



International Association of
Machinist's
District 141

Employee Assistance Program
Peer Coordinator's Manual

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International Association of
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Director, EAP District Lodge 141
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Property of District 141

This manual is for IAM EAP coordinator use only. It is to be passed on to your successor should you leave the station, or cease being an IAM EAP coordinator. In the event no one replaces you, this manual is to be returned to District Lodge 141, Machinists Union.

It is expected that you will review the entire contents of this manual on an annual basis in order to refresh yourself with your duties and responsibilities as an IAM EAP coordinator. It is also designed to remind you of the qualifications you brought to this program and to help you reflect on the motives that inspired you to become a coordinator.

Because the coordinator functions in sensitive situations it is **vital** that the coordinator keep EAP functions and the discipline systems separate and **remain non-active in company and union politics**. There may be times when the coordinator will disagree with professional judgments. In these cases, and if possible, the coordinator can discuss the disagreement with the evaluating professional. Nevertheless, the coordinator must refrain from any public comments, which would negatively reflect on the EAP process.

Mission Statement

The District Lodge 141 Employee Assistance Program (EAP) goal is to motivate troubled employees to seek and accept professional assistance within the constraints of the respective negotiated company benefit plan.

The EAP coordinator's function within the program is to provide education and awareness of the EAP, advocate for, and support the principles and tenets thereof, and direct employees to an appropriate and qualified professional evaluation resource.

The coordinator is to function as a team member with management and other union entities **whenever possible**. The coordinator may also assist employees returning to work after a treatment experience. Coordinator activities are described in this manual.

Employee evaluation, diagnosis, and treatment regimen methodologies are not components of the District Lodge 141 EAP Coordinator job description.

Foreword

From the earliest of times, and in particular 1935 with the birth of Alcoholics Anonymous by a New York broker and a well-known surgeon, people have been helping each other deal with life's problems and cope with stress in one way or another. Over time, this process has gone through various stages of evolution and continues to evolve. The Employee Assistance Program (EAP) falls into this realm of people helping people and is a dynamic force.

To remain a viable entity with clear purpose, credibility, and respect, the EAP must change to reflect current realities and circumstances. The District 141 program has gone through its share of adjustment and correction since its inception and will continue to respond to societal dynamics. This manual is a response to the pressures and challenges of EAP in today's workplace and society.

TWELVE STEP programs are very successful. The formation of support groups suggests that theorists, scholars, and professionals do not have all the answers. The professional community has encouraged this effort and continues to endorse the support group philosophy. Both support groups and professionals are important in the helping process.

Since the mid-1970's, District Lodge 141 Employee Assistance Program has been helping thousands of our members and their families with a variety of problems and troubling situations. The result of these various programs has been the saving of hundreds of employee jobs. In many instances, serious health and family problems have been avoided. We can all be proud of those who pioneered the EAP and brought us this far. However, with growth and progress comes the need to adapt to many new challenges and opportunities and remain a viable entity in the movement.

The peer coordinator program is a grassroots effort to help IAM members and their families with problems that may affect their performance and dependability on the job. The philosophy of a peer coordinator program is that as a problem develops in the workplace a co-worker is more likely to accept a referral to the EAP from a peer than from a supervisor or a professional. Peer intervention is a powerful tool in the EAP team's toolbox. Peer group coordinators can address problems directly with a member in an appropriate and direct manner. EAP professionals may not be able to directly address the problem because of ethical or professional considerations. Therefore, the IAM EAP is a diverse and effective program that can address member's emerging problems in a variety of ways. This teamwork is the backbone and strength of the IAM EAP program.

Peer coordinators serve to support the front line IAM membership. They are the eyes and ears within the work group that can identify problems in the workplace. Peer coordinators can identify and address problems before dependability or performance issues cause disciplinary action. Peer coordinators serve the membership by being a resource for their co-workers. Referral to other EAP resources is the primary responsibility of the peer coordinator. Other responsibilities may include:

- The ability to be confidential.
- Being trustworthy – this is a cornerstone of the peer coordinator position.
- Act on behalf of co-workers with mental health or substance abuse concerns for themselves or their families.
- Provide support for co-workers having difficulty within the workplace.
- Collaborate with other EAP peer coordinators, regional representatives, and other EAP entities.

- Attend EAP-sponsored trainings and regularly scheduled meetings to keep current with EAP issues.
- Support co-worker re-integration into the workplace after an extended leave and coordinate efforts with the EAP representative to optimize return to work issues.
- Be available to respond to the needs of the membership as necessary.
- Demonstrate an “attitude of service” toward co-workers.
- Have an awareness of twelve-step program philosophy.
- Be aware of your public stature and honor the peer coordinator position with prudent political awareness.

Peer coordinators do not assess, evaluate or clinically diagnose co-worker problems. Peer coordinators are a part of an EAP team. Each member of the team has roles and responsibilities specific to their position. The peer coordinator acts to facilitate the assessment and referral process in a manner that will effectively address the needs of the member. Generally, the referral is made to the UAL EAP professional. However, other referrals may also be appropriate. The IAM regional representative, UAL EAP chairperson or IAM EAP director can help peer coordinators to make the most appropriate referral, especially if discipline is involved. Follow-up, to ensure the referral was successful in addressing the needs of the member, is critical to the success of the program. Each contact with a peer coordinator should include follow up to ensure the referral addressed the problem. Further referrals may be made as necessary.

Most locations have regular EAP trainings. Peer coordinators and all EAP personnel are expected to pursue on-going training and education. In addition to attendance at these trainings, peer coordinators are encouraged to pursue outside or independent education experiences that will help them become better peer coordinators. Seminars and continuing education experiences are good ways to raise awareness of EAP issues. Regional

representatives, IAM EAP airline chairs and the IAM 141 EAP director can help with these pursuits.

Some examples of inappropriate coordinator activity, which can cause problems for the EAP movement, would be clinically evaluating/diagnosing an employee, independent referral outside of the company benefit plan or EAP system, and trying to intervene inappropriately. Activities of this nature will and does reflect negatively on the union and the peer coordinator system.

This manual will make known qualifications, job descriptions, responsibilities, and procedures. This is not an end all effort but a continuing response to the changing times in which we live.

Coordinators do not function as a separate entity but operate in conjunction with their company benefit plan and EAP system. Where the manual diverges from the coordinator's respective company policy or procedure, that company's policy or procedure will apply.

The goal of this EAP manual is to make the program accountable, focused, and sensitive to the needs of others and their environments while at the same time recognizing our limitations (in our particular case the **workplace**).

Introduction

The union recognizes that employees may have problems, which affect their job performance and their health. Dependence on alcohol and other mood altering chemicals, family problems and emotional problems are some examples.

The union believes it is in the interest of the employee, of his/her family, the union, and the company to provide the troubled employee assistance in dealing with such problems.

An instrument to accomplish this is the Employee Assistance Program (EAP). In general, EAPs are designed for employees and dependents that have personal problems, which may affect the employee's job performance. While there may be some differences from one company to another, all EAPs affiliated with District Lodge 141 are voluntary, confidential, professionally affiliated services, which provide evaluations, assessments, and referrals, through appropriate resources, for treatment and follow-up care.

GOAL:

To create a standardized manual to be used for orientation and training of Employee Assistance Program Union Coordinators. This document will describe the roles of the Director of the Union Employee Assistance Program, Chairpersons, Regional Coordinators, and the Local Coordinators.

In view of the changing times: alcohol and drug testing, insurance companies looking for more cost effectiveness, and more dependents becoming clients, we will be faced with different needs and consequences. The manual will be a valuable document because of the standard guidelines and consistent information it will provide to coordinators at all levels.

District Lodge 141 Organizational Chart

Roles and Responsibilities

Management:

Supervisors have the responsibility to monitor work performance and document problems as well as success. Documented work performance decline is invaluable when confronting employee "denial" and attempting to demonstrate to a recalcitrant person the consequences of their actions noted in **their work records**.

Based on job performance and workplace rules management issues discipline and takes action. To avoid the specter of a witch hunt the supervisor must be consistent in progressive discipline based on work records and avoid acting on innuendo or anecdotal circumstance. When routine management techniques fail to correct declining performance standards, the supervisor should consult with EAP representatives and recommend to the employee that he/she speak with EAP personnel as well.

Union:

The union has a fiduciary obligation to fairly represent every employee. That obligation arises from federal labor law and includes the negotiation with the employer of terms and conditions of employment and representation of employees who have been disciplined by management.

When an employee is disciplined, the union's ability to help that individual depends on many things including terms of the collective bargaining agreement, past practices at workplaces, the employee's work history and at times standards set by federal law such as the Americans with Disability Act.

The criteria used by union representatives in determining how to assist an employee who has been disciplined **may be completely different** from criteria used by EAP representatives in determining how to assist that individual. EAP is always a **separate**

and distinct policy from the grievance procedure as is the EAP coordinator's function. EAP coordinators should use caution not to confuse their duties with that of union representatives whose obligations are quite different and whose criteria for action may be quite different.

Union Employee Assistance Program Coordinator:

After any discipline is discussed and/or issued, and at every step of the discipline process, the possibility for offering EAP should be considered. The coordinator, supervisor, and shop steward should review the employee's work record and any other contemporary work evidentiary circumstances compiled by the supervisor. If the document(s) suggest that routine management techniques have not, or are not going to correct the declining work performance problem, then a call to the union/company EAP representative should be made for further consultation and guidance.

It is always worth repeating that EAP is not a trade off or a consequence of the disciplinary process. It is a **separate and distinct policy**.

Employee:

The employee must understand that the **employee** is responsible for their individual work record (i.e., production, attendance) and the consequences of their actions/decisions. When made aware that they are in trouble or have a possible problem, the employee has the sole responsibility of acting on the matter. It is the employee's choice as to the course of action to take and it must be made clear to the employee the possible outcome of their choice.

Chapter I

EAP Director and Coordinator

The following chapter deals with coordinator qualifications and the respective job descriptions of all coordinator levels. These qualifications and job descriptions were developed from past coordinator questionnaires, consultation with union officials and members of management. The researching of past union and company documents also contributed to this effort. These qualifications and job descriptions are a union document and are, for the most part, acceptable to the companies our coordinators are affiliated with.

Because of the importance of the coordinator position, a process has been established to select union members to this position. This procedure is outlined in this chapter. In addition to the job description and qualification there are sections on: the application, the application process and the official appointment to a union employee assistance program coordinator.

Coordinator Qualifications

1. ATTITUDE TOWARD PEOPLE

The successful candidate will have a realistic view of IAM members as human beings along with respect for their position as responsible and necessary parts of the overall company function. Extreme views, pro or con, are to be avoided. The candidate must not carry biases based on age, race, religion, national origin, gender, or sexual orientation.

2. ATTITUDE TOWARD PERSONAL PROBLEMS

The successful candidate believes in the empowerment of the individual and can distinguish that from rescuing. The candidate realizes that perfection and irresponsibility are the extreme ends of a spectrum and therefore does not expect perfection or condone irresponsibility. The candidate does not attribute personal problems, such as addictions, to low morals or weak character. The candidate accepts people as they are without judging them. The candidate realizes that all people have problems, sometimes of their own making and sometimes not. The candidate recognizes that regardless of cause or severity, the individual ultimately has the responsibility and inner resources to resolve his/her own problems. The candidate appreciates that it is a privilege and honor to accompany someone on the road to recovery, but the coordinator does not bear the responsibility for making recovery happen in another individual.

3. ATTITUDE TOWARD THE MACHINISTS UNION/COMPANY

This position requires someone who recognizes that both the union and company have legitimate prerogatives. Certainly, the IAM coordinators should be supportive of the union or they will lose credibility with their constituency. They should not be unreasonable in their views. The candidate must be able to cooperate with both union and management.

4. PERSONAL RECOVERY

Recovering chemically dependent candidates should have at least **two years** of continuous sobriety and be working a good program of recovery. Recovery from other personal problems, if severe or chronic, should be characterized by **two years** of remission and stability. Under special circumstances, exception may be granted. A candidate's recovery can be an asset or a liability, depending upon the role model they personally project.

5. WORK RECORD

The candidate must have a good work record and be regarded as above average in their job. If not, their credibility and relationships with Employee Assistance Program clients, management, union, treatment providers, and fellow-workers will suffer. It is desirable that the applicant should not have had any job related problems during the past three years.

6. MOTIVATION FOR WANTING A COORDINATOR POSITION

The only valid reason for seeking the coordinator position is a primary interest in helping others. **Those with other motives should not apply.**

This is not a collateral assignment¹ and should not be treated as such. This is not an assigned position. Candidates make application and are screened. The applicant must be willing to invest his/her own personal time fulfilling the requirements of this position. This position is not to be filled for political purposes, nor should it be regarded as a reward for personal or professional achievement in areas unrelated to the Employee Assistance Program. The President and General Chairman of District Lodge 141 appoints the position of Union Employee Assistance Coordinator.

¹ Reference Appendix J letter dated January 31, 2005.

7. CONFIDENTIALITY

Client confidentiality is a hallmark of this program. Anyone with a reputation for gossiping or carelessly discussing other employees' personal business should not be considered for this position.

8. INTERPERSONAL SKILLS

Strong communication skills are an important asset to the Employee Assistance Program Coordinator. The candidate for this position is not required to be an expert in problem resolution. However, they should be the type of person toward whom others gravitate and with whom other employees feel comfortable and confident in sharing problems. The candidate must be a critical and supportive listener and be able to interact in an intelligent and reasonable capacity with the Employee Assistance Representative, the Machinists Union, and management. The candidate must be willing to learn the organizational structure and procedures of both the Machinists Union and the Company.

9. PERSONAL CHARACTERISTICS

- **Honesty:** The candidate must be reliable, fair, straightforward, and free from deception. The candidate must be able to communicate accurately.
- **Maturity:** The candidate must exercise good judgment, be capable of dealing with others on an adult level, and be able to look at situations from various points of view.
- **Assertiveness:** The candidate must be able to positively, clearly, and accurately express his or herself without being overly aggressive or offensive.
- **Compassion:** The candidate must have empathy for the distress of others.

- **Morality:** The candidate must maintain standards, which reflect well on the Employee Assistance Program, the union, and the company.

Job Description – Director

The Director of the District Lodge 141 Employee Assistance Program should be a person who has progressed through the ranks of Local Coordinator, Regional Coordinator and District Lodge 141 EAP Chairperson. This person will have already demonstrated that he/she possesses the qualification and skills described for the Coordinator, Regional Coordinator, and Chairperson.

This person will have a thorough knowledge of District Lodge 141 policies and procedures. The role of Director requires political awareness and strong communication skills. The position requires the person to be knowledgeable of trade unionism. This individual must be able to represent District Lodge 141 in dealing with the many companies that have employees represented by District Lodge 141. In addition, the ability to represent the Employee Assistance Program in the public sector is required.

The Director should stay informed about any pending legislation, which might affect union employees or the Employee Assistance Program. The Director should be able to make recommendations to the President and Executive Board of District Lodge 141 regarding the impact of proposed or current legislation.

This individual will be the mediating authority in resolving EAP issues with the Local and Regional Coordinators, Chairperson and, on the union side, with the various companies involved. Any unresolved EAP matters would be referred to the President and General Chairman of District Lodge 141 for final resolution. The Director makes the final decision as to who should be recommended to the President of District Lodge 141 for appointment and reappointment as a union coordinator.

This person must be able to communicate effectively, both verbally and in writing, with union officers and members of management at the respective companies that have represented employees.

As requested by the President and General Chairman of District Lodge 141, the Director must be able to compile reports on EAP activities at the various companies and present them either verbally or in written form to the President of

District Lodge 141, the District Lodge 141 Executive Board, delegates to the Annual District Convention, and local lodges.

This position requires overseeing EAP Special Assignments (i.e., Education Committee), activities, planning and supervising the Annual District Lodge 141 Employee Assistance Program Conference and supporting the coordinator system.

Job Description – Chairperson

The District Lodge 141 EAP Chairperson should be a person who has progressed through the ranks of Local Coordinator and Regional Coordinator. This person will have already demonstrated that he/she possesses the qualifications and skills described for the Coordinator and Regional Coordinator.

This person should have a thorough knowledge of District Lodge 141 policies and procedures. The role of Chairperson requires strong communication skills. This individual must be able to represent District Lodge 141 in dealing with their respective company. And, the ability to represent the Employee Assistance Program in the public sector is required.

The Chairperson should stay informed about any pending legislation, which might affect union employees or the Employee Assistance Program. The Chairperson should be able to make recommendations to the District Director, the President, and Executive Board of District Lodge 141 regarding the impact of proposed or current legislation.

The Chairperson will make recommendations to the District Director for pending appointees and reappointment of Union Coordinator(s).

As requested by the District Director, the Chairperson must be able to compile reports on EAP activities at their company and present them either verbally or in written form to the District Director, President of District Lodge 141, the District Lodge 141 Executive Board, delegates to the Annual District Lodge 141 Convention, and or their Local Lodge.

This position may require overseeing EAP Special Assignments at the direction of the District Director.

Duties and Responsibilities:

- Promotion of and Co Administration of a joint Employee Assistance Program (EAP).
- Participate in EAP policy development and implementation.

- Participate in the selection, visit, and review of all treatment providers.
- Maintain a current list of medical/treatment resources.
- Meet with upper level union and company management to advocate and further the purposes of the EAP.
- Select, interview, evaluate, and maintain contact with all Local Lodge EAP Coordinators.

Job Description – Regional Coordinator

In addition to the duties of a Local Coordinator, the Regional Coordinator accepts the following responsibilities:

- Participates in teams composed of persons from management, union, or other departments, which assist the employee and develop an appropriate follow-up plan to insure continuity of care including adequate individualized after care.
- Provides supervision to volunteer coordinators who provide peer support and follow-up duties.
- Ensures time off the job for these duties is appropriate for each situation and coordinates time off with coordinator's supervisor or manager.
- Supports team development with local union Employee Assistance Program Coordinators.
- Follows confidentiality guidelines established by professional ethics, and as required by law.
- Provides consultation on labor relation's issues affecting the membership.
- Interviews, selects, and evaluates Local Lodge Machinists Union Coordinator applicants.
- Visits and evaluates treatment and referral sources.
- Prepares training programs for coordinators and shop stewards in their assigned regions.
- Approves all activities of local lodge coordinators.

Job Description – Peer Coordinator

Coordinators in the International Association of Machinists and Aerospace Workers, District Lodge 141 Employee Assistance Program represent all Machinists Union represented employees. Coordinators function as part of an EAP team, which may consist of any or all of the following: Company Employee Assistance Representative, Regional Coordinator, employee, employee's supervisor, treatment provider, union representative, and medical personnel.

- The Coordinator advocates for the use of the Employee Assistance Program by providing information to employees, their families, supervisors, and union representatives as requested. The Coordinator also communicates regularly with the appropriate Regional Coordinator.
- The Coordinator may assist qualified professionals in the gathering of pertinent data relating to the employee's social, mental, emotional, and physical history.
- The Coordinator provides support and encourages the employee to accept and follow through on Employee Assistance Program recommendations.
- The Coordinator may assist in the evaluation of referral resources through interviews, surveys of treatment providers, and site visits to ensure a high quality of care for union members.
- The Coordinator may assist qualified professionals in the development of individual treatment plans, which may include primary care as well as aftercare.
- The Coordinator may assist in the training of other employees on human service issues.
- The Coordinator will protect the confidentiality of the employee to the fullest extent permitted by law.
- The Coordinator will support the employee in the return to work process.

Chapter II

The Coordinator Application

The job of a coordinator for the most part is not very glorious. In fact, it is just the opposite. The coordinator deals with the exception vs. the norm. The coordinator job is thankless and filled with many disappointments. However, there are opportunities for personal fulfillment. Watching a person that you were involved with get well gives one an inner feeling of quiet satisfaction.

The coordinator is expected to give of his/her time without expecting time off in return. Consequently, those looking for time off, glory, or other benefits need not apply.

In this chapter, "Becoming a Coordinator" will address the responsibilities that a coordinator accepts. The coordinator role is not to be taken lightly. As a coordinator, you will encounter certain circumstances that will be of a very delicate nature; therefore, you will need these guidelines. The intent is to present a consistent and realistic view of what one can expect as a coordinator.

Becoming a Coordinator

When a person becomes a coordinator, he/she is accepting a position that requires responsibility, dedication, and unselfishness. Simply put, a "coordinator" coordinates. To elaborate, a coordinator is someone involved in helping a fellow employee find the courage to make a decision to seek and accept help. It means directing that person to the appropriate qualified professional resource in a way that is both responsible and respectful.

No two situations are identical. There are, however, some general guidelines which, when combined with good judgment, will go a long way toward assisting you in carrying out the coordinator role. Certain subjects appear in more than one place and in different contexts in this manual. If you think there is redundancy, you are correct. Repetition is fundamental to learning. The Employee Assistance Program deals in human lives. Vulnerable people entrust us with their most intimate problems. It is the EAP coordinator's duty to honor that trust.

It is expected that you as a coordinator review the entire contents of this manual on an annual basis in order to remind yourself of your duties, the qualifications that you brought to the EAP, the **limitations and advantages** of this position. To give yourself a renewed opportunity to reflect on the motives that caused you to aspire to this position and consider how they may have changed over time, to evaluate your growth, renew, and/or revise your goals.

Just as no two situations are alike, neither are there two human beings alike. Each of us has a unique personality; each of us has varying fears, desires, wants, and needs. We do not all hold the same values. These differences dictate, to a great degree, how we live our lives, how we see the world, and how we wish to affect it. It is easy for any one of us to instantly decide what the remedy should be for almost any situation someone else is facing. This is human nature. However, none of us has the right to decide how another person "should" live. Not one of us has the right to make a decision about another life--unless a life is in danger. We need to be constantly on guard and defend ourselves against the most common tendency of all... judging the way another person chooses to live their life. It is, after all is said and done, their life. Our role is to provide support.

For many employees, the coordinator is the first point of contact with EAP. It is up to the coordinator to ensure a positive response. Some will approach tentatively, perhaps just looking for a little information. Some will be in crisis; some will follow through on recommendations; some will not. Ultimately, the decision is theirs. We may be able to offer options and/or direction, but we cannot walk in their shoes. **We cannot rescue anyone from the consequences of their own choices. Like repetition, consequences are also fundamental to learning.**

Coordinator Appointments

Coordinators will be appointed to a 2-year term. The appointments will be staggered bi-annually.

Re-appointment will be based on a number of considerations. Does the candidate continue to meet the standards of a coordinator? This includes continuing to bring to the program all the necessary qualifications, adhering to the role, function, and responsibilities of the coordinator (including attending EAP trainings), and, continuing to display the required personal and moral background necessary for the position of a coordinator. **The coordinator is a role model.**

It is vital for the Coordinator to keep EAP functions and the discipline system separate, and remain non-active in company and union politics!

Coordinators, of course, will be encouraged to resign if they feel they are no longer effective or are unable to bring the needed dedication to this program. A resignation will be viewed as a positive measure, as will a request to temporarily remove oneself from coordinator involvement. This demonstrates a true commitment to the helping field.

IAM/EAP Coordinator Selection Process

Applications can be obtained through the Chairperson, Regional Coordinators or from the office of the Director of the District Lodge 141 Employee Assistance Program.

1. Applicant completes application.
2. Application is forwarded to the Chairperson and Regional IAM/EAP for review.
3. Application is forwarded to the Director, District Lodge 141 IAM/EAP.
4. The Director, District Lodge 141 EAP or his designee interviews applicant.
5. Applicant is offered position of probationary IAM/EAP Coordinator or denied based on application, interview, or needs of the particular location where the applicant is domiciled.
6. After successful completion of an introduction and training period the applicant is appointed to position of IAM/EAP Coordinator by the President and General Chairman, District Lodge 141 IAMAW.

Chapter III

Introduction to How a Joint Employee Assistance Program May Function with Emphasis on Major Components

Purpose and Objectives

The goal of employee assistance programs is to address issues, problems, and/or conditions, which may interfere with an employee's health or work performance. The services offered to the employee are also available to his/her family members. Such problems may relate to substance abuse, financial difficulties, parenting, or a variety of other personal matters.

Not all situations require the intervention of the employee assistance coordinator. Frequently, the employee with little or no effect to health or job performance handles them independently. Other times, supervisory or union coordinator input may be successful in motivating the employee to seek assistance or resolve the problem on his/her own.

In any case, when a circumstance persists that contributes to attendance, productivity, or other types of unsatisfactory performance; it is to the advantage of all concerned parties, e.g., employee and/or family, company, and union to utilize the services of the employee assistance program. It is believed, based on years of experience that most problems are capable of being resolved. Attempting to avoid facing serious problems may lead to extreme consequences, such as loss of employment or perhaps even death.

How it Works

Problems are a normal part of life. Individuals without outside assistance or intervention handle the majority of problems. However, when job performance or the personal well being of the employee and/or family are jeopardized, it is

appropriate for the employee or family member to voluntarily contact the employee assistance program for a confidential assessment and referral to the proper resources. This is very important: It is the **employee's and/or family member's responsibility to pursue the referral.**

In cases where an employee's attendance or job performance has declined or in some way continues to be unsatisfactory, it will eventually come to the attention of management. It is the supervisor's responsibility to consider that a personal problem may be the root cause of the problem and makes the employee aware of the services offered by the employee assistance program. If the supervisor has cause to believe that a personal situation may be contributing to the performance or attendance problem, the supervisor's responsibility is to **encourage the employee to engage in an objective, confidential interview with the employee assistance representative at his/her location.** The employee assistance representative, with the aid of the employee, will determine what needs to occur to correct the situation and the employee assistance representative will provide referral resources appropriate to the situation. **The responsibility for following through on the referral lies directly with the employee.** It is imperative to assure the employee of the confidential nature of the program and that no information will be shared with anyone without his/her personal written consent, except in cases as required by law. This consent, once given, can be retracted at any time the employee chooses.

The employee should also be advised that his employment would not be compromised by usage of the employee assistance program. Neither should the employee expect that by simply talking with the employee assistance representative, or even resolutely following the recommendations of the employee assistance representative, that any disciplinary action already in progress will be made void.

The employee assistance program is a tool provided and supported by the company and union to aid in the resolution of personal problems and thus improves the employee's attendance and/or performance. It is not related in any way to the disciplinary process as defined in the union contract. There is **no crossover** between the two. They are **separate and distinct.** Therefore it is not reasonable to anticipate special consideration on the company's part for using the program. However, in line with the applicable benefit package, time off may be granted for treatment or rehabilitation if needed.

Background

The Joint Employee Assistance Program resulted from a mutual concern on the part of the company and union that personal problems of employees and their family members were impinging on the employee's ability to perform to their maximum potential. It was also observed that some problems went beyond the scope of the immediate workplace and were severely affecting the quality of life for employees and their families.

In forming and operating this program, it has been the hope of company and union alike that employees and their family members will seek out the expertise of the employee assistance professionals prior to the point where disciplinary action becomes necessary or personal problems result in extreme consequences.

Protocol

First, all contact between the employee and the employee assistance program is voluntary and confidential. At any time the employee or family member are impacted by a situation they are uncertain how to handle and believe they would benefit from consultation with a professional, they are **strongly encouraged to make an appointment with an employee assistance program professional**. The employee or family member may enlist the help of his/her supervisor or union representative to accomplish this if he/she wishes.

If attendance problems, job performance, or other adverse conditions exist, which affect the employee, his fellow workers, or the company in general, it is possible that a **member of management or a union representative** will suggest the utilization of **professional assistance** via the employee assistance program. **It is always the responsibility of the employee to pursue this action.**

Management plays an integral part in the employee assistance program. It is the responsibility of the supervisor and manager to ensure that the work assigned to an individual or team is carried out in a safe, timely, and effective manner. It is thus necessary to monitor the process and progress of the assignment. In so doing, the supervisor or manager is able to evaluate each individual's performance. If an employee is not performing at a level commensurate with the labor contract, is absent from the workplace, or otherwise presenting himself in a manner

detrimental to the company or his fellow workers, the supervisor or manager may be prompted to discuss the matter with the employee.

If the discussion results in the disclosure of a personal problem, the supervisor should refer the employee to the employee assistance program. If the employee wishes, the supervisor may facilitate that action by making the appropriate contact on his behalf.

If the discussion does not result in a direct disclosure of a problem, but the supervisor or manager's perception is that a personal problem is contributing to the issue of job performance, etc., it is also appropriate to diplomatically suggest the employee seek the counsel of the employee assistance program.

Management, when dealing with an unacceptable work situation, should observe the following parameters:

- Document in writing as specifically as possible the employee's attendance pattern, including tardiness.
- Document in writing as specifically as possible any infractions of work rules, especially those that could potentially lead to a safety hazard.
- Document in writing as specifically as possible any unusual, inappropriate behavior, which might indicate that some type of problem may need to be explored.
- Document in writing as specifically as possible any job performance concerns, such as refusal to perform or under-performing.
- Pay attention to what this employee's fellow workers say about working with him/her. You may learn valuable information that you have not observed personally. Take note of it, realizing that it is third party anecdotal information.

If there is some doubt as to whether a referral to the employee assistance program is appropriate, contact the program directly and allow them to help you determine whether a referral should be made. It is not the responsibility of management to diagnose an employee's problem or even to offer well-intentioned solutions.

With the above documentation in hand, the supervisor will initiate a performance review with the employee. After presenting the data to the employee, the supervisor will suggest he/she make an appointment with the employee assistance program. In order to facilitate follow through on the employee's part, with the employee's permission, and with him/her present, it may be helpful to make the telephone call and set up the appointment. Again, **it is the employee's responsibility to heed the suggestion or not.**

Coordinators are selected from the union. Their role is as follows:

- To foster the use of the program within the employee population and among family members;
- To educate employees, family members, management, and union representatives in regard to the purpose, functions, and services of the employee assistance program;
- To aid employees in the return to work process once they have been discharged from treatment or other rehabilitation or medical services by acting as liaison between the treatment experience and the workplace;
- To further support the employee's return to work process by maintaining ongoing contact, meanwhile encouraging the employee to put in place an appropriate support network;
- To assist in the development of coordinator training;
- To be proactively involved in ongoing personal learning experiences which will enhance his/her abilities, increasing the coordinator's opportunities to participate in a greater variety of roles;
- If requested by the employee assistance representative, to participate in evaluating treatment resources;
- To participate in employee assistance program coordinator meetings or other related meetings as requested by either the employee assistance representative or the Director of the IAM EAP.

Chapter IV

Crisis/Emergency Response Overview

This next chapter provides information on a number of subjects that the coordinator will meet as he/she pursues a calling as a helping person. It is extremely important that the coordinator understand the subjects presented here to the point where he/she can intelligently discuss them with peers, union representatives, and management. It is understandable that you as a coordinator will not be an expert on all of the topics and their surrounding circumstances presented in this chapter or for that matter in this manual, but you are expected to utilize the resources within the union/company system to find answers when needed.

You are not expected to guess when confronted with an unusual situation, but to research the subject and be able to provide accurate information. The information provided on the following subjects is intended to give an overview on each issue. The field of human services is constantly changing. It is expected that as a coordinator you will strive to stay updated on pertinent subjects.

Emergencies

Coordinators do not have the training or qualifications to make decisions involving suicide, potential harm to self or others or any number of situations where grave consequences could result. In instances where you as a coordinator cannot contact an EAP representative, your IAM regional coordinator, chairperson, or director, and you have concern regarding a person's welfare, **the coordinator is advised to call for emergency help (i.e., 911, local police, fire or ambulance emergency number) and have the person taken to the nearest hospital emergency room and have qualified personnel make a determination as to what should be done.**

The possibility of an emergency always exists; therefore, coordinators should compile a coordinator phone number support system phone list. Much like the recovering individual's support system phone list, when trouble arises you do not want to fumble and hunt for help. Have an available support system in place that you know is able to help when the call comes. Suggested potential sources are listed below. Add the phone numbers or make your own list, whatever will work for your respective location.

Example Resource List:

Crisis Centers:

- Abuse
- Rape
- Suicide
- Others...

EAP Professional:

Employer:

- 800 numbers

- HMO Crisis Numbers
- Other Emergency Hotlines

(Check applicable benefit package)

Local Public Safety Services:

- Ambulance
- Fire
- Police
- 911, if available

Hospital Emergency Rooms:

Clergy:

Mental Health Professionals:

Outpatient Clinics:

United Way HELP Hot Lines:

**** IF YOUR COMPANY HAS AN ESTABLISHED CRISIS HOTLINE, ALWAYS USE THIS RESOURCE. FIRST REVIEW YOUR RESPECTIVE COMPANY POLICY.**

Suicide

The following short discussion borders on being clinical which is **not our intent**. This information is **only provided as background information** for the peer coordinators. The coordinator is not to try to diagnose or determine the problem, its cause, or the degree of severity.

The coordinator's task is to recognize and identify the potential for harm to "self or others" and follow through by contacting help:

Immediately!

Suicide: The Danger Signs

- Suicide Threat/Similar Statement
- Previous Suicide Attempt
- Has a Plan
- Final Arrangements

What to Do: Talk freely -- Open lines of communications, ask questions, talk calmly, do not be judgmental.

Get Help: Call a suicide prevention center, crisis intervention center, mental health clinic, physician, qualified mental health professional, hospital emergency room, outpatient clinic, or clergyman.

This person, by talking about his feelings, has opened lines of communications that may not easily be opened again. Take advantage of it by asking questions and talking clearly and calmly about the situation. Have you thought about how you would end your life? Have you made a plan? Have you acquired the means?

Your willingness to talk this way can be a big relief to this person, who probably feared that you would be judgmental or would try to cut off communication and leave him. Your acceptance may give the person hope at a time when hope is exactly what he/she needs.

Get Help: No matter what else you do, or what your discussion leads to, or how much the person denies his intention to commit suicide or tries to assure you that he would not really go through with it, make sure he/she gets professional help. When the signs of suicide are there, a professional is needed. The information you have gathered by talking with the person will help the suicide prevention worker deal with the situation and suggest a specific course of action.

...Excerpt from The American Association of Suicidology

If you do not know this person's location ask him/her where they are. If he or she won't go for help, get help to them. Consider the following:

If you cannot keep them on the line any longer or get them to agree to get help, make a verbal contract with them. Have this person agree and promise they will not do anything until a certain time, at which time you and they will talk. Remember, they called you. Therefore, they must trust you. Use this to your advantage to help them. If the conversation ends, you will have to decide then if the situation is serious enough to contact the authorities. Do not assume that because the plan does not seem real that the threat of suicide is not real. A professional must decide. A suicide attempt, no matter how harmless or frivolous it seems, should never be dismissed as insignificant. If a person's feelings are deep enough for them to talk about suicide, there is no doubt about it, they should be taken seriously.

To prepare yourself for something like this it is strongly suggested that you contact the local suicide hotline or a local mental health agency for additional information on dealing with this type of call. Once you have obtained this information; insert it in your manual.

** If your company has an established crisis hotline, always use this resource first! Review your respective company policy.

Chapter V

Post Treatment Issues

This chapter deals with an important support function a coordinator will likely be involved with, Aftercare.

After initial treatment, the real work of recovery begins. Aftercare is an essential ingredient in continued recovery from any serious dependency problem, physical or psychological. Fitting hand in hand with aftercare is the ever-present danger of relapse. This chapter will present some information and ideas on both aftercare and relapse and how this applies to the coordinator. This information is provided as a tool to help guide the coordinator with his/her role in the follow-up process.

Also included are short discussions on the disease concept, enabling, co-dependency, denial, addiction, and relapse.

Post Treatment Methodology

The premise for the Employee Assistance Program is to provide a therapeutic and remedial function whereby a troubled or ill employee, having personal or job performance problems, could refer themselves or be referred via supervisor/union action to the EAP for evaluation. The objective is to help the employee regain health and job efficiency.

In most cases, an employee has been living a dysfunctional lifestyle. Coping mechanisms and responses to stress have been inappropriate. Many inappropriate techniques to resolve the stressor have been tried (i.e., use of a substance and other "quick-fix" remedies) and the only outcome has been a long term worsening of the employee's health, well being and declining job performance.

Once an employee has been through primary treatment (physiologic or psychological), a long period of recovery begins. Hopefully this initial phase of treatment accomplished the following: intervention on denial, halted the progression of the disease, began educating the employee about his/her particular problem, and developed an individualized aftercare plan, part of which was relapse awareness, AA meetings and other support group(s). Additional counseling may also have been prescribed. Upon discharge and return to work, the employee is now faced with a very difficult period in his/her life. He/she is out of the protective environment of the treating facility and away from "safe" people, places, and things. Now the employee is back in the dysfunctional environment where he/she got into trouble in the first place. Old behaviors of isolation, tiredness, poor diet, etc. could very well be triggered. These factors could trigger a relapse.

The EAP, if involved with the client via the proper releases, can play a very important supportive role. The EAP and/or coordinator can make frequent contact with the employee and stress the absolute fact that they must comply with prescribed aftercare recommendations. The coordinator should demonstrate a genuine concern and caring during this time of lifestyle transition. For the recovery plan to work it must be realistic, supportive, and positive.

The positive supportive recovery processes all do one thing: provide a safe environment by making available a support system the employee can turn to when things get confusing or out of hand. The support system will help reinforce new lifestyle behaviors and responsible coping strategies, which are healthy. Just as it took many years to develop their individual problem, it will take a long time to modify their behavior. In most cases, this will be a **one-day-at-a-time life long process**.

Even the best efforts of a coordinator cannot assure the employee will return to acceptable job performance. Even though the coordinator has this obvious limitation and constraint, the coordinator still fulfills a vital function. That is, **to assist a member in seeking and accepting an EAP recommendation**, and furthermore, the coordinator can be extremely instrumental in providing support to the member's aftercare plan.

The coordinator must not get pulled into the diagnosing/counseling game, but they do want to convey a genuine caring and concern for their recovery, let them know they are not alone in this struggle and that they will make it. This workplace support technique can help ease the feeling of "**I'm alone and no one gives a damn**". The employee must learn to reach out and ask for help, something they have not done, or done well in the past.

Just because an employee has been diagnosed with a disease, **does not relieve him/her of the responsibility to take care of ones self**. The disease is not a justification for abnormal behavior/performance, but to the contrary, **the diagnosis of a disease is the basis for responsible corrective action**.

It is the employee's responsibility to accept help. If the employee chooses to ignore recommendations, or just cannot or will not comply, then the employee must accept the consequences of their decision.

Disease Concept of Chemical Dependency

A disease is diagnosable, progressive, and can result in death if left untreated. A definition of alcoholism from NCADD and ASAM:

"Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences and distortions in thinking, most notably denial."

Just as a person may or may not be responsible for his or her flu, pneumonia, etc., a person with a chemical or substance dependency is similarly situated. The person with the flu may or may not have exposed himself or herself to an infected person(s). The diagnosis was manifested by symptoms, which were diagnosable and progressive.

Similarly, a person with a chemical/substance dependency will experience symptoms; these symptoms will be diagnosable and if left untreated could result in insanity or death of the person. Generally, the disease exists on a continuum: experimentation, social use, abuse (problems appear i.e., DUI, family, job, social), dependency (need "it" to function, get rid of shakes), and finally addiction (despite all negative consequences continue to use and pursue the use of the substance).

Addiction

Addiction is not the amount or frequency of use but rather how the use affects you. If the activity is causing problems in your life and you keep doing it anyway (loss of control).

Addiction is diagnosable, describable, and recognizable.

If the activity's purpose is as a mood changer because your mood is intolerable, the activity is leading to addiction.

Enabling

Reaching out to help those in need is a noble, natural, wonderful thing to be able to do for someone else. There are times in life when we probably would not have gotten through a situation without the help of someone who cared.

The problem begins when this 'helping' is not "helpful," but over protective. This is called enabling; a negative situation for everyone involved. In the case of an alcoholic/addict, the following list mentions a few actions generally considered to be enabling:

Work Site Examples:

- Taking over the responsibilities of the alcoholic/addict.
- Another individual calling in sick for someone who is still drunk or hung-over.
- Hiding the alcohol or other substance being abused.
- Letting your own work slide because you rush to do the other person's work to cover for him.
- Covering for the employee when he/she is not in their assigned work area.

Social Life Examples:

- Denying to the children that the parent is drunk or high.
- Making excuses why you cannot attend certain functions because you cannot count on the other person being sober.
- Not inviting people to your home for fear of them seeing your spouse or child drunk.
- Keeping the dinner warm so he/she can have a hot meal when they finally get home.
- Making sure everything is in good order when your spouse gets home so he does not create a drunken scene.
- Lying to creditors about your inability to keep your payments current.

Co-Dependency

A person or persons who enable on a continuous basis are called co-dependents. Their investment (though often unconscious) is to maintain the status quo. After all, the known is usually more comfortable than the unknown. The disease of alcoholism/addiction affects co-dependents as much or more than the person who is abusing the drug. The difference is that the addict has a drug to dull their pain. The co-dependent generally does not--unless both parties are alcoholics/addicts.

The following article, *Resume of a Co-Dependent*, is enclosed to provide a larger picture of what co-dependency is all about. It was written tongue in cheek by a practicing co-dependent who recognized all the ways she contributed to the dysfunction in her household. Later, she commented that she should have titled it *Autobiography of a Co-Dependent*. It is used with her permission and with the hope that it will increase your understanding of the nature of co-dependency.

Resume of a Co-Dependent

Personal Statistics

Date of birth:	Anytime
Marital status:	Insignificant
Health:	Hypertensive
	Headaches
	Sleep Disorder
	Depression
	Colitis
	Backaches
	Eating Disorder

Areas of Prior Experience and Expertise

Management skills: Able to undertake the responsibilities of numerous other people, e.g., spouse and children, allowing the outside world to be presented with a "respectable" family image, thereby maintaining the family secrets; willing to assume total personal responsibility for the actions and feelings of others; highly qualified at achieving goals that I set for other people.

Impression Management: Adept at making others see me, as I want to be seen; able to ascertain other people's expectations of me and fulfill it.

Martyr: Successfully sought and received pity by convincing others of my great suffering and courage; able to bear up under the criticism and resentment of those who would misinterpret my resourceful problem solving skills as being manipulative and controlling.

Caretaker: Skillful at sustaining a self-effacing approach to family life, with the needs of others always taking precedence over my own; adept at neglecting my own needs to the point where I am unable to diplomatically effect peace in difficult and chaotic situations; willing to trust the perceptions of others and deny my own experience.

Rationalize/Intellectualize: Proficient at plausible explanations and excuses for family disharmony; able to provide a well-practiced repertoire of self-critical, self-blaming statements designed to divert attention from inappropriate behavior; capable of maintaining hope in hopeless situations; gullible; willing to believe an unending litany of promises regardless of how often they have been broken in the past.

Projection: Possesses an uncanny ability to predict negative outcomes to future events; have mastered the ability to create in myself the necessary feelings and behavior that prevent me from taking any risks.

Perfectionist: Compulsive follower of rules; diligent to extremes; careful to attend to the most minute details; rigid; not willing to accept any variations in plans or schedules; comfortable only with predictable people and situations.

Guilt: Specializes in inducing and experiencing guilt.

Integrity: Capable of subjugating feelings which might interfere with the appearance of the "perfect" family image; skillful liar, both to self and others, thereby protecting myself from unpleasant emotions and sparing others the inconvenience of being imposed upon.

Detective: Suspicious to a fault; willing to go to any lengths to seek out the "truth."

Anger: Capable of dealing with this feeling in a variety of ways, e.g., displacement, sarcasm, and repression.

Isolation: Proficient at shutting myself off from friends and family; choose loneliness rather than allowing others to become aware of family difficulties, thereby effectively squelching any outside interference.

References available upon request – copyright 1986, Jacqueline C. Ellis

Denial and Work Site Confrontation/Intervention

What is denial? It is a defense mechanism employed by those who, for one reason or another, need to blind themselves to a particular situation. It is an unconscious act that most of us have employed at one time or another in order not to face, or to delay facing something that was perhaps too difficult at the time or to get through an especially tough time. Perhaps it has been a matter of having the flu but knowing you have to go to work because you're working under a deadline. What do you do? You say to yourself, "I'm O.K. There is nothing wrong with me. I'll feel better when I get some fresh air or food in my stomach or get into my project. I'm just a little tired. That's all."

This is different from lying because the person really believes that his or her own perception is the truth. The facts that would indicate otherwise are blocked from their minds. The typical response to this dynamic is, "if it's going to hurt, I won't look. If I don't look, it'll go away." Only it does not usually work that way. To look it squarely in the face means to acknowledge our own vulnerability and fear. This is not an easy thing to do for any of us.

For alcoholics/addicts it is particularly dangerous, even resulting in loss of life; the alcoholic's or maybe the victim of a drunk driver, or the victim of a drunk who thought he/she had a right to a particular bar stool and shot or stabbed someone to get it.

One of the best techniques to use to break through denial and to intervene with an employee in the workplace is to **document, document, and document some more**, intervene early and offer the option of EAP at every step of the discipline process.

Review of the employee's work record by the coordinator, supervisor, and shop steward will determine whether routine management techniques will correct the declining performance problem or if further consultation with the EAP for guidance and planning will be necessary. If in doubt of what action to take, consult with the EAP.

The facts about an employee's attendance and job performance are **undeniable**. When faced with the facts, followed by the appropriate disciplinary

action, the employee has a much more difficult time telling himself/herself it is not true. **Consequences are revelations.** They result directly from the employee's actions and force the employee to examine what has been happening in his/her life that has created this situation. Sometimes consequences create a crisis in an employee's life; a crisis is an opportune time for intervention. This is especially true if the employee is nearing a point where severe disciplinary action is a possible outcome. When an individual is feeling that matters are getting out of control, they will be more willing to grab at anything and seek the help they need. This is the time to encourage/schedule an appointment for the individual with the EAP representative.

Work Site Confrontation/Intervention

The EAP continually strives for early intervention on denial and points out that supervisors must accurately and completely document work records. **Documented facts** about job performance (production, attendance, behavior, etc.) are "there." Facts can't be put off, they are real. The facts become more evident and real when discipline is progressively issued as a consequence. Facts can't be minimized; blame can't be shifted to others. Therefore, documented facts will bring these consequences to life and make them irrefutable.

We do not have to wait for the employee to "hit bottom" and "want" help. We can use positively our **peer coercion** and the **duress of the disciplinary process to achieve a lifting of the "bottom" in an effort to achieve early intervention.** The chances for lesser amounts of treatment with a successful outcome are many orders of magnitude greater than if the process waits until the employee finally falls apart and loses his/her job. Strive for early intervention with as much documentation as possible.

Early intervention on poor performance may not succeed the first time, but this will give routine management techniques an opportunity to correct the situation. At the same time EAP consultation, guidance and planning can begin for the use of more sophisticated techniques in subsequent intervention/confrontations in an effort to get the employee to face the reality of the employee's declining performance problem. **Early employee intervention** around their work problem followed up in a progressive fashion, has a better chance of breaking through their wall of denial and getting them to accept the first step to help, the professional evaluation. Plan carefully.

Explaining the EAP

The following points are to be presented when explaining the joint IAM/EAP.

1. The program is confidential and voluntary.
 - a. Confidential - no one can talk about any case unless there is specific written authority by the client. Exceptions include child/elder abuse, harm to self or others, by court order, or as required by law. Questions concerning confidentiality should be addressed to the EAP Director.
 - b. Voluntary - the company should not issue discipline against an employee if they refuse to use the program. Also, the company should not reduce any warranted discipline because of use of the program.
 - c. EAP and discipline are **separate and distinct**.
2. **Review your particular company policy for applicability of coordinator functions in this area.** The IAM coordinator's role is to coordinate a person getting help. The coordinator does this in several ways. One way is to explain what the EAP representative does in an interview. Another is to explain that the union knows the providers that the employee is referred to. They are selected for expertise in their particular field. Another is to explain the benefit of availing oneself to the program. One of these benefits is dealing with insurance. The IAM coordinator can assist with coordination of insurance benefits (i.e., gatekeeper, HMO, national plan, or other contract). Depending on the employer, some coordinators may participate in other aspects of the referral treatment process. Some employees may not wish to confide in a company EAP representative and may wish to work solely with the union coordinator. In these cases it is appropriate for the union coordinator to refer the employee to an outside community resource for a professional evaluation, ensuring that the resource is covered under the employees' company health plan.
3. The role of the Company EAP representative is to assess and refer. They are trained in assessment methodology and have years of experience in this area. The role of the IAM EAP coordinator is to get members in need of assistance to a resource that can help them. As a joint effort, the IAM

EAP coordinator and the company EAP representative are a powerful force in the workplace. Together, the two can address a member's needs efficiently and effectively.

4. Getting member help can involve a number of things. At times, the IAM coordinator will make a direct referral to a community or other resource. This process may not involve the company EAP. At other times it will be necessary to refer the member to the company EAP for a more in-depth assessment. IAM members may wonder why they need to speak with a coordinator and also with the company EAP. Because the company EAP representative is trained in assessment technology, they are the best resource for proper assessment and referral of IAM members. Problems brought to the IAM EAP coordinator often have many layers to them, which can be difficult to address. The company EAP can untangle the layers and get to the heart of the problem quickly.

- Speak with the member about the company EAP function.
- Reassure the member about the confidentiality of the EAP representative.
- Offer to introduce the member to the company EAP representative or accompany the member to the initial office appointment.

Conferring with the EAP Representative Regarding a New Client

When making a referral to the company EAP representative, the IAM EAP coordinator should confer with the EAP representative when it is clear it will serve the best interests of the member. The IAM EAP coordinator needs to have the member fill out and sign a consent form prior to speaking with the company EAP, (please refer to the consent form in appendix B). Input from the IAM EAP coordinator can help the assessment process by giving the EAP representative a more complete picture of the member's problems. For example: chemical dependency issues are often understated during an assessment out of fear and denial. The IAM EAP can help give a clearer, more comprehensive picture of the member that will help the EAP representative get a better view of the member's situation. The EAP representative can then recommend the best possible solution to the problem. Without the input of the IAM EAP, an effective solution may be more elusive.

The IAM EAP coordinator can provide more accurate information that will lead to the optimum solution. This information may be invaluable as part of an intervention strategy that will help the member address his/her problems more directly. Working with the EAP representative with the interests of the member in mind can lead to an enduring and long-lived resolution.

Third Party Requests for Help

EAP coordinators often get requests for help or intervention from a “third party”. These can take the form of a statement such as: “I’ve got a friend who is experiencing some problems...” or “what can you do about...?” Third party requests for intervention also come from shop stewards, spouses, supervisors or other interested parties who have legitimate concerns about their co-workers. EAP coordinators most often are asked to help with concerns that affect an IAM member and his or her performance or dependability on the job. Occasionally, however, a coordinator may be asked to help with a situation that does not directly affect on-the-job performance issues such as a domestic dispute. It is best to talk with your EAP regional representative, airline EAP chairperson, or the District 141 EAP director about the appropriateness of EAP intervention.

The following guidelines will assist you whenever a concerned individual calls on behalf of another person:

Listen to the situation. Ask clarifying questions as appropriate. **Do not** volunteer to contact the troubled party. “Cold calling” someone to offer your services is generally not well received and causes a defensive reaction, reducing the chances of the troubled person seeking help. You can enlist the aid of the third party by giving them a business card to give to the person they are concerned about, or have them refer the troubled person to you. You can also “coach” the concerned person about how to appropriately refer the troubled person to you. This can be accomplished by role-playing some likely scenarios. In the scenarios, you can try different approaches until you find one that seems to fit the situation.

Give the third party options such as AA, NA, Al-Anon, information numbers, or other appropriate referrals. Talk with them about what each group offers and what can be expected by attending an AA group (for example) or what to expect when calling a referral. When a third party is concerned enough to call you about the troubled person it is a good indication they may have some influence with the troubled person in getting them to seek help. The information the third party provides may help decide which treatment or referral is pursued.

Many times problems will work themselves out. However, some problems may persist and there may be starts and stops along the way. Third party requests for help may lead to frustration and a feeling of helplessness. The third party may feel that “something” should be done, and that there is a “miracle” answer that will address the situation. These cases require the EAP coordinator to spend time with the referring party and to listen and respond to their frustrations. Also, you may want to address their need to help the troubled person. The troubled person may be resistant to help and the EAP coordinator MUST acknowledge their right to not seek help. Respect for all parties involved will often (over the long term) lead to a successful outcome.

Facilities Contacting You

If a treatment facility or a therapist contacts you regarding an employee, you must ensure that the information is shared with the appropriate EAP professional. The following is a suggested method to accomplish this:

- Explain to the facility representative the nature and intent of the joint program and instruct them to call the appropriate EAP professional.
- Follow up on this by relaying the information from the facility to the appropriate EAP professional.
- Communicate to the appropriate EAP professional that the facility is expected to call.
- Follow up with the appropriate EAP professional to confirm that in fact the facility did call.

As always, if you have any questions on this or any other procedure, please contact:

Bryan Hutchinson

Director, District Lodge 141

Employee Assistance Program

(303) 229-5117

Facility/Treatment/Discipline

If a member enters treatment and is involved in discipline that could result in a hearing, the coordinator will explain to the client that the union may need to communicate with the treatment provider in order to properly represent him. Then, request the client to sign releases for the appropriate union representatives that may need to contact the facility regarding his/her case.

Furthermore, the coordinator will recommend that the client sign releases to allow aftercare or follow-up clinicians to communicate with union representatives. **The client should sign these releases prior to discharge from treatment.** The purpose of this procedure is to save time and difficulty should it become necessary for the union to contact the treatment providers.

The treatment facility will be able to provide a "release of information form."

Chapter VI

Record Keeping

Coordinators should only be keeping **demographic** and **confidentiality release form** records as necessary.

No coordinator is to request or have personal medical or treatment information on file. Any information a coordinator has may be subject to subpoena and may be used in an incriminating manner. This type of record keeping only results in an unreasonable risk to the EAP and the Union.

Our mission is to direct and coordinate employees to professional assessment and treatment. The professional process and medical data is out of the realm of the EAP. Only the **demographics** of an employee's treatment process are necessary to track for purposes of coordination at the workplace to satisfy contractual obligations.

Confidentiality release forms and demographic information, which will be required for the coordinator to function, should be **kept in a locked file**. Do not keep demographic notes and releases in unlocked/unsecured environments.

Chapter VII

Legal Challenges to the EAP

The possibility exists that a coordinator may be named in a legal action and be called upon to provide information concerning the coordinators' case involvement. This may be a serious matter with potential negative impact on the credibility and effectiveness of the EAP, the employee and could subject the union to liability².

In order to ensure that proper steps are taken to protect all of these important interests, please follow these rules:

Do not discuss **any** employee with **any** attorney until you have contacted the District EAP Director. In the event an attorney contacts you, you should report this to your EAP Chairperson or the EAP Director for instructions.

If you receive in the mail or by personal service any subpoena or summons, or any correspondence or other document to/from an attorney or court, immediately contact your EAP Chairperson or Director.

² Reference Appendix A.

Appendix - - A

Confidentiality

For the EAP to be effective it is essential that employees using the services of the EAP are confident that any information provided will be maintained in confidence.

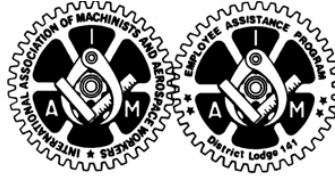
Moreover, confidentiality is a principle supported by federal and state laws, codes of ethical standards, and certification and licensing boards.

To maintain this information in the most confidential manner possible you should follow the guidelines below:

- If a union representative, a management representative, or just an interested individual asks you about an employee, explain that all information provided to the EAP regarding an employee is held in confidence and cannot be disclosed. Explain to them that if they want such information, **they must obtain a release from the employee.**
- If you receive a subpoena, or any other legal document, requiring you to testify or produce evidence regarding a client or the EAP program, you should not comply with that subpoena until you have contacted the EAP Director.
- If you receive a request for information from an attorney, you should not comply with the request even if the attorney states that he is the attorney for the employee. You must explain to the attorney that he must provide a release. **Again, contact the IAM EAP Director prior to any discussion with an attorney.**

- If a representative of the company requests information, you must not comply unless you/they have obtained a release.
- If you believe that an individual presents a serious and real threat of imminent harm to himself or to another individual, the policy of the EAP is to disclose information, which might otherwise be confidential which is necessary to protect the client or any other threatened individual. In such circumstances, if you have time, you should first consult with the EAP Director before making any such disclosure.

Authorization for Release of Information



I, _____, do hereby consent to and authorize:
(Name of person signing release)

_____, to disclose the following information:
(Name of EAP representative)

This information will be disclosed to:

The purpose and need for this disclosure is:

- ___ Coordinate and monitor recommended treatment/services
- ___ Assist in the follow-up after treatment/services
- ___ Support family involvement
- ___ Other: _____

I understand that I may revoke authorization for release of information at any time by notifying the above named agent in writing. This consent shall be in force for 1 year from the date signed, unless otherwise noted. I acknowledge that information released before revocation cannot be retrieved. I release the above named individual(s) and the **International Association of Machinists Employee Assistance Program** from any liability for disclosure of confidential information while this consent is effective.

_____ Date _____
(Signature) (Day, month, year)

Appendix - - C

Federal Government Mandated Workplace Drug and Alcohol Testing

Department of Transportation

Office of the Secretary

49 CFR PART 40

Procedures for Transportation Workplace

Drug Testing Programs

And

Department of Transportation

Federal Aviation Administration

14 CFR 61 et al.

Anti Drug Program for Personnel

Engaged In Specified Aviation Activities

Final Rule

CONCERNING THE OFFERING OF REHABILITATION AFTER A POSITIVE TEST RESULT: MOST COMPANIES CHOSE THE TERMINATION OPTION. ONLY A FEW OFFER REHABILITATION. ONE CARRIER HAS DISCONTINUED THE REHABILITATION OPTION AND IS NOW TERMINATING EMPLOYEES TESTING POSITIVE.

TAKE THE TIME TO BECOME FAMILIAR WITH YOUR RESPECTIVE COMPANY'S RULES AND POLICIES AND PERIODICALLY REVIEW THEM.

As a coordinator, you should be knowledgeable about drug testing. The following discussion is intended to accomplish this. Historically, the union and the

companies have been opposed to drug testing. However, the Federal Government, specifically the Department of Transportation (DOT), felt there existed a need to have employees in the transportation industry who work in sensitive safety and security related functions (covered employees) tested for certain illegal drugs. These drugs are Amphetamines, Phencyclidine, Opiates, Cocaine, Marijuana, and their metabolites.

As a coordinator, you should have a general knowledge of the DOT/FAA process. This narrative will endeavor to accomplish that purpose.

The authority to test the above-mentioned workers comes from the Office of the Secretary, DOT, per "Procedures for Transportation Workplace Drug Testing Programs," 49 CFR PART 40. The DOT issued the Final Rule and it became effective January 2, 1990.

The DOT rule is applicable to six (6) operating regulations therein; Federal Aviation Administration, Federal Highway Administration, Federal Railroad Administration, United States Coast Guard, Urban Mass Transportation Administration, and Research and Special Programs Administration. All programs follow closely Department of Health and Human Services Administration (DHHS) regulation titled "Mandatory Guidelines for Federal Workplace Drug Testing Programs" (DHHS Guidelines).

From 49 CFR 40, "The DHHS Guidelines include procedures for collecting urine samples for drug testing, procedures for transmitting the samples to testing laboratories, testing procedures, procedures for evaluating test results, quality control measures applicable to the laboratories, record keeping and reporting requirements, and standards and procedures for DHHS certification of drug testing laboratories...." The DOT states further in the regulations that the rules "...are not static, and that we intend to keep up with the state of the art in testing procedures."

Incorporated in 49 CFR 40 are provisions for the individual operating regulations (FAA in our case) to establish regulations and guidelines for drug testing particular to the regulation. In our case, our respective carriers had to submit a drug testing

plan to the FAA for approval. Among these individual company plans are stipulations of the testing process such as program manager, time(s) of day, Medical Review Officer (MRO), groups of employees, numbers of employees, options of disposition of positive results (i.e., disciplinary matters). Once the FAA

approves the plan it can then be implemented. The plan can be modified at any time upon application to and approval of the FAA. Periodically the FAA does drug testing audits of the carriers to monitor compliance with applicable DOT/FAA guidelines procedures.

The testing and collection procedures are forensic in nature; they are admissible in a court of law. All of the law and guidelines have been challenged in the courts of labor and civil law up to and including the United States Supreme Court. They have been wholly upheld.

The procedures are strictly followed and any errors are grounds for negating the process and any result is then considered negative. In the beginning months of the testing program, there were problems. However, these were corrected by using new procedures and methods. There has not been any technical error contributing to a false positive report. All positives are, and have been, investigated per the 49 CFR 40 appeal procedures and to date no positive has been overturned because of chain of custody or laboratory errors; there have not been any record keeping or technical errors in the cases reported positive.

The laboratory will send all test results to the MRO for his review. Employees who are reported to the MRO as positive must be able to provide documentation from their physician and/or pharmacy verifying that they are under legal medical care. The MRO has strict and narrow FAA guidelines to follow when reviewing a positive test result. The MRO must determine "...that there is a legitimate medical explanation for the confirmed positive result that is consistent with legal drug use."

Per the Aviation Medical Review Officer Guide, "Roles and Responsibilities In Federally Mandated Anti Drug Abuse Programs", page 37, if the employee can not satisfy these MRO guidelines, the MRO must report "...a "verified" positive test according to the established company procedure...and verifies that the positive report is evidence of illegal drug use...". Follow up on the MRO's report and any disciplinary action is per the respective carrier's policy, DOT 49 CFR 40, and FAA 14 CFR 61 et al. These include the option to rehab or terminate the employee. These decisions are left to the discretion of management and are not subject to the collective bargaining process, per 14 CFR 61 et al.

Department of Transportation

Office of the Secretary

49 CFR PART 40

Procedures for Transportation Workplace

Drug Testing Programs

And

Department of Transportation

Federal Aviation Administration

14 CFR 61 et al.

Alcohol Misuse Prevention Program for

Personnel Engaged in Specified Activities

Final Rule

First, an update on the Department of Transportation (DoT) employee workplace testing programs. The year 1994 saw many new rule and statutory enactments.

The Omnibus Transportation Employee Testing Act of 1991 (the Act) (signed into law October 28, 1991 by President Bush) mandated workplace employee testing for drugs of abuse and alcohol misuse. On Tuesday, February 15, 1994, the DoT/FAA's Alcohol Misuse Prevention Program for Personnel Engaged in Specified Activities (AMPP) became a Final Rule under authority of the DoT per procedures and rules published in 49 CFR Part 40 and 14 CFR 61 et al.

In particular, to aviation the Act also amended the FAA Act of 1958 with new sections: §§614(b) (1), (b) (2), (c) and (c) (1). All these new sections of the FAA act deal with the prohibition of service, including the permanent bar, referral, evaluation and treatment of employees. The AMPP included these legislative provisions, which did not appear in the previously discussed drug rule.

Among these additional provisions were requirements to have a Substance Abuse Professional (SAP) new §614 "permanent bar" for covered employees. The SAP requirement did not exist with the drug rule, although referral, evaluation, and treatment options were in place. SAP referral and evaluation are now mandated for drugs and alcohol, but treatment is still an option for companies to offer. The permanent bar precludes an employee who tests verified-positive twice, or had used alcohol on-duty, from exercising the certificated privileges, for a Part 121 or Part 135 certificate holder, or a contractor thereof, that were in use at the time of the second verified-positive for alcohol.

Subsequently on August 19, 1994, and becoming a FINAL RULE on September 19, 1994, the DoT made amendments and clarifications to the drug rule (first published in December 1989) which made it parallel the new alcohol testing rule (AMPP). Now all the requirements for the SAP, referral and evaluation, as well as the permanent bar, apply to verified-positive drug tests as well. Moreover, the September 19, 1994 mandates split sample urine specimen collection, which became effective on August 15, 1994 and had been previously promulgated. The details of the "bar" are available in 14 CFR Part 121 Appendix I & J. Appendix I covers the drug rule and Appendix J covers the alcohol rule. The various rules are too voluminous to reprint and are not part of this discussion.

As the DoT has stated in the past, this testing process will continue to remain dynamic, with updates and changes made when warranted by new technologies and procedures becoming available, and issuing clarifying amendments to the rules as they become necessary.

Concerning employer independent authority (discipline actions and treatment policies), each individual workplace must be consulted. Internal company actions differ because the DoT/FAA rules have allowed employers to exercise independent authority.

The following is a brief summary discussion of the AMPP. The Alcohol Misuse Prevention Program for Personnel Engaged in Specified Activities became a statutory reality on Tuesday, February 15, 1994 and must be put into effect no later than January 1, 1995. No later than July 1994, Part 121 and Part 135 certificate holders, and their contractor companies, had to submit a certification statement to the FAA, certifying their compliance with the new rule.

The AMPP rule states, "This rule is intended to ensure that public safety is maintained by preventing alcohol misuse by safety-sensitive aviation employees.... The rule uses three primary tools for reducing the threat of alcohol misuse in aviation.

First, by amending parts 65, 121, and 135, the rule prohibits certain alcohol-related conduct by employees performing safety-sensitive duties.

Second, under the provisions of new Appendix J to part 121, such employees must be subject to pre-employment, random, post-accident, reasonable suspicion, return-to-duty, and follow-up alcohol testing. This testing is federally mandated but will be administered by the affected employers.

Third, in accordance with requirements in Appendix J, employees subject to the rule must be provided with materials designed to educate them about the provisions of the rule and the consequences of engaging in alcohol misuse."

Information and/or education/training materials are to be made available to covered employees, and are mandated by the AMPP to be provided by the employer. All testing will be accomplished using DoT approved procedures and Breathalyzer equipment administered by a trained alcohol breath technician as specified in the rule. All these details are available in the DoT and FAA rules. Employees who are verified-positive for alcohol shall be referred to the approved SAP for evaluation (again refer to the respective company policy). Any recommended treatment coverage will be per the respective company policy. Breathalyzer test results are immediately available from the Breathalyzer printout, no interpretations are necessary; therefore, the rule requires no MRO for alcohol tests.

This is one of the major differences from the drug rule. The alcohol rule does not use a MRO to interpret the results. The AMPP rule does not permit the use of alcohol, including alcohol-based medicines, in any form. Therefore, no MRO is required to determine if the use was legal or illegal as any alcohol use is prohibited.

Violating the AMPP twice (testing at 0.04 or higher twice, or any combination of: a refusal to test, going through an SAP-evaluation or rehab experience, testing at 0.04 or higher, adding to two times) will invoke the permanent bar.

Furthermore, alcohol use on-duty one time will invoke the permanent bar. The FAA says the permanent bar means that the certificate holder will never again use the privileges held at the time of being verified-positive, to work for a Part 121/135 certificate holder or contractor-employer.

Appendix - - D

Differences between Carriers

Intake and referral resources are specified by the respective company benefit policy. In place of the Employee Assistance Representative, an HMO or PPO representative may perform similar functions to ensure the employee and/or family members are directed to the appropriate resource. In a general way, the following actions take place:

- The HMO or PPO representative is aware of the various resources in the vicinity, the milieu of services offered by each, as well as their ability to provide the services they offer with a high level of competency.
- The HMO or PPO representative conducts an initial interview with the client to determine the nature and severity of the problem.
- The HMO or PPO representative arranges the referral for appropriate care consistent with the client's needs by making a specific appointment for the client.
- The HMO or PPO representative assists the treatment provider and client in developing a specific ongoing recovery plan.
- The HMO or PPO representative, with the consent of the client, follows up with the treatment provider to determine the client's progress, evaluate the quality of care and appropriateness of the referral.

Again, with the client's consent, the HMO or PPO representative contacts the client's family to obtain their perception of the client's progress as well as to determine what level of family involvement would enhance the recovery process.

All of the above is handled with the highest level of respect for the client and with the highest level of confidentiality possible.

Appendix - - E

Union Fiduciary Obligation

The Union has a fiduciary obligation to fairly represent every employee. That obligation arises from federal labor law and includes the negotiation with the employer of terms and conditions of employment and representation of employees who have been disciplined by management. When an employee is disciplined, the union's ability to help that individual depends on many things including terms of the collective bargaining agreement, past practices at workplaces, the employee's work history and at times standards set by federal law such as the Americans with Disability Act.

The criteria used by union representatives in determining how to assist an employee who has been disciplined **may be completely different** than criteria used by EAP representatives in determining how to assist that individual in the EAP. EAP is always a **separate and distinct** policy from the grievance procedure as is the EAP Coordinator's function. **EAP Coordinators should use caution not to confuse their duties with that of union representatives whose obligations are quite different and whose criteria for action may also be quite different.**

Appendix - - F

EAP Core Technology

An Employee Assistance Program (EAP) is a worksite-based program designed to assist in the identification and resolution of personal concerns, which may impair productivity. These personal concerns include, but are not limited to health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal concerns, which may adversely affect employee job performance. Employee Assistance is a profession unto itself and is anchored in a “core technology.”

Employee Assistance Programs (EAP's) offer the following core technology services:

- Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union stewards) seeking to manage the troubled employee, enhance the work environment and improve employee job performance; and outreach to and education of employees and their family members about availability of EAP services;
- Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance;
- Use of constructive confrontation, motivation and short-term intervention with employee clients to address problems that affect job performance;
- Referral of employee clients for diagnosis, treatment and assistance, plus case monitoring and follow-up services;

- Assistance to work organizations in managing provider contracts and in establishing and maintaining relations with services providers, managed care organizations, insurers and other third party payers; Assistance to work organizations in managing provider support for employee health benefits covering medical and behavioral problems, including but not limited to: alcoholism, drug abuse, and mental and emotional disorders; and
- Identification of the effect of EAP services on the work organization and individual job performance.

Employee Assistance Programs (EAP's) provide work organizations with the means to improve job performance and worker health through assistance to their employees and families. EAP's assist in the identification and resolution of productivity problems.

Appendix - - G

“Ten Commandments” for EAP Coordinators

- Thou shall understand and respect confidentiality.
- Thou shall not diagnose.
- Thou shall maintain good rapport and communications with the union, employee assistance representative and the company.
- Thou shall be a problem solver, not a problem maker.
- Thou shall be open and available to all employees.
- Thou shall present an approachable attitude and have respect for the client at all times.
- Thou shall share any acquired skills and knowledge with your community.
- Thou shall not make assumptions.
- Thou shall continue to update your skills.
- Thou shall conduct thyself with integrity.

Courtesy Thomas Buzard (retired)

Former Chairman

District Lodge 141 EAP Education Committee

Appendix -- H

Suggested Reading/Reference List

Alcoholics Anonymous. Third Edition. ALCOHOLICS ANONYMOUS WORLD SERVICES, INC: New York City 1976.

"*Alcoholism*". In *Journal of the American Medical Association*.
August 26, 1992.

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition.
AMERICAN PSYCHIATRIC ASSOCIATION: Washington, DC. 1994.
Pg 175-185; 195-200.
DSM-IV CALL: r RC455.2 .C4 D54 1994

Johnson, Vernon, E. *INTERVENTION, how to help someone who doesn't want help*. n.p.: JOHNSON INSTITUTE BOOKS. 1986. et. Passim.

Kabat-Zinn, Jon, Ph.D. *Wherever You Go There You Are*.
HYPERION: NEW YORK. 1994.

Narcotics Anonymous. Fifth Edition. WORLD SERVICE OFFICE, INC.

Van Nuys, CA.

EAP Coordinators Page: [www.http://iam1759.org/eapcoordinatorpage.htm](http://iam1759.org/eapcoordinatorpage.htm)

Appendix - - I

Coordinator Directive

January 26, 2005

Dear IAM/EAP Coordinator,

From time to time IAM/EAP Coordinators are faced with stressful situations when the Union we serve is in conflict with the company we work for.

I need to remind all District 141 EAP Coordinators that they are representatives of the Union, and as such they must be supportive of all Union policies.

There may be times when you will find this difficult to do. If you find yourself in this position, there is an old saying that may apply here, "If you can't say anything good, don't say anything at all."

If you have any questions about this directive you need to contact me immediately.

Sincerely and Fraternaly,

Bryan Hutchinson

Director of EAP

DL141

Appendix - - J

Politics and EAP

September 2012

To: All District 141 EAP Coordinators:

In the past, some of our coordinators accepted appointment to or ran for elected Local Lodge positions. This may appear innocent, and at times even in the best interest of the local lodge and membership. However, the practice has caused some serious problems when coordinators have tried to fulfill their responsibilities to two different positions.

All coordinators should be aware that their primary responsibility is to be available and responsive to the entire membership. Involvement in politics severely restricts an EAP coordinator's ability to serve our brothers and sisters. At times, holding office can convey the perception of having "chosen sides". While this may not be your intention, the perception of the membership, whether real or imagined, plays a prominent role in society.

Without neutrality the position of EAP coordinator is compromised.

Exceptions are possible, and in some cases necessary, especially in cases where coordinators held dual positions for many years. I urge any coordinator who is presently holding other positions to thoroughly examine their particular situation, circumstances, and motives.

Coordinators holding more than one position should contact me so we can discuss the situation and determine if an exception is warranted. In the meantime, please explore the possibility of other members sharing in the positions of the local lodge.

If you have any questions regarding this issue please contact me immediately.

Bryan Hutchinson, M.S. Director