Addressing Psychological Fitness for Duty

EAPs can demonstrate leadership as behavioral risk managers when an employee is unable to function because of psychological distress.

by John Hyatt, LCSW, CEAP

Some experts believe that the best opportunity for EAPs to demonstrate value is to reframe many program services as behavioral risk-reduction strategies. Harvey and Murck (2000) list a range of human activities in the workplace that create potential risks for organizations, including employee violence, emotional and psychological problems, unsafe work practices, drug and alcohol abuse, and injuries sustained on the job.

EAPs touch on all of these activities, yet fewer than one-third of them identify their services as behavioral risk management activities (Harvey and Murck 2000). EA professionals may want to review their organizational clients’ risk management strategies and use them as a framework when producing reports.

Another way EAPs can be viewed as behavioral risk managers is to assume a leadership role in managing psychological fitness-for-duty (FFD) cases. All of the human activity risk factors mentioned by Harvey and Murck may be involved when an employee comes to work unable to function because of psychological distress. Successfully managing these high-profile cases represents an ideal opportunity for EAPs to demonstrate value as behavioral risk managers.

PSYCHOLOGICAL IMPAIRMENT

Psychological impairment, at a level to declare someone unfit for duty, is generally defined as the inability to perform essential job functions and interact safely and effectively with others while at work. Psychological impairment may be triggered by a transient condition, such as a grief reaction or response to trauma, or may be evidence of a serious mental illness.

Data compiled by the M. D. Anderson Cancer Center at the University of Texas show that most employees who were unable to function on the job because of psychological impairment were diagnosed with a serious mental disorder. According to the U.S. Surgeon General (1999), schizophrenia, bipolar disorder, severe forms of major depression, panic disorder, and obsessive-compulsive disorder are considered serious mental disorders.

Table 1 shows the total number of psychological impairment cases at M. D. Anderson during fiscal years 2000 through 2005. Of these, 70 percent (N=23) had a confirmed serious mental illness diagnosis. This confirms that EA professionals who manage FFD cases should have the necessary clinical experience and credentials to handle serious mental disorders.

RESOURCES AND STAFFING ISSUES

Not all EAPs have the resources or staff expertise needed to manage psychological FFD cases. For example, some EA professionals have difficulty understanding that when responding to or evaluating an FFD incident, the primary client is the organization. These professionals are more comfortable evaluating the situation from the perspective of the impaired employee. Although the employee’s needs must be carefully assessed, the primary responsibility is to determine if the employee is impaired and may pose a risk to the organization.

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Some EAP counselors prefer to have no involvement with FFD programs because they only accept voluntary referrals. Clearly, a willingness to work with mandated referrals is a prerequisite for this role, as is the ability to effectively manage a confrontational and angry employee. Counselors may need to be selected individually to manage particular FFD cases. Close supervision and staff support are vital.

Although FFD cases occur infrequently, the EAP must have the ability to respond to such an incident whenever there are employees at work. Counselors also need to feel secure when conducting assessments of impaired employees, so security must be available at all times.
WORKING WITH THE ORGANIZATION

Cultivating strong relationships with the human resources (HR) and employee health (EH) units within an organization is a necessary first step to achieving greater responsibility with an FFD program. External EAPs may need to work harder than internal programs to establish these relationships.

EAPs must especially be careful to avoid giving the appearance that they are unwilling to communicate because of confidentiality issues. There is a great deal of non-medical information that needs to be exchanged to coordinate and manage FFD cases. EAPs that are unable to provide this level of coordination with the employer will not be successful in this role.

Internal programs, especially those reporting to the HR department, are well positioned for a role in FFD programs. They usually have a seat at the table when FFD policies are developed and they are called upon to provide assistance at various times, such as when arranging for an FFD evaluation. Some internal programs, however, are not involved at key decision-making points, such as the initial triage.

DEVELOPING POLICIES AND PROCEDURES

Organizations are likely to have procedures (such as drug testing) in place to address impairment related to substance abuse, but they may not have procedures to address psychological impairment. EAP staff should review policies and procedures from other organizations and be prepared to propose “best practices” relevant to the client’s industry. Specifically, EAPs should do the following:

- Define impairment in practical, operational terms;
- Develop triage, evaluation, referral for treatment, return to work, and follow-up monitoring procedures; and
- Establish guidelines for reporting compliance.

EAPs must ensure that their internal procedures do not conflict with human resources policies and procedures. They also must carefully document their actions at all times, because an employee’s failure to comply with the assessment, referral, treatment, or follow-up requirements will lead to disciplinary action or termination.

FFD policies tend to be written using general guidelines rather than explicit procedures that address all possible situations. For this reason, close collaboration with HR staff is essential when triage questions arise. Examples of such questions are as follows:

- Does the FFD policy apply to an employee attending an off-site training?
- Is an impaired contractor or student covered under the FFD policy?

THE INITIAL TRIAGE

At M.D. Anderson, supervisors are directed to call the EAP when they suspect an employee is impaired. The EAP performs its initial triage by consulting with the supervisor and helping him/her take appropriate action when confronted with a potentially impaired employee. This includes assessing the circumstances and determining whether the employee should be removed from the job, helping the supervisor document observed signs of impairment, and arranging safe transportation for the employee, either to a location where further evaluation will occur or to his/her home.

When the EAP is the primary responder to cases of psychological impairment, program staff should be prepared to deal with various “agendas.” For example, a frustrated supervisor dealing with conduct problems may want an employee to be removed from the job under the FFD policy although the core issue may actually be a conduct problem. The HR department may resist an FFD approach out of concern that it may complicate their investigation. EAP staff should be well prepared to defend their decisions and must carefully communicate the message that an FFD path for the employee does not excuse unacceptable behavior and other performance problems.

Triage also involves assessing risks and deciding how to proceed when an employee is showing signs of mental illness. The likelihood of encountering serious mental illness is a good argument for having EA professionals (rather than HR personnel) respond when a supervisor calls about an impaired employee. The EAP uses a “medical model” approach when deciding how to proceed, while the HR department investigates. This approach reduces the risks to the organization by ensuring that potential psychiatric emergencies are managed safely and appropriately and helps ensure the employee is referred for appropriate medical care.

Access to emergency medical care is necessary because an impaired employee may need immediate medical or psychiatric care. EA professionals must have a good relationship with security personnel and/or local police and know how to arrange for an emergency mental health hold, if needed. A voucher arrangement for staff to obtain a cab is useful when there is no other way to transport an impaired employee to his/her home.

The EAP also should be involved in management training, which is vital to the success of an effective FFD program.

FITNESS-FOR-DUTY EVALUATIONS

Determining if an employee is mentally or emotionally fit for duty and able to work safely is a collaborative process involving supervisors, HR staff, the EAP, and various medical professionals. Impairment should be evaluated within the context of the employee’s job description, so the EAP counselor involved must be familiar with, or know how to obtain information related to, the job duties and the related safety concerns.

Aside from situations when an external FFD evaluation is mandated, the decision about who should conduct the evaluation may depend on the expertise available within the EAP, the
other resources available, and (most importantly) the type of evaluation needed. The EAP may conduct an initial assessment and refer the individual directly to treatment—for example, an employee showing symptoms of active mania with a history of prior treatment for a bipolar disorder can and should be referred directly to treatment. Cognitive disorders that involve deficits in memory, general intelligence, problem solving, and reasoning require a formal FFD evaluation with neuropsychological testing.

The EAP plays a vital role when arranging for and coordinating an FFD evaluation. The evaluator needs all collateral information from the employer regarding the suspected impairment and work performance. The evaluator also needs available medical and EAP assessment information, a job description, and explicit instructions about why the evaluation is being requested.

Generally speaking, evaluators need to answer two questions:

1. Does the employee have a psychological problem?

2. Can the employee perform his or her job in a safe and effective manner?

Coordinating FFD evaluations is often time-consuming, and staff must be able to adjust to the demands of these cases. The question is often asked about who pays for these evaluations, and the answer is that the employer should pay for all external FFD evaluations. Information from a personal physician may be requested, but this is no substitute for an independent FFD evaluation by a specialist.

### Table 1

<table>
<thead>
<tr>
<th>Serious Mental Illness</th>
<th># of Cases</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>No serious mental illness</td>
<td>10</td>
<td>30.3</td>
</tr>
<tr>
<td>Depression</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>6</td>
<td>18.2</td>
</tr>
<tr>
<td>Delusional Disorder</td>
<td>2</td>
<td>6.1</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Psychotic Disorder, NOS</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**ADDITIONAL ROLES FOR THE EAP**

The EAP should also be involved in referring the impaired employee to treatment, preparing a return-to-work agreement, and providing follow-up monitoring. These are important risk management activities and should be discussed in a future article.

The EAP also should be involved in management training, which is vital to the success of an effective FFD program. The EAP may provide all or part of the training, but it can be particularly effective in helping supervisors recognize and document signs of severe impairment and mental illness, intervene and communicate with an impaired employee, and understand treatment and follow-up monitoring.

In summary, conducting triage and managing psychological impairment is a behavioral risk management activity and a natural fit for an EAP. Risks can be better managed when the EAP is asked to determine how to proceed.

EAPs that are well integrated with an organization have an excellent opportunity to demonstrate value. EAPs that are most successful understand the needs of the HR unit and effectively coordinate with the organization when the need arises.

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**References**