

Employees—  
Your Most  
Valuable  
Resource

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# Frontline Supervisor



UCONN Health EAP 860-679-2877 or 800-852-4392

■ **Perhaps others won't admit it, but I am hesitant to confront an employee who might be under the influence unless it is pretty obvious. A lot of employees drink, but if someone looks sober and is functional, that's what matters to me. Where am I going wrong?**

If you are trained to identify signs and symptoms of an employee who may be under the influence of alcohol or other drugs, it is crucial to follow the guidelines of your drug-free workplace policy. Employees in mid-stage alcoholism, even if their blood alcohol level is relatively high, do not necessarily appear drunk. They are, of course, still at risk for accidents and injuring others. These employees eventually discover maintenance drinking, where they consume alcohol in small amounts to maintain a blood alcohol level that prevents the agitating effects of withdrawal that are noticeable to others. When you do confront your employee, anticipate significant resistance and defensiveness because you have overlooked this problem for so long. So, talk to the EAP and request help preparing for a successful, constructive confrontation. Is your resistance to confrontation based on fear? If so, the EAP will help you overcome this resistance as well.

■ **I referred an employee to the EAP two years ago. A lot of problems with absenteeism occurred at the time. Things have gone great since then, but suddenly, he is not coming to work. He is missing some days and is late on others. What is my next step—call EAP?**

**Speak with your** employee in a corrective interview and find out why he is missing work. Refer to your documentation. Note that asking why your employee is coming late to work is not an intrusion or diagnostic query. The employee may disclose something personal, but do not attempt to engage in solutions. Leave that to the EAP. Regardless, it is your decision about how you wish to proceed. A formal referral back to the EAP may return another two or more years of great work, or based on the history, your organization may have a disciplinary action in mind. Conduct a cost-benefit analysis that weighs returning your employee to a satisfactory level of performance versus an action that would include dismissal. Sometimes the understandable frustration management feels toward relapses leads to decisions not fully in management's own interest.

■ **My employee is at home recuperating from a back injury. I stay in touch by phone to communicate, offer support, and encourage him to come**

**Yes, suggest that he** visit the EAP. Last year, a research study now posted at the National Institutes of Health examined 94 other studies in an attempt to discover what contributes to positive return-to-work results following a worker's injury. More than half such injuries were back problems. Also studied were factors interfering with employees coming back to work. Among many factors, the ones that could be influenced

**back. I hear from co-workers that domestic quarreling exists and that he is depressed. Can I refer him to the EAP?**

from the workplace were return-to-work coordination and multidisciplinary interventions that include the workplace and stakeholders. One type of stakeholder is the supervisor, so your communication and support are impactful. Depression is a factor in why employees do not return to work, so encouraging your employee to visit the EAP and get support is a smart move. Domestic conflict to the extent that it interferes with wellness can also be addressed by the EAP. Source: Google “PMC5015229” to locate the research study.

**■ When an employee is discharged from a drug and alcohol treatment program and the EAP follows up, how does the EAP help the employee in ways that the treatment program cannot?**

**Addiction treatment programs** are busy, often underfunded, suffer high staff turnover, and sometimes struggle with management and philosophy inconsistencies. Because they are 24-hour businesses, they also have communication challenges between work shifts. Patient follow-up, if offered, can suffer. EAPs know about these struggles, so they closely follow employees posttreatment. They also meet with program staff and stay proactive, communicating with the treatment program to ensure communication with the patient. None of this interferes with treatment, but is instead welcomed. This activity often spots signals of potential relapse. This could be something as small as the patient going to four AA meetings one week instead of the required five. The EAP then uses motivational counseling to encourage better follow-through. Such interventions make EAPs enormously cost-beneficial, especially when relapse and loss of a worker are prevented.

**■ I have two employees who don’t get along. It’s starting to create friction within the department. I don’t want battle lines to be drawn among the others. This is my last shot to end the problem, but how and when do I involve the EAP?**

**Personality conflicts** can lead to quarrelsome relationships. They typically do not respond to classic attempts at problem-solving and negotiating like other workplace conflicts. Ending the quarrelsome pattern requires self-discipline and resolve because it has typically become habitual. The warring parties must believe management is determined to take action if the two employees do not. That’s your most important role if the pattern of behavior you are describing is long term and you unwittingly enabled it by counseling, threatening, and not following through. These problematic dyads often follow a progressive path: mini-crisis, counseling or pleading by supervisors, periods of calm, and a repeating cycle. Make employees aware that change is nonnegotiable and that you are committed to an administrative or disciplinary solution to help the employees change if they don’t make progress. This message may instill the needed sense of urgency. The EAP can assist at any point along the way.

## NOTES