

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 from whom 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, MSW, LICSW, CEAP, is the founding publisher of *The FrontLine Supervisor*, a monthly international newsletter (read by over 150,000 supervisors monthly) to improve use of the EAP as an effective management tool. Formerly, he was founding publisher of *Small Business Employee Assistance*. He is currently Assistant Director for Arlington Public Schools & Arlington County Government Employee Assistance Programs in Arlington, Virginia. 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. The Corporation Against Drug Abuse recommended the Performance-based Intervention Model for placement 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



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



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



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.

(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.

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 us who have worked in employee assistance (or occupational alcoholism programs) or addiction treatment services. These approaches have been pioneered over the past 50 years.

Some of these techniques have stood the test of time; others, though once successful, 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, for example). 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: