THREE APPROACHES TO WORKPLACE ALCOHOL, DRUG, AND RX PREVENTION

20 YEARS OF RESEARCH-TO-PRACTICE

Joel Bennett, PhD – Organizational Wellness & Learning Systems

Also see Recent Advances in Work-site Alcohol Research
Smithers Institute Conference
King-Shaw Conference Center, ILR School
Cornell University
November 17-18, 2016
SPEAKER BACKGROUND

- Designing, delivering, adapting workplace mental health and substance abuse prevention training in workplaces for over 20 years
- Integrating wellness and mental health via clinical trials
- Over 100,000 workers – many industries (e.g., health, gov’t, education)
- Recognized by the U.S. Surgeon General as effective
OUTLINE

• Origins
• Initial Model
• Dissemination Work (Adaptations)
• Meta-Analysis in Progress
• Integral Prevention Model
• Current Efforts: Rx Prevention, SBIRT, EAP PBRN


Employees may be the only (influential) person in a coworker’s life who knows about a problem, and can share skills, role model, encourage help-seeking, or refer to a resource.

Let’s give (a) employees skills and destigmatize help-seeking, and (b) their group an opportunity for safe and open talk.

Do so while promoting benefits (wellness) and policy adherence.

And, as appropriate, reinforce efforts at social capital, engagement, and resilience.

This logic can be extended to any and all health and stress conditions.
INITIAL MODEL

*Bounded Model informed by over a dozen studies at TCU Institute of Behavioral Research with Dr. Wayne Lehman

Why are you here?

How do you/employer care about each other?

How can you respond vs. tolerate problems?

What are best ways to address stress?

How can you listen better, help more, get help?

Team Awareness - Joel Bennett

**Theoretical Framework**
- Providing workers with information on DFWP policy and Employee Assistance Programs* in a group context will encourage help seeking, peer referral, and family referral.

**Strategies/Activities**
- Focus group interviews 6–8 weeks before training on Program staff working with a representative sample of workers to tailor the program materials to respond to the needs of the workplace.
- Team-oriented awareness training uses lecture, discussion, and various group exercises, administered in two 4-hour sessions, two weeks apart for groups of 9 to 15 workers.

**Proximal Outcomes**
- Employees attend all program sessions, understand the importance of AOD prevention, and the benefits of group response to problems.
- Employees work together as a group and begin to develop social networks, mutual respect, and trust.

**Intermediate Outcomes**
- Employees demonstrate more group response to behavioral problems.
- Employees demonstrate increased help-seeking and help-giving behaviors.
- Reduced stigmatization of substance users.
- Lowered incidence and prevalence of AOD abuse among employee participants**.

**Distal Outcomes**
- Utilization of, or peer referral to, the EAP or counseling.

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* EAP is a behavioral health referral and counseling service that includes screening and initial counseling for drug and alcohol use.

** Outcomes may include other behavioral improvements.

<table>
<thead>
<tr>
<th>Year</th>
<th>Module</th>
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</thead>
<tbody>
<tr>
<td>2002-2005</td>
<td>Team Awareness</td>
</tr>
<tr>
<td></td>
<td>Small Business</td>
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<tr>
<td></td>
<td>Policy Deficient</td>
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<tr>
<td></td>
<td>Community Salient</td>
</tr>
<tr>
<td></td>
<td>Owner Relevant</td>
</tr>
<tr>
<td>2007-2011</td>
<td>Team Resilience[1]</td>
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<tr>
<td></td>
<td>Emerging Adulthood</td>
</tr>
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<td></td>
<td>Transition to Work</td>
</tr>
<tr>
<td></td>
<td>Restaurant Risks</td>
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<tr>
<td>2008-2013</td>
<td>Team Readiness (mini-modules)</td>
</tr>
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<td></td>
<td>Military Readiness</td>
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<tr>
<td></td>
<td>Post (Deployment) Stress</td>
</tr>
<tr>
<td></td>
<td>Joint Service Support</td>
</tr>
<tr>
<td>2012-2015</td>
<td>TEAM UP NOW</td>
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</tbody>
</table>

- **Why are you here?**
- **Small Business**
- **Care about each other?**
- **How do you respond vs. tolerate problems?**
- **What are best ways to address stress?**
- **Access to local resources in community**
- **How can you listen better, help more, get help?**

META-ANALYSIS IN PROGRESS

Team Awareness
nudging your culture of wellbeing

and adaptations (Team Resilience, Team Readiness, TeamUpNow)

• effect sizes, Hedge’s g except for resilience.
• resilience outcome is a t value, representing difference between mean of the sample and the mid-point value of the resilience scale.
• for outcomes from multiple studies, weighted mean Hedge’s g and pooled standard errors (SE) were computed by weighting each study’s effect size g and SE by the study’s sample size.
• effect sizes presented are absolute values and not representative of the direction of the effect of training on the outcome.
**Improved Climate**
- Org. Wellness
- Coworker Trust
- Hectic Work Pace
- Counterproductivity
- Stigma

**Improved Help & Care**
- Help-Seeking
- EAP Utilization
- Encouraged Others
- Was Encouraged
- Responsiveness

**Coping & Resilience**
- Work Stress
- Personal Stress
- Healthy Unwinding
- Stress Competent
- Resilience

**Reduced Substance Use**
- Productivity Problems
- Alcohol Frequency
- Heavy Drinking
- Binge Drinking
- Drinking Climate
### Improved Climate

<table>
<thead>
<tr>
<th>Outcome</th>
<th>K</th>
<th>Time</th>
<th>Tx/Cont.</th>
<th>Effect Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Wellness&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1</td>
<td>6 Mo</td>
<td>351/187</td>
<td></td>
</tr>
<tr>
<td>Coworker Trust&lt;sup&gt;1-3&lt;/sup&gt;</td>
<td>4</td>
<td>1 Mo</td>
<td>624/384</td>
<td></td>
</tr>
<tr>
<td>Hectic Work Pace&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1</td>
<td>6 m</td>
<td>351/187</td>
<td></td>
</tr>
<tr>
<td>Counterproductive Coworkers&lt;sup&gt;4&lt;/sup&gt;</td>
<td>1</td>
<td>12 mo</td>
<td>235/230</td>
<td></td>
</tr>
<tr>
<td>Stigma&lt;sup&gt;1,5,6&lt;/sup&gt;</td>
<td>3</td>
<td>1 &amp; 6 Mo</td>
<td>654/412</td>
<td></td>
</tr>
</tbody>
</table>

### Improved Help & Care

<table>
<thead>
<tr>
<th>Outcome</th>
<th>K</th>
<th>Time</th>
<th>n Tx/ Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness to Seek Help Attitudes&lt;sup&gt;7&lt;/sup&gt;</td>
<td>1</td>
<td>1 Mo</td>
<td>567/338</td>
</tr>
<tr>
<td>Sought Help or Was Encouraged&lt;sup&gt;2,3&lt;/sup&gt;</td>
<td>2</td>
<td>6 Mo</td>
<td>87/83</td>
</tr>
<tr>
<td>Encouraged others to use EAP&lt;sup&gt;2,3&lt;/sup&gt;</td>
<td>2</td>
<td>6 Mo</td>
<td>87/83</td>
</tr>
<tr>
<td>Received Counseling&lt;sup&gt;7&lt;/sup&gt;</td>
<td>1</td>
<td>6 Mo</td>
<td>557/335</td>
</tr>
<tr>
<td>Coworker Responsiveness&lt;sup&gt;6&lt;/sup&gt;</td>
<td>2</td>
<td>1 &amp; 6 Mo</td>
<td>191/202</td>
</tr>
</tbody>
</table>

Study references available upon request
Coping & Resilience

Work Stress
Personal Stress
Healthy Unwinding
Stress Competent
Resilience

Outcome | K | Time | N Tx/Contl
--- | --- | --- | ---
Work Stress | 1 | 6 mo | 351/187
Personal Stress | 1 | 12 mo | 235/230
Healthy Unwinding after work | 1 | 1 mo | 125/139
Stress Competent | 1 | 1 mo | 158/158
Resilience | 2 | 1 mo | 227/0

Reduced Alcohol Risk

Productivity Problems
Alcohol Frequency
Heavy Drinking
Binge Drinking
Drinking Climate

Outcome | K | Time | n Tx/Contl
--- | --- | --- | ---
Work Productivity Problems | 4 | 1-12 Mo. | 836/606
Alcohol Frequency | 2 | 6 Mo. | 624/415
Heavy Drinking | 2 | 6-12 Mo | 789/469
Binge Drinking | 3 | 3-18 Mo | 342/247
Coworker Drinking Climate | 3 | 1-6 Mo | 559/378

Study references available upon request
Willingness to seek help at posttest was associated with higher help seeking after training, and the effect of the prevention interventions on help seeking was completely mediated by employee attitudes to seek help.

More support for direct route (training impacts drinking) than via the cascade path.

INTEGRAL
PREVENTION
Original Models were culture of health models

Innovation

Pressure to Adapt

Research to Practice

Fidelity

Complex multi-stakeholder environment with NO FUNDING
CONSULTING ON DISSEMINATION

1. National Restaurant Chain
2. National Guard
3. NECA-IBEW (Electricians)
4. Youth Corp
5. Native American Tribes
6. Small Businesses
7. African-American Ex-Offenders
8. Island of Guam
9. South African Municipality
11. “Resilience & Thriving” Facilitators (90)
CURRENT WORK, TRAINING & DERIVATIVES

DERIVATIVES

NIAAA

Electronic Alcohol Screening and Intervention in Work Settings
Grant Number R44 AA022570

Empowered Health Consciousness and Prevention of Prescription Misuse: The Wellness Alternative

EAP Practice-Based Research Network

White-Paper and New Webinar Series
CURRENTLY

• Continue to innovate

• Continue to conduct training-of-trainers on ongoing basis

• 2018 to date, 50 facilitators trained in the “Resilience to Thriving Module” (CEU collaboration with the National Wellness Institute)

• Large client pilot training for volunteer peer-to-peer agents (NUDGE model)
Pre-post Ratings by Peer Volunteers (n = 24) Learning NUDGE training
(Percent “Strongly Agree” – Note. All items have > 90% Agree/Strongly Agree at post)

- Know how my personal story ties into program values: Pre 28, Post 68
- Know resources for resilience and stress: Pre 20, Post 40
- Understand tolerance and options for responding: Pre 16, Post 48
- Understand stigma and can talk in ways to help reduce: Pre 24, Post 48
- Confident can encourage coworkers to get help: Pre 36, Post 60
Two samples (n=118 and n=181) received the Web-based training and provided immediate reactions in a posttest-only design. The second sample also included a control condition (n=201).

Findings support the model and program efficacy.

Workplace resilience greater in intervention than in the control group.
**SBIRT: ONLINE WELL-BEING WITH GAME CAPACITY**

- Significant opportunity with online wellness health risk assessments
- Vast majority have alcohol items and virtually none of them use for screening & referral (no EAP links!!!)
- SBIRT (Screening, Brief Intervention, and Referral to Treatment) model
- Opportunity to position within a destigmatized, universal access point
- Case finding tool, integrate with wellness, bring evidence-based practices to workplace wellness


### Health Consciousness Marker Item

**Staying conscious of my own health can protect me from misusing prescription drugs.**

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.41</td>
<td>4.67</td>
<td>4.37***</td>
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</table>

### Personal Knowledge of PD

1. I know the differences between proper use, misuse, and abuse of prescription drugs.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.46</td>
<td>4.71</td>
<td>3.32***</td>
</tr>
</tbody>
</table>

2. I know things that parents can do to prevent their teenagers from abuse of prescription drugs.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.45</td>
<td>4.39</td>
<td>9.62***</td>
</tr>
</tbody>
</table>

3. I can identify healthy alternatives for dealing with pain or stress other than use of prescription drugs.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.15</td>
<td>4.70</td>
<td>7.95**</td>
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</table>

4. I clearly understand the reasons for not sharing prescription drugs at work.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.71</td>
<td>4.84</td>
<td>2.99**</td>
</tr>
</tbody>
</table>

### Protective Factors for PD misuse at Work

5. I am motivated to understand factors that could lead to misuse prescription drugs.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.32</td>
<td>4.56</td>
<td>3.57***</td>
</tr>
</tbody>
</table>

6. I have healthy life-style and coping factors that keep me from misusing such drugs.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.37</td>
<td>4.61</td>
<td>3.57***</td>
</tr>
</tbody>
</table>

7. I am confident that I have the skills I need to avoid misuse of prescription drugs.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.53</td>
<td>4.68</td>
<td>2.73**</td>
</tr>
</tbody>
</table>

8. I can weigh the benefits and risks of using prescription drugs.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.43</td>
<td>4.76</td>
<td>5.39***</td>
</tr>
</tbody>
</table>

9. Overall, I am confident that I can do things to avoid misuse of prescription drugs.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>±T(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.62</td>
<td>4.83</td>
<td>3.93***</td>
</tr>
</tbody>
</table>
Core Health Consciousness Processes

1. Desire to stay conscious of current health levels
2. Salient Roles
   - Parent
   - Spouse
   - Coworker
   - Supervisor
   - Child of aging parent
3. Salient Motives
   - Pain or anxiety
   - Need to perform
   - Lack of energy
   - Need for sleep
4. Awareness of Alternatives
   - Mind-Body practice
   - Physical therapy
   - Diet/exercise
   - Counseling
   - Self-Help
5. Use protective factors or health-enhancing resources
6. Take corrective action
7. Recognize behavior is risk or protective
8. Health behaviors and outcomes

Bridging Public Health with Workplace Behavioral Health Services: A Framework for Future Research and a Stakeholder Call to Action

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Figure 1. An Organizing Framework for EA/WBHS Research
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