

Frontline Supervisor



RESOURCE MANAGEMENT SERVICES 800-333-2095

■ **Looking at signs and symptoms of possible substance use on a checklist used for reasonable suspicion, it seems that employees could refute many of the items as unrelated to drug or alcohol use. I am referring to words like “unsteady or disheveled.” What can supervisors do?**

There is no need to argue about what you observe and what it means, but be sure to create effective documentation. Referral to reasonable suspicion testing does not require you to be certain of substance use prior to the test, only to properly document the possible signs and symptoms that support the referral. Key is considering all the categories of signs and symptoms, not just one, prior to meeting with an employee and referring to testing. These other areas of evidence are speech, odor, the employee’s awareness (for example, disoriented, paranoid, or hyperactive), attitude and demeanor (combative, talkative, giddy, etc.) and changes in motor skills (such as shakiness, swaying, or unsteadiness). Don’t simply check a list of signs and symptoms, but add other measurable and quantifiable observations that reinforce what you check. For example, “The employee was *unsteady*, speaking to me in the parking lot while leaning against a car.”

■ **I want to praise my employees more. I know how valuable it is, but I hesitate because I feel it won’t be taken as genuine and that the employee will think I am being patronizing or insincere. Is there a way I can get over this hump?**

Done correctly, praising employees is an act of giving, and it requires being genuine and vulnerable in front of your employee. This can make you fear rejection, especially if your own beliefs about praise cause you to hesitate in accepting praise from others. Rather than analyzing the whys and wherefores of this problem, use a behavioral change process and measure your progress. Keep a small diary and record 1) Opportunities you spot to offer praise; 2) Sensations of hesitation you experience when you offer it; 3) How you feel afterward, once you’ve offered the praise; and 4) What you believe is the positive impact of praising the employee. When praising an employee, describe what was done well, why the action was effective, and how it advances the mission of the work unit. This process will give you stronger reasons to value praise and offer it more often. According to the Harvard Business Review, most employees rate supervisors as more effective if they offer praise.

Learn more: hbr.org/2017/05/why-do-so-many-managers-avoid-giving-praise

■ **In supervisor documentation, what is the difference between describing and interpreting unacceptable behavior?**

Descriptive documentation leaves no room for misinterpretation. There is no need to read between the lines. An example of descriptive documentation would be “Bill left the room quickly, appeared angry with a scowl, and shut the door behind him with great force, frightening employees. Two similar events involving Bill occurred prior to this one.” Interpretive documentation is less measurable, more subjective, and biased. It falls short in the ability to support administrative actions, and as such, undermines the ability to correct

performance. Example: “Bill’s toxic attitude toward members of his team is persistent, and this was again demonstrated at 4:00 p.m., when he brazenly slammed the door in everyone’s face after a heated exchange with his team. This happens constantly.” The second piece of documentation is emotional and visual, but arguably less concrete. It may be more satisfying for the supervisor to write, but it could also lead to more disagreement about what actually occurred.

■ **Social distancing and wearing masks are tiresome. Some employees handle it better than others. I worry about the effect the pandemic is having on mental health, especially for those who are fragile and less resilient. What can supervisors do to help?**

Employee assistance programs are on the front lines in meeting the needs of employees, so refer to the EAP as the best first step. An increase in mental health problems associated with the pandemic is in the news. Medical experts are closely watching the big four: depression, alcohol use disorders, substance abuse, and anxiety. Suicide can be a consequence of any of these conditions. If you are interacting online, you may spot signs and symptoms of a troubled employee. While you can’t diagnose, you can ask how they are doing. Do so especially if you witness 1) Withdrawal—the avoidance of others and pulling away from work assignments; 2) Poor availability, and needing increasing time off; 3) Visible irritation, or a short fuse in online meetings; 4) Looking confused, distracted, or unable to focus in a conference call. Consult with the EAP whenever you are concerned about a worker because if a referral is needed later, it is likelier to happen.

Source: www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/

■ **We had an employee who took his own life. No one seemed surprised by this suicide based upon the worker’s past history of problems. Frankly, however, I feel guilty that we missed any signals, and wonder if we could have prevented this tragedy. How do I move past this?**

It is important to accept that the suicide is not something you had the ability to control. Employees should be encouraged to contact the EAP individually for support, and you should use EAP services yourself to process your grief and loss, along with the sadness, anger, and guilt that are natural responses to the employee taking their life. Confusion, helplessness, and feeling lost are what give way to the guilt and “what ifs.” Also explore other options with the EAP, such as a group meeting online if appropriate. There are best practice guidelines for workplaces responding to loss; these can help in honoring the worker’s life, providing support for family members, and engaging in activities that move the group forward. The EAP can help you identify these steps or research them for you. All of these things combined will help you move past the phase of grief you are experiencing right now.

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