

## Testimonials

Here are some quotes from HR Managers who recently called on CONCERN for a Management Consultation:

*“The clinical manager was extremely responsive to the very urgent needs of our team, and helped to schedule multiple engagements for us with little notice. He was very professional, and even offered resources that we could share with the team. He was tremendous during a difficult time. We appreciate his efforts.”*

*“Timelines were fantastic and the support was very good. Thank you so much!”*



## FAQs for Managing Employees

**Q.** I have a couple of employees who are bullying and harassing another worker on social media. I am not sure I can do anything about this problem because it is obviously occurring outside of work. Are my hands tied? It's causing tension on the job, but the employees' quality of work remains unaffected.

**A.** Speak to your human resources advisor regarding your responsibility to manage or intervene in matters of this type. Always rely on your organization for guidance when you are unsure of your role in any matter involving misconduct. Social media is not necessarily the equivalent of a private conversation or interaction between two people if the abusive behavior is visible to a wider audience. So the question about what employers can do depends on a multitude of factors. Are these individuals easily identified as employees of your organization on their social media page or other postings found there? A disciplinary doctrine called “conduct unbecoming” is sometimes used in many matters associated with misconduct by licensed professionals, the military, law enforcement, and similarly regulated employees who are visible to the public or representing their employers in situations where reputation and conduct must be beyond reproach. Regardless, if the behavior carries over to the workplace, your intervention in that context would be appropriate. CONCERN can also play a role within this context and can consult with you, informing you about how its services can best be used.

**Q.** How can supervisors play a role in helping employees not bring their problems to work, and separating their home life from their work life so productivity is not affected?

**A.** If The EAP adage that employees do not leave their problems at the front door when they come to work is a rallying cry for the growth of EAPs. However, another part of this reality is that employees must be appropriately confronted when personal problems interfere with their productivity, attendance, quality of work, availability, and attitude. No supervisor will be able to prevent an employee from bringing his or her personal problems to work, but they can play a powerful role in encouraging employees to seek help before and certainly when work performance is impacted. This is what drives EAP utilization up. The promotion of the EAP to supervisors is crucial, allowing them to feel empowered in confronting employees and confident that CONCERN is a viable resource. Avoiding any delay in recommending referrals is also key.

**Q.** We have an employee who has entered a drug and alcohol treatment program. Should I encourage workers to visit him there or discourage these visitations? We don't want him to feel abandoned or ashamed, so we're thinking it might be the right thing for people to drop by.

**A.** The Treatment for substance abuse is a very private and legally protected health matter from an employer's perspective. Allow employees to make their own decisions rather than advocate either way. Your question raises important issues. Most people who enter addiction treatment do so under duress. Some influence (such as a spouse) or form of leverage (like a court order) provided the motivation needed to accept admission. Denial in early treatment still impedes a patient's ability to accept their illness. Hence, they are highly subject to leaving against medical advice (AMA). Such an event may result from the desire to drink or use drugs, or provocation from family, friends, or drug-using acquaintances who visit. Some of these individuals may even attempt to smuggle in substances (contraband) for various reasons. The rules associated with visitation are therefore strict to prevent adversely affecting the motivation of the patient and to prevent their leaving AMA. Drop-in visits are usually discouraged if not prohibited.

**Q.** Some of our employees may lose their jobs in the coming year — we are just not sure when. This is obviously stressful for employees. I told everyone to take advantage of CONCERN's services, but I am concerned about employees who won't go. How else can I help them?

**A.** When fear of job loss looms, employees worry about bills, the future, and their survival. Fear can cause employees to lose sleep, spend less time preparing healthy meals, lose motivation for exercise, avoid leisure activities, become isolated, eat more comfort food, procrastinate on important chores, experience depression, and not exert themselves to participate in activities that they once found pleasurable. You may pick up on these reactions while

someone is on the job. It is at this time that you should reinforce the value message of the EAP. A study recently showed that fear of job loss was linked to increased risk of diabetes. Researchers reviewed data from nearly 141,000 workers in the United States, Europe, and Australia. Investigators found that diabetes rates were 19 percent higher among those who felt their employment was at risk (job insecurity) compared to people who felt secure in their jobs. The study did not prove a cause-and-effect relationship, but you can see that some of these behaviors increase risk for the disease. (Canadian Medical Association Journal, Oct. 3) On the other hand, many employees are resilient and perfectly capable of managing such stresses on their own. To push the need for help when it may not be necessary can be perceived as intrusive and even interfere with some individuals' manner of coping. Inform and provide the resources, but don't insist on their being used.

**Q.** I don't hesitate to refer employees to CONCERN; however, there are supervisor peers of mine who have never made an EAP referral. They are fully supportive of the EAP — they simply claim that they do not need it yet. How is this possible? I have made a dozen referrals.

**A.** The most difficult shift in thinking for supervisors to make when a company is implementing an EAP and training people to use it is adapting to the idea of making a referral when an employee looks perfectly well but their performance is not satisfactory. It is a counterintuitive behavior that most managers have not experienced. Why refer someone to get help when they look like a million dollars? This "paradigm shift" is also difficult because the employee resists in the same way the supervisor resists. Resistance from the employee concerning referral may be fierce for the same reasons. Stigma can also be involved, seeing EAP counseling as mental health treatment rather than the free, supportive and helpful consultation it really is. Although it is possible your fellow supervisors have not had the occasion to refer someone, these explanations are the most likely ones.

CONCERN: EAP teams with Human Resources to provide another resource for managers and supervisors to consult about how to manage issues with individuals, within and between work groups, and across departments. When you call CONCERN: EAP, ask for a Management Consultation or request to speak to a Clinical Manager.

**Call: 800.344.4222**  
**[www.concern-eap.com](http://www.concern-eap.com)**