



## UR Medicine EAP

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**Q. What is a key method to keep an employee from becoming defensive when confronted with ongoing work quality, conduct, or attendance problems?**

A. There are many aspects of the corrective interview that can lead to an employee's unfavorable reaction to being confronted with poor performance, but one overlooked approach is the use of the supervisor's prior documentation in the history of addressing the performance problem. Prior documentation, known to the employee and may have also been acknowledged with a signature, is one of the most certain ways to gain cooperation. Without it, the supervisor is forced to rehash prior discussions from memory, and these stories may be less accurate when recalled than the notes and documentation that have been previously accepted and agreed to.

**Q. I have wondered about the EAP experience and employees getting attached to the counselor at the program but then perhaps not wanting to establish another relationship with the mental health professional to whom they are referred. Can you comment on this?**

A. EAP employee-clients are assessed with "the end" in mind. This means assessing an employee to understand fully the nature of a problem, if any, contributing to job performance issues but not bonding with the client so thoroughly that referral to a specialist would be resisted and difficult. Trust is important, and so is the client's willingness to disclose information, so a limited therapeutic engagement is important. This is another key professional skill important to well-functioning EAPs. Clients may be told directly that the goal is to understand the nature of the issues at hand and then get them to the right resource. This often has the intended effect of helping the client prepare for a resource referral without bonding with the EAP. The need to have several interviews in order to accurately gauge the client's needs makes referral resistance more likely, but it is the skill of the EA professional that helps the employee get to the right resource.

**Q. If an employee comes to the EAP with general complaints indicating they are depressed, I imagine such employees are referred to a medical doctor like a psychiatrist for further assessment. What else does the EAP do beyond determining the need to refer?**

A. When an employee visits the EAP for symptoms of depression, much more happens than a routine depression screening. Typically, the EA professional will assess psychosocial or environmental/lifestyle issues that are either symptoms of the depression or distinct from, yet exacerbating the primary condition. These issues must be addressed or they risk undermining the work of the psychiatrist to whom the employee is referred. Many psychiatrists manage medications extremely well, but they often resist spending copious amounts of time helping the worker address the nonclinical issues. It's a team approach that ultimately helps employees with these chronic disease conditions that can't be treated without attention to the factors that may undermine medical care. helps the employee get to the right resource.

