



# The Frontline Supervisor

January 2023

**Q. My employee was recently treated for an alcohol use disorder and is back at work. Absenteeism was a serious issue in the past. The EAP was not involved because he self-referred to treatment. Can the EAP help with this now? We're a little worried about future absences.**

A. If attendance problems are no longer an issue, a reason for a formal referral no longer exists, but you can still strongly recommend the EAP based on the circumstances. Recommend self-referral (informal) so the EAP can offer support and follow up. There is a strong chance he will accept because employees new to recovery are both grateful and highly cooperative. With EAP participation, the professional will learn about the post-discharge treatment plan and more fully understand the scope of treatment and issues associated with it. Recovery and follow-through would be monitored. The EAP would encourage that a release be signed to provide limited information to you. The EAP would also be able to assess any obstacles or family matters that could undermine the recovery program. The upside will be less concern on your part if the employee calls in sick for a seasonal illness.

**Q. There is tension between me and one of my best workers. I don't think he's about to quit, but I know a decision to leave can come out of the blue. How do I intervene early, and can the EAP guide me in improving this relationship?**

A. Managers expect employees to come to them if they are having problems with work or communication, but you can't count on it. Your decision to be proactive is a good one. Ask your employee to meet with you in uninterrupted time. Be honest and state that you feel the tension, and ask whether he feels the same. If so, ask what he thinks is creating this tension. Be sure to approach the conversation with an attitude of wanting the employee to succeed so the company will succeed with the skills he brings to it. It is likely your employee will share what's impeding his job satisfaction and what work habits or communication issues play a role. Be prepared to hear complaints that catch you off guard. Still, avoid defensiveness, and show how open-minded you can actually be to feedback. Thank your employee, and consider changes. Be sure to consider the EAP as a source of help in your effort to make any personal changes you feel the need to make.

**Q. I recently read that depression is one of the most costly problems and one of the most common issues affecting the workplace, but honestly, I don't think I have ever had a depressed employee. At least I have never seen classic symptoms. What am I missing?**

A. Employees who are depressed may not appear with readily identifiable symptoms or match the stereotype of a sad and slow-moving person. Depression can exist for years, go unnoticed by others, and surprise even close friends when a person finally seeks treatment. Still, depression can be life-threatening if severe enough. Employees with depression may be easily irritated, struggle with anger management, have gastrointestinal complaints, be easily distracted, have intermittent aches and pains, be accident prone, appear to have low motivation, or demonstrate a lack of enthusiasm. However, some symptoms of depression are not visible. Many employees may not view themselves as depressed because they explain away their mood and experiences as caused by other things like stress or personal problems. They may suffer for years without seeking help. Focus on quality of work and attendance problems. Refer to the EAP based these or other productivity issues. If you do so, it's likely you will refer depressed employees to the EAP and never know it. Source: [www.mhanational.org/depression-workplace](http://www.mhanational.org/depression-workplace)

**Q. Many employees have responsibilities taking care of elderly parents. I know it's difficult. I want to be compassionate. But how do I draw a balance between being understanding and insisting on satisfactory job performance? There is no getting around the work needing to get done.**

A. As baby boomers age, more employees will experience the stress of eldercare responsibilities with fewer siblings to help, unlike generations past. This stress is compounded by travel necessary to reach elderly parents who may not live nearby, also unlike in the past. Seeking to accommodate these realities and retain valuable workers is critical for most employers. 1) Be proactive in supporting employee caregivers; 2) ask if support is needed that the employer might consider; 3) ask employees for their ideas about modified scheduling (it may produce a win-win idea); 4) refer employees to the EAP when a need is obvious, but also as a reminder, even if no issues are evident; and 5) discuss with human resource advisors what support guidelines or flexibility exists to accommodate employees. Facts: A caregiving employee averages 47 years old and provides 21 hours per week of caregiving outside of work. Seventy percent report that they miss time from work, and 50% say their careers have been adversely affected. Learn more:

<https://www.lifecare.com/2019/09/the-truth-about-eldercare-and-the-workplace/>

**Q. We are conducting companywide training in resolving conflicts, creating a positive workplace, and improving office communication. One of my employees is close to being terminated because of serious issues in these areas. Should I refer to the EAP now or later if changes aren't forthcoming after training?**

A. The key principle regarding formal referral to the EAP is to do so when your efforts fail to correct the employee's performance issues. So, the training you have planned is a reasonable approach and a good place to start if no serious behavioral risk issues or safety concerns exist. In fact, the training topics suggest that there will be plenty of employee interaction and feedback among learners. This may contribute to significant awareness and insight, and if changes aren't forthcoming, will make an EAP referral more effective with a more motivated employee.

**Questions? Call during business hours 815.748.8334, or after hours at 800.373.3327**

