



FrontLine Supervisor

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■ **Some states recently decriminalized the psilocybin mushroom, and it appears authorities in these states will practically ignore its use and possession. What is psilocybin? What are some signs and symptoms of its use?**

Psilocybin is a mushroom hallucinogen similar to other plant-based hallucinogens like mescaline that comes from peyote cactus. There is no approved medical use for this drug, but it has been researched as a possible treatment for depression-associated mental illnesses. Several states and counties in the U.S., and most recently Washington state and Washington, D.C., have decriminalized the use of psilocybin. Nicknames for psilocybin are magic mushrooms, shrooms, little smoke, purple passion, sacred mush, sewage fruit, and zoomers. The substance can be eaten, smoked, or put in a tea. Signs of use, as with other hallucinogens, include the inability to accurately discern time, confusion about reality, panicky behavior, dilated pupils, stomach upset, and loss of muscle control. Regarding the workplace, some users believe that taking small doses of hallucinogens will make them more productive. Of course, there is no empirical evidence of such a result.

Source: DrugPolicy.org

■ **Which is more effective as a means of identifying substance abusers: spotting signs and symptoms of addiction or focusing on performance issues like absenteeism and conduct problems that may be caused by substance abuse?**

When employee assistance programs (EAPs) emerged fifty years ago, a major shift occurred in supervisor training. As the primary means of identifying troubled workers, the field moved away from training managers to look for the signs and symptoms of addiction to instead being observant of performance issues that did not improve, and then referring employees to the EAP based on these performance issues. Some of these workers might also be alcoholics or drug addicts. Since evidence showed addictive disease ultimately would manifest as absenteeism, quality-of-work issues, and behavioral problems, the new approach flourished. Today, supervisors are also taught to spot the signs and symptoms of substance abuse in order to support reasonable suspicion testing, particularly in regulated occupations deemed by the U.S. Department of Transportation as safety sensitive. So, decades later, the two strategies have somewhat merged. However, the dominant model of observation, documentation, confrontation, and referral to the EAP has proven to be the most effective for salvaging the greatest number of workers.

■ **My employee has been late too often over the past several months. I mentioned it to him**

Tardiness of employees is a frustrating problem for supervisors. Oddly enough, a common missing piece of the solution is sitting down in private with the employee to discuss the matter and, most importantly, express disappointment. So try this approach. Be sincere. You may be angry and feel

■ **several times in passing, and then I wrote him up and referred him to the EAP in the memo. What is my next step?**

like lecturing, but simply express your disappointment. Contrast this disappointment with what you envision for the worker. This can trigger a stronger awareness of responsibility and guilt (which is a good thing). Employees with chronic behavioral issues use defensive mechanisms like denial and rationalization to avoid experiencing any anxiety caused by their improper behavior. Healthy anxiety is the “juice” of change. Your expression of disappointment can overpower this self-reinforcing process and make compliance with the EAP recommendations more certain and success in recovery more likely. If you are trying to avoid disciplinary action, use the foregoing as your next step.

■ **If I phone the EAP to provide information concerning a rumor I heard about an employee who was recently discharged from treatment and may be using again, will the EAP keep my phone call confidential? How will this information be used?**

A key principle in working with addictive disease employees is to avoid giving enabling and codependent-like responses to their behaviors. In this instance, seeking to verify such a rumor would be chasing something likely to be nearly undiscoverable. The EAP, understanding this dynamic, will avoid engaging in such controlling behaviors, but instead use the information as a backdrop to have a more effective follow-up discussion regarding the individual’s progress in treatment and follow-through with a recovery program. EAPs don’t provide treatment, so follow-up with the treatment provider will be important and allow clinical staff working with the employee to better manage or intervene if necessary. You would be doing the right thing in passing along this information, but your goal should be to help promote the satisfactory performance of an employee.

■ **How do I document a bad attitude? It is too subjective. I would almost need a video of the person’s actions in order to accurately describe it.**

You’re right. A bad attitude cannot be documented as such. It requires more quantifiable language. The Oxford dictionary defines “attitude” as “a settled way of thinking or feeling about someone or something, typically one that is reflected in a person’s behavior.” Behaviors that can be seen, heard, and therefore described constitute the language that reflects attitude problems. But it does not end there. The next piece is linking these behaviors to undesirable or problematic effects. If, for example, your employee is constantly making cynical remarks in team meetings, asking the team how this behavior affects them and learning about its negative impact on their enjoyment of the work environment or ability to be productive — or even how it undermines team members’ confidence — is what’s needed to create effective documentation. Can the EAP help? Yes, this is one of the employee issues that are most commonly referred to it.

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