



Q. My employee was admitted to a psychiatric hospital for depression. The doctor phoned to discuss the employee's return to work. I suppose I can do it, but would it be better for the EAP to play this role? I gave the EAP phone number to the employee, but I'm not sure there was follow-through.

A. Provide the phone number of the EAP to the doctor so the program can be contacted regarding back-to-work issues. Also provide the doctor's phone number to the EAP and explain the circumstances. The EAP will contact the doctor, who will in turn engage the worker and arrange a back-to-work conference. The employee will then likely become an EAP client with proper consent forms signed so appropriate information can be released to you. The above process will allow the EAP to discuss clinical matters with the doctor without your involvement. Later, the EAP will monitor the employee and follow any discharge instructions. Reasonable accommodations, if necessary, will be shared with you for your consideration. Supervisors are less burdened when they rely on the EAP to manage communication issues like the one discussed here. And of course, recovering employees are better managed, and the reputation of the EAP as a helpful service to all is enhanced.

Q. My employee has had serious attendance problems. I referred the worker to the EAP, and a release was signed. Should I expect attendance problems to stop immediately or should I give it some time?

A. You should expect complete resolution of the attendance problem the next time your employee is due to be at work, no matter how long the attendance problem has existed. Attendance problems are symptoms that stem from the problems that create them, whether it be a faulty alarm clock or a serious substance abuse issue. Consider, if the worker can't engage in the essential functions of the job, one of which is coming to work on time, then the worker is not qualified to be in the job. So you should expect a return to the approved schedule. If the EAP informs you that the employee will miss work for specific periods of time necessary to address a concern or need associated with the resolution of the attendance problem, and this accommodation is one you can grant without undue burden on the employer, then this informed absence or lateness to work would be appropriate.

Q. I referred my employee to the EAP for being argumentative with others. I don't know what the underlying issues were with this employee, but the program worked! After nine months, the EAP still lets me know the employee is participating in the program. Is this necessary?

A. It is likely the EAP made a decision that feedback to you would be important to help the employee remain both focused and motivated to continue treatment or involvement in whatever help was determined necessary. The leverage of the formal referral you made, which employees always perceive to be linked to their job security (whether stated by you or not), is what created (or helped create) a sense of urgency to get help for the argumentative behavior. Dozens of health issues or conditions could contribute to such behavior: poor sleep, chronic pain, depression, alcoholic withdrawal, and a plethora of psychological issues or habits of communication. Be sure to periodically praise the employee's performance and cooperation with others at work. Realize that the role of the manager in influencing the employee's productivity and wellness doesn't end after the referral. Instead, it is often the beginning.

Q. I have referred many employees to the EAP over the years. I often notice the personal problems get resolved, but performance also improves. What explains this surprising level of performance improvement after employees visit the EAP?

A. When employees participate in the EAP, they are not only assisted in resolving a personal problem, but may also need to participate in ongoing activities or personal efforts to maintain and improve mental and physical wellness. Preventing relapse of a substance use disorder especially requires a lot of self-care for the patient/employee. This may include focusing on improving one's diet, attention to health needs, better stress management, chronic disease education, better problem-solving, psychotherapy, goal setting, work-life balance, and attending to relationship problems at home, the continuation of which would jeopardize recovery. It is sometimes said that employees who visit the EAP for help with a personal problem get "better than well." This is the phenomenon you are witnessing.

Q. What is the underlying reason some supervisors bully employees? Is it insecurity or psychological problems? What are the most common types of bullying behaviors exhibited by supervisors?

A. Most supervisors do not bully employees because they are insecure or have psychological problems. Instead, research appears to show motivation to bully is predominantly driven by the need to control subordinates and fear that they won't successfully do it without being intimidating. Research also shows that some supervisors feel better and get an energy boost from intimidating others, but the penalties arrive shortly in the form of poor productivity, morale problems, and turnover—everything a supervisor doesn't want! The most common types of bullying include 1) yelling at employees or speaking to them in a way that causes them to feel intimidated; 2) making inappropriate personal criticisms; 3) giving unreasonable deadlines at work; 4) showing favoritism toward only certain workers; 5) constantly criticizing; 6) threatening employees with disciplinary action or termination (e.g. "I'm going to write you up!"); and 7) micromanaging (nitpicking and controlling the details after delegating work). <https://msutoday.msu.edu/news/2017/abusive-bosses-experience-short-lived-benefits>



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