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	Civilian Personnel EMPLOYEE ASSISTANCE PROGRAM	
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DEPARTMENT OF THE ARMY ER 690-1-710
Office of the Chief of Engineers
Washington, D.C. 20314

DAEN-PEC-L
Regulation
No. 690-1-710

15 August 1979

Civilian Personnel
EMPLOYEE ASSISTANCE PROGRAM

1. Purpose. The purpose of this regulation is to provide guidance for assisting employees whose personal medical/behavioral problems have an adverse impact on job performance. To establish responsibilities and procedures for administering the Corps of Engineers Employee Assistance Program (EAP).

2. Applicability. This regulation applies to all field operating activities except EUD, POD, BERH, CERC, EDPC, ESC, ETL, FESA and IWR.

3. References.

- a. PL 91-616
- b. PL 92-255
- c. PL 92-282
- d. 42 CFR IA2
- e. FPM 792
- f. AR 600-85

4. EAP Objective. The objective of the EAP is to identify and assist employees with problems which impact upon work performance, and to refer the employee to his/her personal physician or treatment source or established community resources and facilities, as available, as sources of treatment and rehabilitative care. The EAP does not provide treatment or continued counseling, nor does it replace the day-to-day counseling responsibility of managers and supervisors.

This regulation supersedes EC 690-1-659 dated 19 March 1979.

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5. Policy.

a. The Corps of Engineers recognizes that problems of a personal nature can have an adverse effect on an employee's job performance. It is also recognized that most personal problems can be dealt with successfully when identified early and referred to appropriate care. The EAP is designed to deal with a broad range of human relations problems such as alcohol and drug problems, emotional/behavioral disorders, family and marital discord, financial, legal and other personal problems.

b. An employee's personal life outside of the workplace is not of official concern to the Corps of Engineers except when it may adversely affect job performance or reflect discredit on the organization.

c. The policy applies to all employees who have completed a probationary or trial period, regardless of their job title or responsibilities.

d. Participation in the program will not jeopardize an employee's job security and/or promotional opportunities.

e. All records and discussions of personal problems will be handled in a confidential manner as are other medical records. These records will be kept by the designated counseling resource and will not become part of the employee's official personnel folder.

f. Employees who suspect or recognize that they have a personal problem are encouraged to seek counseling and information on a confidential basis by contacting the individual or organization designated to provide such services before the problem noticeably interferes with job performance.

g. When performance problems are not corrected with normal supervisory attention, employees will be encouraged to seek assistance to determine if personal problems are causing unacceptable performance. If performance deficiencies are corrected, no further action will be taken. If performance deficiencies persist, the employee will be subject to normal corrective procedures.

h. There will be no charge for initial diagnostic services. When these services are provided by a contractor, initial diagnostic services may be provided to the immediate family members of employees covered by the EAP whenever such services can be offered at no additional cost to the Government. If costs are incurred for rehabilitation services that are not covered by insurance or other benefits, the cost will be the responsibility of the employee.

i. Sick leave may be granted for treatment or rehabilitation on the same basis as it is granted for ordinary health problems. Annual leave or leave without pay also may be granted if sick leave is not appropriate or is otherwise not available.

6. Responsibilities.

a. Commander and Top Management. The support and endorsement of top management is essential to the success of an EAP. This support will be reflected in a policy statement signed by the commander.

b. Supervisors. The supervisor is responsible for supporting the program through careful and consistent attention to evaluation of the performance of those whom they supervise. The identification process is two-fold with the initiative provided by the supervisor who recognizes a continuous job performance problem. As soon as it is determined that ordinary supervisory methods are not bringing about improvement, and before initiating any formal disciplinary action, the supervisor will consult the management and employee relations specialist for advice on how to proceed. Supervisors should unhesitatingly offer employees information on available health and counseling services, and, with the cooperation of the management and employee relations specialist should seek to assist employees who may initially refuse help even though their work performance and behavior continues to be unacceptable. Supervisors will not attempt to diagnose the difficulties of employees.

c. Employees. The employee is responsible for -

(1) Recognizing the adverse effect that a medical/behavioral problem may have on job performance.

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(2) Seeking appropriate assistance in problem resolution.

(3) Bringing job performance to an acceptable level through treatment/resolution of the problem.

d. Personnel Office. The personnel office is assigned key program development, implementation and review responsibilities consistent with other personnel management functions. As such, it will provide advice and assistance in the application of the policies, procedures and guidelines of the EAP. It is the responsibility of the personnel office to assist supervisors in identifying and assisting employees with problems. Systems relating to discipline, grievances, labor relations, position classification, placement, etc., are a means of identifying individuals with work-related problems (e.g., absenteeism, security violations, difficulties with co-workers). The Management-Employee Relations (MER) Branch is responsible for implementing the EAP, arranging for educational and informational materials, arranging or conducting supervisory training, developing and maintaining counseling capability, establishing liaison with community resources, and evaluating the program and reporting on results and effectiveness. The MER Branch will arrange for appropriate diagnostic consultation, insuring compliance with the confidentiality requirements.

e. Diagnostic and Referral Service. This is a major link in the communications system and is also known as the Motivational Interviewer. This is the key aspect of the program and the first to interview the employee to make a preliminary diagnosis. Specifically, the Motivational Interviewer will:

(1) Interview the employee and, with the employee's knowledge and written consent, obtain the appropriate information, including medical history, if necessary to determine the nature of the employee's problem.

(2) Advise the employee where treatment resources are available in the community; help make arrangements for utilizing them and encourage the employee to participate in a rehabilitation program.

7. Community Resources. The EAP should be closely linked to community resources. A determination should be made as to which agencies or individuals can offer screening and/or diagnostic services. In addition, communications and relationships should be established with specialized resources such as the following:

- a. State alcoholism and drug abuse authorities.
- b. State and mental health authorities.
- c. Councils on Alcoholism and Drug Abuse.
- d. Alcoholics Anonymous, Al-Anon and Alateen.
- e. Other self-help groups for medical/behavioral/emotional problems (e.g., Gamblers Anonymous and Narcotics Anonymous).
- f. Local mental health associations.
- g. Hospitals and other inpatient treatment facilities.
- h. Clinics and other outpatient treatment facilities.
- i. Family counseling services.
- j. Financial counseling services.
- k. State and local vocational rehabilitation officials.

8. Types of Programs. There are essentially three feasible approaches to an effective EAP. These are (1) utilizing in house resources, (2) contract personnel and/or services, and (3) a consortium. Each of these alternatives has individual merit with the final decision made by each FOA according to its identified needs and resources available.

a. The establishment of an EAP utilizing in house resources is predicated on the availability of personnel qualified to conduct diagnostic interviews and to make the necessary referrals to community resources.

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Such personnel would normally consist of an occupational health nurse or other qualified medical personnel. Other individuals, with appropriate background and experience may be utilized. Certain characteristics are necessary to ensure the success of these individuals as Motivational Interviewers. Among the characteristics is the fact that they are trusted by the employer and employees; they have a high level of concern for people; they can relate well with people; they know chemical dependency; and they are not labeled as a counselor for any particular disorder or problem. Finding the right person for this position is essential to program success. Program credibility is difficult to maintain if this individual also has responsibility for, or is closely aligned with, disciplinary procedures.

b. A second alternative approach to the EAP is a consortium through which the Corps and other Federal agencies in close geographic proximity bear jointly the expense of an EAP. In some cases, one agency may share its resources with other agencies on a cost reimbursable basis. In most cases, a group of agencies will contract with an outside organization for the services. The services furnished through such a cooperative program should include assistance in developing policies and procedures, supervisory training, employee education programs, counseling for supervisors with problem employees, and counseling for employees themselves. Regardless of approach, however, a Diagnostic and Referral Service (Motivational Interviewer) component must be developed, whatever its form may be.

c. Lacking in-house capability and/or the feasibility of a consortium, FOA may pursue an individual contract with an outside organization. The types of services provided and method of operation should parallel closely the concept of an consortium without the sharing of program costs. FOA may wish to contact the professional Occupational Program Consultant employed by the State Alcohol Authority for assistance in locating suitable individuals or agencies for the Diagnostic and Referral Service.

9. Referral Procedures. The two components of the referral procedure are management initiated referral and self-initiated (voluntary) referral.

a. Management initiated referrals.

(1) A supervisor who is aware of deterioration in an employee's work accomplishment, or altered behavior patterns through the routine monitoring of job performance, i.e., attendance, production, tardiness, will begin keeping records and will document the nature of work deterioration and behavioral changes.

(2) In accordance with applicable personnel procedures, the supervisor will conduct an informal discussion with the employee discussing the need for improvement in job performance. The supervisor will offer the use of the EAP if the employee feels he/she has a problem.

(3) An agreement should then be reached between the supervisor and employee on the remedial action to be taken (e.g., eliminate tardiness, provide doctor's statement for absence due to illness). A time frame for resolution of the problem will be established; the discussion documented; and, the supervisor will continue to monitor job performance.

(4) In the event the performance problem continues, the supervisor will consult with the MER Branch to discuss the nature of the problem and the available courses of action. Upon presentation of sufficient evidence in support of unacceptable performance on the part of the employee, the supervisor may refer the employee to the MER Branch for referral to the EAP.

(5) The MER Branch will offer referral to the EAP and assistance in scheduling an appointment with the Diagnostic and Referral Service. The employee will be advised that the decision to accept assistance is voluntary. The employee should be assured that while satisfactorily progressing under active treatment there will be no penalties assessed, nor will the employee's job security be jeopardized. Employees who reject referral will be returned to the work-site and the refusal will be documented.

(6) If the employee accepts referral, the Diagnostic and Referral Service interviews the employee to determine the underlying cause of the problem; develops an action plan for resolution of the problem; determines the appropriate resource or service provider; and, discusses the recommendation with the employee and explains the service to be provided the employee for purposes of clarification and safeguarding of information.

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(7) The Diagnostic and Referral Service informs the supervisor of any necessary work absence or other special considerations necessary to the rehabilitation process. No information regarding the employee's problem will be transmitted without the written consent of the employee. The use of sick or other leave will be allowed in accordance with appropriate regulations in order to allow treatment to be pursued.

(8) If rehabilitation or other assistance proves ineffectual, or if the employee refuses to cooperate, documentation will be made of that fact and appropriate corrective action will be initiated promptly.

b. Employee initiated referrals.

(1) If employees decide to seek assistance on their own they may contact the Diagnostic and Referral Service directly and will receive counseling and be referred to community resources for such assistance as is appropriate or necessary. The employee may also seek assistance through the supervisor or the MER Branch on a voluntary (self) referral basis if they so desire.

(2) The Diagnostic and Referral Service will conduct the necessary interview, assessment, and formulate an action plan for assistance in the same manner as with other referrals.

(3) Under such voluntary self referral situations the employee's supervisor will not be contacted without the written consent of the employee. The employee should be encouraged to permit contact with the supervisor when necessary, as may be required if a rehabilitation program is agreed upon and accepted by the employee which will require special sick leave or other leave allowance from management, but should not be coerced to do so. In all other aspects the employee request for and participation in a treatment program will be strictly confidential.

(4) If an employee drops out of a treatment program, the Diagnostic and Referral Service will document this action in the case file.

10. Relationship to Alcohol and Drug Abuse Prevention and Control Program (ADAPCP). The provisions of AR 600-85, Alcohol and Drug Abuse Prevention and Control Program will apply to individuals in the EAP who are being treated for alcoholism or drug abuse. The Civilian Program Coordinator (CPC) will continue to serve as a resource and/or referral service to the EAP for employees who are seeking assistance for alcohol or drug related problems. The services offered by the CPC are considered a part of the EAP.

11. Relationship to Disciplinary Actions. The EAP provides non-disciplinary procedures by which an employee with a personal problem affecting job performance is offered rehabilitation assistance. Initiation of adverse actions for absenteeism, misconduct, and marginal or unacceptable performance related personal problems will be postponed for 90 consecutive days for employees who are enrolled and satisfactorily progressing in an EAP rehabilitation program, unless retention in a duty status might result in damage to Government property or personal injury to the employee or others. In the latter instance, consideration should be given to approving official leave for all or a portion of the rehabilitation period, if appropriate. If the employee refuses rehabilitation assistance or, upon completion of the rehabilitation period (NTE 90 consecutive days), fails to achieve satisfactory job performance and conduct, appropriate adverse action should be initiated. Previously initiated adverse actions in which the final decision letter has not been issued will be cancelled upon the employee's enrollment in the EAP, providing the employee has not previously refused rehabilitation assistance. Such action may be initiated anew if, at the end of the 90 consecutive days active rehabilitation, job performance or conduct is unacceptable or if, at any time during the active rehabilitation phase, the employee refuses such assistance. Once an adverse action has been initiated against an employee who previously refused rehabilitation assistance, the proposed adverse action need not be delayed as a result of the employee's subsequent request for rehabilitation.

12. Relationship With Labor Organizations. The support and active participation of labor organizations will contribute materially to the success of the EAP. Union officers and stewards can be influential in developing and maintaining employee confidence in the FOA program. It is important that labor organizations understand and support the efforts of management to assist the employee with personal problems

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affecting job performance. The implementation and impact associated with the establishment of an EAP is an appropriate matter for negotiation with the employees' duly recognized labor organization.

13. Publicity. The entire program must be open and above board. Publicity through the various media supporting and encouraging voluntary participation is of primary importance.

a. Management and Supervisory orientation. This orientation should focus on the proper role of supervisors and others involved in the EAP. Wherever possible, after the initial orientation, it should be included as a regular part of the supervisory and management training programs. The objective is to convince personnel at all levels that the Corps is serious about helping employees resolve their problems which impact on their ability to perform on the job; that reasonable opportunity to improve job performance will be provided to employees; that definite program and time limits exist; that unacceptable job performance will not be tolerated; that the overall objective is to reduce inefficiency by dealing with causative factors which impact on worker performance, and, that the EAP can work only if all supervisory personnel cooperate.

b. Employee notification. Employees should each receive a separate notice regarding the EAP. If possible, general orientation meetings should be conducted for all employees. As a minimum the employee's notice should summarize briefly the development of the new EAP, its purpose, how it can be used and by whom. It should make clear that (1) that Corps recognizes that anyone can have a personal problem which adversely affects job performance; (2) assistance with such problems is available on a confidential basis whether or not job performance has yet been affected; (3) an employee's job or future will not be jeopardized by utilizing the EAP; and (4) unacceptable job performance will not be tolerated.

14. Funding. Funding assistance for applicable program costs is available. FOA desiring funding assistance will submit the proposed EAP to HQDA (DAEN-PEC-L) WASH DC 20314 for approval prior to implementation. Requests will include a copy of the proposed contract, the number of employees covered, the annual cost, amount of funding desired, and a copy of the FOA internal implementing instructions.

15. Confidentiality of Client Records. The confidentiality of information maintained about EAP participants with drug and alcohol problems is protected by statute (paragraph 3c) and regulations (42 CFR 1A2). Information about participants, including their attendance or absence, physical whereabouts, or status as participants, whether or not recorded is confidential. The regulations also prohibit implicit and negative disclosures. FOA must adhere to the confidentiality requirements cited above in dealing with information about all program participants, so as to prevent implicit or negative disclosures about participants with alcohol or drug problems.

FOR THE CHIEF OF ENGINEERS:



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