

Employees—
Your Most
Valuable
Resource

Frontline Supervisor



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

■ **What role can supervisors play in helping prevent sexual harassment? Please address modeling and work culture.**

Supervisors represent employers and possess authority, so what you say and do is viewed as a standard of behavior, and may be directly modeled by workers under your supervision. In this sense, the actions are “amplified.” Given this dynamic, not addressing inappropriate behavior when you witness it indirectly gives permission for it to be repeated. Your employees will take notice of what you say and what you don’t say, and what you do and what you don’t do, in determining how they should behave at work. Think back about past employers during your career. Was sexual harassment more likely to occur with some rather than others? Where harassment was less likely to occur, it is likely an institutional mindset existed to help communicate the unacceptability of such behavior. This is a top-down phenomenon reinforced by supervisors. This is part of your job — creating and nurturing an institutional mindset for a psychologically safe workplace and an environment less predisposed to behavior that could be considered sexual harassment. When you correct someone’s behavior, be sure to also say to employees that the “type of behavior being discussed is not appreciated in this workplace.”

■ **Can you discuss what supervisors accidentally or unwittingly do when referring employees to the EAP that undermines employee participation, or inhibits employees from actually going to or taking advantage of the program?**

Common mistakes supervisors make when referring employees to the EAP that undermine the EAP’s ability to help employees include: 1) Not communicating to the employee that the EAP is confidential and that the supervisor is not going to receive personal information about the employee from the EAP. 2) Not displaying a positive attitude about the EAP and its capabilities at the time of referral that “market” its benefits. 3) Failing to provide information in writing to the EAP about performance issues discussed with the employee. (Absent this documentation, the employee commonly brings a different agenda to the EAP, or disagrees with performance issues paraphrased by the EAP as he or she understands them.) 4) Not completing the communication loop to discover whether the employee made it to the appointment, if the EAP does not phone to confirm it as expected.

■ **My employee periodically visits the EAP, but this has been going on for a year. I thought EAPs are**

The EAP may meet with employees periodically to discuss their progress in treatment or counseling, or to evaluate how well they are following through with other recommendations. Recovery from certain illnesses like alcoholism takes work, lots of dedication to a recovery program,

**short-term assessments,
not long-term counseling?**

and support with overcoming challenges, stressors, and life events that can precipitate relapse. Periodic meetings with EAP clients are typically on an as-needed basis with those who may be considered more at-risk for recurring problems related to job performance or issues originally addressed in the first appointment. An employee who is not following through with a doctor or community treatment program's recommendation may be asked by the EAP to come to an appointment to better understand difficulties the employee may be having with attendance, participation, or cooperation with the provider.

I am feeling guilty because we dismissed an employee for performance issues. I did not refer him to the EAP. Assuming he had no personal problems, what else could I have done to help him resolve his performance issues?

When you work with an employee's performance issues, have several very short meetings, perhaps 20 minutes or so, during the year, in which you discuss the standards of performance you require. Share notes and examine parameters such as quality of work, quantity of work, attendance and availability, responsibility and dependability, use of time, cooperation, initiative, personal appearance, ability to accept feedback (constructive criticism), and appearance. Agree on what constitutes outstanding performance (what it actually looks like on each essential element chosen). Also determine what constitutes above average, standard, below standard, and unsatisfactory. At each meeting, discuss where the employee believes he or she falls within these ranges for each item. Also discuss what is needed to reach the next level. This engagement supplies urgency and motivation for most employees to keep their performance improvement top of mind. Without short-term, periodic discussions that are quantifiable, as described, the likelihood of performance deteriorating further is higher. Refer the employee to the EAP at any point, but encourage a self-referral at the very beginning.

A key manager was dismissed for attendance problems, but historically had a stellar record for 31 years. I heard he was addicted to heroin. He's retired now, and he is collecting a pension. What could possibly have led to the problems he had, and his loss as a valuable worker?

Despite stereotypes of heroin addicts being disheveled street people, users of this drug have a wide variety of appearances and use patterns. Many are stable addicts as long as their supply is "predictable." Some smoke heroin, some shoot it up, and others snort it, but all are dependent and gripped by the drug. Heroin fluctuates in its purity, the contaminants mixed with it, and the unpredictability of its effects. Disruptions in heroin production overseas can influence the problems that addicts experience. Heroin use for some employees is like managing insulin. As long as they know what they need and when they need it, and have a place to use it, such employees can work virtually undetected. Intermittent crises and close calls, along with risk of illness, infection, or death are always possible. Absences from work may be sudden and inexplicable. The ability to collect a fixed income—in this case retirement—can be an incentive to quit or lose a job and continue active use. Unfortunately, the life span of actively using addicts on pensions is not predictably long.

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