



*"supporting businesses,
promoting healthy
employees"*

Employees—
Your Most
Valuable
Resource

Frontline Supervisor

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■ **We have outside speakers on wellness topics during the year. One of them is a psychiatrist in the community. He appears very competent. Several employees have seen him for help. I also recommended him to an employee who is now doing well. Should I refer to the EAP instead?**

■ **I read where half the workforce in America is stressed about the economy. Many people are losing money. A counselor isn't going to replace it. So what can the EAP do?**

■ **We had an employee treated for a gambling problem after forging a time card and stealing from the company. It was a tough decision not**

You should refer to only the employee assistance program as the source of help for those struggling with personal problems, and only when the problems are disclosed. To recommend the psychiatrist presumes you can vouch for his competence and also that you have an accurate understanding of your employee's personal problems, or at least enough of an understanding to determine that the psychiatrist is the best choice. Referral to a mental health professional may require that the employee assistance professional meet with the employee, perhaps a couple of times, before making a decision. The employee assistance professional may then monitor treatment and follow-up and perhaps play a role in helping the treatment professional formulate the treatment plan—taking into account the employee's personal and work-related issues. When you act in the capacity of referral agent, you are beyond the scope of your duties. This adds to your liability and to that of the work organization and is less efficient.

Losing a lot of money or a percentage of one's net worth is enormously stressful. And although no one can replace the losses associated with the market crash, do not underestimate the value of listening, support, and professional assessment as critical first steps in limiting the mental health effects of the financial crisis and accepting the reality of what has happened. Once this occurs, a person can turn to the task of working toward adapting to the new reality with a plan to cope with financial limitations or to rebuild financial resources. People cope with crisis, fear, and panic differently, but if other personal problems coexist with these states, then such an event can magnify feelings of desperation and hopelessness. Like the death of a loved one, a great loss can trigger depression and other health effects. The EAP will work diligently to help your employee survive the loss and live for a hopeful future.

Unfortunately, there is no way to determine if or when a recovering person with any addictive illness will relapse. Your decision to retain your employee and invest in the treatment and recovery process does not preclude this risk. Still, the likelihood of success is high with good follow-up treatment. Relapse won't necessarily happen, but on the road to long-term successful recovery, it can happen. This is the nature of chronic

to terminate, but our concern is follow-up treatment and preventing a relapse. How will we know if there is going to be a relapse, so we can prevent it?

■ In my company, we encourage employees to report coworkers whose behavior appears dangerous or who are under the influence of alcohol or other drugs. To date, it's never happened. What can make a difference in this area?

■ What are some of the award-winning characteristics of outstanding workplaces that include the role of the supervisor?

illness. Reinstating the recovery program quickly is the intervention of choice. Your anxiety and concern is understandable because you don't know what a relapse will mean if it happens. Nevertheless, effective recovery programs after treatment work to dramatically decrease risk of relapse. The personal growth employees frequently achieve in recovery can turn them into terrific workers. There are many employers who will tell you that you made the right choice.

Unfortunately, coworkers enable just like family members do. Very few want to be the snitch or the one who "caused" the termination of a peer. It is far easier to cover up, protect, do the coworker's job, lie, or even take the blame for the coworker's performance problems. There have been instances where enablers *chose to be fired* for a performance incident caused by an addicted worker instead of pointing them out. Education about enabling and the disease of alcoholism and drug addiction, done periodically (without ceasing) alongside a tough policy that includes assurances of support for addicted workers, is how enabling behaviors are diminished. This makes the difference. The "social responsibility" message to report a peer will not succeed as well in the absence of this supportive environment. The EAP is the only place where many enablers would even consider taking this first step toward the decision to speak up.

Every year, trade organizations and journals announce winners of contests for outstanding workplaces. These winners, and semifinalists, are often cited for having effective work cultures that produce high morale and productivity. Many factors of their work cultures link directly to supervisor behavior. These include:

- helping employees reduce bureaucratic roadblocks to their personal achievement;
- encouraging open dialogue and the debate of ideas;
- finding ways to help employees increase their knowledge;
- helping employees stay abreast of the latest twists in their fields;
- offering flexible work arrangements;
- fostering open communication;
- giving predictable feedback with multiple follow-up points for additional feedback prior to evaluations;
- fostering interdepartmental teamwork and understanding;
- mentoring;
- involving employees in a continual discussion about their future potential with the company;
- encouraging employee input about the future direction of the organization;
- and offering formal training to improve effective group and team relationships.

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