

Frontline Supervisor



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

■ **My employee has a hard time paying attention and listening. He loses things, is easily distracted and restless, and worst of all, he interrupts people when they are talking. I am referring him to the EAP, but will they be able to diagnose this behavior? Maybe it is ADHD.**

Make a formal referral to the EAP and request that a release be signed. The EAP may not be the final point of contact that identifies the nature of the problem. Depending on the assessment and after a referral, a doctor or other licensed clinician will make that determination. The EAP will consider issues that explain the behaviors you are seeing. Speak with the EAP prior to referring to the program. Discuss your observations and documentation. Too often supervisors miss this critical step, wherein details examined in a discussion could improve the outcome of an assessment later. Good communication will be important to help your employee maintain appropriate conduct and follow through with any counseling or treatment. Could this be adult ADHD? Possibly, but keep your focus on the issues that led to this referral when following up in the future.

■ **When supervisors inquire about complaints regarding harassment in a work unit, what are some of the classic mistakes they make that cause bigger problems later for organizations? It feels accusatory or at least somewhat awkward to mention the EAP as a source of support for a complainant.**

A common mistake of supervisors investigating complaints of harassment is not working closely with their HR advisors or following instructions provided to them. Beyond these missteps, allowing one's misconceptions about harassment to interfere with or influence an investigation can contribute to larger problems. An example includes suggesting, even slightly, that some responsibility lies with the victim of the harassment. Another is deciding or suggesting that the complaint is not that serious if a long delay exists between the date of the incident and its first report. Another is making a judgment that the incident is not serious, or making a statement about how serious it appears. Showing a lack of empathy or not appreciating that victims of harassment may feel powerless and traumatized are common blunders. Remember that victimized employees of any trauma can benefit from a confidential and empathetic listener. This role belongs to your EAP, so a supervisor's suggestion to use the EAP is completely appropriate.

■ **My employee has been coming to work late. I finally sat down to confront him. He opened up about the problems he is**

The seriousness of the attendance problems makes a formal referral to the EAP appropriate. Consider this as the first step. Discuss the attendance pattern with the EAP or share documentation to allow a more thorough assessment. The assessment could discover that the problems he has shared with you are not primary, but symptoms of larger issues that should be resolved

facing at home. He wants leave without pay (LWOP) for a week to deal with these problems. I don't mind authorizing the leave, but should I ask him to visit the EAP first?

before attendance issues will stop. Taking time off might be a needed accommodation recommended by the EAP, but maybe not. (Note that the EAP cannot tell you to approve or disapprove LWOP.) A release will allow the EAP to share essential basic information, without details, necessary for you to manage your employee's productivity and attendance issues. On a side note, this scenario with your employee is a good example of how easy it can be to accept what you are hearing at face value from a troubled employee without knowing it will resolve the problem.

■ My employee entered treatment after a positive drug test for an opioid. Things have been going well, but lately his attendance has been slipping. How many chances should we give someone like this if in fact he has relapsed? Nothing is spelled out in the policy.

Those in recovery for addictive diseases are prone to relapse like other illnesses. Still, most people react emotionally to drug relapse, including employers. There are important issues to consider with relapse—impact on your organization, risk, productivity, and the value of your worker. Employers often fire workers who relapse because they fear they are enabling them, or are angry or feel taken advantage of. These reactions may not best serve the organization. Referring the employee back to the EAP is often the best choice. Some employers have referred a worker who relapses back to treatment numerous times, but with each incident have made the decision in the best interest of the organization. Most employees do not want to lose their job. Therefore, strong leverage exists to maintain close communication with the EAP and create a firm agreement with the employee so he or she can follow through with its recommendations. It is this close communication between all parties that helps relapse be less likely.

■ My employee has mood swings that range from pleasant to very grumpy and argumentative. Everyone complains about it, but I have not gotten to the point of taking some job action. After all, we all have some personality quirks. How do I decide that it is time to make a referral?

Although no one's perfect, be cautious about slowly adapting to dysfunctional communication and thereby promoting a poor work climate that interferes with productivity, adversely affects morale, causes turnover, and enables this behavior to grow worse. You aren't ready for a formal referral to the EAP until you sit down with this person to give feedback, ask for changes, describe those changes clearly, and get a commitment from the employee. You should meet with the EAP and formulate an approach to this issue. Are you afraid of confronting this employee? Discuss that possibility with the employee assistance program because it could serve as a roadblock to what appears to be necessary change that would benefit everyone.

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