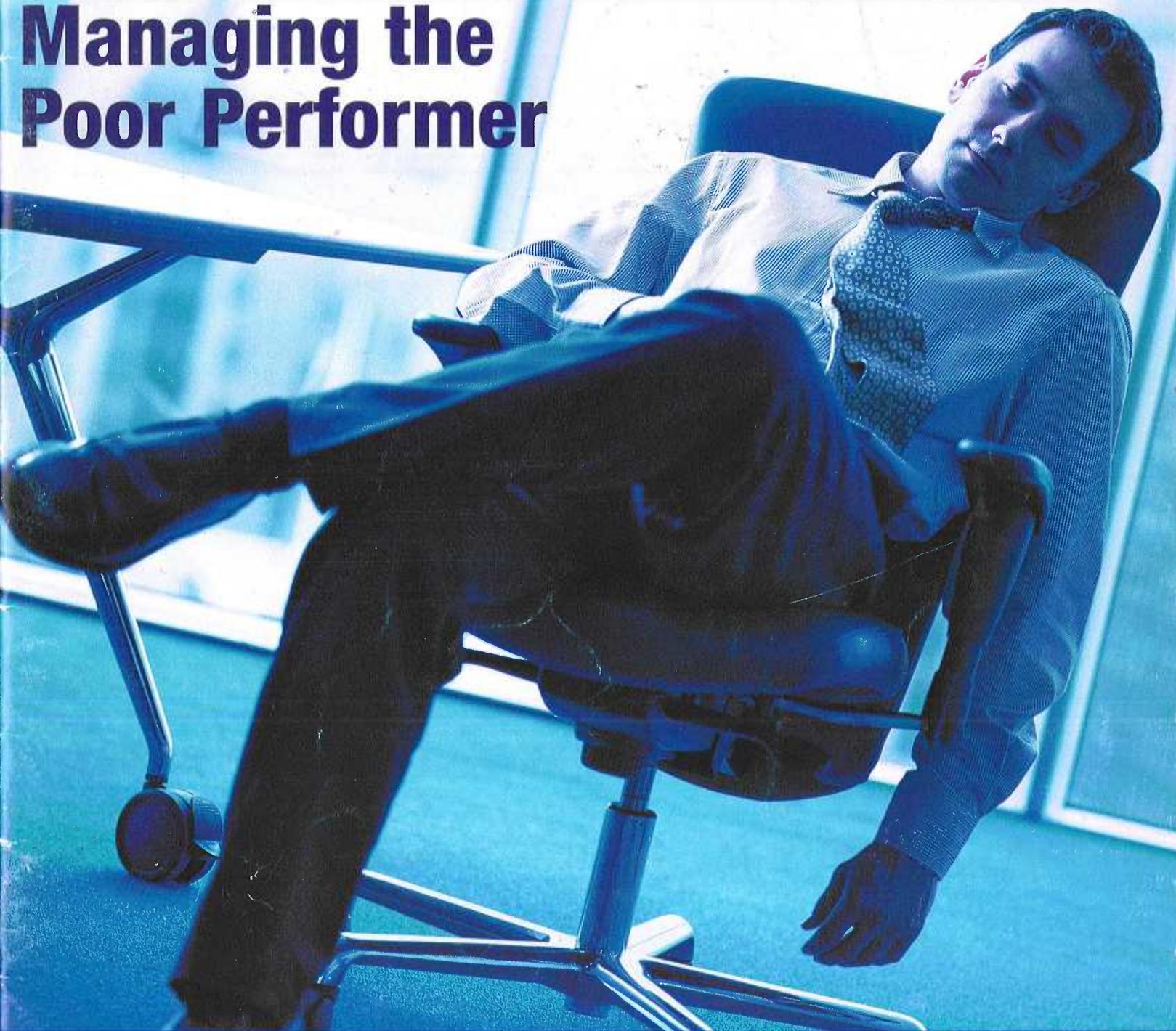


Journal of **Employee Assistance**

The magazine of the Employee Assistance Professionals Association

VOL. 34 NO. 3 • 3RD QUARTER 2004

Managing the Poor Performer



Also Inside:
Eight Challenges for the Workplace
Musculoskeletal Disorders and EAPs
Easing Post-Deployment Workplace and Family Reunions



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Focus

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The core challenge facing any EAP is helping manage poor performers. This issue offers three perspectives on how EA professionals can assist in this process.

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EA professionals can work with ergonomists to identify jobs and workstations that place employees at risk for musculoskeletal disorders.

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by Jeffrey P. Christie, LMSW-ACP, CEAP

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"[EAPs] can link what they do with the process by which companies manage absence and disability and recognize that if an employee has to miss more than seven days of work because of an anxiety disorder or depression, that person needs EAP services and presents a ripe opportunity to make that critical connection."

from Eight Challenges Facing the Workplace

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The Common Denominator in Our Efforts

by Maria Hartley, LEAP



Maria Hartley

“**W**anted: seasoned professional to manage workers whose performance does not meet expectations. Must have experience in early identification of job performance problems and skills in constructive confrontation. Preference given to candidates who are familiar with last-chance agreements, improvement plans, and related initiatives to correct poor performance and develop employees toward maximum productivity.”

Human resources professionals and corporate executives seldom list the skills detailed in the preceding paragraph in their employment ads or job requirements, though it's not because work organizations don't need managers with these skills. Poor performance is as endemic to the workplace as uncomfortable chairs, tight budgets, and juicy gossip, but managers skilled at performance improvement are too few and too far between. Managers tend to be hired and promoted based on seniority or their knowledge related to certain projects or functions, not on their skills in performance management.

To a certain extent, this speaks to the success of EA services. With assistance and guidance from an EA professional, a manager with a problem worker can help that individual resolve any physical, behavioral, emotional, or personal issue(s) affecting his or her performance. In so doing, the manager can also improve the productivity of his or her entire workgroup, since one person's performance issues often affect others as well.

The key to the successful resolution of performance problems is a

strong link between EA professionals and front-line managers. The sooner EA professionals and managers identify potential performance problems, the sooner they can take steps to effectively address them.

For example, if an employee performs poorly from the beginning, s/he was probably a bad hire or didn't receive the needed training, equipment, or support to do the job. This requires a different intervention than for those employees who were once effective performers, but whose performance has changed. In either case, it is all too often that supervisors let performance problems fester for months or even years, poisoning the work environment and making resolution difficult.

This issue of the *Journal* focuses on the special challenges of managing poor performers and discusses steps EA professionals can take to assist managers and human resources professionals as they struggle to work with these individuals. Most EA practitioners know that poor performers—specifically, individuals impaired by alcohol abuse—provided the impetus for early EAPs, so it's only fitting that we revisit this topic to underscore the fact that performance management remains the common denominator in our efforts to assist employers and employees.

This issue of the *Journal* also looks at several other challenges facing the workplace, including easing returning military and civilian personnel back into their jobs and family lives, identifying and addressing ergonomics problems that can affect workers' productivity and health, and assisting workers

who have become victims of identity theft. I commend two particular articles to you—one on promoting workforce resiliency, which I urge you to share with your colleagues in human resources, and another on challenges facing the workplace today and in the years ahead. Both are well worth a close read.

Finally, I'd like to welcome two EAPA members, Eduardo Lambardi and Terri Schmidt, to the Communications Advisory Subcommittee. Eduardo lives and works in Argentina and brings a non-U.S. perspective to the *Journal*, while Terri is an independent EA practitioner who can shed light on the solo practice perspective. Welcome aboard, Eduardo and Terri!

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Unique and Different from Mental Health

I greatly appreciated John Maynard's comments in the first quarter issue of the *Journal of Employee Assistance* ("Being a Therapist is Not Enough"). I fully share his concern about the limited skill sets and understanding of employee assistance by the majority of practitioners delivering EAP services in the United States. I want to add two concerns pertaining to this problem:

(1) Behavioral health companies often sell EAPs by stating the number of EA professionals they say they have and then conducting a geographic match of

these professionals to the employee population that will receive services. This promotes the idea that "more is better." I've seen numerous EAP contracts awarded based upon "network coverage" (as well as price), which provides an incentive for behavioral health care companies to perpetuate the use of their treatment provider network as their EAP professional network (e.g., "We have 12,000 EA professionals in our network," though there are less than half that number of CEAPs in the United States). The purchaser often does not understand, or even care about, this differentiation. The exceptions to this com-

mon practice, in my experience, have been the regional and smaller EAP-only organizations, both external and internal, which do not offer managed care and which use, train, and collaborate with a small group of external EA professionals in order to provide their services.

(2) The benefits community perpetuates this distorted model of EA practice and views EAPs as a healthcare benefit. They "spreadsheet" EAP organizations and make recommendations for selection based upon these narrow, non-EAP criteria. In reality, they collaborate with the large behavioral healthcare companies to ensure that this perception of EAPs persists because it is in both groups' vested interests to do so.

I'm sure John is aware of these realities, but only when they are directly spoken about and shared with all concerned can they be addressed so that employee assistance can be seen as unique and different from the practice of mental health.

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CORRECTION

In the 2nd quarter issue of the *Journal of Employee Assistance*, Figure 4 in the Research Report ("EAP Impact on Work, Relationship, and Health Outcomes") was printed incorrectly from the original tables submitted by the authors. The bars in Figure 4 are the correct height, but the percentages on top of the bars were mistakenly transposed from Figure 3. The correct percentages for the pre- to post-health status changes are as follows: Excellent, 15% to 19%; Very Good, 32% to 36%; Good, 37% to 34%; Fair, 13% to 9%; and Poor, 3% to 2%. The *Journal* regrets this error. To get a corrected copy of the article on the Internet, visit www.foh.dhhs.gov/outcomes.asp.

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