

In recent years, business and industry have become increasingly aware of the impact of employee problems within the workplace. High absenteeism, accidents, disruptive behavior and poor production are a few of the ways that personal problems show up in the workplace. Prompt and effective treatment of these problems, which may be caused by drug and alcohol abuse, family/marital difficulties, or mental health issues, can help a troubled employee return to his or her high level of productivity.

Through an employee assistance program, employees can receive help for these problems, in a confidential manner, from professionals trained to deal with them. The program is intended to assure that any employee will be given the opportunity to seek help for any personal problems, whether or not the problem is interfering with job performance, in a confidential manner. There are four levels of referral: self, informal, formal and mandatory.

Start by Promoting Self-Referrals

It is preferred that a troubled employee will seek help on his or her own by calling the EAP directly. Sometimes, however, the stigma of seeking help, the need to deny the problem, or simply not knowing where to turn, will prevent an employee from seeking needed help. The employer is not aware of the employee who contacts EAP directly. In the day-to-day interaction with employees: casual conversation, coaching or corrective action, the suggestion to use the EAP should be encouraged. When presented with an employee's disclosure of a personal problem, the best response should be: "Are you aware of the confidential help that our EAP can provide you and your family?"

Informal Referral: Encouraging the Employee to Seek Help

A supervisor may informally or formally refer an employee to EAP if job performance seems to be declining due to personal problems. Whether an informal or formal referral, participation in the program is entirely voluntary and all records are confidential. When an employee experiences a decline in his/her work performance, it is appropriate for you, as their supervisor, to encourage that person to seek help. It is the employee's decision whether or not to seek help, but you, as supervisor, play an important role in guiding them towards this decision. With an informal referral, encouragement from a supervisor to seek help often has greater impact on an employee than encouragement from a friend or family member. In this level of referral, the supervisor may say to the employee: "I am strongly recommending that you call Carilion EAP to help you resolve this performance problem."

The Formal Referral: Keep Focused on Job Performance

It is important to remember that the reason to refer an employee to EAP is job performance. It is not necessary, nor is it advisable, for you to attempt to diagnose the problem or counsel the employee about their personal problems. Your main task is to make sure the work gets done. Likewise, the task for your employee is doing his or her job. If job performance is suffering, you can offer help to your employee in a positive way that increases the chances it will be accepted. The same job performance problem that prompts your referral may also justify taking disciplinary action if the job performance does not improve. Referral to an EAP professional does not justify continued poor performance, nor should it be made as a 'trade-off' for punitive action.

The "marginal employee", who has never performed up to standards, or the "troubled employee", who once performed well, are no longer getting the job done. They arrive late, leave early, may be generally negative or non-productive, or are continually difficult to deal with. Often, supervisors have no real training on how to handle this type of employee and have no place to turn for help. The supervisor, faced with mounting frustration, may impose strict rules that may be difficult to enforce, try to simply tolerate the problem, or fire the employee. Unfortunately, these tactics don't always work and the work team is forced to adjust.

The supervisor must use his or her judgement to determine when an employee's work performance deteriorates to an unsatisfactory level, whether it is episodic or a chronic downturn. The supervisor's judgement and documentation need to be objective and pertain only to specific performance problems, regardless of any additional knowledge you possess about the employee's personal problems. Referrals to EAP should always be made on the basis of performance problems, not on any diagnosis or problem area. Here are some suggestions:

Don't say:	Do say:
<i>You seem to have a drinking problem. You're an alcoholic!</i>	<i>You've been late for work three times in two weeks, your performance is slipping and I've smelled alcohol on your breath.</i>
<i>The EAP will provide the counseling you need. You're obviously depressed. Get some counseling.</i>	<i>The EAP can help you address your performance problems.</i>
Don't say:	Do say:
<i>I think you are clinically depressed! A friend of mine got some Prozac from his doctor. Why don't you give that a try?</i>	<i>Your work performance over the last few weeks is uncharacteristic of your outstanding work. I'm concerned this needs to improve. I want you to use our EAP to see if they can help.</i>
<i>We'd like you to get therapy for your problems.</i>	<i>We'd like you to try the EAP for assistance with these concerns.</i>

Our Supervisory Referral form is enclosed to re-emphasize our commitment to this potential pitfall. Problems can be recorded on the formal referral form in the ten performance categories listed. Circle the level of concern and record specifics under the comment section. For example:

2. Punctuality and/or leaving early:

1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
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You have consistently been late to work over the past three months. On August 4, 5, 7, 9, 11, and 17, you reported to work at least 20 minutes late each one of those days.

Request that the employee sign the form so that we may communicate with you. Even if the employee refuses to sign, proceed with the referral. We will release the information outlined on the form under the signatures. **Fax the form to the closest office.** The employee or the supervisor can call to set the appointment. Communication will continue until the case is resolved. It is important to note that a formal referral remains voluntary, and that the employee cannot be reprimanded for not following through. In such cases, the employee can only be judged on work performance. If the situation does not improve, disciplinary action may need to take place.

The Mandatory Referral: A 'must-go' situation for the employee

The mandatory referral is made when an employee violates the alcohol/drug-free workplace policy of their company, poses a serious violence risk or is a 'fitness-for-duty' referral. The same procedures are followed as the formal referral, but the **employee needs to be reminded that their attendance at EAP and compliance with EAP recommendations are necessary for them to retain their position with the company.** In some cases, an immediate call to EAP may be necessary to deal with the crisis. It is extremely important that your policies and procedures support the mandatory referral and the supervisor works with human resources to resolve the issue. Communication with Human Resources or the supervisor is maintained by EAP throughout the process. If an employee is suicidal or has made a threat of violence, call EAP immediately and follow your company policy.

Use the FAX form on page 11 for all alcohol and drug referrals.

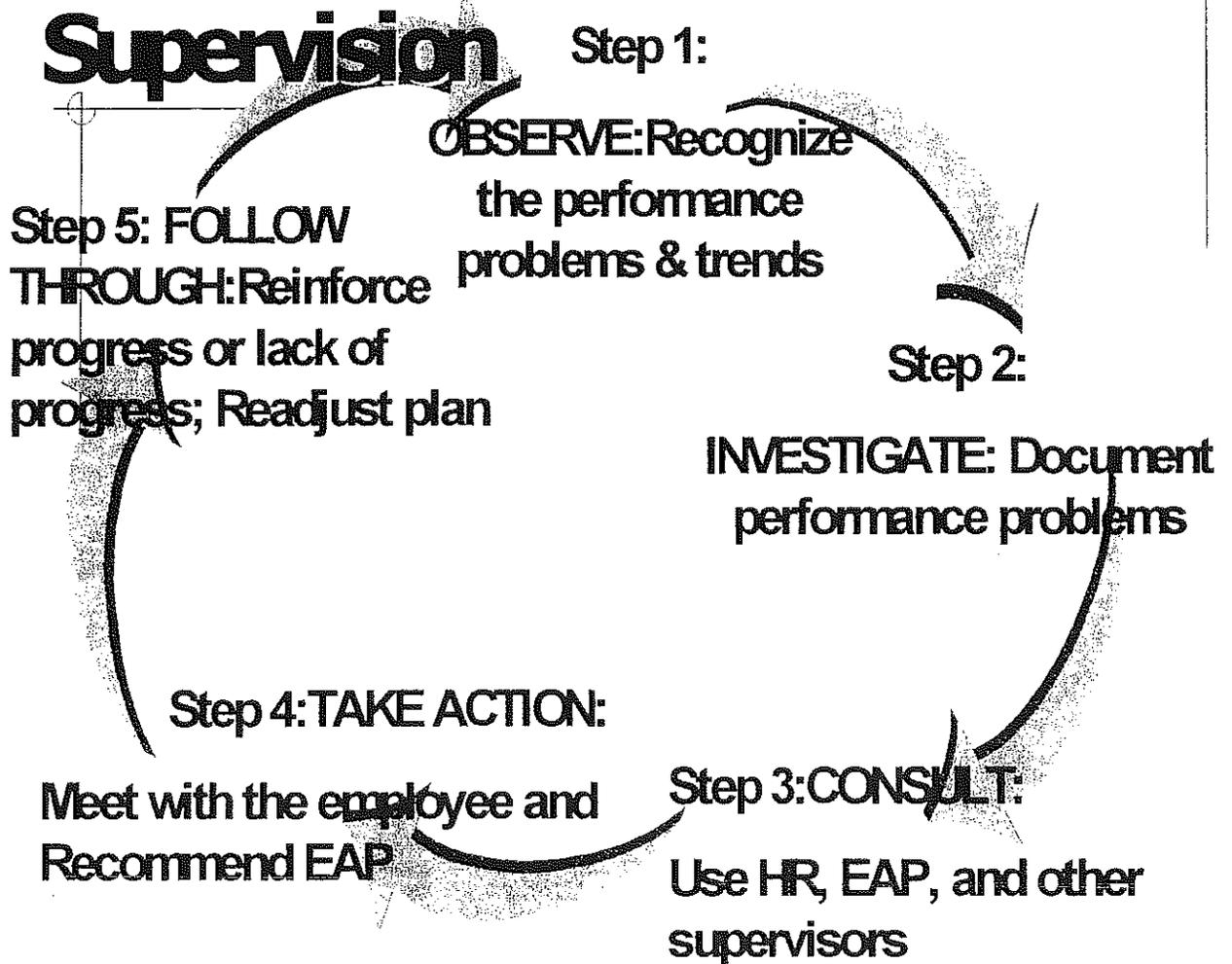
Effective Intervention Skills: Suggestions for Success

- ◆ Manage job performance, not employee problems.
- ◆ Describe the problem in a way that contrasts with what is expected from the employee.
- ◆ Focus on the performance that you want to see.
- ◆ Avoid discussing personality traits or the 'problem' areas of the employee
- ◆ Discuss negative consequences of behavior on the organization
- ◆ Discuss & agree to what new results will be obtained (Performance Goals)
- ◆ Set a follow-up supervision date with the employee.
- ◆ Refer employee to EAP
- ◆ Specify the possible consequences if the performance does not improve

Documentation Standards: A Necessity to Protect Your Actions

- ◆ Write up an agreement & set follow-up review meetings
- ◆ State who attended the meeting
- ◆ Describe the performance problems clearly
- ◆ Describe the employee's response to what was said
- ◆ Describe what was agreed upon as a plan of action: that is, what the employee will do to correct the problem
- ◆ Describe the time frame and record follow-up appointment
- ◆ Date and sign
- ◆ Keep in a confidential, locked area

Model for Active Supervision



WORK PERFORMANCE CHECKLIST

Name _____ Date range _____ to _____

1. PERFORMANCE: LOWERED JOB EFFICIENCY

- Reduced quantity of work
- Reduced quality
- Fluctuations in quantity or quality
- Mistakes due to inattention or poor judgement
- Bad decision-making
- Poor Planning
- Wasting materials unnecessarily
- Complaints from users of products or services
- Missed deadlines

2. ABSENTEEISM

- Excessive leave taken
- Multiple instances of unauthorized leave
- Patterns of absenteeism, such as Monday and Friday absences
- Chronic tardiness, especially on Monday morning
- Excessive sick leave
- Extended lunch hours
- Pattern of not returning after lunch
- Leaving work early
- Pattern of highly unusual or improbably excuses for absences
- Patterns of unnecessary absences from post during work day

3. HIGH ACCIDENT RATE

- Accidents on the job
- Accidents off the job which affect job performance
- Carelessness and disregard for safety procedures

4. BEHAVIORAL PROBLEMS

- Difficulty in recalling instructions, details, etc.
- Alternating periods of high and low productivity
- Increased nervousness or irritability
- Increased difficulty in handling complex assignments
- Overreaction to real or imagined criticism
- Inability to get along with other employees/ Complaints from co-workers
- Wide swings in morale or mood
- Daydreaming
- Increased difficulty in communicating instructions or details
- Inability to recall own mistakes/
- Poor time management
- Avoidance of fellow employees
- Unreasonable resentments

CARILION EAP REFERRAL FORM

FORMAL: Work Performance **OR** MANDATORY : Violence Risk / Alcohol & Drug Violation

ROANOKE (800)992-1931 (540)981-8950 (540)981-8957 FAX	RADFORD (800) 572-3120 (540) 731-7311 (540) 731-7377 FAX *****	For Wytheville area companies, FAX to Radford office
Rocky Mount and Bedford, FAX to Roanoke office	Call 800-992-1931 for consultation regarding referrals and working with troubled employees.	For Pearisburg and Blacksburg, FAX to Radford office

EMPLOYEE:	EMPLOYEE' S POSITION:
EMPLOYEE HOME #:	EMPLOYEE WORK #:
DATE FORM COMPLETED:	FORM COMPLETED BY:
COMPANY/ORG:	CONTACT PERSON:
DIVISION:	DIRECT PHONE:

DATE PRESENTED:	EAP LOCATION PREFERRED:
<input type="checkbox"/> EMPLOYEE WILL CALL EAP	<input type="checkbox"/> EAP TO CALL EMPLOYEE
DATE OF APPOINTMENT:	TIME OF APPOINTMENT:

INSTRUCTIONS: Evaluate the employee's behavior and work performance based on the criteria listed below. Circle the number from 1-5 that most accurately describes your level of concern. Add pertinent comments to assist the EAP staff in understanding your concerns. Fax to EAP office after completion. We prefer that you call EAP also to register the referral.

1. ATTENDANCE: Patterns of absenteeism

1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

2. PUNCTUALITY AND/OR LEAVING EARLY: Patterns of tardiness

1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

3. OBSERVANCE OF WORK HOURS: Abuse of lunch, breaks, vacation, sick leave

1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

4. QUALITY OF WORK: Poor or questionable production or customer service

1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

5. QUANTITY OF WORK: Lack of productivity, quotas, efficiency				
1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

6. SAFETY: Accidents, injuries on the job, risky behaviors endangering self/others				
1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

7. ACCEPTANCE OF SUPERVISION: Poor attitude, insubordination, non-compliance				
1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

8. ORGANIZATIONAL BEHAVIOR: Co-worker conflicts, rule violations, negativity				
1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

9. PERSONAL PRESENTATION: Appearance, impression to public, communication skills				
1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

10. OTHER BEHAVIOR OF CONCERN UNIQUE TO THE EMPLOYEE				
1 Exceeds	2 Meets	3 Needs to Improve	4 Concern	5 Serious Concern
Comments:				

Signature of Supervisor	Date	Signature of Co./Org. EAP Coordinator	Date
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EMPLOYEE REVIEW: I acknowledge that I have reviewed the content of this form and accept a referral to Carilion EAP. I authorize Carilion EAP to release to the designated supervisor or EAP Coordinator the following general information: <ol style="list-style-type: none"> 1. That I did or did not keep the initial appointment as arranged or rescheduled. 2. That a problem or issue was or was not identified through the assessment. 3. That I will or will not continue sessions or follow the recommendations of Carilion EAP. 		
Signature of Employee	Date	<input type="checkbox"/> Employee refused to sign review statement

COACHING OR SUPERVISION FORM

Name of Employee	
Date of Coaching Session	
Department	
Position	

1. Reason for Coaching:

2. Employee Response and Comments:

3. List Goals, Objectives, Time Frames and Responsible Parties:

Employee Signature	Date
Coach Signature	Date
Manager Signature	Date

CARILION EAP REASONABLE CAUSE FORM

This form is to be used to document the reasons for requesting that an employee be asked to submit to a medical evaluation or drug or alcohol screen test. All questions that apply should be answered. Additional pages, if necessary, should be attached along with any other relevant documents. Please include this form with the mandatory referral form.

Employee's Name _____ Company _____

A. Was there an incident or accident? Yes _____ No _____

1. Description of event _____

2. Date and Time: _____

3. Extent of injury to persons or property _____

4. Employee's actions _____

5. Was the employee sent for alcohol and drug screening? Yes _____ No _____

Date and Time: _____

B. Is the Employee in a Safety Sensitive Position? Yes _____ No _____

C. Observation of Employee (date: _____ time: _____):

1. **WALKING:**

Falling	Holding on	Staggering	Stumbling
Swaying	Unable to Walk	Unsteady	

2. **STANDING:**

Feet wide apart	Rigid	Sagging at times
Staggering	Swaying	Unable to stand

3. **SPEECH:**

Mute	Incoherent	Rambling	Shouting	Silent
Slobbering	Slow	Slurred	Whispering	

4. **DEMEANOR:**

Calm	Cooperative	Crying	Excited	Fighting
Polite	Sarcastic	Silent	Sleepy	Talkative

5. **ACTIONS:**

Drowsy	Erratic	Fighting	Hostile	Hyperactive
Profanity	Resisting	Communications	Defensive	Threatening

6. **EYES:**

Bloodshot	Closed	Dilated	Droopy	Glass
Watery				

7. **FACE:**

Flushed	Pale	Sweaty
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8. **APPEARANCE/CLOTHING:**

Stains on clothing Dirty Unruly Having Odor
Messy Neat Partially Dressed

9. **BREATH:**

Alcoholic odor Faint alcoholic odor No alcoholic odor
Marijuana odor Faint marijuana odor No marijuana odor

10. **MOVEMENTS:**

Fumbling Hyperactive Jerky Nervous
Normal Slow

11. **EATING/CHEWING:**

Candy Gum Mints Mouthwash Odor
Other _____

D. Attendance

1. Number of Mondays or Fridays missed in the last two months _____
2. Total absences in last two months _____
3. Times tardy in last two months _____
4. Times employee left early in last two months _____

E. Performance Level

1. Has there been a recent change in the employee's level of performance?
Yes___ No___
2. If yes, describe: _____

F. Other Observations _____

G. Other Factors _____

H. Witnesses and/or Consultants involved: _____

I. Transportation Arrangements: _____

Signature of Supervisor Date

Printed Name

**MANDATORY ALCOHOL AND DRUG REFERRAL
FROM CLIENT COMPANY
FAX TO (540) 342-1318**

This is the required form to FAX to Carilion EAP to register an employee who has violated your organization's Drug Free Workplace Policy. We will make assessment arrangements once this is received. Please complete all pertinent information.

To: **Ken Redick, Carilion EAP**

Date: _____

From: _____

Company: _____

Telephone: _____

Confidential FAX: _____ Please notify before faxing

RE: THE FOLLOWING EMPLOYEE NEEDS AN ALCOHOL AND DRUG ASSESSMENT SCHEDULED:

Employee: _____

Date of Birth: _____ Social Security # _____

Address: _____

City: _____ State _____ Zip _____

Home Telephone: (_____) _____

Work Telephone: (_____) _____

Cell Telephone: (_____) _____

CHECK ONE: DOT/CDL Non-DOT/CDL

Summary of the Violation: _____

Positive Drug / Alcohol Screen Information:

Type of Test: Random Probable Cause Post-accident On-going Monitoring

Date of Test: _____

Tested Positive for: _____ Test Levels: _____

Has Employee been suspended? yes no

start date: _____ probable end date: _____

Additional Notes:

Carilion EAP Clinic Office Sites

OUTSIDE REGION/ CALL FOR REFERRAL: 800-992-1931

Carilion Behavioral Health Roanoke
Carilion Employee Assistance Program
213 McClanahan Suite 201A
Roanoke, VA 24014
(800)992-1931
(540)981-8950
(540)981-8957 FAX

****Carilion Behavioral Health Radford**
Carilion Employee Assistance Program
at Carilion NRV Medical Center
2900 Tyler Road
Christiansburg, VA 24073
(800) 572-3120
(540) 731-7311
(540) 731-7377 FAX

Carilion Employee Assistance Program Rocky Mount
5 East Court Street-2nd Floor
Rocky Mount, VA 24151
Scheduling is through Roanoke Office:
(800)992-1931
(540)981-8950
(540)981-8957 FAX

PLEASE NOTE: We have close working relationships with regional EAP counselors in the Wytheville, Pearisburg, and Bedford regions. Since we have closed the offices in these areas, we are currently working directly with the EAP counselors and therapists who previously worked for us. Here are the suggested routing and contacts for the various areas:

Area	Initial Contact Call	Telephone	Local Contact
Wytheville, VA	Carilion Radford office	(800) 572-3120	Cindy Painter, LCSW
Bedford, VA	Carilion Roanoke office	(800) 992-1931	Pat Bryant, LCSW
Pearisburg, VA	Carilion Roanoke office	(800) 992-1931	Rhoda Janosik, LCSW

Signs of a True Leader

1. **Everyone is watching, so be a role model.** You are constantly setting examples --- both good and bad. You are an important influence on the people who surround you at work.
2. **Learn from those individuals whom you disagree with and are bad examples.** See these instances as challenges and opportunities to display your ethics and values when dealing with people you supervise.
3. **Be decisive.** Leaders make decision and people want leaders to make decisions. Ask yourself: What is the right thing to do, even though it may not be a popular decision?
4. **Say what you plan to do and then do it.** If you promise something, fulfill the promise. Be a person of your word.
5. **When tough decisions need to be made and conveyed, leaders deliver the word.** People want their leaders to take charge and be the communicators. Don't hide behind the hierarchy.
6. **Let your people know where they stand.** Consistently let people know what the expectations are, who is doing it well, and where improvements need to be made.
7. **Ask your people what their opinions are before final decisions are made.** Confirm to them that their input is important in the process and that you value their expertise and point-of-view. By example, prove to others that listening is the most important communication skill.
8. **Recognize, personalize and celebrate** --- remember the little things with each employee. A hand-written note goes a long way.
9. **Express your philosophy.** When making decisions, take the time to explain what was taken into consideration before you reached the decision: what you believe in, what is important and what you like.
10. **Set your expectations high.** Require quality work of yourself and others. Have a reputation that you hire only the best. When people hit that high standard, praise that standard individually and with your staff.

*The contents of **The Carilion EAP Supervisory Handbook** is periodically updated and is available by request to our client companies' supervisors by calling (800) 992-1931.*

*The monthly subscription to **The Frontline Supervisors Newsletter**, presented in a Q & A format to address troubled employee issues, is available to our client companies' supervisors by email request at kredick@carilion.com.*