



The Frontline Supervisor

June 2024

Q. An employee was referred to the EAP, and the assessment identified a need for treatment for cocaine addiction. The employee has been cooperative, but I am concerned about the possibility that he might lie to the EAP or fail to follow their instructions and recommendations. Can the EAP be deceived?

A. Although there are no perfect systems, EA professionals are trained to detect inconsistencies and potential dishonesty through their assessment and counseling techniques. Usually, simple questions that require answers that include depth of knowledge about recovery and self-care easily detect problems in cooperating with the recovery plan. EAPs also employ a variety of other methods to ensure compliance, such as progress monitoring in collaboration with the healthcare provider. While the EAP won't perform drug testing of the employee directly, the treatment provider will do so. Admittedly, detecting recent cocaine use is a bit more difficult than, say, detecting continued marijuana use. (The primary metabolite in cocaine, benzoylecgonine, can be detected for up to 48-72 hours.) During follow-up, resistance to testing is usually a good sign that further examination of the recovery program is necessary.

Q. How can I help employees consider use of our EAP year-round without my mentioning it to them or reminding them of its availability?

A. Although the EAP is a free resource and participation is strictly voluntary, it does not mean that you cannot encourage its use by referring to it as a workplace resource along with other available resources in the organization meant to help employees achieve high levels of productivity. Speak to your human resources advisor or seek guidance on including a section in performance reviews called "Effective Use of Resources," with the EAP included as one of many others. If you are using a performance-based evaluation form, for example, an outstanding rating might state: "Employee demonstrates exceptional skill in managing use of time and utilizing internal resources to solve work-related problems and improve performance (e.g., in-house training, mentorship, cross-functional collaboration, EAP, and knowledge-sharing platforms)". Many organizations omit the EAP from their performance evaluations in this regard, although it may be implied, but being clear about the EAP as a resource may create a strategic advantage in getting it utilized more often, which of course reduces organizational risk.

Q. What health effects might I face with the high level of stress I am experiencing now? It is relentless, and there appears to be no other option except to “power through” it, even if it means work-life imbalance and sleep deprivation.

A. Supervisors may face difficult and unique work challenges in their roles, but there is virtually no situation where mitigation strategies can't be applied to prevent the ill health effects of relentless stress. High stress that does not relent can contribute to hypertension and heart disease. Anxiety, depression, and burnout may follow, and poor work-life imbalance will exacerbate these conditions, as will sleep disorders and sleep deprivation. See a medical doctor if you suspect health effects that are stress related. The EAP will help you devise a mitigation plan to cope with stress. Such a plan will likely include self-care strategies to prevent burnout. These might include time management techniques, mindfulness practices, physical exercise regimens, and establishing healthy boundaries between your work and personal life.

Q. The employee assistance professional came to our location to give a presentation on using the EAP. I remarked that if employees felt inclined, they might offer a testimonial about the EAP. Was this a mistake?

A. Although you did not pressure employees to offer a testimonial after using the program, they might still feel compelled to do so because you are an authority figure and boss who values testimonials. This creates a conflict between their desire to please you and their need to keep their participation confidential. Hearing firsthand accounts from colleagues can certainly be powerful. It helps demystify the EAP services and builds trust among employees who may be skeptical or unaware of the program's benefits. It might also enhance credibility by showing it works. However, even if the testimonials are voluntary, some employees may be concerned about the confidentiality of their own use of the EAP; they might fear their involvement could become known or discussed among peers. Others might feel the testimonials do not accurately reflect their own needs or experiences. The recommendation is to let the EAP speaker(s) direct the presentation, and if an employee voluntarily shares a positive remark, it will create a more genuine and comfortable situation.

Q. There is significant media attention given to domestic violence, often highlighting its risks to the workplace. I don't understand this connection. These problems occur behind closed doors at home, so how does this issue, serious as it is, pose a risk to the workplace?

A. Domestic violence poses a risk for the workplace due to its “spillover effect.” This harms the victim's performance, creates unreliable attendance and availability, and decreases productivity. A perpetrator not living with the victim need only visit the workplace to find the victim. Then, depending on the state of mind of the perpetrator, anyone present may be at risk. A victim may quit the job to escape an abuser. This leads to recruitment and training costs. Data show there are about 600 “murder-suicides” in the U.S. each year, with 65%-70% including the perpetrator killing the intimate partner. This form of desperation often disregards the safety of others. Supervisor denial can significantly exacerbate the risks associated with domestic abuse. Warning signs may go unrecognized, victims may not receive necessary support, and human resources may not be involved for guidance. This lack of preparedness can be particularly dangerous if an incident occurs. (Cited:leb.fbi.gov [search “murder-suicide”])

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