The Frontline Supervisor

WAYNE Corporation | Quality Employee Assistance Programs.

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Q. EAPs help employees and protect the bottom line by reducing absenteeism and costs, including those related to workers' compensation. But what about improved morale? How does one put a dollars-and-cents measure on it so the EAP gets credit?

A. When employee assistance programs help employees resolve personal problems, happier and healthier employees result. If we can assume happier and healthier employees have a positive effect on morale, then it's obvious that EAPs can be a major contributing factor. But your question is about dollars and cents. Although it is not possible to pin a dollar figure to low or high morale, there are other measurable values that morale is known to directly affect. One of them is turnover. Research is plentiful on the hard costs of turnover. Productivity is also affected by morale. And, of course, this can be measured. So, if an EAP is proactive within the organization, helps employees resolve problems, and contributes to high morale and lower turnover, there is some significant confidence that the dollars-and-cents impact **can be safely attributed to the EAP. There are dozens of other factors that also influence the bottom line.**

Q. My employee injured his foot playing soccer over the weekend. The story is suspect, but he is on crutches and wants to avoid lifting for a few weeks. I asked for a doctor's note, but honestly, it looks fake. Do EAPs get involved in situations like this? Our small company doesn't have policies or procedures.

A. Typically, larger organizations manage situations of this type with service vendors, policies and procedures, and human resources consultation. If none of these procedures, services, or advisors exist, contact the EAP for guidance and about its capacity for assisting you. At this moment, you can only accept what the employee is telling you. You must accept on good faith that an injury exists, how bad it is, and how it occurred. You can't question or examine "functional capacity" to verify the need for the accommodation. You must also assume the doctor is real, the note is valid, and that nothing else (i.e., substance abuse, etc.) influenced the cause of the injury and could become a bigger problem in the future. Those are a lot of factors! An EAP assessment and coordination of communication regarding medical needs would cover all these bases and allow you to focus on job issues rather than external factors.

Q. When an employee seeks help from the EAP, how is it different from counseling services offered in the community by a mental health clinic?

A. When employees seek help for personal problems in the community, there is usually no input other than the employee's view or understanding of his or her issues. The community clinician may complete an assessment or a psychosocial history to gain insight into the origin and to understand key aspects of the problem, but the employee's account is the sole source of information. When an employee visits with the EAP first, an assessment helps steer the employee toward appropriate resources that match the identified issues. With the employee's permission, this information is shared with the referral. This gives the clinician additional context about the nature of the problem and is aided by the EAP's expertise and proximity to the workplace. As a result, the treatment resource counselor will establish a realistic treatment plan more likely to help the employee.

Q. Many personal problems are very difficult to overcome. Addiction is one of them. How do EAPs help employees with this illness if a client only self-refers because of some trouble or symptom related to the addiction? People in total denial are going to pay attention only to an immediate fix, right?

A. Symptoms of a problem, not "the problem" itself, lead people to seek help. This dynamic is practically universal in the helping process. Regarding addiction, self-referral to a doctor, counselor, or EAP is usually prompted by an adverse work-life incident (symptom). Misinformation and stigma feed denial, so "self-diagnosis" of addiction is often a slow discovery process. The path includes many small and larger crises before acceptance. This process can be accelerated, however, with accurate information and motivational counseling that overcome the addict's misunderstanding of addiction. This misunderstanding may include a definition of addiction that doesn't match his or her symptoms. This is where EAPs play a role. Most alcoholic drinkers in denial will have some definition of convenience, one that allows the individual to "compare out" of the diagnosis. If and when symptoms worsen, the definition may change. Still, as awareness grows, the likelihood of accepting treatment increases with a crisis.

Q. Please offer a few important tips, perhaps including a few of the most overlooked, supervisors should consider when making a referral to the EAP.

A. When making a formal referral to the EAP, success means that the employee actually makes it to an appointment. To increase this likelihood, consider the following. 1) Assure employees of confidentiality. This is their key concern even if they don't say so. 2) Promise the employee that you will not discuss the referral with his or her coworkers or other managers who do not have a need or a right to know. 3) Promise the employee that participation in an EAP has no bearing on job status, future promotional opportunities, or job security. Only performance-related matters can affect these things. 4) Talk to the EAP ahead of time. Communicate details to the EAP about performance issues upon which the referral is based. Tell the employee you have spoken to the EAP and have given them the exact same performance information discussed with the employee. 5) Say that you anticipate hearing the appointment was kept.