

Frontline Supervisor



Resource Management Services (800) 333-2095

■ **During supervisor training for drug and alcohol awareness, I discovered that I am probably an alcoholic. (Actually, I have suspected it for years.) I have referred many employees to the EAP, so I feel too embarrassed to bring my own problem to them. Should I seek help elsewhere?**

You should seek help from a credible resource that can provide you with a proper assessment and recommendation for appropriate treatment. Feeling embarrassed is associated with shame, which is driven by stigma for the disease of alcoholism. This is not uncommon for those who seek treatment. You have likely spent many years in denial while also seeking to prevent others from noticing your excessive drinking. The motivation you feel now to make a move toward treatment is positive, but not likely to last very long, so don't delay. The EAP is confidential, but you should be aware that you are not the only one at a supervisory or management level who has sought help. It takes a lot of courage to admit that you are an alcoholic. The second hurdle is feeling embarrassed. You are halfway to your goal of a healthier and longer life. You will discover surprising relief and acceptance if you contact the EAP to seek help.

■ **When I make a formal referral to the EAP, should I try to reduce the tension associated with constructive confrontation by having the meeting outside of my office? Would the employee's office be better, or perhaps a quiet spot in a more neutral area?**

It is important to recognize that having one's work praised and/or one's lack of satisfactory performance corrected is a normal, healthy, and essential part of managing worker productivity. These activities should not be viewed as regrettable or disadvantageous. Referring employees to the EAP is likewise a complementary step in this process, periodically, and one designed to help workers address personal problems that may be preventing change. None of this is to say that meetings to correct performance can't be successfully held in other locations. Be aware that your concern about having the most accommodating location, and that this element is essential to the meeting's success, may be motivated by your fear of conflict along with your desire for acceptance. It's great that you are willing to be accommodating, but remember it is the employee's responsibility to change, no matter where the meeting is held.

■ **Can I ask the EAP to give me an opinion on the likely impact of a certain type of disciplinary action on an employee's psychology? My concern is that the employee might "go off" and become violent.**

You can meet with the EAP concerning any matter that you view as a personal problem. This includes worry or anxiety you experience concerning a decision to dispense a disciplinary action. It would be inappropriate however to ask the EAP to render a clinical judgment regarding the psychological or behavioral effects of such an action on a specific employee. You can consult with a mental health professional or medical doctor outside your organization, of course, or consult with another department in your organization unaligned with the EAP. Rendering psychological opinions at the very least requires discussing an employee's psychological makeup. This would violate

requires discussing an employee's psychological makeup. This would violate confidentiality and be beyond the scope of a signed consent, which provides for very limited information, none of it clinical.

■ **We referred our employee to the EAP because of behavior and attendance problems. He entered detox at a hospital, but the rumor is that he was discharged from treatment for conduct problems. He wants to come back to work. How should we proceed? What is the EAP's role?**

Speak to the EAP and share what you know or you have heard. The release will allow you to discover whether your employee is still participating in the EAP. You won't be able to learn about hospital treatment or clinical issues, but the EA professional will likely know about this incident because treatment programs and EAPs communicate closely with each other. Assuming you do not have a "firm-choice" agreement to compel your employee's cooperation with the EAP's recommendations in lieu of some administrative action being held in abeyance, the employee may no longer be working with the EAP. Work closely with your HR advisor regarding this situation. He or she may wish to coordinate a fitness for duty evaluation before the worker can return. Such an evaluation would assess key issues and further treatment needs. Finally, have a back-to-work conference among yourself, the employee, and the EAP to establish expectations going forward.

■ **I have a superstar employee. He earns outstanding performance evaluations yearly. My concern is his gambling. After hours, he reportedly plays poker. I've heard that there is a lot of domestic conflict as well. Is it improper for me to comment, inquire, intervene, or involve myself in this situation?**

Employees who perform well certainly can have serious personal problems, and symptoms may never be visible or demonstrated at work. A rumor or secondhand information does not justify making an inquiry into your employee's personal life unless the issue appears to be life threatening. So, you are not behaving irresponsibly by remaining focused only on performance. Remember, you know about this employee's problems only because of hearsay. Other employees could have personal problems that are even worse. Frequently remind employees about the EAP. Remind employees about it during review periods, after a crisis, and by using reminders in workplace wellness literature. Remember also that this employee's personal problems may not have been accurately portrayed by the source, which is not unusual for secondhand information.

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