



# PATHWAYS

November 2024

## The Newsletter of the BOCES Employee Assistance Program Supervisors

■ I recently saw a news article about “pink cocaine” and a person who had it in their system when they died. What is this all about? There are so many crazy-sounding drugs. Is it necessary to keep up with this sort of information?

**Demonstrating some knowledge** of substance trends helps maintain your credibility as a supervisor who is well informed. Employees are more likely to take policies seriously and it also shows you are not uninformed about these emerging risks. It is better to appear knowledgeable. It is valuable to be informed when having discussions about substance abuse if they occur. But such knowledge would never be appropriate to diagnose employees. Here is information from an authoritative website: “Pink cocaine is a powdered mixture of drugs. It usually does not include cocaine but a combination of other drugs. It is pink in color due to the addition of food coloring and sometimes strawberry or other flavorings. It is most commonly used by young people in the club scene. Pink cocaine is usually either ingested in pill form or snorted as a powder. Rarely, it is injected.” Many club drugs like this one have a “tripping speed-like” effect; a combination of hallucinogenic and stimulant response, and a high risk of out-of-control behavior for the user. Source: [/www.poison.org/articles/pink-cocaine](http://www.poison.org/articles/pink-cocaine)

■ I discussed attendance issues and performance concerns with my employee. I was taken aback when they confronted me about my own behaviors—arriving late and communicating poorly. They may not be wrong, but this undermined my ability to feel in control and take charge. What should I do now?

**Seek guidance from** the EAP to better manage this discussion and conversation with your employee. Obviously, performance cannot remain unsatisfactory despite the issues you face. Consider role-playing the conversation to build confidence and improve your approach. Don’t dismiss your employee’s comments. Do the opposite—thank them for their feedback and tell them you will reflect to improve your own conduct. Then, after acknowledging their points, steer the discussion back to their performance and attendance issues. Schedule another meeting focused solely on their performance and attendance. Remember to document, follow up, and implement accountability. Self-awareness and consistency in leadership are important, focusing on correcting performance. Many supervisors do not realize their actions set the tone for their team or department. A leader’s behavior directly influences whether the workplace becomes positive and productive or heads in the opposite direction. Their behavior also shapes employee expectations accordingly.

■ In speaking with my employee about performance issues, there was a definite mismatch between their cooperation with me and nonverbal cues. They seemed defiant. Should I ignore the nonverbal stuff and just go with what I can quantify?

**Ignoring behaviors like** crossed arms, lack of eye contact, or a dismissive tone could leave hidden issues associated with productivity and behavioral problems unaddressed. Nonverbal behaviors reveal underlying emotions or attitudes words alone may not express. These might include disengagement, frustration, or dissatisfaction—any of which could be associated with additional risk issues for the employer. Perhaps you have seen employees in the past whose unchecked nonverbal cues became habitual. Over time, the undermining of authority followed, and team morale was negatively affected. Count on the EAP to help you understand how to

address attitude and performance issues. This may prevent underlying problems and help you properly identify and resolve them before they escalate. The term “attitude performance” refers to nonverbal cues like tone of voice, facial expressions, and general disposition, which you should consider when assessing the emotional orientation employees have toward their jobs, coworkers, and the work environment. They can be tricky to document, but the EAP can help you understand how to do it.

■ **Three weeks ago, I recommended my employee visit the EAP to get help with serious financial issues affecting their performance. They did not know where to turn, but I knew the EAP could help. They just told me the EAP has not referred them to a source of help yet. I’m baffled. What should be my next move?**

**The fact** your employee hasn’t connected with a referral source could be due to several factors. It’s unlikely the EAP has failed to follow through, forgotten the employee’s needs, or been unable to locate a resource this far from the original assessment. While the employee may claim they haven’t received a referral, EAP experience suggests a lack of follow-up often reflects a loss of motivation to seek help. However, other factors—such as anxiety, delays in communication with the EAP or a source of help, resistance to outside support, or a new desire to handle the issue independently—could be at play. A reported problem by the employee, such as financial issues, may really be caused by something else, such as a gambling problem. This could also explain resistance to treatment. By formalizing the referral process and requesting a signed release, you can confirm participation and reinforce the employee’s commitment to engaging with the program. Please remember EAP does not offer direct financial support, but does provide potential resources such as Employee Resource Foundations or agencies who specialize in financial support.

■ **It is my belief my employee sees a psychiatrist every few months, for medication checks and possible therapy. They have been seeing the doctor for about three years. Recently, they have been coming to work late. It’s getting chronic, and I am worried. Should I encourage them to speak with their doctor or the EAP?**

**Recommend the EAP** to your employee or use a formal referral process if you’ve already addressed the tardiness issues with them. Since you aren’t in a position to diagnose them, avoid making assumptions about their health or whether their attendance issues are connected to the original problem they sought treatment years ago. Their issues may have nothing to do with therapy, medication, or even a personal health matter. To get clarity, you should ask directly why they are coming in late all of a sudden. Listening to their response may help identify whether work-related factors, such as workload, team dynamics, or unclear expectations, are involved—which might need to be addressed.



**BOCES Employee Assistance Program**  
1741D North Ocean Avenue, Medford, NY 11763 (631) 289-0480  
154 Commack Road, Suite 210 Commack, NY 11725 (631) 218-5445  
188 W. Montauk Hwy, Ste. E1, Hampton Bays, NY 11946 (631) 728-2008

