

# ALMACANEWS:

Published by: Association of Labor-Management Administrators and Consultants on Alcoholism, Peer Fossen, Editor

ALMACA

THE ALMACAN

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## JIM DOUGLAS TAKES OVER ALMACA DIRECTORSHIP; PEER FOSSEN APPOINTED ASSOCIATE DIRECTOR

As indicated by the joint ALMACA-NCA release that accompanied the April issue of this newsletter, the ALMACA headquarters staff has been realigned following **James S. Ray's** resignation from the position of Executive Director effective May 1, 1975.

On accepting James Ray's resignation, the ALMACA Board of Directors promptly appointed **James D. Douglas, Jr.**, Executive Director, elevating him from his previous position of Assistant Executive Director. At the same time, **Peer Fossen** was promoted from Field Coordinator to Associate Director. Interviews are currently being conducted with candidates to fill the Field Coordinator's slot.

Both Jim Douglas and Peer Fossen have been closely connected with the numerous tasks of ALMACA's NIAAA grant to research various aspects of occupational programs. All of the grant tasks are proceeding on schedule, and are expected to yield valuable, practical working tools to the field when the results are published.

In addition to working on the grant tasks, the headquarters staff will concentrate on strengthening the associations's ties with the membership. Close attention will be devoted to improving and expanding ALMACA's membership services through new, innovative approaches. The ALMACAN will be the medium for announcing these service activities to our members.

Prior to joining ALMACA, Jim Douglas was Regional Alcoholism Consultant for the five state Department of HEW office in Dallas, Texas. Before working for the Federal government, Mr. Douglas was employed by the Texas Commission on Alcoholism in Austin, Texas. This experience included one year as State Program Coordinator and two years as Director of the Industrial Programs Division.

He is a graduate of the National Occupational Alcoholism Training Institute, and has served as faculty member at the Summer Institute of Alcohol Studies sponsored by the University of Texas and the Texas Commission on Alcoholism. He has also served as a Consultant to the Occupational Programs Branch of the National Institute on Alcohol Abuse and Alcoholism.

Jim earned his Bachelor of Arts Degree in General Education from the University of Omaha. Previous schooling included 2½ years of industrial management at Georgia Tech. He is a former career Air Force officer with 25 years of active duty as a pilot.

Prior to joining ALMACA, Peer Fossen wrote, implemented, and administered an Employee Assistance Program for Western Electric Company, first for the San Francisco Bay Installation Area, and later for the company's Pacific Regional Center in Sunnyvale, California.

A native Norwegian, Peer earned his Bachelor of Arts degree in Business Administration in Norway in 1948. He immigrated to the U.S. a year later, and has done graduate work at several universities. His specialized training includes Alcoholism Counseling and Industrial Alcoholism at the University of Utah Summer School on Alcohol Studies, plus several private, community, and Western Electric Corporate Seminars and workshops on occupational alcoholism.

Peer has a long career in journalism and investigative reporting, with heavy concentration in the technical and scientific fields. His professional background also includes several years of industrial public relations and employee communications. Peer was instrumental in the formation of ALMACA's first local chapter, in San Francisco, and became its first president.

During World War II, he served with the Norwegian Exile Forces.

## OCCUPATIONAL PROGRAMMING PAPERS INVITED FOR ALMACA ANNUAL MEETING

Three outstanding papers related to occupational programming will be selected for presentation at the ALMACA 1975 Annual Meeting. The papers will be presented for discussion in a workshop chaired by **Frank Huddleston**, Assistant Manager, Employee Counseling, Hughes Aircraft. Any ALMACA member may submit a paper for consideration. The Program Committee will review all papers submitted and select three for presentation at the meeting. The following guidelines should be observed:

- (1) Only papers submitted by ALMACA members will be accepted.
- (2) Papers should be submitted to ALMACA, 300 Wendell Court—Suite 350, Atlanta GA 30336.
- (3) Papers received after 5:00 p.m. on July 31st will not be considered.
- (4) Subject matter should be related to the field of occupational programming.
- (5) Papers will be judged on their contribution to the advancement of qualitative occupational programming.

OCCUPATIONAL PROGRAMS: STRUGGLE FOR QUALITY has been selected by your Program Committee as the theme for the 1975 Annual Meeting. The gathering is scheduled for October 31—November 1, 1975 at the Hyatt Regency Hotel in Atlanta.

Please address your continuing concerns regarding program plans for the Annual Meeting directly to **Charles Landreth**, Chairman, ALMACA 1975 Annual Meeting, 2586 Seagate Drive, Turner Building, Suite 205, Tallahassee FL 32301.

## TWO PUBLICATIONS AVAILABLE FROM U.S. CIVIL SERVICE COMMISSION

The United States Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, has made available two publications to interested ALMACAN'S readers. (cont.)



P. Fossen, Associate Director



J.D. Douglas Jr., Executive Director

# ALMACANEWS(cont.)

The first is a recently issued Bulletin to Federal agencies (**Bulletin No. 792-15; April 11, 1975**) providing criteria for internally evaluating their Federal Civilian alcoholism and drug programs. It contains seven sections dealing with Policy Statement; Program Coordinator; Training and Education; Community Resources; Program Interrelationships; Program Results; and Reporting System. For copies of Bulletin No. 792-15, write:

**Donald A. Phillips, Manager**  
Alcohol and Drug Abuse Program  
U.W. Civil Service Commission  
1900 E. Street, N.W., Room 3468  
Washington, DC 20415

**"OCCUPATIONAL HEALTH REPORTER"** is a free monthly newsletter which covers the latest happenings in the Federal program. Subscription requests for this attractive publication should be directed to:

**Mrs. Arlene Cooke, Editor**  
**"OCCUPATIONAL HEALTH REPORTER"**  
U.S. Civil Service Commission  
1900 E. Street, N.W., Room 3468  
Washington, DC 20415

## U OF SF OFFERS LABOR-MANAGEMENT SCHOOL JUNE 10 THROUGH 12, 1975

Information about The University of San Francisco June Labor-Management School came too late for inclusion in the listing in our April issue. We are happy to run the following special item:

"On June 10, 11 and 12, 1975, the Institute of Occupational Alcohol and Drug Abuse of the Labor-Management School of the University of San Francisco is conducting an on-campus conference on PRACTICE AND POLICY FOR SUBSTANCE ABUSE PROGRAM IN INDUSTRY. The program will be a comprehensive coverage of pertinent information and techniques need for counselors, consultants, medical/personnel departments, and union and management officials. Excluding room and board, the registration fee is \$25.00 (non-credit) and \$48.00 (one college credit). For further information, please contact the Institute of Occupational Alcohol and Drug Abuse of the Labor-Management School, University of San Francisco, San Francisco, California 94117-(415) 666-6236."

## PRESIDENT'S CORNER

Let's harmonize! When Cole Porter described the enduring characteristics of love he said it would outlast the Rockies which may crumble, or Gibraltar which may tumble. I can't write songs, but I unfortunately feel confident in predicting that alcoholism will be around just about as long as Porter's love.

Five years ago a relative handful of occupational alcoholism program administrators and consultants formed the association that we know today as ALMACA. We have come a long way in a short time, and I firmly believe that our future is even more challenging. In spite of my personal optimism, I occasionally note an occurrence or hear a remark that could easily have a carcinogenic effect on the unity that is so necessary in getting ALMACA safely off the runway and up to an altitude where we can operate at maximum efficiency.

Many of these disturbing events, though minor, involve the condemnation or ridicule of the "other guy's" program, mainly because he is "not doing it my way." In its most extreme form, I am obviously referring to the multi-degreed individual who claims that the only way to have an effective program is to be totally professional and not let the lowly recovered alcoholic wander from his "proper place"—the AA meeting in the basement of the local church. On the other end of the spectrum is, of course, the dedicated, empathetic, and most often quite intelligent recovered alcoholic who claims that the professionals are dooming all efforts to certain failure, whether the efforts involve an association or a company program. One gentleman, who I have long admired, recently told me that he was so certain that this terminal course was now in effect that he

was "just going to sit back and watch it happen."

I feel obligated to respond to this negativism! For years the medical profession has defined alcoholism as "a highly complex illness." Regretfully many physicians have gone one step further and refused to treat it. This is another example of a "head-in-the-sand" attitude resulting in years of delay in starting needed research and a realistic treatment. The price tag for this delay has been literally millions of family tragedies and premature deaths.

It appears to me that polarization of the disciplines can only add to the problem and not contribute to its solution. No single discipline has all the answers unto itself. It also seems clear that what works for one company (or individual) cannot become the standard that **must** be accepted by all. And lastly, I have rarely seen a problem solved by walking away from it.

**Dr. Vernelle Fox** once stated that if she were to write the "ultimate" alcoholism program, it would contain two points only:

1. Expose the individual to maximum medical attention, and
2. Place the alcoholic in a peer group at the earliest opportunity.

From there on, borrow from any treatment modality that will work for the specific individual!

I believe that this is the kind of open-minded approach we need in the occupational program field. Alcoholism Programs did not come into being by accident or design. They were the results of necessity! So are the Employee Assistance Programs, which, in certain settings, and under certain circumstances, can reach a greater clientele for earlier identification, with a much higher ratio of alcohol-affected employees than would have been achieved otherwise. Both approaches are, indeed, necessary! They can and must coexist if we are to reach the maximum number of employees whose job futures are imperiled by alcohol-related problems.

ALMACA is at the halfway point of three two-year studies that will shed some light on the above. Other well-founded studies are also being completed. Progress in our field is a reality. ALMACA continues to be the fastest growing professional association in America. As we work together toward a common goal, regardless of our backgrounds or whether our program is AA, troubled employee, "Broad-Brush," or whatever, let's make music together that will effectively reach the ears of the suffering alcoholic, as well as the frustrated supervisor, steward, and family.

Let's harmonize!



A. J. "Sully" Sullivan, Jr.  
President

## STAFF COMMENTS

Having been involved with ALMACA for the past three years as a member, then as a participant with the team that developed our current NIAAA funded project, and finally as the person who literally "opened" our office doors in Atlanta, I am pleased and especially privileged to replace **Jim Ray** as ALMACA's Executive Director. (Now perhaps I will learn how to write shorter sentences!)

This Association has, by any comparison, come a very long way in its short life span. The energy, determination and dedication of the handful of professionals who founded ALMACA have produced the national organization we now have. Our membership is presently right at 600, representing all sections of the country and all segments of the occupational alcoholism effort—management and labor; public, private and military employees; treatment programs; counselors, administrators and consultants; insurance carriers; state alcoholism authorities and members from the other national alcoholism agencies.

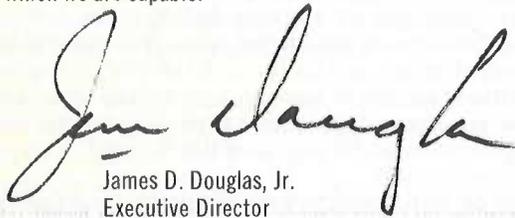
Our priorities in the immediate future can be identified as consisting of accomplishing the tasks in our grant and holding a national meeting here in Atlanta on October 31 and November 1, 1975. Simple, straightforward priorities, these, although supporting them will require the best efforts of our small staff.

The six basic purposes of our Association are specified in Article I, Section I of our By-laws. These six purposes also are well defined, objective and attain-

able. Our reason for being is identified—the procedures and tasks for supporting our existence are equally identified and documented.

And yet we have so much more to do! I don't necessarily like catch words and slogans, but I would like to share with you my idea of a "top line" objective for ALMACA. In all of our planning and operations, I believe that we need to have uppermost in our minds "the development of a base of influence which will enhance the field of occupational programming within the larger alcoholism movement." I would very much appreciate your comments on this definition of the objective of ALMACA. In future issues of our newsletter I plan to share with you specific procedures, methods, and functions through which we plan to accomplish our objective.

I can imagine no more important or worthwhile work than this field in which we are cooperatively involved. The ALMACA staff, all five of us, need your support. We exist to serve the membership. We want to do the very best job of which we are capable.



James D. Douglas, Jr.  
Executive Director

## CHAPTER ACTIVITY

At its regular meeting on April 9, 1975, the Metropolitan New York Area Chapter of ALMACA elected **Ed. P. Marchesini**, Manager, Employee Advisory Services, Metropolitan Life Insurance Company, as President. Ed served as President pro tem during the formation of the N.Y. Chapter.

**John J. Hennessey**, Director, Alcoholism Program, New York Shipping Association/International Longshoremen's Association, was elected Vice-President, and **Hugh J. Gallagher**, Program Specialist, Alcoholism Control Program, Northern Region Office (New Jersey), was chosen to serve as Secretary/Treasurer.

We congratulate the three new officers and the Metropolitan New York Chapter on the elections.

## EMPLOYMENT OPPORTUNITIES

The **Michigan Occupational Programs Section** presently has five consultant positions available. For further information please contact **Mr. Gerald A. Gordon**, Chief, Occupational Programs Section, Office of Substance Abuse Services, Michigan Department of Public Health, 3500 N. Logan St., Lansing, MI 48914.

## ALMACAN DATE BOOK

**SEPTEMBER 14-19, 1975** **ADPA: Annual Meeting.** Palmer House, Chicago, Illinois. Occupational Programs Section sessions September 15, 17 and 18. For further information, contact ADPA, 1130 Seventeenth St. N.W., Washington D.C. 20036.

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**OCTOBER 31-NOV. 1, 1975** **ALMACA: Annual Meeting,** Hyatt Regency Hotel, Atlanta, Georgia. See future issues of the ALMACAN for meeting and program details.

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**NOVEMBER 17-20, 1975** **Addiction Research Foundation: "INPUT '75"—First Canadian Conference on Occupational Alcoholism and Drug Abuse.** Holiday Inn/Skyline Complex, Ottawa, Canada. For further information, contact Mr. W.E. Bayes, Planning Committee, "INPUT '75" Humber College, P.O. Box 1900, Rexdale, Ontario, Canada M9W 5L7.

## INTERNATIONAL MEETINGS:

- |                               |  |       |
|-------------------------------|--|-------|
| <b>JUNE</b><br>9-15, 1975     | <b>21st Internatl. Institute on Prevention &amp; Treatment of Alcoholism</b> Helsinki, Finland | * * * |
| <b>SEPTEMBER</b><br>1-5, 1975 | <b>3rd Internatl. Conference on Drug Abuse</b> London, England                                 | * * * |
| <b>OCT. 26-NOV. 1, 1975</b>   | <b>Internatl. Conference on Alcoholism &amp; Drug Dependence</b> Sao Paulo, Brazil             | * * * |
| <b>NOV. 29-DEC. 5, 1975</b>   | <b>Internatl. Symposium on Alcohol &amp; Drug Dependence</b> Bahrain, Arabian Gulf             | * * * |

Information about the international meetings may be secured by writing to: **International Council on Alcohol & Addictions, Case Postale 140, 1001 Lausanne, Switzerland**

## NEW MEMBERS

This month we are happy to welcome 47 new members—a new record for a single month. Among the 47 are 19 Individual (I) Voting Memberships; 15 Associate (A) Memberships; and 4 Organizational (O) Memberships:

- Garry L. Badour (A)**—Comm. Alco. Svs., Patrician Rehab. Hosp., Santa Monica, CA  
**James D. Baker (I)**—Consultant, Birmingham, AL  
**John Barker (I)**—Coord., Adm., Sandin-Murray-Sutherland, NYC, NY  
**Keith D. Bitner (I)**—Research (Consultant), Governors State Univ., Park Forest South, IL  
**Eileen Boylan (I)**—Counselor, CBS, Yonkers, NY  
**Virginia Bresnahan (A)**—Corp. Office Nurse, The Quaker Oats Co., Chicago, IL  
**James D. Carraway (I)**—Exec. Dir., Fellowship Hall, Inc., Greensboro, NC  
**Stanley Dole (I)**—Indus. Cons., Kansas Alco. Rehab. Ctrs. Inc., Wichita, KS  
**William G. Durkin (I)**—Emp. Assist. Coord., Atlantic Richfield Co., Los Angeles, CA  
**J. H. Edmondson (A)**—Dir., Southern Research Inst., Maryville, TN  
**Fellowship Hall, Inc. (O)**—Greensboro, NC  
**John W. Ferrell, Jr. (I)**—OPC, Riverside Cnty., Los Angeles, CA  
**Stanley J. Glover (I)**—Occupational Consultant, Finger Lakes Alco. Counseling & Referral Agency, Waterloo, NY  
**Roger K. Good (I)**—Occupational Consultant, Alco. Cncl. of E. San Gabriel & Pomona Valleys, W. Covina, CA  
**Bradley Googins (A)**—Asst. Prof., Boston College Grad. School of Soc. Work, Chestnut Hill, MA  
**Bettiann Dickerman Haskins (I)**—Alco. Couns., DHEW, Hlth. Svs. Admin., Bur. Medical Svs., Silver Spring, MD  
**George S. Haskins (A)**—Art Director, Naval Surface Weapons Center, Silver Spring, MD  
**Max B. Horn (I)**—Occupational Consultant, Alco. Cncl. Greater Los Angeles Area, Los Angeles, CA  
**Robert C. Howard (A)**—Alco. Prog. Dir., Everett A. Gladman Memorial Hospital, Livermore, CA  
**James P. Hughes, M.D. (A)**—Med. Dir., Kaiser Aluminum & Chemical Corp., Oakland, CA  
**Jack Kierce (I)**—Labor-Liaison, AFL-CIO-CSA, NCA, Chula Vista, CA  
**George F. Kinyone (A)**—Painter and V. Pres. of Metal Trades Cncl., Mare Island Naval Shipyard, Napa, CA  
**Victor M. Kline (I)**—Coord., Fed. Civ. Emp. Alco. & Drug Abuse Prog., East Windsor, NJ  
**La Hacienda Treatment Center, Inc. (O)**—Hunt, TX  
**Lutheran General Hospital, Alco. Rehab. Cntr. (O)**—Park Ridge, IL  
**William P. Macaskill (A)**—Comm. Rel./Alco. Couns., Monte Villa Hosp., Morgan Hill, CA  
**Machinists Union, Local 504, International Assoc. of Machinists (O)**—San Jose, CA  
**Dianne Meek, RN (A)**—Cobb-Douglas Alco., Prog., Marietta, GA  
**Sherry A. Mills (I)**—OPC, State of Florida, Hlth. and Rehab. Svs. Div., Bur. of Alco. Rehab., Tallahassee, FL  
**Kenneth V. MacDonald (I)**—Indus. Relations/Outreach Spec., NCA, Greater San Diego Area, La Mesa, CA  
**William J. Murray (I)**—Partner, Sandin-Murray-Sutherland, Inc. NYC, NY  
**Barry C. Nisbet (A)**—Rehab. Couns., Workers' Comp. Board, Edmonton, AB  
**Harry J. Nozicka (I)**—Program Cons., Alco. Research and Prog. Consultants, Ltd., Chicago, IL  
**Charles A. Poulson, Jr. (I)**—Div. Adm., Employee Assistance Prog., General Dynamics, Pomona, CA  
**Vincent Rubalcava (I)**—Indus. Consultant, Alco. Council of Greater East L.A., Montebello, CA  
**Don Saracco (I)**—OPC, Alco. Cncl. of the South Bay, Torrance, CA  
**Frederick W. Scholl (I)**—Proj. Mgr. Occ. Svs./Occ. Prog. Spec., NCA, Greater San Diego Area, San Diego, CA  
**Robert E. Stegman (A)**—Emp. Assistance Coord., Charmin Paper Products Co., Albany, GA  
**Waino W. Suojanen (A)**—Prof. of Mgmt. and Urban Life, Georgia State Univ., Atlanta, GA  
**G. Peter Sutherland (I)**—Partner, Sandin-Murray-Sutherland, Inc. NYC, NY  
**Ronald R. Takatsuka (I)**—Labor Advisor-OPC, Hawaii State Federation of Labor AFL-CIO, Honolulu, HI  
**David M. Thorndike (I)**—OPC & Hlth. Ins. Spec., Hawaii Committee on Alco. Honolulu, HI  
**Frederick J. Wachter (I)**—Indus. Alco. Consultant, State of Illinois, Dept. of MH, Chicago, IL  
**James B. Wallace (I)**—Indus. Relations Spec., Nat'l. Cncl. on Alco., Greater San Diego Area, Inc. San Diego, CA  
**C. Thomas Wein (A)**—Social Service Dir., Regional Alco. Cntr., E. Columbus, OH  
**Mel Wolf (A)**—President, Wolf-Brown, Inc., Los Angeles, CA  
**Karen M. Zuckerman (I)**—Labor Spec., N.Y.S. Dept. of Mental Hygiene, Div. of Alco., Guild-erland, NY

# FEEDBACK

Dear Editor,

Balderdash! That's my response to any Occupational Program Consultant who espouses "alcoholism programs" or "Broad Brush Programs" as mutually exclusive. Both of these are only half-truths at best. Above all else, efforts to establish either of these to the exclusion of some other considerations is myopic, sophomoric and an over-simplification.

All Occupational Program Consultants exist for the singular purpose of developing and implementing programs that bring people and services they need together. This togetherness is intended to ameliorate, if not eliminate, problems of living.

The facts that alcohol causes many of the problems and are solvable through occupational programs, has given rise to "alcoholism" programs. This is not an altogether wrong approach. It makes a great deal of sense to attack what appears to be the biggest solvable problem first.

Due to our society's ambivalent and contradictory attitudes toward alcohol use, we all see a need to "clear the air", to bring out our skeletons and therefore be better able to change society or to enable people to deal with alcohol problems. It seems obvious that our built in "conspiracy of silence" will not be challenged if we are unable to "call it like it is." That is, by calling the programs designed to intervene and alter the inevitable end anything but "alcohol programs", simply perpetuates the problems.

This is questionable truth but it can be characterized as "the first shoe being dropped." There is more to be done. We have to develop systems to deliver the programs to those who need them. Experience has shown us the way to do the job. Train supervisors!

So, we train supervisors to use the system. But a problem with this process becomes blatantly confusing when we tell supervisors how to use the system. Lo and behold! Six out of ten people having problems are involved with alcohol. The supervisor must quickly decide whether the person is an alcohol abuser (or spouse of one) or whether some other problem is causing poor performance. We're asking for a preliminary diagnosis, right? Who can, in good conscience, refer a diabetic to an alcoholic program?

The only apparent way to get around this problem of diagnosis seems to be change the program to an "assistance" or "broad brush" program. Now all is well, for supervisors aren't being asked for diagnoses. All they have to do is deal with poor performance.

This, too, is questionable truth. It too is only "one shoe dropped". More has to be done. Somewhere the intent of establishing the program became confused. Thus, we have two camps—the "alcohol" and the "broad brush". The alcohol program is not appropriate at the functional or real world level. The broad brush somehow avoids dealing with the real problem—alcohol. It allows a continued cover up or "cop out".

"Where do I go", asks the OPC. Some have changed professions. I wouldn't be surprised if some have left simply because of the confusion and controversy.

What is needed is not more rationale for one or the other program. We need to recognize that two programs are being mixed, like apples and poi, and all you get is a strange tasting concoction.

Occupational alcoholism programs were spawned by a desire to help the alcohol abuser, regardless of how many fringe benefits we realize, such as fewer drunks on the street. Let us not lose sight of that purpose. Let us provide information, education and systems to route people to help they may need for alcohol problems.

Let us also not discriminate between people problems. I would hope that the diabetic would get as much attention and consideration as the problem drinker. Let us design programs to get help to anyone, anytime with any problem.

Let us attack the biggest and most resolvable problem first, but not ignore the others. It seems obvious to me that alcohol programs are essential. They must be developed and put into effect in open, non-judgemental, informative, equitable, and consistent ways. By no other means are we going to be effective in reducing the problems of alcohol abuse. If programs do not reduce the negative attitudes about alcohol as well as develop an atmosphere of understanding and acceptance, then the alcohol abuser will never be able to change. It is imperative that the stigma of having a drinking problem be removed. All I am talking about is an educational, attitudinal change program.

I believe that broad based, generalized help programs are also essential to our work communities. Programs must be provided which inform, direct, and change attitudes about medical/behavioral problems which, like alcoholism,

are not handled openly, fairly or consistently. One has only to reflect on the problems Senator Eagleton had because of attitudes about what appeared to be a matter of depression and stress to realize we need to make some changes.

Programs that approach alcohol or any other problem openly are essential. These programs are of a general education type. Even though they may be, in practice, management systems for handling performance problems, they remain educational efforts.

The "other shoe" which needs to drop has to do with supervisory training. In the case of alcohol vs. broad scope programs, the second "shoe" fits both. In fact, **whatever** the program, the second shoe fits. That is, supervisors, because of their unique status and responsibilities, do a particular thing with respect to personal, behavioral-medical problems. They do the **same** thing for low skills, or lack of expertise problems. They **supervise**. Regardless of work problems, they must manage their subordinates. This occurs in cooperative, shared responsibility situations or authoritarian systems.

The second shoe then has to do with assisting or encouraging managers to manage humanly, fairly, consistently and efficiently. Nothing in this assistance has to do with dealing with a specific problem, but rather deals with how best to assure work is done acceptably and how to reach that level of operation.

Ostensibly, all supervisors are able to supervise. I acknowledge that a great number don't know how to manage. I don't accept a stand which say they can't. Even though most job standards are not clear or written in ways that are useable, managers still get the jobs done.

I submit that they do get jobs done because the relationship (no exceptions) between manager and "managee" has definite acceptable or unacceptable performance guidelines. Each relationship is established early in its existence. An employee knows what the limits are and supervisors know when someone is nearing or has reached an unacceptable level of performance. The only problem is encouraging supervisors to exercise their prerogatives.

It is at this point where any alcohol or broad brush program enters the system. When supervisors are given options, based on acceptance or problems as such without prejudice, they do what they know how to do—supervise. They won't have to worry about adverse reactions or their own personal involvement.

Any program which provides options of the nature of alcoholism must be kept fresh in everybody's mind, thus, continual information must be provided. I suggest that programs must distinguish themselves from the supervisory behavior training programs. Programs about personal/behavioral problems must be a **part of training** for supervisors but must be **separate** and **distinct** in that context.

I suggest, too, that an emphasis on supervisory training as the major thrust of remedial, early intervention programs will be the death of the programs. They will become management programs with a singular purpose of making people "tow the line" or be fired. These programs, as noted, are people programs, intended to help people get help.

As long as we can maintain our proper perspective we won't have mixed emotions about alcohol or broad brush programs, like the parent whose sixteen year old daughter returns, very early in the morning, from her first date carrying a Gideon Bible.

Lets call programs what they are—principals rather than principles are our concern. People matter, not that the only true program is broad brush or all fouled up as an alcoholism program.

Preston A. Martin,  
Occupational Program Consultant  
California

(Pres Martin is Vice Chairman, Consultants Division, ALMACA. Ed.)

What is your reaction to Pres Martin's Feedback? Pro? Con?  
Hot? Cold? Positive? Negative? Highly emotional? Unmoved?  
Regardless of how you react, why not share it with your fellow  
ALMACA members? This is your newsletter, and your space.  
Why not use it? Let's hear from you!

Editor

# THE ALMACAN

Published Monthly by the Association of Labor and Management Administrators and Consultants on Alcoholism, a non-profit organization, 350 Park Plateau, 300 Wendell Court, Atlanta, Georgia 30036. Telephone (404) 696-4391.

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