

11. Case History

Fellow employees are feeling overwhelmed, fearful of acting and anxious about not acting because a co-worker's behavior is putting a strain on relationships with others in the workplace. It is apparent that the distressed employee is late for work, fails to call in when absent, job performance is deficient and relationships are not as good as they once were. The employer has evaluated the employee about deficient work performance. Verbal and written warnings have been issued.

What fair representation responsibility does the employee's representative have given the progressive nature of the problems this employee is having? The employee has not asked for representation. Whatever is done or not done will create a positive or negative precedent.

12. Case History

An employee with problems on the job has admitted to having an addiction alcohol and possibly other drugs. She has asked for representation after being summoned for a conference with the employer. What should the representative be prepared to do at the meeting with management?

13. Case History

A successful remedy has been agreed upon between the employee representative and the employer with consent of the employee to enter treatment for addiction. The employee's work performance has been declining and the employee understands that his addiction is part of the problem.

Rather than face punitive discipline, the employee has agreed to attend a treatment program. However, the employee is reluctant to attend residential treatment. The clinical team that has assessed his situation diagnosed the need for extended care due to the complexity of his co-occurring mental illness.

You have been asked to help the employee understand that the employer's second chance is conditional upon his being able to return to work fit for duty.

14. Case History

After entering treatment, a member of the union has had "second thoughts" about staying in treatment and has asked to leave against medical advice. A return to work agreement was agreed upon that does stipulate that the employee must return to work capable of performing the "essential functions of the job." Without a continuum of care, the medical staff is reluctant to provide a letter that the employee has completed the treatment program. The employee insists that his union should argue for his full re-instatement without prejudice and without evidence of completing the program.

15. Case History

After completing treatment and returning to work fit for duty without prejudice, the member has a relapse. What should be done next? Apparently, the employee did not disclose that she was addicted to prescription drugs in addition to alcohol. Her prescription addiction was not deleted while she was in outpatient treatment. Because she was not completely honest, the counselor focused on her alcohol use at her weekly appointments.

Apparently, she substituted one drug for another and because she only met once weekly with the counselor, she was able to mask her symptoms. Does this member deserve further representation? If so, what should be done to address the issues under consideration? She has become more addicted to the “pain killer” prescriptions and she is able to shop around for doctors to fill her prescriptions complaining of severe back pain. None of her physicians are pain management specialists. They are primary physicians with little or no training in addiction.

16. Case History

This employee is difficult to represent. He has an over developed sense of entitlement and an under developed sense of responsibility. He is dependent on others to carry his workload. He is dishonest about the time he puts in on the job and records time that does not document the actual hours he works. He is easily frustrated when his competence is questioned. His hypersensitivity is annoying to his co-workers. He impulsively complains he cannot do his job because others are not doing their work. Gradually, he has become socially isolated on the job.

When he is summoned for discipline, he refuses representation. The documentation on his poor work performance is mounting and the administration shifts his work to others to compensate for his deficiencies. The Representative Organization (RO) has been asked to intervene on behalf of the employees who have been asked to do his work.

17. Case History

A colleague has a teen with a disabling addiction and he and his wife have not been able to give their son treatment. They have gone through the grief of denying the illness and eventually outbursts of anger over his ongoing behavior. They have bargained with him, punished, him and eventually thrown up their hands in frustration. Once depression set in their own work performance began to deteriorate because they are so obsessed with their inability to succeed as parents.

Is it appropriate to offer them assistance to get them to accept the situation and do something more constructive before they get into trouble on the job due to the pressures they are suffering at home?

18. Case History

Parents attending a session on addiction hear a speaker who identifies completely with what they are going through with their daughter. They hear a lot about teenage addiction and the consequences in adult life if early intervention fails. Their insurance program refuses to allow their child to take advantage of treatment as her condition worsens. What can the Representative Organization (RO) do to help?

19. Case History

A representative has difficulty accepting addiction as a “disease of the brain” and believes that addiction is a matter of choice. He is skeptical when he hears scientific information that the illness is “treatable” and that “choice” may have little to do with getting proper care.

Design an educational program to provide information and assist representatives to understand the nature of addiction and related illnesses. Create an in-service committee and ask the administration to cooperate.