


PROJECT 95

A black and white halftone illustration of a hand holding a brush. The hand is positioned on the right side, with fingers wrapped around the handle. The brush head is on the left, with bristles pointing towards the center. The background is a dark, textured green.

# BROAD-BRUSH

P.P.



**A manual for Management, Organized Labor and Occupational Program Consultants dealing with Chemical Dependency and Other Job Performance Problems**

## **PROJECT 95—BROADBRUSH**

*A manual for Management, Organized Labor and  
Occupational Program Consultants dealing with  
Chemical Dependency and Other Job Performance  
Problems*

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# **PROJECT 95—BROADBRUSH**

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## FOREWORD

In America today over nine million people suffer from alcohol abuse and alcoholism. The immediate families of these problem drinkers constitute another 30 million people directly affected and, in most instances, suffering along with the afflicted family member. It is well established that over half of the traffic fatalities nationally involve alcohol. Of the "Killer" illnesses, alcoholism ranks third nationally behind cancer and heart disease. Alcohol abuse and alcoholism costs the economy at least fifteen billion dollars annually with industry's share of the burden being about ten billion. Over half of the alcoholic population is in the workforce and over half of the people having job performance problems are in trouble with alcohol.

The statistics are staggering and, sadly, the increased number of people becoming afflicted each year exceeds the number of afflicted persons who begin a recovery program for the first time.

Ironically, there are a great number of successful treatment and rehabilitation programs and facilities nationally, most of which have been developed in the past ten years. In addition, Alcoholics Anonymous has a long and proven record of successfully helping alcoholics to recover from the illness. Unfortunately, A.A. and other programs have no choice but to deal with people who have reached the acute stage of the illness because our current system takes so long to identify the problem. The reason for this is that fewer than five percent of the alcoholic population fit the skid-row derelict stereotype which is the current image the general public has of an alcoholic. When combining this image with the unfounded stigma of low morals and weak character which traditionally attaches to the illness, alcoholic people, their families and associates are understandably unwilling to admit to the existence of a drinking problem. Consequently, judges are sending alcoholic people to jail for driving while intoxicated only to have them come back out and drive while intoxicated again, with or without a drivers license or insurance. Doctors are treating the secondary symptoms of the illness, such as liver or gastrointestinal problems, only to have the patient decline physically. Family, friends and employers are all found helping the alcoholic to get sicker by covering up for him. An alcoholic person must be quite sick and the symptoms of the illness all too obvious before assistance is provided. Obviously, better means of identification and better methods for implementing such means are needed.

In the pages which follow, Jim Wrich provides an impressive and comprehensive presentation of a new approach in identifying earlier alcoholic people in the employment setting and how this setting can provide the better identification means so badly needed. The numbers used herein are often deliberately conservative and, as such, create greater credence to what is said. The scope of the problem is dealt with expertly and the suggestions of how to develop a successful program in the employment setting are sound. Management and labor can identify with the descriptions of what happens when a supervisor, with very little training in the symptoms of the illness, tries to diagnose the problem and confronts the employee on the basis of his or her drinking.

Perhaps the greatest value in the manual is the fact that it is written on the basis of actual diversified experience. This comes as a welcome respite amidst the flood of theories advanced often on the basis of either a single successful program or an unproven hypothesis. I think this manual is most informative and will prove to be of substantial assistance to employers, organized labor and community caregivers in developing programs designed to help troubled employees, over half of whom are alcoholic.

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Occupational Program Branch  
National Institute on Alcohol Abuse  
and Alcoholism**



## PROJECT 95 — BROADBRUSH

### INTRODUCTION

*All of us working in the field of alcoholism have been exposed to the growing pains suffered by the field. Domain conflict and theory conflict are two such growing pains currently affecting occupational program development. Of the first we can only say that the field, particularly in Occupational Programs, is wide open and anyone who now has, or is developing, a program that actually moves alcoholic people into the continuum of care, is performing a great service to the individual, the family, the company and union, and society as a whole. We applaud and encourage programs of this type and the people who create and administer them. We hope that the presence of a new approach, as presented herein, will not be interpreted as a threat.*

In the area of theory conflict, we must emphasize that none has a corner on the truth. In our experience, no single program or theory is totally transferable to every conceivable job setting. We have found that flexibility is of greater importance than dogma in coping with a variety of realities. While the reader will find that this manual is a strong advocate of the Broadbrush approach, it is only because we believe, in general, that it will provide identification of addictive disorders, especially alcoholism, at an earlier stage. However, particular employment settings may prove to be the exception to the general application. For example, Broadbrush with its focus on job performance may not work well where an employer is not very concerned with job performance. One might ask how this is possible but we have seen it. Moreover, where supervisory span covers large numbers of employees or where highly talented personnel, such as basic researchers, work virtually without supervision in an isolated work setting, the techniques outlined herein may be limited in their effect. To be certain, there are other examples.

However, based on our experience to date, it is our opinion that PROJECT 95 — BROADBRUSH can be and will be adapted to work successfully in a large number of instances but it simply will not look the same in all cases. This experience is not only based on observations of a wide variety of employment settings, but by having studied the lines of responsibility, reportability, authority and accountability. It is also based on personal interviews and presentations with scores of management and local labor union officials as well as employees. The reactions of these groups of people has been very favorable. Finally, we find that the care delivery people in the community are receptive to the basic structure of the Broadbrush approach.

We must stress, however, that each employment situation is different and each community's capacity to deliver services is different. Whether or not the Broadbrush technique will work successfully depends largely on the structure of these components. Whether or not any type of Occupational Program will work depends largely on the desire of the key people involved to make it work. These key people are management, from the top on down;

labor, from the national leadership on down; and the care givers in the community.

We suggest that the program and ideas outlined herein are a starting point.

## PROJECT 95 — BROADBRUSH

### WHERE DID IT COME FROM?

*Understanding PROJECT 95 — BROADBRUSH requires an awareness of the history of Occupational Alcoholism Programs going back to the early 1940's. Without knowing the rationale, the successes, and the failures of traditional types of programs, it is difficult to appreciate Broadbrush for it is out of this background that the troubled employee concept was conceived on which the Broadbrush approach is based.*

In the early 1940's Alcoholics Anonymous was beginning to gain recognition as a means of effectively helping people to recover from alcoholism and live happy, successful lives without the use of alcohol. It was the belief of many recovering alcoholics that perhaps the employers of the nation could serve a vital function not only in the recovery process by hiring recovering alcoholics but in the identification process by recognizing the problem among their own employees who would then be encouraged to get help. The basic idea was that supervisors could be trained in the symptomatology of alcoholism and then look for these symptoms among their subordinates. The most common symptoms focused upon were blood-shot eyes, trembling hands and the smell of alcohol on the breath. The image of the alcoholic employee was not far advanced from the Skid-Row bum stereotype. The person sought was the chronic stage alcoholic whose problem was so overt as to be obvious to virtually everyone: it was just that it hadn't been recognized as alcoholism or believed to be treatable.

Over the years some major problems developed with the supervisory identification approach. To begin with, first line supervisors were the management people generally trained to be the diagnostician and as a result no one above that level was identified; a first line supervisor simply does not go into a Vice President's office and tell him he has an alcohol problem — not if the supervisor wants to keep his job. Consequently, the only people identified were non-supervisory employees even though all evidence indicates that alcoholism affects every occupational level in about equal terms, including first line supervisors. It was easy for the alcoholic employee to point to a supervisor or executive who had drinking problems when confronted about his own misuse of alcohol and then demand equal treatment knowing the supervisor's predicament would forestall any further action.

The second major problem was that the program often took on the appearance of a witch hunt and anyone who thought their own drinking habits were suspected simply worked hard not to show symptoms while working. It was often years before they totally lost control and began to evidence the symptoms being focused upon by management.



The third major problem is that alcoholic people are usually very skillful at diverting attention away from their real problem — masters at employing the "Con Game". With relative ease, an alcoholic can convince a lay person that the "cause" of the drinking, and therefore the "real problem", is a nagging or spendthrift wife; an unmanageable child; a physical ailment; money problems; bad luck. By the time the alcoholic employee finished his story the supervisor was often in sympathy with him and convinced that anyone would drink if they had all of the employee's problems.

Finally, because of the stigma associated with alcoholism, the supervisors wanted to be certain beyond a reasonable doubt that alcoholism really was the employee's problem before putting the finger on him. Fearing the embarrassment of misidentification, the supervisor waited until the employee evidenced several obvious chronic stage symptoms. Usually the supervisor conferred with his own superior and others in the company such as the personnel department or the occupational nurse. Not only was confidentiality compromised but the end result was usually an ultimatum to the employee to stop drinking or be terminated. Often this was comparable to telling a tubercular to stop coughing or be terminated.

When matching a supervisor with one or two hours training in the symptomatology of alcoholism against a practicing alcoholic who has stored up scores of excuses and alibis over the years, it was simply no contest — the supervisor lost nearly everytime. After losing two or three such confrontations, the supervisor usually gave up and went back to the old method of covering up the problem until the symptoms were easily recognized by everyone. Termination at an advanced age or forced early retirement at a reduced income usually was the solution. Everyone lost.

In spite of these problems the recovery rates were very high for those employees who were identified and convinced to receive help. Success rates of 60% to 80% were claimed which, of course, attracted much interest when compared to the 20% to 40% rates generally achieved through other forms of referral. The main problem was that the identification came late and too often the employee was terminated before getting help, his capacity to function on the job having been almost completely destroyed.

In 1972 the Occupational Branch of the National Institute on Alcohol Abuse and Alcoholism surveyed existing employer programs around the country. Out of approximately three hundred companies having a written policy, it was found that only twelve were working with an acceptable degree of success on an ongoing basis. Most had started out fast because it was relatively easy to identify chronic or terminal stage alcoholics. After an initial surge, however, most programs slowed nearly to a halt and penetration of the population at risk was low. However, there were some distinct elements common to the successful programs and it is on these that the troubled employee concept has its basis and from which the Broadbrush approach was developed.