



QUANTUM

Frontline Supervisor

- **Our supervisors recently struggled with how to notify employees about a worker's suicide and, in one case, a murder at a remote location. This delayed managing the incidents and recognizing these employees' lives. This caused upset among coworkers. How should managers respond to such incidents?**

The death of an employee, especially by accident or homicide, will thrust the manager into a crisis role that employees instantly rely upon for direction, support, and empathy. Fortunately, from the standpoint of how to manage it, death in the workplace is not new. Step-by-step protocols and checklists exist for managers to follow, although smaller employers may not keep such material on hand. Examples can be found at the American Psychological Association, the Society for Human Resources and nonprofits that focus on helping people manage grief (see below). The EAP can also assist with helping managers find such resources, while supporting employees and later offering more awareness and education about helping employees and recognizing protracted grief and its effects on productivity. Note that the two most significant mistakes managers make regarding death in the workplace is treating such incidences too lightly or turning away from them too soon in an attempt to get back to work.

Source: www.griefcounselor.org/2017/11/07/grief-in-the-workplace-an-outline-for-helping.

- **Can I refer an employee to the EAP for acting "immature"? By immature I mean demonstrating behaviors that are more like those of a teenager, acting out of personal desires rather than putting the needs of the team first, and displaying jealousy and envy of others. This employee must change.**

Since "immaturity" is difficult to measure, it becomes important to be descriptive of the objectionable behavior so it can be presented in a corrective interview. You can then ask that it stop, be clear about it, and later measure whether change happens. This is not as easy as it sounds, but it is crucial to motivate change and refer the employee to the EAP if it becomes necessary. You may need to witness again the behavior you describe, and document it contemporaneously so it is clear. You have witnessed the employee being selfish and "not putting the needs of the group first." How is this demonstrated by words or behavior, and what substantiates the attitude and misdirection you see? Rely on the EAP or your human resources advisor for help in how to construct useful documentation. You are more likely to see the changes you want, possibly without ever needing to make a referral.

- **If I formally refer my employee to the employee assistance program because of performance problems, and a release of confidential information is signed, what information should I**

The EAP will contact you when a release of information is signed, and it may do so more than once to provide information that is appropriate and enough for you to perform your job as a supervisor. You won't be in the dark about the status of your employee, but you always can call the EAP if this communication does not seem timely enough for you. There may be good reasons the EAP has not contacted you yet, but it is better for you to not wonder what is going on at the EAP. When contacting the EAP, it is appropriate to ask whether an issue or matter is being addressed, but not

request that won't cross the boundaries of what is routine and necessary?

appropriate to ask whether an issue or matter is being addressed, but not about the nature of the problem or its diagnosis; whether the employee is cooperating and following through with the EAP recommendations; and whether the employee will require any accommodations from you with regard to scheduling, time off, or other changes in the work situation necessary to treat or address the employee's problem. These three types of information have historically been recognized for decades as the essentials for communicating with supervisors who have made formal referrals.

We have employees returning to on-site work, and many have not been together for quite a while. Is there something I should do as a supervisor to facilitate the renewed team environment, or will this naturally take care of itself?

“Reboarding” (re-onboarding) describes the process of reuniting employees and facilitating their renewed role in the workplace. The process recognizes that previously quality teams and effective coworker relationships will not necessarily pick up where they left off. Many surveys report dramatically increased anxiety of employees returning to work. Change causes stress; this alone is enough to make the transition back to work more difficult. Managing this anxiety falls on supervisors. Along with many employees perceiving remote work as more desirable, changes in family routines add to employees' stress. A key objective for managers is helping to prevent attrition by facilitating an equally happy on-site job experience. This requires understanding, patience, reassurance, and good communication. Being present and holding meaningful conversations with employees and allowing them to share their viewpoints and opinions about what they are experiencing being back on the job are crucial. Pay attention to signs or symptoms of troubled workers, particularly those who appear unable to reengage. Suggest the EAP, or refer employees as needed.

My employee says he is being treated for depression by a psychiatrist. He is still coming to work late, however. This is my key concern. The EAP is not involved yet, but how do I involve the EAP if my employee is already seeing a medical doctor and a therapist? Won't the employee resist?

You can involve the EAP by making a referral based upon the performance, conduct, or attendance issues demonstrated by this employee. In this case, coming repeatedly late to work is the problem. It's a good thing your employee is seeking help, and it may help resolve the depression problem, but attendance problems remain. So, the EAP is appropriate. If your employee meets with the EAP, a release will be signed, an assessment will be conducted to consider the type of treatment being received, and a decision will be made to either consult with the physician (with the employee's permission) or make additional recommendations based on the EAP's findings. Could there be a problem that the psychiatrist is not treating? Could there be a misdiagnosis? Could the EAP discover the real problem that contributes to attendance issues? The answer to these questions is yes.

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