



# The Frontline Supervisor

March 2020

Q. My employee began participating in counseling following a formal supervisor referral to the EAP. However, he just told me that he recently stopped attending sessions and asked that I not say anything about it to the EAP. His performance is great, so now what?

A. It appears that a conflict or disagreement exists between the EAP and your employee and you are being asked to join it. You're not obligated to have a no communication pact that could undermine the EAP process, jeopardize productivity, or contribute to some behavioral risk. Curiously, you have not had communication from the EAP regarding noncompliance with its recommendations. So, in the interest of having good communication, ensuring continued satisfactory work performance, and acting in the best interests of the organization, you should speak with the EAP. Consider this: Would it also be proper to ignore what you've been told or to agree to it? After all, performance is great, and that is your key focus, right? The answer is no. Why? Because this situation originated as a formal supervisor referral, and you have an obligation to participate in good communication for the benefit of the organization. What's more, you likely sense that cooperating with this request puts you in an untenable position of shared responsibility if something negative occurs.

Q. My worker entered alcoholism treatment following an EAP referral, but then his wife of 25 years left him immediately! It makes no sense. I am worried because this crisis might prompt him to stop treatment. He'd then lose his job. What should I do? And why would she leave now?

A. After many years of engaging in a toxic relationship, a codependent partner of an alcoholic or addict may desire to exit the relationship upon the other's admission to treatment. Although surprising to many, it is not a rare event. The exiting partner is viewing treatment as a long-sought opportunity to leave the relationship because professionals will (hopefully) manage the crisis. This allows the exiting partner to feel less guilt for moving on. The alternative is participating in dramatic role changes and relationship repair work that will come with sobriety. All addiction treatment professionals are familiar with this dynamic. Typically, they evaluate and, if possible, encourage postponement of dramatic changes. Contact the EAP, share the information you have regarding this situation, and allow the EAP to work with the treatment program and your employee to help ensure the best outcome.

Q. We had a fire at one of our retail stores. It was a close call, but no one died. Two employees were hospitalized. Should I ask the EAP to visit the employees to deal with the trauma, talk to the hospital [staff], or refer the recovering employees to the EAP later?

A. Contact the EAP to discuss the situation and the best approach. Typically, EAPs do not initiate counseling with workers, but in a crisis situation and one that is overtly public, offering help will likely be appropriate. The EAP can also contact the hospital or medical providers and encourage them to pull the EAP into the treatment picture. You also can contact the workers and urge their engagement with the EAP. Don't forget yourself. As a supervisor, you also may be traumatized by fear, concerns, anxiety, or even guilt over some aspect of this event that you believe, even mistakenly, you could have prevented. So take care of yourself. You weren't present, but it does not mean you weren't affected.

Q. If an employee is showing symptoms of depression that the general public is educated to understand, why is it a problem to tell the worker that he or she appears to have depression and skip the job performance problems as the reason for the EAP referral?

A. The Americans with Disabilities Act (ADA) and the Family Medical Leave Act (FMLA) become relevant when your discussion centers on the existence of a medical problem. If your employee has not stated he or she is depressed or suffers with a condition that needs some sort of help to overcome, then it is better to focus just on the performance-related matters. You're right; most people know a few or more symptoms of depression, but missing work, coming in late, staring off in a daze, or not engaging with fellow workers effectively enough to manage the work does not necessarily mean major depression. What's more, these behaviors do not demonstrate that you know or should have known the worker is depressed. Acting as if the worker is depressed would also be relevant to employment laws. The behaviors listed above alone are enough for a supervisor referral. At the EAP, the issue of depression or some other condition with similar symptoms will be explored.

Q. I go through the year not knowing for sure what consultative help the EAP can give me as a supervisor. Can you suggest what some of this help might be?

A. Although EAPs consult with managers in many ways, some of the most valuable include engaging and managing teams, offering tips for praising and inspiring workers, obtaining resources, being a sounding board, resolving conflicts, improving communication orally and in writing, handling stress, overcoming worry and isolation, improving your relationship with upper managers, helping resolve personal problems, and offering tips on observing, documenting, confronting, and following up on employees after an EAP referral. Note that the EAP will assist you within its confidential boundaries established by the program's policies. Knowing this can prompt using the EAP more often and encourage you to be forthcoming about limitations and frustrations you experience so you can resolve problems and enjoy your job more.

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