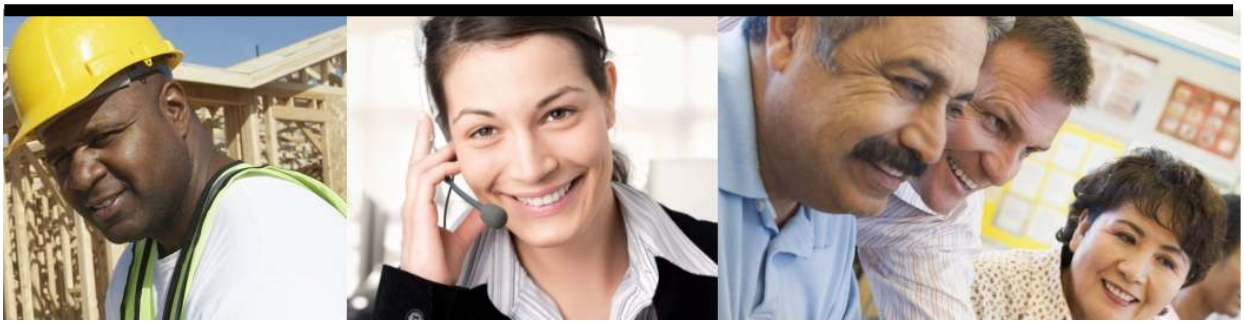

How to Conduct an Intervention in the Workplace with an Alcoholic Employee Experiencing Performance Problems

The Common-sense Approach to Salvaging Employees with Alcohol or Other Drug Problems Using Performance-based Intervention

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IMPORTANT NOTICE

This information is for general information purposes only. It is not intended to be specific advice or medical information for any particular company, person, or situation. It is not intended to replace the advice or counsel of a medical doctor, legal, or mental health professional. You should consult with a licensed or certified expert who has experience with addiction intervention. It is our recommendation and belief that interventions should not be conducted with persons who have been physically abusive, or who have made threats of physical harm, or who have a history of abuse or threats of harm against other persons. We recommend prior counseling and guidance provided by a mental health professional who has expertise in violence assessment, and can assist you with the best approach.

Author's Acknowledgments

I wrote this guide to provide employers with simple instructions on how to better face the question of what to do about workers addicted to alcohol or drugs, particularly workers in small companies where alcohol and drug policies or EAPs usually don't exist. This guide offers the technology for workplace intervention. I would like to acknowledge with gratitude the contribution of Francis R. Ridley, Jr., Esq., president and founder of The Legal Advocacy Network for Substance Addiction Recovery (LANSAR), who inspired me to complete this employer's guide. His assistance helped to ensure that language used in the guide is consistent in communicating the inseparability of employee rights and employer productivity. My thanks as well to the founding staff of the Arlington Hospital Addiction Treatment Program, Arlington, Virginia where I learned about accountability for effective and ethical treatment of addiction. It is my hope that this guide will energize our society's urgent need to view addictive disease as America's most treatable, untreated illness. The first step toward arresting alcohol and drug addiction problems does not lie with the addict. Rather, those persons in relationships with addicts must be unshakably determined to make treatment and recovery non-negotiable. Understanding the need for intervention and how to do it — rather than blaming addicts — is the great paradigm shift. This paradigm asserts what is incumbent upon us: to understand that addicts should *not* be held responsible for acquiring their disease, but should instead be held completely responsible *for seeking treatment and recovery* when symptoms of their disease become evident.

About the Author

Daniel A. Feerst, is the founding publisher of WorkExcel.com (formally EAPtools.com), the *FrontLine Supervisor* newsletter, and *Frontline Employee* newsletter, a monthly international newsletter (read by over 150,000 supervisors monthly) to improve use of the EAP as an effective management tool. Mr. Feerst founded the ASSIST for Business and ASSIST for Families Intervention services at Arlington Hospital, Arlington, Virginia, and there, over a period of 10 years, he developed the approach to motivating addicted workers found in this guide call the Family (or Business) Empower Model of Intervention. The Corporation Against Drug Abuse recommended use of the Performance-based Intervention Model in the U.S. Small Business Administration's DrugFree Workplace Kit in 1993. Formerly, Dan Feerst was Chief of Occupational Alcoholism Programs, Prince George's County Health Department, Maryland; an Employee Assistance Professional with Kennecott Copper INSIGHT Program, Salt Lake City, Utah; and, was a founding staff member of the U.S. Central Intelligence Agency's, Agency Alcohol Program/EAP until 1980. Dan Feerst consults with behavioral health care providers seeking to establish addiction intervention services to reach small businesses in their communities.

HOW TO USE THIS GUIDE

Success rates for addicts referred from employment settings are typically higher when job security is at stake. Such employees experience higher motivation to recover when properly followed up by EA or treatment professionals.

This guide is designed to solve an ancient dilemma for hundreds of thousands of employers, particularly smaller companies without formal employee assistance programs staffed by qualified experts in alcohol/drug addiction evaluation and disease management. How do you motivate an alcoholic or drug addicted employee to seek proper treatment and remain in recovery? The elusive answer to this question lies in proper use of job security as leverage in a constructive confrontation and, more importantly, "what to say" and "how to say it." This is the one-minute intervention. This "technology" is also called performance-based intervention.

You should read this guidebook thoroughly. Be sure to read the sidebars on each page. They describe useful tips, observations, and recommendations for you to consider.

ARE YOU READY TO INTERVENE?

Addiction always gets worse, not better. Arresting the illness is the only way future problems will be prevented. Most alcoholics (addicts) will respond temporarily to confrontation by the employer. These past confrontations should not be confused with intervention. Such abstinence periods and improved performance typically don't last without proper treatment.

Intervention is not a casual activity. It's serious business. Afterwards, no matter what the employee decides to do, things change. If things do not change, and the status quo remains — you, not the employee, handled the intervention incorrectly. This is because you, not your employee, control the employment relationship. If your employee continues actively drinking (or using) and experiencing ongoing job performance problems, it is a product of your decision to put the symptoms of the disease ahead of your company's productivity. This is not in your or your employee's interest.

Determine if the following statements are true about you in order to determine whether you are ready to conduct an intervention:

You are not diagnosing the employee. Described here is the definition of "reasonable suspicion." You will not call or label the employee an alcoholic or drug addict in the intervention. You may plainly know alcoholism is a factor, but you will not discuss or argue about this diagnosis.

1. (A) An obvious alcohol use problem exists on the basis of the facts and the rational inferences that may be drawn from such facts, or on the basis of direct or reported observations that the employee's use of alcohol is affecting job performance.

If the employee is unqualified and unable to do the job and its essential functions — even if drug-free or recoverying — why are you conducting an intervention?

(B) You believe that your employee has the ability to perform the essential functions of the position if sober and drug-free. And, when the employee recovers from the active addiction, you are willing to provide positive feedback, a show of support for recovery, and a place for your employee in the organization.

Misconceptions about the illness by the supervisor is the most common reason interventions fail.

2. You believe alcohol or drug problems are *not* the result of willpower shortcomings or symptoms of a psychological problem, but in fact are medically based illnesses. If you don't accept this, suspend your disbelief for now in order to succeed with the intervention. Alcoholism and drug addiction cannot be self-diagnosed in the absence of behavioral evidence that the disease exists. These symptoms occur on average 15 years after the medical symptoms of the disease exist. Unfortunately, in today's society, victims of the illness must be confronted by psychosocial, occupational, or biological consequences of illness to break the denial pattern. Indeed, a six-pack of beer does not come with a Michigan Alcoholism Screening Test® on the side panel! Addicts are ignorant of their early medical symptoms. Denial protects them from behavioral symptoms that emerge later. That's where you come in.

3. You have documentation of job performance problems that you will use in the intervention. These problems may include quality of work, behavior, or attendance.

4. You have had corrective interviews with your employee in the past about job performance problems, yet these problems are continuing.

5. You have asked your employee to seek assistance from the EAP or some source of help of his or her choosing in case a personal problem is contributing to the job performance problems. (Don't tell the employee what you believe to be his or her personal problem. Don't diagnose your employee.) A simple statement*, "Hey, if something personal is contributing to these problems, please take advantage of whatever help is available,"* will suffice. Suggest the EAP if one exists.

6. You have decided to no longer tolerate substandard performance or attendance problems.

7. You have decided to no longer accept your employee's assurances that everything will be okay. You have decided not to feel guilty for taking appropriate steps to resolve the problem.

8. You are determined NOT TO DISCUSS your employee's personal problems in a corrective interview. (When the intervention occurs, your employee may try to pull you into such a discussion.)

This professional should be knowledgeable about alcohol and drug addiction. A licensed mental health professional who also is a CEAP is preferred because other mental health problems may need to be identified and addressed in an assessment interview. By the way, most mental health professionals know little about alcohol and drug addiction — but they are not likely to let you know it. You must ask.

9. You have identified a professional with proper certification or licensure who is experienced at evaluating employees with alcohol or drug addictions AND who is willing to provide ongoing follow-up ALONG with communication to you about your employee's cooperation with the professional's recommendations after the intervention. (More on p.9)

10. You have management's support to conduct an intervention and

allow the employee to seek an assessment and proper treatment *in lieu of disciplinary action, which will be held in abeyance pending follow-through with recommended help.*

A FEW WORDS ABOUT INTERVENTION

Before we get started, a few words about addiction intervention. No effective approach to helping business and industry deal constructively with the problem of alcoholism or drug addiction in the workplace stands alone. All approaches are built on the previous successes of hundreds of people who have worked in employee assistance (or occupational alcoholism programs) or addiction treatment services. These approaches have been pioneered over the past 75 years.

Some of these techniques have stood the test of time; others, though once popular, have been (or should have been) abandoned because of their legal risk to employers (bringing family members into the workplace without the employee's knowledge) as demonstrated in the movie "I'll Quit Tomorrow." Techniques such as this one violate employee privacy rights.

You will soon see that the Performance-based Intervention Model works very well because it is based on common sense and on our most accurate understanding of alcoholism, addiction, and addictive disease, particularly its hallmark symptom — denial. Most important, the Performance-based Intervention Model is simple. You also will see that intervening with alcohol and other drug problems in the workplace does not have to be stressful, emotional, or mysterious for you or your employee.

The goal is simple – the employee accepts help or the consequence for ongoing job performance problems. ⇨

READ AND UNDERSTAND

Unfortunately, we live in some legally scary times. Therefore, I must say at the outset that the guidance provided in this manual is not tailored

specifically for the employee you have in mind. How could it? I don't know you or the employee. So, although the instructions found in this guide are sound — and they are surely well tested — you must take responsibility for reading the following and adhering to it:

BOTH FEDERAL AND STATE LAWS CONTROL THE EMPLOYER-EMPLOYEE RELATIONSHIP. IT IS IMPERATIVE THAT YOU SEEK LEGAL ADVICE BEFORE IMPLEMENTING ANY PART OF THIS INTERVENTION MODEL. THE AMERICANS WITH DISABILITIES ACT, THE REHABILITATION ACT OF 1973, THE AGE DISCRIMINATION IN EMPLOYMENT ACT, AND TITLE VII OF THE CIVIL RIGHTS ACT OF 1964 ARE FEDERAL LAWS AFFECTING THAT RELATIONSHIP. MANY STATES HAVE SIMILAR LAWS, SOME MORE RIGOROUS, SOME LESS RIGOROUS, THAN THEIR FEDERAL COUNTERPARTS. IN ADDITION, THERE IS A GROWING BODY OF CASE LAW KNOWN AS "WRONGFUL DISCHARGE." ALWAYS SEEK COMPETENT LEGAL ADVICE.

WHO SHOULD USE PERFORMANCE-BASED INTERVENTION?

Don't have a mental health professional or addiction treatment professional meet with your employee in the workplace or in your office — with or without the employee's prior knowledge. ⇒

The Performance-based Intervention Model was designed for use by managers, human resource professionals, or supervisors needing to confront an employee with a suspected alcohol or drug use problem affecting job performance, conduct, attendance, attitude, or availability at work. The model is particularly useful for small business owners or managers without access to EAP services. The intervention model does not include the participation of an addiction treatment professional, employee assistance consultant, or other expert during the performance-based intervention interview. Such a professional, however, will be involved immediately after when a referral is made for an assessment and recommendation for treatment. Only the employer's representatives will meet with the employee in the intervention meeting.

PRE-INTERVENTION PLANNING

The following circumstances make the intervention model appropriate to use when: (1) a serious performance problem and/or conduct problem exists AND (2) an obvious alcohol or drug use problem exists based on the facts and the rational inferences that may be drawn from such facts, or based on direct or reported observations that the employee's use of alcohol or other drugs is affecting job performance or violating rules. (In my experience, employers are accurate 9 times out of 10 that their employee had an alcohol problem *before* I consulted with them. Drug addiction is more difficult spot. However, the intervention model does not rely upon your diagnosing your employee – only job performance.

This is important and establishes the precedent for further action — the intervention. ⇒

The goal of the intervention is to salvage a valuable worker and obtain the benefits such action accrues to the company, the employee, and society in general.

This model assumes that the employer has made past attempts to motivate the employee to improve performance and to take appropriate steps to get help for a personal problem if one exists. At such a meeting, the employee should have learned that his/her job could be in jeopardy if such problems continue or that some other disciplinary consequence could occur.

The meeting may have required the presence of an employee representative, as in the case of a unionized workforce. Remember that supervisors should be apprised of applicable discrimination laws prior to such meetings. Human resource managers can be useful for this purpose. For performance-based intervention to be effective, the company must be willing to: levy a legitimate, but appropriate, disciplinary action for ongoing job problems; or hold such an action in abeyance, pending the employee's agreement to accept an appointment for a

The disciplinary action is used if the offer of help is not accepted. Without a legitimate disciplinary action for ongoing job performance problems, you have no leverage to motivate the employee to accept help. This would force you to "talk the employee" into it. So, you're not ready for an intervention if you don't have any leverage. ⇒

professional evaluation and referral to treatment for addictive disease, if warranted and recommended.

Without follow-up, your employee will relapse – bet on it.

One prerequisite to using the performance-based intervention model is coordinating the timing of the intervention meeting with a consultant knowledgeable in evaluation and follow-up of addictive disease. Ideally, this person is a qualified, experienced, and Certified Employee Assistance Professional (CEAP).

Employees do everything to keep their alcohol or drug problem from showing up at work. This is the last place where symptoms emerge. All other aspects of the employee's life are affected first. The employee knows something isn't right about his or her drinking or drug use, it's just that the employee has a definition of addiction that does not include himself.

The performance-based intervention model is a form of constructive confrontation that has worked equally well with alcoholism, cocaine addiction, and other drug problems. The model's effectiveness arises from its language, timing, focus, and premise that the employee experiencing workplace symptoms of alcoholism or drug addiction, although in denial, has some awareness of an alcohol or drug problem because of past complaints and confrontations by others, usually family and close friends. In effect, the addict has a vague awareness of a problem with his or her use of alcohol or drugs. By the time problems are evident at work avoidance of a diagnosis of *addiction* is the primary purpose of denial.

Employees will give up their families long before they give up their jobs. A job is, in fact, a more powerful lever than threat of divorce.

The performance-based intervention model, contrary to traditional intervention approaches does not include family members because this technique places the company at risk of infringing on the employee's rights to privacy. Models of intervention that do include family members were popular in some older movies and training films. (If such employees would not have sued in the past if you secretly brought family members to their workplace to surprise them with an intervention, they certainly will think about doing so now.) Research has clearly demonstrated that the threat of removal or other adverse employment action for continued job performance and/or conduct problems gives an employer more powerful leverage than does family influence in

providing the employee with meaningful incentives for recovery. This makes the involvement of family members unnecessary in workplace interventions. In fact, family participation will probably sabotage interventions conducted in the workplace. (Likewise, the employer should not participate in a family intervention outside the workplace.)

BEFORE THE INTERVENTION MEETING

The sooner the intervention takes place after a mishap, sick day, or other problematic event, the more successful it will be. ⇨

1. Meet with a licensed mental health professional who also is a Certified Employee Assistance Professional (CEAP). This professional should have addiction treatment experience and evaluation skills. Many addiction treatment programs can recommend or provide such a consultant. (See your yellow pages under "alcoholism" or call the Employee Assistance Professionals Association, 703-522-6272 for referral to a local EA consultant.) This professional will meet with the immediate supervisor, the next-level manager, and the human resources (HR) manager, if desired, prior to the intervention meeting with your employee. The purpose of this meeting is to have the professional validate as much as possible that your suspicions are reasonable, establish a working relationship with you, and understand the job performance problems before meeting with your employee immediately after the intervention.

INTERVENTION STEPS:

Don't provide a disciplinary action and then expect the employee to go for treatment. It won't work. Your employee will have no incentive to do something he or she would really like to avoid. This is a critical point and a common mistake with most workplace substance abuse policies and EAP referrals. I call this "chasing the referral". Intervention in the workplace (and with families) requires a "right here, right now" type of approach. This is how 90% of all admissions to addiction treatment programs occur. ⇨

2. Before confronting the employee, meet with other involved managers or supervisors and agree on what will be accomplished as a result of the intervention. Interveners should be in agreement about the seriousness of job performance problems, attendance problems, attitude problems, or other unacceptable behavior. *Interveners must be specific*. Previously documented job problems are useful. The most recent evidence of continuing problems, or other performance problems, can serve as a catalyst to the intervention. Ideally, the intervention follows an event requiring a corrective management response.

3. Before scheduling your intervention meeting with the employee, set up an appointment for the clinician to evaluate the employee. Your employee will go to this appointment immediately after the intervention meeting. Your employee will receive appropriate discipline for documented job performance problems, or such an action will be held in abeyance because the employee has agreed to attend the appointment at the end of your intervention meeting.

Your company may not have a HR person on staff. In this case follow your organization's relevant policies. ⇨

4. As mentioned before, two representatives of management will meet with the employee. Ideally, this is the supervisor and the next-level supervisor. The senior supervisor should have authority to administer disciplinary action. The HR manager (that makes three members) may also participate. Ask your HR representative's opinion on participating. This adds protection for the company and the employee. The HR representative also can clarify other company policies and procedures. Remember, a union steward or other representative may be needed at the meeting. Federal employees are guaranteed this right, even if the workforce is not unionized. By all means, safeguard the employee's confidentiality throughout the entire intervention, treatment, and back-to-work process. Repeat your promise of confidentiality.

A contentious relationship frequently exists between the immediate supervisor and the employee. Less manipulation and "splitting" occurs in the intervention when the senior manager does most of the talking. ⇨

5. The next-level supervisor or the manager with authority to levy disciplinary action leads the intervention — not the immediate supervisor! The immediate supervisor supports the confrontation with evidence of job performance problems. This also is a critical point. Managers must be in agreement that the disciplinary action chosen *is appropriate* to the problem behavior.

6. The threat of job loss, if appropriate, will have the most impact on motivating the employee to seek help for an addiction problem. Research has shown that the opportunity to avoid a disciplinary action

can strongly motivate alcoholic or drug addicted employees to consider treatment. In fact, this type of crisis produces the strongest sense of urgency to take a step toward treatment.

You will feel the urge to take a softer approach if you have not properly prepared yourself. If you feel guilty about taking a disciplinary action, or you believe the one chosen is too harsh, this approach will likely emerge. If this happens, you have lost the intervention.

7. Intervention should never appear to be an informal or casual event. The time for managers to impart their personal concern for the employee and the possibility of future disciplinary action if things don't turn around has passed. You have already had that conversation by now. At best, "soft" confrontations may motivate an employee to temporarily place controls on drinking and drug use. More likely, such confrontations will drive the drinking further underground increasing risk of more severe workplace problems. At worst, such diagnostic confrontations subject management to the possibility of lawsuits for harassment or other employment litigation. If a job problem exists, it requires correction or disciplinary action. In any case, pushing an employee to admit his/her addiction is extremely problematic because it demands a discussion about whether such a problem really exists. If you are like most employers who have tried this approach, the employee will thank you for your concern and move on, or will become belligerent. Either way, you lose. You will then erroneously conclude that interventions don't work and will lose valuable workers.
Remember as well that employees rarely seek addiction treatment on suggestion. And if by chance they do, it usually is a short-lived, half-measured attempt. Professional follow-up after treatment is critical to success and you can't play this role. Moreover, although you might have personal concerns about your employee's use of alcohol or drugs, a "friendly chat" or other "unofficial" attempt on your part to discuss the drug or alcohol problem in the absence of job performance or behavior problems is useless. You're fooling yourself if you think this will work — no matter how good you feel about your employee's cooperation during such a conversation. Don't forget, as mentioned earlier, that such a discussion can subject management to employment practices liability.

8. The best time to confront the employee follows a work incident where a "perceived crisis" provides a sense of urgency, seriousness, and resolve. Employees with addiction problems are less defensive at these times and are more amenable to treatment. This is called an "incidental crisis." At the very least, most addicts will consider modifying their alcohol and drug use at such times. In effect, a window of opportunity opens, but the addict closes it quickly with well-practiced defense mechanisms that distort and minimize the seriousness of the event. Decreased anxiety and awareness of the real problem, making intervention a bit more difficult follow this period. Confrontation soon after an incident also makes fear of disciplinary action more meaningful, and elicits motivation when the offer of treatment is made to the employee.

9. Start by explaining to the employee what is wrong with his/her job performance and how responsibilities have not been met. Explain the impact of the problems. Describe in detail the incident prompting this meeting. Let the employee know that the situation is serious and that you have made a decision about his or her job situation. Explain to the employee all problem behaviors that have been documented. Take your time and be calm. Now, tell the employee that on the basis of these problems, the company has decided to terminate, suspend, provide a letter of reprimand, or whatever, etc.

10. Accept the employee's reaction. Receiving a disciplinary action, especially termination, is a numbing experience, even if the employee appears unaffected. It will make the employee amenable to whatever might reverse it. Now apply the one-minute intervention: Say, *"The company is willing to hold this disciplinary action in abeyance under one condition."*

I call this the one-minute intervention. In effect, here is what's being said: "We are (firing, or whatever) you today. However, there is one condition under which we will not do it. That's if you think your problems are connected to an alcohol or drug problem. Then we'll give you the world on a silver platter. However, if you don't believe this is a problem, you can pick up your check and be dismissed." This is the major paradigm shift and the basis for performance intervention.

11. Then say to the employee:

"If you believe that these job problems, etc., are possibly related to an alcohol (or drug use) problem, directly or even indirectly (don't use the term "alcoholic," "alcoholism," or "drug addict"), then the company would be willing to consider the following: (1) We will allow you to get an assessment to determine whether you need some sort of assistance or help, and we will view these job problems as symptoms of the alcohol problem — a health issue that needs to be accommodated; (2) We also will guarantee that your job security, promotional opportunities, and job status will not be jeopardized simply because you went for help; (3) We also will keep your decision to seek help strictly confidential; and (4) We will give you time off work to get recommended treatment, if any, consistent with our leave policy. We cannot discuss with you or speculate whether or not you have such a problem because we are not professionals. And we cannot diagnose you or suggest you need help. The choice is strictly yours. Would you like to consider this option now — or accept the disciplinary action we have proposed? If you do not want to accept this offer, it is your decision, and we will proceed with disciplinary action.

Never call the employee an alcoholic or drug addict. If you do, you won't be able to get out of discussing why you think this is the problem. As indicated, you'll lose this argument

Your employee is now breathing a great sigh of relief, but still may attempt to ask why you think he or she has a drinking problem. Remember that you will not discuss it. Tell the employee it is not within your ability to diagnose this problem, nor is the discussion appropriate. Your focus is solely on whether to dispense a disciplinary action or hold such an action in abeyance in order to accommodate what the employee believes could be the existence of an alcohol or drug related problem. The employee needs to decide.

WHAT JUST HAPPENED:

In effect, you have just said that the only way the employee can avoid the disciplinary action is to request accommodation for his or her alcohol

or drug problem. You're willing to roll out the "red carpet" for your employee if that's the case.

IF YOUR EMPLOYEE AGREES:

Your employee will probably accept the recommended referral. No employee in my experience has ever said they had someone else they would like to see. However, if this occurs, you could refuse this option. Remember that you are in control this time. The employee, for instance, could have a health care professional who enables him/her. This would be a sure bet for problems continuing and, of course, job loss would be the eventual outcome.

1. Say, "We would like for you to speak with someone with whom we have consulted, who advised us about how to proceed with helping you. If this professional recommends treatment or some form of assistance — and, we don't know if he/she will — we would like you to follow through with those recommendations as part of the agreement.

2. "We also would like you to give permission for the clinician to speak with us so that we can know you went for the appointment. We don't need any details. We also need to know if there is a recommendation, and if you have agreed to follow it. We also need to know from the consultant if any time off from work will be necessary to accommodate the recommendations. We do not need other information."

3. Ask the employee if he or she would like to be escorted to the appointment. Do not send the employee alone if you believe he/she has been drinking. Remind the employee of the following:

A. The employee is not being "required to go." (Although the employee feels pressure, it is his or her choice. Remember that you have legitimate reasons at this moment to dispense a disciplinary action.)

B. You are not diagnosing the employee. This is not your job. (Everyone probably knows there's an alcohol-related problem, but you're staying out of this realm because it's not your place to discuss it. And, it's highly risky.)

C. The employee is going to the evaluation because he or she — NOT YOU — believes there is a problem that needs to be evaluated and/or treated. This is a critical point. Don't get into a power struggle over your employee's decision. It's time to let go.

D. You can only accept at this point what the professional recommends; not what the employee thinks should be done, if an alcohol or drug problem exists. (It's too late for bargaining now. That time has passed. If you are still willing to accept the employee's plan for "doing-it-on-my-own," you'll lose this intervention outcome. This is called "buying the employee's next drink." Your employee should have already considered other options prior to this intervention meeting. So, "new ideas" the employee might suggest should be unacceptable."

Consider putting the agreement you are making with your employee in writing.

E. You will consider dispensing the disciplinary action on the basis of documented performance problems unless the employee establishes that:

a) An alcohol or drug problem exists that needs treatment.

b) An evaluation appointment is verified.

c) A release is signed to confirm the interview outcome.

d) There is an agreement to follow professional recommendations.

e) There is follow through, once begun, with professional recommendations.

LAST STEP IF EMPLOYEE IS UNWILLING:

If the employee decides against the assessment/evaluation and instead accepts the disciplinary action, do the following:

This is powerful. Frequently, employees are forced into treatment the next day by family members who "go crazy" upon learning that the employee has quit the job. I have seen spouses who have long badgered their addict to get into treatment finally get results at this time (often by threatening to leave). Magic happens — and someone calls you the next day telling you that your employee was admitted.

Double check to see if this is indeed what the employee really wants to do. Discuss the impact of the employee's decision on his or her life. Simply clarify the consequences of the decision. If no reversal of the decision is forthcoming, tell the employee that you must implement the

disciplinary action. BUT, tell your employee that if he or she changes his/her mind, to let you know by tomorrow morning, say by 10:00 AM, because after that it will be too late.

Under these circumstances many employees will accept help the next day. They simply have trouble admitting to you at the moment that they need help. Instead, they harm themselves rather than admit to "moral, willpower, or a character failing," which is how most people view addiction, although this is complete myth.

[If you view alcoholism this way, your intervention will probably fail because the employee will sense your contempt. Denial is all about avoiding shame, pity, self-punishment, and the contempt of others for having a psychological problem or being weak. If you have a drinking problem yourself, it is likely that you have this misunderstanding of addictive illness. You can still be successful with an intervention, however, because this is about the employee's problem, not yours. With luck, you will read more about alcoholism, experiment with abstinence, self-diagnose, go to Alcoholics Anonymous, seek treatment, and recover.]

TIPS:

When a time lag occurs between the intervention and the evaluation, opportunity for intervention failure increases. An intervention done in the afternoon, for instance, would necessitate an evaluation appointment the next day. This lag time sabotages intervention by interrupting the momentum and motivation established in the constructive confrontation meeting.

1. Don't conduct this intervention on a day before vacation or annual leave, or on a Friday.

2. Conduct the intervention in the morning.

3. Don't get involved in a discussion about whether there is indeed an alcohol or drug problem. You cannot win this argument. Your consultation with the clinician has confirmed this problem probably

exists, which is the basis for the intervention. The issue for your company is to discipline or not discipline the employee for documented job performance or conduct problems. Any discussion about alcoholism or drug addiction will lead you to postpone action because you will be tempted to accept reasonable employee-initiated alternatives or explanations to satisfy your unrealistic need to feel good about the outcome of the intervention and please the employee at the same time. Unfortunately, you will be enabling and losing credibility with your employee.

The employee with an alcohol or drug problem is well practiced at arguing his or her "case," particularly with family members, with whom they have acquired this skill. This experience makes you an easy match.

4. Do not allow the employee to simply tell you that he or she already has quit drinking or will quit on his or her own. This is unacceptable and inappropriate discussion in a correctional interview. If the employee says he or she might have a drinking problem, it requires treatment, not an investment in willpower or cutting back to address its symptoms, namely drinking. Treatment is necessary for the employee to arrest the illness and learn how to "stay stopped" from ethyl alcohol or other psychoactive drug consumption. You are the employer, not a family

member. Family members routinely accept, out of ignorance, these assurances by the addict. You should not make the same mistake.

5. The employee may attempt to manipulate you to some degree if you have been previously manipulated in the past. This is normal. Simply stick to your decision. Focus on performance and consequences, or holding consequences in abeyance depending on what the employee decides to do.

DO NOT DISPENSE DISCIPLINARY ACTION FOR:

1. STATUS AS A RECOVERING ALCOHOLIC OR A DRUG ADDICT. (You can fire for CURRENT illegal drug use, but firing someone solely because they are an addict or alcoholic can come back to haunt you later.)

2. FAILURE TO GO TO TREATMENT. (Poor job performance is the basis for action, not "failure to enter treatment.")

3. GOING TO TREATMENT FOR ALCOHOLISM OR DRUG ADDICTION. (Don't fire an employee for entering treatment for an alcohol or drug problem.)

4. TAKING TIME OFF TO TREAT ADDICTIVE DISEASE. If you have allowed employees with other health conditions to take leave from work to obtain treatment for severe illnesses, it is essential to do no less for the employees with addictive disease.

WHAT IF:

Q. What if there is no problem with alcoholism or drug addiction and no recommendation for treatment is made by the clinician?

A. Although this is very unlikely, particularly in light of a professional consultation prior to the intervention, your company can choose to impose the disciplinary action for clearly documented job performance problems that are obviously not related to addiction or other medical condition. Do not discharge your employee without good cause and good documentation as to the reasons why. With performance-based intervention, you are accommodating a health care problem. If no health care problem exists, and the employee is not in need of an accommodation for a health care problem (addictive disease, in this

case), then responding to the ongoing job-related problems with a measured and fitting disciplinary response is an option. Most employers I have worked with have been at the absolute "end of their ropes" with the behavior of their employee. If you are not, be sure you construct an iron clad and clearly worded performance improvement plan. Think carefully about whether this is prudent for your circumstances. Never, ever imply that you might consider this if the employee's evaluation is negative. This would sabotage the intervention and the employee's motivation with the clinician.

This is unlikely, but possible. It's unlikely because there is a strong rationale for alcohol or drug addiction being present and such illnesses CANNOT be caused by other problems. They are primary. In addition, your circumstances greatly determine how you got to this point of considering the information you are reading now. You probably would not be doing so unless other clear evidence brought you to this point.

Q. What if the counselor determines that another problem exists — not alcoholism or drug addiction?

A. If by chance the clinician discovers another serious personal problem, other than alcoholism or drug addiction that needs treatment, your company could choose to consider accepting and accommodating this recommendation. A health care clinician who indicates that alcoholism or a drug addiction problem is a symptom of depression probably does not know what he or she is doing. A bunch of these folks are out there. A look at their resume will point to a lack of experience with addictive disease. You must get a clear understanding of the clinician's beliefs about addiction before you go forward. Professionals associated with accredited addiction treatment programs are likely to have the experience you need.

Those who work strictly for a psychiatric program are generally less knowledgeable. Of course, depression can make an alcohol or drug addiction worse, or it can exist concurrently with it. But, depression doesn't cause alcoholism. Alcoholics may drink to sooth depression (also called "self-medicating") which may or may not be caused by the alcoholism. Alcohol works well for this purpose only if you have the requisite body chemistry. A "social drinker" wouldn't consider doing this anymore than eating broccoli for such a purpose. Social drinkers

can't medicate depression with alcohol because they have no past experience with alcohol that would influence them to consider it.

Q. What if the employee goes to treatment, but later relapses and is using drugs, or is in trouble with alcohol again?

A. It is possible that your employee may relapse at some point in the future. If this occurs, it does not mean failure. Acting quickly to motivate the employee to revisit the CEAP or treatment professional is essential, however, in order to stop the relapse. Promise the consequence for failure to do so. Relapse is like an aftershock following a major earthquake; it doesn't mean the BIG ONE is back. Relapse is usually associated with experimental drinking to see if one has indeed really lost control. It usually occurs because the employee has failed to properly manage their disease.

An incidental crisis or event then prompts the impulse to drink. Relapse is considered normal in the progression of recovery. In the first year or two, however, this is more often because of poor follow-up and poor communication with those who have influence and leverage in the addict's decision to enter treatment and remain in an effective recovery program. That's you. The bottom line is that relapse occurs far less when expert follow-up by the treatment provider is part of the care plan. So, insist on it. In the end, most addicts who finally are successful at life-long abstinence experience relapse. Never assume failure if this happens. Watch behavior. Does it tell you the employee wants his job or does it not? What does the professional have to say? Take your cue from this person so you know how to respond.

Q. What if the employee continues to relapse and we simply cannot tolerate the unpredictability of the problems he or she experiences?

A. Your employee's addictive disease is a chronic health care problem, although 80% or better of employees referred to treatment from the workplace stay sober. I believe that with good follow-up (the key to success) this figure approaches 90% or better. In the event your employee is unable to sustain employment, you may wish to consider other alternatives. Disability retirement is a possibility. Don't overreact to this suggestion. If this is arranged, a stringent, regular, and periodic evaluation by an addictionologist (a medical doctor certified by the American Society on Addiction Medicine, or ASAM, should take place to verify the employee's aggressive involvement in a satisfactory treatment and recovery program in order to remain qualified for disability insurance. Most employees who know this type of evaluation will be required will feel an overwhelming sense of urgency to make their recovery program work to stay sober. Some employees with compounded physical or mental health problems may not be successful no matter what their motivation to remain abstinent. For instance, severe organic brain damage or end-stage liver cirrhosis might make it impossible to engage in treatment. For these employees intervention for them came too late.