

ALCOHOL

"Paul, I just recently returned from EO training in NYC and am currently addressing an alcohol related issue of one of our customers with the counseling staff. At the NYC training, legal counsel and the Enforcement Officer of the Federal Civil Rights Center advised me to only deal with the customers 'behavior' as it pertains to their 'service context', not to address alcohol use, abuse or ism. Can you or anyone that is part of your network shed some light on this matter as it pertains to law and how has other E and T professionals dealt with this issue? I was also told by said legal counsel that alcohol related issues are the hardest of all social issues(i.e. drugs, etc.) to deal with from an EO standpoint How are other Workforce Investment Areas addressing this particular situation? Please advise.....Regards, David"

You have lots of responses here hope they help let me know what you think. It seems as if it is a common problem. Have a great week reading.

Paul

As far as the alcohol question, we only deal with the customers when they are able to work but if they approach for services and are not, we then set them up with the Alcohol program here in the city. Talk to you again. June

I think it is due to a confidentiality & privacy act law that we have here in Arkansas, that prevents us from doing counseling on this issue. When we have Case management training, we have been told that to release info from the Alcohol/Rehab facility, that a specific release must be signed, which must state all or any issues/progress to be released & that an experienced councilor must be the only one to release it. Maybe since we are not experienced in this issue specifically, we should not be counseling them on the use of the substance.

In this case, if anything arose that violated someone civil rights base on Age, race, religion, disability, political beliefs etc, or any of these classes, his group could be liable, & could be involved in a lawsuit. Lets face it, I wouldn't want anyone telling me I had to go to a certain religious group to help me, would you? Mt

In working with TANF customers this time of year makes me appreciate my family and the support of others that keep us all going on about the daily "miracles" of helping the families make better decisions.... AND, yes, the alcoholics and drug addicts are difficult to deal with, yet not impossible.

You and I know that they have choices to make, and it is possible to

approach them without dealing with the addiction. When a customer smells of alcohol, or is obviously stoned, laying the cards on the table in regard to employers is a good tactic. Scenario "Bill, you smell like alcohol this morning again, and you know that an employer won't hire you if he smells alcohol". Of course then we go through the denial statements "It is my aftershave" A: Then quit wearing it... "I had some drinks last nite" A: then don't drink the nite before you come here.... etc, etc....

The bottom line becomes "I will work with you when you can appear here for interview not smelling like alcohol three times in a row". If the customer doesn't think they can do that... then is the time to suggest a referral for an alcohol screening... but it is still their CHOICE.... with TANF, the potential loss of benefits may bring them around... but not with all of them....

When I worked for my prior agency, which was oriented toward job/career training, we addressed all substance abuse (that had been disclosed by the client) as we would survival issues, like housing,safety,food,etc. My view, as the vocational counselor, was that only when basic survival needs are met can you begin attending to successful career path planning, job retention,and so forth. The policy therefore,for our intensive services was a mandatory sign-off from a doctor,counselor,or workshop coordinators for various court-mandated recoveries, etc. before any formal training began, which the clients understood from the get-go. That at least gave us a sketch as to the pattern of commitment and current progress of the client. My stance,however has always been that anyone's report is only a "snapshot" of that moment. If a client deteriorated during training, the staff was prepared for referring back to the signature party to maintain a team approach for the client. In earlier writing I referred to the problem when the timing of funding (training dollars, in that case)does not match the timing of life's realities. Ok to forward to David if you think it's useful. We don't have law enforcement or ACLU breathing down our necks, if the client has done the disclosing. We need another book for the client who doesn't disclose or burns out in the middle...
Joy to the World, my Dear!-Susan

response to Dave:

this is Maryann from Niagara. I have just collaborated with our local drug and alch. abuse center. we have agreed to work with customers that have either completed program or are at the end of their out patient program. we are providing literacy, ged prep, job readiness, career development and any other life skills instruction that is appropriate for the individual. the best part of this program is that the customer can still continue to meet with his or her counselor while working with us. we also have access to the counselor if we need them. this system allows us to deal Just with the service content. an action plan is developed with the customer's input and all information is shared with the drug counselor. if the customer get out

of line, or reverts back to bad habits, the connection is still there. by working together any one of us maybe able to prevent unfavorable outcomes. if a customer comes to us under the influence we simply refer them to the center.

Regarding David's question, in Tompkins County, we have a partnership of agencies which work together to address this issue. One of our partner agencies deals specifically with drug and alcohol recovery programs. Therefore, we take a team approach. Our Workforce Development Center focuses on employment issues while the individual works through a recovery program. This may mean that employment has to be put on hold temporarily. As a partnering agency, the recovery program keeps the Workforce Development System in the loop. When reasonable, the individual is released to pursue employment with the help of the Workforce Development Center and all partnering agencies.

I hope this helps.

Ben Kathan

paul..not sure i understand the full context of the issue of what you stated....locally the issue is one of confidentiality and "turf" issues.....this means we cannot work holistically....as a team to develop a support group for those who need it...and the counselors(local mental health agency)were adamant about this issue.... perhaps it involves civil or legal rights of the customer..it would appear to me that the individual should have control over those issues in their life..that they would like to resolve...it would be a simple matter to waive the right to "sue" which ...i believe is the "crux" of the matter...cya.....len..ohio

As far as I am concerned if a client has alcohol abuse issues then that definitely relates to his/her "service context". When I have been in a situation where I suspect that a client has alcohol problems I believe that it is my responsibility to offer information about where they can get help. I is NOT my responsibility to offer alcohol counseling. If I choose to ignore their problem, then I am setting that client up for failure. Our WIA's local policy is to refer individuals to agencies that can assist them with alcohol/drug abuse.

As far as alcohol related issues being the "hardest" to deal with...I don't know where that statistic comes from. Sounds pretty generalized to me. There are many, many professionals, blue collar workers, unemployed people who have had alcohol issues, gotten into recovery and are now successful.

Cinthia - CA

I would like to respond to David's question about addressing alcoholism when working with WIA clients. David noted, "At the NYC training, legal counsel and the Enforcement

Officer of the Federal Civil Rights Center advised me to only deal with the customers 'behavior' as it pertains to their 'service context', not to address alcohol use, abuse or ism." This is true, but we have not found this as limiting as it may seem.

I work with TANF clients, so our 'service context' is to help people to become self-sufficient. This means that we address any "barrier" (including behavior) to employment or self-sufficiency. This includes the ability to maintain safe housing, use childcare appropriately, and make and keep appointments. (It's hard to keep a job if you are homeless, have no childcare, and aren't places on time.)

If they function ('behave') so well that their drinking problem or alcoholism does not impact their employment, employability or self-sufficiency, we are not mandated to address it. Of course, if they are truly functioning that well, their alcohol abuse should not come to our attention (unless we meet socially after working hours).

In practice this means that if in a case manager's 'prudent person' judgment they think alcohol abuse could be effecting the individual's employability or other self-sufficiency activities, then we must address it.

We try to help the individual seek and accept help voluntarily. The best approach seems to be to just be honest with the individual, ask some questions, help them self-disclose and encourage them to get help. Some case managers use the CAGE to help them ask/screen (cut-back, annoyed, guilty, eye-opener).

But if this fails, we can require an individual (who is receiving TANF) to be screened and assessed for alcohol/substance abuse, and require them to participate in treatment. If they refuse they could be subject to a temporary reduction in cash benefits.

(This is supported by: Alaska statutes on participating in a self-sufficiency plan, Alaska Admin code on provision of self-sufficiency activities & referrals, and Public Assistance policy manual noting substance abuse screening and treatment as an activity directly related to the ability to work.)

Our mission is to help families get off of welfare and have an improved quality of life. If alcohol or substance abuse is keeping the family from employment, or making self-sufficiency goals and working towards reducing

dependency on welfare, then we address it.

Hope this is helpful, Erin

dave will have to find out his states position on firing. maine is an "at will" state so anyone can be fired at any time. don't know about new york. document document and document some more. what does their personnel policy say. don't ever accuse the guy of being drunk- only that he smelled of alcoholic beverage.
have a great weekend! the gov-na gave us monday 12/24 as a holiday so we will have a nice long 4 day weekend!
cher

As to the question at hand about addressing alcohol use by customers I can tell you that years ago I was told that if we (welfare workers) narrate that a client is an alcoholic, drug addict, etc., then that is written documentation that they can use in court and or in applying for SSI/SSDI etc. and that we can only narrate as such: I observed the client falling down, unable to speak coherently, odor of alcohol. So, unless you are a D & A counselor, don't narrate an illness, only the behavior.

In some counties in California, welfare to work recipients are offered mental health counseling, drug abuse programs with NA meetings, or alcohol programs with AA meetings. If the client accepts and participates, these activities count as part of their required participation hours. If the problem is severe enough to require live-in services, or if the mental health professional checks a box indicating the clients should be "services only," they aren't required to attend another activity for awhile. When they achieve a solid period of clean and sobriety, they step up to a part-time or full-time job and attending NA or AA in the evenings. The county I work for employs former welfare recipients/alcohol/drug abusers as "mentor interventionists." When a career counselor suspects alcohol, for instance, but the client won't reveal it, these mentors are called in to go behind closed doors and intervene. I've never sat in on one of these sessions, but they have been described as quite blunt and direct. Some clients break down and admit they have an addiction. But, even when they don't, the intervention process is thought to plant a seed. The next time the person loses a job or blows an opportunity, if the seed sprouts, they may admit they need help with addiction. If they are still on cash aid, they know they can get help from the county to get sober. Constance Holt CA

Paul--I forwarded your message to Jim Brady from the Alaska Kenai Peninsula Independent Living Center. Jim has been a great resource for us in understanding the role of the EO as well as Section 188 of the Workforce Investment Act. Here is his response:

I would use the ADA guidelines here. Alcoholism and abuse is treated as a disability and past use is no reason for not providing service. Current use, however, is a termination offense. If the individual is using alcohol they can be denied service. The EO will have a difficult time proving alcohol use at the time of any incident without supporting testimony so documentation is critical.

Hope this helps.

Michelle Morehouse
DOL Work Incentive Grant
907-269-3557

On the issue below re alcoholism, we also have difficulty with this issue with our workforce investment customers (voluntary). However, if the person we are dealing with is in receipt of public assistance, it's easy. We are required to refer all adults to a drug & alcohol screening (referred to D & A Thursdays around here). I know this is no joking matter, but sometimes it is funny. When we first had to enforce this policy, we sent out letters to about 40 recipients for the first session. The phones were ringing off the hook, so I was also taking the calls. Some people told me that the appt was too soon. I thought they meant too early in the morning. Duh! Soon I realized what they were trying to tell me. I don't know if I thought it was funny because of the term they used, or the fact that I just didn't get it, or both. We also have had folks coming in totally drunk/stoned because of the stress of this appt (those are not so funny).

Anyway, a trained professional (D & A) speaks with them and if he/she finds they are in need of a referral, it is made. Although this is done in an unpleasant (to my mind) way, it does achieve positive results for the customers if they are willing to help themselves.

With our workforce investment customers, the counseling staff are very, very careful. Unless the customer self-discloses and asks for help, staff generally do not broach the topic. The staff are vocational counselors, not D & A counselors, so their experience is limited, however, they do make referrals for those who ask for help. And I guess the key is: customer shares the information because he/she is ready to ask for help.

Obviously, if someone is high or drunk in the resource center, we deal with that differently.

In relation to David's question, we also focus on the behaviors. We make an effort at every step along the way to address the behavior and to make it known that we have on-site counseling available. We have had the counselors attend various job clubs and other groups that we do in an effort to engage them in the recovery process. We know that we have a lot of people who are abusing alcohol. We also know, however, that the desire to enter recovery has to be theirs. By giving them the information, we feel that when they enter recovery, they will be more motivated and successful.
Robyn, CA

I think the latest figures state that about 10% of the population has an alcohol abuse problem. Most of that population is working [or looking for work] and doing pretty much what the rest of the population does. It is only a VERY few that end up in the type of trouble that we see in some chronic homeless. I am working with a person who came in for an early am. appointment. She smelled of alcohol, but did not appear to be out of control. I addressed the issue of the alcohol smell and my concerns regarding this behavior when she gets a job. she had a story that sounded fine to her, remarked that she wouldn't do that if she were working, etc, etc, etc. Since then she has shown up for all her appointments alcohol smelling free. If people want to talk about the ir drinking with me, fine....if they don't fine. I find that most people who have a serious problem with alcohol won't be able to keep up the pace necessary to be successful in a job search...and stop coming to see me. Connie in CA.

On the alcohol issue, if I am counseling someone who is having this problem, I will always share how a prospective employer would view a person coming in for an interview. What the downfalls would be for not being hired because of this problem and then I would offer help (agencies and organizations). Never would I "push" or "impose" help if it were not wanted or if the person doesn't feel they need the help. The first step is admitting there is a problem. Then I leave everything up to the professionals who deal with such an illness.