

Employees—  
Your Most  
Valuable  
Resource

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# Frontline Supervisor



Brought To You By **SAVE** 805-962-5387 [www.save-eap.org](http://www.save-eap.org)

■ **If a **SAVE** referral is not a punitive program, why do employees become resistant to formal supervisor referral for job performance issues?**

Although education and awareness about **SAVE** reduces the stigma associated with seeking help, understanding how employees react to constructive confrontations and referrals can help supervisors better manage resistance. When you confront an employee about job performance issues, a natural reaction is to deny or minimize the validity of your complaint. The complaint is viewed as criticism, and defensiveness is the response. Accepting the **SAVE** referral is tantamount to agreeing with your complaint. Hence, the resistance. Employees may be defensive for other reasons, of course. These include fear that the program won't be confidential, fear of a permanent record of their participation, stigma, and experiencing anxiety over anticipated disclosure of a personal problem that the employee feels he or she can still resolve. To reduce defensiveness, discuss these issues early in your meeting. Remind employees that **SAVE** is staffed by licensed mental health professionals who are there to support them and offer tools for managing life's challenges.

■ **I am not sure I buy the argument that the opioid addiction epidemic is strictly due to so much supply by pharmaceutical companies. Opioid addicts I've known (at least a couple of employees over the years) were also alcoholics. What's the connection, and why don't we hear more about this?**

**Dependency on opioids** can be rapid depending on dose and type, even for nonalcoholic persons. Following instructions is crucial. This is the crucial message about opioids that serves the public. That said, alcoholics who become dependent on opioids may struggle more with drug cessation. Why? Remember, alcoholism isn't simply alcohol dependency, per se. Alcoholism is a disease process that eventually results in impaired social and/or occupational functioning, and pathologic organ changes like damage to the liver, heart, and nervous system. Decades of enabling by others may also accompany it. The life problems alcoholics experience exacerbate their illness, but if they also become addicted to opioids, the compounding effect of crises can be severe. These circumstances may explain what you have observed, but millions of people from all walks of life become dependent on opioids. Knowledgeable physicians resist prescribing opioids to alcoholics, but the real challenge is people with family addiction histories or those in the very early stages of alcoholism being at higher risk for opioid addiction, and not knowing it.

■ **I supervise a diverse group of workers from around the world. Many, I think, would not visit **SAVE** for counseling**

**When correcting performance issues of employees or helping them resolve workplace problems that interfere with productivity, view **SAVE** as a resource, but avoid discussing clinical aspects of **SAVE**. Certainly, **SAVE** may counsel on personal problems, but the business rationale for the pro-**

**help. How can I better motivate these workers, whose culture may discourage sharing personal problems with others, to consider using SAVE?**

the program is not based on counseling. It is based on improving productivity and preserving human resources. Likewise, supervisor referrals are based on performance issues. So it is appropriate to focus on **SAVE** strictly as a performance-enhancing resource. This will help resistant employees see **SAVE** as a more attractive resource. Ironically, this view of **SAVE** as a “productivity improvement program” may yield more referrals and help “at-risk” employees. It’s natural for employees to hesitate sharing personal information, but **SAVE** professionals are experts at working with clients at their pace and avoiding pressuring them to disclose information they aren’t ready to share.

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■ **I have two very smart employees who are constantly in conflict with each other. I hesitate to refer them to SAVE to resolve their issues because I think they will manipulate the SAVE professional, who may not be a match for their ability to manipulate. Should I refer anyway?**

**Your employees may** not be motivated to resolve their differences, at least not yet. Their sense of urgency to deal with the issues between them will not be greater than a consequence for remaining in conflict and interfering with workplace productivity. Like many supervisors, you hold significant leverage and the ability to influence them toward the goal all three of you share. The question is, how long will you continue to tolerate the problems between them? It is easy to unwittingly reinforce this sort of dysfunction between workers by asking for change, pleading, coaxing, and meeting in private to “get serious” but without truly holding workers to account. So without taking a stand and deciding on an effective consequence, you can expect the problems they are experiencing to continue indefinitely. Start by meeting with **SAVE** alone, and decide on a plan you can live with, then refer.

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■ **Can supervisors consult with SAVE about other things related to our role as a supervisor, even if the subject has nothing to do with managing a troubled employee?**

**Like any employee, SAVE** is available to discuss and resolve problems you experience. This includes issues of supervision, your role, management principles, etc. If **SAVE** can’t assist you because of a lack of its direct experience with the issue you bring to the program, it can still research and examine what resources can assist you. Note that all of us have manifested problems that appear in our lives. These roadblocks to other goals may be difficult to surmount because of our psychological issues, scripts, self-esteem problems, etc. These are the less visible but latent issues **SAVE** may help you spot and troubleshoot in your pursuit of the ultimate goal.

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## NOTES