

The Policy-Practice Gap

Although consultation and training related to supervisory referrals are very important aspects of what EAPs have to offer, supervisors have never fully embraced this concept, and many EAPs have abandoned it.

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Although many employee assistance professionals give lip service to the idea of supervisory referrals, an increasing number no longer train supervisors on how to intervene and make referrals. Is this concept still applicable in today's EAP? Do supervisory referrals still play a role in EAPs?

The basis for supervisory referrals is the argument that the supervisor is in a good position to identify employee problems through deterioration in work performance and to confront the employee, break through the denial, and leverage the employment contract to encourage the employee to take action. Available research raises questions, however, about the degree to which supervisors actually identify issues through work performance problems. Although supervisory referrals and constructive confrontation are seen as core components of most EAPs, there have been problems with implementation and practice from the very beginning.

As early as 1968, Trice and Belasco maintained that despite the existence of carefully worded policies, treatment resources, and trained staff, the majority of alcoholics being treated were in the later stages of their disease, when the

prospects for treatment success were seriously reduced. These researchers labeled the difference between the company policy and the actual program operation the "policy-practice gap."

This "policy-practice gap" remains problematic for current employee assistance programs. Evidence has accumulated which shows that supervisors are reluctant to use this referral strategy, leading to a serious shortfall in EAPs' potential effectiveness. Supervisory referral rates appear to run well below estimates of the prevalence of problems in the workplace; although they are relatively high in newly implemented EAPs, they decline rapidly thereafter. Research has found that supervisory referral rates are surprisingly low even when considering the severity of a subordinate's problem, and that a referral rate of only one per supervisor for every six years employed is not uncommon.

Brad Googins (1990) has described three indicators of the growing dissonance between the model and the practice of EAPs. First, the number and percentage of supervisory referrals have declined significantly over time. Second, supervisory training, which prepares supervisors to become an effective early intervention and prevention agent, has been either abandoned or minimized in many EAPs. Third, employees with substance use disorders arrive at the EAP in the later stages of their disease rather than being identified early through declining job performance.

CONSTRUCTIVE CONFRONTATION

Management consultation and training related to supervisory referrals are very important aspects of what EAPs have to

offer in the workplace and distinguish EAPs from general mental health services. The supervisor or manager refers the employee to the EAP due to a pattern of deteriorating work performance (as evidenced by attendance, relationships on the job, reliability, quality of work product, etc.) established through observation and documentation.

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In most cases, the EAP uses a basic release that allows EA professionals to notify the supervisor if the employee keeps the initial appointment. Some programs also let the supervisor know whether the employee will be continuing to work with the EAP. The employee has the option of signing a comprehensive release of information so that the supervisor can receive ongoing information about the employee's involvement in the EAP. Without that release, no additional information is shared with management.

A management referral and participation in the EAP do not constitute a formal step in the disciplinary procedure or a condition precedent to commencement of disciplinary action. A management referral to the EAP should not be viewed as a disciplinary action but rather as another tool or option for the employ-

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ee to use in improving his/her job performance. One important aspect of a management referral to the EAP that is often missed by managers (unless they participate in training) is that it does not preempt a supervisor from taking disciplinary action when necessary.

The traditional approach has been to train supervisors to confront employees with evidence of unsatisfactory job performance and coach them on ways of improving their work while simultaneously emphasizing the consequences of continued poor performance. If performance does not improve following several discussions, the supervisor would begin to implement standard progressive disciplinary procedures. Throughout this entire process, the employee is urged to seek help from the EAP to address issues that might be contributing to the performance problems. The process of promoting use of the EAP may keep pace with the progressive disciplinary steps, with a formal written referral accompanying a formal written warning to culminate the process.

This is the model for supervisory referrals, but it does not seem to mesh with the reality of many programs. Research has found that EAP clients experienced serious difficulties for a duration of five to ten years prior to any action being taken by management. Most employees reported that no documentation of their performance issues existed and that, although they were confronted by supervisors, rarely was the topic of the confrontation related to job performance. Instead, confrontation typically was preceded by a "triggering event" as opposed to overall job performance, and the referral process was fraught with ambivalence.

In sum, both supervisors and employees agreed that the focus and documentation of job performance typically did not meet the theoretical expectations of the model advocated by the company. In light of these findings, the concept of early intervention by EAPs should probably be interpreted to mean "earlier than would otherwise have occurred" rather than "at an early stage in the problem's development."

MEASURING POOR PERFORMANCE

One problem with the constructive confrontation strategy is that supervisory referrals are based on declining job performance. The problems with detecting and documenting declining and/or unsatisfactory job performance include (1) a failure to develop adequate standards of performance, (2) an inability to easily define objective performance criteria, (3) a lack of opportunities to observe relevant job behaviors, and

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(4) an unwillingness of supervisors to document job behaviors.

Some supervisors fear confronting employees and believe that referring them to the EAP creates more aggravation than relief. Many supervisors see the EAP as a crisis management tool rather than a resource and a performance management tool. Although EAPs have a well-established history of helping employees with behavioral health problems, and the constructive confrontation model has been shown to be effective when used properly by supervisors faced with the challenge of managing a troubled employee, only a small minority of supervisors actually look to the EAP as a resource.

This is especially the case in professional (i.e., white collar) workplaces. Indeed, the applicability of constructive confrontation and the performance deterioration model to professional settings with "knowledge workers" may come under even more question over time. Subjective work standards that are common in professional contexts may not

be in line with the performance deterioration model.

More than 20 years ago, Paul Roman (1980) cited four difficulties related directly to the professional setting. First, unlike blue collar settings, output measures in professional workplaces were not ordinal, making work-related productivity difficult to assess. Second, a "guild-like" atmosphere served to protect and support idiosyncratic behavior. (Using university faculty as an example, he suggested that because respect for individual freedom is so great in these settings, tolerance of stylistic differences is encouraged and supported, minimizing the likelihood of constructive confrontation.) Third, in many professional settings, differences in education, income, and social status between staff and supervisors are minimal, and this low social distance inhibits confrontation. Fourth, few incentives exist in professional settings to encourage interventions.

Although we continue to train supervisors to make proactive referrals based on declining job performance, most management referrals seem to be reactive referrals based on highly visible triggering events. A dramatic workplace incident that reflects on the manager's ability is more likely to prompt a referral action. Would it thus be more effective to train managers to make both "reactive" and "proactive" referrals?

EAPs gradually have become driven by self-referrals and "informal" referrals, leading to a call by researchers for maintaining a "crucial balance" between self-referrals and constructive confrontation approaches. The balance has tipped heavily in favor of the former—over 80 percent of referrals are self-referrals. Yet few cases of employees with alcohol and drug problems or serious psychological problems are genuine self-referrals. Research indicates that these referrals often occur in response to pressure from supervisors who are reluctant to take supervisory action. Both employees and supervisors prefer these "informal" referrals, but without an official record of job performance, problem employees are less likely to act on the recommenda-

tions of the EAP or be held accountable for improving performance.

VALUABLE PROACTIVE ROLE

Without a formal referral, a supervisor is unable to play a role in the unique process that a supervisory referral to an EAP sets in motion. By avoiding a formal referral based on documented job performance issues, the employee can much more easily visit the EAP to satisfy the supervisor but deny the existence of a problem. Consequently, by the time a supervisor is ready to take disciplinary action, the opportunity for constructive confrontation may have been lost because the problem has reached a critical stage and the referral is now a reaction to a much more dramatic triggering event. In some organizations this has meant that the supervisory referral is, for all practical purposes, the final step before termination and is often made

more for legal reasons than to help retain a once-productive employee.

Although an EAP does provide a valuable crisis management service, there is an equally valuable proactive role that has become obscured in many programs. Perhaps a greater educational emphasis is needed to help distinguish between "informal" supervisory referrals and true self-referrals.

Coaching supervisors to help them understand the power of formal supervisory referrals and the process of constructive confrontation could help return this core service of EAPs to our toolbox. A careful reexamination of our goals and approaches to supervisory referrals will strengthen our programs and continue to add value to the services that we provide our client organizations. ■

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Management Referrals vs. Mandatory Referrals: Are They One and The Same?

Historically, EAPs have dealt with self-referrals and management referrals. These days, we are also hearing much more about mandatory referrals. There are some crucial differences between these types of referrals, although the terms are sometimes not used with much precision. Each type of referral requires a different level of confidentiality, has a different relationship to the disciplinary process, and assumes a very different role for the EA professional.

Self-referrals are initiated by employees who are aware of a problem or are experiencing enough discomfort to seek resources. They may have been encouraged to use the EAP by co-workers, family members, or supervisors. They possess some level of insight or at least are motivated to obtain relief.

Self-referrals contact the EAP at their own initiative and take advantage of the ease of access offered by the EAP. Many of them would seek other resources if no EAP were available. No feedback is given to the employer or supervisor with this type of referral.

Arguably the most valuable service offered by EAPs is the management

referral, which is directly related to job performance. A management referral and participation in the EAP does not constitute a formal step in the disciplinary procedure or a condition precedent to commencement of disciplinary action. A management referral to the EAP should not be viewed as a disciplinary action but rather as another tool or option for the employee to use in improving job performance. Communication with the referring manager is often limited to whether the employee followed through with the referral and a release is required.

Mandatory referrals, on the other hand, are controversial high-stakes and high-energy situations. These referrals are seldom proactive referrals based on patterns of declining performance; rather, they are reactive referrals based on triggering events. The triggering events are often very visible and routinely rise to a disciplinary level that could result in termination. Mandatory referrals give employees one last opportunity to turn things around.

We see mandatory referrals used in situations involving threats of violence,

alcohol and drug abuse in safety-sensitive positions, citations for driving under the influence of alcohol in a company car, harassment, and even excessive absenteeism. Other mandatory referrals result from formal fitness-for-duty evaluations that require a specific course of treatment to return to the job.

Mandatory referrals are made in combination with progressive, corrective discipline and involve a formal personnel action. As part of a written agreement with the company, the employee signs a release of information so that the supervisor can be updated and informed of the employee's compliance with recommendations. Compliance with these mandatory referrals most often is a clear condition of employment. The EAP monitors compliance with the treatment recommendations and often monitors continuing care as well.

CHILLING EFFECT

Some EA professionals see mandatory referrals as counter to the basic EAP philosophy and worry that mandatory referrals will have a chilling effect on other areas of EAP work. These EA pro-

professionals feel that mandatory referrals produce a superficial, resentful compliance rather than a real commitment to change. They fear that mandatory referrals position the EAP to be seen as a tool of management rather than a neutral employee resource.

If an EAP reports noncompliance that can result in job loss, does that diminish the sense of protection that employees feel when seeking help through self-referral? EA professionals who work with mandatory referrals think that this concern can be managed through careful attention to policy, consultation, and education.

The written policy for mandatory referrals must clearly outline the intent for each referral, the process to be followed, the communication that is expected, and the levels of approval that are required at each step. Consequences for noncompliance with mandatory referrals need to be defined in advance—in policy, practice, and contract—and need to reflect the magnitude of the action/infraction warranting the mandate in the first place. A mandatory referral must be understood to be a last chance for the employee to make changes and demonstrate improvement.

The availability and coordination of care with appropriate providers presents an ongoing challenge for EA professionals and is particularly important in the case of mandatory referrals. Not all providers are equipped to handle such complex and high-profile cases. EA professionals and providers who are successful with mandatory referrals recognize that resistance and limited initial internal motivation are part of the assessment and counseling processes. Active care management of these cases is essential.

The EAP needs to take a very comprehensive approach with mandatory referrals, with an EA professional working with the employer, the treating professional, and the employee (as a performance coach). The ability to obtain the information needed from the provider about participation in treatment and readiness to return to work is critical to a successful mandatory referral.

Many work organizations view mandatory EAP referrals as clear evidence that they have done everything they can to communicate the serious-

ness of the situation to the employee and give him/her a chance to turn the situation around. It is vital for everyone to understand how compliance will be monitored and reported. For EA professionals, however, this is not as clear a question as those outside our field would like it to be.

How the EAP handles this issue reflects on its credibility. What constitutes non-compliance? A positive test is easy, but what about a "short slip-up" that is immediately addressed? What about not attending 12-step meetings because of the all too frequent struggle with the spiritual aspects of the program?

When the consequence of reporting non-compliance can be termination of employment, the definitions grow in importance. Is engagement in the process enough? Does the nature of the employee's job and safety concerns change the flexibility we can have?

GENERATING SOLUTIONS TO PROBLEMS

EA professionals who have experience working with mandatory referrals feel that EAPs are more than capable of withstanding the possible negative public relations implications of working

with mandatory referrals if they are equipped to manage these difficult cases in the first place. They feel that mandatory referrals are misunderstood, since no one is "forced" to comply with the referral or treatment. A mandatory referral is considered mitigation, since it is an alternative consequence to the loss of employment or serious disciplinary action.

Mandatory referrals are seen by these EA professionals as yet another service offered to the employer and employee in addition to traditional self-referrals and management referrals. The goal of the EAP is to help generate solutions to problems and to support both employees and employers in difficult situations. The employee's route of entry into the EAP is secondary to the ability to generate a workable solution to the problem. A mandatory referral can be a positive step in initiating treatment, behavior change, long-term recovery, and preservation of employment, even in the face of serious policy violations. ■

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