

CHAPTER 2. PROGRAM GUIDELINES

- 2-1 Introduction. The EAP deals with the broad range of personal-medical-behavioral problems that adversely affect job performance or conduct. The EAP is designed to deliver comprehensive, high quality clinical services, supervisory training, management consultation, and employee educational and informational programs appropriate to the defined needs of the HUD employee population. The purpose of this chapter is to cover the basic functions of HUD Headquarters and Field Office EAPs, the general EAP components, and supervisory guidelines concerning problem identification, employee confrontation, and referral.
- 2-2 EAP Functional and Program Requirements. The following basic functions are consistent with 5 CFR 792, Federal Employees' Health and Counseling Programs.

A. Basic Functions

The basic functions of the HUD EAP for Headquarters and Field Offices are to provide:

1. problem/diagnostic and short-term counseling for employees and their immediate family members;
2. referral for treatment and rehabilitation to an appropriate community service organization;
3. follow-up assistance to aid an employee in achieving effective readjustment to, the job during and after treatment;
4. employee educational and informational programs concerning employee personal-medical-behavioral problems;
5. consultation to managers, supervisors and union representatives concerning problem identification and EAP services; and
6. supervisory/managerial training on the utilization of EAP services and the recognition of troubled employees.

B. Program Requirements

1. General. Any employee experiencing personal problems that may or may not impact work performance or conduct can have access to the EAP. The EAP assists employees with a wide variety of problems such as:

- a. chemical dependence (alcohol and drugs);
- b. emotional problems (depression, anxiety, grief);
- c. legal and financial;
- d. family issues (marital, child/elder care, divorce); and
- e. life/work stress.

Access to the program is through:

- a. Self-Referrals. Any employee or his/her immediate family member may contact EAP staff directly for assistance.
 - b. Union Referrals. Any union representative can refer an employee to the program for assistance.
 - c. Supervisory/Management Referrals. In a situation where an employee's performance is less than fully successful or engaging in unacceptable conduct and a personal problem is suspect, a supervisory referral is appropriate.
 - d. Medical Referrals. Employees referred by private physicians and other medical personnel may receive assistance from the EAP.
2. Program Components. When an employee is referred to the EAP, the following steps occur:
- Step I - Problem Assessment. Psychosocial assessments through EAP staff or an outside diagnostic service are conducted for any employee or family member referred to the EAP. The outcome of the assessment determines the need to further refer the employee or family member for outside treatment or counseling by an appropriate community resource. Employees will be allowed up to 1 hour (or more as necessitated by travel time) of excused absence for each counseling session during the assessment phase.

Step II - Counseling/Treatment/Rehabilitation.

After problem assessment and the determination of an appropriate resource, a treatment plan is developed. This plan will be jointly developed with the employee and the EAP Counselor (service provider). The plan includes the identified disabling condition; source, length and type of treatment; and any specific accommodation to be made during the employee's counseling/ treatment period. If residential treatment or prolonged treatment is necessary, the EAP service provider submits the treatment plan to the Headquarters EAP Administrator for employees in Headquarters and to Field EAP Liaison Officers for employees in the Field. The employee will prepare a written request for accommodation to be submitted to his/her supervisor. The Headquarters EAP Administrator and Field EAP Liaison Officers facilitate the flow of information between the employee, service provider and supervisor. Also, HUD EAP staff and service providers will make the employee aware of his/her rights to confidentiality and the importance of signing the form HUD 25015 (Appendix 1), the Consent for Release of Patient Information During or After Treatment/Rehabilitation, Form HUD 25015-A (Appendix 2), and the HUD EAP Confidentiality Statement (Appendix 3).

Depending on the nature or seriousness of the problem and the length of the treatment period, some written certification of program progress and completion from a medical or mental health professional might be required (i.e., chemical dependence). If this is the case, the employee, upon return to work, must bring with him/her the required documentation from his/her treatment provider. Absences during duty hours for treatment/rehabilitation must be charged to the appropriate leave category (e.g., sick or annual leave, and leave-without-pay) in accordance with leave regulations.

Step III - Follow-Up. Employee follow-up during and after treatment is an essential component of the EAP. The availability of follow-up services helps to ensure treatment success and timely return to work. Follow-up in an EAP is conducted by EAP Counselors (service providers). It is important that counseling/treatment is monitored at specified intervals and periodic feedback given to management. Feedback to managers on the progress of an employee in the program is provided within the confidentiality provisions. On supervisory/management referrals, an employee must be made aware of the importance of giving feed-back to his/her supervisor, because success or failure in an EAP could lead to future personnel actions.

Step IV - Reintegration. After an extended absence for treatment or rehabilitation, the employee's smooth transition back to the workplace is important. It is a cooperative effort between supervisor and employee and this process is facilitated by EAP staff. All parties should play a part in making the employee's adjustment back to work after treatment a smooth one. Any post-treatment recommendations for a disabling condition should be accommodated and all efforts should be made to minimize the impact of the accommodation on the employee's work.

2-3 Supervisory Guidelines

- A. General. Supervisors are in a critical position to observe and intervene in a preventive capacity before employee problems seriously impair performance and/or conduct. Therefore, supervisors are in an excellent position to motivate employees to seek assistance through the EAP. When normal work counseling or supervisory measures have not improved performance and/or conduct, then a formal

referral to the EAP is appropriate. Early intervention is key to solving employee problems. Postponing constructive and positive intervention will only result in further performance or conduct deterioration and more drastic

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or negative actions to be taken later.

- B. Guidelines. The following guidelines are to be utilized by supervisors in referring employees to the EAP.
1. Problem Identification. It is difficult to identify all the behavioral indicators of a troubled employee. Whether they appear singularly or in combination, the symptoms of a troubled employee could indicate a significant problem. Warning signs such as performance deterioration, poor attendance and absenteeism, changes in attitude and physical appearance, increases in health and safety hazards, changes in employee behavior patterns which exhibit the potential for workplace violence or disruption, and preoccupation with personal and family concerns are key indicators of problems in their early stages. Supervisors are not expected to be diagnosticians. Identification of personal problems should be solely related to the impact they have on employee performance and/or conduct.
 2. Documentation. When faced with declining or erratic performance or conduct problems, observable, verifiable facts about performance or conduct should be documented. Specifically, the supervisor should:
 - a. be specific about the date, time, and place of poor performance and/or inappropriate conduct;
 - b. write down what has been observed (not opinions, conclusions, or subjective comments);
 - c. focus on performance/conduct issues, not personal problems;
 - d. provide objective, factual information that shows the performance picture over a period of time;
 - e. keep information confidential -- share

only with the employee; and

- f. support action to be taken by the employee to correct the problem.

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- 3. Constructive Confrontation. After a thorough review of any documented performance or conduct problems and consultation with the EAP staff, the supervisor is to constructively confront the employee with what has been observed. Discussions with the employee should include:

- a. the specific marginally successful or unacceptable performance or unacceptable conduct;
- b. concern for any personal problems that may be impacting the employee's performance or conduct;
- c. offering help through the EAP, if personal problems exist; and
- d. reinforcing the importance of confidentiality.

At the end of this meeting, the employee should know what performance deficiencies exist or what conduct is unacceptable, what corrective action is needed and what help is available through EAP. The employee must also clearly understand that whether or not he/she accepts the offer of help through EAP, that ultimately performance or conduct must improve or further action may be warranted.

- 4. Formal Referral. Referrals can be informal through the confrontation meeting or formalized in writing by memorandum. Supervisors should consult with EAP staff prior to formal referral. The formal referral does not become a part of the Official Personnel File (OPF) and is neither a performance based action or disciplinary in nature. The formal referral memorandum should include:

- a. a clear statement of the purpose of the memorandum;
- b. a statement which clearly indicates that this is not a performance based or disciplinary action;
- c. a description of the marginally successful or unacceptable performance or unacceptable conduct;

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- d. a statement of referral to EAP which includes a name and telephone number of the EAP contact and, as appropriate, the date, time and place of appointment; and

- e. specific supportive actions to be taken by the employee to correct the problem.

(See Appendix 4, Sample EAP Referral Memorandum).