

THE FRONTLINE SUPERVISOR

Helping You Manage Your Company's Most Valuable Resource -- Employees

State Employee Assistance Program 1-877-237-8574 (Toll Free)

■ **Our company has a reasonable suspicion policy, but I don't know of any supervisors who have acted on it. If employees test positive, they are referred to the EAP. This is a good thing, so why would supervisors resist acting on the policy?**

Common reasons supervisors or managers resist acting on an organization's reasonable suspicion policy include fear of harming an employee's reputation; denial that the smell of alcohol is real; fear of confronting the employee; fear of damaging their relationship with the employee; fear of personal liability if the test is negative; and, concern that the process will not be kept confidential. Education and training help supervisors overcome resistance associated with these myths and misconceptions. Reviewing your organization's policy is a good idea. It is easy to overlook behavioral symptoms that can justify a reasonable suspicion test but have no apparent connection with drug or alcohol use. These may include belligerent behavior, problems with coordination, physical appearance, speech problems, confusion, disorientation, and marked swings in mood or emotions. Supervisors often dismiss these symptoms and miss opportunities to arrange reasonable suspicion tests that can help employees and protect the organization.

■ **My employee is a workaholic. I think she needs the EAP to help her with her compulsive personality and work addiction. I am worried about the negative effect of her behavior on others, but I don't want to kill her spirit by confronting her. How do I proceed?**

You can intervene with your employee's problematic work style without dampening her enthusiasm by focusing on the effects of specific behaviors that affect others. If your corrective interviews with her are unproductive, consider referral to the EAP. You appear to be focused on her diagnosis and mental health needs rather than behavior and work issues. Such an approach will undermine correcting her performance. Consider whether any of the following performance issues exist that are often associated with compulsive workers: procrastination; disorganization; inability to compromise with others; inefficient work behaviors; disrupted coworker relationships; rigid thinking; increased errors; impulsive decision making, or problems with boundaries in the office (intrusions, interruptions, emotional outbursts, respecting others' personal property and private space).

■ **An employee I supervise is a tremendous gossip. The negative effect of his private conversations on morale concerns me. Is it**

Malicious gossip, rumors, and hearsay can be a destructive force within a work unit or organization. It is natural for supervisors to be concerned about it and its effect on morale. If you do not overhear the gossip, you must rely upon the complaints of others before intervening. The evidence that gossip contributes to morale problems within your workplace

appropriate to refer him to the EAP? How do I document the behavior if I don't witness it?

may be difficult to measure because its effects may not be clearly or readily seen. However, if employees complain and are offended, corrective action becomes your responsibility. Direct your attention to behavior you would like changed, but do not label an employee a gossip. Since two people must engage in gossip for it to exist, make it known to employees what standards of civility you expect in the workplace. After correcting your employee, consider an EAP referral if change is not forthcoming. The EAP may discover other issues or needs that give rise to his behavior.

■ **My employee entered treatment for a drug problem the day before a notice of termination was to be issued. Reportedly, he told coworkers it was to avoid termination. I have put the action on hold, but predict he won't change. What's the chance I will be right?**

If your employee was insincere upon admission, it does not mean that he will not become sincere after admission. Most persons enter treatment to satisfy the demands of others or to avoid the consequences of failure to do so. Courts, spouses, doctors, friends, and employers all play key roles in pressuring chemically dependent persons into treatment. Successful treatment will return to you a renewed, valuable worker. Experience shows that the reason for an employee's admission cannot predict the outcome of treatment. Last-minute decisions to enter treatment are commonly made to avoid the consequences of alcohol- or drug-related life problems. Your organization's decision to hold the job action in abeyance is the right move. This is a powerful time-tested way of helping a chemically dependent worker remain motivated and bounce back as a recovering person. With effective treatment follow-up, a supervisor referral to the EAP (if one has not been made), and a contract between you and your employee for satisfactory performance, salvaging this worker is more than likely.

■ **I referred five employees over the past year to the EAP, but the EAP told me in each case that the employees had not agreed to the EAP's recommendations. Still, all of these employees are doing great. Why the change if they didn't do what the EAP suggested?**

There are several possibilities to explain the successful outcomes (improved productivity) of the supervisor referrals you made to the EAP. 1) Your employees may be practicing self-control over the symptoms of the personal problem that contributed to the unsatisfactory performance. If this is the case, the performance problems may come back. 2) Your employees may have participated in the EAP's recommendations without the EAP's knowledge or in some other form of help that was not recommended by the EAP. 3) The problem identified by the EAP no longer exists. Whatever the reason for the employees' improved performance, the EAP worked as a service to them and a tool for improving productivity within your organization.

NOTES:

National Screening Day is October 10, 2002 – visit your local screening site. For telephone and/or on-line screening call 1-800-433-4468 or visit www.mentalhealthscreening.org/screening (the keyword is tnscreen).

