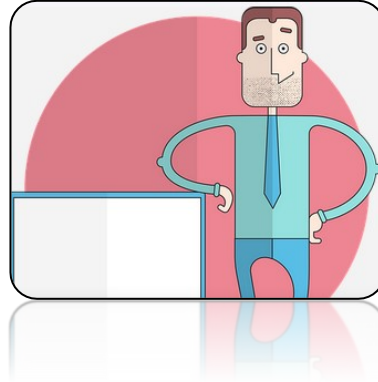


**Q. I have a superstar employee. He earns outstanding performance evaluations yearly. My concern is his gambling. After hours, he reportedly plays poker. I've heard that there is a lot of domestic conflict as well. Is it improper for me to comment, inquire, intervene, or involve myself in this situation?**



A. Employees who perform well certainly can have serious personal problems, and symptoms may never be visible or demonstrated at work. A rumor or secondhand information does not justify making an inquiry into your employee's personal life unless the issue appears to be life threatening. So, you are not behaving irresponsibly by remaining focused only on performance. Remember, you know about this employee's problems only because of hearsay. Other employees could have personal problems that are even worse. Frequently remind employees about the EAP. Remind employees about it during review periods, after a crisis, and by using reminders in workplace wellness literature. Remember also that this employee's personal problems may not have been accurately portrayed by the source, which is not unusual for secondhand information.

**Q. Can I ask the EAP to give me an opinion on the likely impact of a certain type of disciplinary action on an employee's psychology? My concern is that the employee might "go off" and become violent.**

A. You can meet with the EAP concerning any matter that you view as a personal problem. This includes worry or anxiety you experience concerning a decision to dispense a disciplinary action. It would be inappropriate however to ask the EAP to render a clinical judgment regarding the psychological or behavioral effects of such an action on a specific employee. You can consult with a mental health professional or medical doctor outside your organization, of course, or consult with another department in your organization unaligned with the EAP. Rendering psychological opinions at the very least requires discussing an employee's psychological makeup. This would violate confidentiality and be beyond the scope of a signed consent, which provides for very limited information, none of it clinical.

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