A Manager’s Guide on Why, How and When to refer an employee to EAP

Introduction:

Managers and supervisors play a significant role in supporting employee use of the Employee Assistance Program (EAP). EAP can be a partner in addressing personal problems that may impact job performance.

Why is it important as a manager to know about EAP?

Managers are typically one of the best referral sources for the EAP as employees may seek your guidance or advice. As a manager, you want to assist employees in handling challenging situations in the workplace and are able to promote the EAP as a resource to them.

The EAP team is a confidential resource to provide guidance and information to help assist with multiple topics, such as:

- Provide encouragement and support to employee during difficult situations.
- Address seemingly small issues before they become larger problems.
- Assist in developing a plan to address employee performance concerns.

How to use EAP as a management tool:

Dealing with performance concerns may be one of the most common and challenging tasks you will face as a manager. At some point, you’ll need to discuss performance concerns with an employee. Based on the circumstances you may want to refer the employee to the EAP. The following are three different ways a manager may refer an employee to the EAP. Please document your referral to EAP in the employee’s file.

- **Informal Referral** – offer/suggest the EAP to employee, non-job performance based.
- **Formal Referral** – recommend or encourage employee to utilize EAP as a resource.
- **Mandatory** – Mandate that employee utilize the EAP, and may be a considered a condition of their continued employment. Utilize the mandatory referral form (see page 3).

When to use each referral type:

1. **Informal**
   a. No job performance issue
   b. Employee coming in about a personal issue or personal frustration about the job
   c. Employee presenting beginning job performance concerns but do not warrant formal disciplinary action
II. Formal
   a. Beginning level of coaching, or verbal warning, regarding decline in job performance. Documented deteriorating work performance and coaching employee has not resulted in improvement.
   b. Observed and documented pattern of performance and/or behavior problems.
   c. Desire to use the EAP to partner on a Performance Improvement Plan (PIP).

III. Mandatory (must consult with Human Resources before mandating)
   a. Mediation to resolve conflict
   b. Implementation of PIP or disciplinary action of level II or above
   c. Concerns regarding personal or work-place safety
   d. Required return-to-work contract

How should I handle performance concerns?

Once you’ve become aware of a job performance issue, there are three essential steps:

1. Consult with Human Resources to discuss situation and determine next steps.
2. If employee will be referred to the EAP call EAP before meeting with the employee, especially if intervention will be mandated. An EAP consultant will help prepare you for the meeting with the employee and any forms that may need to be completed.
3. Document the job performance issues by keeping a written record, for example missed deadlines, disruptive behavior, change in hygiene, conflicts, etc. Share documentation with appropriate EAP Counselor.

Examples of job performance concerns:

- Reduced productivity or work quality
- Sudden tardiness and absenteeism
- Disruptive behavior
- Erratic work habits
- Concerns about possible substance abuse
- Interpersonal conflicts; confrontations with coworkers, patients or leadership
- Suspicion of peers and/or supervisors

When should you use the EAP:

In your management role you will be faced with challenging situations. The EAP Counselors are a resource for you as well to discuss scenarios and obtain guidance, for example:

- Whenever you find yourself worrying about an employee’s welfare
- Whenever someone’s work is suffering because of personal concerns
- Whenever a crisis strikes (i.e. sudden death of co-worker or family member, divorce, financial challenges, etc.)
Mandatory Supervisory Referral to EAP

Employee Name: _______________________________ Today’s Date: ________________________
Franciscan Facility Name: ____________________________________________________________
Department: ____________________________________ Date of Employment: __________________
Referring Supervisor: _____________________________ Telephone Number: ___________________

Workplace Performance Issue/s:

____ Anger Management
____ Frequent Mood Swings
____ Disregard of Service Standards
____ Impaired Judgment/Decisions
____ Avoidance of Supervisor/Co-workers
____ Personality Change
____ Blaming
____ Poor Communication
____ Harassment
____ Sensitive to Feedback
____ Concentration Problem
____ Significant Life Changing Event
____ Disruption
____ Impaired
____ Cooperation
____ Substance Abuse
____ Deteriorating Interpersonal Relationships
(=Teamwork
____ Significant Life Changing Event
____ Other (specify below)
____ Concentration Problem
____ Disruptive
____ Diversity Issues

Please state specific, observed, workplace performance issue that indicated the need for a mandatory supervisor referral:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

History of Supervisor/Employee Discussions and Corrective Actions. (Please attach documentation.)

Date: _______________  Reason: __________________________________  Result: ______________________________________
Date: _______________  Reason: __________________________________  Result: ______________________________________
Date: _______________  Reason: __________________________________  Result: ______________________________________

I give permission for my direct supervisor to release and speak with the EAP counselor about my workplace performance issue that has resulted in a mandatory referral. I further give the EAP counselor permission to discuss same with my direct supervisor and human resources. This consent is valid for twelve months. I can revoke it at any time except to the extent that EAP has already taken action in reliance on it.

Employee Signature: ___________________________________    Date: ___________________
Supervisor Signature: ___________________________________    Date: ___________________
Human Resources Signature: _______________________________    Date: ___________________

FAX TO: Franciscan Health EAP at 317-528-7905

EMPLOYEE: You must call the EAP office at (317) 528-7900 between the hours of 8:30AM to 4:30PM or the next business day to schedule your appointment. You must meet with one of the EAP counselors within 3 business days of the initial request for the appointment.

Copies to: Supervisor
Employee
Human Resources
EAP Counselor

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