



UNITED STATES MARINE CORPS  
MARINE CORPS BASE HAWAII  
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IN REPLY REFER TO:  
BaseO 12792.3  
HRO  
24 Aug 2011

BASE ORDER 12792.3

From: Commanding Officer, Marine Corps Base Hawaii  
To: Distribution List

Subj: CIVILIAN EMPLOYEE ASSISTANCE PROGRAM (CEAP)

Ref: (a) DON, CHRM 791.1

Encl: (1) Definitions of Terms Used in the CEAP  
(2) Identification of Employees with Problems and Problem Employees  
(3) Civilian Employee Assistance Program (CEAP) and the DON Drug-Free Workplace Program (DFWP)

1. Situation. To establish Marine Corps Base, Hawaii policy, procedures and responsibilities for implementation of a Civilian Employee Assistance Program (CEAP) as outlined in the reference.

2. Mission

a. The CEAP is mandated by Federal Regulations to give short term non-medical problem solving to civilian employees on personal issues that may be affecting their employment. It is a vital component of the Drug Free Workplace Program, emergency preparedness, civilian post deployment, and management support. Personal problems may be related to family matters, misuse of drugs and/or alcohol, surviving natural disasters, etc. When feasible, the CEAP may also be extended to family members of civilian employees.

b. In accordance with the reference, the CEAP offers professional help with assessing a problem, providing short-term counseling, and referring civilian employees to other specialized professionals. Other types of personal problems that can adversely impact employee performance and/or conduct that would benefit from a CEAP referral include adoption, aging, anxiety, child care, depression, eating disorders, elder care, financial concerns, gambling, grief and loss, legal concerns, marital issues, medical problems, money management, parenting, psychiatric disorders, relationship difficulties, and stress.

c. Definitions of terms used in the CEAP are provided in enclosure (1).

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. This Order applies to all appropriated fund employees aboard MCB Hawaii, unless otherwise covered.

(2) Concept of Operations. MCB Hawaii is committed to providing a safe and healthy work environment for our civilian Marine employees. The

establishment of an effective CEAP will provide for problem identification, preventive short-term counseling and referral to appropriate agencies for treatment, rehabilitation or other assistance, and follow-up to aid in effective readjustment.

b. Coordinating Instructions. The following responsibilities are assigned.

(1) Human Resources Office (HRO)

(a) Exercise overall responsibility for the program as the CEAP Administrator.

(b) Provide advice and assistance to the MCB, Hawaii Commanding Officer and staff regarding the administration of the CEAP.

(c) Ensure appropriate supervisory training and other activities needed to educate and inform activity personnel about CEAP are conducted. Training for new supervisors/managers will be given as part of their basic supervisory training.

(d) Act as the principal point of contact for all administrative matters concerning the CEAP.

(e) Maintain records and prepare and submit required reports to higher authority.

(f) Know the policies and procedures of the CEAP.

(g) Consider the CEAP when providing advice and guidance to employees and supervisors and in carrying out other responsibilities.

(2) Managers/Supervisors

(a) Managers and supervisors at all levels are responsible for effective implementation of the CEAP.

(b) Provide information on the CEAP to subordinates, stressing confidentiality and self-referral.

(c) Refrain from diagnosing employee problems, but remain alert to indications of personal problems, including alcohol or drug abuse. Guidance on identification of employees with problems is contained in enclosure (2).

(d) Differentiate between the policies of the CEAP and the Department of Navy Drug-Free Workplace Program (DFWP) per enclosure (3).

(e) Seek guidance from the CEAP counseling services if substance abuse is suspected or Labor/Employee Relations Human Resources Specialists when performance or conduct problems arise which may be attributable to personal problems.

(f) Participate in the employee's rehabilitation effort.

(g) Help the employee to reintegrate into the work force after treatment, providing assistance and support for the employee's efforts to again become productive.

(3) Employees

(a) Be fully aware of the provisions and procedures of the CEAP.

(b) Participate in the CEAP when awareness of any personal problem which resulted or may result in a deterioration of work performance or conduct.

(c) Cooperate with supervisors and CEAP counselors in matters relating to the CEAP.

4. Administration and Logistics. Point of contact for information concerning CEAP and available counselors is HRO at 808-257-1349. Directives issued by this command are published and distributed electronically. Electronic versions of Base directives can be found at: <http://www.mcbh.usmc.mil/g1/adjutant/Borders.htm>.

5. Command and Signal

a. Command. This Order is applicable to all appropriated fund commands, organizations, units and activities located aboard MCB Hawaii.

b. Signal. This Order is effective the date signed.

  
J. E. WOODS

DISTRIBUTION: A

LOCATOR SHEET

Subj: CIVILIAN EMPLOYEE ASSISTANCE PROGRAM (CEAP)

Location: \_\_\_\_\_  
(Indicate the location(s) of the copy(ies) of this Order.)

CIVILIAN EMPLOYEE ASSISTANCE PROGRAM (CEAP)

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature

## DEFINITIONS OF TERMS USED IN THE CEAP

The following definitions are intended for the administration of the program set forth in this Order. They are not intended to modify or influence definitions applicable to statutory provisions and regulations which relate to determination of disability benefits, or criminal or civil responsibility for a person's acts or omissions.

1. Addiction. A physiological condition in which there is marked change in tolerance to alcohol or other drugs, and continued consumption is necessary for prevention of withdrawal symptoms.
2. Alcohol Abuse. Any irresponsible use of alcohol which results in unacceptable social behavior or impairs the individual's performance of duty, job-related conduct, physical or mental health, financial responsibility, or interpersonal relationships. It can be an early stage of, or can lead to the condition of, alcoholism.
3. Alcoholic. An individual who suffers from alcoholism, as defined below.
4. Alcoholism. As used in this instruction, alcoholism is physical and/or psychological dependence on alcohol.
5. Administrator, Counseling Services. The individual designated by the Commanding General to oversee operation of the CEAP and ensure that the provisions of this directive are met.
6. Civilian Employee Assistance Program (CEAP). A management program offering assistance to employees who have problems involving alcoholism, drug abuse, or other serious personal problems which result or may result in impairment of job performance or job-related conduct.
7. CEAP Counselor. The individual responsible for conducting the initial interview with an employee who has been referred by the supervisor or who voluntarily seeks counseling. The CEAP Counselor explains the provisions of this program, determines the nature of the personal problem, and refers the employee to a source of assistance.
8. Detoxification. The process of establishing physiological equilibrium to include the elimination of alcohol or other drugs from the body. Elimination of the substance occurs by means of natural metabolic processes, and normally occurs within 6-24 hours from cessation of ingestion of otherwise healthy individuals. Establishment of physiological equilibrium is a slower process and may require medical support to prevent the occurrence of severe withdrawal symptoms. Detoxification, when required, is the first step in the treatment process.
9. Dependence. As used in this Order, dependence is a condition in which the individual must continue the use of a substance in order to maintain a sense of well-being. The origin of the condition can be physiological, psychological, or both. Dependence frequently involves or leads to abuse of the substance. Although addiction as defined above is a form of dependence, the withdrawal syndrome is not necessarily present in dependence. An individual can become dependent on a variety of non-addictive drugs and other

substances. Relief or recovery from dependence is not just a matter of willpower, but as with addiction, medical treatment, counseling, or other therapies may be necessary for recovery.

10. Drug Abuse. A health problem characterized by the use of a drug in a manner or to a degree which interferes with the individual's health, interpersonal relations, social standing, economic functioning, or job performance. It can but does not necessarily involve addiction.

11. Intoxication. A state of impaired mental and/or physical functioning, resulting from the presence of alcohol or other drugs or intoxicants in a person's body. Alcohol intoxication does not necessarily indicate alcoholism as defined herein, nor does the absence of observable intoxication necessarily exclude the possibility of alcoholism.

12. Problem Drinker. A person who may or may not be an alcoholic, but whose use of alcohol conforms to the definition of alcohol abuse as defined above.

13. Recovering Alcoholic. The term used to describe a person whose alcoholism has been arrested. Normally, this is accomplished through abstinence and is maintained through a continuing program of personal recovery.

14. Rehabilitation. A process often necessary for the successful recovery from alcoholism, drug addiction, or other dependencies. Rehabilitation occurs following treatment and normally does not require medical supervision. Ordinarily, rehabilitation involves individual or group counseling or participation in self-help organizations such as Alcoholics Anonymous or Overeaters Anonymous.

15. Substance Abuse. A health problem characterized by the use of a substance in a manner or to a degree which impairs the individual's physical or mental health, performance of duty or job-related conduct, financial responsibility, or interpersonal relationships. There is often, but not always, a dependence on the substance. It includes but is not limited to alcohol and drug abuse, since the abuse may be of such common substances as food (overeating with resultant obesity), coffee (chronic insomnia), tobacco (hypertension), or aspirin (psychological dependence resulting in salicylate poisoning).

16. Treatment. The initial step in the process of recovery from alcoholism, drug abuse, or other dependencies. Treatment is conducted under medical supervision and serves to alleviate the physical and psychological effects of substance abuse including withdrawal symptoms and medical conditions resulting from substance abuse. Treatment is a prelude to, and should not be confused with, rehabilitation.

17. Withdrawal Syndrome. A complication of detoxification in addiction which is a potentially serious condition. While the symptoms can vary according to the substance to which addicted, the withdrawal syndrome will usually include intense anxiety, and some degree of mental and physical impairment. It may progress from tremors and convulsions through hallucinations and delirium to death. Onset occurs within hours after the last intake of the addictive substance. Recovery from the acute phase usually occurs two to five days after the onset.

IDENTIFICATION OF EMPLOYEES WITH PROBLEMS AND  
PROBLEM EMPLOYEES

1. There is a difference between the employees with a problem and the problem employee, and also a difference in the way they are identified. Most employees will have personal problems from time to time. Usually the employee solves the problem unaided, but occasionally needs help. In some cases, the individual becomes a problem to management because his/her personal problems generate an unacceptable pattern of behavior, conduct, or job performance. Although identification of the employee with a problem is occasionally effected through self-identification, in most instances identification of the problem employee will result from management action, usually that of the supervisor.

2. Management can encourage self-identification through concentrated education programs and easy accessibility to program personnel. The ready availability of assistance with a seemingly insolvable personal problem may well prevent an employee from becoming a problem. Management should make every effort to foster an accepting atmosphere that will encourage concerned employees to voluntarily seek early counseling and assistance. The accepting atmosphere is especially important for employees who are concerned about their use of alcohol or drugs.

3. The responsibility of supervisory personnel in identifying problem employees cannot be over-emphasized. This responsibility requires no special expertise, nor does it permit supervisors to diagnose the problems of employees. It does require conscientious fulfillment of the supervisory role, such as:

- a. Being alert to the job performance and conduct of subordinates.
- b. Noting unsatisfactory or deteriorating job performance and/or conduct.
- c. Holding a discussion with the employee regarding such job problems.
- d. Advising the employees that if his/her job deficiencies are caused by a health or other personal problem, there are specific medical and counseling resources available.
- e. Ensuring that the employee is introduced to appropriate activity resource personnel if he/she advises the supervisor of the presence of a health or personal problem.
- f. Using usual non-disciplinary or disciplinary methods to correct continued job deficiencies when the employee is unable or unwilling to adequately respond to, or refuses to accept therapeutic or other assistance offered by management. (Such action may be taken concurrently with referrals for counseling, when appropriate.)
- g. Consulting with appropriate program personnel on employee's behavior, and being willing to accept offered guidance to resolve the employee problem, when there is reasonable evidence to indicate that an employee's health or personal problems may be the cause of performance or lack of dependability.

4. A supervisor may be faced by another kind of problem, in which the employee is found drinking on duty and/or behaving in a manner that suggests he/she is under the influence of a substance or is otherwise not "ready, willing, and able to work." In such cases during working hours, the supervisor should contact appropriate medical personnel for assistance.

5. When an employee is determined by proper authority to be under the influence of a substance, but not in need of any further medical attention, the following should act as a guide:

a. The employee will be placed on annual leave and sent home. This action will not be considered a suspension.

b. The employee should not be allowed to operate a motor vehicle. Appropriate travel arrangements to be considered in such situations are:

(1) Contacting a member of the family, a friend, or any other person who is willing to personally assume custody of the individual.

(2) If unable to locate someone willing to assume custody of the individual, detaining the employee until transportation can be arranged through Motor Transport or the Military Police. A person who has been relieved of duty will not be detained on base longer than necessary. Prompt referral to competent authority is essential for the individual's personal welfare and safety.

c. When an employee has been relieved of duty for reporting to or being under the influence of a substance, the supervisor will:

(1) Immediately upon their return to duty, if applicable, discuss the incident and seek their evaluation of it.

(2) Try to determine whether the incident was an isolated one or part of a problematic pattern. In all cases involving complications with alcohol/drugs, the employee will be referred to the CEAP for an interview and whatever counseling and/or referrals that are considered appropriate.

(3) If disciplinary action is contemplated because of the incident, care should be exercised to ensure that the person receives all entitled rights under applicable rules, regulations, and labor management agreements applicable to civilian employees.

CEAP AND THE DON DRUG-FREE WORKPLACE PROGRAM (DFWP)

1. The Civilian Employee Assistance Program (CEAP) and the DON DFWP are separate and distinct programs. The former is designed to assist employees in overcoming personal problems, including problems relating to drug and alcohol abuse, which are impacting negatively on job performance and conduct. The purpose of the latter is to deter use of illegal drugs through education, detection, and identification of those in the workplace who are using illegal substances.

2. The DFWP is a comprehensive program balanced between offering a helping hand to employees who are using drugs illegally and, at the same time, making clear that illegal drug use will not be tolerated. The CEAP provides education, counseling and referral to a rehabilitation program for the first verified positive drug test or a first determination that an employee uses illegal drugs. A second verified positive drug test or second determination that an employee uses illegal drugs will result in the mandatory initiation of action to remove the employee from Federal service without a second opportunity to enter a rehabilitation program.

3. Any employee found to use illegal drugs must be referred to the CEAP. Appropriate disciplinary action will be initiated against any employee for the first instance of illegal drug use per provisions of the DFWP. However, an employee who voluntarily seeks treatment for illegal drug use and who meets the "Safe Harbor" conditions of the DFWP will not be subject to discipline for the admitted prior acts of illegal use, including possession incident to such personal use. Employees who are found to be drug dealers or who are involved in other drug-related misconduct will not be granted "Safe Harbor" as a participant in the CEAP.