

# THE FRONTLINE SUPERVISOR

*Helping you manage your most valuable resource: Employees*

**GUNDERSEN**  
**HEALTH SYSTEM.**  
*Where Caring Meets Excellence*

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The following are answers to common questions supervisors have related to their employees and making EAP referrals. As always, if you have specific questions about referring an employee or managing a workgroup issue, feel free to make a confidential call to EAP for a management consultation at (608) 775-4780 or 800-327-9991.

**Q.** I made a supervisor referral to EAP, but my employee has not gone yet. Her performance problems continue to be severe. She agreed to participate in EAP, but now she is procrastinating. She insists she will go, but I am done asking. Am I doing something wrong?

**A.** By convincing you that she is going to call EAP, your employee avoids an adverse response to her performance problems that you would be forced to consider. She also avoids dealing with a personal problem (if one exists). To break this cycle, you will have to decide that it can't continue. Consider whether there is a reason you are hesitant about taking disciplinary action. Believing she will eventually call EAP allows you to avoid the unpleasant experience of considering a disciplinary response. To help her, you may have to give her a firm choice between receiving a disciplinary action or accepting an EAP referral. Such an agreement should include holding the disciplinary action in abeyance, pending her follow-through and cooperation with EAP's recommendations.

**Q.** If my employee is referred to treatment or counseling by EAP, but later fails to cooperate, will the treatment provider inform EAP? Will I be notified?

**A.** It is standard practice for EAP and the treatment resource to exchange releases of information, signed by the employee, so they can work together. EAP conducts its initial assessment and then makes the referral to the treatment provider. The treatment provider's treatment plan for the employee is then accepted by EAP. If EAP later learns from the treatment provider that the employee is not cooperating, EAP will consider the employee as non-cooperative with its recommendations. You would then be informed by EAP in accordance with the release. If this happens, you should focus on job performance to determine how to best respond to your employee unless another response to compliance problems has been pre-arranged as part of an agreement between you (the organization) and the employee.

**Q.** We had an employee who relapsed after treatment for alcoholism. Subsequently, his performance problems returned. I later learned the relapse began two months earlier, at a time when his performance was great. Can you explain this? How should organizations respond to a relapse?

**A.** When an employee relapses, there is typically a lag between drinking and noticeable job performance problems. When employers suspect relapse, they are usually observing symptoms of it (attendance problems, mood swings, etc.). This is what makes follow-up by EAPs and treatment providers so crucial. If EAP can detect clinical indicators of drinking early on or, even better, if behaviors that signal impending relapse can be spotted, then an employee may be able to salvage his or her recovery and avert job performance problems. Few people with long-term abstinence and sobriety achieved it without a relapse or two along the way. This is why alcoholism and addictive disease is considered a chronic illness, and those with it are considered in recovery, not "cured" or "rehabilitated." Relapse does not necessarily mean failure. Not all organizations respond to relapse the same way because their circumstances, policies and attitudes about addiction and recovery differ. If in doubt about how to respond, weigh the general trend in improvement demonstrated by your employee *prior* to the relapse.

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