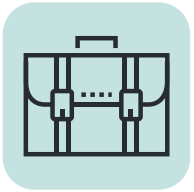
Supporting an Employee's Return to Work and Continued Recovery

WORKPLACE WELLBEING

Recovery is not a single milestone. Reintegrating an employee after treatment takes intentional accommodation, sustained confidentiality, and a manager who understands that financial harm often outlasts the gambling itself.

PLAN THE RETURN-TO-WORK CONVERSATION



- Confirm what the employee wants their manager and team to know, and what stays private
- Discuss schedule, workload, and any reasonable, time-limited accommodations
- Coordinate with EAP and treatment provider when the employee has authorized release
- Replace surveillance language with agreed-upon check-ins and clear success metrics

Source: NCPG Gambling in the Workplace Toolkit; Words Can Hurt Language Guide

BE SENSITIVE TO FINANCIAL RECOVERY

- Garnishments, debt repayment, and bankruptcy can extend long past clinical recovery
- Handle pay irregularities, advances, or wage assignments privately
- Connect employees to financial counseling through EAP when available

Source: The Better Institute; Sports Betting in Missouri: Responsible Gambling Policy 2025

SUSTAIN THE SUPPORT

- Continued connection to MO DBH treatment providers
- Encouragement, not requirement, to use peer support such as Gamblers Anonymous
- Ongoing access to 888-BETS-OFF, 1-800-MY-RESET, or 988 Behavioral Crisis Line for the employee and family

Source: Missouri DBH

SAMPLE ACCOMMODATION LANGUAGE

Schedule: "For the next 90 days, the employee will work a consistent schedule to support recovery-program attendance, with weekly 1:1s to review workload."

Confidentiality: "The employee's medical or treatment information will be retained only by HR, in line with our standard ADA and EAP processes."

Re-evaluation: "We will revisit this accommodation in 90 days, sooner if the employee requests."

Source: NCPG Gambling in the Workplace Toolkit; The Better Institute

PLAN FOR THE LONG ARC OF RECOVERY

Treat recovery the way you would any chronic health condition: with grace, structure, and a clear next step. Plan ahead for relapse not as a failure, but as a known feature of recovery that calls for connection, not consequence.

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