

THE ALMAGAN

The most challenging problem we face in the field of occupational alcoholism is to bring about the bankruptcy of the alibi structure in the drinker long before it would occur in the ordinary course of events.

Volume No. 7, Issue 9 Published monthly by: Association of Labor-Management Administrators and Consultants on Alcoholism October 1977

ALCOHOLIC RIGHTS DISCUSSED BY LABOR AND HEW OFFICIALS

It is clear under federal law and regulation that handicapped people, including alcoholics and drug addicts, are protected from discrimination in employment, education and services.

But the clarity ends there, as the Ad Hoc Forum found at a September 20 meeting to discuss how to "translate" Sections 503 and 504 of the Rehabilitation Act of 1973 into day-to-day practice with officials of the Departments of Labor and HEW.

It quickly became obvious that many individual cases will have to be considered on their merits before problems of interpretation, definition and implementation are resolved.

Although the two federal experts were informed and experienced, their answers were highly qualified and invariably produced additional questions.

"The whole thrust of Section 503 is to match the job with the qualifications of the individual who is seeking to perform that job," said Ward McCreedy, Associate Director of Labor's Veterans/Handicapped Division, Office of Federal Contract Compliance Programs.

"The law protects both active and rehabilitated alcoholics" and guards against discrimination because of a record of a handicap, said Anne Beckman, attorney-advisor in the HEW Office for Civil Rights.

The Labor Department administers Section 503 of the Act and HEW administers Section 504, although any federal agency that provides financing is responsible for seeing that requirements are met. Briefly here is what the law requires:

Section 503 applies to federal contracts and subcontracts of \$2,500 or more. It prohibits job discrimination against qualified handicapped people and requires affirmative action to hire and promote them.

Section 504 prohibits discrimination against handicapped people in any facilities or programs that receive federal funding.

Because of the complexities of the regulations and widespread misunderstanding and misin-

terpretation among the general public, the Ad Hoc Forum is preparing an "advisory" document to provide basic information and references and to discuss problem areas and issues. The document will be distributed widely to inform the general public and those in the field of alcoholism.

The Ad Hoc Forum, organized last year, is made up of people interested in the field of occupational alcoholism. It includes representatives from NIAAA and other government agencies, academia, professional groups such as ALMACA, voluntary organizations and other interested parties.

The Labor Department regulations define a "qualified handicapped individual" as one who is "capable of performing a particular job with reasonable accommodation to his or her handicap."

McCreedy said the regulations ban "institutional" or "systematic" exclusion of handicapped individuals solely on the basis of the particular handicap and that the key to affirmative action is the word "qualified."

He referred to a Labor Department letter of explanation which includes the following:

"Our policy is that companies doing business with the federal government must provide equal employment opportunity for qualified handicapped workers. Federal contractors and subcontractors must also take affirmative action, or positive steps, to give all qualified handicapped people a fair chance to succeed in the workplace."

HIGH PRIORITY FOR ALCOHOLISM AUTONOMY FOR NIAAA: KLERMAN

A high priority for alcoholism and the autonomy of NIAAA would be maintained under Dr. Gerald L. Klerman, Administrator-designate of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA).

Those were among the views expressed by Klerman in a wide-ranging discussion at a

"When we talk about affirmative action for alcoholics and drug abusers, we are not supporting preferential treatment or special rewards for people who are unqualified or undeserving. What we are talking about is providing the opportunity for qualified people to compete fairly and work productively in today's society.

"The key to the required affirmative action program is the word 'qualified.' The government is not insisting on job opportunities for irresponsible workers. Rather, we are saying that a person's handicap—regardless of its origin—should not be the sole basis for refusing employment. Obviously, a person whose dependency on alcohol or drugs interferes with acceptable behavior or ability to meet normal job requirements is not qualified for employment."

Beckman said that active alcoholics are protected "if their condition does not interfere with performance," but that they can be refused if "manifestations of the condition interferes with work performance."

As to how to define active and rehabilitated alcoholics and decide when rehabilitation has taken place, Beckman said it will be necessary to make "case by case determinations."

She pointed out that Section 504 does not require affirmative action but that "reasonable accommodation" for the handicapped is required. An occupational alcoholism program would be considered part of such accommodation, Beckman added.

September 16 meeting with the National Coalition for Adequate Alcoholism Programs.

The nomination of Klerman, 49, a Harvard Medical School Professor of Psychiatry with a background in drug treatment of mental illness, was expected to be sent by the White House to

"Continued—page 2, Priority"

"Continued from page 1—Priority"

the Senate before the end of September. ADAMHA is the HEW parent agency for NIAAA, the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH).

Acknowledging that he has not had extensive direct experience in alcoholism, Klerman said his professional work involved him in the field at Yale University and Massachusetts General Hospital. And, he added, he has learned a great deal about the subject from his wife who has served on NIAAA scientific research review committees.

Saying he was aware of concern over the status of the three Institutes under ADAMHA, Klerman assured the Coalition that he opposes a combination of the three, although there is room for cooperation and coordination among them.

"There is progress to be made by retaining autonomy," he said, suggesting that cooperation might be patterned on that of the 11 National Institutes of Health which cross-feed one another while each concentrates on its own particular field of interest.

Research is one promising area for cooperation, he said, noting that NIAAA has no real clinical research facility and that the six-bed unit now available at the Bethesda, Md., research center is "pitifully small."

Klerman said a proposal for a combined research facility has been generally approved by HEW Secretary Joseph A. Califano. The plan will be refined, said Klerman, who thinks an ideal location would be the NIH campus with its access to the National Library of Medicine, animal facilities and a pool of trained personnel.

Klerman said there is great opportunity in the fact that neither Califano nor Dr. Julius Richmond, Assistant Secretary for Health, handed him a ready-made master plan or a policy, but that both viewed alcoholism as an area of high priority.

Jim Baxter, ALMACA Executive Director, asked Klerman about the visibility of alcoholism as compared with other health components and contended that budgets of NIAAA and NIDA do not reflect the relative seriousness of the problems of alcoholism and drug abuse. "We hear good words, but don't see action," said Baxter.

Klerman acknowledged that "the alcoholism field has not gotten the resources it deserves" and added: "If I could write the check. . ."

He said groups such as the Coalition can promote visibility, protect the status of alcoholism among priorities and contribute to policy formation by presenting information and being advocates.

Klerman pointed out that budget ceilings are set by the Office of Management and Budget and that the Administration's determination to balance the budget "puts constraints on the operating departments." Congress, he said, is the ultimate decision-making body and the alcoholism constituency can make its views known in testimony during the budgetary and legislative process.

As for policy formation in ADAMHA, Klerman said the channel in alcoholism will be through NIAAA Director Dr. Ernest P. Noble or his staff and that "leadership in policy and programs will continue to be in NIAAA."

Concerning the Rand Report, and its suggestion that alcoholics might return safely to drinking, Klerman said he commented on the scientific aspects of the Report at the request of NIAAA and that there had been some misunderstanding of his views.

Klerman referred to a letter on the subject he subsequently wrote to Senate Human Resources Committee Chairman Harrison Williams (D-N.J.) in which he said:

"Lest there be any misunderstanding, let me state clearly that it is my professional recommendation that alcoholic persons should abstain indefinitely from the consumption of alcoholic beverages."

In the August 16 letter, excerpts of which were published in **The Alcoholism Report**, Klerman questioned the self-reporting by subjects of the study and concluded:

"The present state of our research knowledge, the accumulated experience of the alcoholism field, and clinical judgment require that any goal other than abstinence in the treatment of alcoholism acknowledges a potential for serious abuse with adverse impact on the lives of an unfortunate large number of our citizens. This is my professional judgment and concurs with the current policy of NIAAA."

At the conclusion of the session, Coalition members adopted a resolution expressing support of the Klerman nomination to be sent to the Senate Human Resources Committee and Senator Williams.

ALCOHOL STABILIZATION GOAL IS DISCUSSED WITH COALITION

The NIAAA intends to hold to its long-range goal of stabilizing per capita consumption of alcohol out of "deep concern" for the 20 percent of the population that engages in destructive drinking, according to Dr. Ernest P. Noble, Director of the Institute.

The objective is basically sound, but may need clarification and further explanation, Noble told the National Coalition for Adequate Alcoholism Programs (NCAAP) at a September 16 meeting.

The Institute is not pressing for arbitrary ceilings on production or drinking and does not seek to "intrude in the lives of people who are having no problem," Noble said.

But, he added, stabilization is possible if "vulnerable groups," such as pregnant women and youth, and problem drinkers generally cut down on consumption over the long run.

Calling his agency a "knowledge developing Institute," Noble said he wanted discussion of the stabilization goal and feedback that would contribute to clarification or rewriting of the goal if needed.

The Coalition, made up of 22 organizations in the field, urged deletion of the goal when it was announced earlier this year as part of the Institute's draft Forward Plan for 1979-83.

Coalition Chairman Leo Perlis, Director of the AFL-CIO Community Services Department, at the September meeting characterized the goal as "a prevention program" designed to stabilize consumption by decreasing drinking in the vulnerable population, not through quotas or limits on production and distribution of alcoholic beverages.

Noble agreed that was a reasonable interpretation and asked the Coalition to submit its formal views by November 1.

The Institute, in the long-range plan that is still considered a "draft," said a major goal to be accomplished by 1983 is to "stabilize the average per capita consumption of absolute alcohol at the present 2.7 gallons per year."

CONTENTS

ALMACAN Date Book	6
ALMACANS On The Move	5
Chapter Activities	5
Chapter Meetings	6
Employment Opportunities	5
New Members	8
Publications Information	5

THE ALMACAN Published by: Association of Labor-Management Administrators and Consultants on Alcoholism	Paul A. Sherman, Ph.D. President Raymond J. Kelly Vice-President Judy Arnold Secretary R. E. Anderson Treasurer Adolph J. Sullivan Immediate Past President James A. Baxter Executive Director Pamela Maroe Managing Editor
Suite 410 11800 Sunrise Valley Drive Reston, Virginia 22091	
703/620-2577	

COALITION ADOPTS RESOLUTIONS

ALMACA voted in support of resolutions, on separation of NIAAA and protection of the rights of alcoholics as handicapped people under the law, adopted by the National Coalition for Adequate Alcoholism Programs at its September 16 meeting in Washington.

Both resolutions were adopted unanimously by representatives of some 20 organizations and agencies in the field of alcohol and alcoholism. Here are the texts:

RESOLUTION: CONTINUED SEPARATION OF NIAAA, NIDA AND NIMH

Whereas, alcoholism ranks as one of the major public health problems in the United States, and

Whereas, alcoholism is a disease and is recognized as such by the major national and international medical, scientific and public health organizations, and

Whereas, in the past alcoholism was subsumed organizationally under various administrative structures and consequently had low visibility and inadequate funding and

Whereas, recent advances in public awareness, acceptance, and clinical knowledge of alcoholism as a disease have brought about major changes in attitudes, and support for treatment and research, and

Whereas, separate visibility, program identity, accountability and funding have been instrumental in reducing the stigma of alcoholism and bringing help to the millions of suffering alcoholics and their families, and

Whereas, the benefits and desirability of continued separation have been recognized by leading authorities in all three fields, therefore be it

Resolved that the National Coalition for Adequate Alcoholism Programs calls on the Executive and Legislative branches of the Federal Government to continue the organizational, administrative, budgetary and programmatic separation of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health.

RESOLUTION: SECTIONS 503 AND 504 OF THE VOCATIONAL REHABILITATION ACT

The National Coalition for Adequate Alcoholism Programs, representing more than 20 non-profit, nationally-based organizations concerned wholly or partly with the prevention and treatment of alcoholism, supports and endorses sections 503 and 504 of the Vocational Rehabilitation Act of 1973 as amended, and their implementing regulations. These sections of the Act prohibit discrimination against handicapped persons in federally-financed employment, education and services and define alcoholic persons as handicapped for the purposes of these anti-discrimination sections.

For purposes of clarification, the Coalition points out that section 503 of the Act, administered by the Department of Labor, man-

dates that recipients of federal contracts in excess of \$2,500 **affirmatively seek handicapped employees**, while section 504, administered by the Department of Health, Education and Welfare, mandates that all federal grantees **exhibit equal opportunity to handicapped individuals** in employment, education and services. In neither case are alcoholics singled out for employment preference—all handicapped are affected, a portion of which comprises those handicapped by alcoholism.

Sections 503 and 504 of the Vocational Rehabilitation Act will prohibit employment discrimination against employable, qualified handicapped members of our Nation's workforce, including those handicapped by alcoholism.

The Coalition believes that every person is entitled to an opportunity to hold a job and be enabled to hold that job as long as he is able to perform it adequately. Should he become ill from alcoholism, he should be helped to secure treatment during which his job should be secured.

The law clearly states that, while employers who are recipients of federal funds must either affirmatively seek or not discriminate against persons handicapped by alcoholism, the same standards of behavior and performance are expected to apply to hired alcoholics as to non-alcoholics in the same workplace. The Coalition strongly supports labor-management employee alcoholism recovery programs as an alternative to termination of employees handicapped by alcoholism, but recognizes that the alternative of termination does exist and is in no way prohibited by the Act or its implementing regulations.

The Coalition objects to the insidious and often inaccurate statements which have appeared in a variety of public forums indicating that sections 503 and 504 of the Act combine to guarantee jobs for the unemployable or the unqualified. The affirmative action/equal opportunity sections of the Act:

—Benefit all handicapped persons who are able to work and qualify for a position in question;

—Prohibit discrimination against all handicapped persons in terms of education and services (some of which can contribute to rehabilitation of some handicapped);

—Protect those who are handicapped, those who may be rehabilitated but have a record of being handicapped and those who are perceived as handicapped;

—Define alcoholic persons as handicapped for purposes of affirmative action and equal opportunity, only.

The Coalition recognizes protection against discrimination in employment as a basic right to be availed all persons.



SCHULSTAD NEW PRESIDENT OF NAAC

Mel Schulstad of Vienna, Virginia was elected to the office of President of the National Association of Alcoholism Counselors (NAAC) in Kansas City in August 1977. Mr. Schulstad is a senior alcoholism counselor at the Arlington Community Alcoholism Center, Arlington, Virginia and is the President of the Virginia Association of Alcoholism Counselors and Past Vice President of NAAC. Mr. Schulstad has been active in the field of alcoholism for over twelve years. He is a retired Air Force Colonel and resides with his wife, Geraldine, at 1728 Creek Crossing Road, Vienna, Virginia.

Jim Baxter, ALMACA Executive Director, is on the NAAC Advisory Board and presented the Board's recommendations to the NAAC in Kansas City, August 1977.

HOSPITAL RECEIVES ACCREDITATION

The Alcoholism Rehabilitation Center of Tidewater, a division of Tidewater Psychiatric Institute, has received a two-year accreditation from the Joint Commission on Accreditation of Hospitals (JCAH). This accreditation is the result of an on-site inspection made by field representatives of the Joint Commission's Accreditation Council for Psychiatric Facilities (ACPF).

The Alcoholism Rehabilitation Center treatment program has earned their accreditation status by individually meeting JCAH/ACPF program standards. These standards set forth optimal achievable goals of excellence against which a facility can measure itself and be measured by an accreditation survey. Accreditation indicates that the facility complies with these established standards.

APRIL DATES FINALIZED FOR ARCTIC RIM CONFERENCE ON ALCOHOLISM

Input from the Native and Indian peoples of Alaska, Canada, Denmark (Greenland), Finland, Norway, Soviet Union, and Sweden is being sought for the first International Arctic Rim Conference on Alcohol Problems to be held April 16-20, 1978 at the University of Alaska in Fairbanks.

Papers are currently being reviewed for presentation at the conference by the International Council on Alcohol and Addictions (ICAA) and the National Council on Alcoholism—Alaska Region (NCA-AR), according to Suzanne W. Perry, NCA-AR executive director. Papers to be presented at the five-day conference should be no longer than 20 minutes' duration, she explained, and a maximum of 24 presentations will be allowed to enable discussion periods between sessions.

Topics to be considered will include specific problems of alcohol and alcoholism in Arctic countries, with special attention given to the various ethnic groups living in the area, their interaction and relationship to other groups, drinking patterns, climatic effects on alcohol consumption, preventive measures, treatment, and rehabilitation.

"The ultimate objective of the meeting is to achieve better understanding, to gain more knowledge of a problem which has not received sufficient attention," said Archer Tongue, ICAA director.

Papers, inquiries, and proposals should be directed to Archer Tongue, Director, International Council on Alcohol and Addictions, Case postale, 140, 1001 Lausanne, Switzerland; or Suzanne W. Perry, Executive Director, National Council on Alcoholism—Alaska Region, 4510 International Airport Road, Anchorage, AK 99502.

The International Council on Alcohol and Ad-

dictions, a global, non-governmental organization providing widespread forum for alcohol-related problems, was founded in 1907, according to Dr. Peter Schiler, chairman of an ICAA group on social policy, and member of the ICAA executive board. Dr. Schiler visited Alaska in July for preliminary planning of the Arctic Rim Conference, whose theme will be "The Impact of Alcohol on the Arctic Consciousness".

"The conference will be open to the public," Dr. Schiler said, "especially to those persons who are able to elaborate on the basis of their experience and knowledge in the field of alcoholism, on the impact of the different types of uses of alcohol."

"Although we have some knowledge from several Arctic regions on the medicinal and social catastrophies and casualties alcohol has caused," he continued, "there is little known how to prevent these things. We are seeking details of life that constitute the Arctic community's culture, as well as the impact of the climate, traditional culture, and rapid social and economic changes."

"To obtain this knowledge," Dr. Schiler said, "we especially invite treatment and prevention people, and grass roots representatives of Arctic cultures. We hope that a social intercourse will result from this conference and will facilitate and accelerate efforts to get a grip on these problems."

Alaskan co-sponsors of the conference include the Center for Alcohol and Addiction studies, University of Alaska; the State Office of Alcoholism and Drug Abuse; Alaska Labor and Management Employee Affairs, Inc.; and the Alaska Native Commission on Alcoholism and Drug Abuse.

the same quality and acceptability across state lines;

- Because the Occupational Preceptorship Program is localized, it reduces the costs incurred by the trainee. It does not leave the employer short-staffed; it does not place a hardship on the trainee by being away for extended periods;
- The Program is endorsed by the State Alcohol Authorities in the Eastern Area and a number of alcoholism counselor associations; and
- The Preceptorship model provides the Program a monitoring and evaluation mechanism to measure the quality of services being provided, the skills of the counselors, and the areas in which the staff needs further training.

How the Program Operates

Preceptors are carefully screened by the EAAETP Board of Directors based on a number of criteria: counseling and supervisory experience, formal training, background and knowledge of the field. Each trainee in the Occupational Preceptorship Program receives a minimum of 25 hours per week of in-depth, personalized supervision under one of these key clinicians. This training consists of one-to-one and small group supervision (3-4 trainees). The counselor receives direct feedback from the Preceptor on his/her skills and competencies and areas in which their skills might be improved. The training is conducted once a week on the site of the employee assistance program or at a mutually convenient location, requiring minimal cost and time.

The curriculum issues addressed in the Occupational Preceptorship Program are: ethical and professional practices, confidentiality, legal implications, accountability, occupational and motivational interviewing techniques, employee encounters, referral counseling, affective qualities of counselor's assessment skills, history-taking, methodology skills, etc.

During the sessions, the Preceptor and the counselor discuss case studies which may require the trainee to submit "live materials" from interviews and counseling sessions, such as verbatims, case presentations and, if appropriate, audio and/or video tapes.

For those individuals with prior training in counseling and occupational programming, the Occupational Preceptorship Program continues to build upon that training and enhances one's clinical abilities. For those who have little or no formal training, the Occupational Preceptorship is a method for building basic skills in counseling, providing remedial training, and advancing the person as a professional in the field.

The Occupational Preceptorship Program is available on an individual or group basis. The cost of the training will vary depending upon the number of counselors involved and the site location.

If you desire to be part of this training program or need further information, contact the EAAETP, P.O. Box 512, Bloomfield, CT 06002, (203) 243-8326.

"LEARNING BY DOING"

Training for Occupational Alcohol Counselors

Employee assistance programs have grown significantly in response to the needs of the businesses and industries they serve. Concomitantly, there has been an increasing demand for skilled alcohol caseworkers to service the clients. However, outside of the traditional academic training programs in colleges and alcoholism and drug summer institutes, there are very few training opportunities for individuals to further develop their skills as interviewers and counselors. Workers in employee assistance programs need to develop advanced competencies in the areas of interviewing, motivational counseling, clinical assessment, referral techniques, and client follow-up and evaluation. Skill development training in these areas has been lacking.

In order to meet this training need, the Occupational Preceptorship Program has been developed by the Eastern Area Alcohol Education and Training Program, Inc. (EAAETP). This

program meets a number of needs for training in the field:

- It is a personalized, individualized training program which begins where each person is in his/her professional development;
- It is a means of reducing "counselor burn-out", a major problem in the field, by providing the counselor a mechanism for receiving intensive training and stimulation for a skilled professional in the field;
- Indirectly, the Occupational Preceptorship Program will impact upon the quality of care provided by increasing the skills and competencies of the counselor;
- One "learns by doing", thus providing a practical approach to training rather than theoretical;
- Because of its area-wide nature, the trainee is assured that the training he receives is of

"Continued top of next column"