

MY supervisor newsletter

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I want to be a firm supervisor when necessary as well as a nice guy my employees admire. I think most supervisors feel the same way, but I find myself correcting employees more often than I praise them. How can I increase my positive interactions?

Establish communication habits to use daily with employees that help you improve your interactions and grow your reputation with them. When approaching an employee for any reason, lead with something positive so they do not learn to associate your presence with correcting performance, a negative interaction, or other painful exchange. Ask employees for their solutions to problems, and treat them like pros, regardless of the position they hold. Intentionally interact with your employees when things are going well—get out of your office so you aren't seen as a one-person fire department only interacting when problems arise or things go badly. Participate in small talk; use these moments to learn about your employees' needs. Praise and be in awe of their past achievements, not just the ones you witness on the job. Finally, look for roadblocks to their success. Pay attention to what is impeding performance, and find small ways to make their lives more comfortable.

I may be old school in my thinking, but I think an employee's mental health is none of the employer's business. Still, I see a lot of articles in recent years about mental wellness in the workplace. What is the business case for so much attention to this subject? What can one supervisor do?

Employers pay high costs for mental health problems. On the low side, it's about \$70 billion a year. Absenteeism, reduced productivity, and increased health care are the three big cost areas. If employers can influence mental wellness in ways that reduce these exposures, they can improve productivity and have a healthier bottom line. So mental wellness is not about intrusiveness in employees' lives but about creating work environments that have a positive impact on wellness. As a supervisor, you have significant influence on promoting mental wellness. Here are three examples. (1) Promote a work/life balance environment. Don't praise the employee who comes in early and stays late. This practice eventually erodes productivity and leads to burnout. (2) Encourage or insist that employees take regular vacations to recharge and refresh. (3) Don't expect employees to answer the phone, email, or engage in work around the clock. (4) Be a model for these behaviors yourself.

When an employee seeks help from the EAP, how is it different from counseling services offered in the community by a mental health clinic?

When employees seek help for personal problems in the community, there is usually no input other than the employee's view or understanding of his or her issues. The community clinician may complete an assessment or a psychosocial history to gain insight into the origin and to understand key aspects of the problem, but the employee's account is the sole source of information. When an employee visits with the EAP first, an assessment helps steer the employee toward appropriate resources that match the

identified issues. With the employee's permission, this information is shared with the referral. This gives the clinician additional context about the nature of the problem and is aided by the EAP's expertise and proximity to the workplace. As a result, the treatment resource counselor will establish a realistic treatment plan more likely to help the employee.

Many personal problems are very difficult to overcome. Addiction is one of them. How do EAPs help employees with this illness if a client only self-refers because of some trouble or symptom related to the addiction? People in total denial are going to pay attention only to an immediate fix, right?

Symptoms of a problem, not "the problem" itself, lead people to seek help. This dynamic is practically universal in the helping process. Regarding addiction, self-referral to a doctor, counselor, or EAP is usually prompted by an adverse work-life incident (symptom). Misinformation and stigma feed denial, so "self-diagnosis" of addiction is often a slow discovery process. The path includes many small and larger crises before acceptance. This process can be accelerated, however, with accurate information and motivational counseling that overcome the addict's misunderstanding of addiction. This misunderstanding may include a definition of addiction that doesn't match his or her symptoms. This is where EAPs play a role. Most alcoholic drinkers in denial will have some definition of convenience, one that allows the individual to "compare out" of the diagnosis. If and when symptoms worsen, the definition may change. Still, as awareness grows, the likelihood of accepting treatment increases with a crisis.

Please offer a few important tips, perhaps including a few of the most overlooked, supervisors should consider when making a referral to the EAP.

When making a formal referral to the EAP, success means that the employee actually makes it to an appointment. To increase this likelihood, consider the following. 1) Assure employees of confidentiality. This is their key concern even if they don't say so. 2) Promise the employee that you will not discuss the referral with his or her coworkers or other managers who do not have a need or a right to know. 3) Promise the employee that participation in an EAP has no bearing on job status, future promotional opportunities, or job security. Only performance-related matters can affect these things. 4) Talk to the EAP ahead of time. Communicate details to the EAP about performance issues upon which the referral is based. Tell the employee you have spoken to the EAP and have given them the exact same performance information discussed with the employee. 5) Say that you anticipate hearing the appointment was kept.

Please call our EAP professionals for advice on confronting and referring troubled employees to the EAP. We will assist you in developing action plans and coach you toward successful confrontations. This is part of your EAP service with MYgroup.

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