

Military Technician Personnel  
TECHNICIAN ASSISTANCE PROGRAM (TAP)

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Technician Assistance Program Plan

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Distribution:  
A, B, C

## TECHNICIAN ASSISTANCE PROGRAM

### 1.0 REFERENCES:

- a. Public Law (PL) 91-616, Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment and Rehabilitation Act of 1970.
- b. PL 92-255, Drug Abuse Office and Treatment Act of 1972
- c. PL 93-282, amending PL 91-616 and PL 92- 255, bringing their confidentiality requirements into conformity.
- d. PL 96-180 and PL 96-181, amending PL 91-616 and 92-255 respectively, to extend to the extent feasible these programs and services to families of employees and to employees who have family members with problems covered by these acts.
- e. Federal Personnel Manual (FPM) 792, Subchapter 5, Alcoholism and Drug Abuse Programs.
- f. FPM Supplement 792-2, Alcoholism and Drug Abuse Programs.
- g. Technician Personnel Manual (TPM) Supplement 792-2, National Guard Bureau's Technician Assistance Program.

### 2.0 PURPOSE.

This publication implements the Technician Assistance Program (TAP) of the Army and Air National Guard. The program relates to alcoholism, drug abuse, and other job impairment problems. Its purpose is to provide assistance to technicians and family members in finding help to deal with personal problems.

### 3.0 RESPONSIBILITY:

- a. Program Administrator. (See Appendix C.) The Program Administrator will:
  - (1) Ensure that the Program Coordinators receive adequate training and guidance to carry out their duties.

- (2) Arrange for and/or conduct training programs for supervisors, and other appropriate officials.
- (3) Arrange for distribution of educational material relating to alcohol or substance abuse.
- (4) Provide information about the program to all employees, including newly appointed technicians during their orientation.
- (5) Establish liaison with community education and regional consultants, counseling, treatment, and rehabilitation facilities.
- (6) Act as advisor to the Program Coordinators on the administration of the Employee Assistance Program.
- (7) Evaluate program results and make reports to the Adjutant General and/or National Guard Bureau as required.
- (8) Review the program and update as necessary

b. Program Coordinators. Coordinators will be designated at each major unit (see Appendix C) and will be responsible for the following:

- (1) Act primarily as a referral agent for employees to diagnostic and counseling resources.
- (2) Maintain close liaison with counseling and treatment facilities, employees and supervisors.
- (3) Act as advisor to supervisors and managers on the administration of the Employee Assistance Program.
- (4) Assist the Program Administrator in carrying out the duties enumerated in a above.
- (5) Maintain counseling/referral records in a confidential manner
- (6) Maintain statistics for reports to the Program Administrator. The report will be submitted on a quarterly basis to the State Equal Employment Manager. (See Attachment #2.)

#### 4.0 BACKGROUND.

Every occupational group, including technicians, is subject to a variety of problems at all levels of responsibility. The problems may significantly impair job performance, but are of such an intimate nature that the technician may sometimes be reluctant to seek assistance or counseling in an attempt to resolve the problem. In-house occupational health programs as a general rule have proven to be effective in dealing with situations which, in addition to medical problems, also involve legal, financial, marital and family crisis conditions. Alcoholism and drug abuse have been included in health programs because studies have indicated that they are conditions which can be treated in the same manner as any other condition that impairs job performance. PL 91-616 and PL 92-255 charge federal agencies with the responsibility of developing and maintaining preventive treatment and rehabilitation referral services for alcohol and drug abuse among federal employees. Both laws also state that, "No person may be denied or deprived of federal civilian employment, or a federal professional or other license, solely on grounds of prior abuse of drugs or alcohol." FPM Supplement 792-2 sets forth the Office of Personnel Management policy and guidelines, and TPM 792.5 sets forth National Guard policy as it relates to technicians.

#### 5.0 DEFINITIONS.

- a. Technician Needing Assistance. An employee with a problem(s) not purely medical that adversely affects his/her job performance or behavior. Some of these problems may include, but are not limited to, alcoholism, drug dependence, family matters, and/or emotional disturbances.
- b. Alcoholism. A chronic disease characterized by repeated, excessive drinking; which interferes with the individual's health, interpersonal relations, or economic functioning. If untreated, alcoholism becomes more severe and may be fatal. It may take several years to reach the chronic phase.
- c. Alcoholic. An individual who has the illness of alcoholism. His/her drinking is out of control, and is self-destructive in many different ways. The term "recovered alcoholic" also describes the person who has undergone rehabilitation, and whose disease has been arrested through abstinence.
- d. Problem Drinker. To management, a problem drinker is an individual whose drinking habits adversely affect his/her job performance.

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- d. Problem Drinker. To management, a problem drinker is an individual whose drinking habits adversely affect his/her job performance.

- e. Substance Abuse. A condition characterized by the use or abuse of a drug substance in a manner, or to a degree, that it interferes with the individual's health, interpersonal relations, economic well being, or any other part of their life.
- f. Referral. To direct a technician to a source(s) for help or information as appropriate for a particular need.
- g. Counselor. A person who is authorized and trained to counsel, advise, and give guidance and referrals to assist the troubled employee regarding performance problems

## 6.0 POLICY.

The Arizona National Guard is committed to the accomplishment of NGB objectives, and the need to maintain technician morale and productivity. The National Guard will only be concerned with a technician's personal behavior if their actions interfere with the efficient and safe performance of assigned duties, reduce the dependability of the technician, reflect discredit on the National Guard, or adversely affect other technicians. The National Guard recognizes that alcoholism and substance abuse are preventable and treatable illnesses. Technicians having such illnesses will receive the same consideration and assistance that is presently extended to technicians having other illnesses. The National Guard does not condone illegal drug activity. When there is good reason to believe criminal conduct, as directed towards, or potentially harmful to, the person or property of others, management's first obligation is to those persons or properties; and then to the technician(s) involved. Technicians having a substance abuse or alcoholism problem will be dealt with by use of non-disciplinary procedures. However, if a technician refuses to accept assistance or seek counseling through this program, appropriate corrective action will be taken. This may include disciplinary action, and will be warranted solely on the basis of unsatisfactory job performance. Therefore, the Arizona National Guard will handle such problems within the following framework:

- a. Employee organization (when applicable) will be consulted in the implementation of the program to protect the rights and options of the technician.
- b. Technicians having alcohol or substance abuse, or other problems that affect or impair job performance, have a right to be counseled.
- c. Technicians with alcohol or substance abuse problems will receive the same careful consideration and offer of assistance that is presently accorded to any other illness or health problem.

d. Technicians will not have their job security or promotional opportunities jeopardized by their request for counseling and referral assistance, except as limited by the applicable provisions of PL 91-616, PL 92-255, and AR 600-300 or AFR 40-202 as they relate to sensitive positions.

e. The confidential nature of personal problems or medical records concerning a technician's alcohol or substance abuse problem will be preserved. Section 333 of PL 91-616, and Section 408 of PL 92-255 set forth the conditions under which such information may be released. If a counselor in another program, such as Equal Opportunity, is advised by a technician of his/her alcohol or drug problem, that counselor should:

(1) Immediately refer that technician to the Technician Assistance Program Coordinator (TAPC).

(2) Adhere to the confidentiality requirements, which include protection of the technician's identity, and maintain records in accordance with the Privacy Act.

f. The use of sick leave is authorized for the treatment or rehabilitation of alcoholism or substance abuse. (Consideration may also be given for the use of annual leave or leave without pay.)

g. Technicians who suspect they may have a problem with substance abuse, alcoholism, or personal problems, are encouraged to voluntarily seek counseling and information on a confidential basis by contacting the TAPC. They may also be referred by their supervisor.

h. Technicians offered referral to counseling services as a result of unsatisfactory job performance, excessive absenteeism, or disruptive behavior, may or may not accept counseling or respond to treatment. However, they are still responsible for their work performance and behavior. If these are not satisfactory, the technician will be subject to normal disciplinary action based solely on unsatisfactory performance or conduct.



## 7.0 ROLE OF THE SUPERVISOR.

The supervisor should treat each employee humanely and confidentially, and should ensure that no employee is penalized for using this program. Supervisors should not attempt to diagnose problems, but to look at employees only in terms of job performance. If at any time poor job performance indicates the existence of a problem, the supervisor should contact the TAPC for advice on the proper procedures. The following guidelines are offered: (See Appendix A and B).

- a. Be alert to changes in work performance or behavior of assigned employees.
- b. Document on an NGB Form 904-1 specific instances when work performance, behavior, or attendance fails to meet minimum standards and appears to be progressively deteriorating. Counsel the technician; inform them that performance needs to be raised to a satisfactory level. All counseling entries must be initialed by the employee.
- c. If performance continue to deteriorate, seek the advice of the TAPC on the possibility of referral and consult with the union steward, if applicable. (The supervisor should be able to discuss behavior and work performance, but will not attempt to diagnose the problem, or draw conclusions about its cause. This is a counseling or medical responsibility.) Supervisors should not discuss the possibility of a drug or alcohol problem with an employee, except when an employee does not appear too be in full control of his/her faculties. In such a situation, the supervisor should immediately inquire about the technician's physical condition, but should be aware that appearance symptoms usually related to alcohol or drug use can apply to other health problems as well. Information on these cases should be relayed to the HRO and the technician should be referred for medical diagnosis and emergency treatment. Where indicated, the technician should be further referred to a private physician or community health services. If such cases ultimately are determined to have stemmed from abuse of alcohol or drugs, medical personnel should discuss the facts of the situation with the technician and refer them for counseling.
- d. If it becomes apparent that the employee is either unwilling or unable to resolve their problem, and they don't respond to normal supervision, provide a firm choice of accepting assistance or be subject to disciplinary action based on unsatisfactory work performance. You may put it in writing and/or make a specific appointment for the individual to report to the TAPC.
- e. If a problem technician refuses to seek or accept counseling, have them put their refusal in writing. If there is inadequate improvement in performance during treatment,

disciplinary action should be taken solely on the basis of unsatisfactory job performance YAW Part IV, TPM 430.

f. If the technician accepts the offer of help, but after a reasonable period job performance or attendance problems continue, the standard disciplinary procedures will apply.

g. If the technician accepts the offer of help, and job performance and/or attendance problems improve to a satisfactory level, no further action will be taken.

#### 8.0 RELATIONSHIP TO DISCIPLINARY ACTIONS:

a. The alcoholism and substance abuse program supplements, but does not replace existing procedures for dealing with problem technicians. Its premise is that one type of problem technician is the alcoholic or substance abuser, and that with this particular kind of problem technician, a special situation exists. The drinking or substance abuse is either an illness or a symptom of an illness. As with other types of illnesses, it must be the agency's policy to try to assist the person to recover their usefulness as an employee.

b. In practice, the alcoholic or drug abuser should be dealt with little differently than other problem technicians. The supervisor identifies the aspects of job performance that are not fully acceptable, consults with counseling staff about those cases that appear to be developing a trend, discusses aspects of below-standard performance with the technician, and advises them of the availability of counseling assistance if the cause of poor performance stems from any personal problem. If the technician refuses to seek counseling, or if there is inadequate improvement in performance, disciplinary actions should be taken solely on the basis of poor job performance.

c. It is most important that the program be carried out as a non-disciplinary procedure aimed at rehabilitation of technicians who suffer from a health problem. There needs to be a clear understanding that shielding problem technicians by tolerating poor performance clearly contributes to the progression of the illness by delaying entry into a rehabilitative program. However, failure on the part of the technician to accept the assistance offered through the program, or to otherwise correct performance, should be dealt with through disciplinary procedures.

d. Regulations on documenting disciplinary actions specifically provide that patient information may be disclosed only as authorized, and may not otherwise be divulged in any civil, criminal, administrative or legislative proceeding conducted by a federal, state, or local authority. Thus, management may not require an alcohol or substance abuse prevention function (counseling staff) to release patient information for use in a

disciplinary situation. However, regulations permit the release of information in such proceedings, with the patient's prior written consent, when in the judgment of the TAPC the consent was voluntarily given, and the disclosure will not be harmful to the patient, the program, or their relationship. Thus, the patient may have pertinent information released in a disciplinary proceeding where these criteria are met. Conversely, management must presume that where a technician does not present such a disclosure in a disciplinary situation, the criteria for release have not been met. In any case, disciplinary action should always be based on job behavior or performance problems, not progress in a rehabilitative program.

## 9.0 REHABILITATION EXPENSES

Technicians are responsible for the cost of treatment for an alcohol, substance abuse, or other personal problem. The Federal Employee Health Benefits Program may provide full or partial payment of some costs. Some rehabilitation centers charge fees in a sliding scale based on the individual's ability to pay. However, most centers will not refuse an individual because of inability to pay. The individual has freedom of choice to attend the treatment center or resource they desire.

## 10.0 CONFIDENTIALITY OF RECORDS, FILES AND REPORTS

Regulations provide specific requirements for maintaining the confidentiality of patient information under the program. All persons performing an alcohol or substance abuse prevention function are subject to these provisions, and subject to the stated penalties for violation. All persons designated or expected to perform such prevention functions must be thoroughly familiar with the statutory and regulatory confidentiality provisions.

10.1 Disclosure Without Consent. Whether or not the patient gives their written consent, the content of the record may be disclosed:

- (a) To medical personnel to the extent necessary to meet a bona fide medical emergency.
- (b) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation. Such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit or evaluation, or otherwise disclose patient identities in any manner.
- (c) When authorized by an appropriate order of a court of competent jurisdiction, granted after application showing good cause. In assessing good cause, the court

shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

10.2 Disclosure With Consent. Consent to disclose patient information is subject to strict confidentiality regulations. Patient consent must be in writing. Forms and information on such disclosures are available through the TAPC.

### 10.3 Maintenance of Records on Technicians:

(1) General supervisory documentation of technician job performance and actions taken to motivate correction of job deficiencies should be maintained, as with all employee records, in a strictly confidential manner. The responsibility for developing a responsive and useful job performance documentation system rests with management and supervisory officials.

(2) Records on technicians who have been referred for counseling, for any reason, will be maintained in the strictest confidence and accorded the same security and accessibility restrictions provided for medical records.

(3) Records containing medical information and reports must be kept in a separate locked cabinet during the technician's service with the Arizona National Guard and may not be made a part of the Official Personnel Folder.

(4) Official Personnel Folders shall not include information concerning a technician's alcohol, or drug problems, or efforts to rehabilitate him, except as they apply to specific charges leading to disciplinary or separation action.

### 10.4 Supervisor's Notes:

Supervisor's notes are not subject to the requirements of the confidentiality regulations, since supervisors, as such, are not performing an alcohol abuse or drug abuse prevention function. Discussion of technician problems by supervisors with persons not having a need to know is, however, strongly discouraged on the grounds of ethics and good supervisory practice. The confidentiality regulations do prohibit persons performing an alcohol abuse or drug prevention function (i.e., coordinators, counselors, and their staffs from disclosing information obtained as a result of the performance of that function to unauthorized

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persons (which includes supervisors) without the written consent of the technician. In other words, a supervisor, after referring a technician to a program coordinator or counselor, cannot expect feedback on the technician's progress without his or her written consent. If consent is given, the supervisor may not pass on the information received as a result of that consent to any other unauthorized person (which includes his or her supervisor) without the signing of a separate consent. More than one consent, however, may be contained in a single consent form as long as the requirements for consent are met. Supervisors should continue to provide program personnel with information about the job performance of employees referred to the program, regardless of whether or not consent is obtained for feedback from the program.

#### 11.0 Resources.

a. There are numerous resources within the community that deal with problems referred to in this program. Use of the following resources would be considered:

- (1) Physicians experienced in treating problem drinkers (local Alcoholics Anonymous Chapters have listings of physicians in their respective area).
- (2) Psychologists, psychiatrists, and psychiatric social workers.
- (3) Clergy
- (4) Hospital with alcoholism treatment center.
- (5) Inpatient and Outpatient clinics.
- (6) Alcoholism and drug treatment facilities.
- (7) Live-in facilities such as half-way houses and therapeutic communities.
- (8) Local health departments.


b. Many of the resources listed above are listed in the yellow pages of the telephone directory under the following titles: Drug Abuse and Addiction Information and Treatment; Mental Health Information and Treatment Centers; Marriage and Family Counselors. A more comprehensive Resource Directory developed by the Division of Behavioral Health Service is also maintained by the Program Administrator.

12. All previously issued letters and/or orders in conflict with the above are hereby rescinded.

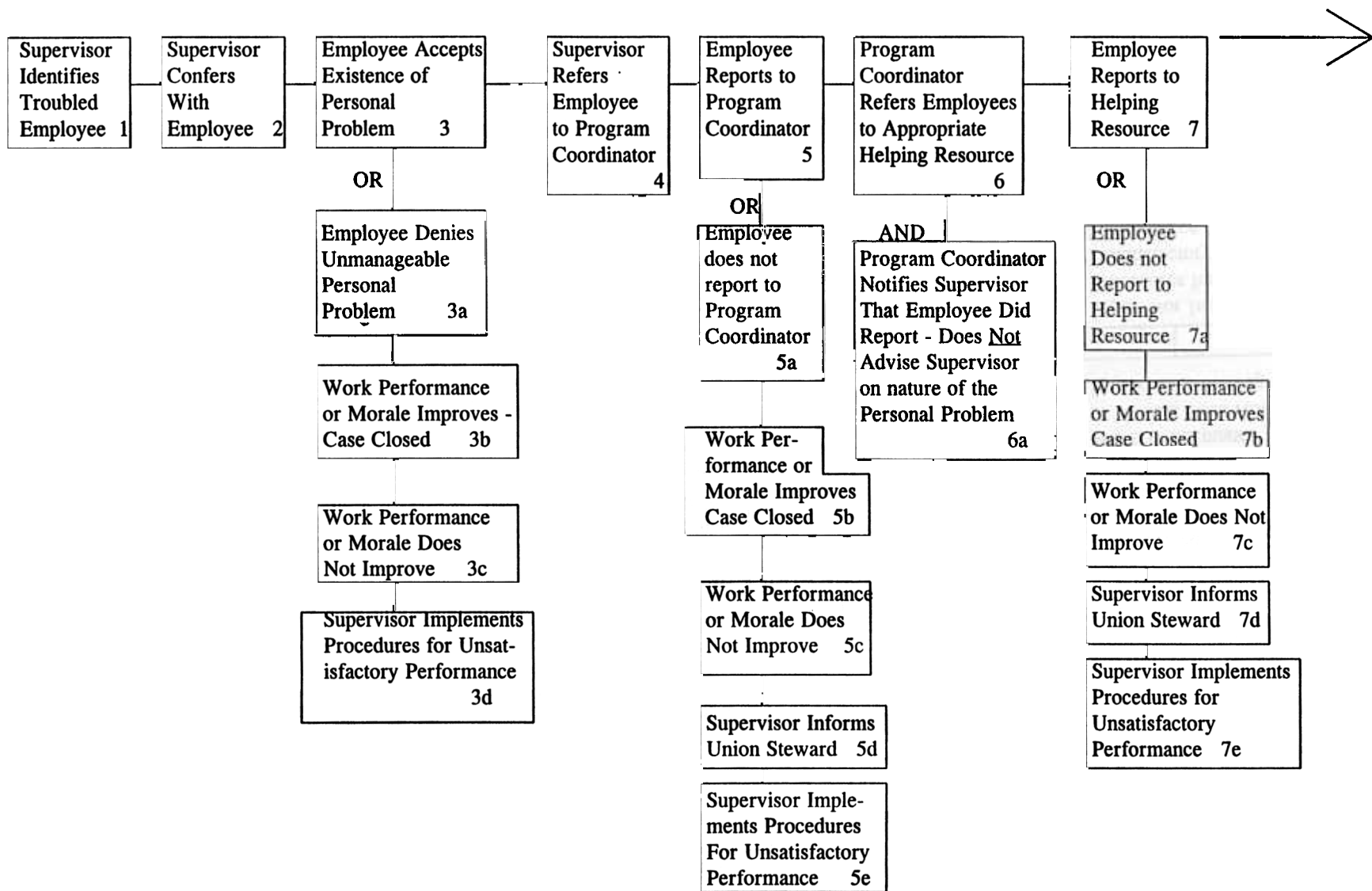
The proponent agency of this regulation is the Human Resource Office. Users are invited to send comments and suggested improvements to the Office of the Adjutant General, 5636 E. McDowell Rd., Phoenix, AZ 85008, ATTN: AZAA-HRE

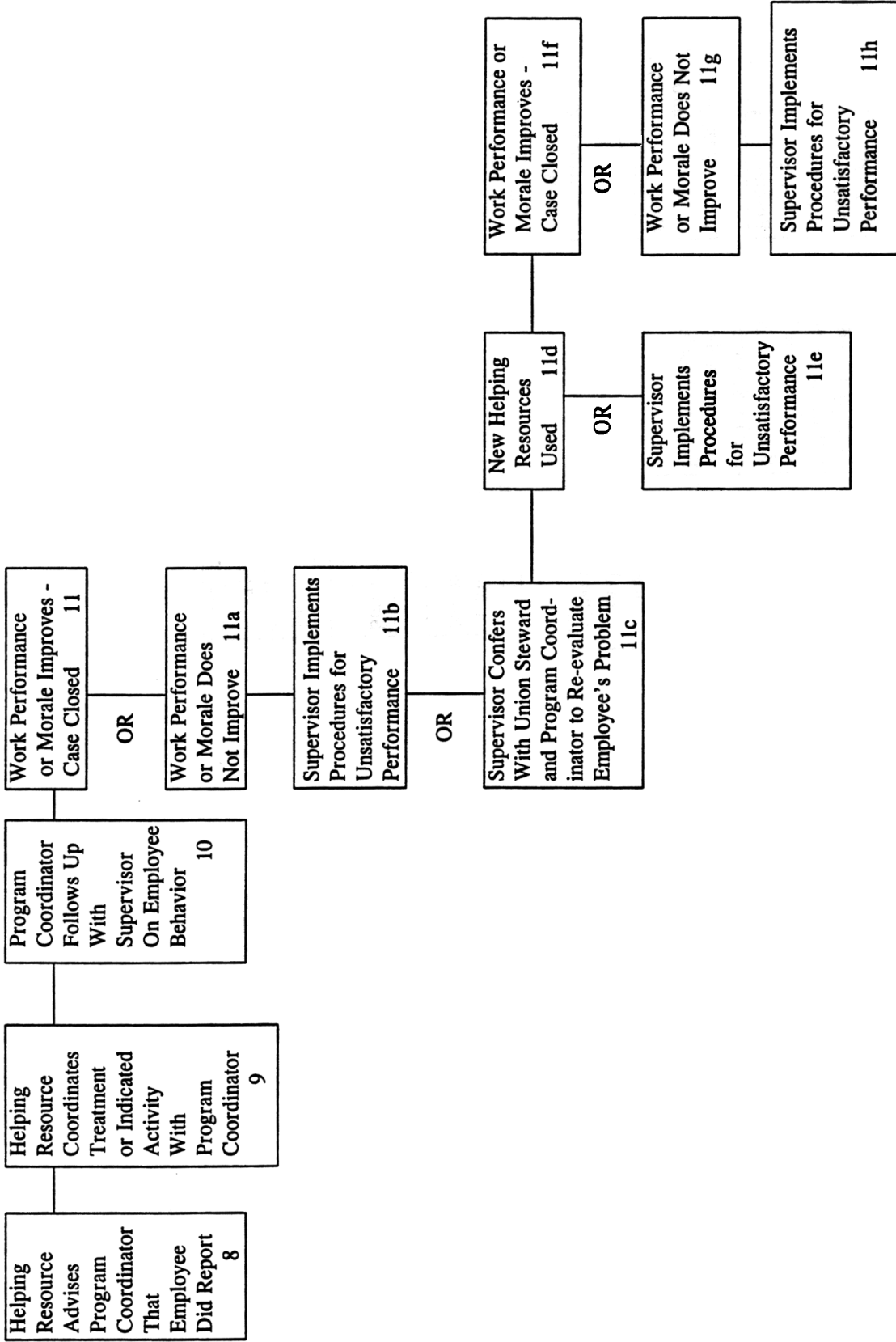
BY ORDER OF THE GOVERNOR

GLEN VAN DYKE, Major General, AZ ANG  
The Adjutant General



COL, (Ret) John A. McMurdie  
Resource Manager







Supervisor Checklist (ref. para 6)

## 1st Formal Counseling:

- a. Document on NGB 904-1 specific failure to perform satisfactorily those established standards on NGB Form 430.
- b. Insure the technician is aware and initials the counseling entry on the NGB Form 904-1
- c. Have employee determine definite time frame for improvement (normally 90 days or less).
- d. Encourage referral to TAPC.

## 2. Follow-up:

- a. Review level of performance frequently.
- b. Document performance on NGB 904-1 and obtain acknowledgment.

## 3. 2nd Formal Counseling:

- a. Review all documentation.
- b. Propose appropriate disciplinary action as a result of unsatisfactory performance in a critical element.
- c. Offer to hold action in abeyance if technician agrees to participate in Technician Assistance Program.
- d. Make the offer in writing and obtain technician's signature accepting or refusing the referral.
- e. If technician accepts, call a local TAPC and make a definite appointment.
- f. Complete the TAP supervisor referral questionnaire (AZSP Form 792-1) and forward to the TAPC prior to the referral date.
- g. Give technician a copy of the referral.
- h. Make an official memo for record. Document on NGB Form 904-1 and obtain acknowledgment.
- I. If he/she rejects the offer, proceed with the disciplinary action.

ANG HUMAN RELATIONS ADVISORY STAFF

EEO Counselors

Phone #/Fax #

Capt	Young, Karen	Camp Navajo	773-3273/773-3278
1SG	Acevedo, Richard A.	AASF #2, Marana	682-4634/267-2472
Ms.	Derby, Kathy	AASF #1, Phoenix	267-2794/267-2638
TSgt	Jones, Larry B.	161ARG, Phoenix	302-9260/302-9161
TSgt	Riesgo, Benjamin T.	162FG, Tucson	295-6347/295-6392
SFC	Schwartz, Linda S.	WAATS, Marana	682-4504/267-4513

Federal Women's Program Managers

TSgt	Harris, Kathleen*	162FW, Tucson	295-6119/295-6493
SSgt	Wiggers, Mary L.	161ARG, Phoenix	302-9237/302-9091

Hispanic Employment Program Managers

TSgt	Carrillo, Robert B.*	162FW, Tucson	295-6383/295-2458
Ms.	Lopez, Betty F.	161ARG, Phoenix	302-9008/302-9091

African American Employment Program Managers

Maj	Ray, Leon**	161ARG, Phoenix	302-9107/302-9161
MSgt	Minter, William W.*	162FW, Tucson	295-6408/295-6312

Native American Employment Program Manager

SMSgt	Denetdeel, Perci	161ARG, Phoenix	302-9067/302-9091
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Asian American Employment Program Manager

SMSgt	Ong, Eddie	HQ's, AZANG, Phoenix	267-2661/267-2337
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Technician Assistance Program Coordinators

1st Lt	Traynor, Lisa L.	162FW, Tucson	295-6265/295-6034
CW4	Herd, Walter F.	AASF #1, Phoenix	267-2675/267-2638
SMSgt	Hamilton, Larry S.	161ARG, Phoenix	302-9126/302-9124
SSgt	Hilgartner, Kelly D.*	162FW, Tucson	295-6371/295-6374
MSgt	Lockridge, George M.*	162FW, Tucson	295-6671/295-6476
SSG	Lewis, Jason A.	WAATS, Marana	682-4578/267-2472
SSG	Soto, Gilbert A.	WAATS, Marana	682-4636/267-2472
SGT	Young, Robert M.	WAATS, Marana	682-4681/267-2472

State Equal Employment Management Office

Dept of Emergency Services and Military (DEMA) EEO Specialist

Mr	Howard, Johnny	DEMA	267-2893/267-2782
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State Equal Employment Specialist  
Assistant TAP Administrator

	Holbrook, Vickie	HQ, AZNG, Phoenix	267-2319/267-2782
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State Equal Employment Manager (SEEM)  
Technician Assistance Program (TAP) Manager

	Patton, Shirley R.	HQ, AZNG, Phoenix	267-2786/267-2782
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NOTE: DSN prefix for Tucson ANG is 924. All others are 853. Statewide area code is 520.

\* Qualified EEO Counselor in addition to primary staff assignment.

\*\*Assigned as liaison to Cultural Diversity Council

**TECHNICIAN ASSISTANCE PROGRAM  
SUPERVISOR REFERRAL QUESTIONNAIRE**

Technician's Name \_\_\_\_\_

Agency \_\_\_\_\_ Duty Station \_\_\_\_\_

Pay Plan/Occupational Code \_\_\_\_\_ Grade \_\_\_\_\_ Date of Hire \_\_\_\_\_

Probation Completed: Yes \_\_\_\_\_ No \_\_\_\_\_ Scheduled to Complete \_\_\_\_\_

Major Duties \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

The above named technician is being referred to the Technician Assistance Program on the basis of the following information which has been discussed with her/him and covers \_\_\_\_\_ to \_\_\_\_\_.  
(Period) (Period)

A. Narrative description of reason for referral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. What remedial steps have you taken already? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Corrective interview dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. The following information is to be explained to the employee:

- 1 Reason for referral
2. The function of the Technician Assistance Coordinator is to assess behavioral/medical problems the employee and/or her/his family may be facing and arrange for help.
3. The employee and the Technician Assistance Coordinator will decide on a suitable community resource for referral
4. When appropriate, an appointment will be set up with the community resource.
5. In some instances, the employee/family member will be advised to utilize her/his Health Plan for such services as physical, emotional, alcohol or drug problems.
6. The employee is at liberty to stay in contact with the Technician Assistance Advisor for as long as the need exists
- 7 All information disclosed to the Technician Assistance Coordinator will be kept CONFIDENTIAL except when a consent form has been signed by the employee to release information to a specific person or agency.
- 8 The employee's work performance and/or attendance must reach an acceptable level within a reasonable length of time, which will be determined by you and the coordinator, or disciplinary action will be taken.

E. Has the information in "D" above been explained to the employee?

Yes \_\_\_\_\_ No

F. Any additional comments

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Supervisor's Signature

Date