I support an inclusive workforce, but I worry my older workers are more likely to burn out, struggle, resist new technologies, possibly have more illnesses, or get along poorly with younger supervisors. Should I be concerned?

Plenty of research demonstrates these are stereotypes that have been blown out of the water. Older workers often get high marks for loyalty, reliability, and having a deeper network of contacts than younger workers who often must attend to and balance many more work-life demands. Older workers, because of their experience, may also understand much more about leadership, the doctrine of completed staff work, proper delegation of assignments, communication and relationship development, teamwork, listening, and the problem-solving process; in addition, they often have better writing skills. These days, workers of all ages have been exposed to technology. Workers in their 60s right now have used computers for decades. Understanding old technology makes it easier to understand newer technology. Developmental psychology tells us that the older we get, the more we are motivated by giving back; causes that support the community and passing on knowledge to others are key values for older workers. You can learn more from the 2010 book, *Managing the Older Worker*, by Peter Cappelli, which is available at most online bookstores.

My employees want to conduct an intervention with their coworker who is a meth addict. I support the idea, but they want to do it at work when the employee arrives. I declined to participate because I am not a peer, but I am also feeling a little nervous about this happening at work.

Workplace activities that you endorse, especially with regard to personnel matters, should be related to your organization’s mission and functions; thus, there are many potential problems, legal and otherwise, associated with having an intervention at work conducted by employees. Despite perceived urgency and the well-meaning intent of coworkers, you should recommend they meet with the EAP and consider a better plan or approach. Do not put yourself in the position of having approved this activity. Interventions work, and they have received enormous attention in the media by way of books, fee-based services, and even TV shows. However, managers should not approve them as acceptable workplace activities for employees suspected of substance abuse problems, despite what they might see in the movies.
None of my employees has indicated that they are having financial problems. Still, I know some of them must struggle with finances. How are money problems among employees different than other personal problems?

Our workforce includes many licensed mental health professionals, almost all of whom have significant experience in private practice, clinical settings, and delivering psychotherapy services. Doesn’t this mean that there is little need for an EAP?

My employee periodically refers to himself as an alcoholic but has been sober for 22 years. Why does he use this term?

Typically, money is equated with power and status. Thus, for a person with financial problems, particularly overwhelming credit card debt, a terrible feeling of dread can drive a belief in personal failure. This can easily transfer into fear that one's job or reputation at work would be seriously affected if the extent of one's financial problems were known. Remarkably, research reported by the Personal Finance Employee Education Foundation shows that overall stress of the average employee could be reduced by 50% simply by resolving issues associated with financial stress. When you talk about the EAP to your employees, mention financial help. You may not see much of a reaction, but ears will perk up. Specifically, mention the EAP's ability to identify financial help resources.

Mental health professionals do not experience fewer personal problems than the rest of the general population, so they can benefit from the direct services that EAPs offer. Likewise, mental health professionals aren’t categorically inclined to engage earlier and more effectively in successful self-treatment making EAPs redundant. The nature of many psychological and personal problems in general is their initial subtle beginnings, insidious nature, and tendency to grow worse. Along with a chronic path, the use of defense mechanisms such as denial adds to treatment delays. The symptoms of problems getting worse often include job performance issues and related problems, so arguably an EAP is just as important in your work setting as any other. Remember, EAPs don’t provide just assessments and referral functions: they also participate in a broad range of activities to help work organizations enhance workforce productivity.

Many alcoholics in an active recovery (especially 12-step programs) who are abstinent from alcohol and mood-altering substances refer to themselves as alcoholics or recovering alcoholics depending on whom they are with and the context of the social or occupational setting. The recognition that one is an alcoholic is not unlike employees who refer to themselves as diabetic even if the disease is well-managed. Many alcoholics believe their very next drink could be the one that leads to their death, because they have come so close to it in the past, tried so many times to get sober, or both. Their sobriety is therefore first and foremost. This attitude of awareness and gratitude is one of self-preservation. Practicing and feeling comfortable with describing oneself as an alcoholic is usually viewed as an important part of their awareness of who they are and the fragile nature of sobriety, and it is a reminder that they could lose it all tomorrow.