

THE FRONTLINE SUPERVISOR

Helping You Manage Your Company's Most Valuable Resource--Employees

February 2005

Q. My employee is chronically late. I have confronted him several times, but it hasn't helped. Coworkers are complaining and it reflects badly on me. His high productivity and willingness to make up any time have kept me from being more assertive. What should I do?

A. The problem you face is indecisiveness. Your employee will probably change when you decide he must change. His high productivity no longer outweighs the negative effects of the tardiness because it is affecting coworker morale and weighs negatively on your performance. Disincentives must exist to correct tardiness. Concern about alienating your employee combined with long-term permissiveness make it difficult to act, but view this problem from a different perspective and consider the issues: unwillingness to change, broken promises, disregard for your needs, impact on others' productivity, willingness to ignore a legitimate request to come to work on time, and the issue of the position's essential function of on-time arrival. Bring these issues to your employee's attention and use a progressive approach of corrective interviews, EAP referral and, if needed, disciplinary action. It is time to create disincentives for coming in late. None exist now.

Q. Supervisors are told not to involve themselves in the personal problems of employees. Is this primarily because of liability and likelihood of offering misdirection to the employee?

A. Those are two reasons not to get involved in

the personal problems of employees, but there are many others. The most important is the role a supervisor can unwittingly play in losing his or her employee. If you are unsuccessful in helping an employee with a personal problem, and performance problems grow worse, you may conclude that the employee is beyond help. As a result, you may not refer the employee to the EAP. You may be more focused on dismissal. You may view a supervisor referral as a delay and a waste of time interfering with your goal of terminating or transferring the employee. Even after referral, your relationship with the employee may be so deteriorated that it undermines his or her progress. Your belief that the EAP cannot help is then validated. The solution of course is to refer early when performance problems emerge and attempts to resolve performance problems are unsuccessful.

Q. I referred my employee to the EAP and she signed a release. The EAP phoned to say that she was cooperative and agreed to its recommendations. However, when the employee returned to the office, she said, "The EAP said I didn't have any problems." Now what?

A. Continue to monitor her performance, anticipate feedback from the EAP, and expect the performance issue that prompted the supervisor referral to be resolved. Several different scenarios could explain your employee's comment, but none of them need impede your ability to manage her performance. Your employee may be working on the EAP's recommendations, but told you there weren't any because of personal embarrassment. Perhaps the employee was given recommendations, appeared cooperative, but has changed her mind now. Regardless of where the truth

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lies, your employee has the responsibility to perform satisfactorily. If your employee had not signed a release, the same would be true. You made a supervisor referral, and the employee attended an appointment. The EAP process worked. Anticipate positive changes and consider your next step if the changes you require in her performance aren't forthcoming.

Q. *Our front counter employee was assaulted by an angry customer who threw a video tape, hitting her in the head. The employee chased the customer outside the store and beat her severely, necessitating hospitalization. The harm inflicted by her was disproportionate. How can the EAP help?*

A. Your employee is a victim of violence, but also a perpetrator because her behavior, dominated by rage, had an objective to do grievous harm. The EAP is an appropriate source of help to address the emotional aspects of her victimization, but also the issue of her violent response, which can't be viewed as self-defense. The EAP can work with your employee to examine anger, rage, and the associated psychological issues of the incident. The goal is to prevent a similar event. Consider whether the employee's behavior warrants a fitness-for-duty evaluation as a risk management step. A meeting of key managers to examine the incident and policy or procedural implications would benefit from EAP input. This was a critical incident, and coworkers who witnessed it should be properly debriefed.

Q. *Can you explain more clearly what the phrase "a relapse does not mean failure" means with regard to persons treated for substance abuse problems? After all, if a relapse isn't failure, I don't know what is.*

A. Relapse is an experience common to the chronic disease recovery process. Addictive disease relapse (a return to drinking or drug use following treatment of addictive disease) must be prevented or, once begun, stopped, because the progression of the illness and its adverse

effects continue. Like other chronic diseases prone to relapse, addictive disease relapse does not mean treatment failed. It means something is required to achieve abstinence and regain control of recovery. The evidence that relapse does not mean failure is millions of people with long-term, quality sobriety who have also experienced relapse. Understandably, others often react emotionally to relapse if significant psychosocial and occupational problems existed prior to treatment. The most helpful response to relapse, however, is the expectation for the recovering person to immediately re-establish the abstinence and recovery program by whatever means necessary.

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