



# The Frontline Supervisor

February 2023

**Q. My employee mentioned in a casual conversation that she is being treated for depression by a psychiatrist. She added, “but don’t worry about me, and don’t think you need to alter my work schedule.” We are entering our tense busy season. Should I make some adjustments and lighten her load anyway?**

A. Although your employee mentions her medical condition, there is no need to alter her workload because no accommodations have been requested. If such requests were made it would be advisable to discuss them with your human resources advisor so any appropriate administrative procedures could be followed in accordance with the Americans with Disabilities Act. The organization may want to understand fully any request she makes, assess its impact productivity and the work situation, how long it would continue, or other concerns. Anytime an employee mentions a personal problem, even in passing, it is an opportunity to mention the EAP as a confidential, helpful resource. Do so even if an employee mentions treatment or being under the care of a medical doctor. Regarding depression, most doctors manage depression with medications to alleviate symptoms. Clinical interviews are primarily to assess alleviation of symptoms. Prompting the employee to remember the EAP may lead to a referral to address other concerns.

**Q. I promised a couple of my employees that I would address the bad attitude of one of our office staff. I am procrastinating because I am not sure how to go about it. Is there a recommended approach.**

A. Have a private meeting and explain the problem with examples of the behavior you have witnessed. (Note, if this is your first meeting, mention the EAP as a resource, but later make a formal referral if needed.) Instances you’ve witnessed are better than hearsay, because employees with attitude problems are well versed at denying second-hand reports of their transgressions. Clearly communicate what is expected in terms of attitude and behavior. Don’t omit what the future may hold in the behavior is not corrected. (This means disciplinary measures.) A key part of your intervention should be giving feedback. Do so regularly, be specific, and mention the positive changes, but also any continuation of the attitude problem. Another aspect of this intervention is asking the employee to come to you with any issues or concerns about the job, work environment, or even other employees. The goal here is to deal with issues as a manager and eliminate the likelihood of the employee aggressing against fellow workers.

**Q. I need to confront my employee about a performance issue. What are the most common mistakes supervisors make that tend to not only undermine effectiveness of confrontations, but make them more stressful?**

A. Inadequate planning and not having suitable documentation prepared for a meeting with the employee are perhaps the key issues that make confrontations difficult and stressful. However, there are less obvious issues associated with corrective interviews that can undermine their effectiveness. They get less mentioned in supervisor training. One of them is not doing them quickly enough after an incident of concern happens. The dislike of confronting employees can lead to postponement or procrastination, and risk that they will not happen at all. This of course would allow a problem to grow worse. If delayed meetings do occur, they can be awkward because details are not fresh in the mind of participants and cooperation may be lessened. An employee may also have more time to prepare mentally for a defensive position.

**Q. What is the language specifically, that I can use to encourage an employee to use the employee assistance program before I make a formal referral? What I am looking for is firm language that motivate the employee as a self-referral without me being demanding.**

A. Success at motivating an employee to self-refer to the EAP often depends on the nature of the personal problem. Problems associated with strong denial, enabling, and secrecy are not likely to self-refer easily, but it does happen. For example, it is a myth that employees with serious drug or alcohol use disorders never self-refer. Certainly, their decision to refer is often preceded by a crisis that generates great urgency, but anyone who has worked in an addiction treatment program will tell you that it happens regularly. Here is a script that motivates most workers to use the EAP, and it is a firm approach: “John, it is possible that a personal problem may be contributing to your impaired performance. Therefore, I strongly urge you to contact the EAP at [place/phone/program name]. Whether you do or not, I will be meeting with you in [number of days/date] at [specific time] to consider the next step if there is no sig

**Q. Is it appropriate to disclose personal history of mental health problems and treatment to employees? I am wondering if it might be helpful to employees and perhaps make them more likely to use the EAP. I suffer with PTSD and depression.**

A. Disclosing your history of mental health treatment to employees is a personal decision and depends on your comfort level, but also the specific workplace culture and policies of your organization. Talk to the EAP for a bit of guidance on how much to disclose, and an opinion on the work culture or whether such a disclosure would be helpful. Sharing personal information will unlikely be the defining reason that one your employees will use the EAP. Still, it might be beneficial to reduce the stigma around mental health in the workplace to some degree, and help others feel more comfortable discussing their own mental health. Many corporate heads and CEOs have disclosed their use of the EAP along with personal problems, so your interest is not without precedent.

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

