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My employee has a hard time paying attention and listening. He loses things, is easily distracted and restless, and worst of all, he interrupts people when they are talking. I am referring him to the EAP, but will they be able to diagnose this behavior? Maybe it is ADHD.

Make a formal referral to the EAP and request that a release be signed. The EAP may not be the final point of contact that identifies the nature of the problem. Depending on the assessment and after a referral, a doctor or other licensed clinician will make that determination. The EAP will consider issues that explain the behaviors you are seeing. Speak with the EAP prior to referring to the program. Discuss your observations and documentation. Too often supervisors miss this critical step, wherein details examined in a discussion could improve the outcome of an assessment later. Good communication will be important to help your employee maintain appropriate conduct and follow through with any counseling or treatment. Could this be adult ADHD? Possibly, but keep your focus on the issues that led to this referral when following up in the future.

My employee entered treatment after a positive drug test for an opioid. Things have been going well, but lately his attendance has been slipping. How many chances should we give someone like this if in fact he has relapsed? Nothing is spelled out in the policy.

Those in recovery for addictive diseases are prone to relapse like other illnesses. Still, most people react emotionally to drug relapse, including employers. There are important issues to consider with relapse—impact on your organization, risk, productivity, and the value of your worker. Employers often fire workers who relapse because they fear they are enabling them or are angry or feel taken advantage of. These reactions may not best serve the organization. Referring the employee back to the EAP is often the best choice. Some employers have referred a worker who relapses back to treatment numerous times, but with each incident have made the decision in the best interest of the organization. Most employees do not want to lose their job. Therefore, strong leverage exists to maintain close communication with the EAP and create a firm agreement with the employee so he or she can follow through with its recommendations. It is this close communication between all parties that ensures relapse does not recur.

My employee has mood swings that range from pleasant to very grumpy and argumentative. Everyone complains about it, but I have not gotten to the point of taking some job action. After all, we all have some personality quirks. How do I decide that it is time to make a referral?

Although no one's perfect, be cautious about slowly adapting to dysfunctional communication and thereby promoting a poor work climate that interferes with productivity, adversely affects morale, causes turnover, and enables this behavior to worsen. You aren't ready for a formal referral to the EAP until you sit down with this person to give feedback, ask for changes, describe those changes clearly, and get a commitment from the employee. You should meet with the EAP and formulate an approach to this issue. Are you afraid of confronting this employee? Discuss that possibility with the employee assistance program because it could serve as a roadblock to what appears to be necessary change that would benefit everyone.