Healthy Work Cultures in Our Own Agencies: Resilience from the Inside Out
Speakers

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Despite years of prevention for schools and communities, working adult suicides and other mental health statistics suggest a new approach is needed. Many workplaces are themselves unhealthy, and work stress results in $300 billion in medical and productivity costs each year. As a field of providers, we need to walk-the-talk to prevent our own burn-out and compassion fatigue, and simultaneously build resilient and thriving work cultures. Fortunately, evidence-based approaches can be adapted to give employees resilience skills, while also supporting healthy cultures. Skills training is necessary but not sustainable unless the culture supports healthy social interaction. This presentation will highlight a real-world and ongoing case study of a replicable approach.
Over an 18-month period, Prevention Resources (Bloomington, Indiana) worked collaboratively with Organizational Wellness & Learning Systems (OWLS) to assess, design, deliver, and evaluate an inside-out strategy to build a healthy workplace. Participants will learn about the process consultation model, evidence-based tools used, and outcomes obtained. Experiential activities include direct use of “THRIVE” training materials that Prevention Insights is now disseminating as part of a new mission to help coalitions, other behavioral health agencies and all workplaces “care for their own.”
OVERVIEW

Part 1. Project Phases
Part 2. Outcomes
Part 3. THRIVE Training
Part 4. Participant Experience
Background

• Theory And Background on Team Awareness Model
1994 - 2002

2003

2001 - Team Awareness
2010 - Team Resilience
2017 - Choices in Health Promotion

2015 - current

Health Consciousness

Preventing Workplace Substance Abuse: Beyond Drug-Testing to Wellness

SAMHSA's National Registry of Evidence-based Programs and Practices

Preventing Prescription Abuse in the Workplace (PAW)
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?

**ORIGINAL MODEL (GROUNDED THEORY) – 1990-2002**

- Personal Background
  - 2 5 8
- Performance
  - 2 3

**Individual & Problematic Substance Use**
- 1 2 5 8 10

- leads to
  - Policy
    - Testing
    - Education
    - Discipline
    - EAP
  - 6 9

- regulates

**RISK FACTORS**
- Safety-related Occupations
  - 3 15
- Drinking Climate
  - 6 7 12

- Neutralization & Enabling
  - 7 11

- Exposure to Coworker Use
  - 11 14 15

- Perceptions & Attitudes
  - 4 8 17 18

**PROTECTIVE FACTORS**
- Workplace Environment
  - 5 18
- Social Integration
  - 7
- Organizational Wellness
  - 10 13

**P R E V E N T I O N  T R A I N I N G**

**ADAPTATIONS & REPLICATIONS (2002-2019)**

- Replication
  - Municipality
  - 30

- Small Businesses
  - 19 20

- Young Workers
  - 21 23

- Nursing Students
  - 31

- Military
  - 32

- Resilience
  - 23 24 25

- Online
  - 26 33 34

- Health Consciousness
  - 27 28 29

*Note. Abstract 16 describes the full model*
Combined Results from Five Clinical Trials
(Team Awareness, Team Resilience, Small Business Wellness Initiative, TeamUpNow, iLinkWell)

**Improved Climate**
- Org. Wellness
- Coworker Trust
- Hectic Work Pace
- Counterproductivity
- Stigma

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

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

**Reduced Substance Use**
- Productivity Problems
- Alcohol Frequency
- Heavy Drinking
- Binge Drinking
- Drinking Climate
Dissemination
Programs and derivatives have reached 250,000 workers worldwide
Team Resilience for Young Restaurant Workers: Research-to-Practice Adaptation and Assessment

Joel B. Bennett, Charles A. Aden, Kirk Broome, Kathryn Mitchell, and William D. Rigdon
Organizational Wellness & Learning Systems, Fort Worth, TX

This paper describes a method for taking a known prevention intervention and modifying it to suit young restaurant workers. Such workers are at high risk for alcohol and other drug (AOD) abuse according to national surveys. While evidence-based programs for AOD prevention exist, they have not been delivered to restaurants. Accordingly, an adaptation methodology was developed by integrating curricula from a previous evidence-based program with research on resilience and input from stakeholders, such as young restaurant workers, their managers, trainers, and subject matter experts. A new curriculum (Team Resilience) maintained fidelity to the original program while incorporating stakeholder insights. At the end of each of three training sessions, participants (n = 124) rated their awareness of AOD risks, help seeking orientation, and personal resilience. Ratings tended to increase across sessions, showing participants perceived benefits from Team Resilience. Discussion highlights the need for research-to-practice protocols in occupational health psychology.

Keywords: substance abuse, resilience, restaurant, prevention, research-to-practice

National studies suggest that 18- to 25-year-old restaurant workers present among the highest occupational risk for alcohol and other drug (AOD) abuse as compared with any other age or occupational group (Finne, 2006a, 2008; Substance Abuse and Mental Health Services Administration [SAMHSA], 2007; Zhang & Sielecki, 2003). The National Restaurant Association (2008) estimates that 40% of adults have worked in a restaurant during their lives and 27% had their first job in a restaurant. Thus, restaurants serve as a potential gateway through which many young and at-risk workers can learn positive health behaviors, thereby having significant future benefits for society. Despite this potential, there is no AOD prevention intervention specifically targeting this occupational group. High turnover, hectic work schedules, and group norms that support alcohol use are common barriers to program success.

This paper describes a process whereby we take a workplace AOD prevention program—based on scientific evidence—and adapt it to suit young restaurant workers. A primary goal of the adaptation was to address the barriers presented by restaurant work. To do so, we draw on advancements in workplace prevention for AOD use (Bennett & Lehman, 2003) and in moving research into everyday practice (e.g., Davis, Peterson, Heffrick, & Cunningham-Sabo, 2007; Bischof, 2007; Shibola & Schlichthaus, 2002). The need for adaptation in the restaurant environment illustrates a basic challenge faced by practitioners who wish to implement research-based programs: how to fit it to their own special circumstances while maintaining fidelity with core elements that make the program effective in the first place (e.g., Donahue, Broman-Gorman, Falco, & Hansen, 2003).

Figure 1. Summary of program adaptation process, showing inputs from subject matter experts and stakeholders.
CASE STUDY: Prevention Insights

- Translational science to services center
- Supported 100% via grants/contracts
- Community prevention of substance misuse, problem gambling, mental illness
- Institute for Research on Addictive Behavior – Analytical core
- 30 F/T staff
- Mission: Strengthening a behavioral health system that promotes prevention, treatment, and recovery
Overview of Project Phases

Statement of Problem:
- Rebrand center to expand nationally
- Restructure and function more efficiently
- University without resource capacity to provide customized services
- Administrator was gravely ill
- Awash in ambiguous circumstances

Scoping the Project and Statement of Work:
- Two Tracks (Internal and External)
- Track 1 – Initiate and immerse organization in culture of wellness
- Track 2 – Training of Trainers
Elements

- Track 1
  - Early Discovery Process (Organizational Assessment)
  - Retreat
- Track 2
  - Training Design
  - Training-of-Trainers
  - Internal Implementation
  - Annual Follow-up
  - Dissemination
Early Discovery Process
(Organizational Assessment)

- To guide our way forward
- Review of internal resources
- Focus groups, key informant interviews, anonymous survey
- Wellness Leadership Team to plan, implement activities; retreat
- Provided refined understanding of needs and strengths
- Time to consider who we are; how we want to feel and function better
Retreat

• Pre-retreat activities
• Integrated wellness activities within organizational structure
• Exercises involving self-reflection, proposed action, sharing, etc.
• Drew on evidence-based resources and experience
• Relevant to our needs as informed by discovery phase
• Not a training/workshop; exploratory and participatory
• Served as a common experience to reference our journey
• Pre-Post-survey showed complex perspectives
Supporting A Culture of Wellness (examples follow)

- Wellness Leadership Team
- Monthly Newsletters
- Monthly Zoom Wellness Meetings
- Invest in Our Journeys
- Encourage Job Crafting
- Team Building in All Meetings
- Guidance Documents
- Diversity
- Book Club
Training Design

Track 2 – planning Training of Trainers

How to facilitate modules from the Team Awareness and Team Resilience Curriculum

Outside agencies to attend on final day to receive facilitated training

Wellness pursuits in Track 1 complement and support wellness services provided to others
Training-of-Trainers

- 9 staff received TOT over 3 days
- 10 people from outside organizations attended facilitated training
- Feedback from outside agencies was valuable to continued improvement
Following TOT, those trained presented Team Awareness and Team Resiliency modules to all staff

Two-fold benefits:
1) practice implementing curriculum
2) contributed to internal culture of wellness
Annual Follow-up

• Administer survey annually to monitor changes
• Potential mini one-day staff retreat
Dissemination

- Recent and ongoing dissemination of wellness curriculum
- Learning how to promote awareness and interest
- Planning to converse with organizations about workplace needs
- Power of Stress - Module 2 Distributed to over 150 prevention specialists and treatment providers.
Outcomes

• Changes in Culture
• Captures dynamics that overlay multiple levels
• Addressing all domains is necessary to changing culture
• If culture isn’t improved, nothing with sustainability has been accomplished
Qualitative Outcomes

- Culture is being transformed
- Changes in expectations for taking care oneself, one another and organization have been raised
- Feeling of psychological safety
- Less noise/distractions
- More listening and focus
- Information sharing which gives opportunity to contribute
- Deeper sense of trust, confidence in managing conflict
- Naysayers indicate honesty, we’re all in different places, and reason to continue investing in culture of wellness to eventually reach everyone
THRIVE Training
Participant Experience
Team Awareness, Team Resilience

Raw Coping Power
The Negative Coping Cycle
STRESS

1

EVALUATE

2

TENSION RELEASE!
How do you cope?

RESPONSE
The Breakdown

- Fail to notice early warning signs
- Fail to follow values or set-point
- Fail to choose positive cycle

Pause → Evaluate → Cope

Select tension release! (addiction)

Later Warning Signs
## Later Warning Signs

1. Irritability
2. Crying a lot
3. “Shutting down”
4. Uncontrolled anger
5. Changes in sleep habits
6. Changes in eating habits
7. Increased use of alcohol/other drugs
8. Fighting w/family, friends, coworkers
9. Feeling down in the dumps often
10. Difficulty concentrating; distracted; “in a fog”

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How many of these have you had in the past month?

How many should one have before it’s time to get help?
Setting Your Intention For Positive Coping
LIFESTYLE
- Exercise, Diet
- Rest, Relaxation
- Substance Use
- Spirituality, Mindfulness
- Social Support

RESPONSE STYLE
- Staying Centered
- Self-Compassion
- Commitment
- Confidence
- Community
- Avoidance
- Attachment & Addiction
- Over-Aroused

STRESS
- Evaluate
- Cope
Raw Coping Power Exercise

1. **STRESS AREA.** What area of your life has stress?
2. **YOUR RESPONSE.** How can you respond better?
3. **GOAL.** What goal, intention, or affirmation will work?
4. **A STEP.** What specific step can you commit to?
5. **INFUSE.** Infuse your affirmation with relaxation.
### LIFESTYLE
- Exercise, Diet
- Rest, Relaxation
- Substance Use
- Spirituality, Mindfulness
- Social Support

**Which areas are strengths? Where do you need to work on in your own life?**
What positive and negative responses do you use to cope? Where can you improve?

- Staying Centered
- Self-Compassion
- Commitment
- Confidence
- Community

- Avoidance
- Attachment & Addiction
- Over-Aroused

RESPONSE STYLE
### GOAL SETTING FOR STRESS

<table>
<thead>
<tr>
<th>1-STRESSOR</th>
<th>2-POSITIVE COPING</th>
<th>3-SPECIFIC GOAL</th>
<th>4-FIRST STEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe a current problem that is causing you to feel stress.</td>
<td>List one or two effective ways that you might cope with the situation.</td>
<td>If you used this coping tool what goal would you achieve that addresses the stressor?</td>
<td>What specific action can you take to achieve that goal; WHEN? WHERE? HOW?</td>
</tr>
</tbody>
</table>
Lessons Learned and Discussion

- Customized to Organization
- Evidence – based theory and practice
- Focus on individual, interpersonal, and organization
- Emotion wellness – psychological safety
- Experiential and collaborative
Contact Information

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