

Employees—  
Your Most  
Valuable  
Resource

# Frontline Supervisor



UConn Health Center EAP 860-679-2877 or 1-800-852-4392

■ **My employee's physician left a message on my voice mail that the employee has been cleared to come back to work. She is currently in a hospital. She was a supervisor referral to the EAP prior to the admission. I am glad she is doing well, but I am confused. Will the EAP also call? A release has been signed.**

**Inform the EA professional** working with your employee that you received a phone call from your employee's physician. The EAP will arrange a back-to-work conference, if necessary, prior to your employee's return. When an employee enters an inpatient treatment program, the employee assistance professional establishes reliable links of communication with key staff members at the hospital so that treatment and discharge planning issues are communicated efficiently. Hospitals are 24-hour operations, however, and this means that three shifts of workers, plus the attending physician, must all be aware of the EAP's communication needs. Communication breakdowns, although rare, do happen, and this may explain why you received a phone call from the doctor instead of the EAP.

■ **I am a new supervisor, and employees have begun coming to me with their need to talk about emotional work issues. They require a good listener. The issues include concerns about downsizing, performance, co-worker conflicts, angry customers, and more. How can I be a good listener?**

**The "active listening model"** will help you demonstrate empathy with your employees in job-related discussions. Start by inviting an employee to sit down in your office. Make the person comfortable, and demonstrate that you are glad he or she came by to talk. Let the employee talk about the issues or concerns. The more you talk, the less your employee will talk, so be careful about jumping in too quickly. When responding, don't say, "I know how you feel." Instead say, "It sounds like you were really frightened by that customer's tone of voice." Paraphrase what was said, so your employee feels heard. Ask questions using "who," "what," "where," and "how." These four words elicit additional information, and your employee is less likely to forget something important in his or her story. Remember, this is not psychological counseling. These are practical listening skills for improving any relationship.

■ **When my employee returns from lunch, where he usually has an alcoholic drink, he is much more outwardly**

**You should refer your** employee to the EAP if you have attempted to correct his tardiness but have been unsuccessful. Do not base the referral on the alcohol use issue. The two issues could be related, but there is no way for you to know for sure. Even if they are related, the performance issue is chronic tardiness, not alcohol use affecting the workplace—at

**friendly and pleasant. He doesn't appear drunk. This is not a violation of our drug and alcohol policy. He is often late in the morning for work; however he never has alcohol on his breath. What should I do?**

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**■ My employee does not use his safety equipment. I have asked him many times to comply with our safety and OSHA standards, but to no avail. Maybe he doesn't care if he is fired or injured. Can the EAP possibly help? I don't see how.**

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**■ Before I dismiss an employee for performance problems, I always make an EAP referral to give the person a chance to improve. Unfortunately, the EAP has not helped any employee whom I have referred, so everyone referred so far as been let go. Am I doing something wrong or is it the employees?**

least not in a way that you can document yet. If your employee's behavior after lunch interferes with productivity or the work environment, you have grounds for making a referral. Many who suffer from alcoholism are late for work but do not drink before coming to work. Some may drink later in the day or directly after work to ward off ensuing withdrawal symptoms.

**Your question is a good one** because it shows how easy it is for a supervisor to participate in diagnostic thinking—in this case, by ruling out that an EAP referral would do any good. True, your employee may not care if he is fired for failure to comply with safety rules. But there could be other explanations, including problems with memory, training issues, communication or cultural barriers, or even a personality style that causes him to act out anger in a passive-aggressive way by refusing to use safety equipment. Could his failure to comply with safety rules be related to inconsistent use of rewards for and enforcement of those rules? This is a common reason for poor compliance. It takes a long time to build up a culture of safety in a company, but only a minute to undo it.

**It might be your employees,** but you may be making referrals too late. As employees slowly acquire performance, attendance, or conduct problems, underlying contributing personal problems also grow worse. Despite short-term improvements in performance that you see after corrective interviews or disciplinary actions, these personal problems do not go away. Predictably, performance problems return. When several weeks of satisfactory performance that follow a corrective interview are suddenly interrupted by performance problems, this is your signal to act and involve the EAP. Personal problems, like job performance problems, are more easily treated the earlier they are discovered, and you're more likely to prevent the loss of your employee with an earlier EAP referral. There is an unfortunate consequence to late-stage supervisor referrals: When other employees associate supervisor referrals to the EAP only with dismissal, their interest in self-referral can diminish. These issues harm your EAP investment.

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## NOTES