 x278/279



Eve./Holidays: 1-800-285-1537

■ **I made a supervisor referral to the EAP, but my employee has not gone yet. Her performance problems continue to be severe. She agreed to participate in the EAP, but now she is procrastinating. She insists she will go, but I am done asking. Am I doing something wrong?**

By convincing you that she is going to call the EAP, your employee avoids an adverse response to her performance problems that you would be forced to consider. She also avoids dealing with a personal problem, if one exists. To break this cycle, you will have to decide that it can't continue. Consider whether there is a reason you are hesitant about taking disciplinary action. Believing she will eventually call the EAP allows you to avoid the unpleasant experience of considering a disciplinary response. To help her, you may have to give her a firm choice between receiving a disciplinary action or accepting an EAP referral. Such an agreement should include holding the disciplinary action in abeyance pending her follow-through and cooperation with the EAP's recommendations.

■ **If my employee is referred to treatment or counseling by the EAP, but later fails to cooperate, will the treatment provider inform the EAP? And will I be notified?**

It is standard practice for the EAP and the treatment resource to exchange releases of information signed by the employee so they can work together. The EAP conducts its initial assessment and then makes the referral to the treatment provider. The treatment provider's treatment plan for the employee is then accepted by the EAP. If the EAP later learns from the treatment provider that the employee is not cooperating, the EAP will consider the employee as non-cooperative with its recommendations. You are then informed by the EAP in accordance with the release. If this happens, you should focus on job performance to determine how to best respond to your employee, unless another response to compliance problems has been pre-arranged as part of an agreement between you (the organization) and the employee.

■ **We had an employee who relapsed after treatment for alcoholism. Subsequently, his performance problems returned. I later learned the relapse began**

When an employee relapses, there is typically a lag between drinking and noticeable job performance problems. When employers suspect relapse, they are usually observing symptoms of it (attendance problems, mood swings, etc.) This is what makes follow-up by EAPs and treatment providers so crucial. If the EAP can detect clinical indicators of drinking early or, even better, if behaviors that signal impending

two months earlier, at a time when his performance was great. Can you explain this, and how organizations should respond to a relapse?

relapse can be spotted, then an employee may be able to salvage his or her recovery and avert job performance problems. Few people with long-term abstinence and sobriety achieved it without a relapse or two along the way. This is why alcoholism (addictive disease) is considered a chronic illness, and those with it are considered in recovery, not "cured" or "rehabilitated." Relapse does not necessarily mean failure. Not all organizations respond to relapse the same way because their circumstances, policies, and attitudes about addiction and recovery differ. If in doubt about how to respond, weigh the general trend in improvement demonstrated by your employee prior to the relapse.

■ Many professional staff in our organization are mental health professionals who have private practices. When I referred my employee to the EAP, she asked to see one of our professional staff instead. Should I go along with this idea?

You should tell your employee that you cannot refer her to a source of help, nor approve of her seeing someone other than the organization's employee assistance professional. Mental health professionals in the community and employee assistance professionals at the EAP have completely different functions. Supervisors make referrals to the EAP, which has a written agreement, policies and procedures, communication guidelines, standards of practice, and confidentiality provisions. You cannot prevent your employee from seeing someone of her choosing, despite the potential conflicts of such an arrangement. However, you should not preclude future attempts at referring her to the EAP if performance problems don't improve. She might eventually go.

■ My employee has fits of anger toward coworkers that seem to come out of the blue. I am going to refer him to the EAP for having an "explosive personality" at work. This term describes his behavior, so can I use it?

Documenting and describing performance problems can be tricky. It is sometimes easy to use language you think describes the behavior objectively and clearly, but in fact does not. For example, what do you mean by "explosive personality"? Asking this question can help you find better ways to document what you are seeing or hearing. Do you mean that your employee demonstrates rage and hostility toward coworkers that cause them to fear him? If so, use this language in your documentation. Which statement is harder for your employee to deny: that he has an explosive personality, or that he has fits of anger toward coworkers that cause them to be fearful? Anger, fear, and complaints can be more easily documented, whereas "explosive personality" is diagnostic and subjective. Using this term will be less effective and less easily understood than documenting angry statements, fearful responses, and coworker complaints.

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