



Counselling options and referral types
Performance management and conflict resolution
Guides, forms, and performance indicators

Manager/Supervisor Handbook

EFAP Program



1-800-663-1142
TTY: 1-888-384-1152
Numéro sans frais - en français : 1-866-398-9505
International (Call collect): 604-689-1717

www.Homeweb.ca



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1

Introduction

1.1 Purpose

Many of us, from time to time, encounter personal problems which affect our sense of well being and our ability to function both at work and at home. Often, if help is available early on, these situations can be resolved before they become serious.

The Employee and Family Assistance Program (EFAP) is designed to offer confidential, short-term counselling to help employees and their immediate family members overcome personal problems. A wide range of helpful information, online self-help courses, and other wellness services are also available and can be accessed through homeweb.ca.

Any permanent employee who is eligible to receive regular group benefits can use this program. Eligible spouses and dependents of eligible employees may also use the services of the EFAP. Occasionally, exceptions to the eligibility rules will be considered.

The Employee and Family Assistance Program is a 24 hours a day, seven days a week service, which provides assistance to employees and their families. The program offers complete confidentiality, access to a local clinician, and assistance for a wide range of personal problems. Any employee or eligible dependent is able to receive the required professional counselling at no cost.

1.2 Important Contacts

To access the EFAP for services, or to obtain any information you require, contact the Homewood Health Client Services Centre, Canada and USA inclusive.

1-800-663-1142 (English)

1-866-398-9505 (Numéro sans frais - en français)

1-888-384-1152 (TTY)

604-689-1717 (International, Call Collect)

www.Homeweb.ca

Note: Visit the website to access our e-services directly or if you prefer to arrange for services by electronic means.



To a large extent the success of the EFAP depends on you and your knowledge and support of the program.

2

About Counselling Services

Counselling sessions are the core EFAP service

2.1 About the Service Provider

Homewood Health is the provider of your EFAP services. EFAP counsellors are a team of highly qualified clinicians who have extensive experience in dealing with a wide range of personal issues. These clinicians will provide a supportive and understanding environment in which personal problems can be addressed and resolved.

2.2 Types of Consultation

While most counselling is provided face to face, employees also have the option to receive counselling telephonically, or online through video, email or chat formats. The counselling approach is short-term, solution-focused.

In all instances, confidentiality is guaranteed. No identifying information is transferred to anyone without prior written consent. The only exceptions are scenarios where children are at risk, risk to self or others and subpoena.

2.3 Voluntary and Confidential

The EFAP is intended to be a predominantly voluntary program. As such any employee or eligible dependent experiencing a problem simply contacts the EFAP directly and receives assistance. Accessing the program in this way makes their participation totally voluntary.

In some instances an individual will access the program because a family member, friend, co-worker, or even a supervisor or manager will recommend support through the EFAP program. This type of entry into the EFAP is considered an **Assisted Referral**. Assisted Referrals are completely voluntary even though the recommendation originates from another person. Experience shows that 99.5% of employees who use EFAPs do so in either of these two ways. In both instances use of the program has been completely voluntary.

A critical component to the success of any EFAP is confidentiality. The Homewood Health EFAP guarantees that any person who has become involved in the program voluntarily can expect their involvement to be held in absolute confidentiality and anonymity. No information will be shared with anyone unless voluntary written consent has been given by the individual.

Core counselling expertise includes but is not limited to:

- marital and family problems
- work-related stress
- relationship difficulties
- separation/divorce/custody
- financial and legal difficulties
- alcohol and drug dependency
- gambling and other addictions
- eating disorders
- difficulties with children
- psychological disorders
- anger management
- sexual harassment and abuse
- bereavement
- aging parents
- child/elder care resources
- retirement planning

2.4 Costs of the Service

There are no costs to employees and their immediate families when they receive this service.

Occasionally, one of the EFAP clinicians may refer the individual to an outside service or agency if an extended counselling program is required or if some specialized treatment is warranted. In these instances, the EFAP clinician will stay in touch with the individual until the problem is resolved and the outside service is no longer required.

An attempt is made to refer to outside services where provincial health plans and government services will cover the cost.



IMPORTANT! The employee's right to privacy must be respected by all of us: Homewood Health, and you, the supervisor.

3

Referrals

Types of Referrals

3.1 Making a Referral

A change from satisfactory to poor job performance is sometimes a symptom that an employee is experiencing a significant personal problem. Absenteeism, a noticeable increase in errors, decreased efficiency, unpredictable behaviour, tardiness, deterioration in appearance, confusion, moodiness, or any combination of these behaviours, are typical indications that there may be personal issues impacting work performance. Left unattended, many problems become more troublesome and difficult to resolve. Obvious poor performance may also have negative implications to the rest of the staff and create costly absences.

3.2 Self-Initiated Referral

An employee is experiencing a problem and recognizes that the problem is causing difficulty. This is known as a Self-Initiated Referral because the employee can call into the EFAP directly and receive help. Approximately 60% of employees who use an EFAP do so in this way.

There are two additional types of referrals that involve you as the supervisor: Assisted Referrals and Formal Referrals.

3.3 Assisted Referral

As a supervisor, you recognize that an employee is experiencing difficulty with their work performance and want to suggest or encourage the person to consider using the EFAP as a resource to help with their difficulty. It is the employee's choice as to whether they contact the EFAP program, and, as a result, you may or may not be aware of the employee's participation.

Approximately 39.5% of employees who use an EFAP do so following a suggestion from a supervisor, co-worker, or family member. Your communication of the performance problem(s) may provide the opportunity for the employee to tell you that a personal problem exists and is a contributing factor.

Where an employee chooses to be open with you about a personal problem, an Assisted Referral to the EFAP may be appropriate. If the employee welcomes the suggestion, you should encourage them to arrange a date and time for the first appointment as soon as possible.

Having dealt with the personal problem in this manner, you are now free to focus on the work performance issues. It is critical that at no time, you reveal to other employees, including management, that such a referral has been made.

Where you sense that there is a personal problem which is impacting the employee's performance, but the employee does not reveal this in your meeting, remind the employee of the availability of the EFAP and emphasize that the program is strictly confidential. If you manage performance by clearly communicating concerns and expectations for improvement, and support the use of the EFAP, you should be better equipped to manage ongoing work issues. Focus on measurable and objective facts about performance, and establish appropriate boundaries while setting clear expectations. You are there to support your employee as their manager and are ultimately responsible for their performance management, not to diagnose the employee's personal issues. The EFAP allows you to establish this important and appropriate boundary.

There are those instances, however, regardless of your support and encouragement, an employee continues to perform poorly and you feel there is an underlying problem that may be appropriately addressed through the EFAP. In this instance you have the option of initiating a Formal Referral.

3.4 Formal Referral

As a supervisor, you recognize that an employee is experiencing a significant difficulty that is impacting their performance at work. The employee has refused any suggestion for help and their work performance continues to be unacceptable. At this point, you should contact the Human Resources Department or a dedicated representative from your management team to discuss the possibility of a formal referral to the EFAP on behalf of the organization and the employee.

This type of referral requests that the employee sign's documentation allowing you to give Homewood Health background information, commits the employee to attend treatment, and allows Homewood Health to provide status updates and reporting back to the organization. Because information regarding involvement in the program needs to be released back to the organization, such referrals need to be made with great care and discretion. As you can appreciate, referrals of this nature while infrequent, can be quite complex.

Approximately .5% of employees who use an EFAP do so through the Formal Referral process. A formal referral is only offered once. It is not mandatory that an employee accept the EFAP referral, but it is mandatory that the employee maintains acceptable standards of performance. In either event, ongoing performance documentation processes need to continue.

To assist you in your decision as to whether a Formal Referral is warranted, you are required to discuss the situation with the employee, and where applicable your Human Resources Department or a designated member of the management team before making your decision to initiate the Formal Referral. They will consult with Homewood Health as a mandatory requirement of the Formal Referral process. If a Formal Referral is initiated, it will be handled by, and through, your Human Resources department or the designated manager and Homewood Health.

If you have questions about the process, or want some assistance on how to proceed with a difficult situation or employee, you can access help by calling Homewood Health toll free at 1-800-663-1142. A consultation service for supervisors is provided free to you by Homewood Health and is intended to assist you in your decision regarding what options you have in dealing with a difficult situation. If a Formal Referral is decided upon, you need to be careful to proceed objectively and formally.

Choosing this option requires:

- that you display constructive confrontation interview skills;
- that you have the employee sign an Agreement of Participation Form; and
- a Release of Information Form.

Information regarding the Formal Referral process and the corresponding form templates can be found in the attached appendices.

If you have any questions about any of these processes you can phone Homewood Health toll free at 1-800-663-1142 and receive free consultation.



IMPORTANT! A Formal Referral is complex and serious. No Formal Referral will be initiated unless the situation has already been discussed with your Human Resources Department or a dedicated representative from your management team and approved by a Homewood Health Clinician.

4

Constructive Performance Management

Do's and Dont's

4.1 What Not to Do

- **Do not label.** Using derogatory language or terms, e.g. calling an employee an 'alcoholic', may result in denial, which may escalate to accusations and further conflict. This is a no-win confrontation.
- **Avoid anger.** Anger in a confrontation between supervisor and employee will dramatically reduce the supervisor's ability to influence change, and the employee's willingness to cooperate.
- **Do not confront on rumour.** Rumour may be inaccurate, and therefore confrontation can lead to negative relations and poor morale.

4.2 What to Do

- **Detail work performance.** Explain how work performance has deteriorated or is not up to standard. Point out the difference between present performance and agreed upon expectations. Describe specifically the negative impact of the employee's performance.
- **Allow time for the employee's response.** Allowing an employee to react to poor ratings will counteract feelings of being "railroaded." Get the employee's view of the situation.
- **Clarify standards.** Be sure the employee understands the requirements of the job. Also ask the employee for ideas on how they feel they can correct the situation.
- **Actively listen.** If the employee acknowledges a problem and wants to talk, take the time to listen without interruptions. Express understanding and concern but do not change the purpose of the meeting.
- **State the action plan or disciplinary steps.** Clearly state and describe what will happen. Explain any steps you plan to take and why.
- **Indicate how you will monitor performance.** In order to avoid paranoia an employee should know how you plan to review their work. Agree on an action plan.
- **Establish a follow-up meeting date.** Agree on a specific date and time to meet to review job performance.
- **Encourage the employee.** Conclude the meeting with some positive encouraging remarks where possible. Express confidence that the employee can correct the situation.
- **Encourage and refer to the EFAP.** Remind the employee that any problems they may be having are confidentially handled through the EFAP program. Assist the employee in making an appointment if help is accepted.
- **Record the interview.** After the employee has left the office, make a written record of your contact.

4.3 Manager's/ Supervisor's Role

As a manager/supervisor you are responsible for;

- understanding the policy and referral procedures;
- discussing work performance problems with employees;
- encouraging, when appropriate, the use of the Employee and Family Assistance program or other available counselling options; and
- identifying when other measures to improve performance fail, discussing the possibility of a Formal Referral with Human Resources or a dedicated member of your management team and Homewood Health, and maintaining strict confidentiality of the program and the employee's right to privacy and anonymity.

Always remember that:

- any information about the individual obtained as result of an employee's involvement with any treatment program is strictly confidential; and
- there are two categories of information about an individual in treatment:
 - **Content.** This is personal information usually obtained during treatment and a counselling session.
 - **Status.** This is information about participation in a treatment program. Such as:
(1) has the employee kept the treatment appointment?, and
(2) is the employee active in treatment?
- No 'content' information will be disclosed to the organization. Information regarding content will be disclosed to the customer. Information regarding status will only be disclosed if an *Agreement of Participation and Release of Information Form* has been signed.
- The onus is on the supervisor not to disclose any information about an employee's involvement in treatment without the employee's written consent.

5

Conflict Resolution Process

A Model

5.1 Conflict Management Model

Conflict between employees, and between employees and supervisors is inevitable in every work environment. Much of the conflict will be productive; some of it will be fun. There are times, however, when conflict may significantly hinder progress. Even then, conflict can be used as a basis for learning and productivity.

The basis of conflict management is to turn a deteriorating process into a building process.

The following is a hierarchical model for managing conflict and for regular upkeep and maintenance of employee morale. This model provides a series of steps designed to define and solve the conflict while preventing personality issues from becoming the main concern. By working systematically through each of these steps—from goals to relationships—you can unearth the root of a conflict and work towards an effective solution.

Even when there is no apparent conflict, a regular review of employees from this standpoint provides for early recognition of potential problems, allowing you to intervene more quickly and with less effort than might be required later.



Goals

In order to function effectively, workplace goals must be understood and accepted by all relevant parties. If this requirement is not met, conflicts are inevitable as individuals will naturally establish goals on their own and end up pulling in different directions. If the workplace is void or partially void of clear, commonly accepted goals, someone's goals will be misaligned or discarded.

In a conflict situation:

1. **Review workplace goals.** Do the conflicting parties have a clear understanding of goals? Are they committed? If not, clarify and redefine goals with the employees.
2. **Evaluate individual goals.** Discuss the goals operating behind the conflict which are destructive or debilitating. Describe the 'win-lose' orientation of these goals.
3. **Define individual goals held in common.** What similar goals do the conflicting parties share? How can these be used to redefine the conflict? Define the resolution of this conflict as a mutual goal.
4. **Define the obstacles to achieving mutual goals.** Explore the misconceptions that each holds of the other. Rule out obstacles that are exaggerated or imagined. Define withheld or distorted information as an obstacle. Define obstacles in the situation rather than related to people.

Roles

Next in the hierarchy are roles. Roles should be well defined, setting clear expectations of each person. If roles are ambiguous, individuals may be expecting more from others than they should; they may be neglecting tasks they are expected to do; they may perceive themselves as responsible for the same task, and so on. All of these situations will result in conflict.

In a conflict situation:

1. **Investigate role definitions.** Do the conflicting parties understand their own roles? Do they understand each other's roles? Are these roles well-defined? Is there unnecessary repetition between roles? Are there conflicting expectations placed upon the same person?
2. **Redefine unclear roles.** Write down role descriptions where possible. Make sure each group member is aware of other's roles. Reorganize roles that conflict unnecessarily. When someone's role is still developing, monitor others' perceptions of the role and its relevance to the group.

Procedures

At the third level are the procedures used for carrying out the work. Are there, for instance, procedures for effective resource allocation or must employees haggle amongst themselves?

With unclear procedures, employees may find themselves working at cross-purposes and conflict will result. If there are still problems after goals are clear and roles are well-defined, investigate the procedures.

1. **Examine workplace procedures.** Are there adequate procedures? Are there ways for people to communicate with each other, to solve problems with each other, or to monitor and measure the success of their work? Do existing procedures support or hinder cooperation?
2. **Design any needed procedures.** Involve employees in defining their needs. Where procedures require change, make sure those who will be using them are involved in planning the change. Make sure that procedures add value by increasing information sharing, efficiency and cooperation.

Relationships

The extent to which people trust, support, respect, and feel comfortable with one another influences the way they work together. Nevertheless, one of the most common conflict resolution mistakes is dealing with relationship issues first. Personality clashes may actually be symptoms of poorly maintained goals, roles, and procedures. Where goals, roles, and procedures have been repaired and relationship problems still exist, the supervisor must investigate the motivations and abilities of the people involved.

1. **Examine relationships.** Do employees have a conflict that arises independent of the workplace? Do employees have a history of conflict? Do employees have conflicting personal values?
2. **Encourage collaboration and tolerance of diversity.** Show employees the benefits of having a variety of attitudes and skills at the workplace. Look for similarities as you highlight beneficial differences. Assign tasks that are compatible with individual values and maximize individual talents.
3. **Guide others in resolving their relationship conflicts.** Facilitate a discussion between conflicting parties on a neutral ground. Educate employees in conflict resolution. Seek or provide individual counsel for individuals who are suffering from stress or personal distress. Where the person involved cannot make the necessary adjustments, seek a more mutually agreeable situation for them.

6

Indicators of Personal Problems

Becoming aware of how problems may manifest in the workplace

Indicators of personal problems can be identified by distinct changes in behaviour or performance, typically over a period of time, and increasing in frequency. It's not your job to diagnose your employees, but as a people leader, it's important not to ignore signs of a personal problem given your role in supporting performance in the workplace. It is very important that you do not attempt to diagnosis as this often takes you beyond what you as a supervisor/manager can appropriately and safely do. Instead, focus on work performance. It is felt that with this information you are better positioned to understand the meaning of behaviours that you may notice in the workplace.

6.1 Indicators of Stress

Physical

- change in normal biological habits
- decreased activity levels
- difficulty breathing deeply
- faster pulse
- headaches
- muscle tenseness
- pattern of minor illness
- poor diet or inconsistent eating patterns
- problematic or irregular sleep
- stomach and intestinal difficulties
- unusual sweating
- weight gain or loss

Environmental

- consistently not getting your work done within normal work hours
- fatigue at work which disappears when you leave work
- negative feedback from colleagues, friends, family

Behavioural/Psychological

- boredom
- emotional sensitivity (feeling on the verge of crying)
- feeling depressed
- inability to concentrate at will
- increased drinking, smoking, etc.
- increased irritability
- nervous tics
- preoccupied thoughts
- uncontrolled mood swings which last for three weeks or more

6.2 Chemical Dependency and the Workplace

Research

Alcoholism and other chemical dependencies are the result of physiological, psychological, cultural, spiritual, and behavioral characteristics. Alcoholism is recognized by both the American and Canadian Medical Associations as a disease. As a disease, there is reason for optimism, alcoholism is completely treatable.

Myths

- Chemically dependent people feel guilty and ashamed of their abuse but are too weak-willed to stop.
- Children of chemically dependent parents become chemically dependent through observation of bad habits.
- Divorce, job loss, death of a loved one, or other life issues can make someone chemically dependent.
- Individuals engage in substance abuse because of psychological problems.\

Alcoholism Symptoms

Early stage

- changes in use patterns
- enjoyment of drinking
- increase in drinking frequency
- preoccupation with alcohol

Middle stage

- anxiety
- attempts to stop or cut down
- broken promises
- denial
- depression
- hand tremors
- increased tolerance for alcohol
- irritability
- loss of self-respect
- marital issues
- mood changes
- unreasonable resentments



Chemical Dependency Definition: Anyone who is experiencing problems in either their familial, financial, emotional, psychological, physical, legal or social realms because of their substance use and refuses to stop the substance abuse could be classified as chemically dependent.

How an Alcoholic Employee Behaves

Late stage

- drinking despite adverse consequences
- complete loss of control
- loss of tolerance
- alcohol related arrests
- severe withdrawal symptoms
- physical complications and alcohol related disorders
- hospitalizations psychological deterioration

Early Phase

- Late (after lunch)
- Leaves job early
- Absent from office
- Fellow workers complain
- Overreacts to real or imagined criticism
- Complains of not feeling well
- Lies
- Misses deadlines
- Mistakes through inattention or poor judgment
- Decreased efficiency

Middle Phase

- Frequent days off for vague ailments or implausible reasons
- Statements become undependable
- Begins to avoid associates
- Borrows money from co-workers
- Exaggerates work accomplishments
- Hospitalized more than average
- Repeated minor injuries on and off job
- Unreasonable resentment
- General deterioration
- Spasmodic work pace
- Attention wanders, lack of concentration

Late Middle Phase

- Apparent loss of ethical values
- Domestic problems interfere with work
- Fails to return from lunch
- Frequent time off, sometimes for several days
- Grandiose, aggressive or belligerent
- Hospitalization increases
- Money problems, garnishment of salary
- Performs far below expected levels
- Refuses to discuss problems
- Trouble with the law

Late Phase

- Drinking on the job
- Money problems worsen
- Prolonged unpredictable absences
- Repeated hospitalization
- Serious family problems and/or divorce
- Totally undependable
- Uneven and generally incompetent
- Visible physical deterioration

6.3 Drug Abuse

Based on experience in the field of chemical dependency, here is a list of some of the most widely used and abused drugs that affect people's lives.

Stimulants other than cocaine

- Amphetamines (Benzedrine, Dexedrine, Methedrine)
- Appetite-suppressant drugs (Acutrim, Dexatrim, etc.). These drugs are CNS stimulants often containing phenylpropanolamine, PPA. Generally an ineffective way towards weight reduction.

Psychological/Physical Effects

- euphoria
- hallucinations
- insomnia
- irritability
- paranoia

Signs of Use

- excitability
- glassy look
- grandiose ideation
- rapid flow of thoughts

Barbiturates

Amytal, Pentothal, Quaalude, Seconal

Psychological/Physical Effects

- blurred vision
- depression
- drowsiness
- emotional instability
- poor judgement

Signs of Use

- drowsiness
- increased aggressiveness
- mood swings
- slurred speech
- weight loss

Tranquilizers

Benzodiazepines (valium, librium, halcion, serax, ativan)

Psychological/Physical Effects

- depression
- dizziness
- irritability
- poor short-term memory
- relief from anxiety

Signs of Use

- drowsiness
- dry mouth
- flushed skin
- slurred speech
- stuttering
- tremors

Cocaine

Psychological/Physical Effects

- exaggerated feeling of power
- excitability
- erratic behaviour
- hypervigilance
- irritability

Signs of Use

- dilation of pupils
- exaggerated sociability
- flushed skin
- slurred speech
- impaired psycho-motor coordination
- slurred speech

Narcotics

Codeine, Percocet, Demerol, Heroin, Morphine, Methadone, Oxycontin

Psychological/Physical Effects

- indifference to physical or emotional pain
- poor concentration
- poor judgement
- reduced tension and anxiety
- reduced visual acuity

Signs of Use

- drooping eyelids
- exaggerated calm and well-being
- loss of motor control
- needle marks
- ulcerated veins

Hallucinogens

LSD, Mescaline, Phencyclidine

Psychological/Physical Effects

- bizarre ideations
- depression
- flashbacks
- impaired memory
- severely distorted perception of time and space

Signs of Use

- excitability
- infantile emotions
- mental confusion
- mystical and magical ideations

Cannabis

Hashish, Marijuana

Psychological/Physical Effects

- apathy
- distorted perceptions of time and space
- poor immediate recall
- poor tracking ability
- visual distortion

Signs of Use

- drowsiness
- fluctuations in appetite
- giddiness
- loss of interest
- poor concentration
- poor short-term memory

Recovery from Addiction

Recovery from alcoholism or drug addiction is not an easy process, but one that can be accomplished with the right actions. First and foremost is seeing a physician who specializes in alcoholism or drug abuse disorders if you are chemically dependent. Then follow the steps outlined below.

- Seek medical assistance.
- Attend a detoxification centre: This allows you to withdraw from substances in a medically safe environment.
- Attend short-term psychological counselling with someone who specializes in the area of substance abuse issues: Do this prior to and after in-patient treatment.
- Attend meetings of Alcoholics Anonymous or Narcotics Anonymous: in the first year at a rate of three to four sessions per week or more if needed.
- Attend an in-patient treatment facility that specializes in substance abuse. Usually this will run 29 days.

6.4 Indicators of Potential Depression/Anxiety

- apathy, loss of interest in people and activities
- difficulty concentrating
- emotional flatness
- emotional outbursts
- extreme sadness or crying
- excessive sweating
- heart palpitations
- hopelessness
- irritability
- loss of appetite
- pessimism
- restlessness
- sleep disturbance
- tension, agitation, withdrawal
- unusually slow reactions

Appendices

- A. Performance Management Guide**
- B. Performance Indicators for the Troubled Worker**
- C. EFAP Formal Referral Procedure**
- D. Referral Form**
- E. Release of Information Form**

Performance Management Guide

This checklist/report is to be completed for instances where performance management issues exist. The information contained in this report is strictly confidential.

Name:

Date:

Location:

Observations (Please check all that apply)

SPEECH

- Normal Slurred Confused Silent
- Slow Incoherent
- Other (Please list):

APPEARANCE

- Flushed Incoherent Sweaty Slurred
- Tremor Silent Odour of marijuana
- Other (Please list):

BALANCE

- Swaying Staggering Falling
- Other (Please list):

BEHAVIOUR

- Yelling Use on the job Drug/Alcohol
- Other (Please list):

Performance Indicators For The Troubled Worker

Please check all that apply.

ABSENTEEISM

- Absenteeism may be legitimate and still be a problem
- Unauthorized leave
- Excessive sick leave
- Frequent Monday and/or Friday absences
- Excessive lateness, particularly if on Monday or returning from lunch
- Leaving work early when inappropriate
- Peculiar and increasingly improbable excuses for absences
- Higher absenteeism rate than other workers for various health reasons

RISK POTENTIAL

- Accidents on the job
- Frequent near misses
- Undue deliberation when carrying out activities
- Inattentiveness to safety procedures
- Lack of caution when carrying out activities
- Covers up accidents/near misses rather than accepting responsibility
- Careless handling and maintenance of equipment
- Frequent injuries or lost time from accidents on or off the job

MENTAL/EMOTIONAL CONCERNS

- Difficulty in recalling instructions, details, etc.
- Increasing difficulty in handling complex work assignments
- Unexplained memory lapses
- Outbursts, crying
- Outbursts, anger
- Mood swings
- Difficulty in concentration
- Making poor decisions (especially impulsive ones)
- Fearful, anxious, suspicious
- Difficulty adjusting to changes

Performance Indicators for the Troubled Worker (continued) (Please check all that apply)

WORKPLACE Demeanor

- Coming to/returning to work in an obviously abnormal condition
- "Sloppy" appearance
- Inappropriate clothing

GENERAL LOWERED JOB EFFICIENCY

- Missed deadlines
- Mistakes due to inattention or poor judgement
- Wasting materials
- Alternate periods of high and low efficiency
- Complaints from users of products or services
- Improbable excuses for poor job performance
- Greater effort required for work
- Task/projects take more time to complete
- Deteriorating quality of work
- Easily fatigued
- Decreasing reliability

WORK RELATIONSHIPS

- Overreaction to real or imagined criticism
- Blaming co-workers for mistakes
- Abrasiveness with supervisors or co-workers
- Borrowing money from co-workers
- Insisting that co-workers are out to get him/her
- Unreasonable resentments
- Avoidance of superiors, co-workers
- Complaints from colleagues

Employee Signature:

Date:

Witness:

EFAP Formal Referral Procedure

As a supervisor it is your role to monitor the performance of your staff. Through daily and formal performance appraisals you may notice a change in an employee's job performance such as absenteeism, decreased efficiency, tardiness, or moodiness. These behaviors might be a symptom of a significant personal problem.

You can initiate the Formal Referral procedure if:

- You feel an employee is experiencing some personal hardships;
- You have already suggested the EFAP benefit during previous discussions;
- In spite of your encouragement the employee's job performance continues to deteriorate; and,
- You feel the employee would benefit from the EFAP program.

To assist you in your decision as to whether a Formal Referral is warranted, you are required to discuss the situation with the employee, and where applicable your Human Resources Department or a designated member of the management team before you make your decision to initiate the Formal Referral. They will consult with Homewood Health as a mandatory requirement in the Formal Referral process. If a Formal Referral is initiated, it will be managed by, and through your Human Resources department or the designated manager and Homewood Health.

Initiating a Formal Referral for an Employee

The first step in initiating a Formal Referral for one of your employee's is to contact the Homewood Health Client Service Centre at 1-800-663-1142. An Intake Counsellor will then connect you with the Clinical Manager of Professional Services in the appropriate region. The Clinical Manager (CM) will be able to:

1. Discuss your concerns and confirm that a that a Formal Referral will be the most appropriate and effective service to address both your and the employee's needs;
2. Send you the Formal Referral form that helps collect the necessary background on the situation to assure that the employee is scheduled with the most appropriate clinician;
3. Forward you a copy of a Release of Information included with the Formal Referral form for your employee to sign, so that the CM can provide you with frequent updates on the employee's attendance of sessions and compliance with treatment goals;
4. Provide professional consultation on how to explain the Formal Referral process to your employee (if required).

After you have met with your employee to explain about the Formal Referral process, we request that you forward us a copy of the Formal Referral Form you have completed and the Release of Information form that your employee has signed, along with any letter or work agreement that has been provided to, or been agreed upon with, your employee. (The CM will provide you with the directions for where to send these documents at the time of your initial call.)

What is Included in a Formal Referral

Employees referred to Homewood Health as a Formal Referral, will receive counselling focused on issues identified by you, the employer, and/or through an informal assessment by the treating clinician. A Formal Referral means you will receive regular updates on your employee's attendance of sessions and their compliance with their personal treatment plan only. A Formal Referral will not be able to provide you with a formal assessment of the employee, testing, or a fitness to work statement.

Reporting Process of Formal Referrals

The Clinical Manager and the National EFAP Administrator are responsible for coordinating and reviewing the progress of all Formal Referral files in their region(s). The National EFAP Administrator will send you regular updates on your employee's attendance of sessions and their compliance in treatment. Updates on attendance will be sent after the employee's scheduled 4th appointment. When an employee is identified as being non-compliant with treatment, a progress update will be sent to you immediately. Updates are provided in one of two ways: (1) the National EFAP Administrator will complete and fax a Coordinator's Progress Update form to you or (2) the CM will provide you with a verbal update if a more in-depth consult is required.

The Clinical Manager is always available to answer any questions you may have about an employee who has been referred as a Formal Referral or about Formal Referrals in general. You can contact the CM by calling 1-800-663-1142.

Referral Form (Confidential)

Summary of Events		
Company name:		
Employee name:	Date referred:	Location of employee:
Employee address:		
Employee phone number:	Date of birth:	
Referral requested by (company contact person):	Phone number of company contact (including extension):	
Type of referral requested for employee (please choose only one option) FTW or SAE Assessments: A thorough psychological report is written and provided to Human Resources or Occupational Health Note: Human Resources will only receive an abbreviated version of the longer report as diagnosis and employee personal information is only released to health care professionals.	<input type="checkbox"/> Formal Referral. Sessions and case management utilize employee's EAP benefit. (Employer only informed about employee attendance and compliance to treatment recommendations. No specific details about employee are disclosed). <input type="checkbox"/> Reporting for first session attended only. <input type="checkbox"/> Reporting for duration of treatment for this issue. These services (below) are billed outside of EAP Benefits: <input type="checkbox"/> Fitness to Work Assessments (FTW) <input type="checkbox"/> Substance Abuse Assessment (SAE) <input type="checkbox"/> Fitness to Work Assessment & Substance Abuse Assessment <input type="checkbox"/> 2 Year Aftercare Program <input type="checkbox"/> Return to Work Psychotherapy	
Have you discussed this situation with the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you have this discussion?	
Job Position Description (please include title and description of duties):		
Is this a safety sensitive position or any part of the job rotation safety sensitive? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a unionized position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what involvement has the union had with this case to date?		

Have there been any work-related concerns (check all that apply)?	
<p>Absenteeism (may be legitimate and still be a problem)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unauthorized leave <input type="checkbox"/> Excessive sick leave <input type="checkbox"/> Frequent Monday and/or Friday absences <input type="checkbox"/> Excessive lateness, particularly if Monday or returning from lunch <input type="checkbox"/> Leaving work early when inappropriate <input type="checkbox"/> Peculiar and increasingly improbable excuses for absences <input type="checkbox"/> Higher absenteeism rate than other workers for various health reasons <p>Risk Potential</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accidents on the job <input type="checkbox"/> Frequent near misses <input type="checkbox"/> Undue deliberation when carrying out activities <input type="checkbox"/> Inattentiveness to safety procedures <input type="checkbox"/> Lack of caution when carrying out activities <input type="checkbox"/> Covers up accidents/near misses rather than accepting responsibility <input type="checkbox"/> Careless handling and maintenance of equipment <input type="checkbox"/> Frequent injuries or lost time from accidents on or off the job <p>Mental/Emotional Concerns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty in recalling instructions, details, etc. <input type="checkbox"/> Increasing difficulty in handling complex work assignments <input type="checkbox"/> Unexplained memory lapses <input type="checkbox"/> Outbursts of crying <input type="checkbox"/> Difficulty in concentration <input type="checkbox"/> Outbursts of anger <input type="checkbox"/> Mood swings <input type="checkbox"/> Making poor decisions (especially impulsive ones) <input type="checkbox"/> Fearful, anxious, suspicious <input type="checkbox"/> Difficulty adjusting to change <input type="checkbox"/> Unpredictable behaviour 	<p>Possible/Suspected Substance Use Issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-disclosed use <input type="checkbox"/> Appears intoxicated <input type="checkbox"/> Found substance on person or in possession <input type="checkbox"/> Failed drug screening <input type="checkbox"/> Co-worker observed use <p>Workplace Demeanor</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coming to/returning to work in an obviously abnormal condition <input type="checkbox"/> "Sloppy" appearance <input type="checkbox"/> Inappropriate clothing <input type="checkbox"/> Deterioration in appearance <p>Generally Lowered Job Efficiency</p> <ul style="list-style-type: none"> <input type="checkbox"/> Missed deadlines <input type="checkbox"/> Mistakes due to inattention or poor judgement <input type="checkbox"/> Wasting materials <input type="checkbox"/> Alternate periods of high and low efficiency <input type="checkbox"/> Complaints from users of products or services <input type="checkbox"/> Improbable excuses for poor job performance <input type="checkbox"/> Greater effort required for work <input type="checkbox"/> Task/projects take more time to complete <input type="checkbox"/> Deteriorating quality of work <input type="checkbox"/> Easily fatigued <input type="checkbox"/> Decreasing reliability <p>Work Relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Over-reaction to real or imagined criticism <input type="checkbox"/> Blaming co-workers for mistakes <input type="checkbox"/> Abrasiveness with supervisors or co-workers <input type="checkbox"/> Borrowing money from co-workers <input type="checkbox"/> Insisting that co-workers are out to get him/her <input type="checkbox"/> Unreasonable resentments <input type="checkbox"/> Avoidance of superiors, co-workers <input type="checkbox"/> Complaints from colleagues <p>Other (please specify):</p>
When did the employee begin to display these behaviours?	
Are you aware of any personal situations that might cause the employee significant stress?	
Please provide specific examples of your concerns.	
<p>Is the employee currently off work on any form of disability?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, would you be willing to look at modifying duties to facilitate a return to work?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

Reporting	
Reporting is generally done by fax or email. Do you prefer: <input type="checkbox"/> Fax <input type="checkbox"/> Email	
If fax, number of company contact: Is this a confidential fax number? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you will receive a call before each report is sent).	If emailing, documents must be password protected. Passwords will be confirmed by phone or separate email by Homewood Health Clinical Manager. _____ (Homewood Health Use)

Employer Expectations	
As an employer what do you see as a successful resolution to the problem?	
Is there a plan in place in case the employee chooses not to comply with the recommendations? Please note: Homewood Health may or may not be able to do what the employee is envisioning. However, we do want to know so that we can discuss all expectations and potential outcomes.	<input type="checkbox"/> Yes (If yes, please describe). <input type="checkbox"/> No

Employee Discussion (please provide any additional information)
Comments:
The employee has: <input type="checkbox"/> Accepted the referral <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate Release of Information Form completed with employee signature (ROI form is attached to this document and can be printed to be completed with the employee). Please note that a copy of a current Release of Information (ROI) will have to be on file before Homewood Health can report any contact with the employee. Homewood Human Solutions Clinical Manager can discuss ROI with you to assist with completion, as needed. <input type="checkbox"/> Rejected the referral <ul style="list-style-type: none"> <input type="checkbox"/> Employee signature: _____

Additional Information	
Next Steps	<ol style="list-style-type: none"> 1. A conversation with Homewood Human Solutions™ is necessary to assess if the referral is appropriate. 2. If appropriate, completed forms to be faxed back to Clinical Manager, Homewood Health.
Fees (does not apply to Formal Referrals). Please note: <ol style="list-style-type: none"> 1. Fees for assessment generally do not include fees for treatment. 2. Should an assessment be cancelled with less than 48 hours notice, there will be a charge of two (2) hours for the clinician's time. 	Is it okay to put the client's name on the invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No Billing Contact: Billing Address:
Signature of company contact person: _____	Requested by: <input type="checkbox"/> Human Resources <input type="checkbox"/> Occupational Health

For Homewood Health Use Only
Date(s) of contact with customer representative: _____ Type of service approved: <input type="checkbox"/> Formal Referral <input type="checkbox"/> FTW <input type="checkbox"/> SAE <input type="checkbox"/> FTW & SAE <input type="checkbox"/> 2 Year Aftercare <input type="checkbox"/> Return To Work Psychotherapy Services provided, billing based on: <input type="checkbox"/> WH Fee Guide <input type="checkbox"/> Other: _____ Clinician assigned: _____ Date of Assessment: _____ (or) Date of First Session: _____ (2 year Aftercare or RTW Treatment) Signature: _____ Homewood Health Representative

This form will be kept in the employee's confidential personal file.

Formal Referral Release Of Information Form

I, _____ / _____
Name of client Date of birth

Agree to the release of the following information (please initial your selections):

- Assessment Report
- Assessment/Treatment Communication
- Attendance and Progress
- Medical Information
- Work-Related Information:
- Other: _____

For the purpose of (e.g., treatment, evaluation, assessment, etc.): _____

I agree to have this information released (please initial your selections):

- from to Clinical Manager: _____
- from to Assessing Clinician: _____
- from to Treating Clinician/Subcontractor/Treatment Facility: _____
- from to Spouse/partner/family member: _____
- from to Health Care Specialist/GP: _____
- from to Employer: _____
- from to Insurance Company: _____
- from to Union: _____
- from to Other: _____

I agree to have this information released in the following manners(s) (please initial your selections):

- Phone (consults only. Not for written purposes)
- Fax
- E-mail (I understand that confidentiality cannot be guaranteed if this form of communication is used).
- Mail

Name (please print)

Company

Signature

Date

This consent is valid for one year from the date of signature. The client may cancel it at anytime with verbal or written notice to the Homewood Health office listed below.

Maritimes 416-964-1875 (Fax: 416-964-5942) Quebec 1-800-361-4858 (Fax: 514-875-9790)
Ontario 416-964-1875 (Fax: 416-964-5942) Manitoba 204-943-7717 (Fax: 204-477-4012)
Saskatchewan (Saskatoon) 306-652-1055 (Fax: 306-665-2099)
Alberta (Calgary) 403-216-6348 (Fax: 403-264-9180); (Edmonton) 780-428-7909 (Fax: 780-428-7933)
BC 1-888-689-8604 (Fax: 604-689-9442)

About Homewood Health

Homewood Health™ offers the highest quality of clinical support and intervention available within the EFAP industry, and an unmatched continuum of services — spanning health promotion, mental health and addictions support, and prevention-focused work-life balance services.

Contact Us

Call us to get started
(translation to other languages available.)

1-800-663-1142

TTY: 1-888-384-1152

Numéro sans frais - en français :

1-866-398-9505

International (Call collect): 604-689-1717

www.Homeweb.ca



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