Representing Members in Behavioral Crisis

Help us help them.

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The Foundation for Representing Members in Crisis is "fitness for duty" substantiated by a Medical Professional.

When a member has not only fallen from grace due to the use of alcohol or other drugs, or manifests a mental health or ***behavioral pattern***, his or her diminished capacity to perform the essential functions of the job is not far behind. Advocates who present a case that the member has a disability, says he or she has a disability, is willing to do something about the disability and actually does something to correct the disability are successful. The advocate is stating that the member:

- will take appropriate medical steps
- return to work fit for duty without prejudice
- supports the claim with a doctor's letter that he or she has successfully completed a treatment program, and
- that the member deserves ***reasonable accommodation*** without ***undue hardship*** to the employer.

The "fitness for duty" defense is the best defense because it acknowledges that the essential functions of the job have not only not been ignored but are the basis for the return to work claim that the employee will be able to perform those functions. The member's untreated condition is an obstacle and disciplinary actions could be suspended pending a resolution beneficial to the untreated member and the employer.

Representatives cannot successfully defend ongoing employment if the employee is not able to ***perform the essential functions of the job***. Therefore, it makes sense to assist the member in finding access to appropriate medical care in order to become fit to perform the essential functions of the professional responsibilities required to return to work.

Access to Proper Care: Avoiding "Wrong Door" Treatment

Access to proper care is the first step in helping an employee find and take advantage of a remedial program. Successful completion of a program provides the representative with evidence that the member is ready to return to work although he or she may require ***reasonable accommodation*** while the recovery process is underway. However, a lot can happen between the time negative documentation provokes discipline and the time when the employee provides documentation that a remedy has been found.

The employee may not be a reliable or compliant patient and hence unable to return to work able to perform the essential functions of the job. Or the remedial treatment program may be compromised by managed care and so limited that even the most reliable and cooperative patient will not benefit sufficiently to return to work fit for duty, i.e., "wrong door" treatment. Also, stigma may present an insurmountable barrier to a member who may not be able to mitigate the prejudice on their own. Hence, the employee representative has to take all this into account because employees acting totally on their own are too vulnerable or do not know enough to represent themselves successfully.

The Signature Symptom of Chronic Disease is that it Responds to a Continuum of Treatment

The first line of defense is a good insurance program and access to ***employee assistance programs*** that help the member understand the nature of his or her disability while supporting their genuine effort to remedy the treatable illness. ***Effective health care*** provides the basis for recovery but the member needs recovery support before, during and after treatment. The signature symptom of chronic disease is that it responds to a continuum of treatment. As the member responds to treatment and is able to return to work, aftercare and support groups are available to continue the regimen needed for long-term recovery.

The member's employment history may include a pattern or practice of behavior that has been tolerated for a long period of time. Subsequently, management and colleagues are impatient to rid themselves of the problem to the detriment of the member without full representation or the completion of a program. Denial is the primary symptom in these cases. The member is often enabled until patience is extinguished or strained. The urgency and importance of confronting the problem early cannot be overemphasized. The longer the problem exists, the thicker the employee file becomes. The more documentation collected, the more justified the

accusers become that this member is beyond redemption and does not deserve further representation by the bargaining agent or accommodation by management.

Herein lies the challenge for the informed advocate. Lessons learned have taught us that ***scolding the untreated employee to avoid consequences makes sense to those who are not affected by addiction, mental health, stress or behavioral health problems, but demanding change does little for the untreated employee***. Education is not only necessary, it is vital to the skill set required if the advocate is to be effective in defending members appropriately. Training cannot be overemphasized. Sooner or later training will be a requirement, otherwise mistakes and failures to represent will continue to be the norm rather than the exception.

The Importance of Early Intervention

Impaired employees present all kinds of subtle and then not so subtle signs and symptoms before the case become obvious enough to deal with by management and the employee representative. On that continuum of evidence that something is wrong, ***early action*** may be warranted and possible. ***Early intervention*** is preferred over late intervention because the damage done to reputations, collateral problems caused to others and the medical consequences mount up and pile up until no amount of denial and/or enabling will sweep the problem under the rug.

Often, the call to the representative is made after a long history of problematic behavior and the village is somewhat or entirely alerted that a public employee does not belong near children due to the member's untreated condition. The problem is what it is when the call comes and the advocate has either a simple task or a complex task to overcome. This session will discuss the ways and means the representative can legally, medically and appropriately provide fair representation, education, advocacy and remedial help to all those affected by an untreated medical condition.

Protecting a Member's Job and the Duty to Fairly Represent

If a member is impaired, it is not necessary to counsel the person or understand all about the nature of the malady to position the member for job protection. Rather, simply handing the problem over to a trained expert with a particular

skill set is often all that is needed to help fulfill the duty of fair representation.

Once treatment is complete, the change in the member's condition is often quite remarkable. However, just as the illness is progressive, so too is recovery. Hence, the return to work stipulations must take this into account in order to favor the successful effort to return to work in fit condition, able to do what is required by the job at hand. Any agreement that is made regarding the terms and conditions of returning to work should be negotiated according to the recovery plan with the attitude that this member is a person with a medical condition who is doing well. If that optimism is not evidenced by behavior, the patient may have to return to intensive treatment for a time until he or she is able to fulfill the requirements. Meanwhile, discipline should be put on hold. Those who are so impaired that they are unable to return to work would need to be counseled about possible pension disability options. Assignment and re-assignment are matters to be considered. Light duty and other duties are an option. Assistance on the job for a time could also be helpful.

If termination is imminent, termination agreements may include retirement or disability benefits, termination pay, letters of commendation, or other considerations should the employee need a recommendation for employment elsewhere. In any case, a person who has accumulated a negative personnel file may need help expunging the record. Personnel files are notorious for containing conclusions that are motivated by performance criteria absent any consideration of the employee's medical condition, efforts to do something about the medical condition, obstacles that the employee encountered that prevented progress toward recovery and above all stigma and prejudice that would impair the employee's future.

Self-test on Enabling for Member Advocate

(Provided by the Faculty and Employee Assistance Program at the University of Virginia)

This is not a diagnostic test. It is meant to help you become aware of any enabling behaviors you may engage in with employees. Answer "yes" or "no" to each question.

___ **1.** Do you often become frustrated or angry at the inappropriate behavior of a problem member?

___ **2.** Do you deny inappropriate behavior or poor job performance by ignoring, minimizing, justifying or rationalizing it?

___ **3.** Do you hope the inappropriate behavior or poor job performance will improve or that it isn't really as bad as you think?

___ **4.** Do you spend a lot of time thinking or worrying about a problem member?

___ **5.** Do you desire to protect or do you actually protect a problem member from consequences of his or her appropriate behavior or poor job performance?

___ **6.** Do you feel pity and sympathy especially when a problem member complains about or is unhappy about personal problems?

___ **7.** Have you felt manipulated, used or betrayed by a problem member when he or she promised to improve and didn't?

___ **8.** Have you frequently taken over the duties or responsibilities of a problem member?

___ **9.** Have you consciously avoided a problem member?

___**10.** Do you lack clear, definite standards of performance and professional conduct for your member?

___ **11.** Have you gradually lowered your expectations for acceptable job performance by a problem member?

___ **12.** Do you avoid confronting members about their poor job performance or inappropriate behavior?

___ **13.** Are you afraid to confront a problem member that you suspect has an alcohol or other drug problem because you're afraid you'll destroy your relationship with him or her?

___ **14.** Do you look the other way when you know members are using alcohol or other drugs at work?

___ **15.** Do you make excuses, cover up for, or even defend a problem member's alcohol or other drug use on the job?

___ **16.** Do you feel inadequate when a problem member promises to improve his or her job performance

Aiding Members in Crisis

MEMBER ASSISTANCE PROGRAMS

A PARAPROFESSIONAL WITH MULTIPLE SCLEROSIS FINDS SHE CAN NO LONGER STAND AND REQUIRES USE OF A WHEELCHAIR.

A TEACHER WITH DIABETES GROWS PROGRESSIVELY BLIND AND CAN'T SEE THE BLACKBOARD.

A MAINTENANCE WORKER WITH A HEART AILMENT CAN'T LIFT HEAVY ITEMS.

A CUSTODIAN, PLAGUED BY ALCOHOLISM, COMES CHEERFULLY TO WORK REEKING OF ALCOHOL.

WHAT IS GOING TO HAPPEN TO THESE SCHOOL STAFF MEMBERS?

EMPLOYERS AND ASSOCIATIONS MUST NOW COMPLY WITH THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990, WHICH PROHIBITS DISCRIMINATION AGAINST PEOPLE WITH DISABILITIES IN EMPLOYMENT. INCLUDED AMONG THOSE PROTECTED BY THE LAW ARE EMPLOYEES WITH PHYSICAL OR MENTAL IMPAIRMENT OR A RECORD OF SUCH IMPAIRMENT. WHICH CAN INCLUDE A STRESS-RELATED OR ADDICTIVE ILLNESS.

Representation includes gaining treatment

In many cases, disabled employees need association assistance to establish the existence of a disability or to support claims that they can perform their jobs adequately.

Behind every "war story" about an association member in crisis is a distress call for help that may go beyond a simple case of legal representation. The member might be suffering from a treatable illness protected by the ADA.

The association's duty to fairly represent impaired members could entail helping them gain access to treatment as a condition of returning to work, saving a job, or purging negative evaluations from a personnel file.

Members whose careers are in jeopardy often are facing personal crises that form the root of their performance problems.

And they don't just have job problems. They may be suffering from a variety of treatable mental health conditions, addictive diseases and stress-related illnesses that impair not only performance, but also their interaction with co-workers, family members, and others.

Look for cause behind job problems

The causes and effects of impaired performance take many forms.

- A custodian accused of assault actually suffered from acute depression. Once the depression was treated, the employee returned to work and from then on received outstanding evaluations.
- An apparently hopelessly alcoholic teacher was about to be dismissed after the administration documented absenteeism, tardiness, temper tantrums, and parent and student complaints. A planned intervention resulted in a treatment plan instead of disciplinary action. The teacher is currently employed in good standing, and the administration is grateful for the help received to save an outstanding educator.
- A bus driver accused of assault was actually acting out a post-traumatic stress disorder. The episode led to a court appearance. The judge recommended leniency, and the school district suspended discipline pending treatment.

Such success stories do not happen every day or in every case. The cases cited involved cooperative members who accepted the need for treatment, as well as school districts, which recognize that pursuing punitive action was not the solution.

Risks of denial, refusing treatment

Impaired members sometimes deny they need treatment, and disciplinary measures are applied because the employee refuses to deal with the disability or addiction. If the job performance problem continues and the disabled member foolishly exhausts all legal remedies short of entering a treatment program, discipline is all but certain.

Those who balk at accepting treatment are not only at risk on the job. They may excessively burden the association advocate. Unable to "find a solution" to their employment problem, impaired members besiege their association representatives, filling their schedules with meetings, conferences, and phone calls.

Need for intervention

Associations may find it necessary to refer the individual to a crisis intervention specialist or a member assistance program expert to confront the member and help the individual move into a treatment plan.

The reluctant member needs strong intervention by a skilled member/employee assistance program counselor. The association representative becomes part of the team to help motivate the member who resists treatment. Otherwise, today's acute problem will become a chronic representation problem for the association. This is an expensive approach for the school district, the association, and the member.

The gratitude of the recovering members is a deep source of satisfaction to those who do the representation work, and the results are measurable:

- Restored health
- An increment spared
- A job saved
- A file full of reprimands expunged
- Reduced cost to the district, the association, the member, and the health care plan
- Improved job performance

Timing is important when disabled members need help. Health must be restored before the impairment becomes severe enough to prevent successful intervention.

Administrative actions might become irretrievable. Some disciplinary measures are difficult, if not impossible, to reverse. Do not wait until brains are damaged, careers ruined, reputations destroyed, or jobs terminated to act. If we fail to act, we have not only failed our duty to fairly represent another member, we may also lose that member.

It is difficult to seek reasonable accommodation with the administration if we lack a viable alternative. Cases are won because we are able to offer the school district a wise solution that benefits all.

Common sense dictates that the employee seek treatment and return fit to work in exchange for administrative restraint of discipline. When the employee has proven his or her ability to return to work, the treatment option stands as proof of good faith. The problems evidenced by the employee are modified sufficiently to warrant restoration without prejudice. Discipline is halted.

If you or anyone you know faces disciplinary action or other career-threatening possibilities, contact your local association.

If the situation results from a physical or mental disability or an addiction, discuss with the local association gaining access to medical assistance and being able to work closely with expert resources.

Working with your local association and the NJEA-NEA UniServ office, a member assistance program representative can discuss remedies available to you. Working together, this team may be able to accomplish corrective action such as reinstatement, increment restoration, and reassignment.

One case dramatically demonstrates how the combined efforts of a treatment facility and strong advocacy brought a successful conclusion to this teacher's problem.

An educator in good standing with 20 years of experience suffers from the effects of Lupus Disease. She experienced a blackout in a store while shopping and inadvertently wandered out the door with retail items in her hand for which she had not paid. She was arrested for shoplifting, and her case was printed in the newspaper. Her principal read about the case in the press and, pending tenure charges, suspended her. Her advocate was able to prove her illness affected her behavior. She was cleared by the courts and restored to her job by the administration.

These and similar cases demonstrate the effectiveness of combining sound representation with treatment to retrieve health, to protect jobs, to save lives, and to restore professional reputations.

Some Issues to Consider in Representing with Behavioral Health Problems

PANEL DISCUSSION

CASE #1- ***In today's society, there is an increasing awareness of*** disorders such as manic depression, bipolar disorder, panic/ anxiety attacks, etc. What impact may these conditions have in the work place? Are there any behaviors associated with these disorders that may indicate that a member is suffering with such a problem? What type of treatment is offered and what, if any, assistance may we provide?

CASE #2- Our members also suffer from alcohol and drug related problems and we have discussed the patterns associated with such. As Shop Stewards, are we finding functional alcoholics in the workplace? What are the indicators? How are they handled?

CASE #3- Legally speaking, approaching an individual suffering from manic depression or a drinking problem is awkward at best. Do we have a legal or moral obligation to do so? What repercussions may result from getting involved or not getting involved? Under the law, what action may management take, and what does the law provide in the way of protection for the member?

CASE #4- The bargaining agent is committed to providing needed assistance to members. Some staff are unable to identify problem due to lack of experience. If you suspect a member is having a problem, what is your responsibility as a Representative?

Case Management

UNTREATED EMPLOYEES NEED ASSISTANCE TO ACCESS HELP FOR THEIR TREATABLE DISABILITY, MAKE INFORMED DECISIONS ABOUT MEDICAL CARE AND PARTICIPATE IN CONSULTATIONS TO DRAFT A RECOVERY PLAN. RECOVERY PLANS WILL PROVIDE THE STRUCTURE NECESSARY TO SUCCESSFULLY ATTEND A RETURN TO WORK CONFERENCE *ONCE TREATMENT IS COMPLETED.*

SOME MEMBERS MAY ALSO NEED ADDITIONAL ASSISTANCE TO: MAKE COURT APPEARANCES, PARTICIPATE IN GRIEVANCE PROCEDURES, APPEAR AT ARBITRATION HEARINGS, PARTICIPATE IN BACK TO WORK CONFERENCES OR PROVIDE DOCUMENTATION FOR THE DISABILITY PENSION OPTION.

Medical documentation is provided upon request with the consent of the client after release of information forms are fully understood and signed by the client. These services are part of the medical-legal representation policies agreed upon between the bargaining agent and the employer and in compliance with the law.

Member representatives may request assistance with training and consultations related to representation of members with special requirements.

Some Considerations for Selection of Member Assistance Program Provider

Experience with Union Staff Members

-Understands the climate within union organizations.

Union Oriented

-Works with union representatives to aid members.
-Job protective documentation provided is job neutral.

Access to Providers

-Contacts with many health-care providers to fill many types of needs.

Continuum of Care

-Provides care from crisis through recovery.

Case Management

-Care advocate from program entry to back on the job.

Insurance Advocacy

-Provides best chance for full insurance coverage for treatment.

Ancillary Services

-Will provide testimony and documentation in member discipline and termination cases.
-Will provide training for union leaders for dealing with members in behavioral crisis.

Member's Assistance Program

Untreated employees with addiction or mental health problems face hard choices if denied proper care. **HEALTHCARE ASSISTANCE *with member support*** offers members the medical services they require to access care and mitigate discipline.

- Learn to represent members in distress.
- Maximize strategies under the Family Medical Leave Act.
- Use the Americans with Disabilities Act and case law for effective representation.
- Acquire information to help you help members to get proper care.
- Enable members to return to work fit for duty.
- Defend members' interests when employees are compelled to submit to drug and alcohol tests.
- Protect privacy and confidentiality,
- Aid members seeking the pension disability option.

Employee Signs and Symptoms on the Job

- Low productivity, carelessness, takes needless risks.
- Poor concentration – deteriorating work habits.
- Unexplained absenteeism, misuse of FMLA; persistent tardiness, disregards consequences.
- Anger management issues; aggression and/or outbursts.
- Interpersonal problems on the job – inability to get along with coworkers/supervisors.
- Avoidance and isolating at work (i.e. excessively long lunch breaks).
- Higher than average accident rate and Worker's Compensation claims.
- Inconsistent work quality, frequent mistakes, blames others for poor performance.
- Inappropriate conversation about personal problems at work, unpaid loans from coworkers.

The Family and Medical Leave Act of 1993 (FMLA)

- Applies to private, state and local government employees.
- Provides up to 12 weeks of unpaid, job-protected leave in a 12 month period for employees conditions or conditions of family members.
- Administered by U.S. Department of Labor's employment standard's administration, wage and hour division.
- For detailed information go to www.wagehour.dol.gov

Americans with Disabilities Act (ADA)

- Requires employers to provide qualified individuals with disabilities a full range of employment-related opportunities available to others.
- Requires employers to make reasonable accommodation to the known physical or mental limitations of otherwise qualified individuals with disabilities.
- For detailed information go to www.ada.gov

Health Insurance Portability and Accountability Act of 1996 (HIPPA)

- Prohibits wrongful disclosure of individually identifiable health information
- For more detailed information go to http://aspe.hhs.gov/admnsimp/pl104191.htm

What is the ADA's Definition of a ***Person with a Disability***?

A ***Person with a Disability*** is anyone with a physical or mental impairment that substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

In addition to those people who have visible disabilities – persons who are blind, deaf or use a wheelchair – the definition includes people with a whole range of invisible disabilities. These include **psychological problems**, learning disabilities or some chronic health impairment such as epilepsy, diabetes, arthritis, cancer, cardiac problems, HIV/AIDS and more.

Documentation of the disability may be required. A person is considered to be a person with a disability if he/she has a disability, **has a record of a disability** or is regarded as having a disability.

Case Histories

1. Case History

Fellow employees are feeling overwhelmed, fearful of acting and anxious about not acting because a co-worker's behavior is putting a strain on relationships with others in the workplace. It is apparent that the distressed employee is late for work, fails to call in when absent, job performance is deficient and relationships are not as good as they once were. The employer has evaluated the employee about deficient work performance. Verbal and written warnings have been issued.

What fair representation responsibility does the employee's representative have given the progressive nature of the problems this employee is having? The employee has not asked for representation. Whatever is done or not done will create a positive or negative precedent.

2. Case History

An employee with problems on the job has admitted to having an addiction alcohol and possibly other drugs. She has asked for representation after being summoned for a conference with the employer. What should the representative be prepared to do at the meeting with management?

3. Case History

A successful remedy has been agreed upon between the employee representative and the employer with consent of the employee to enter treatment for addiction. The employee's work performance has been declining and the employee understands that his addiction is part of the problem.

Rather than face punitive discipline, the employee has agreed to attend a treatment program. However, the employee is reluctant to attend residential treatment. The clinical team that has assessed his situation diagnosed the need for extended care due to the complexity of his co-occurring mental illness.

You have been asked to help the employee understand that the employer's second chance is conditional upon his being able to return to work fit for duty.

4. Case History

After entering treatment, a member of the union has had "second thoughts" about staying in treatment and has asked to leave against medical advice. A return to work agreement

was agreed upon that does stipulate that the employee must return to work capable of performing the "essential functions of the job." Without a continuum of care, the medical staff is reluctant to provide a letter that the employee has completed the treatment program. The employee insists that his union should argue for his full re-instatement without prejudice and without evidence of completing the program.

5. Case History

After completing treatment and returning to work fit for duty without prejudice, the member has a relapse. What should be done next? Apparently, the employee did not disclose that she was addicted to prescription drugs in addition to alcohol. Her prescription addiction was not deleted while she was in outpatient treatment. Because she was not completely honest, the counselor focused on her alcohol use at her weekly appointments.

Apparently, she substituted one drug for another and because she only met once weekly with the counselor, she was able to mask her symptoms. Does this member deserve further representation? If so, what should be done to address the issues under consideration? She has become more addicted to the "pain killer" prescriptions and she is able to shop around for doctors to fill her prescriptions complaining of severe back pain. None of her physicians are pain management specialists. They are primary physicians with little or no training in addiction.

6. Case History

This employee is difficult to represent. He has an over developed sense of entitlement and an under developed sense of responsibility. He is dependent on others to carry his workload. He is dishonest about the time he puts in on the job and records time that does not document the actual hours he works. He is easily frustrated when his competence is questioned. His hypersensitivity is annoying to his co-workers. He impulsively complains he cannot do his job because others are not doing their work. Gradually, he has become socially isolated on the job.

When he is summoned for discipline, he refuses representation. The documentation on his poor work performance is mounting and the administration shifts his work to others to compensate for his deficiencies. The Representative Organization (RO) has been asked to intervene on behalf of the employees who have been asked to do his work.

7. Case History

A colleague has a teen with a disabling addiction and he and his wife have not been able to give their son treatment. They have gone through the grief of denying the illness and eventually outbursts of anger over his ongoing behavior. They have bargained with him, punished, him and eventually thrown up their hands in frustration. Once depression set in

their own work performance began to deteriorate because they are so obsessed with their inability to succeed as parents.

Is it appropriate to offer them assistance to get them to accept the situation and do something more constructive before they get into trouble on the job due to the pressures they are suffering at home?

8. Case History

Parents attending a session on addiction hear a speaker who identifies completely with what they are going through with their daughter. They hear a lot about teenage addiction and the consequences in adult life if early intervention fails. Their insurance program refuses to allow their child to take advantage of treatment as her condition worsens. What can the Representative Organization (RO) do to help?

9. Case History

A representative has difficulty accepting addiction as a "disease of the brain" and believes that addiction is a matter of choice. He is skeptical when he hears scientific information that the illness is "treatable" and that "choice" may have little to do with getting proper care.

Design an educational program to provide information and assist representatives to understand the nature of addiction and related illnesses. Create an in-service committee and ask the administration to cooperate.

Stress Facts

- **43% of all adults suffer adverse health effects from stress.**

- **75% to 90% of all doctor's office visits are for stress-related ailments and complaints.**

- **Stress is linked to six of the leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide.**

- **The Occupational Safety and Health Administration (OSHA) declared stress a hazard of the workplace. In terms of lost hours due to absenteeism, reduced productivity and workers' compensation benefits, stress costs American industry more than $300 billion annually.**

- **The lifetime prevalence of an emotional disorder is more than 50% often due to chronic, untreated stress reactions.**

As seen in *In Touch* April 2006

HealthCare Assistance with Member Support has Successfully Worked on Behalf of:

- National Education Association (NEA)
- New Jersey Education Association (NJEA)
- New Jersey Principals and Supervisors Association (NJPSA)
- National Education Association of New York (NEA-NY)
- Pennsylvania State Education Association (PSEA)
- School Boards and Superintendents
- Communications Workers of America (CWA)
- American Federation of State, County and Municipal Employees (AFSCME)
- American Federation of Teachers (AFT)
- New Jersey State Department of Education
- New Jersey Division of Pensions
- New Jersey National Guard
- New Jersey Department of Motor Vehicles
- New Jersey Division of Taxation
- New Jersey Treasury Department
- New Jersey Department of Justice
- Department of Youth and Family Services

Preparing for an Intervention

TELLING THE TRUTH IN A POWERFUL CIRCLE OF UNCONDITIONAL LOVE

What is an intervention?

An intervention is a meeting between an individual with addiction or behavioral-health related problems and those whose goal is to get that person into a treatment program.

Why have an intervention?

Denial is a fundamental symptom of addiction or other behavioral health problems. An intervention is a powerful tool for penetrating and overcoming that denial. An intervention also brings together people who matter in the individual's life so that they create a unified front and collaborate on how to cease enabling the addiction but instead support the individual's treatment and recovery. Interventions also help the family members comfort the pain they have been suffering and consider ways to get support for themselves.

Who attends the intervention?

An interventionist, a professional in the field, leads the session. Attendees usually include family members and friends. If the intervention takes place on the job, it may include union representatives, work colleagues, or supervisors. Knowledge of the person's problems and a commitment to the plan to get the individual into treatment are the only criteria for participating.

What kind of preparation is required?

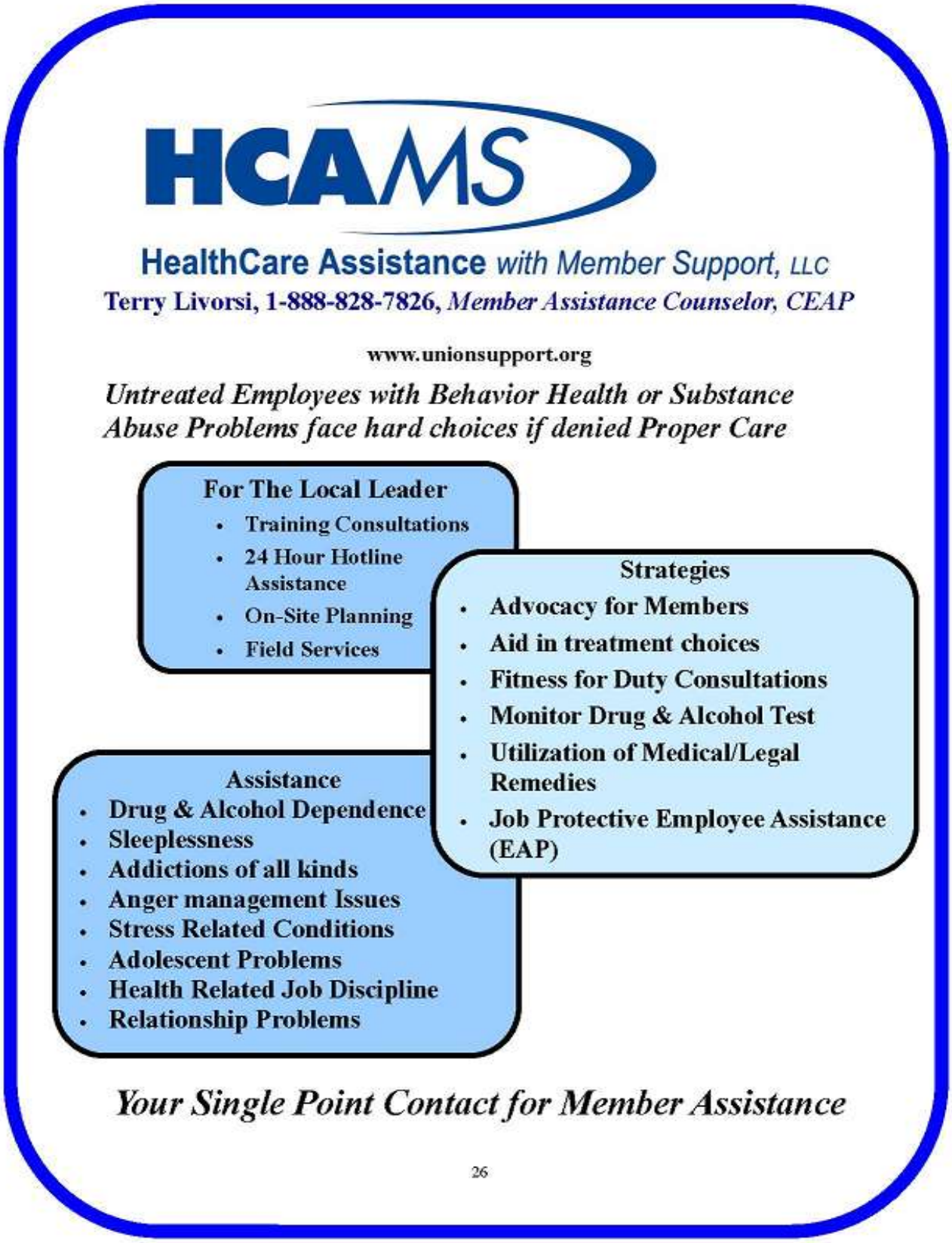
*The interventionist confers with the attendees about how to write a two-part letter (**Part A** and **B**, explained in the next paragraphs) to read to the person and what is expected at the session. The interventionist also works with a point person to establish an appropriate treatment location that will be set up prior to the intervention.*

What happens at the intervention?

*Attendees read **Part A** of the letter, in which they express their own personal feelings about the problem. They give facts about what they have witnessed and what they felt and experienced as a result of the addictive behavior. An intervention is, by its nature, an emotional event, but attendees are encouraged to avoid anger, judgments, or criticism. This is a time for honest, loving confrontation.*

What if the individual doesn't agree to go to treatment?

*If the individual doesn't comply with the treatment plan, each attendee then reads **Part B** of the letter, outlining the consequences. Each attendee must be completely willing to adhere to the consequences they have established. The consequences will vary based upon the participant's relationship with the individual; however, all participants need to be willing to distance themselves*


HCAMS
HealthCare Assistance with Member Support, LLC
Terry Livorsi, 1-888-828-7826, Member Assistance Counselor, CEAP
www.unionsupport.org
Untreated Employees with Behavior Health or Substance Abuse Problems face hard choices if denied Proper Care
For The Local Leader
Training Consultations
24 Hour Hotline Assistance
On-Site Planning
Field Services
Strategies
Advocacy for Members
Aid in treatment choices
Fitness for Duty Consultations
Monitor Drug & Alcohol Test
Utilization of Medical/Legal Remedies
Job Protective Employee Assistance (EAP)
Assistance
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