

STATE OF WEST VIRGINIA
ADJUTANT GENERAL'S DEPARTMENT
CHARLESTON, WEST VIRGINIA 25311

WV Technician Personnel Regulation
Number 792

1 July 1991

Federal Employee Health and Counseling Programs

TECHNICIAN ASSISTANCE PROGRAM

1. REFERENCES:

- a. Public Law 91-616, Comprehensive Alcohol Abuse and Alcoholism Prevention/Treatment Act of 1970.
- b. Public Law 92-255, Drug Abuse and Treatment Act of 1972.
- c. Federal Personnel Manual 792 Series (Federal Employees Health and Counseling Programs).

2. Definitions:

- a. **TROUBLED EMPLOYEE.** Any Military technician (employee) of the West Virginia National Guard (WVNG) with a problem not purely medical or mental, that adversely affects their behavior or job performance.
- b. **PROBLEM DRINKER.** An employee whose use of alcohol impairs job performance or behavior.
- c. **ALCOHOLISM.** A progressive treatable illness, in which the individual's use of alcohol frequently or continuously affects work performance, physical well-being, emotional stability, or social life in an adverse fashion.
- d. **DRUG.** Any narcotic, marijuana, alcohol, amphetamine, barbiturate, hallucinogenic or non-narcotic, that is habit forming, or has potential for abuse or its effect on an employee's body (see Appendix B).
- e. **SUBSTANCE ABUSE.** The illegal, wrongful or improper use, transfer, sale or possession of any of the drugs described above which impairs an employee's mental or physical health, behavior, life style or job performance.
- f. **PROBLEM.** Any causative factor which impairs an employee's job performance or human relationship. Additionally, a causative factor which affects the health and well-being of other employees is covered under this definition. Although particular emphasis is given to those personnel with problems related to alcohol and drug abuse, other

problems may include but are not limited to: emotional disturbances, marital, financial, legal, parent-child relationships, aging, health, and learning disabilities.

g. SCREN AGENCY/RESOURCE AGENCY. Any organization, hospital, or other facility which provides professional care, treatment, counseling, of other therapy to a troubled employee.

h. TECHNICIAN ASSISTANCE PROGRAM COORDINATOR (TAPC). An individual appointed by the Adjutant General to administer the overall Technician Assistance Program for military technicians. In West Virginia the State Equal Employment Manager is the TAPC.

3. GENERAL:

a. Public law 91-616 and Public Law 92-255 provides for the appropriate prevention, treatment, and rehabilitation programs and services for alcoholism, alcohol abuse, and drug abuse among Federal employees. The WVNG has implemented the Technician Assistance Program (TAP) to help its employees help themselves and reduce the losses attributed to alcoholism, drug abuse and other employee problems which interfere with work performance. When an employee who is experiencing problems that affects job performance, management and supervisors must be cognizant of the TAP in order to retain the employee. It becomes necessary for the employee to utilize this program to achieve its intended goal.

b. Military technicians may be referred to the TAP by their supervisor or they may volunteer. Participation in the program is voluntary and the effort is toward restoration to full job performance and prevention of job performance problems;

4. POLICY:

a. The WVNG recognized that alcoholism is a preventable and treatable condition, and that all levels of management have a continuing responsibility to adhere to, and provide support to the Technician Assistance Program. Therefore, it is required that all supervisors and managers become knowledgeable to the TAP.

b. As an employer, the WVNG is concerned with the accomplishment of the mission and the need to maintain employee productivity. When an employee's use of alcohol or drug caused a problem which impairs the efficient and safe performance of assigned duties, reduces dependability, or reflects discredit on the WVNG, managers and supervisors will take action indicated herein, or in other appropriate regulations or directives.

c. An employee of the WVNG having alcohol, drug or other problems that affect or impair job performance, has the right to be counseled by the TAPC or the supervisor. If the employee refuses assistance and performance continues to be impaired, disciplinary action will be considered based upon job performance. Should an employee accept referred assistance then disciplinary action will not be taken in regard to alcohol abuse and other problems unless a reasonable opportunity for recovery and improved job performance has been provided.

d. Any employee involved with the illicit trafficking, distributing, of selling of drugs may be disciplined in accordance with TRP 752, Chap 2, para 2-11.

e. Public Law 91-616 and Public Law 92-255 state the no person may be denied of deprived employment solely on the ground of prior alcohol abuse, alcoholism, or drug abuse. An employee will not have job security or promotional opportunities jeopardized by a request for assistance of referred rehabilitation, except as it related to sensitive positions.

f. It is recognized that few supervisors or managers possess the professional qualifications to judge whether an employee may be suffering from alcoholism, financial hardship, or other personal or medical problems. Initiation of procedures established under this policy will be taken when the supervisor has observed a progressive lowering of performance.

g. Individuals who assist troubled employees will not reveal the name of the employee concerned, nor discuss the employee's problems with anyone other than the personnel indicated in paragraphs 9, 10, or 11 of this regulation.

h. Both the employee and the WVNG can benefit of the program established under this policy is properly administered. Paternalism of improper prying into an employee's private life will not be tolerated. However, there should be no intentional oversight or covering up of observed impairment of deterioration of job performance.

i. The Adjutant General, or appointed designee, may reassign an individual working in a sensitive position while undergoing treatment for, or recovery from alcoholism, drug abuse, or other problems. Reassignment shall be in effect until program is satisfactorily completed, unless such action is prohibited by law, regulation, or directive.

j. An employee is solely responsible for off duty activity. Such activity concerns management only when it results in the perceptible impairment of assigned duty or reflects negatively upon the image of the WVNG.

5. RESPONSIBILITIES:

a. THE ADJUTANT GENERAL

(1) Insures that a Technician Assistance Program is written and implemented based on guidance received from National Guard Bureau, Army/Air Regulations, Office of Personnel Management (OPM), and other appropriate agencies and authorities.

(2) Insures that all personnel adhere to policy concepts and procedures contained in this program.

(3) Assigns program responsibilities and administration to the TAPC to provide advice and assistance in respect to operation of this program.

(4) Makes determination on employability of person in relation to any indicated use of drugs or alcohol consistent with both Public Law 91-616 and 92-255.

(5) Takes other actions as deemed necessary to carry out the overall mission of this program in the WVNG.

b. STATE EQUAL EMPLOYMENT MANAGER (SEEM)

(1) Provides overall supervision of the WVNG Technician Assistance Program (TAP). Advises the Adjutant General on program effectiveness, success, and problems.

(2) Determines program priorities and plans for implementing procedures from assessment.

c. SUPERVISORY PERSONNEL MANAGEMENT SPECIALIST (SPMS)

(1) Furnishes the Technician Assistance Program Coordinator (TAPC) with information and assistance for the development and implementation of this program.

(2) Provides assistance to supervisory and managerial personnel who are contemplating removal of, or disciplinary actions against on employee whose job performance is unsatisfactory.

(3) Provides employees with information regarding their hospitalization coverage in connection with this program.

(4) Provides new employees with information concerning this program during initial employment orientation.

(5) Assists TAPC in arranging TAP training classes for newly promoted supervisory and managerial personnel.

(6) Takes other action or renders assistance as determined necessary.

d. **TECHNICIAN ASSISTANCE PROGRAM COORDINATOR (TPAC).** The Adjutant General of designee will appoint the TAPC. In West Virginia the SEEM is the TAPC. The TAPC will:

(1) Arrange for or conduct mandatory supervisory and managerial training programs.

(2) Arrange for distribution of educational materials designed for prevention and discouragement of substance abuse and other problems areas.

(3) Develop and disseminate a referral resource manual for dealing with all types of employee problems.

(4) Establish and maintain liaison and community education, treatment, and rehabilitation facilities and resources, including State agencies throughout West Virginia.

(5) Establish a measurement criteria for evaluating program results and effectiveness to include submitting reports as required.

(6) Assist managers, supervisors, or other personnel when requested, in relation to employee referral of confrontation.

(7) Obtain appropriate training for TAPC through state, OPM, or other appropriate schools and training seminars.

(8) Performs other duties in relation to TAP as may be directed or necessary.

e. **SUPERVISORS.** At every level of management, the key to a successful program is the individual's supervisor. The supervisor's effectiveness is twofold. First, the immediate supervisor is usually the first individual to become aware of the employee's deteriorating job performance. Second, the supervisor can motivate the employee to seek appropriate professional help before job performance has deteriorated to the point where disciplinary action must be taken. The troubled employee must be made aware of the resources available and realize the seeking help may be the deciding factor in saving their job.

When alcohol or drug problems are the underlying factors in poor performance, timely intervention may lead to early identification, treatment, and recovery. Legitimately, supervisors have fairly explicit expectations of their employees in terms of job performance and behavior. When employees fail to meet those expectations, supervisors

have the right and obligation to provide them with opportunities to correct their problems, regardless of the nature. Early intervention is the key to the success of this program. The supervisor will:

- (1) Be alert to observe changed in work or behavior of assigned employees.
- (2) Document specific instances where an employee's work performance, behavior, and attendance fails to meet minimum standards of where the employee's pattern of performance appear to be deteriorating.
- (3) Conduct an interview with the employee, focusing on poor work performance as documented previously. Inform employee of the TAP and the services available, in the event the poor performance is caused by personal or health problems.
- (4) If the employee refuses to acknowledge any personal problem and performance becomes unsatisfactory, provides a firm choice of accepting assistance through the TAP and cooperating in the treatment indicated, or accordance with current regulations.

f. EMPLOYEE. The employee has a responsibility to the program also, i.e., positive attitude, attend counseling, improve performance, keep supervisor informed, involve family embers for support, ect. An employee may obtain assistance by self referral or be referred by their supervisor, co-worker, family member, labor organization representative, occupational health service, physician, or chaplain. Regardless of acceptance of referral by employee, it is the employee's responsibility to correct any documented job performance deficiencies

6. EDUCATION AND TRAINING

a. Necessary training will be provided to individuals responsible to implement a viable program. Training will include, but is not limited to; DOD service schools, OPM courses, State Technician Assistance program training, consultation with State occupational program coordinators, local government programs, colleges and universities, hospitals, and treatment

b. The TAPC will make arrangements for the training of all fulltime unit support supervisory and managerial personnel concerning the Technician Assistance Program. This will be accomplished through local classed conducted by the TAPC.

c. Employees will be made aware of the availability of this program and its purpose through pamphlets, orientation, sessions, newsletters, policy statements, etc.

d. Newly hired employees will be provided information about the TAP during their initial employment orientation. This information will include, but is not limited to the following:

- (1) Purpose of the TAP.
- (2) Goals and objectives of the program.
- (3) Supervisor's involvement.
- (4) Role of the TAPC.
- (5) Role of the resource agency.
- (6) Relationship to disciplinary actions.

7. OBSERVATION AND DOCUMENTATION:

a. **OBSERVATION.** Supervisors should be alert to detect behavioral and performance patterns that appear to differ from the employee's norm. (See appendix a for examples). Remember, most employees exhibit some job performance problem occasionally. It is the repeated pattern of these problems over several months time that should be noted and documented.

b. **DOCUMENTATION.** Note and document those instances and patterns of deterioration in the individual's job performance (see Appendix A) on the employee's NGB Form 904-1. Two points must be emphasized here. First, it is the supervisors responsibility to observe and document job performance deficiencies. Supervisors should not attempt to diagnose alcoholism, drug abuse, or other employee problems. The supervisor uses documented performance where referral or disciplinary actions may take place at a later time. Second, the supervisor does not discuss or counsel the employee on any personal problem, but rather limit the discussion to the documented matter of job performance.

c. **CONFRONTATION.** One of the most important and crucial aspects of this program is the supervisor's possible confrontation with an employee whose job performance is deficient. The supervisor must avoid prejudicial attitudes when an employee's job performance indicated that a confrontation is in order (See Appendix C).

(1) Preparation.

(a) Review and organize documentation on the employee and have this documentation on hand during discussion with the employee.

(b) Consult next in-line supervisor.

(c) Decide course of action necessary. It is recommended that only the appropriate personnel be involved.

(d) Be consistent. Treat all employees fairly and equally.

(e) Select a time and place that offers privacy for the discussion. No one enjoys criticism, however appropriate, but criticism in the presence of co-workers can cause even more difficulty.

(2) Discussion.

(a) Preface a discussion of performance deficiencies by pointing out that the Guard recognizes the employee's value, experience, skills, past performance, previous level of competence and dependability.

(b) Be firm and honest. Use documentation to tell the employee exactly what has been unsatisfactory. Base the discussion on the individual's performance rather than on the individual.

(c) Request an explanation of the poor performance. If the employee blames the poor performance on some off-the-job problem, refrain from offering any personal advice. Your course of action is to refer the individual to the TAPC.

(d) Explain exactly where the employee stands in regard to disciplinary procedures. This will help the employee understand exactly where you stand and the seriousness with which you take this matter.

(e) Set up or provide a plan for improvement, and get a commitment from the employee and document it. Set down specific work criteria and goals which the employee agrees to work toward during a certain time frame.

(3) Relationship to Disciplinary Action. This program supplements existing disciplinary procedures for dealing with problem employees. The program is to be carried out as a nondisciplinary procedure aimed at treatment and rehabilitation of problem employees. It is not to be used or implied as a means of tolerating inefficiency, absenteeism, or poor performance when an employee fails to seek assistance, or is offered to the employee. In such cases, normal disciplinary actions will take place if job performance is not raised to an acceptable level after notification and a reasonable period for improved performance is allowed, or counseling and treatment is initiated but not followed.

8. TREATMENT

a. **COST.** Neither Public Law 91-616 nor 92-255 provides for payment of treatment costs. Military technicians are responsible for the cost of treatment of an alcohol or drug abuse problem. However, as with any other illness, certain benefits may be available through the Federal Employees Health Benefits Program.

b. **LEAVE STATUS.** Military Technicians will be afforded the opportunity for counseling of other assistance on an entirely confidential basis, to include maintenance of confidentiality of their medical records. Employee suffering from alcoholism, or personal problems will also be extended the following benefits:

- (1) Use of sick leave for treatment.
- (2) Use of annual leave.
- (3) Use of leave without pay.

c. **RELATIONSHIP TO DISABILITY RETIREMENT.** This program is not designed to jeopardize an employee's right to disability retirement if the condition warrants and eligibility requirements are met.

d. The TAPC may serve as a communication line between the referral resource agencies and management, remaining within bounds of confidentiality requirements. The TAPC may also require ongoing periodic contact with the troubled employee, to determine if needs are being met within referral resources, and the employee's supervisor to determine if the work performance remains acceptable. The TAPC will not discuss employee's work performance with the supervisor (in case of self referral), as long as the employee's work performance is satisfactory. In addition, the TAPC will insure:

- (1) That troubled employee referrals are made to the appropriate treatment resources.
- (2) Whether or not the employee is cooperating in the treatment and/or rehabilitation program with a letter of inquiry to the referral resource agency.
- (3) Whether referred treatment is having a positive rehabilitation effect on the employee, in terms of work performance.

9. CONFIDENTIALITY AND DISCLOSURE:

a. **GENERAL.** Public Law 93-282 requires that information relating to the identity, diagnosis, prognosis, or treatment of any employee/patient, which is maintained in

connection with the Technician Assistance Program is confidential and may be released only under the following circumstances:

b. COMMUNICAIONS NOT CONSTITUTING DISCLOSURE.

(1) Communication of information with the TAP between personnel having a need for such information is connection with their duty.

(2) Communication between the TAPC and a referral resource agency, needed by the agency to perform its services.

(3) Communication of information which does not include employee/patient identifying information, identifying numbers, or symbols assigned by the TAPC to employees (i.e., annual report to NGB).

c. DISCLOSURE WITHOUT CONSENT. Whether or not the employee gives written consent, the contents of the employee record may be disclosed in the following situations:

(1) To medical personnel to the extent necessary to meet a bona fide medical emergency but such personnel may not identify, directly or indirectly, an individual employee in any report of such research, audit, or evaluation, or otherwise disclose employee/patient identity in any manner.

(2) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, of program evaluation, but such personnel may not identify, directly or indirectly, an or otherwise disclose employee/patient identity in any manner.

(3) If authorized by an appropriate order of a court of competent jurisdiction, granted after application showing good cause.

d. DISCLOSURE WITH CONSENT.

(1) Circumstances in which disclosure may be made with the employee's consent.

(a) Diagnosis, treatment, and rehabilitation.

(b) Prevention of certain multiple enrollments.

(c) Legal counsel for employee.

(d) Patient's family ant others.

- (e) Third party payers and funding resources.
- (f) Employees and employment agencies.
- (g) Criminal justice system.
- (h) Situations not otherwise provided for.

(2) Consent for disclosure must be in writing and must contain the following: See Appendix D and E for the release and disclosure consent forms).

(a) The name of the program or referral resource agency which is to make the disclosure.

(b) The name or title of the person or organization to which disclosure is to be released.

(c) The name of the employee/patient.

(d) The purpose or need for the disclosure.

(e) The extent of nature of information to be disclosed.

(f) A statement that the consent is subject to revocation at any time except that action has been taken in reliance therein, and a specification of the date, event, or condition upon which it will expire without expressed revocation.

(g) Signature of the employee/patient and date.

10. MAINTENANCE SECURITY OF RECORDS:

a. Records on employees who have been referred will be kept in a locked file cabinet, safe, or other similar container when not in use. Only designated TAPC will have access to these records. The TAPC will maintain these records and process inquiries and requests for employee information.

b. Official Personnel Folders will not include information concerning an employee's alcohol or drug abuse problems or rehabilitation efforts, except as they apply to specific charges leading to disciplinary or separation actions.

c. Records will be maintained by the TAPC for a period of two years.

11. EMPLOYMENT CONSIDERATIONS: Release of information to a prospective employer will be allowed only with the employee's written consent. Such information

may be requested only when the applicant is known to the prospective employer as having a history of alcohol or drug abuse. It may not be requested for the purpose of ascertaining whether an applicant has ever had such problems.

12. FOLLOW-UP SUPPORT:

a. Troubled employees who undergo treatment for certain problems may require outpatient care of therapy. Supervisors or managers should grant employees sick leave for this treatment when arrangements cannot be made during nonduty hours.

b. After an employee completes treatment rehabilitation, the supervisor should work performance in normal day to day supervision. If the supervisor observes, after a period of time, that the employee's job performance or dependability is again falling below satisfactory standards, the employee should be counseled immediately. By doing so, the employee can be offered the support that is often needed for complete recovery.

c. SUPERVISOR NOTIFICATION.

(1) When an employee is referred to a referral resource agency for unsatisfactory job performance, the supervisor will be notified in writing (upon request) by the resource agency as follows:

(a) Did the employee keep the scheduled appointment(s)?

(b) Did employee agree to undergo treatments?

(c) When can the supervisor expect the employee to return to work, if appropriate?

(d) Is the employee participating satisfactorily in their prescribed treatment program?

(2) Supervisors will not be notified of the employee's participation unless:

(a) The employee referral to a resource agency came as a result of the supervisors having requested assistance for the employee.

(b) The supervisor has had the employee sign a consent release form (Appendix B).

(c) Upon the employee's request to provide their immediate supervisor information relative to their treatment program as a result of employee self referral (Appendix E).

(d) Supervisors making direct referrals of troubled employees to appropriate referral resources agencies is appropriate. However, for statistical reporting purposes, they should provide the TAPC information relative to these employees. (Appendix F)

13. RESOURCE AGENCIES: Certified agencies can be of assistance to all WVNG employees, and particularly to supervisors and managers of employees who have off-the-job problems that contribute to deficient job performance. Do not hesitate to utilize the assistance they offer.

14. This regulation supersedes Technician Personnel SOI, Dated 16 May 1973, Employee Alcoholism Program.

BY ORDER OF THE GOVERNOR:

JOSEPH J. SKAFF
MAJOR GENERAL, WVARNG
The Adjutant General

APPENDIX A

POSSIBLE PATTERNS OF PERFORMANCE DETERIORAION

- A-1. ABSENTEEISM:
- a. Unauthorized leave.
 - b. Excessive sick leave.
 - c. Monday and/or Friday absences.
 - d. Repeated absence of 2-4 days.
 - e. Excessive tardiness, especially Monday mornings or in returning from lunch.
 - f. Leaving work early.
 - g. Peculiar and increasingly improbable excuses for absences.
 - h. Unsatisfactory performance of duties.
- A-2. HIGH ACCIDENT RATES:
- a. On the job.
 - b. Off the job but affecting work performance on the job.
- A-3 DIFFICULTY IN CONCENTRAION:
- a. Job takes more time than usual.
 - b. hands tremor while concentrating.
- A-4 CONFUSION:
- a. Difficulty in recalling instructions and details.
 - b. Increasing difficulty in handling complex assignments.
 - c. Difficulty in recalling own mistakes.
- A-5 SPORADIC ORK PATTERNS:
- a. Very high and very low productive differential increases.
 - b. Coming to work in an obvious abnormal condition.
 - c. Missing deadlines.
 - d. Making mistakes due to inattention or poor judgment.
 - e. Wasting materials.
 - f. Making bad decisions.
 - g. Complaints from individual's co-workers.
 - h. Improbable excuses for poor performance.
- A-6 EMPLOYEE RELATIONS ON THE JOB:
- a. Overreacts to real or imagines criticism.
 - b. Wide variance in morale.
 - c. Avoids co-workers.
 - d. Uncooperative.
 - e. Borrows money from co-workers continuously.

REMBER: Most employees exhibit some of these job performance problems occasionally. It is the repeated pattern of these problems over several months time that should be noted and documented.

APPENDIX B

RECONGNIZABLE EFFECTS OF MOST FREQUENTLY USED DRUGS

The number of licit and illicit drugs available today literally runs in the thousands. The substances which will address here are the most prevalent and most frequently abused. Their effects are well known. Detailed physiological or psychological accounts of these chemicals will be omitted as their inclusion would contribute little to easy recognition. The most common observable effects will be listed.

The effects of any drug depend on the amount taken, the level of tolerance, the experience of the user, the physical and psychological state of the user, the length of time the individual had taken the substance, the manner in which the drug is taken, other chemicals which might have been ingested, and a wide variety of variables, which for purposes of recognizing the state of intoxication, are not necessarily essential to know. The symptoms listed here will be those occurring when the drug is having its effect.

It is obvious that effects of a substance are not the same for all who consume it. Emotional (mood) differences are more prone to wide variance than bodily effects. However, physical changes may occur in a dramatically different form depending on the variables listed above. Also, effects may be paradoxical, i.e., a depressant drug may bring about agitation and an increase in behavioral activity. Because of what has been said concerning the variability of drug effects: "obvious changes in behavior without obvious causes" may be the most reliable key to recognizing substance abuse.

ALCOHOL – The most obvious effects of this substance include, but are not limited to: (a) impaired coordination (fluid movement becomes difficult), (b) blurred eyes (may be out of focus), (c) flushed skin, (d) slurred or very deliberate speech, (e) mood changes (which may range from loving to aggressive but usually out of (sober) character), (f) cognitive abilities usually decrease (judgment in particular) (g) an easily detectable odor of alcohol, (h) behavior may become unpredictable.

MARIJUANA – The most obvious effects of this substance include, but are not limited to: (a) impaired intellectual functions (at times, however, thoughts flow freely and seem profound to speaker), (b) mood change is frequent (usually state of euphoria or giddiness is produced but anxiety may also occur with use), (c) reddening of the eyes (a glassy appearance may be present), (d) appetite can increase dramatically, (e) level of activity may decrease to the point of apathy or sleepiness, or in some cases the activity level may increase, (f) coordination is impaired slightly, (g) depth perception and sense of time are distorted, resulting in obvious danger, if driving, (h) behavior may become unpredictable. These effects are representative of hashish, as well as marijuana.

AMPHETAMINES – The most obvious effects of these substances include, but are not limited to : (a) a decrease in appetite, (b) dilation of the pupils, (c) talkativeness, restlessness, (d) excitation with an increase in energy, (e) difficulty in sleeping, (f) grinding of teeth, (g) emotional changes ranging from euphoria to deep depression as the drug wears off, (h) individual seems intense and easily agitated, (i) breathing quickens, (j) behavior may become unpredictable, (k) needle marks may be present if user injects the drug. The most widely used members of this group include benzedrine, dexadrine, biphphetamine, and various diet pills.

COCAINE – The obvious symptoms of this substance are very similar to amphetamines. Its effects are short in duration and because of the prevalence of use by inhalation the nose may appear red or runny. Also, as with amphetamines, needle marks may appear if the user injects the drug.

HALLUCINOGENS – The most obvious effects of these substances include, but are not limited to: (a) dilated pupils (eyes may have a bizarre glassy appearance), (b) thoughts may be verbalized in an incoherent, fragmented fashion, (c) mood changes can run from euphoria to panic in minutes, (d) staring into space may occur due to mild to strong hallucinations, (e) individual may seem detached from his/her surroundings, (f) person may become isolated or feel a strong need to be outdoors (claustrophobic feelings are not uncommon), (g) the user usually handles any stress or confrontation with an overreaction, (h) behavior often becomes unpredictable. These effects are representative of LSD, mescaline, PCP, psilocybin, and numerous other hallucinogens.

SOLVENTS/INHALANTS – The most obvious effects of these substances include, but are not limited to: (a) confusion and incoherence in speech, (b) slurred speech, (c) dizziness, (d) glazed or red eyes, (e) staggering (coordination impairment), (f) nausea, sneezing and coughing may occur, (g) depression and headaches. These effects are representative of plastic cement, airplane glue, nail polish remover, cleaning fluid, and gasoline.

TRANQUILIZERS – The obvious effects of these substances include but are not limited to: (a) disorientation, (b) drowsiness, (c) reduced alertness, (d) some loss of inhibitions, (e) personality changes, (f) slurred speech, (g) mimics many alcohol effects. These effects are representative of valium, Librium, equani, and miltouns.

BARBITURATES - The obvious effects of these substances include but are not limited to: (a) calmness, sleepiness, (b) drunken behavior (like the tranquilizers this class of drugs mimics alcohol effects), (c) relaxation of normal emotional controls, (d) slurred speech, (e) impairment of coordination. These effects are representative of secobarbital, amobarbital, butisol, and tuinal.

OPLATES – The most obvious effects of these substances include but are not limited to: (a) euphoria, (b) drowsiness, (c) constricted pupils, (d) nausea, (e) detachment from the person's surroundings, (f) reduction in hunger, pain, and sexual urges, (g) user may alternate between being in a wakeful of drowsy state, (h) constipation. These effects are representative of morphine, heroin, opium, and codeine.

PHYSICAL DEPENDENCE – is said to have developed when a user can't stop taking a certain drug without suffering the symptoms of withdrawal. These symptoms vary according to the specific drug, the amount used and the length of time it has been used. But they often include even death. This happens because the body has actually adapted itself to the presence of the physical dependence since withdrawal of most drugs can be achieved in a few weeks.

PSYCHOLOGICAL DEPENDENCE – is a state in which the user becomes so preoccupied with taking of a certain drug it is hard for him/her to do without. This is often characterized by an intense craving of compulsion to continue underlying drug use is much more difficult to treat than is the physical dependence since withdrawal of most drugs can be achieved in a few weeks.

TOLERANCE – to a drug, or certain effect of it, is said to develop when the individual user requires larger amounts of it to achieve a given effect. Herion, for example is capable of producing profound tolerance, so that someone using the drug regularly must take much more than novice user requires. On the other hand, tolerance does not necessarily have to take more than he/she did as a novice to achieve the same effect.

APPENDIX C

HOW TO CONFRONT A TROUBLED EMPLOYEE

1. BE AWARE of your own expectations. How much irresponsibility will you tolerate? What is acceptable and unacceptable to you?
2. DOCUMENT all absenteeism, poor performance, etc. Specific behavior criteria are necessary.
3. BE CONSISTENT – Don't tolerate more with one employee than you would with another because you feel sorry for them or inadequate.
4. AVOID LABELING - Don't be an "armchair diagnostician".
5. BASE CONFRONTATION ON JOB PERFORMANCE – not alcoholism, drug addiction, schizophrenia, etc.
6. BE FIRM – But tell him/her you are there to help. Try to gain his/her trust.
7. BE HONEST – Don't hedge, speak with authority. He/she will respect you for it.
8. ACCEPT NO EXCUSES – If you accept excuses for failure, you don't really care and the employee will know it. If he/she uses excuses, go back to the specific job criteria you expect him/her to meet.
9. ACKNOWLEDGE THE PROBLEM – Try to get him/her to acknowledge the problem, then work from that.
10. SET UP A PLAN FOR IMPROVEMENT – Establish a progress slope, so that you both know if he/she is making progress or not. Evaluate performance periodically together.
11. DON'T MAKE VALUE JUDGMENTS – Better to say, "I don't like this or that", than to say "I think you are wrong". Rely on your own feelings and specific job performance criteria.
12. DON'T MORALIZE – Avoid the appeal to "should and shouldn't". (Don't tell him/her what he/she should or shouldn't do. This creates hostility. Better to tell him/her what you expect.
13. NEVER ASK WHY do you do this or that, or why do you drink, etc. Why serves as an excuse for him/her. Remember, he/she is responsible for his/her own behavior, always.

14. TRY TO GET THE EMPLOYEE TO SAY WHAT THE PROBLEM IS, even if you know. Avoid saying so, if he/she resists. Indicate you are willing to get involved or indicate you concern and desire to get the problem worked out for his/her own sake.

15. If he/she says they are "SICK" – or makes other excuses, let him/her know there is no excuse for prolonged impaired job performance, it is his/her responsibility to seek help.

16. DON'T GET "BOXED IN" – Hold fast to your contention that it is his/her responsibility to improve his/her job performance by seeking help. Yours is a therapeutic and legitimate argument, his/hers isn't.

17. USE THE UNION - Don't let him/her play you against higher management and/or the union, you are not in the middle, he/she is and NO UNION EVER PRAISED POOR JOB PERFORMANCE. Ideally, the employee should eventually be confronted by both the supervisor and the union representative together. Many times the union can be of valuable assistance in motivating the employee. A combined labor management effort increases the troubled employee's chances for improvement.

18. GET A COMMITMENT – Set down specific work criteria which the troubled employee agrees to work towards during a certain time period. DOCUMENT the goals and expectations agreed upon.

19. DON'T MAKE IDLE DISCIPLINARY THREATS – Follow through with your warnings. (Use specific time intervals: day, week, certain number of shifts, etc.)

20. WHEN CONFRONTING a problem drinker or other troubled employee, be specific about the behavior you are referring to when you point out his/her job performance. A legitimate and very effective approach would be one similar to the following: "It is possible that personal problems may be contributing to your impaired job performance. Therefore, I strongly urge you do or not, I will be contacting you again at a specific time and day to consider more severe disciplinary action if there is no significant improvement."

21. TAKE THE RESPONSIBILITY TO INTERVENE. Don't be afraid to interfere or get involved. You have a legitimate right to interfere when a troubled employee's behavior is interfering with job performance. Remember, it is highly probable that his/her performance (both on the job and off the job) will improve if he/she is confronted consistently. It is a fact that he/she may get worse if he/she is just warned occasionally.

APPENDIX D

REQUEST FOR AND CONSENT TO RELEASE CLIENT/EMPLOYEE INFORMATION

To : West Virginia National Guard – SPMO – SEEM
ATTN : Technician Assistance Program Coordinator, TAPC

I _____ authorize _____
_____ to disclose to _____
the following information (specify extent of nature of information to be disclosed)

The purpose or need for which information is to be used _____

AUTHORIZATION: I certify that this request has been made freely, voluntarily, and
without coercion and that the information given above is accurate and to the best of my
knowledge. This consent for disclosure may be revoked by me at any time except that
the action has revoked earlier, expires on _____

Specify date, extent, or condition upon which it will expire.

SIGNATURE OF CLIENT/EMPLOYEE _____ DATE _____

SIGNATURE OF WITNESS _____ DATE _____

NOTE: THE INFORMATION REQUESTED ON THIS FORM IS SOLICITED
PURSUANT TO PUBLIC LAW 93-282 FEDERAL REGULATIONS (42 CFR Part2).
THE EXECUTION OF THIS FORM DOES NOT AUTHORIZE RELEASE OF
INFORMATION OTHER THAN THAT SPECIFICALLY DESCRIBED ABOVE.

APPENDIX E

SUBJECT: Release of Employee Information

FROM: West Virginia National Guard
Technician Assistance Program Coordinator (TAPC)

TO:

In accordance with the attached "Consent for the Release of Employee Information", we have released information to

This information has been disclose to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Technician Assistance Program Coordinator

APPENDIX F

This information should be sealed in an envelope, marked to the Attention of the Technician Assistance Program Coordinator (TAPC). SEEM, and sent to the Office of the Adjutant General, 1703 Coonskin Drive, Charleston, West Virginia 25311-1085.

a. How was the employee indentified?

- (1) self
- (2) co-worker
- (3) declining job performance
- (4) behavior
- (5) other (specify)

b. How was the employee offered assistance?

- (1) TAPC referral
- (2) self referral
- (3) supervisor referral

c. Did the employee accept offered assistance of the TAPC?

- (1) yes
- (2) no
- (3) other (specify)

d. If assistance was accepted, is performance level back to expected level?

- (1) yes
- (2) no
- (3) other (specify)

e. If assistance was refused, what was the disposition of the employee?

- (1) counseled
 - (2) official reprimand
 - (3) disciplinary action (type)
 - (4) termination
-
