

EAP SUPERVISORY HANDBOOK

How to Make Formal and Mandatory Referrals (Includes Carilion EAP Forms)

Businesses and industries have long been aware of the impact that employee concerns have within the workplace. High absenteeism, accidents, disruptive behavior and poor production are a few of the ways that personal matters show up in the workplace. Prompt and effective treatment of these concerns, which may be caused by drug and alcohol abuse, family/marital difficulties, or mental health concerns, can help an employee return to his/her high level of productivity. Sometimes, the problems employees face are isolated in the workplace. Such situations include: conflict with other employees, time management challenges and managing change effectively. Carilion EAP consultants are equipped to assist employees in managing these and other challenges effectively.

Through an employee assistance program, employees can receive help for a multitude of personal and work related concerns in a confidential manner from professionals trained to deal with them. The program is intended to assure that any employee will be given the opportunity to seek help for any personal concerns, whether or not the problem is interfering with job performance, in a confidential manner.

There are four levels of referral:

Self-Referral

Informal Referral

Formal Referral*

Mandatory Referral**

Start by Promoting Self-Referrals

It is preferred that an employee will seek help on his/her own by calling the EAP directly. Sometimes, however, the stigma of seeking help, the need to deny the concern, or simply not knowing where to turn will prevent an employee from seeking needed help. The employer is not aware of the employee who contacts EAP directly. In the day-to-day interaction with employees through casual conversation, a performance improvement discussion or disciplinary action, the suggestion to use the EAP should be encouraged. When presented with an employee's disclosure of a personal concern, the best response should be: "Are you aware of the confidential help that our EAP can provide you and your family?"

Informal Referral: Encouraging the Employee to Seek Help

A supervisor may informally refer an employee to EAP if job performance seems to be declining due to personal concerns or as a means of preventing decline in performance due to personal concerns. It is important to let employees know that participation in the program is entirely voluntary and all records are confidential. When an employee experiences a decline in his/her work performance, it is appropriate for you, as their supervisor, to encourage the employee to seek help. It is the employee's decision whether or not to seek help, but you, as supervisor, play an important role in guiding them towards this decision. With an informal referral, encouragement from a supervisor to seek help often has greater impact on an employee than encouragement from a friend or family member. In this level of referral, the supervisor may say to the employee: "I am strongly recommending that you call Carilion EAP to help you resolve this performance concern."

Formal Referral: Keep Focused on Job Performance

It is important to remember that the reason to refer an employee to EAP is job performance. It is not necessary, nor is it advisable, for you to attempt to diagnose the concern or counsel the employee about their personal matters. Your main task is to make sure the work gets done. Likewise, the task for your employee is doing his/her job. If job performance is suffering, you can offer help to your employee in a positive way that increases the changes that will be accepted. The same job performance concern that prompts your referral may also justify taking disciplinary action if the job performance does not improve. Referral to an EAP professional does not justify continued poor performance, nor should it be made as a "trade-off" for punitive action.

The “marginal employee”, who has never performed up to standards, or the “troubled employee”, who once performed well, is no longer getting the job done. They arrive late, leave early, may be generally negative or non-productive, or are continually difficult to deal with. Often, supervisors struggle with how to handle this type of employee and can turn to the EAP Consultant for guidance and support. Supervisors, faced with mounting frustration, may impose strict rules that may be difficult to enforce, try to simply tolerate the concern, or fire the employee. Unfortunately, these tactics don’t always work and the work team is forced to adjust.

Supervisors must use his/her judgment to determine when an employee’s work performance deteriorates to an unsatisfactory level, whether it is episodic or a chronic downturn. The supervisor’s judgment and documentation need to be objective and pertain only to specific performance concerns, regardless of any additional knowledge you possess about the employee’s personal matters. Referrals to EAP should always be made on the basis of job performance concerns, not on any diagnosis or problem area.

Examples:

Don’t Say: You obviously have some problems. Get some counseling.

Do Say: The EAP can help you address the challenges you are facing and support improvement in your performance.

Don’t Say: I think you are clinically depressed! A friend of mine got some Prozac from his doctor. Why don’t you give that a try?

Do Say: Your work performance over the last few weeks is uncharacteristic of your outstanding work. I’m concerned and this needs to improve. I want you to use our EAP to see if they can help.

Don’t Say: We’d like you to get therapy for your problems.

Do Say: We’d like you to try the EAP for assistance with these concerns.

Mandatory Referral: A “Must-Go” Situation for the Employee

The mandatory referral is made when an employee violates the alcohol/drug-free workplace of their company, poses a serious violence risk or is a “fitness-for-duty” referral. The same procedures are followed as the formal referral, but the employee needs to be reminded that their attendance at EAP and compliance with EAP recommendations are necessary for them to retain their position with the company. In most cases the employee is not allowed to work until the EAP has assessed that the employee can be considered for return to work. In some cases, an immediate call to EAP may be necessary to deal with the crisis. It is extremely important that your policies and procedures support the mandatory referral and the supervisor works with the EAP Consultant and Human Resources to resolve the concern. Communication with Human Resources or the supervisor is maintained by EAP throughout the process. **If an employee is suicidal or has made a threat of violence, call EAP immediately and follow your company policy.**

** Please use the Formal/Mandatory Referral form on pages 7-8 for job performance concerns.*

*** For alcohol/drug referrals, please use the Mandatory Alcohol and Drug Referral form on page 12-13.*

Effective Intervention Skills: Suggestions for Success

- Consult with your human resources department and EAP first
- Manage job performance, not employee concerns
- Describe the concern in a way that contrasts with what is expected from the employee
- Focus on the performance that you want to see
- Avoid discussing personality traits or the concern areas of the employee
- Discuss negative consequences of behavior on the organization
- Discuss and agree to what new results will be obtained (performance goals)
- Set a follow-up supervision date with the employee
- Refer employee to EAP
- Specify the possible consequence if the performance does not improve

Documentation Standards: A Necessity to Protect Your Actions

- Write up an agreement and set follow-up review meetings
- State who attended the meeting
- Describe the performance concerns clearly
- Describe the employee's response to what was said
- Describe what was agreed upon as a plan of action: that is, what the employee will do to correct the concern
- Describe the time frame and record follow-up appointment
- Date and sign
- Keep in a confidential, locked area

Model for Active Supervision

- | | |
|----------------|---|
| Step 1: | OBSERVE: Recognize the performance concerns and trends |
| Step 2: | INVESTIGATE: Document performance concerns |
| Step 3: | CONSULT: Use human resources, EAP, and other supervisors |
| Step 4: | TAKE ACTION: Meet with the employee and recommend EAP |
| Step 5: | FOLLOW THROUGH: Reinforce progress or lack of progress; readjust plan |

Performance Concerns - Signs and Symptoms

How to use this worksheet: Listed below are common performance, behavioral, and attendance related concerns typically exhibited by employees. Review the list and then construct your documentation based upon the signs and symptoms you identify. Be sure to cite examples and use measurable terms.



Employee Name:

Date:

✓	Job Performance Concerns	Notes
☐	Missed deadlines	
☐	Errors due to inattention or poor judgment	
☐	Erratic work performance (alternating periods of unusually high or low work output by previously steady employees)	
☐	Lapses of attention, with increased ability to concentrate. Appears not to pay attention in conversations.	
☐	Occasional complaints from fellow employees or individuals outside the work unit.	
☐	Elaborate and improbable alibis (other people and situations that are suspect, yet explain work deficiencies).	
☐	Confusion and increasing difficulty in handling assignments	
☐	A high rate of accidents (personal and/or property damage) on and off the job	
☐	Blames others for job performance deficiencies	
☐	Complaints of being treated unfairly by supervisors, other employees, the work organization	
☐	Absent without annual or sick leave being available	
☐	Absence from work post/site without good reason, without notice, or without authorization	
☐	Excessive sick leave use () with () without medical excuses being provided next work day	
☐	Absent on Mondays and/or Fridays, before and after holidays, and the day after payday	
☐	Repeated absences for prolonged periods of time (2 – 4 days, etc.)	
☐	Excessive tardiness	
☐	Early departure from work without notice or without permission	
☐	Long lunch hours	
☐	Elaborate, increasingly improbable, and sometimes bizarre excuses for absences or tardiness	
☐	Complaints from fellow workers about attitude, behavior, team player concerns, profanity, unpredictability	
☐	Overreaction to real or imagined criticism. Inability to accept, use and incorporate feedback given by others.	

(Continued on next page)

Performance Concerns – Signs and Symptoms

✓	Job Performance Concerns	Notes
☐	Avoidance of associates, isolation-type behavior, decreased communication needed for team-building and maintenance	
☐	Undependable statements. Facts later covered do not support earlier statements given.	
☐	Exaggerated work accomplishments. Inability to recognize others' contributions, opinions, feelings, needs for validation.	
☐	Grandiose, aggressive, and/or belligerent behavior toward coworkers, supervisor, customers, students, parents, public	
☐	Unreasonable resentments – “People are out to get me.” “There is a conspiracy against me.”	
☐	Domestic problems interfere with work, attendance, conduct on the job	
☐	Evidence of financial problems, including borrowing or attempting to borrow money from coworkers	
☐	Deterioration of hygiene and personal appearance	
☐	Apparent loss of ethical values. Demonstrates disrespect toward supervisor and coworkers.	
☐	Property is damaged, tools lost, or stolen while in possession or being watched or guarded by employee	
☐	Excessive personal phone calls, pagers, use of cell phone while at work	
☐	Mood swings during the day	
☐	Mood swings from one day to the next. Unwillingness to “pitch in” and help out coworkers	
☐	Complaints of not feeling well to the exclusion of duties	
☐	Claims of getting help for various personal problems without improving job performance, attendance, or attitude Inappropriate requests for outstanding recognition of mediocre job performance	
☐	Excessive apologizing for work, attendance problems, etc., without correction of problematic behavior	
☐	Refusal to follow reasonable instructions of work supervisor	
☐	Complaints of sexual or other types of harassment from coworkers/visitors/customers	
☐	Disparaging remarks, jokes, and humor of an ethnic or racial nature	
☐	Use of profanity on the job that is offensive to coworkers	

Signature of Supervisor	Date	Printed Name of Supervisor
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Carilion EAP Referral Form

Please contact Carilion EAP immediately if employee expresses self-harm or harm to others

☐ FORMAL: Work Performance	<u>OR</u>	☐ MANDATORY: Violence Risk
Email form to: EmployeeAssistanceProgram@carilionclinic.org		
Fax form to: 540-981-8957	For EAP Consultation 1-800-992-1931	
COMPANY/ORG:	DIVISION:	



Employee:	Employee's Position:
Employee's phone #:	Employee's Work#:
Date Completed:	Completed By:
Contact Person:	Contact Person's #:
☐ EMPLOYEE WILL CALL EAP	☐ EAP TO CALL EMPLOYEE

INSTRUCTIONS: Evaluate the employee's behavior and work performance based on the criteria listed below. Please check one of the boxes that most accurately describe your level of concern. Add pertinent comments to assist the EAP staff in understanding your concerns. Review with the employee, then FAX or EMAIL to the EAP office after completion. If you would like to speak with a EAP consultant regarding this referral, please call (800) 992-1931, option 2.

ATTENDANCE: Patterns of absenteeism ☐ Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern Comments:

PUNCTUALITY AND/OR LEAVING EARLY: Patterns of tardiness ☐ Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern Comments:

OBSERVANCE OF WORK HOURS: Abuse of lunch, breaks, sick leave ☐ Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern Comments:
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QUALITY/ QUANTITY OF WORK: Poor or questionable production or customer service

☐Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern

Comments:

SAFETY: Accidents, injuries on the job, risky behaviors endangering self/others

☐Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern

Comments:

ACCEPTANCE OF SUPERVISION: Poor attitude, insubordination

☐Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern

Comments:

ORGANIZATIONAL BEHAVIOR: Co-worker conflict, rule violations, negativity

☐Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern

Comments:

PERSONAL PRESENTATION: Appearance, communication skills

☐Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern

Comments:

OTHER BEHAVIOR OF CONCERN UNIQUE TO THE EMPLOYEE:

☐Exceeds ☐ Meets ☐ Needs Improvement ☐ Concern ☐ Serious Concern

Comments:

EMPLOYEE REVIEW: I acknowledge that I have reviewed the content of this form and accept a referral to Carilion EAP. I authorize Carilion EAP to release to the designated supervisor or EAP Coordinator the following general information:

1. That I did or did not keep the initial appointment as arranged or rescheduled.
2. That a problem or issue was or was not identified through the assessment.
3. That I will or will not continue sessions or follow the recommendations of Carilion EAP.

Signature of Supervisor

Date

Signature of Co./Org. EAP Coordinator

Date

Signature of Employee

Date

☐ Employee refused to sign/review statement

Performance Improvement Discussion



Name of Employee: _____

Date of Session: _____

Department: _____ Position: _____

Reason for Discussion:

Employee Response and Comments:

List Goals, Objectives, Time Frames and Responsible Parties:

Current Disciplinary Actions:

Employee Signature

Date

Supervisor Signature

Date

Manager/HR Signature

Date

Carilion EAP REASONABLE SUSPICION FORM

(See website for pdf form or contact our office)

This form is used to record "specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors" of the individual. Never accuse an individual of being under the influence of drugs or alcohol. Only relate factual observations. This form is to be completed by a supervisor/manager familiar with the drug free workplace policy and/or DOT/CDL policies. Complete all applicable items. Attach other relevant documents.

The information contained herein is confidential and subject to all confidentiality laws.

Employee's Name _____

Company _____

A. **Was there an incident or accident?** Yes ☐ No ☐ Date: _____, 20__
Time: ___ am/pm

1. Description of event _____

2. Extent of injury to persons or property _____

3. Employee's actions _____

4. Employee sent for alcohol/drug screen? Yes ☐ No ☐ Date: _____, 20__

Time: ___ am/pm

B. **Safety Sensitive Duty Employee?** Yes ☐ No ☐

C. Recent change in the employee's work performance level? Yes ☐ No ☐

If yes, describe:

D. Attendance Summary – During the last two months:

of Mondays or Fridays missed _____

total # absences _____ # tardies _____ # early leaves _____

E. Direct Observation of Employee

Date: _____, 20__

Time: ____am/pm

STANDING:	Feet wide apart ☐	Rigid ☐	Staggering ☐	Swaying ☐	Unable to stand ☐	Sagging at times ☐
SPEECH:	Mute ☐	Incoherent ☐	Rambling ☐	Shouting ☐	Silent/Slow ☐	Slobbering ☐
WALKING:	Falling ☐	Holding on ☐	Staggering ☐	Stumbling ☐	Swaying/ Unsteady ☐	Unable to Walk ☐
DEMEANOR:	Calm Silent ☐	Cooperative ☐	Crying ☐	Fighting ☐	Talkative/ Sarcastic ☐	Sleepy ☐
ACTIONS:	Drowsy ☐	Defensive ☐	Hostile ☐	Resisting ☐	Hyperactive ☐	Threatening/ Profanity ☐
EYES:	Bloodshot ☐	Closed ☐	Dilated ☐	Droopy ☐	Glassy ☐	Watery ☐
FACE:	Flushed ☐	Sweaty ☐	Pale ☐			
APPEARANCE / CLOTHING:	Stains on clothing ☐	Dirty ☐	Unruly ☐	Having Odor ☐	Messy/ Partially Dressed ☐	Neat ☐
BREATH:	Alcohol odor ☐	No alcohol odor ☐	Marijuana odor ☐	No marijuana odor ☐	Mouthwash Odor ☐	Chewing Candy/Gum ☐
MOVEMENTS:	Normal ☐	Hyperactive ☐	Jerky ☐	Nervous ☐	Fumbling ☐	Slow ☐

Qualitative Observation Of Employee			
Quality and Quantity of Work	Yes	No	Details:
Significant increase in errors	☐	☐	
Inconsistent, "up and down" quantity/quality of work	☐	☐	
Behavior that disrupts work flow	☐	☐	
Procrastination on significant decisions or tasks	☐	☐	
Unsupported explanations for poor work performance	☐	☐	
Interpersonal Work Relationships			
Arguing / Verbal abusiveness/conflict with co-workers	☐	☐	Details:
Physical abusiveness	☐	☐	
Avoidance of supervisor	☐	☐	
Persistently withdrawn or less involved with people	☐	☐	
Unusual sensitivity to advice or critique of work	☐	☐	
Excessive complaining about work and/or co-workers	☐	☐	
General Work Performance			
Frequent unexplained disappearances	☐	☐	Details:
Excessive "extension" of breaks or lunch	☐	☐	
Increased safety offenses involving the employee	☐	☐	
Procedure / Policy violations	☐	☐	
Decreased Productivity	☐	☐	
Excessive demands for supervisor's time	☐	☐	

Personal Observations Makes unfounded accusations toward others Makes unreliable or false statements Unrealistic self-appraisal or grandiose statements Demanding, rigid, inflexible Wage Garnishments Borrowing money from co-workers	☐ ☐ Details: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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F. **Other Observations/Factors** _____

G. **Witnesses, Consultants and/or Supervisors involved** _____

H. **Transportation Arrangements:** _____

Signature of Supervisor

Date

Printed Name

Signature of Supervisor /Witness

Date

Printed Name

NOTE: Retain in Employee's locked confidential DOT or HR file.

Carilion EAP MANDATORY ALCOHOL AND DRUG REFERRAL

*** Please contact Carilion EAP immediately if employee expresses self-harm or harm to others ***

Email form to: EmployeeAssistanceProgram@carilionclinic.org	
Fax form to: 540-981-8957	For EAP Consultation 1-800-992-1931

This is the required form to FAX or EMAIL to Carilion EAP to register an employee who has violated your organization's Drug Free Workplace Policy. We will make assessment arrangements once this form has been received in our office. Please complete all pertinent information. **THIS FORM IS CONFIDENTIAL.**

CHECK ONE: ☐ DOT/CDL ☐ NON-DOT

Company:	Company contact name:
Contact's #:	Fax#: ☐ Please notify before faxing
Date Completed:	

The following employee needs an alcohol and drug assessment scheduled:

Employee:		Date of Birth:	
Social Security #:			
Address:			
City:	State:	Zip:	
Work #:		Cell #:	
☐ Client to call EAP for appointment		☐ Request EAP to call client for appointment	

Summary of the Violation: _____

Positive Drug/Alcohol Screen Information:

Type of Test: ☐ Random ☐ Probable Cause ☐ Post-accident ☐ On-going Monitoring
☐ Pre-employment

Date of Test:

Tested Positive For:

Test Levels:

Has the employee been suspended? ☐ Yes ☐ No

If yes, start date

Probable end date

Additional Notes:

EMPLOYEE REVIEW: I acknowledge that I have reviewed the content of this form and accept a referral to Carilion EAP. I authorize Carilion EAP to release to the designated supervisor or EAP Coordinator the following general information:

1. That I did or did not keep the initial appointment as arranged or rescheduled.
2. That a problem or issue was or was not identified through the assessment.
3. That I will or will not continue sessions or follow the recommendations of Carilion EAP.

 Signature of Supervisor Date	 Signature of Co./Org. EAP Coordinator Date
 Signature of Employee Date	☐ Employee refused to sign review statement

Office Locations

Roanoke, VA The McClanahan Building
213 McClanahan Street
Suite 201
Roanoke, VA 24014

Office Hours: Mon, Wed, Thurs & Fri 8:00 am - 5:00 pm
Tues 8:30 am - 6:30 pm

Christiansburg, VA New River Valley Medical Center
Medical Office Building
2900 Lamb Circle
Suite 310
Christiansburg, VA 24073

Office Hours: Mon, Wed & Fri 8:00 am - 5:00 pm
Tues & Thurs 9:00 am - 5:30 pm

*** All correspondence should be sent to the Roanoke, VA office.**

Phone Number (540) 981-8950 or (800) 992-1931
Fax Number (540) 981-8957
Email employeeassistanceprogram@carilionclinic.org
Website www.carilionclinic.org/eap

<i>For after-hours emergencies, please contact the Carilion EAP at (800) 992-1931 and follow the prompts on the voicemail.</i>
