

Frontline Supervisor



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

■ **How can the EAP help me as a supervisor cope with significant organizational change that is causing great stress among employees right now? We may be losing staff, and the change we are experiencing is taking everyone by surprise.**

Change isn't easy, especially if it takes you by surprise, but the EAP can help you take change in stride, stay positive, see the benefits of change, and preserve a sense of teamwork among your staff. Change typically involves stages of resolution similar to those of grief. These include denial, resistance, acceptance, and finally, commitment. Anticipate the EAP helping you answer the question "How do I keep a positive outlook in the face of change?" This can be tough, but your organization relies on you to accomplish this. In this regard, never condemn organizational change outright to your staff. Avoid being labeled a malcontent. Do solicit your staff's input and feelings, and make time for venting. Most organizational change is about cost savings and efficiency. This comes with pain for some, but the upside is security in the long run for the organization and positives that flow to employees generally.

■ **If my employee exhibits persistent attendance and conduct issues at work, should I document my observations and then attempt a formal referral, or is it better to speak with the EAP to prep myself a little better?**

Although employee assistance programs educate supervisors to make formal referrals, phoning the EAP to consult prior to the constructive confrontation is a good idea. EAPs welcome phone calls or meetings to discuss management and referral of troubled employees. This can help ensure a more successful outcome. The EAP can consult with you on effective language for your documentation, role-play the meeting with your employee, help you avoid overlooking less-obvious but important performance issues, and assist the EAP in preparing for a more effective motivational interview when the employee arrives at the EAP. Remember, such meetings with you are confidential, just as they are with employees. Effective communication is always the key to EAP success and the increased likelihood of helping employees and reestablishing the value they originally held in their position prior to their performance difficulties.

■ **Why does focusing on persistent performance issues as the criteria for formal EAP referrals result in more employees with behavioral or medical problems being seen**

Consider the axiom "What causes a problem is one." Typically, employees strive to keep personal problems invisible from employers. They do this in a variety of ways, including showing a positive disposition, covering for their symptoms, controlling the severity of those symptoms, blaming or externalizing, and denial. Although all of us have personal problems, many types of personal problems are chronic — they get worse over time. As they get worse, the employer may not notice obvious symptoms such as frequent hangovers;

by the EAP versus supervisors focusing on the symptoms of personal problems? This seems backward.

however, tardiness may be easily visible and frequent. Although the employee may blame traffic or weather for tardiness, referral for frequent tardiness will be readily spotted by the EAP as a symptom of addictive disease if it exists. This example is the classic one for explaining the focus on performance rather than on hangovers as a criterion for referral.

■ **Which is the proper way to view an EAP from the supervisor's perspective: (a) as a counseling program to help employees resolve personal problems or (b) as a performance improvement program?**

If you chose "b," you are correct. Because supervisors do not, cannot, and should not diagnose personal problems, they remain focused on performance, attendance, work quality, and workplace behavior. Likewise, this view of the EAP will result in more employees being identified as having some personal problem needing care, counseling, support, or treatment in order to resolve a performance issue. This answer may seem counterintuitive or ironic; however, it is important to remember that EAPs are not designed as counseling or therapy programs in the generally accepted definition of these terms. Likewise, employee assistance professionals (properly written as "EA professionals") are not "counselors" or "therapists" as these terms are generally defined, although the EA professional's skills and abilities may be similar. From the employee's perspective, of course, EAPs are usually viewed as programs to help resolve personal problems.

■ **I am excited about my employee's upbeat attitude, positive outlook, and engaging communication style since being referred to the EAP for addiction treatment. How will I know whether he or she has relapsed?**

Depending on the drug of abuse, relapse profiles can vary a great deal. For example, a heroin user may simply not show up to work or perhaps disappear for days at a time because of a relapse. An alcoholic employee may participate in behavior that leads to eventual relapse, which includes experimenting with controlled drinking for weeks or months. A sudden, out-of-control drinking bout then may precede phoning in sick. You may have no indication whatsoever that alcohol use is the cause of the absence. These behavioral patterns can be confusing to supervisors. To gain clarity, establish good communication with the EAP and expect regular reports on proper follow-through and EAP participation. This communication may not prevent relapse, but it typically prolongs the period of time after last use. This stretch increases the likelihood that relapse will not occur or, if it does, that it is brief and easily reestablished.

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