Establishing an Employee Assistance Program at Checker Motors Corporation

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ESTABLISHING AN EMPLOYEE ASSISTANCE PROGRAM AT CHECKER MOTORS CORPORATION

by

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Eileen E. Rogers
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CHAPTER I
DEFINITION OF THE PROBLEM

Introduction

Approximately one out of every 10 U.S. workers is an alcoholic or has a serious drinking problem, resulting in an estimated $125 billion a year drain on the economy. More serious is that fewer than 10% of all citizens who have drinking problems receive any treatment. There is help available for the estimated 4,500,000 alcoholic workers as well as all employees whose personal problems--medical, emotional, financial, family or substance abuse related--adversely affect job performance. There is a source and a system that business, industry and unions can turn to. That source is an Employee Assistance Program.

This project is intended to present an experiential account of my field placement at Checker Motors Corporation in Kalamazoo, Michigan which included the development of an Employee Assistance Program. This experience consisted of 500 hours in this industrial setting in the role of Motivational Interviewer. The time span in which this internship was accomplished was May 31, 1978 through December 14, 1978.
Rationale

Prior to this time my professional position was that of a Psychiatric Nursing Instructor in the Associate-degree program at Kalamazoo Valley Community College, Kalamazoo, Michigan. A family transfer to Ann Arbor necessitated my resignation at the college.

In the spring of 1978 I worked at Borgess Hospital Alcoholism Treatment-Outpatient Unit in a 150-hour internship for the Speciality Program in Alcohol and Drug Abuse (S. P. A. D. A.) at Western Michigan University in Kalamazoo, Michigan. I worked very closely with Ronald Freemire of the Outpatient Unit and was fortunate to observe the formation of the Occupational Health division during this time. I became interested in the special needs for troubled employees in business and industry by observing clients having serious problems due to late referrals. There seemed to be a desperate need for intervention and Borgess Alcoholism Center met that need by forming the new Occupational Health division. My supervisor, Ronald Freemire, was appointed as Management Consultant and John Castleberry was designated as Labor Representative. One of the main objectives of this program was to set up a viable Employee Assistance program as identified by James T. Wrich in his book The Employee Assistance Program. A key person in this program is the motivational interviewer and it seemed like an excellent opportunity to move into an
industrial setting to fulfill the partial requirements for my specialist degree.

A flow chart (see following page) gives the reader a clear and concise picture of where the motivational interviewer lies in relation to the employee and referral to the appropriate agency within the community (Wrich, 1974).

On February 20, 1978, Ronald Freemire and I contacted Art Samson, Industrial Relations Manager at Checker Motors Corporation in Kalamazoo, Michigan. Mr. Freemire talked with Mr. Samson about the newly organized Occupational Health Program at Borgess Hospital Midwest Alcoholism Center. He specifically discussed the Employee Assistance Program which he had been instrumental in developing. Mr. Samson was interested in hearing about the program and was supportive to Mr. Freemire. I told him of my interest in being involved in this program through the role of Motivational Interviewer. I explained that the two concurrent degrees I was seeking required extensive field placements and it was my wish to accomplish them at Checker Motors Corporation. He was receptive to this plan and seemed confident that the Company's President, Mr. David Markin, would approve the placement. Mr. Samson said that he believed the best approach would be to send out a joint labor-management announcement to all Checker employees. The letter is as follows:
This diagram illustrates a flow system which utilizes the family and community assistance to motivate employees into the program as well as diagnostic back-up for a motivational interviewer without broad diagnostic training or experience.
To: All Checker Motors Corporation Employees

Checker Motors Corporation and the AIW-CIO Union Local No. 682, Kalamazoo, Michigan, jointly endorse the Employee Assistance Program at Borgess Hospital.

This program has been established to assist employees with personal problems. If you are experiencing family and marital problems, financial problems, emotional problems, or drinking problems that are adversely affecting your attendance and/or job performance, we encourage you to seek help by calling Ph. #383-8338 and asking for an appointment. An Employee Assistance Counselor will assist you in resolving problems in a confidential and reassuring manner.

The counselor will assist you in identifying and evaluating problems and will then refer you to the most appropriate helping source. There is no charge for the Employee Assistance Service and referrals are made to community agencies that accept third party payment from your insurance company, or charge you based upon your ability to pay. Employees seeking assistance will be seen as soon as possible. If you are referred to a program that requires you to take time off work, it is important that you realize that your union and company encourage you to seek help and consider it your responsibility to do so.

We believe the decision to seek diagnosis and accept treatment is the responsibility of the employee, and we encourage and support you to do so. Employees who fail to seek and pursue treatment to correct attendance or job performance problems will be offered assistance by way of a referral to the Employee Assistance Program with each warning report.

The decision to accept or refuse treatment is always the employees choice as the employee is ultimately responsible for his or her own work performance.
We believe confidential handling of diagnosis and treatment is essential. The decision to accept help for personal problems will not jeopardize your job rights or security, failure to correct personal problems that affect work performance and attendance compound problems.

Employees who continue to receive warnings will be subject to the disciplinary procedures spelled out in the working contract for employees of Checker Motors Corporation, by and between Checker Motors Corporation and AIW-CIO Local 682, Kalamazoo, Michigan.

Sincerely,

David Markin                           Garry Pennington
President                              President
Checker Motors Corp.                   Local 682

It was determined that I would spend 500 hours on this endeavor in the time span of May 31, 1978 through December 15, 1978. Due to my other work commitment at Kalamazoo Valley Community College, I had to schedule the hours around my teaching schedule. Mr. Samson and I decided to set my office hours between 8:00 a.m. and 5:00 p.m. on Wednesday, Thursday and Friday. The following announcement was placed in the Company's newsletter prior to my arrival at Checker:

Eileen Peters-Rogers will be working here at Checker Motors beginning May 31, 1978. Eileen was formerly employed here as a nurse and since that time has returned to school in the area of counseling. She has a Masters degree in counseling and is also presently employed at Kalamazoo Valley Community College teaching psychiatric nursing. Currently, she is finishing a Specialist degree at W.M.U. in the field of substance abuse counseling as well as a Specialist program in the counseling and personnel department. Her role at this company will be as a Motiva-
tional Interviewer which in actuality means that she will see any employee either by self, supervisor, union or other (community, family, etc.) referral to evaluate the need for further referral to the Borgess Hospital Employee Assistance Program. The content of the interview will be strictly confidential at all times. The visit to her office (which will be located in the first aid department) will be treated much like that of a routine visit to the nurse. If, after this initial visit, an employee is referred to a community agency, she will ask that the employee return to her office for a follow-up visit. Eileen will be here on Wednesday, Thursday and Friday from 8:00-5:00 until December, 1978. You may contact her by phone or in person for an appointment. If there is a need for additional off-hour appointments, this can be arranged by contacting her office. She is eager to be of assistance to you and looks forward to meeting many of you.

Following this announcement, Mr. Samson met with me to discuss a more personal statement to the employee through a direct mail campaign. He asked me to provide him with this information which I did in the following statement:

Checker Motors Corporation Kalamazoo, Michigan

May 25, 1978

To: All Checker Motors Corporation Employees

Effective May 31, 1978, Ms. Eileen Peters-Rogers will be available at Checker Motors in the capacity of Industrial Counselor. In this position, Eileen will be available to counsel and/or refer employees concerning personal problems.

Eileen has had experience as an industrial and general duty nurse and is currently employed at Kalamazoo Valley Community College as an instructor in Psychiatric Nursing. Her educational background includes a Registered Nurse
Certificate, Bachelor of Nursing, Master of Arts in counseling and she is currently finishing specialist degrees in the fields of substance abuse counseling and counseling and personnel.

Eileen's role at Checker will be as a motivational interviewer. Any employee, either by referral from a supervisor, union official, or by self-referral, may contact her at ext. 245 or by going to her office in the First Aid Department. The content of the interview will be strictly confidential at all times. If an employee is referred to a community agency during the initial interview, employees will be asked to return to her office for a follow-up visit.

The counseling office will be open Wednesday, Thursday, and Friday of each week from 8:00 a.m. - 5:00 p.m. from May 31, 1978 through December 8, 1978. You may contact Eileen by phone at ext. 245 or in person at her office in the First Aid Department.

Employees utilizing the counseling services will be paid for the first half-hour visit at the rate of base rate and cost-of-living.

Sincerely,

A. E. Samson
Industrial Relations Manager
Checker Motors Corporation

Garry Pennington
President
Local 682

On June 1, 1978, Ronald Freemire and I were invited to attend a monthly supervisor's meeting at Crosstown Inn to verbally present this program to factory foremen and other general supervisors. The main concern that I wanted to share with them was that they were to focus strictly on unacceptable employee performance and not on their perception of what constitutes alcohol-related symptoms. We had time for a question/answer session and both Mr. Freemire and I felt
fairly positive about the nature of their questions as well as their responses.

Field Placement Goals for Internship at Checker Motors Corporation

My professional goals for this internship were identified in the following manner:

1) To gain additional advanced counseling expertise in an industrial setting at Checker Motors Corporation.

2) To learn the skills required of a qualified Motivational Interviewer.

3) To become more experienced regarding the operation and implementation of Employee Assistance Programs in a variety of industrial settings other than Checker Motors Corporation.

4) To provide consultation to Checker Motors Corporation's Personnel Department regarding employee-related problems that affect employment status.

5) To gain new experience through working with clients in a business/industrial setting which will prove beneficial to me in my future professional career.

6) To provide professional counseling services to over 1,000 employees as deemed necessary by self or through various referrals.
7) To work in a collaborative manner with Ronald Freemire, Business/Management Consultant, and John Castleberry, Labor Representative of the Midwest Occupational Health Program at Borgess Hospital, Kalamazoo, Michigan.

8) To provide feedback to Checker Motor Corporation in the form of a written thesis regarding my experiences and recommendations to said Company.

Implementation of Goals

The specific ways for attaining these goals are listed below and correspond numerically to the field placement goals in the preceding section.

1) Acting in an industrial setting for 500 on-site counseling-related hours.

2) Gathering as much information that is available regarding this position and utilizing it in the position.

3) Visiting companies that have adopted the concept of the Employee Assistance Program.

4) Assuming the role of a well-prepared professional counselor who is eager to be of assistance.

5) Seeking new opportunities for reaching the troubled employee.

6) Being available at designated hours for on-site counseling assistance.
7) Through frequent phone and personal visits as well as attending the Awareness Day sponsored by the Midwest Occupational Health Program in August, 1978.

8) Through the publication of this manuscript and its presentation to Mr. Art Samson, Industrial Relations Manager and Mr. David Markin, President, Checker Motors Corporation.

It has been my purpose to express my interest and concern for those troubled employees within business and industry whose work is being affected by their personal problems. The problem, stated somewhat simplistically, is to identify poor performance (defined in detail in a subsequent chapter) early enough to be of assistance to the troubled employee. Once poor work performance has been identified and documented, a referral system to appropriate help sources is necessary. There can be no effective confrontation unless help can be offered at the same time. The contents of this project will reflect a recent review of the literature regarding the Employee Assistance Program and other significant material relevant to the industrial setting. I will also outline the key essential ingredients for a viable program specifying how it relates to both union and management endorsement. Chapter VI will be devoted to a detailed account of my experience in this setting. And finally, a summary and evaluation of my experience as well as my recommendations to the Company will be presented.
CHAPTER II

REVIEW OF THE LITERATURE

Overview of the Problem

Although the definition of alcoholism may vary somewhat among researchers, educators and clinicians, there is virtually unanimous agreement that problems related to the abuse of alcohol are a major concern to our society (Schramm, Mandell & Archer, 1978). The U.S. Department of Health, Education and Welfare in 1974 reported that a conservative estimate reveals that 9 million American men and women are alcohol abusers or alcoholics. Approximately 10% of the entire U.S. work force are serious alcohol abusers which is significant to the business and industrial work setting. The legitimacy of examining the importance of alcoholism and its effect on working behaviors cannot be questioned. The National Institute on Alcohol Abuse and Alcoholism (N.I.A.A.A.) states that in 1971 alone alcohol abuse resulted in losses of more than $25.37 billion. Perhaps even more significant is that about 40% or $9.35 billion of this total was the cost of lost production of goods and services by substance abusers in the work forces. The economic logic of lost production is simply that alcohol abuse may impair productivity so that less will be produced. Alcohol abuse and alcoholism can adversely affect productivity in a variety of ways and in a number of contexts. A worker's alcohol
abuse can lead to absenteeism and tardiness, and when the worker is missing or late, he obviously is not contributing to production. The worker with alcohol problems is also often less productive on the job. Overall production suffers when alcohol abuse causes capital equipment to be misused or damaged. Perhaps the most obvious case of lost production occurs when alcohol abuse causes the individual to withdraw completely or permanently from the labor force. Alcohol abuse often leads to unemployment and sometimes to premature death.

In general, we tend to think of lost production in terms of goods and services that usually flow through the traditional market system. We must remember that the individual produces goods and services in other roles as well. The most important and obvious social system in which nonmarket production of goods and services takes place is the functional family. Child care, housekeeping, meal preparation and recreational activities are examples of these family-produced goods and services. When a family member has a problem with alcohol, his or her productive capacity within the family may be adversely affected and the family will suffer the consequences (Schramm, 1978). Obviously, volumes of material could be produced which would support this premise but the focus of this project is on its relationship to business and industry.

What do we mean by "alcoholism among employees?" Do we mean heavy drinking or weekend party drinking? What is alcoholism?
Is it a disease or an illness that can be diagnosed through objective scientific observations? Is treatment really effective? Can employees with alcoholism be identified and motivated to accept help before it is too late? How can this be accomplished? We must be aware of the fact that when we are discussing alcoholism, we are talking about the loss of control of one's serious intentions about when, where, and how much one drinks, and when one expects to stop, once he or she starts to drink (Presnall, 1975). With alcoholism, there is a progressive increase in one's loss of control. That fact, along with predicted and charted signs and symptoms, constitutes one of the main criteria designated by medical authorities as an illness. Two other criteria for terming it an illness are 1) that it kills people, and 2) a significant number recover after treatment. Business and industry are in a unique position to interrupt this progressive disease because of their close proximity to the employee.

Much of the increasing concern for alcoholic workers is due to the Comprehensive Alcoholism Act of 1970. This law established the N.I.A.A.A. which has watched over the growing involvement of the federal government to the responsible treatment of alcoholism. Elliot Richardson, Secretary of Health, Education and Welfare, in 1973 recommended that Congress act to encourage programs for early identification of problem drinkers and alcoholics in business and industry. In his second special report to Congress, he stated:
The magnitude of the costs to the nation's economy stemming from problem drinking and alcoholism is staggering. It is imperative to encourage the wider establishment, in government as well as in the private sector, of types of programs that, with the cooperation of labor and management, have successfully restored substantial majorities of affected personnel to health and normal function. The economic benefits of effective early identification and treatment programs demonstrably outweigh the costs, and the human benefits are beyond evaluation.

Business and industry operate on the sound economic principle of maximizing profit and minimizing losses. Quantity as well as quality of production has been increased through technological advances. Much of the increase in productivity is due to proper maintenance of the machinery that mass produces the product. Preventative maintenance and early detection, much like modern medicine, saves industry countless monies. Close monitoring of costly machinery is necessary for quality control as well as adjustment in the productivity rate. High speed productivity can also lead to defective products. The automotive industry's recalling of several thousand potentially dangerous automobiles is a prime example of defective production. The question raised is who is ultimately responsible for defective parts, the machine or the worker? Today the human element of productivity is being examined closely to find the solution to this timely question.

While economic losses are inevitable in industry, researchers are finding new ways to reduce these losses. For example, there is an increasing awareness of the loss of productivity due to employees...
under stress that may be caused by poor family relationships, financial problems, legal entanglements, excessive alcohol, other substance abuse and various other emotional problems. Business and industry is rapidly becoming aware of how to meet these employee problems before they vastly affect their job performance. They are meeting these needs through the implementation of Employee Assistance Programs aimed at early identification and referral to appropriate professionals. This economic saving is in turn passed on to the consumer in the form of lower-priced goods and to the company in the form of increased sales profit. In short, it makes as much economic sense to invest in the early detection of employee problems as it does to invest in the early detection of mechanical problems (Freemire, 1978).

In the initial paragraph of this chapter a few general statistics were cited regarding the cost to industry resulting from abusive drinking. Additional costs result in increased welfare and social services as well as general public increased taxes. The Personnel Administrator (July-August, 1972) quotes the Department of Health, Education and Welfare in estimating the cost of the drain on the economy at $15 billion per year, $10 billion of which is attributed to business and industry. Dun's Review (May, 1968) helps to put this in perspective. They estimated conservatively that 3 million alcoholics accounted for $7.5 billion in losses which equals the approximate profits of four divisions of General Motors Corporation. Labor publications have
recognized these staggering statistics as well. In the UAW pamphlet *Alcohol and Drug Abuse* (May-June, 1976) it is estimated that one out of ten U.S. workers is an alcoholic or has a serious drinking problem. Their conclusion was that this costs the U.S. economy $125 billion annually. In May, 1976, the *AFL-CIO American Federationist* quoted the N.I.A.A.A. as putting the price paid by industry and workers at $10 billion in lost wages, lower production, medical expenses and accidents. The article also quoted statistics from the National Council on Alcoholism indicating that the alcoholic employee is absent two to four times more frequently than the non-alcoholic. On and off the job accidents are two to four times more frequent. Sickness and accident benefits are three times greater. Alcoholic employees file four times as many grievances as non-alcohol abusers.

In his book, *The Employee Assistance Program*, James T. Wrich states that 25% of the problem drinker's salary is wasted due to inefficiency and absenteeism. He also mentions that only 50% of the employee problems are alcohol related. The remaining 50% are marital, legal, psychological, medical, financial, vocational, parent-child, drugs or other anxieties.

On May 17, 1978, I spoke with Mr. Richard Bates, the director of "Operation Opportunity," the employee assistance program at Pontiac Motor Division (PMD) of General Motors Corporation. He explained how he used the 25% figure as a means of calculating a low
estimate of cost to Pontiac Motor Division. Bates estimates that 8% of the work force is alcoholic. The total work force of this Division varies somewhat, however, 20,000 employed individuals is an average figure. Therefore, 8% of 20,000 = 1,600 alcoholic employees, the 25% cost is in terms of absenteeism, material loss, sickness and accident benefits, visits to the medical department, grievances, replacement and training costs. Assuming an average income of $12,000 (also a conservative estimate), this amounts to $3,000 in cost to PMD; $3,000 x 1,600 alcoholics = $4,800,000 annual loss to General Motors Corporation from only one division utilizing very conservative figures. Using simple mathematical calculations, one can easily see how a company with 10,000 employees could suffer losses of $2,400,000; a company of 5,000 employees could lose $1,200,000; a company of 1,250 employees could lose $300,000 annually and on ad infinitum.

We recognize that work performance is affected when employees experience personal problems thus costing a financial loss to the employer. One may ask, "What can be done to reduce this burden to industry and business?" According to Wrich (1974), the Employee Assistance Program is in the process of being widely accepted and implemented throughout the nation. This program will be discussed fully in Chapter IV.

The National Council on Alcoholism stated in a pamphlet, What
To Do About the Employee With a Drinking Problem, some significant facts regarding recovery rates. Allis Chalmers' absenteeism rate dropped from 8% to 3%, the discharge rate from 95% to 8%. This company estimated they realized a saving of $80,000 per year. Consolidated Edison claims a 60% rehabilitation rate, with an average absenteeism reduced from 14 days per annum to 4. The DuPont Company reported a 66% rehabilitation rate of 950 alcoholic employees which comprises 10.9% of their work force. Minnesota Mining Company states that 80% of their identified alcohol abusers are either recovered or noticeably improved. The N.I.A.A.A., in its Labor Management Service pamphlet quoting from an article in Fortune Magazine (May, 1968), stated that recovery rates for alcoholism programs in industry were as high as 65% to 70%.

Given that the major costs of lost productivity are borne directly by the employer, it might not seem surprising that about 34% of the major industrial and business corporations in the United States have adopted some form of program to provide assistance to problem drinkers. Efforts of private foundations, universities and government agencies strongly emphasize the benefits of work-based alcohol treatment programs.
CHAPTER III

HISTORY AND DEVELOPMENT OF OCCUPATIONAL ALCOHOLISM PROGRAMS AND EMPLOYEE ASSISTANCE PROGRAMS

Occupational Programs

Among the divisions within N.I.A.A.A. designed to deal with alcohol problems of special populations is the Occupational Programs Branch, whose target population is the employed problem drinker (Archer, 1977). Pioneering industries such as DuPont, Allis Chalmers and Consolidated Edison sought to identify the alcoholic worker in the early stage and make referral to the appropriate agency. In these developed programs, the thrust was to focus primarily on individuals in whom the company had invested much time and money (usually the middle service years and/or the higher management personnel). Another distinguishable feature of these early programs was that the supervisors were briefed on the symptoms of alcohol progression and were instructed to confront any worker so identified. Obviously this created several problems because it set the employee up for very defensive reactions and did not accomplish the goal of referring clients for treatment.

In 1960, the National Council of Alcoholism recruited a staff experienced in the techniques of management consulting to encourage more employers to initiate occupational alcoholism programs within
their business or industrial setting. As a result of this added impetus, the Program on Alcoholism and Occupational Health in the New York State School of Industrial and Labor Relations at Cornell University was created through the efforts of the Smithers Foundation. New programs in industry accelerated more than six times during the 1960's and have continued growing at this rate up to the present time.

As stated in the preceding paragraph, early programs were aimed at making supervisors into alcoholism diagnosticians. The primary goal was almost exclusively to identify, confront and deal with the alcoholic employee. Supervisor training as such was geared toward the description of problem drinking behavior and symptoms of alcoholism. This approach proved to be unsuccessful for the following reasons: first, attempting to train supervisors into a completely unfamiliar role of alcoholism therapist was costly and nonproductive; second, the program was designated as an "alcoholism program" and thus people who sought help were immediately labeled and consequently stigmatized; third, employers were hesitant to have an alcoholism program identified with their company (damaging to the "corporate image"); and fourth, the strategy of an alcoholism program does not adequately cover the broad spectrum of problems that some employers expect of a total troubled employee program (Freemire, 1978).
Legislation Affecting Occupational Alcoholism Programs

In the late 1960's, due to the increased emphasis on industrial alcoholism as well as national concern for all drug addiction, Congress passed Public Law 91-616 (the Hughes Act). The National Institute of Alcoholism and Alcohol Abuse was created in 1970 for the purpose of guiding national efforts in dealing with the problem. Among the divisions within N.I.A.A.A. designed to deal with alcohol problems of special populations is the Occupational Programs Branch, whose target population is employed problem drinkers. The Occupational Programs Branch provides funding for work-based treatment efforts primarily in two forms: 1) grants to provide consultation at the local level to encourage and assist companies and state and local governments in launching treatment programs, and 2) funding for demonstration projects to explore alternative models and methods of reaching and treating problem-drinking employees (N.I.A.A.A., 1974).

One consequence of the emergence of the federal government as a sponsor of occupational alcoholism programs has been a further shift in the emphasis of the preferred program. Before the creation of N.I.A.A.A., occupational alcoholism policies and programs, with few exceptions, were designed to provide assistance solely to the problem-drinking employee. On the basis of its survey of existing programs and of knowledge in the field, however, the Occupational
Programs Branch endorsed the "broad brush" approach as the ideal strategy for occupational alcoholism programs.

The "broad brush" approach, also referred to as the troubled employee or employee assistance concept, advocates extending the identification, referral, and treatment capabilities of the conventional programs to provide assistance to all employees with poor work performance, whether their problem is related to alcohol or not. Responsibility for the confrontation is shifted from the supervisor to the counseling department and/or alcoholism coordinator. The supervisor need only perform his traditional role, i.e., observing the job performance of his employees (Archer, 1977). He is instructed to refer any and all job performance problems to the counseling service where, with the employee's confidentiality protected, the nature of the problem and the best course of action will be decided (Wrich, 1974).

Although the employee is free to reject the services offered, he/she is informed that future employment depends on job performance, thus preserving the crisis-precipitation element of the constructive confrontation strategy.

Because many problems other than those associated with alcohol can cause diminished work performance, it is estimated by N.I.A.A.A. that only about one-half of the referrals made under a troubled employee program will be problem drinkers. The strategy in this program is that a much greater penetration of the alcoholic population
will be reached earlier by avoiding the stigma of programs associated exclusively with alcoholism. Perhaps the greatest value of this approach is in its potential for helping workers with alcohol problems before their drinking becomes so severe as to be resistant to rehabilitation efforts. It is argued that in contrast with other programs that wait for signs of alcoholism to appear before taking action, observation of deteriorating work performance offers the promise for earlier identification and referral to treatment. The troubled employee or employee assistance program is a prominent feature of work-based strategies to reach and rehabilitate problem drinkers.

In 1972, the National Institute on Alcohol Abuse and Alcoholism began advocating the troubled employee approach to business and industry. This approach allowed the supervisor to do that which he does best, supervise. The supervisor was able to concentrate on sub-standard work performance which resulted in far earlier problem identification.

To support the N.I.A.A.A.'s troubled employee approach to industry, the federal government offered three-year grants of $50,000 per year to each state and territory which would support two occupational program consultants. The National Occupational Alcoholism Training Institute conducted a three-week training course for the 106 consultants and was subsequently followed by three one-week training sessions which were conducted at six-month intervals. Basic functions
were four-fold: first, to stimulate programs within industry; second, to sustain, through consultants, the continuity of programs already developed; third, to disseminate, through consultants, occupational programming concepts to organized management groups, personnel specialists, and industrial-medical professionals; and fourth, to develop rapport, again through consultants, with existing alcoholism treatment facilities (Freemire, 1978). National recognition of this nationwide occupational programming has resulted in the acceptance of the role of labor/management consultants in this specialized area. The professional organization for this consultant position is the Association of Labor and Management Administrators and Consultants on Alcoholism (A. L. M. A. C. A.).
CHAPTER IV
CRITERIA FOR EMPLOYEE ASSISTANCE PROGRAM

The components for a successful employee assistance program have been identified by both Trice (1974) and Jones (1977) in the literature. The approach taken is that of identifying solely the employee's work performance. The system focuses directly on work performance that is below acceptable standards or ineffective performance. This refers to the employee whose work behavior departs from existing role prescriptions so markedly that it is below a minimum acceptable level. Some typical performance dimensions are: quantity of output, quality of output, absenteeism, impact on the performance of others, contribution to internal stress and conflict, and dishonest behavior. The usual practice is to consider a person ineffective if he performs below the minimum acceptable level on any dimension that is relevant to his job (Miner & Brewer, 1976). There are several approaches that may be used to reduce the incidence of ineffective performance in an organization: 1) to select individuals for employment who have a low probability of failure, 2) to establish performance standards at such low levels that failure rarely occurs, 3) to identify strategic factors and introduce corrective procedures as quickly as possible, and 4) to terminate the employment of all ineffective performers as soon as they are identified. The first two are essentially preventative in

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nature rather than controlling. For some companies, firing has been
and often is the preferred solution to problems of performance failure.
Firing with full knowledge that available corrective procedures have
a low probability of success or are excessively costly is one thing;
firing as a blanket policy applied to all instances of performance failure
is a much more questionable managerial practice. There are several
other questions related to the problem of hiring which I will not deal
with at this time. Suffice it to say that there is extra cost involved
with personnel turnover of any type. The step of identifying strategic
factors and introducing corrective procedures is how the troubled
employee program works. If the supervisor is unable to restore the
level of performance through the usual means, the employee is then
referred to the program for diagnosis and identification of the em-
ployee's problem. Appropriate treatment will then be initiated as
deemed necessary. This approach eliminates inappropriate confront-
atations of suspected employees as well as establishing clear-cut lines
of responsibility for both employee and employer.

Some of the benefits of an employee-centered Employee Assis-
tance Program, as identified in the Occupations Health Guide (1978)
prepared by the staff of Midwest Alcoholism Center, are as follows:

a. Reduction of lost time as the result of improved employee
   health.

b. Increased productivity, efficiency and quality of work.
c. Increased alertness, accuracy and interest in the job.
d. Reduced absenteeism.
e. Improved employee and family health through early identification of problem areas.
f. Improved attitude toward co-workers and supervisors.
g. Increased financial stability for employee and cost-benefit for employer.
h. Decreased level of grievances and arbitration through early identification and problem-solving. Problem resolution occurs before disciplinary action is needed.
i. (Broad Brush Approach) Personal problem resolution with diagnosis and referral to appropriate community agency for help.
   1) Financial referrals to aid economic organization, i.e., budgets and bill paying, debt resolution.
   2) Marital and family referral to help resolve in-home conflicts.
   3) Emotional problem referral.
   4) Substance abuse referral for detoxification and recovery.
   5) Legal referral.
   6) Sexual problem referral.

Elements of a workable Employee Assistance Program, according to James T. Wrich (1974), are as follows:
1) A supervisor who has definite work performance standards, is capable of recognizing a job performance problem, is able to and willing to record unsatisfactory work performance and call it to the employee's attention.

2) In organized plants, a labor representative who, through philosophy and orientation, is known to have employee's best interest foremost in mind.

3) A professionally competent diagnostic component to which troubled employees can be referred and which is capable of diagnosing a variety of problems, evaluating them and referring the troubled to the proper modality of care.

4) A continuum of care capable of dealing with troubled persons of all descriptions, about half of whom would be alcohol abusers.

5) System of records capable of measuring various definitions of success.

According to both Trice (1978) and Wrich (1974), problems that may arise in developing or maintaining an effective program generally surface due to important elements which are lacking in #3 of the above-mentioned essentials. I will focus on this component in the following section because it is the role I assumed during this field placement. More detailed description will be offered in Chapter V.
Motivational Interviewer

The major link in the communication system is the Diagnostic and Referral Intake Resource position (see Flow Chart, Chapter I, page 4). The person who functions in this role should be a person who, by training and/or experience, can assess the probable cause of work performance problems. This person is the key to the entire Employee Assistance Program and is the first to interview the employee to make the preliminary diagnosis (Wrich, 1974). The Motivational Interviewer then refers the employee to the appropriate problem specialist (financial, legal, substance abuse, child guidance, etc.) who delves more deeply into the problem or situation. The Motivational Interviewer communicates closely with these problem specialists particularly if the problem is multifaceted. Counseling troubled employees and developing a program of recovery is the job of the problem specialists. The Motivational Interviewer may request assistance from the specialist to aid in the diagnosis but the specialists do not receive employees directly from the supervisor. An overview of this role consists of the following criteria:

1) INTAKE

- Personal interview
- Explain company policy
- Screening and diagnosis; psychometrics
- Establish and keep records, individual client and
overall intake
-Make evaluation
-Obtain release authorization
-Review client's insurance coverage
-Motivate client to accept referral to assure continuum of care

2) MAKE REFERRAL
   -Make specific appointment
   -Assure delivery of client to proper agency

3) ESTABLISH SYSTEM OF FOLLOW-UP
   -Communication with modalities of care relevant to recommendations for resolving problems
   -Regular personal communication with client
   -Periodic reports, oral-written, to company about client's general progress while maintaining strict confidentiality (Wrich, 1974).

Still other requirements or considerations might be as follows:

1) LOCATION
   -Physical location might best be in a neutral setting but not necessarily in a public care-giving agency, especially if that agency has a reputation for dealing with a particular problem.
2) COORDINATION

- Must establish coordinated working arrangement with various community resources to provide a full continuum of care for a wide range of employee problems. Must become familiar with facilities and programs in the community.

3) EMPLOYEE BENEFITS

- Must be familiar with various insurance policies and coverage provided especially for outpatient service.

4) COMPETENCE

- Must have a proven record of accomplishment in dealing with a wide range of human problems. Must be a good administrator. Must be willing to obtain education on an ongoing basis in necessary related areas. Must have a genuine desire to work with people who have problems, especially chemical dependency (Wrich, 1974).

Although recent literature has indicated that persons who have proven themselves to be successful seem to evolve from very different backgrounds, there are some significant characteristics as well. They include a high level of trust by employer and employee; each relates well with all people; they have a high level of concern for people; they have a solid knowledge of chemical dependency; and finally, none are labeled as a counselor for any particular disorder or problem.
Obviously, everyone concerned about people cannot qualify as a good Motivational Interviewer; on the other hand, success cannot be guaranteed solely on the basis of related experiential credentials or the possession of academic records. Finding the person with all of these criteria is essential to the development of a successful Employee Assistance Program.

Exemplary Program: Utah Copper--Division of Kennecott Copper Corporation

An example of a highly successful Employee Assistance Program and one which was closely followed during my internship at Checker Motors Corporation was the Utah Copper Program. It was developed in July, 1970 for both employees and dependents having any type of personal problem which was in actuality a pre-treatment-intervention method. The name given to this program was INSIGHT and its primary goal was to provide an easy way for people in need to secure professional assistance through referral to appropriate community resources.

Features of this unique program were that it offered all employees not only a special service but confidentiality and convenience as well. It accepted referrals from all sources ranging from the Industrial Relations Department, unions, supervisors, family, relatives and the employee or dependent himself.

The process begins with a call or visit to the person responsible for the program. The caller is then referred to an appropriate
community agency or is seen on an individual basis by the counselor. Problems are discussed at this initial visit and alternative solutions are identified for the person. A myriad of problems are disclosed including substance abuse, marital and family discord, legal problems, as well as personal inadequacies. Referral to INSIGHT at an early stage is important for helping the employee before his chronic absenteeism or poor job performance patterns result in losing his job.

There are those who challenge the right of business and industry to intervene in the personal lives of their employees and/or dependents. The feeling is that "big brother" may be threatening to confidentiality. However, I believe the critics of this approach need to be reminded that the existence of these types of programs rely on the needs of the employee at this time and the importance of meeting those needs prior to their becoming unsolvable. The service is free and the person is not obligated to the program. It has been the experience of the Kennecott INSIGHT Program that the name of the program should not in any way identify a particular problem, e.g., alcoholism and/or drug abuse, for to do so would create a stigma and could impair some from seeking help. The ingredients for this successful working employee assistance program include reaching out, following up and a relatively non-complex referral system (Jones, 1976).

Union Involvement

The AFL-CIO, which represents some 14.5 million organized
workers associated in 110 national and international unions and more than 60,000 locals, has stressed from the very beginning that such cooperative relationships can be established only through the development of proper organizational machinery. In organized plants, this would include the following:

- Union-management committees on alcoholism
- Jointly agreed guidelines on methodology
- The training of union and management representatives from top to bottom on jointly agreed policies, programs and procedures
- Provisions for keeping alcoholism outside the arena of controversial negotiation wherever possible
- The inclusion of procedures for handling alcoholism in the collective bargaining agreement
- Provision of insurance coverage for alcoholism as a disease
- The protection of job security and seniority
- The establishment of counseling and referral procedures
- Respect for established grievance and arbitration procedures under the union contract
- Concentration on alcoholism without resorting to such euphemisms as "broad brush," "troubled employee," or "employee assistance"
- The involvement of both labor and management in community-
wide efforts to establish adequate facilities for the treatment and recovery of alcoholics (Perlis, 1977).

More and more unions are joining with management to devise programs based on the following five r's: 1) recognition of the alcoholic as a sick person; 2) respect for the problem drinker as a fellow human being; 3) referral of the alcoholic to appropriate professionals and agencies for treatment; 4) restoration of the alcoholic to useful citizenship and productive employment; and 5) readjustment of the alcoholic to the battle of life and work without resorting to the bottle.

According to Trice (1974), the union steward is in a position to precipitate crisis in the life of a worker by confronting him directly as well as talking with a spouse. He can also give the employee necessary information about the company's program. Finally, the union steward, together with a representative from management, can confront the employee together to emphasize the need for the employee to seek help.

The UAW-CIO, in its pamphlet "Alcohol and Drug Abuse," emphasizes the need to negotiate a joint alcohol and drug abuse program in companies that have collective bargaining units. The UAW-CIO has guidelines for its members to facilitate its implementation. These guidelines may be found in Appendix A.

While there are at this time no comparative studies into the extent of alcoholism among organized and unorganized workers, the
labor movement is aware that the disease respects neither industrial nor jurisdictional lines. In the absence of conclusive scientific evidence indicating either psychological or physiological factors as the prime cause of problem drinking, occupational tension and union security cannot be ruled out entirely as important factors in the cause or prevention of alcoholism (Perlis, 1977).

Role of Supervision

It is vitally important for supervisors to be aware of their involvement and responsibilities in an effective troubled employee program. It is the prime responsibility for the supervisor to implement this program, to identify and document all instances of substandard work performance or unacceptable job behavior, to restrict criticism to job performance and to follow through appropriate corrective action.

The vital link between the employment setting and the continuum of care is shared by the motivational interviewer and the supervisor. The identification process is two-fold with the initiative provided by the supervisor who recognizes a continuous job performance problem. One of the obvious components of job performance is absenteeism. It is determined to be a problem no matter how effective the employee may appear while at work (Wrich, 1974).

The first step the supervisor must make is to inquire about the employee's current deviation from his normal work pattern. He
may indicate the company's concern at the first encounter but is obliged to accept the employee's decision at face value. If the situation does not seem to improve from the initial confrontation, the employee must be approached once again. Accurate documentation should be shown to the employee in writing with a referral to the Motivational Interviewer.

William R. Cunnick, Jr., identified the supervisor's role in his pamphlet "The Program for Alcoholism at Metropolitan Life" in which he listed the following steps for supervisor intervention:

- Verify that the employee's performance is deteriorating as evidenced by precise documentation
- Limit criticism to overall job performance and avoid trying to diagnose the employee's underlying problem
- Document examples of poor job performance or excessive absence and lateness. Be specific and factual regarding the date, time, place and nature of the incidents
- Discuss all aspects of the problem with his or her immediate supervisor
- Arrange for a confidential interview with the employee, discuss the poor work performance, and make it clear that if work performance does not improve, disciplinary action will have to be taken
- Suggest that the employee visit the Medical Department or
Employee Advisory Services to discuss whatever problem is adversely affecting job performance, and
-If job performance continues to deteriorate because the employee refuses all offers of help, denies a problem, or does not cooperate or respond to treatment, then appropriate disciplinary action should be taken. This may include discontinuance of active employment.

The supervisor is in a key position to identify and help an employee with an alcohol-related or other personal problem. It is not necessary for the supervisor to know the "why" of the problem until or unless it begins to affect the employee's job performance or other job-related conduct. Because of the close relationship between the supervisor and the employee, motivation to seek help may occur sooner when the employee is faced with possible job loss (Wrich, 1974). It is crucial that the company treat these cases humanely and confidentially, that no penalty will be suffered by the employee because he utilizes the program. The supervisor must be aware that early identification and treatment of such cases are in the best interest of the company, supervision and the employee as well.

Role of Alcoholics Anonymous

In 1935, Alcoholics Anonymous, commonly known as A.A., was formed by two men who discovered they could help each other to
stop drinking by sharing their experiences by confessing their dependence on a higher power as well. Since that time, several thousand people have credited A.A. for their regained sobriety (Habbe, 1973).

Seldom is the rehabilitation of the alcoholic a simple matter. Seldom is it accomplished suddenly. Relapses are common even after cooperation has been secured from the individual and he has participated in counseling and/or treatment.

Companies with well-established control programs testify that they need and use all the resources available to them to help with their cases (Habbe, 1969). There is no single resource that is effective with all cases and usually more than one resource is needed. Some are available within the company (e.g., written materials, medical services, etc.), some in the community (e.g., hospital services, family counseling agencies and support groups such as A.A.). Studies have indicated that Alcoholics Anonymous has been proved to be the best single approach to recovery, particularly for industry. Almost any firm will have a few employees on their payroll who have recovered with the assistance of A.A. These individuals can be most helpful to company staff at all stages of rehabilitation. In certain situations, the counseling staff itself may include a recovered alcoholic who is a member of A.A. The presence of a recovered alcoholic serves as a constantly present object lesson for clients to observe that recovery can be an actuality. While it (A.A.) has no formal
structure, it seems to provide a common experience of such impact that its members share in a social network of great strength. A.A. has become increasingly aware of and involved in business and labor-related alcohol problems. In their pamphlet entitled "A.A. and the Alcoholic Employee--Questions and Answers," they present some relevant data. For example, to the hypothetical question "Won't adoption of a company program on alcoholism expose an employer to ridicule or criticism for having alcoholics on his payroll?" their response is as follows:

The best answer to this question seems to be that about 1,000 organizations in the U.S. have now established such programs. In most of these, referral to A.A. is an integral part of the therapy used. Many other firms (the number is impossible to estimate) have no formal program, but informally encourage their employees to seek help in A.A.

Recognition of sources within the company and community that have been identified as being helpful in recovery of alcoholics is vitally important to a viable employee assistance program. Alcoholics Anonymous has been identified as being the most constant source of help to the troubled employee.

Policy Statements

Most informed people in both labor and management circles agree that the key to success in an Employee Assistance Program is a jointly prepared policy statement. The National Council on
Alcoholism (N. C. A.) published the following guidelines in 1974 to augment those policies:

Points to be Considered for Inclusion in a Company Statement of Policy

1. The company recognizes alcoholism as a disease which is treatable.

2. The purpose of this policy is to assure that any employees having this disease will receive the same careful consideration and offer of treatment that is presently extended to all of our employees having any other disease.

3. The social stigma often associated with this disease has no basis in fact. It is expected that a company-wide enlightened attitude and a realistic acceptance of this disease will encourage employees who suspect that they may have an alcoholism problem, even in its early stages, to take advantage of the diagnostic, counseling, and treatment services available through this program.

4. The company's concern with alcoholism is strictly limited to its effects on the employee's performance on the job. Whether an employee chooses to drink or not socially is of concern only to the individual.

5. For the purpose of this policy, alcoholism is defined as a disease in which an employee's consumption of any alcoholic beverage definitely and repeatedly interferes with
his job performance and/or his health.

6. It will be the responsibility of all supervisors to implement this policy, and to follow the procedures assuring that no employee with alcoholism will have his job security or promotional opportunities jeopardized by his request for diagnosis and treatment.

7. It is recognized that supervisors do not have the professional qualifications to make any diagnosis or judgment as to whether or not any employee has alcoholism or any other disease. Necessary referral for diagnosis and treatment will be based strictly on unsatisfactory job performance which results from an apparent medical or behavioral problem, regardless of its nature.

8. It will be the responsibility of the employee to comply with the referral for diagnosis and to cooperate with prescribed treatment.

9. An employee's refusal to accept diagnosis and treatment or failure to respond to treatment will be handled in exactly the same way that similar refusals or treatment failures are handled for all other diseases when the results of such refusals or failures continue to affect job performance.

10. The confidential nature of the medical records of employees
with alcoholism will be preserved in the same manner as all other medical records.

11. Implementation of this policy will not require, or result in, any special regulations, privileges, or exemptions from the standard administrative practices applicable to job performance requirements except as may be outlined in a labor-management agreement.

12. The disease of alcoholism will receive the same employee benefits and insurance coverages provided for other diseases under our established employee benefit plans.

Examples of different company policies (Appendix A) reveal closely adhered to statements as advised by the N.C.A. Appendix A contains policy statements from General Motors Corporation, Clark Equipment, Kemper Insurance, the U.A.W., and Checker Motors Corporation. Each policy has a brief description which mentions both similarities and differences.

Implementation Procedure

The elements of an effective program may vary somewhat between companies but certain elements remain constant. The main objective is to convince personnel at all levels to resolve their problems, noting a) that every opportunity consistent with good experience will be provided to employees; b) that definite limits exist; c) that
neither unsatisfactory job performance nor witch hunts will be tolerated; d) that the overall objective is to both help people and reduce inefficiency; e) that the program can work only if all supervisory personnel cooperate; and f) those supervisors and management people who do not implement this program will be regarded as having a job performance problem.

Wrich (1974) outlines eight important guidelines which he considers necessary for this process. He believes that each company should utilize the Occupational Program consultant to help coordinate the implementation of these steps.

STEP 1. DISCUSSION OF PROBLEM

A general discussion of the existing problem utilizing national statistics and how it pertains to this setting. Discussions at this initial step should be separate between labor and management. This allows for more freedom within this meeting.

STEP 2. CONFERENCE OF AUTHORIZED PARTIES

A task force comprised of union, management and consultant should confer with definite time parameters set to insure continuity.

STEP 3. INVENTORY OF COMMUNITY SERVICES AND SURVEY OF EMPLOYMENT SETTING

To identify those sources that could be full-time
diagnostic and/or referral agencies. This step also involves a thorough inventory of the work setting, to include identification of labor unions, present policies and procedures, internal politics, and their policy on alcohol or drugs.

STEP 4. FORM A COMMITTEE OF CONCERN

To establish a committee whose basic functions are representative of all factions involved and to develop and recommend a definite written policy and procedure.

STEP 5. DESIGNATE OFFICIAL DIAGNOSTIC AND REFERRAL RESOURCES

This involves making this person (or agency) known to company employees and their dependents. Also to encourage the voluntary use of this source.

STEP 6. MANAGEMENT AND SUPERVISORY ORIENTATION

Involves the training of both management and supervision to the policies of the Employee Assistance Program.

STEP 7. EMPLOYEE NOTIFICATION

To personally identify the objectives of the program as well as to encourage participation of such.

STEP 8. FAMILY NOTIFICATION
To involve the family regarding the service of the Employee Assistance Program.

**STEP 9. CONTINUING EDUCATION**

Involves periodic training of supervisors as well as mailing certain pertinent literature to employees and their families.
CHAPTER V

CHECKER MOTORS CORPORATION

Site of Field Placement

Checker Motors Corporation was founded in Kalamazoo, Michigan in 1923 by a very colorful Russian immigrant, Mr. Morris Markin. A Horatio Alger story of sorts, Mr. Markin came to this country virtually penniless but with ample amounts of motivation and ingenuity as his wealth. Approximately 200 workers were the initial Checker Motors work force which assembled taxicabs in an almost crude "by hand" process. This small-time operation lent itself well to close relationships between management and labor force.

Older workers there still comment on facts such as Mr. Markin calling employees by first names and stopping by their work station frequently to say something personal to them. He was highly regarded by the workers and his praise for high-quality work was sought by each employee. Mr. Markin worked at Checker Motors up until his death a few years ago when his son David was elected President of the Corporation.

The function of Checker Motors Corporation has changed a great deal in the past few years and is presently in the process of perhaps a very radical change. While the production and manufacturing of taxicabs is still one of their functions, small body parts for
other automobile manufacturers is increasingly becoming their prime goal. A New York investment firm is currently in the process of purchasing the company which may also ultimately change the focus of their operation. The history of this 55-year-old company is both interesting and dynamic. It is one of the reasons I was interested in fulfilling my requirement for my field placement there.

The work force has also changed a great deal. It now consists of approximately 1,125 employees: 925 members of AIW-CIO Union Local No. 682, and 200 salaried workers.

This field placement was arranged under the direction and supervision of Mr. Art Samson, Industrial Relations Manager of Checker Motors Corporation. On February 20, 1978 Ronald Freemire of the Midwest Alcohol Treatment Center and I met with Mr. Samson for the purpose of informing him of the newly organized Occupational Health Program at the Midwest Center. We talked at length about the facility which is located in Connors Hall at Nazareth College. More importantly, we discussed the services they intend to provide to the community. Mr. Samson shared some of his concerns with us, especially his skepticism about the viability of past Occupational Health Programs. It was during this meeting that I discussed the feasibility of fulfilling my internship with this Company. He was concerned about some of the physical problems such as limited office space, etc. Also, he felt he needed to have these
details approved by Mr. David Markin, President of the Company.

On February 26, 1978, I met with my advisor Dr. Thelma Urbick of the Counseling and Personnel Department at Western Michigan University to discuss this placement. She was excited about the possibilities that she saw available in this placement and was supportive to me. It was at this time that I sought and received additional help from Drs. Robert Oswald and Gil Mazer to fulfill committee requirements of the Counseling and Personnel Department at the University.

I met for a second time with Mr. Samson on February 27, 1978 to establish placement approval as well as to identify my personal goals and objectives. He was pleased to give me company approval and I submitted the following objectives for their consideration and approval.

1. To be available 24 hours per week from May 31, 1978 through December 15, 1978 which will account for 500 on-site counseling-related hours. It has been estimated by recognized authorities that approximately 50% of the cases reviewed will be drug/alcohol dependence related.

I will continue working directly with Ronald Freemire, my field placement supervisor at Borgess Hospital Outpatient Treatment Center, on Thursday evenings in a co-therapist role for recovering alcoholics. These
hours will partially fulfill the requirement for my specialist degree. In conjunction with this field placement, I will also submit a written report to the faculty of the Graduate College at Western Michigan University as well as to Checker Motors Corporation.

2. Responsibilities of this position would include acting in the role of Motivational Interviewer. I would accept referrals from supervisors, families, community resources, and the employee himself. My prime responsibility would be to help motivate the troubled employee or family member to seek and accept professional treatment for their problem. In the initial interview I would explain Checker Motors Company's endorsement of the Borgess Hospital Employee Assistance Program. Each employee would be referred directly to the Diagnostic Intake and Referral Specialist who would facilitate their individual treatment program. I would obtain a release of information which would expedite that direct referral and also supply the employee with a map as well as a definite appointment. Follow-up would consist of another one-half hour appointment with me to evaluate the progress and/or situation. Contacting both union stewards and supervisors plus establishing a solid working
relationship will be a vital element of this position.

3. I will participate in the organization and actual training sessions along with Ronald Freemire in teaching supervisors/stewards to initiate referrals to me.

4. I will be directly responsible to Art Samson, Industrial Relations Manager, and will keep in close contact with him through both verbal and weekly written reports.

5. Dr. Thelma Urbick of the Counseling and Personnel Department at Western Michigan University will be my direct link to continued course work at the University.

Mr. Samson gave his approval immediately. He asked me if I had any requests to make of the Company and I replied that I had few to ask but that I considered them important to the program and to my placement. They were:

1. A room which would provide privacy to conduct individual interviews. Basic essentials would include: desk, chairs, phone, and basic desk accessories.

2. Cooperation from both union and management supervisors and their trust that this information would be of a confidential nature.

3. Announcement of my placement via employee newsletter, bulletin board, meetings, etc., to help facilitate this process.
4. Support and guidance from Art Samson, Industrial Relations Director, especially in the area of corporation policies.

5. A written evaluation of my placement specifically stating how the company perceives my contribution to the Employee Assistance Program compiled by Mr. Art Samson. This report will be distributed to the following people/places: Dr. Thelma Urbick, Ronald Freemire, SPADA director, David Markin, and to Eileen Rogers. This report would be completed mid-way of this placement, in early August, 1978. Purpose of this evaluation would be to provide me with feedback which would be mutually beneficial for the second phase of this placement.

I might add at this point that the first four expectations were met and in place of No. 5, I met with Mr. Samson and discussed it personally with him. In retrospect, it would have been helpful to have had more objective data to restructure the program for the remaining period of time.

Prior to this placement, I contacted Mr. Richard Bates at Pontiac Motors Division of General Motors Corporation. Mr. Bates is a counselor at Pontiac Motors and functions in a position very close to the one I intended to fill at Checker Motors Corporation. I spent nearly a full day with Mr. Bates discussing the progressive program
he had initiated at Pontiac Motors. He was helpful and offered several suggestions which he felt would help me in setting up a new program at Checker.

I also attended a one-day seminar in Grand Rapids, Michigan which was sponsored by the School of Labor and Industrial Relations at Michigan State University and the Labor Participation Department, United Way of Kent County. The topic was "Alcoholism and the Work Place" and the goal was to bring together labor and management to discuss steps that might be taken within their own workplace to establish a meaningful alcoholism referral program. Workshop topics were "The Medical and Psychological Effects of Alcohol," "Guidelines for an Alcoholism Joint In-Plant Referral Program" and "Community Agencies and What They Do." I attended this conference with Joan Myers, Coordinator at Midwest Alcoholism Center, In-patient Unit, and Ronald Freemire, supervisor for my S.P.A.D.A. placement. I was fortunate in being able to attend this workshop prior to my placement because the material was so relevant.
CHAPTER VI

LOG OF EXPERIENCES

I chose to offer my assistance to the Checker Motors Corporation because I had previous contact with them in 1959-1960 when I worked there as an Industrial Nurse. The philosophy of management at that time was one of personal concern for its employees and it pleased me that this element had not changed. They were appreciative of my interest in their employees as well and were willing to invest in helping me to explore and evaluate some of their employee concerns. Checker Motors Corporation, through Mr. Samson, indicated a willingness to work toward positive changes to assist their employees in resolving personal problems. Mr. Samson suggested early union involvement to insure full and complete support for the program.

Union Involvement

I met with union personnel on June 7, 1978 at their weekly in-plant meeting. Present at this meeting were: Jerry Kibler, chairman; Gary Pennington, President of Local 682; Evert Green, steward; Tony Guarisce, representative; Tom Vandermeulen, Safety Director; Art Samson, Industrial Relations Manager; and myself.
The purpose of this meeting was for me to meet these key people personally and explain my position at Checker. I was also able to answer some of their questions, many of which revolved around the confidentiality issue. I tried to reassure them regarding this concern. However, I came away from the meeting feeling this was not satisfactorily covered.

I began my placement on May 31, 1978 at 8:00 a.m. I was fortunate that my office was located in the section of the personnel building which also contained the first-aid and safety department. This area was selected because of the stigma still attached to emotional problems and the "cover" it provided the employee. It was possible to enter my office under the guise of visiting the nurse or safety man.

For the first three weeks, I did not see one employee nor did I receive a single phone call from anyone within the plant or office. Needless to say, I was getting a lot of back issue journal articles read but my frustration level was rising.

I spent some time with Bruce Lenardson, Personnel Specialist, and Tom Vandermeulen, Safety Director, getting information on specific working conditions within the factory. I made rounds with Mr. Vandermeulen to see what the situation was like first hand. I also took this opportunity to put up posters on the various bulletin boards advertising the program as well as my position, location of
my office and my office hours. Close scrutiny of the plant revealed
a very high paced, extremely high noise level and many monotonous
operations. Carroll M. Brodsky, in his book _The Harassed Worker_,
defines status, money, respect, security and mastery over the envir-
onment as vital elements of job satisfaction. Absence of these items
results in dull work and negative attitudes on the part of the worker.
Significant data collected by the Upjohn Institute for Employment
Research (1973) reported in "Work in America" that 40% of blue-
collar workers show symptoms of mental health problems and only
50% of assembly-line workers felt they had little influence over the
future course of their lives.

One of the first clients who came to see me was severely
depressed over the fact that he was also doing another employee's
work (a laid-off worker) and he felt he was not getting any recognition
for it. He was tearful, tremulous and also very angry. He felt that
the "company is only interested in production" and was angry that
management did not appreciate his extra effort. Work pressure
and/or hyperproductivity represents a worker testing himself to see
how much he can produce in order that he may receive the gratification
of praise and money as well as the self-appreciation that comes to a
person who breaks a record (Brodsky, 1976).

On-the-Job Accident Phenomena

As I spent the hours in my office, I began to be very aware of
the number of on-the-job accidents that filtered into the first-aid department. There is a growing awareness of the industrial accident as a protest to injustice. This can occur when the employee feels pressure which he cannot resist any longer. Personality factors such as hyperconscientiousness, rigidity and sensitivity are key indicators of accident-prone employees. It has been estimated that 80 to 90% of industrial accidents are linked to psychological causes (Carone et al., 1976). Clearly, an employee's emotional problems can be costly when they threaten his own safety or the safety of others on the job. From a moral point of view, industry should not turn its back on the emotionally disturbed employee. From an economic point of view, industry cannot afford to look the other way. Virginia Callahan, R.N., the Industrial Nurse at Checker Motors Corporation, supplied me with some interesting and important data regarding this problem. For the entire 1978 time span, the accumulative frequency rate was 105.9; accumulative severity rate was 1,139.3; total lost-time cases were 211; total days lost (on-the-job accidents) were 2,271. These figures are high even when one considers the nature of this industrial setting. Workers who delay their recovery (either consciously or unconsciously) do so more frequently if they are angry about their job situation or if they feel they are treated unfairly after they claimed to have been injured (Herford, 1965).
Case Examples of Poor Attendance

The following two cases have been identified by the personnel and first-aid departments of Checker Motors as being prime examples of poor attendance. I cite them and the cost involved as factual information for whatever relevance it may have to management.

Employee A

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<thead>
<tr>
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<tbody>
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<tr>
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<td>Ill</td>
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<tr>
<td>5-23</td>
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<tr>
<td>5-25</td>
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<tr>
<td>7-7</td>
<td>Ill</td>
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<td>7-27</td>
<td>I.A. Finger laceration (N.L.T.)</td>
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Key: Misc personal business 8
A.A. authorized absence 2
I.A. industrial accident 6
Ill sickness 55
N.L.T. no lost time

3.3 3 hours, 15 min. late 0
1.9 1 hour, 30 min. late 1
1.0 1 hour late 0
.9 30 minutes late 1
.7 30 minutes late 1
.1 1-6 minutes late 4
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Employee B (continued)

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<td>12-18</td>
<td>II</td>
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Key:  
- Misc: personal business  
- A.A.: authorized absence  
- Ill: sickness  
- N.L.T.: no lost time  

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<td>.7</td>
<td>0</td>
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<tr>
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<td>I.A.</td>
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Totals for 1978:

- 11
- 0
- 91
- 0
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- 0
- 0
- 1
For Employee A, the lost time amounted to 89 days of work-free time for this female employee. For Employee B, this male employee accumulated 121 days of time off. Both of these figures are not an average of absenteeism at Checker Motors but they are real. The loss to the company amounts to several thousand dollars when one recognizes that it generally costs one and one-half times the employee's salary to replace an unexpectedly absent employee.

Field Placement, August-December

The field placement continued at a very slow pace through the summer months. I continued to be in my office for the designated 24 hours weekly. During this time I contacted supervisors and foremen to ask for their support and answer their questions. Some of the feedback I received from them indicated they were "feeling the pressure of production" so that they felt they were unable to make any referrals. I also sensed their reluctance to get involved in their employee's problems even though they bitterly complained about some employee's job behaviors. I tried to show them how these two items were related; however, even when I was able to contact them personally, it failed to be significant to them. This is definitely one strong argument for a formal training session for supervisors. I feel certain that much more could be accomplished in a more formal and structured setting without the distractions of a noisy factory.

I continued to see employees throughout this period on a
sporadic basis. Mid-way in my placement (mid-August) I had seen a total of 10 employees needing attention. Three of them were seen three times whereas the other seven were each seen once. Two were referred to Midwest Alcohol Center for alcohol-related problems and one was also referred there as a poly-drug abuser.

At this time I met with Mr. Samson once again to brief him on the status of the program. I expressed my feelings of frustration and the disappointment of low clientelle. We discussed this at length and decided that I would send out a personal letter to all Checker employees in an attempt to stimulate more interest in the program. The following is a copy of that letter.

Checker Motors Corporation Kalamazoo, Michigan

September 28, 1978

Dear Checker Employee:

I am taking this opportunity to introduce myself to you hoping that we will be able to meet personally in the near future. In May you received letters from the Industrial Relations Department informing you of both union and company endorsement of the Employee Assistance Program at Borgess Hospital. I am working at Checker as an Industrial Counselor and when appropriate make referrals to that program.

If you have never seen a counselor or psychologist for a personal problem in your life, perhaps you would be interested in finding out certain things about this process. You may want to know such things as "What kinds of problems can be helped?" "How long would it take?" "What will it cost me?" And for some, "What will people think of me if they know I have a problem I can't handle alone?" I would like to respond to these concerns.
Problems do not have to be labeled as impossible or insurmountable. Problems can be simply situations that cause us to feel angry (disagreeing with someone), sad (believing a marriage may be on the rocks) or frustrated (resulting in too many bills causing financial strain) or perhaps feeling that one is simply not happy and sees his life as "miserable." I believe that I can help you find some answers and hopefully solutions to these concerns. Many times, one or possibly two visits is all that will be needed. However, if one needs more time that can also be arranged. The company has indicated that you will be paid for the first half-hour visit at the rate of base rate and cost of living. In answer to "What might people think of me?", I have a couple of thoughts. Most people are so busy dealing with their own lives (and yes, problems too) they will not be concerned with yours. Some others might also admire you for seeking help as it is generally recognized that it is the intelligent person who recognizes that he indeed may have a problem and then seeks help in an appropriate manner.

I am in my office which is located in the Personnel Building, next to the First-Aid Department on Wednesday, Thursday, and Friday from 8:00 a.m. - 5:00 p.m. My extension number is 245. You may call first or just stop by my office.

I am interested in helping employees find solutions to their problems. If you think I could be of any help to you or other family members, will you please contact me?

Sincerely,

Eileen E. Peters-Rogers

I was responsible for the composition of this letter as well as the stuffing of 1,125 employee envelopes for direct home mailing.

The cost of mailing this letter plus the cost of preparation resulted in a fairly large cost to the company. They were gracious in agreeing to participate in this expense.

There was no significant increase in the number of employees
who sought assistance from my office. I continued to seek out supervisors on a one-to-one basis as well as putting up posters advertising the Employee Assistance Program. I also had weekly meetings with Ronald Freemire, Management Consultant, and John Castleberry, Labor Representative of Midwest Alcoholism Center, to discuss client referrals and their individual progress.

The total number of clients seen during the August through December phase of this placement was 12 employees. Four of them were alcohol abuse-related problems and three referrals were made to the Midwest Alcoholism Center. One was a poly-drug abuser and was referred to the In-patient Substance Abuse unit at Borgess Hospital to be detoxified. The remaining seven clients were primarily those dealing with low self-esteem problems. Four required more than one visit and one employee saw me on four occasions prior to the beginning of his afternoon shift. On several occasions, the employee was able to identify feelings of inadequacy and situational impotency.

On two occasions I met with Dr. Urbick to ventilate my frustrations and to seek her advice. Dr. Urbick felt much as I did regarding the importance of structured managerial education. I was involved with 22 troubled employees from a total of 1,125 employees which sets the total percentage at approximately 18%. This figure is somewhat above national figures for business and industrial counseling.
CHAPTER VII

RECOMMENDATIONS TO CHECKER MOTORS CORPORATION

The field of occupational health is rapidly growing and is literally exploding with new knowledge, techniques and programs. Obviously the most appropriate approach is that which will provide identification of addictive disorders, especially alcoholism, at the earliest stage possible in a given employment setting and will penetrate the population at risk at the highest rate possible. When all of the components necessary for an employee assistance program can be developed, it is believed that it will generally prove to be the most successful over the long term. This is not to say that it is the only approach or that it will work best in all cases. The differences in employment environment, organization, labor-management relations, goals, objectives and tasks all have a bearing on the final composition of the program. When one combines these differences with the large variations in services existing from one community to another, one understands how inappropriate it is to take anything other than an individual approach to program development in a given employment setting. And, whether or not any type of occupational program will be successful depends largely on the desire of key people involved to make it so. Cooperation at all levels of management, labor, and the health
care delivery system is only a start. Mechanisms must be built into the program to assure its survival with an acceptable level of effectiveness on a continuous basis without compromising the employee's human rights (Wrich, 1974).

It has been increasingly observed that both employers and unions are recognizing that alcoholism, drug dependency, and other dysfunctions are essentially people problems, and that legal, regulatory, and punitive action is largely unsuccessful when imposed prior to a genuine offer of appropriate treatment and care.

A front-line supervisor with 40 or 50 workers under his face-to-face direction will usually have a far better assessment of alcoholism prevalence than does a company president with only six to ten people reporting to him directly. Percentage-wise the supervisor has better odds that he will observe cases of alcoholism than the president. Furthermore, the president must rely primarily upon his immediate subordinates for information about what is occurring with perhaps hundreds of people under his indirect supervision. The communication blocking and camouflaging system is complex and very effective in reducing awareness of both the size of an in-plant alcoholism problem and its economic cost.

Steps for Company Consideration

Steps which could minimize both these problems and costs to
the company are as follows: first, one should consider the size of
the company. Elaborate programs are necessary only for large
elaborate corporations. For example, staffing for a small company
could be handled on a part-time basis by someone who has responsi-
bilities elsewhere. Job orientation for such a person could be accom-
plished through attendance at Alcoholics Anonymous and selected
readings with local councils on alcoholism. Second, supervisory
training would consist of announcements by management in the follow-
ing order: a) its policy intent regarding alcoholism, b) what cover-up,
punitive or special favor actions supervisors must henceforth discon-
tinue, and c) the designated in-plant person who will be officially
responsible for coordinating confidential liaison with community
diagnostic and treatment resources (Presnall, 1975).

Industry's Responsibility

One may justifiably ask "Just how far does industry's respon-
sibility go?" Perhaps an employee clearly needs help with an
emotional problem but so far his work performance has not been
affected nor has another's work been disrupted. At this point, his
supervisor should lend a sympathetic ear and offer to help; however,
he must respect the employee's privacy if the employee refuses
help. If, on the other hand, the employee's work performance is
suffering and he consistently refuses help, what then? Management
at this point has two choices. They may either fire him, or be more aggressive in seeing that he gets the help he needs. I would encourage the second choice due to the fact that emotionally troubled people rarely make rational decisions.

In conclusion, any effective program must start with a management that values the company's human resources, a management willing to act on that commitment by providing money for manpower, benefits support and whatever else is necessary. Approaching this problem is no different than any other worthwhile activity a company undertakes. Whether we are trying to intensify marketing efforts, develop better manufacturing methods, or gearing up to handle the emotionally disturbed employee, the job will not get done until management commits the time, effort, and money to get it done (Carone, 1976).

It is obvious to the intelligent person that the time and money it takes to deal with the emotionally troubled employee are well spent. Every employee who picks up a paycheck is a person, a whole person. Unless that person is healthy, both physically and emotionally, his contribution to industry will not be total. Any manager, supervisor or foreman who refuses to recognize this fact is not performing his own job adequately and must assume the responsibility for this attitude.
CHAPTER VIII

EVALUATION OF FIELD PLACEMENT

I experienced a variety of feelings when I finished this extensive internship in December, 1978. Initially, I recall feeling frustration at a seemingly low client rate, perhaps because I am still a novice in the field of counseling and my expectations were too grandiose. I admit to having expectations of being overwhelmed with troubled employees banging on my office door looking for help. I looked forward to a constantly ringing telephone and a steady stream of clients seeking relief from their problems. In retrospect, perhaps this was a little on the extravagant side. Now that I have been removed from the site for six weeks, I feel I can evaluate the experience somewhat more objectively.

I was able to meet the goals I outlined in Chapter I. As far as gaining additional advanced counseling expertise, I was able to do this, but in a more modified way than I had anticipated. I definitely learned the skills necessary for functioning in the role of a Motivational Interviewer. Opportunities for observing existing programs other than the Pontiac Division did not actualize due to time shortage. I experienced these programs through the literature and feedback from my supervisor in the S.P.A.D.A. program, Mr. Ronald Freemire. Working closely with Mr. Freemire for both of these
internships has been very beneficial to me professionally as well as personally. He has been a source of knowledge and support for me.

One recommendation that I would like to propose to Checker Motors Corporation is to concentrate on further supervisory training for present personnel. I would particularly advise this for the two employees in the Personnel Office and the company's nurse. These people are constantly coming in contact with employees experiencing problems and they attempt to deal with them with little or no formal training. It would be better to refer the individual to the source who can best help the employee.

The experiences I have enjoyed during this placement have been varied and interesting. It was a positive experience for me to return to a previous work setting though in a different capacity. I feel fortunate to have been able to meet new friends as well as renew old friendships.

There have been some unexpected changes in both my personal and professional life during the semester. My husband has been transferred to Ann Arbor, Michigan which has necessitated a move for me as well. I will begin working at the University of Michigan Hospitals in the role of Nurse Counselor at the end of February. I believe my experience at Checker Motors was definitely one of the reasons I was selected for this position. I expect to utilize the skills I learned at Checker Motors in this new and challenging work
setting. I feel fortunate and thankful for the opportunity to participate in the pioneer program of helping troubled employees find help.
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APPENDICES
APPENDIX A

POLICY STATEMENTS

The following are guidelines for corporate consideration which were published by the UAW.

A JOINT UNION-MANAGEMENT POLICY STATEMENT

1. Alcohol and drug abuse is recognized as a disease, a medical problem, a public health problem, and an employment problem which can be treated by existing medical and therapeutic methods.

2. Alcohol and drug abuse is defined as a disease in which a person's use of any alcoholic beverage or drugs definitely and repeatedly interferes with the individual's health and/or job performance.

3. Any person having these diseases will receive the same careful consideration and offer of treatment that is presently extended under existing benefit plans to all those having other diseases.

4. The same benefits and insurance coverages that are provided for all other diseases under established benefit plans will be available for individuals who accept approved treatment for substance abuse.

5. This policy is not concerned with social drinking, but rather with the disease of alcoholism. The concern is limited to those instances of alcoholism which affect the job performance of the individual. The policy is designed solely to achieve restoration of health and full recovery.

6. It will be the responsibility of all Management and Union personnel to implement this policy and to follow the procedures which have been designed to assure that no person with drug abuse or alcohol problems will have either job security or promotional opportunities jeopardized by a request for diagnosis and treatment.
7. Neither supervisors nor union representatives have the professional qualifications to diagnose alcohol or drug abuse problems. Therefore, referral for diagnosis and treatment will be based on job performance, within the terms, conditions and applications of the Union-Management agreement.

8. The decision to request diagnosis and accept treatment for alcohol or drug abuse problems is the personal responsibility of the individual.

9. The confidential nature of the medical records of the individuals with alcohol or drug abuse problems will be strictly preserved.

10. Persons participating in this program will be expected to meet existing job performance standards and established work rules within the framework of existing Union-Management agreements.

11. Nothing in this statement of policy is to be interpreted as constituting a waiver of management's right to maintain discipline or the right to take disciplinary measures within the framework of the collective bargaining agreement, in the case of misconduct that may result from alcohol or drug abuse problems.
Because the Kemper Insurance Company does not have a Union to issue a joint policy statement, it is considered somewhat unique in its content and format.

KEMPER POLICY STATEMENT

In accordance with our general personnel policies whose underlying concept is regard for the employee as an individual as well as a worker:

1. We believe alcoholism, or problem drinking, is an illness and should be treated as such.

2. We believe the majority of employees who develop alcoholism can be helped to recover and the company should offer appropriate assistance.

3. We believe the decision to seek diagnosis and accept treatment for any suspected illness is the responsibility of an employee to seek treatment when it appears that sub-standard performance may be caused by any illness is not tolerated. We believe that alcoholism should not be made an exception to this commonly accepted principle.

4. We believe that it is in the best interest of employees and the company that alcoholism be diagnosed and treated at the earliest possible stage.

5. We believe that the company's concern for individual drinking practices begins only when they result in unsatisfactory job performance.

6. We believe that confidential handling of the diagnosis and treatment of alcoholism is essential.

The objective of this policy is to retain employees who may develop alcoholism by helping them to arrest its further advance before the condition renders them unemployable.
Perhaps one of the most humanistic and employee-oriented policy statements it that issued by Clark Equipment Company.

CLARK EQUIPMENT COMPANY TRANSMISSION DIVISION
MANAGEMENT-UNION STATEMENT OF POLICY
ON ALCOHOLISM, DRUG ABUSE, AND OTHER WORK-AFFECTING PROBLEMS

1. We consider all employees not only as workers, but also as individual people. We also recognize that behavioral-medical problems of alcoholism, other drug dependency, and emotional illness are highly complex illnesses that can be successfully treated.

2. We are concerned, of course, with each employee's safety, attendance, tardiness, productivity, and performance, but we are also concerned with the employee's general state of health, physical and emotional, and his morale.

3. We encourage employees who have a problem, or those who think they may have a problem which is affecting their attendance, safety, or productivity, to seek and pursue treatment. In evidence of our deep commitment to this program, we offer the counseling and referral services of the Clark EAP (Employee Assistance Program).

4. It will be the responsibility of all management, supervisors, and Union representatives to implement this policy. They will follow established procedures assuring that no employee with behavioral-medical problems will have his job security or promotional opportunities jeopardized by his request for counseling and referral.

5. It is recognized that management, supervisors, and Union representatives do not have the professional qualifications to diagnose or judge an employee's behavioral-medical problems. Referral for counseling should be made only at the employee's request or, of course, on the basis of unsatisfactory job performance.

6. It will be the responsibility of the employee to comply with the referral for counseling and to cooperate with prescribed treatment. If an employee refuses to accept counseling and
treatment, or fails to respond to treatment, it is recommended that his/her case be handled in exactly the same way that similar refusals or treatment failures are handled for all other illness when results of such referrals and failures continue to adversely affect job performance.

7. The confidential nature of the medical records of employees with behavioral-medical problems will be preserved. Only EAP (Employee Assistance Program) coordinators will have to these files. The EAP (Employee Assistance Program) works on this principle.

8. The implementation of this policy will not require or result in any special regulations, privileges, or exemptions from the standard administration practices applicable to job performance requirements except as may be outlined in a labor/management agreement. This policy in no way supersedes or interferes with Union agreements or plant rules.

9. These behavioral-medical illnesses will receive the same consideration for employee benefits and insurance coverage provided for other illnesses under our established employee benefit plans.

10. The objective of the EAP (Employee Assistance Program) is to help employees who may develop alcoholism, drug, or work-affecting problems to help themselves control the condition before it renders them unemployable.
In an effort to allow individual divisions within General Motors Corporation to implement programs that would best suit their individual needs, the following general guidelines were formulated.

STATEMENT OF POLICY

1. Alcoholism is recognized as a highly complex disease which is treatable.

   For purposes of this policy, alcoholism is defined as a disease in which an employee's consumption of any alcoholic beverage definitely and repeatedly interferes with his job performance and/or his health.

2. Employee alcoholism becomes a concern when it interferes with the employee's job performance. To drink or not to drink socially is the prerogative of the employee. The social stigma often associated with alcoholism has no basis in fact. A realistic recognition of this illness will encourage employees to take advantage of available treatment. Employees with this illness will receive the same consideration and referral for treatment that is presently extended to all employees having other illnesses.

3. Every effort should be made to identify the disease in its early stages, to work with and assist employee, and to encourage him to obtain treatment without delay. When a represented employee is involved, it is recognized that the disease can be dealt with most effectively on a cooperative Union-Management basis.

4. Early identification of the alcoholic employee should be based entirely on evidence of poor job performance and other related factors. The immediate supervisor should refer such an employee to the plant medical director or his designated representative for further evaluation.

   In this regard, it is not necessary for each supervisor to know the medical symptoms of alcoholism. If the employee is represented by a Union, an appropriate local Union representative may be in a position to convince the alcoholic employee to seek treatment. It is the responsibility of all
supervisors to carry out this policy and to follow procedures assuring that no employee with alcoholism will have his job security jeopardized solely by his request for diagnosis and treatment.

5. The plant medical director, or his designated representative, is available to consult with an employee about the nature of alcoholism and whether or not treatment is indicated, but he does not provide treatment. In each instance, medical records of employees with alcoholism will be maintained in the same confidential manner as all other medical records.

6. The decision to undertake treatment is the responsibility of the individual employee, that is, through sources qualified in the proper care and treatment of alcoholism. The medical department is available for referral assistance or the employee may seek help directly from any qualified treatment facility or agency.

When a leave of absence is necessary so that an employee may undergo medical treatment for alcoholism in an appropriate facility in accordance with this program, and when the employee has voluntarily submitted himself for such treatment and his seniority or length of service has not already been broken, he will be granted a sick leave of absence and he will be eligible for benefits in accordance with the GM Insurance Program.

7. The employee should be assured that if he brings his illness under control and his job performance becomes satisfactory, his job security will not be jeopardized solely by his decision to seek treatment. However, he should also be advised that he may expect no special privileges or exemptions from standard personnel administration practices.

If the employee does not cooperate in obtaining treatment and his performance continues to be unsatisfactory, or if the treatment does not result in a marked improvement in his job performance within a reasonable period, management will review the employee's situation and make a determination concerning his future status as an employee--applying GM salaried policies and procedures or posted shop rules.
Nothing in this statement of policy is to be interpreted as constituting any waiver of Management's responsibility to maintain discipline, or the right to invoke disciplinary measures in the case of misconduct which may result from or be associated with the use of alcohol.
APPENDIX B

INTERIM LETTER TO CHECKER MOTORS CORPORATION

December 20, 1978

Mr. Art Sampson
Industrial Relations Manager
Checker Motors Corporation
Kalamazoo, Michigan

Dear Art:

Please consider this an interim report prior to receiving my formal thesis which you will receive before April, 1979. I thought that you would be interested in hearing briefly about how my counseling placement progressed during my time with Checker Motors Corporation.

Because the physical set-up is so close between your office and the one the company graciously agreed to provide for me, you are already aware of many of the concerns I had while working in the capacity of Industrial Counselor. The purpose of this letter then, is to fill you in very briefly regarding some of the problems and frustrations I experienced that you may not be aware of.

As you know, this placement consisted of 500 hours of post-graduate study in the area of industrial counseling. With the emphasis of my specialized background in the area of substance abuse, I was hopeful of reaching many of your 1,000 employees. It is not always easy to recognize one's own personal problems which is why I so strongly emphasized the role of the supervisor in this area. As you are aware, I met with supervisors both in groups as well as in a one-to-one setting. I attempted to solicit their help through a referral system but this was never to be a reality. On one or two occasions, foremen did initiate referrals but this is obviously an area that requires more attention as well as more company support. Referrals from the office of Personnel were also minimal. It is my feeling that both Mrs. Hart and Mr. Lenardson could benefit from a supervisor training workshop which would make them more cognizant of the proper referral process. I think the company nurse, Mrs. Callahan, would also benefit from this type of training program. These people are consistently meeting people who are experiencing emotional problems and could be of tremendous help by making the proper referrals and not attempting their own interventions.

Problems I did deal with for the most part were those experiencing the feelings of low self-esteem. This is not unusual as most other personal
problems seem to evolve from this low self-esteem. I met some most interesting factory employees who were very motivated and eager clients--ready for therapy. This was helpful to me and hopefully to clients as well.

I will be submitting my thesis to you in the Spring of 1979. I wish it could be more positive in nature but it will be presented honestly and I will offer some suggestions for more employee participation which is the basis for successful Employee Assistance Programs. I recognize this company's concern for their employees' welfare and I am thankful for such a productive placement.

Thank you for your interest yet low-keyed involvement which allowed greater autonomy for me in this setting. It was personally a pleasure for me to return to this setting after a very long absence to the same warmth I remember.

Sincerely,

Eileen E. Peters-Rogers

cc: D. Markin