

# THE FRONTLINE SUPERVISOR

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

State Employee Assistance Program 1-800-308-4934 (Toll Free)

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■ **I informally referred two employees to the EAP because they argue frequently and disrupt the work unit. Things are smooth sailing now, but if problems return, should I suggest the EAP again, discipline them, or call it quits? How many times should I refer misbehaving employees? When is enough, enough?**

Decide what to do about the recurring conflict in conjunction with your advisors. There is no pat answer to how many times you should attempt an EAP referral, unless an arrangement you've made precludes it. For example, you made a "last chance" or "firm choice" agreement with your employee. As a manager you must make judgment calls based upon the experience and wisdom you've acquired in your position. Consider the pattern of improvement that your employees make, whether you believe the goal is being met, and whether the negative effects of the behavior are continuing to affect the work unit. Workplace conflict between employees is common, but most people respond well to management intervention. Frequent follow-up is typically the missing piece to successful outcomes. Your insistence on change is important. Meeting with your employees frequently, even for just several minutes at a time over a protracted period, will help establish and reinforce new patterns of the behavior you seek.

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■ **Why would some supervisors ignore their responsibilities under a drug-free workplace policy, even after ample training in signs and symptoms of substance abuse? It appears that some people just won't let go of enabling behaviors, especially when it comes to ignoring alcohol on the breath. What explains such continued willingness to enable?**

There is an old saying in alcohol and drug education: "A man convinced against his will is of the same opinion still." This is an argument for doing more than just signs and symptoms education about substance abuse. Particularly important is examining false beliefs, misconceptions, long-held explanations for past events and personal traumas associated with alcohol in the family, and misinformation easily found in much literature and popular culture. Such a tough assignment starts with challenging old beliefs about the nature of alcoholism: what causes it, who gets it and why, how it is treated, and how to stop it. These topics have hundreds of years of myths and misconceptions linked to them. Much is entangled with a strong need on the part of many people to explain away alcohol and drug problems in ways that reinforce these long-held beliefs. Until a new view of addictive illness is acquired, old patterns of enabling tend to remain.

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■ **My employee's position will soon be cut because of the budget. The employee is a recovering drug user of less than a month. This is the worst time, I know. If relapse occurs, whose fault is it? Things are going so well with this employee now.**

Almost entirely, relapses are decisions to discontinue abstaining from substance use. They almost always include a failure to participate in recommended tasks or activities that can thwart relapse — or conversely, a failure to avoid activities and tasks that provoke it. No matter the stressful circumstances faced by your employee, even if terminated from a job suddenly, relapse or successful avoidance of it is his or her responsibility. Many tools, tips, and strategies exist to help recovering persons under stress to avoid relapse. The potential relapse simply is not within your ability to prevent.

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**NOTES:**

Sign up today for January supervisory training classes at [www.tn.gov/finance/ins/eap.html](http://www.tn.gov/finance/ins/eap.html).