



Michigan City Area Schools

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EMPLOYEE ASSISTANCE PROGRAM

MANAGEMENT TRAINING MANUAL



TODAY'S GOALS

We are pleased you are joining us today for this training. After the presentation, you will:

1. Have a clear understanding about your Employee Assistance Program;
2. Know the signs and symptoms of a "troubled employee";
3. Understand your EAP role;
4. Understand how EAP will assist you with your responsibilities; and
5. be able to positively promote the program to employees.

Feel free to ask questions at any time

Feel free to offer your expertise

Please enjoy the presentation!

INTRODUCTION

The EMPLOYEE ASSISTANCE PROGRAM (EAP) is a benefit designed to provide **voluntary, confidential** assistance to employees and their families seeking to resolve or cope with personal problems/concerns. Individuals are encouraged to contact the program on their own before performance may be affected.

In addition, EAP helps the supervisor deal effectively with the employee whose work behavior is unacceptable or deteriorating. Supervisors have a vehicle to confront work performance without getting personally involved in the employee's private life.

The primary objective of an EAP is to help the employee maintain or return to optimal work performance. EAP **does not** alter or replace any existing organizational policy/procedure.

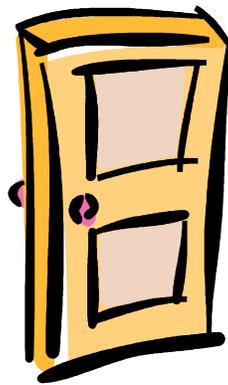
RETURN– ON-INVESTMENT OVER TIME

- Improved employee morale
- Lower employee attrition rates
- Decreased absenteeism and lost time
- Reduced accidents on and off the job
- Reduced medical claims for physical problems



REFERRAL PROCESS

EAP OFFICE



There are several ways an individual can access the Employee Assistance Program. They are discussed below.

- Self-Referral
- Supervisory Referral – Suggested or Mandatory
- Peer Referral
- Family Referral
- Other Referral

To protect client confidentiality, no one from the organization will know about any referral without prior written consent of that individual.

CONFIDENTIALITY



Confidentiality is the most important aspect of any EAP. Without believing the program is confidential, employees and their dependents will not use it. Therefore, EAP staff strictly observes the following:

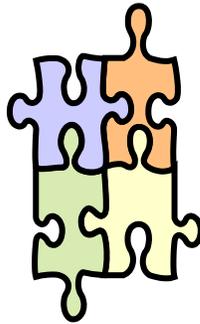
HIPAA COMPLIANT

- Consent/Authorization to Treat
- Client Records – Electronic HIPAA Compliant Record
- Appointment Schedule
- Office Locations
- Quality Assurance Reports



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WHAT SHOULD I AS A SUPERVISOR BE DOING?



Your role as a supervisor is a simple four-step process:

1. RECOGNIZE

Recognize the warning signs of a “troubled” employee.

2. DOCUMENT

When these signs are no longer isolated incidents, begin to document.

3. RESPOND

Respond to the employee and avoid the temptation to think he/she will “fix” it without intervention.

4. REFER

In your discussion with the employee, refer him/her to the *Employee Assistance Program*. Your referral will either be a suggestion out of concern, or will be based on deteriorating job performance.

-5-

IS MY EMPLOYEE A POTENTIAL EAP REFERRAL?



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1. Do certain employees cause you “after work worry?”
2. Do you pass over certain people in assigning tasks?
3. Is it easier to do an employee’s assignment yourself, just to be sure it gets done?
4. Is it easier to cover up than to make an issue of poor job performance?
5. Have you ever been embarrassed by the behavior of one of your employees at a company function?
6. Do you ever feel angry or ill at ease around certain employees?
7. Do you ever avoid discussing job issues with an employee because you are aware of and sympathetic to his/her family problems?
8. Do you feel an employee’s problems are personal and therefore not your business?
9. Do you ever feel lied to, conned or manipulated by one of your employees?
10. Are certain employees in you area so called “accident-prone”?
11. Are you sometimes asked to help an employee with financial problems?
12. Have you ever been reluctant to include a certain employee in a company social function because you didn’t know how he/she would act?
13. Have you ever wondered why an employee’s wife or husband is calling you?
14. Do you ever avoid talking to an employee about certain problems because you see some of those problems in yourself?
15. Did you ever end up questioning yourself about a task you assigned which wasn’t carried out properly?
16. Have you ever had to defend yourself on whether or not your instructions were specific?
17. Have you ever had a sense of relief when an employee goes on vacation?



RECOGNITION

When faced with an employee whose work patterns are changing unfavorably, begin to recognize the **FREQUENCY and SEVERITY** of the behavior. Problems generally become worse if not addressed. Therefore, the sooner you recognize the patterns, the better the chance for improved job performance.

The following warning signs are general and vary from person to person, whether the problem is substance abuse, emotional problems, marital difficulties, etc. Everyone has a bad day once in a while, so observation and documentation should be monitored over a period of time. This assures the assessment of job performance is fair and impartial. You are not the counselor or judge of the employee. Rather, you are someone who assesses performance and then refers to EAP if appropriate.

□ **Absenteeism**

- Consistent absenteeism patterns - before and after holidays and paydays, Mondays and Fridays
- Unscheduled requests for time off
- Excessive tardiness
- Absences due to accidents both on and off the job/on-the-job absenteeism
- Leaving work early
- Taking frequent breaks
- Taking long lunches
- Repeated absences or physical illnesses on the job due to minor illnesses (flu, colds, headaches)
- Excessive sick leave

□ **Impaired Job Performance**

- Unacceptable work performance such as:
 - Work requires greater effort, projects take longer
 - Work performance inconsistency in both quality and quantity
- Missed deadlines, poor concentration, faulty decision-making, easily distracted
- Increased disciplinary actions
- Wasted materials or damaged equipment
- Difficulty recalling own mistakes
- Lack of concern for co-workers/customers/others
- Over-reacting to criticism whether real or imagined



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□ **Employee Relations On-The-Job**

- Talking excessively to co-workers about personal problems
- Confiding in supervisor about personal problems
- Wide mood swings; especially between morning and late in the workday
- Complaints from co-workers/customers/others
- Blaming others for mistakes
- Lies to protect self
- Unreasonable resentments
- Irritability/emotional outbursts/uncharacteristic anger or belligerence
- Isolation from co-workers/supervisor/organizational activities
- Chronic complaining
- Consistently borrowing money from co-workers/supervisors
- Making inappropriate statements

□ **Personal Indicators**

- Less interest in neat dress, appearance
- Poor personal hygiene - body odor, dirty hair, nails, etc.
- Depressed/crying for no apparent reason
- Red or glazed eyes
- Uncharacteristic behaviors for that individual
- Fatigue/sleeping while on-the-job
- Nervous, tense
- Exhibiting bizarre behaviors
- Increased personal phone calls

□ **Impaired Job Performance - Management**

- Reports, data may be incomplete
- Supervisory duties are lax
- Afraid to hold employees accountable
- Safety standards slip
- Inconsistent with employees
- Abuses employees' time/skills
- Decision-making skills affected
- Budgets mismanaged
- Schedules are missed, uncoordinated
- Fails to deliver as expected



SUBSTANCE ABUSE BEHAVIORS

Someone may exhibit many of these behaviors with a chemical dependency problem. It is important to document repeated behavior patterns or an abrupt, severe change in the behavior pattern of an employee and to use these guidelines as clues for identification of employee substance abuse.

□ Attendance

- Frequent Monday or Friday, before or after holidays, post-payday tardiness and absences
- Frequently has a relative or friend call in the absences
- Frequent use of sick days coinciding with days off
- Elaborate excuses for being late or absent
- Abrupt changes in attendance
- Failure to return from lunch break or ill after lunch
- Frequent requests to go out to personal car, behavior change noted upon return from parking lot
- Frequently calls in at last minute to request personal time
- Frequently absent from assigned work area
- Frequently requests to leave work early
- Comes to work early or stays around after work for no reason
- Shows up at work setting on days off
- Unable to come to work due to legal problems resulting in court appearances, arrests, and/or convictions

□ Job Behaviors

- Withdrawal from responsibility
- Difficulty meeting schedules and deadlines
- Sleeping or dozing on the job
- Does minimal work
- Forgetfulness and/or concentration problems
- Irritable with co-workers/customers/others
- Making major incidents out of minor occurrences
- Erratic work, incomplete assignments, below par job performance, or unexplained disappearances from an assignment
- After weekend drinking, Monday's job performance is poor, Tuesday may show improvement, and Wednesday's performance may be back to normal.
- Blames others for job performance problems



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SUBSTANCE ABUSE BEHAVIORS (Cont'd)

- When confronted, claims to being picked on
- Makes more mistakes or bad judgments
- Has become over cautious
- Has become over zealous
- Engages in a lot of risk taking
- Able to get others to take over responsibilities for no good reason
- Smell of alcohol on breath and overuse of breath mints
- Guarding personal belongings to excess such as coffee cups, thermos, lockers, purses, etc.
- Confusion about work schedule
- Bargaining to change work hours with co-workers
- Excessive errors
- Accidents:
 - o Frequent on or off the job accidents
 - o Damages equipment
- Misappropriating money or property from a co-worker or the facility
- Frequent job changes/relocations
- Vague letters of reference
- Unexplained time lapse(s) from job to job
- Last job not commensurate with training

DOCUMENTATION



- ❑ Based only on REPEATED / SEVERE pattern of behaviors
- ❑ Avoid personal evaluation
- ❑ Keep documentation objective/factual as to what you have observed
- ❑ Include:
 - specific dates
 - specific times
 - specific locations
 - specific behaviors or violation of policy /rules
 - your signature

<u>INEFFECTIVE</u>	<u>EFFECTIVE</u>
<p>Mary is always late. She has a poor attitude. I think she has substance abuse problem.</p>	<p>On Monday, January 14, 2013, Mary was 17 minutes late for her 9:00am starting time. This was the fourth time this month she has been late. She was rude and loud to the receptionist as she came in and without provocation said, "By now, you should know I can't get up in the morning. Get off my case and just leave me alone for awhile."</p> <p style="text-align: right;"><i>Ima Boss</i></p>

DOCUMENTATION (Cont'd)



It is your job as a supervisor to respond to an employee who is having performance difficulties. The situation will usually continue to deteriorate if you deny the problem or ignore it. Be responsible as a supervisor and to take action to address the situation. Before meeting with any employee, check your attitude so you are able to give feedback in a respectful manner.

To assist you when meeting with the employee, the following acronym is a useful tool. The acronym is **R-E-A-C-H**.

REASON – Always know the reason you will be talking to the employee

EXAMPLES – Always be able to cite the specific, documented examples of unacceptable job behaviors and/or policy violations.

ACTION – Be firm and clear about what improvement(s) you expect in the job performance. Use examples to cite the performance gaps between what is expected and what is actual.

CONCERN – During the discussion, show concern for your employee. As part of your concern, refer the employee to EAP and complete the EAP Supervisory Referral Form.

HOPE - Express hope that the employee will be able to correct the poor Job performance.

Document the discussion and include the fact that the EAP Supervisory Referral Form was completed, signed and faxed to EAP.



MANAGER ATTITUDE CHECK

It is important to have the right attitude when dealing with employees. Each employee who reports to you deserves respect, dignity and consistency. You are an important role model of these behaviors and should maintain professionalism at all times. Take a minute to complete the attitude self-assessment checklist and reflect on your attitude. Any check mark indicates a need for your behavioral change and growth.

- I look at the worst side of any situation.
- I find myself often taking the opposing viewpoint in conversation with an employee.
- I find it hard to make positive comments about some employees.
- My conversations with some employees are not always positive.
- I am bitter about the way others treat me.
- I put down new, creative ideas and think they will never work.
- I am not a risk taker.
- I often feel depressed.
- I don't accept alternative ways of doing things.
- Fellow supervisors would describe me as overly critical.
- I do not take criticism well.
- I keep a barrier between some employees and myself.
- I am not open to considering viewpoints or values that are different from mine.
- I can be described as rigid and stuck in my ways when interacting with my employees.
- I am often sarcastic and say things that hurt others.
- Often I think my comments are "funny" but others may interpret them as non- caring or that I am being negative.
- I often speak first and think about the consequences later.

**Franciscan Employee Assistance Program
Mandatory Supervisory Referral to NIR EAP
Fax to (219) 662-6170**

Referring Supervisor:

Please call Julie Kissee at 219-662-3732 to discuss the referral prior to completing this form.

Employee Name: _____ Today's Date: _____

School Name: _____

Date of Employment: _____

Referring Supervisor: _____ Telephone Number: _____

Behavioral Reasons for Referral:

- | | |
|---|---|
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Diversity Issues |
| <input type="checkbox"/> Attitude on the Job | <input type="checkbox"/> Deteriorating Interpersonal Relationships |
| <input type="checkbox"/> Avoidance of Supervisor/Co-workers | <input type="checkbox"/> (Co-worker, patient, supervisor) |
| <input type="checkbox"/> Blaming | <input type="checkbox"/> Impaired Judgment/Decisions |
| <input type="checkbox"/> Concentration Problems | <input type="checkbox"/> Frequent Mood Swings |
| <input type="checkbox"/> Cooperation | <input type="checkbox"/> Personal Information Disclosed to Supervisor |
| <input type="checkbox"/> Poor Communication | <input type="checkbox"/> Personality Change |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Substance Abuse Policy Violation |
| <input type="checkbox"/> Sensitive to Criticism | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Erratic Work Patterns |
| <input type="checkbox"/> Significant life-changing event | <input type="checkbox"/> Other |

Please state specific, observed, behavioral issues that indicate the need for EAP referral:

History of Supervisor/Employee Discussions/Corrective Actions Taken (Attach Documentation)

Date: _____ Reason: _____ Result: _____

Date: _____ Reason: _____ Result: _____

Date: _____ Reason: _____ Result: _____

I give permission for my direct supervisor and Human Resources to release and speak with NIR EAP about my job behaviors that have resulted in a referral to NIR EAP. I further give NIR EAP permission to discuss same with my direct supervisor and Human Resources. This consent is valid for six months. I can revoke it at any time except to the extent that the NIR EAP has already taken action in reliance on it.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____

NIR EAP Signature: _____ Date: _____

YOU MUST CALL THE ASSIGNED EAP THERAPIST IDENTIFIED BELOW WITHIN 24 HOURS TO MAKE YOUR APPOINTMENT. 1-800-747-7262

- Copies to: Supervisor
 Employee
 Human Resources

Assigned EAP Therapist



REASONABLE SUSPICION/FOR CAUSE DOCUMENTATION

Observation of an employee suspected of alcohol/drug use must include articulable actions, appearance or conduct that constitutes a major change in that employee's appearance and/or behavior.

Employee's Name: _____

Date of Observation: _____

Location: _____

Time of Observation: _____

Observed employee behavior – circle all appropriate items:

APPEARANCE

Flushed complexion
Disheveled clothing
Long sleeves in hot weather
Unkempt personal grooming
Relaxed posture
Body hygiene complaints
Odor of alcohol on breath
Bad teeth
Rapid change in weight
Self-mutilation/scars
Skin problems

EYES

Glazed look
Inability to focus
Light sensitivity
Red or bleary eyes
Dilated or pinpoint eyes
Constant use of eye drops
Droopy eyelids
Spasmodic jerks
Watery eyes

PHYSICAL SYMPTOMS

Less energy than usual
Racing heart
Persistent cough
Low raspy speech
Sniffles/runny nose
Drowsiness, sleeping on the job
Complaints of "flu", stomach problems

PSYCHOMOTOR SKILLS

Stumbling
Unbalanced
Swaying gait
Eye/hand coordination problems
Fumbling
Trembling extremities



REASONABLE SUSPICION/FOR CAUSE DOCUMENTATION (Cont'd)

SPEECH

- Loud
- Thick
- Incoherent
- Rapid
- Excessively talkative
- Slurred
- Inappropriate laughter
- Disconnected speech patterns
- Exaggerated pronunciation

CONDUCT/BEHAVIOR

- Moody
- Problems controlling anger
- Depressed
- Hostile/verbally abusive
- Irritable
- Inattentive
- Distracted by activity
- Nasty interpersonal interactions
- Loss of inhibitions
- Suspicious/paranoid
- Blaming
- Use of breath fresheners
- Lack of motivation

Other specific observations:

How is the employee's behavior different from previous observed on-the-job behaviors?

To the best of my (our) knowledge and belief, this report represents the appearance, behavior and/or conduct of the above-named employee, observed by me (us) and upon which I (we) base my (our) decision to require said employee to submit to reasonable suspicion alcohol/drug testing.

Signature

Signature

Date

Date



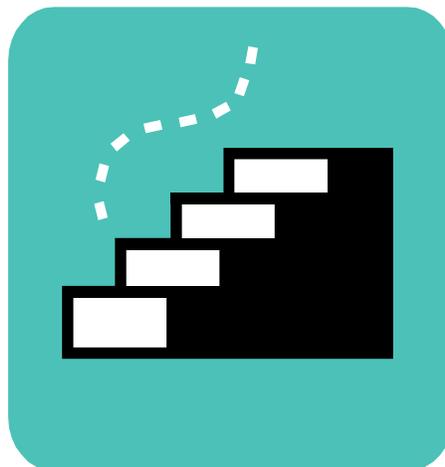
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REVIEW OF THE 4-STEP PROCESS

The steps necessary to help a “troubled employee” return to optimal job performance are:

1. _____ the warning signs of a troubled employee.
2. When the signs become a repeated pattern or are severe, begin to _____.
3. Do not ignore the signs. Rather _____ to the employee.
4. _____ him/her to the EAP.

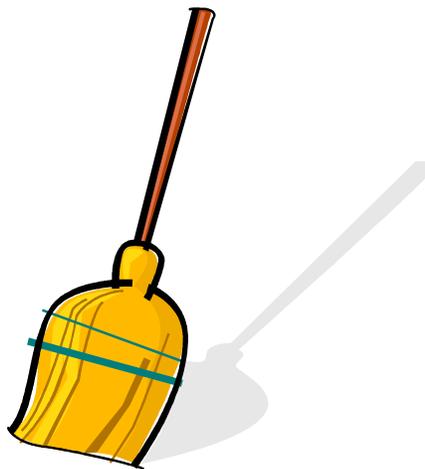
Respond
Recognize
Refer
Document





HOUSEKEEPING INFORMATION

Remember: Problems can't be swept away.
Call today for confidential assistance.
EAP is your direct line to help!



EAP Telephone Numbers: **1-800-747-7262** or **1-219-662-3730**

Indiana Office Locations: Michigan City, Indiana
Chesterton, Indiana
Rensselaer, Indiana
Crown Point, Indiana
Munster, Indiana
Dyer, Indiana
Hammond, Indiana
Lafayette, Indiana
*Chicago Heights, Illinois



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