An Internship Experience at the Specialty Products Division Brown Company

Ronald L. Freemire

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AN INTERNSHIP EXPERIENCE
AT THE
SPECIALTY PRODUCTS DIVISION
BROWN COMPANY

by
Ronald L. Freemire

A Project Report
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Specialist in Education Degree

Western Michigan University
Kalamazoo, Michigan
April 1978
ACKNOWLEDGEMENTS

The writing of this Specialist Project Report is the end product of many people and organizations working together toward the common goal of effective Employee Assistance Programming. My part in the collaborative effort could not have been possible without the support and assistance of I. Richard Weiss, M.D., the Medical Director of Borgess Hospital's Alcoholism Treatment Center. Dr. Weiss and Joan Myers, M.S.W., In-Patient Coordinator and Chief Therapist, recommended my transfer to the Out-Patient Alcoholism Program. This allowed flexibility in my working hours to enable me to complete a field placement at Brown Company. Additional assistance and support came when John Daley, Borgess Hospital's Director of Community Relations and Fund Development, worked in collaboration with Dr. Weiss and Joan Myers. Through the combined efforts of these three key people at Borgess Hospital, the acceptance and implementation of a new aspect in the Alcoholism Treatment Center was instituted, to assist business and industry in setting up Employee Assistance Programs.

The above three and other staff of the Borgess Hospital Alcoholism Treatment Center also assisted with many ideas and activities that helped with this project.

Special thanks also go to Mr. Burnell Long, Indus-

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trial Relations Manager of the Specialty Products Division, Brown Company. Mr. Long initially contacted Borgess Hospital with a referral of an employee in need of help. I answered that call and after accepting the referral for Borgess Hospital discussed the possibility of doing a field placement with Brown Company. Mr. Long was enthusiastic in his support of such a field placement. The Task Force Committee at Brown Company consisted of Mr. Burnell Long, Mr. James Butler, General Superintendent, Mr. Russell Predum, Local 323 President, Mr. Roy Stafford, Local 323 Recording Secretary and Bea Lascalles, Industrial Nurse. All deserve credit and recognition for being active, dedicated and a vocal task force group. This report states the Committee's recommendation for Specialty Products Division of Brown Company. It was encouraging and enlightening to see management and labor working together for the common good of the employee and company.

I appreciate the technical assistance and editing completed by the Counseling and Personnel Department staff on my Specialist Committee. Dr. Robert Betz, Dr. Thelma Urbick and Dr. Gil E. Mazer comprise my committee. Dr. Robert Betz prepared me for the consultation at Brown Company through an independent study course completed under his supervision. Dr. Betz and Dr. Urbick both assisted me periodically throughout the field placement, keeping an open door for me.
I am grateful for the articles and other materials regarding Employee Assistance Programs given to me by Sharon Surratt, Assistant Director of the Specialty Program in Alcohol and Drug Abuse.

Typing of this report was completed by three secretaries over a period of 8 months. Joan Bethel, Jeree Drake and Michele McLaughlin all deserve credit for their efforts which I deeply appreciate.

The following Freemire family and friends deserve mention for moral support and technical assistance: my father, Theodore R. Freemire, my wife, Alice M. Freemire, my daughter Shannon Kathleen Freemire, my son, John Paul Freemire, Robert and Shirley Materi, Duke and Pat Hynek, Fred and Marilyn Strobel.
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CHAPTER I

THE PROBLEM

Introduction

The purpose and intent of this project is to present in detail an account of my internship experience at the Specialty Products Division of Brown Paper Company, and how the experience directly relates to, and influences, my professional growth as a consultant to industry. The internship experience consisted of 150 hours of work in the industrial setting, primarily at the Specialty Products Division, Brown Company. The time span in which this internship was completed was September 8, 1977 to December 29, 1977.

Rationale for the Experience

My present professional position is that of Management consultant at the Borgess Hospital Alcoholism Treatment Center. Part of my work responsibility entails accepting referrals from business and industry and seeing that the employee receives the appropriate assistance with his/her problems. Too often this referral from industry comes too late, and the employee who is referred refuses to accept help and ultimately loses his/her job. This is distressing to me, as I believe that earlier identification of the employee's problem and earlier treatment could be beneficial
in assisting the employee to solve the problem and maintain the job. In working with industries in the Kalamazoo area, it soon became apparent that union and management agreed, in most industries, that something needs to be done to help the employee who is experiencing problems that affect work performance. The confusion over what can be done to help has stopped many companies from doing anything. The Occupational Health Center (OHC) attempted to service local business and industry from 1973 to 1976. The business and labor consultants were stopped short of their goals when their funds were cut off. Many local businessmen and union stewards have expressed reluctance to re-establish relationships with a community agency that might be here today and gone tomorrow, as OHC was. I believe that local businesses and industries are looking for stability, credibility, and reliability in the treatment facility that is going to service them. The question then, becomes one of each individual industry assessing its own needs and evaluating and proposing a solution to their own unique problems.

The opportunity to be of assistance to industry in identifying, evaluating, and problem solving came to me as a result of Mr. Burnell Long, Industrial Relations Manager, phoning in a referral to our Alcoholism Treatment Center. I asked Mr. Long about the possibility of doing an internship with his company, with union and management cooperating, in an effort to be of assistance to Brown Company employees.
Mr. Long assured me of both management's and union's commitment to work on the task of identifying, evaluating and problem solving. I, in turn, wrote the following letter to Mr. Long, June 9, 1977, to determine my role as consultant to Brown Company.

June 9, 1977

Mr. Burnell Long
Industrial Relations Manager
Brown Company
243 E. Patterson
Kalamazoo, Michigan

Dear Mr. Long:

This letter is to establish how I can best be of assistance to Specialty Products Division of Brown Company when I do my field placement with you, starting September 7, 1977. As you know, I have started my preparation for this placement by taking an independent study course at WMU dealing with consultation. Dr. Robert Betz, who is my instructor, has expressed an interest in sponsoring me as a consultant to Brown Company while I do my field placement. Dr. Betz's experience and expertise in this field will assure a highly professional and thorough job will be done by me as the consultant.

During this pre-entry phase, in the consultation process, I have a few questions for which I need clarification. I have delineated two modes of consultation for your consideration. Your choice of mode will determine the role I am to assume as consultant. The two modes are Prescription and Collaboration.

Prescription mode is where the consultant would be asked to diagnose the problems and prescribe solutions to the problems. Information to diagnose and improve situations would be gathered, supplied, and processed by Brown Company, under the consultant's direction. The end product is a prescription that needs implementation. Process and product evaluation procedures are the consultant's responsibility. A Pilot Project for Brown Company being implemented in the Specialty Products Division might be expected as a result of a Prescription mode of consultation.
Collaboration mode is where the consultant would assist you as the consultee to discover, define, and develop a plan to act upon problems which occur and are in need of change. Brown Company's problem solving abilities would be utilized as your staff would define and solve problems with the assistance of the consultant. The end product would be a temporary and hopefully an on-going problem solving process for the staff members cooperating in the Collaboration mode.

To assist you in your decision of which mode you want, the target population must be defined. Possibilities include non-salaried employees, salaried employees, or both, of the Specialty Products Division of Brown Company. Information regarding your target population is requested at this time, a flow chart of organization of the Brown Company structure, and some basic data regarding the present operation of Brown Company.

The next appointment we make, I would like to negotiate a three-party agreement whereby you as the consultee grant permission to fully utilize the staff and resources of Brown Company's Specialty Products Division to meet the goals and objectives set under the Prescription or Collaboration Mode of consultation. I, as the consultant, will agree to fulfill the role of the consultant stated in the Prescription or Collaboration Mode. Dr. Robert Betz, as sponsor, will assure the professional completion of the project.

I am leaving this information with you prior to our meeting to enable you time to formulate questions regarding the two modes of consultation. I will be prepared to answer your questions and further discuss consultation with you.

Sincerely,

Ronald L. Freemire

September 8, 1977

The final signature was affixed to the Article of Agreement by the between Mr. Burnell Long, Ronald L. Freemire and Dr. Robert Betz.
The following three pages describes the Agreement in its entirety.

Articles of Agreement
by and between

Mr. Burnell Long, Industrial Relations Manager
Specialty Products Division - Brown Co.
Kalamazoo, Michigan

Ronald L. Freemire, M.A. Chief Out-Patient Alcoholism Therapist
Borgess Hospital - Alcoholism Treatment Center
Kalamazoo, Michigan

Robert Betz, Ph.D., Professor, Counseling and Personnel Dept.
Western Michigan University
Kalamazoo, Michigan

This mutual agreement is made and being entered into on the 8th day of September, 1977 and is to be terminated the 29th day of December, 1977.

ARTICLE I

Purpose

I. The purpose of this agreement is in the mutual interest of Mr. Burnell Long, Brown Company, its employees; Mr. Ronald L. Freemire; and Dr. Robert Betz; to explore the possibilities of improving the:

A. Economic welfare of Brown Company and its employees
B. Safety of its employees
C. Quality and quantity of productivity
D. Absenteeism loss due to illness and alcoholism
E. Effectiveness and identifying employees with problems

F. A written proposal for positive changes will be submitted

II. It is recognized that all parties to this agreement are responsible to cooperate fully toward the achievement of the above goals stated in the Purpose.

ARTICLE II

Responsibilities

I. Mr. Burnell Long is responsible to coordinate all Brown Company resources and its employees for the purpose of identifying, evaluating, and problem solving under his jurisdiction.

II. Mr. Ronald Freemire is to put in 150 hours at Brown Company, or other companies with existing industrial health programs, prior to December 29th 1977. Mr. Freemire is to lead a Task Force Group composed of Management, Labor, and the Medical Department Personnel to fulfill the purpose of this Agreement. The Collaboration Mode of consultation will be the process used in the Task Group and with Brown Company.

III. Dr. Robert Betz, representing Western Michigan University, will coordinate activities from the Counseling and Personnel Department that will be of assistance in the attainment of the goals spelled out in the purpose of this agreement.
ARTICLE III

Benefits to All Parties Involved

I. Mr. Burnell Long, Brown Company and its employees will benefit by evaluating their present situation; and identifying and generating possible solutions to problems discussed. A written proposal of ways to improve identified problems will be submitted shortly after the completion of the Task Group work.

II. Ronald L. Freemire will benefit by fulfilling requirements for completion of a professional field placement and a Specialist Project which will be submitted to Western Michigan University.

III. Robert Betz, Ph.D., and Western Michigan University's Counseling and Personnel Department will benefit by having the opportunity to place a C/P student in an industrial setting and assess the possibilities of counseling needs in industry.

Mr. Burnell Long
Industrial Relations Manager
Specialty Products Division - Brown Company
243 East Patterson
Kalamazoo, Michigan

Ronald L. Freemire, M.A.
Chief Out-Patient Alcoholism Therapist
Borgess Hospital - Alcoholism Treatment Center
1521 Gull Road
Kalamazoo, Michigan

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Internship Goals

Goals for the professional field experience were negotiated in the above three party agreement. The following is a list of goals which were set up for my field placement.

1. To gain knowledge of the industrial setting in which the bulk of my field placement would be spent, Brown Company.

2. To gain consultive experience by utilizing the Collaboration Mode of Consultation with the Substance Abuse Committee of Specialty Products Division, Brown Company.

3. To gain in experience of Task Force Group leadership by assuming that role with the Ad Hoc Committee meetings.

4. To learn about the operation and implementation of Employee Assistance Programs (EAP) in companies other than Brown Company.

5. To assist Brown Company personnel in identifying problems within Specialty Products Division.

6. To assist in the evaluation of the identified prob-
lems.
7. To prepare a written proposal stating the solutions to the problems as the substance abuse committee dictates.
8. To gain an understanding of the consultive process to enable me to use the process in my field of work.
9. To gain knowledge about employee assistance programs.

Methods of Achieving Goals

The specific methods for goal attainment are listed below and correspond to the above goals numerically:

1. On site visits, reading pertinent literature, discussions with supervisors and hourly employees of Brown Company.
2. Active participation as consultant in the Collaboration task force group.
3. Assume role of task force group leader.
4. Visit companies that have operational employee assistance programs.
5. Encourage task force group members to identify problems by structuring the group such that the group members recognize their responsibilities as group members.
6. Evaluate the identified problems in the task group.
7. Prepare a proposal based on the substance abuse
committee's recommendations.

8. Maximize my contact with substance abuse committee within industry and consult as often as possible with as many different programs as possible.

9. Review the literature pertaining to employee assistance programs, visit companies that have EAP and discuss them with appropriate personnel, and attend conferences where EAPs are discussed.

In this chapter, I have indicated that I am interested in being of assistance to employees within industry who are experiencing problems that affect the performance of their work. The problem, as I see it, is to identify poor work performance early enough to be of assistance to the employee who is experiencing a problem that is not easily diagnosed by the line supervisor. Once poor work performance is observed, a referral system to appropriate help sources is necessary. The primary problem is confronting the employee with his poor work performance and then having a means to help the employee. In Chapter II, I will review the current literature pertaining to EAP within industry that addresses the issue of early identification and referral. Chapter III will be a practical application of the Collaboration Mode of consultation at Specialty Products Division, Brown Company. Chapter IV will be a detailed account of my experiences at Brown Company and other industries. Chapter V will be a summary and evaluation of my experience.
CHAPTER II

REVIEW OF SELECTED LITERATURE

Business and Industry function on sound economic principles of maximizing profit and minimizing losses. Modern advances in technology have helped to speed up the quantity of production while increasing the quality of the end product. Much of the increase in productivity is due to proper maintenance of the machinery that mass produces the product. Preventative maintenance and early detection of worn out or faulty parts saves industry needless economic losses. Monitoring the machinery is needed to insure quality control and to make adjustments in the rate of productivity. High speed productivity can also lead to defective products. Recalling millions of automobiles to rectify potentially hazardous defects is a prime example of unnecessary economic loss. Is it the machinery that mass produces these defective parts that is responsible for the economic loss or the employee who designed the part or the quality control inspector who is putting in his time and not attending to his work? The human element of productivity is today being more closely scrutinized due to the potential of excessive, unnecessary losses.

Economic losses are inevitable in industry; however, there is more that industry can do to minimize losses.
There is a rapidly increasing awareness of the loss of productivity due to employees under stress that may be caused by poor family relationships, financial insecurity, legal involvement, excessive drinking, or emotional trauma. Today, industry is further minimizing losses by implementing employee assistance programs aimed at the early detection of the above mentioned problems and referral to appropriate professionals to aid in problem resolution. This economic loss 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 and improved 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. The rewards and benefits of having machinery and people operating to their maximum capacity translates to increased profits.

I have made many references to the economic losses suffered by industry in the preceding paragraph. I will now attempt to clarify the actual cost to industry. The cost of all problems that effect an employee's work performance is something that has not yet been estimated to my knowledge. However, the cost of alcoholism within industry has been estimated. The National Council on Alcoholism, in its pamphlet, Labor Management Services, estimates that 4½ million employees suffer from alcoholism with the cost to industry estimated at $10 billion dollars per year. Additional costs
include the increased welfare, social services, and the cost to the public of increased taxes. The Personnel Administrator, (July-August 1973), quotes the Department of Health, Education, and Welfare and estimates the cost of the drain on the economy at $15 billion dollars per year, $10 billion of which is attributed to business and industry. Dun's Review, (May 1968), helps to put this in perspective. This publication estimated conservatively that 3 million alcoholics accounted for 7.5 billion in losses which equals approximately the profits of four General Motors Corporations. The Alcoholism problem is not unique to the U.S. economy alone; it has been estimated in Human Resource Management, Spring 1975, that in Canada, the average cost of the employed alcoholic is 25% of his pay which amounts to a staggering $1,000,000 per day problem. 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. UAW concludes that the cost is a $125 billion a year drain on the U.S. economy. An article in the AFL-CIO American Federationist, (May 1976), quotes the National Institute on Alcohol Abuse and Alcoholism as putting the price paid by industry and workers at $10 billion in lost wages, lower production, medical expenses, and accidents. The article also quotes statistics from the National Council on Alcoholism indicating that the alcoholic employees are absent two to four times more often then the non-
alcoholics. On and off the job accidents are two to four times more frequent. Sickness and accidents benefits, paid out, are three times greater. Alcoholic employees file four times as many grievances as non-alcoholics.

The above paragraph gives some indication as to the severity of the alcoholism problem at the national level. I will try to put this into perspective for the individual corporation, division, business or company, regardless of size. James T. Wrich, in his book, *The Employee Assistance Program*, (1974), states that 25% of the problem drinker's salary is wasted due to inefficiency and absenteeism. Wrich also mentions that only 50% of the employee problems are alcohol related. The other 50% are marital, legal, psychological, medical, financial, vocational, parent-child, drugs, or other anxieties. Richard Bates, the director of "Operation Opportunity" the employee assistance program at Pontiac Motor Division of General Motors Corporation, in an interview with this writer, explained how he used the 25% figure as a means of calculating a low estimate of cost to Pontiac Motor Division. Richard Bates estimates that 8% of the work force is alcoholic. The total work force of the Pontiac Motor Division (PMD) varies with 20,000 being an average; therefore 8% x 20,000 = 1,600; 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, this amounts to $3000 in cost to PMD; $3,000 x 1600 alcoholics = $4,800,000 per year in losses to PMD. Four million, eight hundred thousand dollars in losses to PMD per year with its 20,000 employees is a sobering figure, indeed. Simple math would indicate that a company one half the size or with 10,000 employees, would suffer losses amounting to $2,400,000. A company of 5,000 employees would lose $1,200,000 per year. A company of 2,500 employees would stand to lose $600,000 per year. A company of 1,250 employees could be losing $300,000 per year. A company of 625 employees could be losing $150,000 according to Richard Bates’ formula. This amounts to 50 of the 625 employees having an alcohol problem which costs the employer $150,000.

Given the fact that employees with personal problems that diminish their work productivity cost industry, is it possible to postulate a theory that works? James T. Wrich state in his book, The Employee Assistance Program, (1974), that not only is the Employee Assistance Program an impressive theory, but is in reality in the process of being widely accepted and implemented by labor and management throughout the nation. Kenneth A. Rouse, in a pamphlet titled, What To Do About the Employee With a Drinking Problem, quotes material from the National Council on Alcoholism regarding recovery rates. Allis Chalmers' absenteeism rate dropped from 8% to 3%, and discharge rate from 95% to 8%. Allis Chalmers estimated a saving to the economy of
$80,000 per year. Consolidated Edison claims a 60% rehabilitation rate, with absenteeism reduced from 14 days per annum to four. Great Northern Railway is aware of benefits that include safety, work performance, morale, public relations, etc. Detroit Edison reduced its absenteeism rate from twice the company average to one half the average. DuPont reports a 66% rehabilitation rate of 950 alcoholic employees which comprises 1.09% of their work force. Minnesota Mining states that 80% are either recovered or noticeably improved. Peoples, Light & Coke Company indicated 50% to 60% program effectiveness. The National Council on Alcoholism, in its Labor Management Services pamphlet, quotes from an article in the May, 1968 issue of Fortune Magazine, stating that recovery rates for alcoholism programs in industry were as high as 65% to 70%. A reprint from a 1968 Business Week, entitled "Management Business Copes With Alcoholics", warns of misinterpreting the 40% to 70% recovery rates being reported, as Employee Assistance Programs are only reaching approximately 1% of the company's problem drinkers. This points to the vast potential Employee Assistance Programs have; if reaching 1% of the problem drinkers is producing significantly measurable results now, think of the future when Employee Assistance Programs can be staffed to more efficiently deal with employee problems.
HISTORY OF EMPLOYEE ASSISTANCE PROGRAM DEVELOPMENT

In the Second Special Report to the U.S. Congress on Alcohol & Health, from the Secretary of Health, Education and Welfare, (June 1974), the historic approaches are spelled out. Prior to 1970, most occupational programming efforts were aimed at making supervisors into alcoholism diagnosticians. The thrust was almost exclusively to deal with the alcoholic employee. 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, making supervisors into alcoholism diagnosticians required extensive and costly training which put the supervisor into an unfamiliar role; second, the program was designated as an alcoholism program and, thus people who went for help were immediately labeled as alcoholic and, consequently, stigmatized; third, employers were hesitant to have an alcoholism program identified with their company lest it damage their reputation; fourth, the strategy of an alcoholism program does not adequately cover the broad spectrum of problems employers expect of an Employee Assistance Program.

In 1972, The Troubled Employee approach was started by the National Institute on Alcohol Abuse and Alcoholism. Using this approach, the supervisor was able to do that which he does best, supervise and look for impaired work
performance. This approach allows the supervisor to build on skills he already possesses, rather than acquiring new skills in diagnosis. By concentrating on sub-standard work performance, rather than alcoholism symptoms, earlier problem identification of all types of problems resulted. The Troubled Employee approach reduced the fear of being labeled an alcoholic or problem drinker. Difficulties with this approach have to do with problem drinkers not being identified and hiding behind a secondary or presenting problem. A broad range of community resources are needed to enable The Troubled Employee Program to work. This is not always possible, as some communities are deficient in appropriate resources.

National Consultation for Occupational Programming

In 1972, the federal government instituted a nation wide effort, offering three year grants of $50,000 a year to each state and territory which would support two occupational program consultants. A three-week training institute for the one-hundred and six consultants was conducted by the National Occupational Alcoholism Training Institute. This was followed by three one-week training institutes conducted at six month intervals. The consultants had four basic functions; first, was to stimulate interest in programs within industry; second, consultants were to sustain the continuity of programs already developed; third, the
consultant was to disseminate occupational programming concepts to organized management groups, personnel specialists, and industrial medical professionals; fourth, the consultant was to develop rapport with existing alcoholism treatment facilities. The result of this nationwide occupational programming has required recognition of consultation in the field as a new type of profession. The professional organization for this newly formed profession is the Association of Labor and Management Administrators and Consultants on Alcoholism (ALMACA).

COLLATERAL OCCUPATIONAL SKILLS NEEDED

In addition to consultants, several other skilled positions within industry are needed. A program coordinator is needed in larger companies where in smaller companies responsibilities for training, identifying, and referral can be a collateral function to a personnel employee. Other functions of this employee would include keeping systematic records, follow-up, and monitoring program success and administrative duties. A second set of skilled personnel needed in order for the program to work is the "motivational interviewer". The charge of this employee is to complete an intake interview, diagnose, refer and motivate the employee to seek help. The third skill area is that of guidance, with the primary objective—to return the employee to productive work performance.
Ross A. Von Weigand, Director of Labor-Management Services at the National Council on Alcoholism, in a reprint from the Labor-Management Newsletter, (July-August 1972), indicated at that time that employee programs utilized one of three conceptual approaches. The first of these: identification of individuals where there is a suspicion that alcoholism is the problem. The major, glaring flaw in this approach is that by the time a supervisor can recognize symptoms of alcoholism in an employee, the disease has progressed to the late or final stages of the illness when helping is much more difficult. The stigma associated with alcoholism at that time viewed alcoholism as a self-inflicted disease of a person with a moral problem. According to Von Weigand, the erroneous assumptions of this first approach were that the alcoholic had readily identifiable symptoms that a supervisor could observe, such as bloodshot eyes, shaking hands, alcohol breath, loud and obnoxious conduct, lack of cleanliness and personal grooming, etc. It was also believed that employees who did not exhibit these symptoms were of no concern to the alcoholism program administrator. Companies utilizing this type of a program are missing out on major economic and personal rewards obtainable through effective programming. The second approach can be described as a merger of the out-moded approach of the forties with the job performance approach of the seventies. This approach gives verbal recognition
to the necessity of referrals being based on job performance but instructs supervisors to refer only when problem drinking is suspected. The author of the article believes that this approach remains pretty much an out-moded forties approach. The third approach is the job performance approach. This system focuses only on work performance that is below standard. When the supervisor is unable to restore the employee's work performance to that of standard, then the employee is referred to the program for diagnosis and identification of the employee's problem and then followed up with appropriate treatment. This approach is highly recommended as it eliminates inappropriate confrontations of suspected employees; it draws clear lines of responsibility for management and treatment.

ELEMENTS OF A VIABLE PROGRAM

James T. Wrich (1974) identifies elements of a viable Employee Assistance Program:

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 as to cause, evaluating them, and referring the troubled person to the proper modality of care.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
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 (p. 16)."

According to Wrich (1974), coordinating activities of identification, treatment, and follow-up are necessary to resolve human problems. The missing links are seen as elements three and five. The major link in this communication system is the diagnostic and referral intake resource, which is element three. The function of this person would be to:

"1. INTAKE

- Personal interview
- Explain company policy
- Screening and diagnosis, psychometrics (optional)
- Establish and keep records, individual client, overall intake
- Make evaluation
- If necessary, confer with caregiver to assist 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 Modality(s) of care relevant to recommendations for resolving problem.
- Regular personal communication with client
- Periodic reports, oral-written, to company about client's general progress while maintaining strict confidentiality (p. 21-22)."
Supervision

In the Oldsmobile Division Employee Relations Program, A Supervisors Guide to Employee Behavioral Medical Problems, it states the charge of all levels of management is to:
1) implement program, 2) identify and document all instances of sub-standard work performance or unacceptable job behavior, 3) to restrict criticism to job performance, 4) to follow through with appropriate, corrective action.
The guide also states failure to do so will result in financial loss to Oldsmobile and poor employee health. Wrich (1974) in discussing the supervisor indicates that the recognition of poor job performance is vital in the identification process. Wrich warns that the supervisor should not speculate about the employee's personal problems, only carry out the company policy in a non-judgemental, non-moralistic manner. Ross A. Von Weigand, Director of Labor-Management Services at the National Council on Alcoholism stated in a reprint from the Labor-Management Alcoholism Newsletter, (July-August 1973), titled "Treatment is Not the Problem", the need to involve supervisors. Von Weigand stresses the pre-treatment phase of effective programming indicating that the supervisor's option to tolerate unsatisfactory work performance must be removed. Luther A. Cloud, M.D., Vice Chairman of the Board of Directors of the
National Council on Alcoholism, Inc., in a reprint from *Labor-Management Alcoholism Journal*, (November-December, 1972), states:

"The answer to both problems--early detection and motivation lies in the employee alcoholism programs which base referral to treatment on declining job performance, with the offer of a firm, fair choice between accepting the referral or accepting the disciplinary consequences of the poor job performance. The key to recovery from alcoholism lies in the hands of enlightened management and union leadership not in treatment per se."

It is evident from Cloud's statements that the deteriorating job performance must be detected by the supervisor and reported to enable employees to be helped via early detection and referral to appropriate help centers.

**Union Function**

In the pre-treatment phase, the National Council on Alcoholism in its *Labor Management Approach to Employee Alcoholism Programs*, (1974), encourages Unions to assure the following statements are in the agreed upon policy.

1. Requests for diagnosis and treatment do not interfere with job security or promotions of employees.
2. Corrective interviews are to be work related, not personal problem related.
3. Confidentiality adhered to.
4. An employee with alcoholism be treated like employees with other diseases.
5. All other rights of the employee are protected (p. 7)."

It is noted also that only when management and labor
work together in good faith that employees' restoration to health and productivity are maximized. Trice (1974), indicates that the Union steward is in a position to precipitate crisis in the life of the alcoholic worker by talking man to man with the employee and by talking to the employee's wife. The steward can also inform the employee of the company program. Finally, the Union steward and management can confront the employee together to emphasize the need of an employee to seek and maintain help. The UAW (Alcohol and Drug Abuse) emphasizes the need to negotiate a joint alcohol and drug abuse program in companies that have collective bargaining units. Included in the agreement should be a "Joint Union-Management Policy Statement", outlining the structure necessary to implement the policy. The UAW has guidelines for its members to facilitate the implementation of Alcohol and Drug Abuse programs within each company. These guidelines are contained in Appendix A.
ALCOHOLICS ANONYMOUS

Alcoholics Anonymous, commonly referred to as A.A., has two pamphlets out that give some interesting up-to-date statistics regarding the price business pays, what can be done, and what is being done about the alcoholic employee. In the pamphlet it states the following:

"SOME FACTS ABOUT ALCOHOLISM"

Did you know that 5-10% of the employed population are in trouble with alcohol?

Did you know that in a large series of cases the problem existed five to seven years before becoming so obvious that action was required?

Did you know that alcoholism has been identified by the Department of Health, Education, and Welfare as the number 1 public health problem in the USA?

Did you know that only 3% of these alcoholics are on "skid row" and the other 97% are found in homes, offices, and factories?

We didn't know these things either, but the National Council on Alcoholism, which does, recently reported these figures.

You have probably seen the magazine and newspaper stories which call alcoholism the billion-dollar headache. These are no exaggerations--the U.S. Department of Health, Education, and Welfare estimates that alcoholism costs industry 15 billion dollars annually! That's quite a hangover in dollars and cents, not to mention the awful toll in human suffering--to the alcoholic, his family, and his employer!"

The A.A. pamphlet further states:

"WHAT INDUSTRY IS DOING"

Many companies are dealing with this difficult and complex problem today, and from their experience we get this profile of the alcoholic employee:
He is likely to be 35 to 55 years old, an employee of fairly long service, in whom the company has a considerable investment especially if he is in the executive ranks.

The National Industrial Conference Board reports in its magazine, The Conference Board Record, that companies have found problem drinkers are absent about twice as often, report late more frequently, have more lost-time accidents, produce less, and make more mistakes than the average worker.

Those companies that decided covering up or dismissal for the alcoholic employee was too expensive and a waste of valuable manpower, developed policies and programs for dealing with this problem more realistically. Some of them have reported 50% to 75% success in rehabilitating the potentially valuable employee who has become a problem drinker.

A.A. in its pamphlet "A.A. and the Alcoholic Employee-Questions and Answers for Employers", makes a valid point regarding the effective use of "constructive coercion" by industry.

"Industry is in a particularly good position to exercise this kind of persuasion and gain the alcoholic's attention, because he knows without being told that his employer, more than anyone else perhaps, is in a position to put real teeth into his argument. This "attention-getting" process is sometimes referred to as "constructive coercion", and is being used with success by many companies. The alcoholic is not forced into action; he is given choices, but is also made aware of the drastic consequences of inaction (p. 14)."

A.A. also posed some interesting questions and provides answers to them. Examples are given below:

"WHY SHOULD MANAGEMENT BE CONCERNED ABOUT THE PROBLEMS OF ALCOHOLISM?

The best available data indicates that alcoholics constitute from 5 to 10% of the total work force in American industry. Alcoholism occurs at all wage levels and among professional workers as well as manual laborers."
The cost of alcoholism to business and industry in America is estimated to be at least $15 billion annually.

Alcoholics are absent from work, on the average, three and a half times as often as other workers.

Alcoholics receive up to three times as much in sickness payments as other workers.

Alcoholics have more accidents than other workers and commonly reduce the efficiency of fellow employees in their departments.

Finally, industry bears a significant share of the cost of alcoholism through the tax dollar it pays to support jails, hospitals, welfare agencies and other public facilities with which alcoholics become involved (p. 4)."

"WON'T ADOPTION OF A COMPANY PROGRAM ON ALCOHOLISM EXPOSE AN EMPLOYER TO RIDICULE OR CRITICISM FOR HAVING ALCOHOLICS ON HIS PAYROLL?"

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 problem drinkers to seek help in A.A. (p. 5)."

POLICY STATEMENTS

Policy statements are viewed by most people as the key to success in an Employee Assistance Program. The National Council on Alcoholism, 1974, has published the following guidelines:

"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 effect 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 judgement as to whether or not any employee has alcoholism or any other disease. Necessary referral for diagnosis and treatment will be based strictly 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 of 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 (p. 12-13).

Examples of different company policy statements contained in Appendix A show strict adherence to the guidelines published by NCA in 1974. Appendix A has four examples of individual company policy statements with preceding explanations of differences in each statement.

IMPLEMENTATION

The decision to implement an employee assistance program within a company is a decision that each company must make for itself. Even within corporate guidelines to implement an employee assistance program, the individual company must consider its own unique needs, evaluate the most economical and effective means to accomplish its task, and then take action. Wrich (1974) outlines procedural guidelines that will aid implementation of an employee assistance pro-
gram. Wrich feels that it is necessary to involve the people who have authority to make a decision. The consultation expertise of the occupational consultant within the company's state should be utilized in the following steps in the order indicated.

The first step is general discussion of the problem with national statistics available and individual company problems evaluated.

The second step is a conference of authorized parties, both union and management and consultant. The task force should identify its charge and adhere to a definite time structure.

The third step is to become familiar with local community agencies and identify what agencies could become full-time diagnostic and referral agencies. The third 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.

The fourth step is to form a committee to determine its charge, determine its representation, and its monitoring system.

The fifth step involves designating diagnostic and referral resource.

The sixth step is to train both management and supervision and give them an orientation to the EAP.
The seventh, employee notification of the EAP existence and urging the voluntary use of EAP.

The eighth, family notification and motivation for the family to utilize the services of the EAP.

The ninth, continuing education and training for supervisor and management personnel.
CHAPTER III

BROWN COMPANY, SPECIALTY PRODUCTS DIVISION
KALAMAZOO, MICHIGAN

Brown Company is one of many companies within the corporate structure of the Gulf and Western Company. Brown Company is primarily involved in the manufacturing of paper products. The paper products produced include cups and paper plates for domestic use to special order paper products for various industrial uses. There are three separate locations for the paper mills in the Kalamazoo area that are owned by the Brown Paper Company. The Specialty Products Division of Brown Company in Kalamazoo, Michigan is one of the three and is where my field experience took place.

The Specialty Products Division of Brown Company is appropriately named as it describes the paper making function of the mill. The primary specialty product is parchment; however, many other bulk orders for other types of paper are manufactured too. The mill also has the unique ability to manufacture other products in smaller quantities that are less frequently in demand. The total work force consists of approximately 1,280 employees; 1,080 unionized labor force, with 200 salaried employees. There are three unions representing the labor at Brown Company--Specialty Products. Local #323 has approximately 980 members and is called "The United Paper Workers International Union."
Local #337 is the "Kalamazoo Printing Pressman and Assistants Union." Local #78 in the "International Brotherhood of Firemen and Oilers."

The Brown Company, a Gulf and Western Company, official brochure describes the Brown Company as follows:

"BROWN COMPANY PAPER GROUP

The Specialty Products Division was formed in 1966 following Brown Company's merger with the KVP Sutherland Paper Company. It was based on KVP Sutherland's Stock Products Division, formed in 1960 at the time of their merger, from KVP Company's Service Products Division, which marketed paper products and Sutherland Paper Company's Stock Products Division, which marketed board products.

The Specialty Products Division's institutional group supplies paper, plastic and board products for the meat protection, bakery supply and food service industries. These products are sold in truckload and carload quantities to paper, grocery, bakery and food service distributors. Well-known brand names include Handi-Pac, Glenvale, Tissue-Pac, and Purity-Pac interfolded papers, Prosperity Waterproof Meat Wrap, K-45, No. 47, K-50 and Kold Lok Locker Papers and Bak-o-Matic Bakery Pan Liners. Other products include plastic cups, food trays, food pails, fluted bakery products, steak and market papers, plain and special printed sandwich wrappers, patty papers in rolls and plain and drilled sheets, hot dog trays, carry out containers, plain and special printed place mats and Genuine Vegetable Parchment rolls and sheets."

The field placement took place under the direct supervision of Mr. Burnell Long, the Industrial Relations Manager of the Specialty Products Division of Brown Company and was delineated to Local 323 with its 980 member work force. This enabled a task group to be formed which consisted of Russ Predum, Local 323 President; Roy Stafford, Local 323 Recording Secretary; Jim Butler, General Superintendent;
Bea Lascalles, Industrial Nurse and Mr. Burnell Long, Industrial Relations Manager. The task force group had as its charge, to identify, evaluate, and problem solve, problems that employees within Local 323 were experiencing. The group recognized its limitations as a recommending group that would not be able to implement any decisions.

I, as the task group leader, structured the group so that I utilized the collaboration mode of consultation within the group process. This mode of consultation is described in the book, *Psychoeducational Consultation Definition-Functions-Preparation*, by DeWayne J. Kurpius and J. Craig Brubaker (1976). In essence, I as consultant, helped the Substance Abuse Committee to discover, define, own, and make a plan for action to help solve problems within the employee group the Substance Abuse Committee defined, which was nonsalaried employees of Local 323. As consultant, I had difficulty thinking and relating problems exclusively to Local 323; I was constantly thinking of the whole of the work force to include the salaried employees. The other committee members were much more effective in keeping their thought processes focused on the target population - employees of Local 323.

The results of the Task Force Committee reported in Chapter V are solutions that the committee has agreed upon. These are recommendations only, with the understanding that final implementation would in all likelihood be done only
after careful consideration of all options available.
CHAPTER IV

LOG OF EXPERIENCE

The actual log of experience that I personally have observed and participated in is difficult to describe in this brief paper, and yet, I want to present an accurate picture of my life experience which led me to undertake this project.

My work experience prior to high school graduation included a paper route that gave me the opportunity to observe other people's life styles. I could see that standards of living varied within each home as I collected my bill for delivering the paper. I had no idea of what might account for the difference I observed.

As a service station attendant, I pumped gas and talked with customers as they were getting their cars serviced. Occasionally a person would park his car, take out a six-pack of beer and tell my boss or myself about his personal problems and how awful life is. I noted that usually these people had jobs which provided them with what appeared to be enough money to spend freely on whatever they choose.

I also worked with my father who at the time was a self-employed carpenter. I noted that he never allowed beer or liquor on the job and he fired people who were consistently late or absent from work because of drinking.
It became evident during my first major work experience, 1964-1969, at Post Cereal Division of General Foods Corporation, that drinking and work don't mix. It was at Post that I first discovered people who suffered from personal problems. During breaks, people would discuss marital, financial, and work related problems. I never heard people discuss emotional or drinking problems and yet rumors would have it that so and so was sent to the Kalamazoo State Hospital for drinking, drug taking, or mental problems. I never observed people drinking on the job at Post, but I did go across the tracks on numerous occasions to eat lunch or supper and observed many people drink their supper in lieu of eating. Personal observation led me to believe that there were many employees who took advantage of the privilege of eating across the street to drink instead. I also noticed that the foremen were aware of the drinking and took no action to correct the situation. This condescending attitude on the foremen's part bothered me as I could not understand why a foreman would knowingly allow an employee to get away with unacceptable behavior according to company policy. I left Post to start school to get away from that type of work setting.

Today, as I write this paper, I am 32 years old and have come to the awareness that virtually every work setting in which I have been employed has its share of employees with personal problems including people with drink-
ing problems. As a paperboy, lawn cutting contractor, service station attendant, factory worker, carpenter, laborer, suit salesman, fence builder, orderly, medic in the Army, electrical apprentice, college student, pre-sentence investigator, and alcoholism therapist, I have, in each circumstance, come into contact with people who are experiencing personal problems that affect not only their work performance, but virtually every other aspect of their lives. It is for the aforementioned reason that I chose to do my field experience with a company that cares about its employees and was willing to invest the time and energy to explore, evaluate, and identify its employees' personal problems. Thursday, April 28, 1977, Mr. Burnell Long, Industrial Relations Manager for the Specialty Products Division of Brown Company, expressed, not only an interest in his company's employees, but a willingness to work toward positive changes to assist employees in resolving their personal problems. In this first meeting, Mr. Long suggested union involvement be established as soon as possible.

I took an independent study course, under the supervision of Dr. Robert Betz at W.M.U., in the Counseling and Personnel Department, regarding consultation. Meetings with Dr. Betz, May 17, 1977, then with Mr. Long, June 16, 1977, back with Dr. Betz again on June 21, 1977, and a joint meeting July 2, 1977 determined that the Collaboration Mode of Consultation would be utilized in the field placement at
Brown Company, as outlined by Kurpius and Brubaker (1976). Subsequent meetings with Dr. Betz on July 25, 1977 and Mr. Long, August 2, 1977, were scheduled to negotiate the field placement contract. August 3, 1977, Judy Loudin, the Labor and Management Consultant at the Alcohol Prevention and Information Center, was contacted regarding the nature of my field placement at Brown Company. It was determined, at that time, that Judy and I would work together and not in competition with one another.

August 22, 1977, Sharon Surratt, Assistant Program Director of SPADA, and ex-Occupational Health Consultant, was contacted regarding information pertinent to employee assistance programs. Sharon gave me her personal file of all material she had obtained as a consultant. This information proved to be valuable in the search of the literature regarding employee assistance programs.

Thursday, September 8, 1977

I spent four hours in the office of Burnell Long reading about Alcoholism and Health Insurance Plans, information, and guidelines by Enos L. Cook, C.L.U.

I wrote an agreement between Mr. Long, Dr. Betz, and myself. I also discussed my next 3 weeks of the field placement with Mr. Long.
Tuesday, September 13, 1977

Craig South, Joan Myers, and Ron Freemire went to Kalamazoo Fisher Body Division of General Motors to explain Borgess Hospital's Alcoholism Program. Craig explained the organizational structure of Borgess Hospital's Alcoholism Program. Joan Myers explained Phase I & II detoxification and treatment aspects of the program. I expanded on what was said by Craig and Joan and discussed, in detail, the nature of treatment at Borgess to include 1:1, didactics, group, referrals, and the Outpatient Therapy Program. I stressed the importance of the intensive inpatient therapy and was supported by Joan's and Craig's comments. Fred Giles, Industrial Relations Manager at G.M., understands the rationale for such an experience but had difficulty understanding the rationale for tapering off in outpatient. Fred was concerned that insurance benefits will expire before the tapering off period expires. Fred was unaware, prior to today's meeting, that his employees do have 3rd party payment at Borgess. Fred is now aware of the insurance benefits and wants further contact to establish an effective referral system. The General Motors Substance Abuse Committee will be coming to visit Borgess as soon as a meeting and place is set up.

Thursday, September 15, 1977

I spent four hours in Jackson Michigan talking with
McKinley Harrell about Clark Equipment's Employee Assistance Program. McKinley gave me information to bring home and discussed how Clark's program started. Clark's management and union visited Oldsmobile's program prior to starting their own.

Thursday, September 22, 1977

I spent four hours at Brown Company. I talked with Mr. Butler, General Superintendent at Brown Company, for approximately 2 hours and 43 minutes. Mr. Butler could not see how an employee assistance program could help at Brown Company. His feelings were such that if a person's job were about to be lost, due to the employee's absenteeism or whatever, that no process should interfere with the firing. Mr. Butler saw the EAP as a program to be abused by the employee. I also talked with another superintendent and he stated that he could see the merit in having such a program. He was concerned that it not be abused and had many questions regarding its implementation. He wondered why I was talking with him as he was unaware I was going to be doing a field placement at Brown Company.

Thursday, September 29, 1977

I spent eight hours in Lansing attending a seminar for Substance Abuse Programs regarding Blue Cross/Blue Shield (BC/BS) 3rd party payment. Both Borgess Hospital's in
patient and outpatient programs are now covered by this insurance. It is possible for other companies with BC/BS to get coverage for inpatient and outpatient alcoholism treatment if the individual companies contact their BC/BS insurance representative. I am working on getting a "Community Awareness Day" at Borgess to pass the good news to companies that don't have the coverage that could have it. Companies with other insurance coverage can also have these benefits if they approach their company representative.

Thursday, September 29, 1977

I talked with LeRoy Chapin and Rex Bangs. They are the investigators in the Employee Relations Department that administer the Substance Abuse Program at Oldsmobile, G.M., Lansing. I obtained the statistical data regarding G.M.'s Oldsmobile Substance Abuse Program. The job description of the investigator is to accept referrals from management and refer the employee to the appropriate help source. Investigators also conduct staff inservice training.

Thursday, October 6, 1977

I spent three hours with a union-management committee composed of Burnell Long, Industrial Relations Manager, Jim Butler, Superintendent, Russ Predum, President of Local 323, and Roy Stafford. Also present was Bea Lascalles.
The charge of the group was decided. We are to be a recommending group for problems we identify at Brown Company.

Initial problems discussed included:

1) Attendance
2) Free-loaders
3) Emotional problems
4) Work performance
5) Cruelty to other employees
6) Tardiness

I will meet with Jim Butler 10/8/77, at 9:00 A.M., for case studies.

Thursday, October 6, 1977

I met with Dr. Betz and informed him of 1st Task Force Meeting. I have an appointment, Monday, 10/10/77 at 5:00 P.M., to discuss nature of specialist project written proposal for Brown Company. I was very optimistic after the first session. All participants were open and honest in their discussions. There are differences of opinion which are accepted by all.

Minutes of Union-Management Committee Meeting

October 6, 1977

Safety, quality and quantity, absenteeism, alcoholism, etc., is what this Steering Committee is about. Ron Freemire is committed to 150 hours with us until the end of December.
Management and Union Personnel:

Burnell Long
Jim Butler
Russ Predum
Roy Stafford
Bea Lascalles

Meet 1½ hours each time we meet. This committee will identify and evaluate the problem in the mill. We will be a "recommending group". Judy Loudin's group will be working in conjunction with our group. Everyone expressed their reasons for wanting to be on the committee.

Clark Equipment posters picturing Steering Committee were presented. If someone has a problem at Clark, an employee counselor goes to medical department where the employee is referred to an agency. Clark sends information brochures to employee's home.

Meet once a week, for up to three weeks, and learn how to identify and evaluate the problems. Community Mental Health will also set up an Industrial Help Center. Confidentiality is very important in this program. The employee who is habitually absent, and calls in that he or she will not report for work, should be told, on the phone, how their work record stands.

During the week, we should look around us and try to evaluate the problems that people incur during their working hours.
October 8, 1977 - 4 hours

I spent one and one-half hours today at Brown Company with Jim Butler. Together, we gathered data on two employees. I spent 2½ hours calculating employee cost and company cost relevant to attendance of the problem employee.

The following data was generated as a result of the study.
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<tr>
<th>CASE #1 - 1976</th>
<th>Reason for Absence</th>
<th>Who called in</th>
<th>Hours Missed</th>
<th>Rate of pay</th>
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<td>Car</td>
<td>Self</td>
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</tr>
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<td>Late</td>
<td>1 hr.</td>
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<td>Self</td>
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<td>8 hrs.</td>
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<td></td>
<td></td>
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<td>Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$48.88</td>
</tr>
<tr>
<td>5-20-76</td>
<td>Sick</td>
<td>Wife – Dr. slip return to work</td>
<td>8 hrs.</td>
<td>$48.88</td>
</tr>
<tr>
<td>5-24-76</td>
<td>Sick</td>
<td>Dr. slip to return to work</td>
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<td>$48.88</td>
</tr>
<tr>
<td>6-11-76</td>
<td>Bad foot</td>
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<td>8 hrs.</td>
<td>$48.88</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Hours</td>
<td>Rate</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------</td>
<td>-------</td>
<td>----------</td>
<td></td>
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<tr>
<td>6-16-76</td>
<td>Death in family</td>
<td>8</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Self</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6-19-76</td>
<td>Personal business</td>
<td>8</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-14-76</td>
<td>Sick</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self</td>
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</tr>
<tr>
<td>7-27-76</td>
<td>Sick</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-13-76</td>
<td>Sick</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-25-76</td>
<td>Sick</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wife - return to work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-28-76</td>
<td>Sick</td>
<td>8</td>
<td>$97.76</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-14-76</td>
<td>No Phone Call</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-18-76</td>
<td>Late, no call</td>
<td>8</td>
<td>$97.76</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No show</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-9-76</td>
<td>Sick</td>
<td>8</td>
<td>$97.76</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some woman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-11-76</td>
<td>Sick</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-26-76</td>
<td>Sick</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-9-76</td>
<td>No Phone Call</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Call</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>12-3-76</td>
<td>Sick</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-14-76</td>
<td>Sick</td>
<td>8</td>
<td>$48.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wife</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Cost to employee.....22 x 48.88..straight time = $1,075.36
2 x 6.11..late time = 12.22
5 x 97.76..double time = 488.80
1 x 73.32..time and half = 73.32
30 times $1,649.70

Company cost........23 x 73.32 1,686.36
5 x 97.76 488.80
1.5 x 12.22 18.33
$2,193.49

Fired employee 1 time
10 to 11 months off work
No back pay
Lost income
Flat fee for arbitration - went to arbitration - union & company split cost
Arbitration meeting 2 hrs.
Lay off & set up are hidden costs
<table>
<thead>
<tr>
<th>Date</th>
<th>Reason for Absence</th>
<th>Who called in</th>
<th>Hours Missed</th>
<th>Rate of pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-11-77</td>
<td>Sick in head</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>1-26-77</td>
<td>Snowed in</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>1-27-77</td>
<td>Snowed in</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>1-28-77</td>
<td>Snowed in</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>1-29-77</td>
<td>Snowbound</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$80.64</td>
</tr>
<tr>
<td>1-31-77</td>
<td>Snowbound</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>2-18-77</td>
<td>Alarm didn't go off</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>2-26-77</td>
<td>Hurt self at home</td>
<td></td>
<td>8 hrs.</td>
<td>$80.64</td>
</tr>
<tr>
<td>3-23-77</td>
<td>Sick</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>3-29-77</td>
<td>Car won't start</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>4-22-77</td>
<td>Teeth</td>
<td>Unknown</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>5-28-77</td>
<td>Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$80.64</td>
</tr>
<tr>
<td>6-4-77</td>
<td>Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>6-17-77</td>
<td>Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>7-8-77</td>
<td>Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>7-28-77</td>
<td>Wife sick</td>
<td>Unknown</td>
<td>8 hrs.</td>
<td>$53.76</td>
</tr>
<tr>
<td>Date</td>
<td>Status</td>
<td>Hours</td>
<td>Rate</td>
<td>Total</td>
</tr>
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<td>-----------</td>
<td>----------</td>
<td>-------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>8-12-77</td>
<td>Sick</td>
<td>8</td>
<td>$53.76</td>
<td>$429.28</td>
</tr>
<tr>
<td>Friday</td>
<td>Wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-20-77</td>
<td>Baby sick</td>
<td>8</td>
<td>$80.64</td>
<td>$645.12</td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-24-77</td>
<td>Sick</td>
<td>8</td>
<td>$53.76</td>
<td>$429.28</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Wife</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-20-77</td>
<td>Sick</td>
<td>8</td>
<td>$53.76</td>
<td>$429.28</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cost to employee.....16 x 53.76..straight time = $ 860.16
4 x 80.64..time & half = $322.56
20 times $1,182.72

Company cost........20 x 80.64 = $1,612.80

Pay rate = $6.72/hr.
### CASE #2 - 1977

<table>
<thead>
<tr>
<th>Reason for Absence</th>
<th>Who called in</th>
<th>Hours Missed</th>
<th>Rate of pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Warning Slip</td>
<td></td>
<td>8 hrs.</td>
<td></td>
</tr>
<tr>
<td>1 3-Day Lay off for habitual absence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-10-77 Snow</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>1-16-77 Snow</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$95.20</td>
</tr>
<tr>
<td>1-22-77 Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$71.40</td>
</tr>
<tr>
<td>1-24-77 Car</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>1-28-77 Snow</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>1-31-77 Snow</td>
<td>Self</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>3-20-77 Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$95.20</td>
</tr>
<tr>
<td>3-21-77 Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>3-25-77 Car</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>4-18-77 Lost child</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>5-6-77 Sick</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>5-8-77 Car</td>
<td>Wife</td>
<td>8 hrs.</td>
<td>$95.20</td>
</tr>
<tr>
<td>5-13-77 Sick</td>
<td>Late</td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>5-14-77 Wife sick</td>
<td>Left work</td>
<td>8 hrs.</td>
<td>$71.40</td>
</tr>
<tr>
<td>6-3-77 Friend died</td>
<td></td>
<td>8 hrs.</td>
<td>$47.60</td>
</tr>
<tr>
<td>Date</td>
<td>Day</td>
<td>Description</td>
<td>Hours</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>6-18-77</td>
<td>Saturday</td>
<td>Sick Woman</td>
<td>8</td>
</tr>
<tr>
<td>7-13-77</td>
<td>Wednesday</td>
<td>Sick Wife</td>
<td>8</td>
</tr>
<tr>
<td>7-27-77</td>
<td>Wednesday</td>
<td>Wife sick</td>
<td>8</td>
</tr>
<tr>
<td>8-2-77</td>
<td>Tuesday</td>
<td>Sick Wife</td>
<td>8</td>
</tr>
<tr>
<td>8-23-77</td>
<td>Tuesday</td>
<td>Sick Wife</td>
<td>8</td>
</tr>
</tbody>
</table>

Cost to employee:
- $47.60 x 14 hours = $666.40 (straight time)
- $95.30 x 3 hours = $285.60 (double time)
- $71.40 x 3 hours = $214.20 (time and a half)

Total cost to employee = $1,166.20

Company cost:
- $71.40 x 17 hours = $1,213.80
- $95.30 x 3 hours = $285.60

Total company cost = $1,499.40
October 11, 1977 - 9 hours

I spent nine hours attending a seminar in Grand Rapids regarding alcoholism and the workplace. The seminar was planned by labor, management, and local community agencies. It was sponsored by the School of Labor and Industrial Relations, Michigan State University, and the United Way of Kent County.

October 13, 1977 - 4 hours

I spent three hours at Brown Company today talking with superintendents in mills 1 & 2 and talking with Bea Lascalles. I did some other cost analysis on Case #1 and Case #2. I spent an additional hour calculating costs in medical department.

The following data indicates the frequency of industrial and non-industrial accidents for the two case studies.
CASE #1
Hiring Date - 10/5/69
8526

<table>
<thead>
<tr>
<th>Date</th>
<th>Injury Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-31-70</td>
<td>Shaft hurt (L) foot</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>Day</td>
<td>NLT</td>
</tr>
<tr>
<td>3-30-70</td>
<td>Foreign Body (L) eye</td>
<td>I</td>
</tr>
<tr>
<td>3-11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-23-70</td>
<td>Threading paper (L) eye</td>
<td>I</td>
</tr>
<tr>
<td>3-11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-26-70</td>
<td>Foreign body (L) eye</td>
<td>I</td>
</tr>
<tr>
<td>3-11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-24-71</td>
<td>Basketball (R) foot</td>
<td>NI</td>
</tr>
<tr>
<td>3-11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-29-71</td>
<td>Irritation (R) eye</td>
<td>I</td>
</tr>
<tr>
<td>7-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-30-71</td>
<td>(R) eye</td>
<td>I</td>
</tr>
<tr>
<td>7-3</td>
<td>Borgess ER</td>
<td></td>
</tr>
<tr>
<td>1-15-72</td>
<td>Core dust (R) eye</td>
<td>I</td>
</tr>
<tr>
<td>11-7</td>
<td>Saw doctor</td>
<td></td>
</tr>
<tr>
<td>3-25-72</td>
<td>Irritation (R) eye</td>
<td>I</td>
</tr>
<tr>
<td>7-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-13-74</td>
<td>Terminated from employment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Code 17</td>
<td></td>
</tr>
</tbody>
</table>

I = Industrial Accident
NI = Not Industrial
NLT = No Lost Time
I = Industrial Accident
NLT = No Loss Time
ITX = Treatment of I

CASE #2
Hiring Date - 2/5/73
8907

7-26-74 Ill & going home
Coughing & nauseated
Vacation begins 7-29

8-8-74
3-11 Hose broke - burns (R&L)
ankle - Dr.'s office

8-9-74
3-11 Redressing

8-12-74 Redressing
Saw Dr. - clinic visit

8-14-74
7-3 Given Doline - pain pills
Saw Dr. in clinic
Redressing

8-16-74
7-3 Redressing
Pain pills

8-16-74 Dressing - not working
since 8-9-74

8-19-74 Redressing

8-21-74 Saw Dr. - daily whirlpool

8-26-74 Improved - seen by Dr.

8-30-74 Trimmed & redressing
Seen by Dr.

9-3-74 Trimmed & redressing
Seen by Dr.

9-5-74 Seen by Dr. - progress
OK return to work 9-9-74
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-19-74</td>
<td>Refill of ointment for (R) foot ITX</td>
</tr>
<tr>
<td>3-11</td>
<td></td>
</tr>
<tr>
<td>9-27-74</td>
<td>Complaining (L) foot itching I</td>
</tr>
<tr>
<td>3-11</td>
<td></td>
</tr>
<tr>
<td>1-29-75</td>
<td>To see Dr. (L) foot I</td>
</tr>
<tr>
<td>7-3</td>
<td>Saw Dr. - wanted off work</td>
</tr>
<tr>
<td>5-18-76</td>
<td>Discomfort neck muscles NI</td>
</tr>
<tr>
<td>7-3</td>
<td></td>
</tr>
</tbody>
</table>

Estimated cost for nursing visit = $\frac{1}{4}$ hr. counting paper 5.00 work & phone calls 5.00
Doctor's visit = 15.00

8-8-74 through 9-9-74
October 10th & 17th, 1977 - 1 hour

I met with Dr. Betz and discussed the writing of the Specialist Project. I left Dr. Betz's office the 17th and went to ERC to research other written Specialist Projects.

October 20, 1977

I spent three hours at Brown Company in a meeting with Burnell Long, Jim Butler, Bea Lascalles, Russ Predum and Roy Stafford. Problems were identified and listed. Minutes of 10-20-77 meeting spell our problems identified.

Minutes of Committee Meeting, 10-20-77

In attendance: Burnell Long, Jim Butler, Bea Lascalles, Russ Predum, Ron Freemire, and Roy Stafford.

Poor attitude and lack of cooperation were problems in the mill. Other problems involved absenteeism, horseplay, fear of working with other individuals that are not compatible with each other. Another problem, chronic complainers, poor performance resulting from pre-occupation with problems outside the work setting. Medical, financial, marital, and emotional problems enter into many of these areas of concern. Some substance abuse, as well as, prescribed drugs and their abuse are problems. Supervisors and stewards should learn to evaluate these problems.
Problems identified were the following:

1) Absenteeism
2) Poor attitude at work
3) Lack of cooperation with others
4) Intimidation
5) Horseplay
6) Complaining
7) Poor work performance - production & quality
8) Family problems
9) Financial problems
10) Marital problems
11) Medical problems
12) Emotional problems
13) Drinking
14) Illicit drugs
15) Prescribed medications
16) Mixing drugs

Next meeting October 27, 1977.

October 27, 1977

I spent three hours at Brown Company is a meeting with Jim Butler, Roy Stafford, and Bea Lascalles. We discussed absenteeism and possible solutions to problems. We agreed
the six month statistical data collected would be sufficient to measure the problem.

The following is a six-month study of absenteeism at Brown Company, by department.

The following chart depicts the rate of absenteeism for hourly employees in "shifts" (one shift equalling 1 man working 8 hours) for the combined departments within the Specialty Products Division of Brown Company.

<table>
<thead>
<tr>
<th>Month</th>
<th>Shifts</th>
<th>Absenteeism</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 1977</td>
<td>21,878</td>
<td>1,180</td>
</tr>
<tr>
<td>March 1977</td>
<td>20,839</td>
<td>1,188</td>
</tr>
<tr>
<td>April 1977</td>
<td>19,150</td>
<td>1,097</td>
</tr>
<tr>
<td>May 1977</td>
<td>17,232</td>
<td>1,032</td>
</tr>
<tr>
<td>June 1977</td>
<td>17,227</td>
<td>958</td>
</tr>
<tr>
<td>July 1977</td>
<td>15,835</td>
<td>547</td>
</tr>
</tbody>
</table>

Total shifts all employees worked | 112,161 |
Total Absenteeism in shifts | 6,002 |

6,002 shifts x 8 = 48,016 working hours lost by employees who failed to show up at work.

48,016 x $5.00 = $240,080 in wages lost by employees who failed to show up for work.

48,016 x $7.50 = $360,120 this is the cost at time-and-half for Brown Company to replace workers who fail to come to work.

$360,120 - $240,080 = $120,040

The time-and-a-half figure, minus the regularly paid straight time figure indicates cost to pay an employee to
work a half shift over and one to work an extra half shift early to cover for employee who doesn't show up for work. This $120,040 cost to Brown Company is for a 6 month time span in 1977. Projections indicate $240,080 would be an approximate annual cost in absenteeism alone.

A second formula for calculating company cost takes 25% of an employee's average salary times approximately 8% of the total employee population. Using this formula and plugging in a conservative estimate for average wage times 8% of the 980 employees gives us a second figure for comparison.

25% x $10,000 average wage = $2,500 cost to Brown Company per employee.

8% of 980 employees in sample population = 78.40 employees with drinking problems alone that are work affecting.

8% of 980 employees in sample population = 78.40 employees with drinking problems alone that are work affecting.

78.40 x $2,500 = $200,076 in cost to Brown Company.

When comparing the two figures, $240,080 for absenteeism and $200,076 for people with probable work affected drinking problems it is apparent that there is a $40,000 additional cost to Brown Company due to absenteeism alone.

The importance of the $200,000 cost or $240,000 cost is that it is a cost to the company, consumer, and employee that can be reduced. The average absenteeism rate never exceeded 6% during the 6 month period reported. One of the objectives of an Employee Assistance Program would be to reduce the absenteeism rate by helping people resolve their
own personal problems.

Minutes of Committee Meeting, October 27, 1977

In attendance:

Bea Lascalles
Jim Butler
Ron Freemire
Roy Stafford

Absenteeism problem - Jim Butler suggested tightening up contract with union.

Dr. Urbick from Western will be here November 10th instead of November 3rd.

Two situations that were tried to alleviate absenteeism were: a four crew operation, and an incentive program for showing up to work. Our responsibilities are perhaps different nowadays than they were years ago. This could be why there is more absenteeism today than there was during the days of the "old school attitude". Fear is a very resourceful tool in motivating a person to hold down his job.

Next meeting November 10, 1977.

November 3, 1977

I spent two hours at Brown Company in the Credit Union attending a union meeting for election of officers.
November 8, 1977

I met four hours today with Fred Giles, Industrial Relations Manager at G.M.; Roosevelt Howard, Union Representative; Katie Helton and Dorothy Kelly, Industrial Nurses at G.M.; Dr. I. Richard Weiss, Medical Director of Borgess Hospital Alcoholism Treatment Center; Dr. Martin Verzi, President of Borgess Hospital; John Daley, Administrative Assistant to Dr. Verzi; Craig South, Program Director; Joan Myers, In-Patient Coordinator; and Laura Lentenbrink, Nursing Coordinator of Borgess Alcoholism Program.

Our first meeting was in Connors Hall, Nazareth College, in the out-patient program. I welcomed the visitors from G.M., described the out-patient program and gave them a tour of the out-patient facility. I took charge of the meeting as I am the out-patient coordinator.

We then went to the Borgess Hospital VIP Conference Room. Dr. Weiss, John Daley, and myself were the primary people responding to questions from the G.M. visitors. References were made on numerous occasions to Borgess Out-Patient and the prospect of residential treatment. I was very comfortable introducing all parties to one another and assuming a leadership role in the group.

We then moved to 3-East to tour the detoxification center. Dr. Weiss, Joan Myers, and Laura Lentenbrink explained the intensive detoxification treatment aspect of this program.
After the visit, I received a phone call from John Daley congratulating me on my part in the program. I accepted and was grateful for the recognition. John also mentioned, as a result of the meeting, that Dr. Martin Verzi, President of the Hospital, has directed John and myself to locate space to start the Residential Program immediately. I was excited and happy to have my values validated by the President of the hospital as to the immediate need for residential care.

Minutes of Committee Meeting, November 10, 1977

In attendance:
- Bea Lascalles
- Burnell Long
- Jim Butler
- Ron Freemire

The meeting started with an explanation of the present way problem employees are being dealt with.

Three to four people have been identified and referred to the hospital by committee.

Most Brown Company referrals are self-referrals.

Next subject was training. Both Burnell Long and Jim Butler, indicated there is no training going on for supervisors or union personnel.

Burnell mentioned that Brown Company has a one year contract with Judy Loudin, Alcohol Prevention and Informa-
tion Center. Mr. Long knew of no other alternatives for helping employees.

Jim Butler mentioned a need to train supervisors to enable them to diagnose and better refer employees with problems. Jim felt there is a need for an ongoing program.

Burnell Long suggested utilizing outside resources to train both union and management. Training in the following areas was mentioned:

1) Alcoholism
2) Marital
3) Drugs
4) Financial
5) Emotional

Burnell Long mentioned utilizing both professionals and paraprofessionals in the above mentioned fields to enhance communication.

Next meeting, November 17, 1977, 2:00 P.M. at Borgess Hospital Out-Patient Alcoholism Treatment Center.

Tuesday, November 29, 1977 - 2 hours

The Substance Abuse Committee from Brown Company met in the Borgess Hospital Alcoholism Clinic. The program and services of Borgess were explained in detail for inpatients and outpatients.

Present at the meeting were Burnell Long, Russ Predum, Bea Lascalles, Ralph Bower, Ron Freemire, Craig South, and...
November 29th through December 6th, 1977 - 50 hours

I spent 50 hours at the 2nd Annual Southeastern Conference on Alcohol and Substance Abuse. I attended all lectures in the program and received a certificate for completing the program. Additionally, I met with Mr. Richard Bates, Employee Assistance Program Director, from the Pontiac Motor Division of G.M. I will be visiting his program the week of December 12-15. Roland Austin, the Corporate Director of Substance Abuse Programs, indicated that he would be visiting Borgess to assist us in preparing for the training on supervisory personnel at Kalamazoo Fisher Body Division of G.M.

November 30th through December 4th, 1977

I attended the Second Southeastern Conference on Alcohol in Atlanta, Georgia. Of the 500 participants, about 70% were recovering alcoholics and over 300 were doctors. My values were tremendously affected by hearing what is described in A.A. terminology as a "drunklog". Listening to medical doctors testify in front of 500 people saying "Hi, I'm Joe, I'm an alcoholic", moved me deeply. Suddenly, I realized the importance of a person stating publicly the hell and torment he or she had gone through in life. I could sense the tremendous support of the group for the
person talking. I felt the speaker firming up his resolve never to drink again as he was building support for his choice to remain sober. I found in Atlanta, that which I had sought earlier from a values clarification course.

Minutes of Labor & Management Meeting on Substance Abuse December 8, 1977 - 3 hours

In attendance: Burnell Long, Bea Lascalles, Russ Predum, Roy Stafford, Ron Freemire, Dr. Thelma Urbick and Lyle Alrick.

Ron Freemire has asked the committee if we were pleased with our present setup of our Substance Abuse Program with Judy Loudin. Burnell felt the company is pleased with the job Judy Loudin is doing, but is hesitant in referring anyone else until our managerial and labor people can get trained in trying to identify these problems our people are encountering.

Lyle presented a problem, that of what do you do for an individual who does not trust the company or union and knows more than the doctors. Dr. Urbick reported, then you should meet this individual on their own terms, within the home, where their defenses may be down.

Training would be the first step in our program. Those involved would be supervisors and our local stewards which comprise between 100 to 150 people. If the trainees understand that they are not counselors, but identifiers, it
would be beneficial to the program. Part of this training would entail community service referral agencies. Make it known that strict confidentiality is a must factor. A poster depicting the pictures of the committee and phone numbers may be beneficial in helping people recognize our committee, in hopes of seeking their advice.

The committee has no commitment for any type of policy for a joint contract for our program dealing with the troubled employee; it all depends on how well it works and not the signatures on the policy. It should be recognized on our poster that confidentiality is a must and that union and management endorse this program jointly. After Christmas, Ron will put something in writing and present it to the committee. An indication of what resources are available for training should be given.

Attendance Sheet of Meeting - 2 hours

Informal meeting dealing with Substance Abuse at Crosstown Parkway, dated December 8, 1977, 12:00 P.M. In attendance: Jack Angel, President, 488 U.A.W., General Motors; Joseph Dunigan, President, United Way, Kalamazoo; Russ Predum, President, Local 323, United Paper International Union (U.P.I.U.); Roy Stafford, Recording Secretary, Local 323, U.P.I.U.; William Bellaille, President, Local 1010, U.P.I.U.; John Daley, Chairman of Borgess Hospital; Robert Swander, Labor Representative, United Way; Clare
December 14, 1977

I spent four hours reviewing the Out-Patient Coordinator's position at Borgess Hospital to include some training and consulting responsibilities to business and industry in the Kalamazoo area.

December 15, 1977 - 8 hours

I spent eight hours at Pontiac Motor Division talking with Richard Bates, the Employee Assistance Program Director. Mr. Bates reviewed the slides he used for supervision training and gave me the slides to use and a script describing the slides. Mr. Bates reviewed a formula that stated that 25% of an employee's hourly rate covers the amount needed for other fringe benefits. The cost to Pontiac Motor Division is $4.5 million dollars in losses.

December 20 through December 23, 1977

I spent 32 hours developing a program of educational training that Borgess Hospital could provide for business and industry, especially Brown Company, for supervisors and
union personnel.

The field placement hours being completed allowed me to present the data to Brown Company in writing to the committee for final consideration.

Total hours - 158½

February 8, 1978

This was the date of the last Substance Abuse Committee meeting. The general consensus of opinion was to honor the existing contract with the Alcohol Prevention and Information Center. The biggest need determined at this time was to train certain supervisory and union personnel.

John Stern, the Vice President of Industrial and Public Relations, described the existing contract as a "Preferential Services Contract", for all employees who work at Brown Company. The contract calls for referrals as a result of disciplinary procedures and self referrals.

John indicated that there is a "fee per head" charge for this service. There is a provision for training which can be obtained at an additional cost.

The material presented at the last session included a description of the Borgess Hospital Business and Industry Employee Assistance Program's Training Series, for Supervisors and Union Stewards.

A statement of the Committee's findings and recommendations are also presented. A copy of this statement follows.
RECOMMENDATION TO
SPECIALTY PRODUCTS DIVISION OF BROWN COMPANY

Brown Company, Specialty Products Division
Substance Abuse Committee
Mr. Burnell Long, Mr. Russ Predum, Mr. James Butler, Mr. Roy Stafford, Mrs. Bea Lascalles.

We, the above mentioned Brown Company employees, have been meeting with Ron Freemire, student at Western Michigan University, in a Task Group from September 8, 1977 to December 29, 1977. We have been meeting periodically to identify, evaluate and solve problems that employees experience at Brown Company.

We, the above mentioned Brown Company employees, recognize the fact that some employees at Brown Company experience personal problems that adversely affect their job performance. The cost to Brown Company has been estimated by utilizing the following formula: of the 3,000 plus employees at Brown Company approximately 980 are members of Local 323. Twenty-five percent of the average wage figured at a low $10,000 per year equals $2,500. This $2,500 times 8% of 980 employees = $200,076 per year in cost to Brown Company. The cost to the individual employee and his family is not as easily calculated, suffice it to say that it is many times more than the company cost.

To help resolve personal problems at Brown Company, we
the Recommendation Committee, suggest the following:

1) Training of Supervisors & Local Union Stewards.
   a. Training to help identify people with problems
   b. Utilize professionals within different community agencies to train in their field of expertise.

2) Confidentiality of people involved in the program must be adhered to.

3) Visibility of the program can be accomplished via posters depicting the pictures of Substance Abuse Committee members with phone numbers.

4) Motivate employees to self-refer.

5) The committee recommends a low key approach to the program without the need to negotiate a joint contract or policy statement.

6) Poster is to emphasize management & union endorsement of The Employees Assistance Program.

7) The committee recommends the use of Brian Lewis, Labor-Management Consultant with Alcohol Prevention and Information Center, for the following:
   a. Consultation with both labor & management at Brown Company.
   b. Training of Supervisors & Union Stewards.
   c. To refer all Brown Company employees to Brian Lewis for his screening & referral to appropriate help source.

The committee concludes that Specialty Products Division of Brown Company has all the necessary resources available to operate an efficient Employee Assistance Program. The Committee is recommending implementation and action to be taken on existing contract with the Alcohol Prevention and Information Center.
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<tr>
<th>Name</th>
<th>Title/Position</th>
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<tbody>
<tr>
<td>Mr. Burnell Long</td>
<td>Industrial Relation Manager</td>
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<tr>
<td>Mr. Russ Predum</td>
<td>President Local 323</td>
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<td>Mr. James Butler</td>
<td>General Superintendent</td>
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<tr>
<td>Mr. Roy Stafford</td>
<td>Recording Secretary</td>
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<tr>
<td>Mrs. Bea Lascalles</td>
<td>Industrial Nurse</td>
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CHAPTER V

SUMMARY AND EVALUATION

I feel my internship goals were met by utilizing the methods stated for achieving goals in Chapter One. I gained knowledge of various industrial settings by visits to Brown Company, Pontiac Motor Division, Fisher Body Kalamazoo, Clark Equipment Company, and Oldsmobile Division of G.M. I gained considerable experience consulting with the Substance Abuse Committee of Specialty Products Division, Brown Company. I feel I learned a great deal by assuming the role of Task Force leader within the Substance Abuse Committee. I learned a great deal regarding operating EAP's from on site visits to Oldsmobile, Pontiac and Clark Equipment Companies. I felt the group was able to identify and evaluate their own problems as a result of meetings with the Task Force group. The two-page recommendation was a direct result of the Substance Abuse Committee findings.

My understanding of the consultive process was enhanced by meetings with personnel from other operational EAP's and committees. My knowledge of EAP has increased tremendously as a result of the consultive process and workshops and conventions attended during the course of this field placement.

It should be noted that Brown Company, Kalamazoo had
an existing contract with the Alcohol Prevention and Information Center (APIC) for consultation services and training and education. Judy Loudin, Labor/Management Consultant was the person working for APIC that was responsible to service Brown Company. Findings of the Substance Abuse Committee at Specialty Products Division indicated that Brown Company did not utilize the services that were available and concluded that APIC services should be utilized to a greater degree to include training.

It was with a sense of deep personal satisfaction and regret that my field placement at Specialty Products Division of Brown Company had to come to an end. The collaboration mode of consultation as a tool had served me well during my field placement. My personal task of letting go and turning the reins over to Brian Lewis, Labor & Management Consultant from Alcohol Prevention and Information Center, was difficult to do. Brian had assured me that training sessions for supervisors would soon take place and that he was planning on following up on all clients referred to his program. This made my task of letting go immeasurably easier.

I am impressed not only with Brian Lewis's credentials to do consultation but also with his ability and his conviction to maintain services that were started by Judy Loudin, the former Labor-Management Consultant. I feel the collaboration mode of consultation was
extremely effective in working with the task force Substance Abuse Committee at Brown Company. Through the use of collaboration, problem areas were identified that I, as consultant, would never have identified. The evaluation series of activities involved the entire group and gave the task group an increased awareness and acceptance of the severity of the problems they had identified. It was evident to me at the end of the group meetings that each person entered the group with his or her own perspective of the problem and left the group meetings with an increased awareness and a broader understanding of the personal problems Brown Company employees face.

The Substance Abuse Committee's decision is not what I, or any other single member, would have suggested. I believe the decision that the committee came to is the best of all possible decisions simply because the committee was in total agreement. The statement on page 71 replaces the proposal discussed in item seven in the internship goals on page nine of this report.

The experience of participating in the task group as leader has brought about several professional changes in my career. I started this field placement back in May of 1977 as an in-patient alcoholism therapist. I then became the senior out-patient alcoholism therapist. As time proceeded I was next appointed as out-patient coordinator for the Alcoholism program. In February of 1978 I became
Management Consultant for the new Borgess Hospital Business & Industry Employee Assistance Program. I am using the skills learned at Brown Company in the daily performance of my new work. I am fortunate to have had such a meaningful field placement that proved to be mutually beneficial to all parties involved.
The UAW has published corporate guidelines for Union representatives that state:

"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 alcohol or drug abuse 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 treat-
ment 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. Any exceptions to this requirement will be by mutual agreement between the Union and Management.

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."
The Kemper Alcoholism Policy Statement is unique in that Kemper Insurance does not have a Union to issue a Joint Policy Statement with them.

KEMPER ALCOHOLISM POLICY

"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 the employee. However, continued refusal 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."
The Clark Equipment Company Policy is the most humanistic, warm, encouraging statement I have had the privilege to read.

Darrell McKinley, one of the motivational counselors, impressed me as being positive and optimistic in his outlook and behaviors during my interview with him.

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 may think they 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 (Employees 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 (Employees Assistance Program) coordinators will have access 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."
The General Motors Statement of Policy is purposefully general in its description to allow individual plants within the corporate guidelines to implement employees assistance programs to best suit their needs.

**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 the 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.

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 an as 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.
REFERENCES


Alcohol and Drug Abuse Recovery Programs, Detroit: UAW Community Services Department, May-June 1976. pps. 1-16.


Clark News, Buchanan, Michigan: Clark Equipment, Industrial Relations Department. pps. 1-17.


Employee Assistance Program, Jackson, Michigan: Clark Equipment Company, Transmission Division and Locals 623 & 281, AIW-AFL-CIO.


Pasco, T.J., The Union Steward or Committee Person and the Employee Assistance Program, Michigan Department of Public Health, Office of Substance Abuse Services. pps. 1-4.


Wrich J.T., The Employee Assistance Program. Center City, Minnesota: Hazelden Foundation, 1974. pps. 3-96.