I am a new supervisor and want to know right now what the pitfalls are for people like me. I have 40 employees, and many of them have been around for years. I can almost feel the tension in the air that I have to prove something to get their respect.

Both an employee with alcoholism and an employee who drinks but does not have an alcohol problem would deny having a problem with alcohol, right? So, when it comes to denial, what’s the difference between the two?

We just hired a new account executive. It was not easy—we had 98 applications. I want to start this relationship off right. What is the first conversation I should have with the new employee?

You are new to the work unit, and your employees know it, of course, so your number one mistake will be communicating in some way that you know everything, either accidentally or nonverbally. Sending this message will set you up for a rough ride in the months ahead. To reduce the likelihood of that, you do not have to admit that you are not knowledgeable about the work and operations of your unit—you simply need to be a good listener and ask questions. Treat employees like they are valuable resources for you, be respectful, and be thankful for their ability to get you oriented. You’ve probably heard that old quip or seen it on T-shirts, “Those who think they know everything are annoying to those of us who do.” Your goal is to help ensure that this doesn’t become your reality.

You’re right; both employees with alcoholism and those without alcoholism could deny a problem, but there are distinct differences between the two. Denial is a defensive mechanism. By definition, denial entails some form of awareness—no matter how slight—that something is amiss. The evidence is the nearly universal degree to which recovering alcoholics recount their experiences with denial. It is a myth that alcoholics have absolutely zero awareness for any lack of connection between drinking and difficulties they experience. Additionally, denial is almost never the only defense mechanism used. It exists in tandem with other defense mechanisms like externalization (blaming other people or circumstances for drinking-related problems) to help support it. An EAP or treatment professional who asks dozens of questions about drinking practices and experiences, combined with this internal struggle with denial, make it relatively easy to identify the illness.

There is at least one discussion you should have with your employee that most managers do not have: why we picked you. It sounds obvious, but this discussion can go a long way toward establishing a future relationship of clear expectations that match a vision you have for your employee’s contribution to the organization. It makes that vision more likely to come to fruition. Most employers assume the employee who is hired knows the answer to this question, but they don’t (not really). Your discussion should be more than, “You were the best pick,” “You stood out,” or “We liked your experience and your energy.” Go deeper. Tell the employee your hopes and dreams for the position. Paint the vision and describe the mountaintop you hope to have your employee ascend with you. This vision becomes an anchor your employee will not forget.
When does a workaholic's behavior become a concern for a supervisor? Personally, I admire the productivity and dedication of this person, but I know it’s an obvious problem for someone, if not us.

Your employee may or may not be a workaholic, but like with other personal problems, you should avoid making diagnostic conclusions. Many people, even spouses, confuse love of work or working too much with workaholism. Workaholism is characterized by a deeply ingrained and maladaptive need to work, making it a priority, believing no one else can do the job, experiencing insecurity, feelings of failure, and feeling anxiety if one can’t work. Ambitious employees who have fewer restrictions and responsibilities at home may naturally work more. Younger employees who enjoy relationships with peers may also put in more hours. Documenting the performance of a workaholic is also difficult. A better approach is documenting problematic behaviors such as accusing others of not working hard enough, claiming to be indispensable, disrespecting others who don’t work as much, demonstrating “Type A” behavior, refusing to reduce work hours at the organization’s request, and being late to company events that are not “strictly” work-related.

I admit that I am an irritable manager. I can be friendly, and I do have people who love me, but work stress puts me in an irritable, short-tempered, impatient mood, and makes me intolerant of interruptions, etc. I would visit the EAP, but honestly, I don’t think anything would change.

An irritable disposition can be caused by many health and psychological factors. Sorting those things out is your task. You want to change, so your battle is already half won. Since you are self-aware, you have likely unsuccessfully attempted to change the undesirable behavior along the way. If that’s the case, seeing your medical doctor so you can receive a proper evaluation is the next stop. Other health, wellness, or mental health professionals can offer advice as well. Here is a checklist of issues to consider: 1) sleep disturbances; 2) healthy eating, diet, and food allergy issues; 3) exercise and relaxation habits; 4) thinking habits and how you reflexively respond to everyday stress. Getting help in this last department may require professional counseling with practical tips for making the changes you want, but you should also consider books like “Attitude Is Everything” by Jeff Keller or similar titles that are typically filled with solid common sense. You can make a lot of headway for about ten bucks.

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