

FrontlineSupervisor

February 2019



EAC
Employee Assistance Center
IMPROVING LIVES AT WORK AND AT HOME

Q. *I have moved up rapidly in my career and fear that I am not prepared for so much responsibility so quickly. I should be, but it does not feel that way. My big worry is being at a meeting and senior management suddenly realizing I am not qualified for this job!*

Your fears may be normal in the face of a rapid rise in your career. Many people with fears similar to yours have discovered nothing came of them despite the anxiety they often felt. The collection of symptoms you describe is sometimes called “impostor syndrome.” Don’t panic. Talk to EAC, and allow them to guide you in gaining relief. Be prepared to share more about your concerns, career path, supervisor relationship, and specific fears. Impostor syndrome is an internal sense of fear, not based on reality. The impostor syndrome can be exacerbated by a difficult relationship with the boss or peers, or by a true shortage of skills, but rarely by the inability to perform the job or rapidly learn it.

Q. *An employee took her own life a few weeks ago. Everyone was in total shock. There was no warning, yet many of us believe some clue could have been missed. EAC was great - they met with us and offered guidance. Is there anything left for me to do this many days later?*

The death of a coworker is always a shock, and it’s worse when it is unexpected. “Grief leadership” describes the manager’s role or that of anyone who leads with organizing, communicating, memorializing the employee, interacting with the family, and dealing with logistics of the deceased’s personal effects. Every employee is different in how he or she will manage grief, and none of it is predictable. Be direct, and let employees know you recognize this fact, and encourage them to use EAC, at any time. Listen for complaints of sleeplessness, diminished appetite, and intrusive thoughts about the deceased. Allow some freedom for employees to gather and process the deceased when you see these groups spontaneously appear. No matter what, you are a role model to your employees. They are highly cognizant of how you act and respond to an incident of this nature. What you do and say will be remembered and will influence how they decide to cope with the loss.



Productivity

“Try and fail, but don’t fail to try.”

-John Quincy Adams

Q. *In the 23 years that I have been a supervisor, I have never seen an employee with depression. Aren’t they supposed to look sad, dejected, down in the dumps? I’ve read there are millions of adults with depression. So what am I missing?*

You are describing symptoms of sadness or the blues, but not necessarily what you would witness at work. Depressed employees can remain hidden because stereotypical views of depression don’t match what most people see. Depressed persons are not necessarily sad, weepy, slumped at a desk, or looking down in the dumps. More typically, those with major depression experience feelings of emptiness that don’t go away. They may exhibit extreme irritability over seemingly minor things, suffer with anxiety, restlessness, or anger management issues, or may simply not want to participate in activities others leap to enjoy. They may focus on past unsettling events, things that have gone wrong, and their failures. About 17 million adults nationwide suffer with major depression. The good news is that major depression is highly treatable. The medical community has worked hard to help the general public understand that depression is not something people can snap out of with encouragement from friends who tell them to cheer up. We all experience sadness, but major depression is a mood disorder, a true brain disease.

Source: Centers for Disease Control and Prevention.

Q. *Well it happened—my employee relapsed New Year’s Eve. He was abstinent from alcohol use for eight years after almost getting fired. His work performance is outstanding. The word is that he is “back on his recovery program.” Should I leave this alone or talk to him?*

Meet with your employee. You already have a history of referral to EAC and post-treatment management of his performance. Of course, you will not be able to determine the accuracy of anything he says regarding reestablishing an effective recovery program, or even regarding his abstinence. Only a professional can do that. However, you can recommend strongly that he visit EAC as a self-referral so the program can help him reestablish such an effort. Relapses happen. They are nothing to panic about, but the sooner you have a discussion like the one you will hopefully have, the faster he will join the recovery program and the more successful he will be at sticking with it.

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