

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



Speakers

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**PREVENTION
INSIGHTS**
AT THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH

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Organizational
Wellness & Learning
Systems

The logo for OWLS (Organizational Wellness & Learning Systems) features a stylized blue bird-like shape on the left, followed by the letters 'OWLS' in a bold, blue, sans-serif font. Below 'OWLS' is the tagline 'wellness wisdom' in a smaller, lowercase, blue font.

OWLS
wellness wisdom

ABSTRACT

1

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.

ABSTRACT

2

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

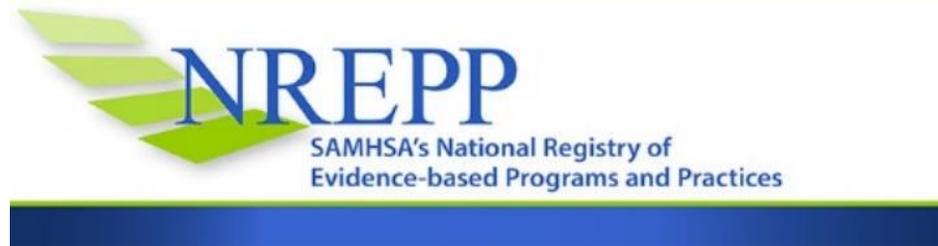
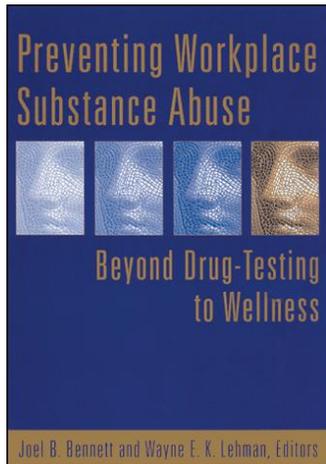
- Theory And Background on Team Awareness Model



INSTITUTE OF BEHAVIORAL RESEARCH

1994 - 2002

2003



2001

Team Awareness

2010

Team Resilience

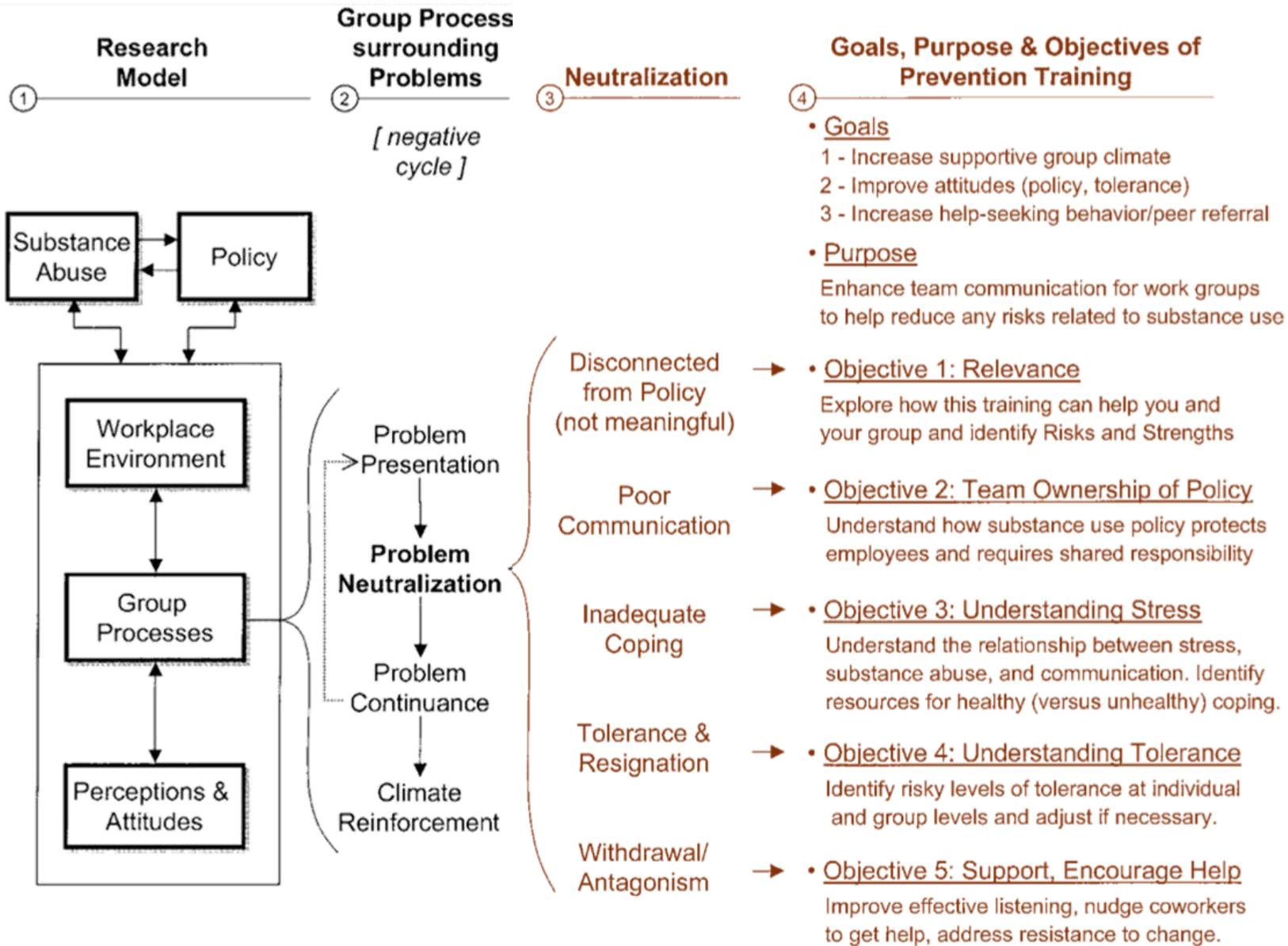
2017

Choices in Health Promotion

2015-current



Health Consciousness



Why are you here?

How do you/employer care about each other?

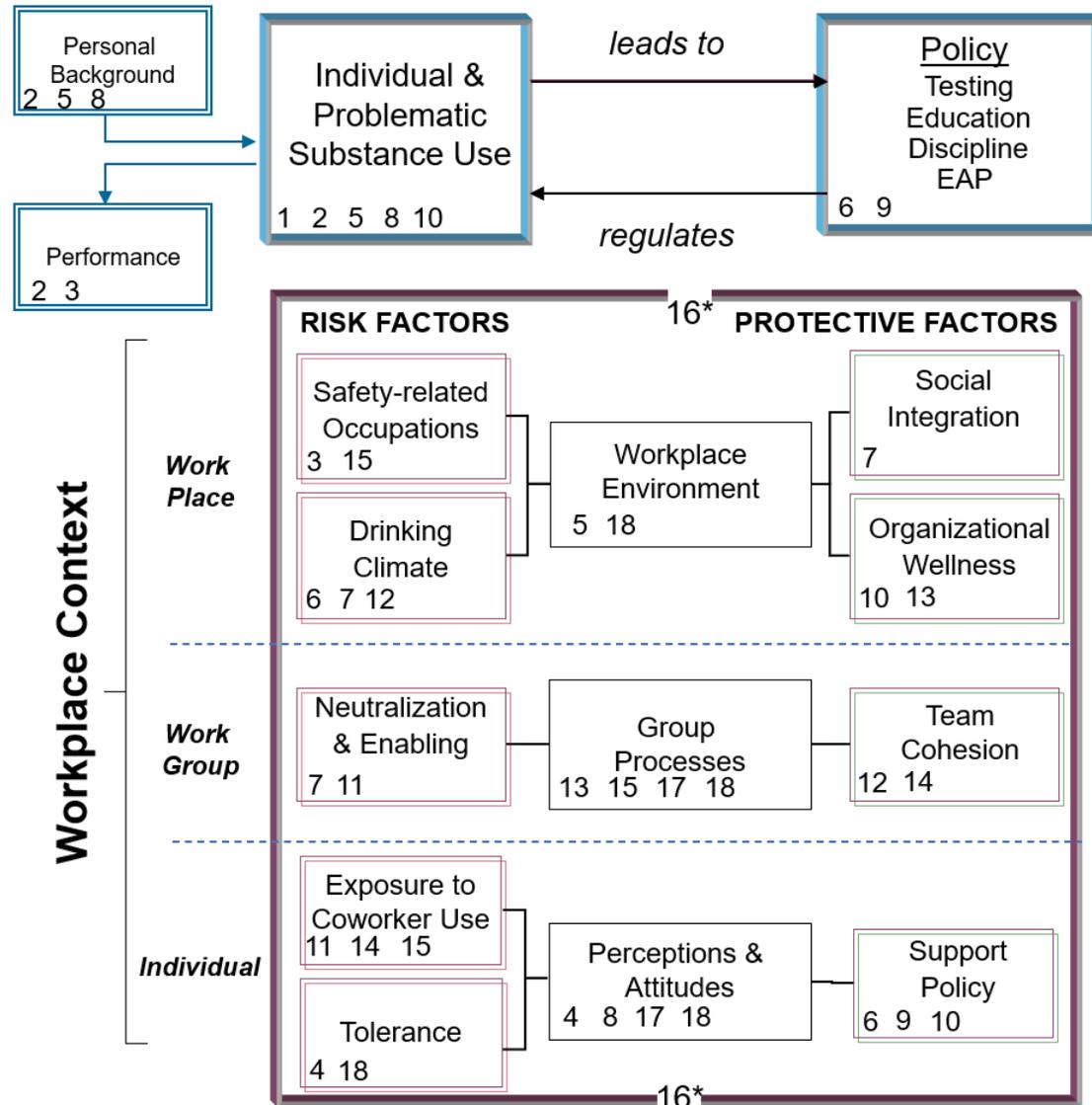
How can you respond vs. tolerate problems?

What are best ways to address stress?

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

Bennett, J.B., Lehman, W.E.K., Reynolds, G.S.,(2000) Team awareness for workplace substance abuse prevention: The empirical and conceptual development of a training program. [Prevention Science](#), 1(3), 157-172.

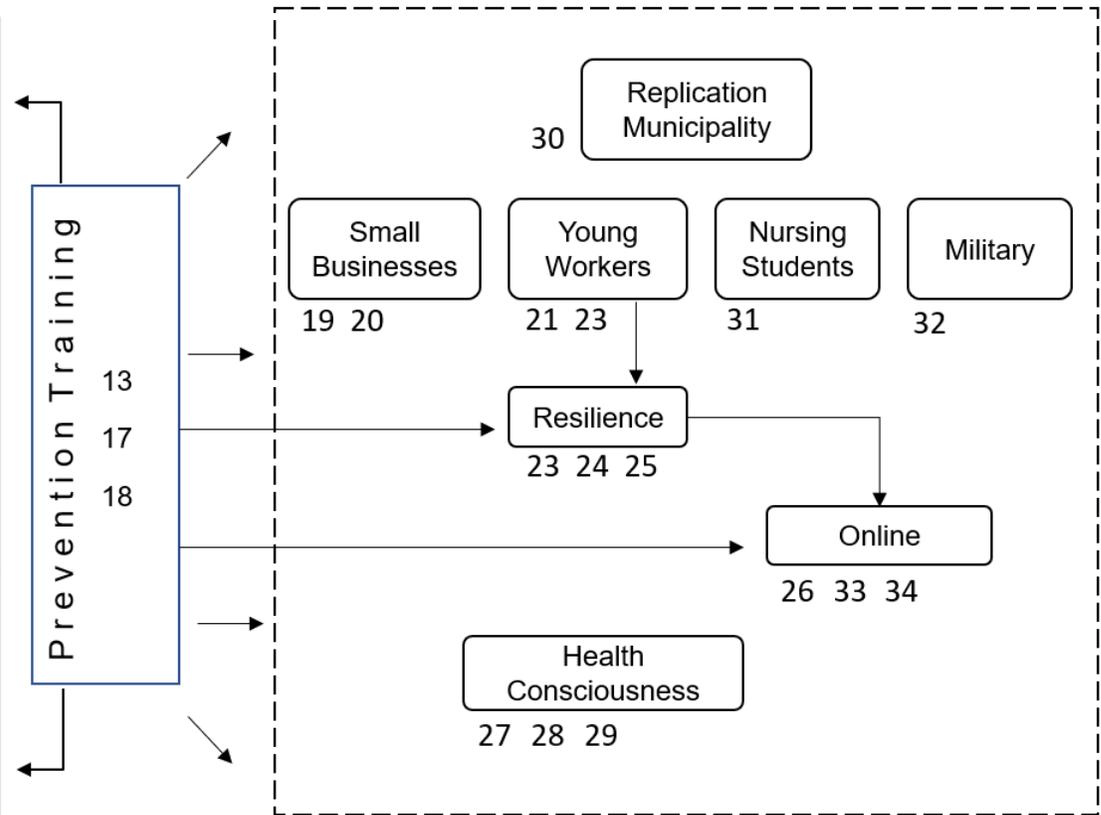
ORIGINAL MODEL (GROUNDED THEORY) – 1990-2002



* Note. Abstract 16 describes the full model

ADAPTATIONS & REPLICATIONS

(2002- 2019)



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

Improved Help & Care



- ↑ Help-Seeking
- ↑ EAP Utilization
- ↑ Encouraged Others
- ↑ Was Encouraged
- ↑ Responsiveness

Coping & Resilience



- ↑ Work Stress
- ↑ Personal Stress
- ↑ Healthy Unwinding
- ↑ Stress Competent
- ↑ Resilience

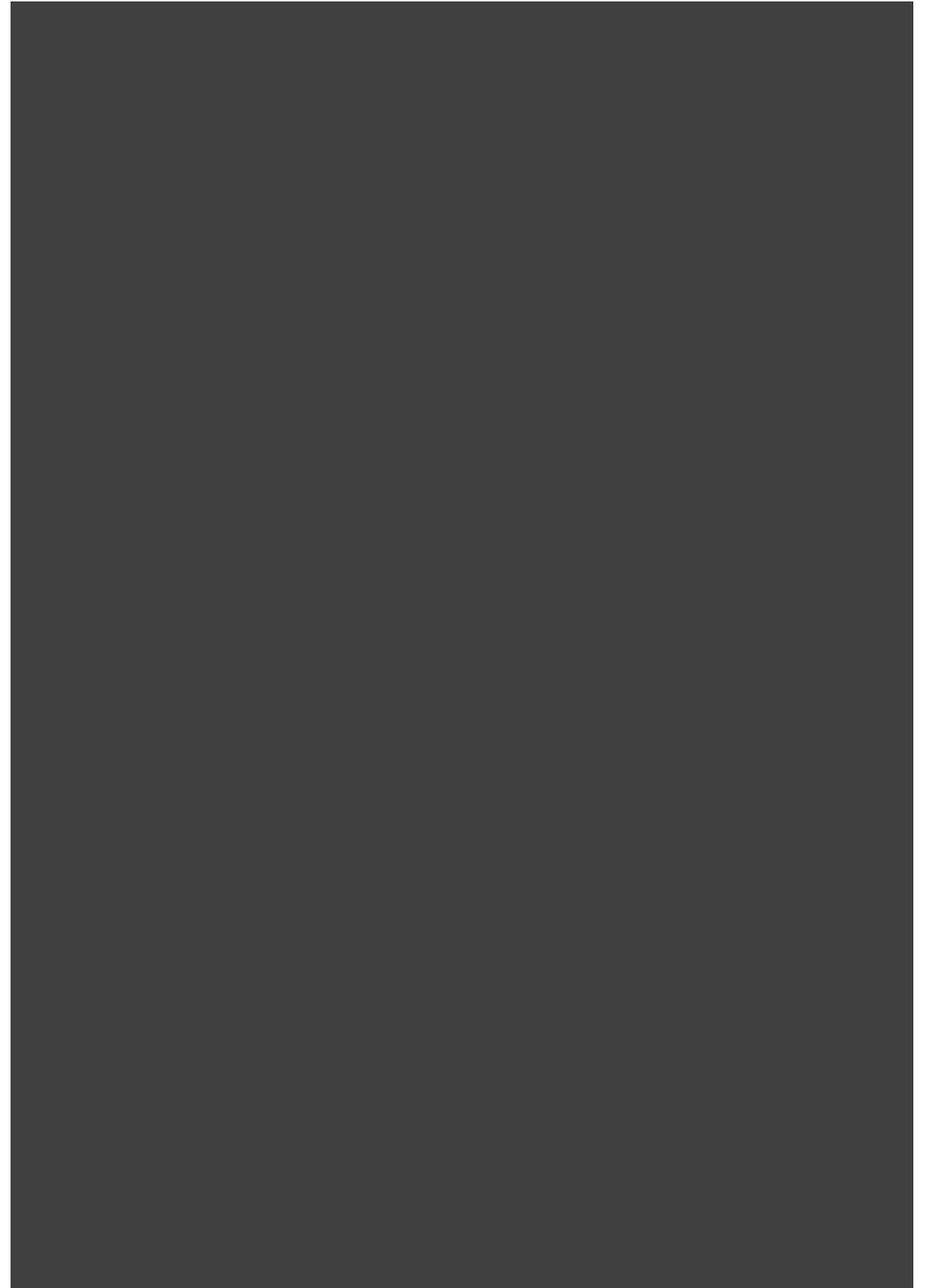
Reduced Substance Use



- ↓ Productivity Problems
- ↓ Alcohol Frequency
- ↓ Heavy Drinking
- ↓ Binge Drinking
- ↓ Drinking Climate



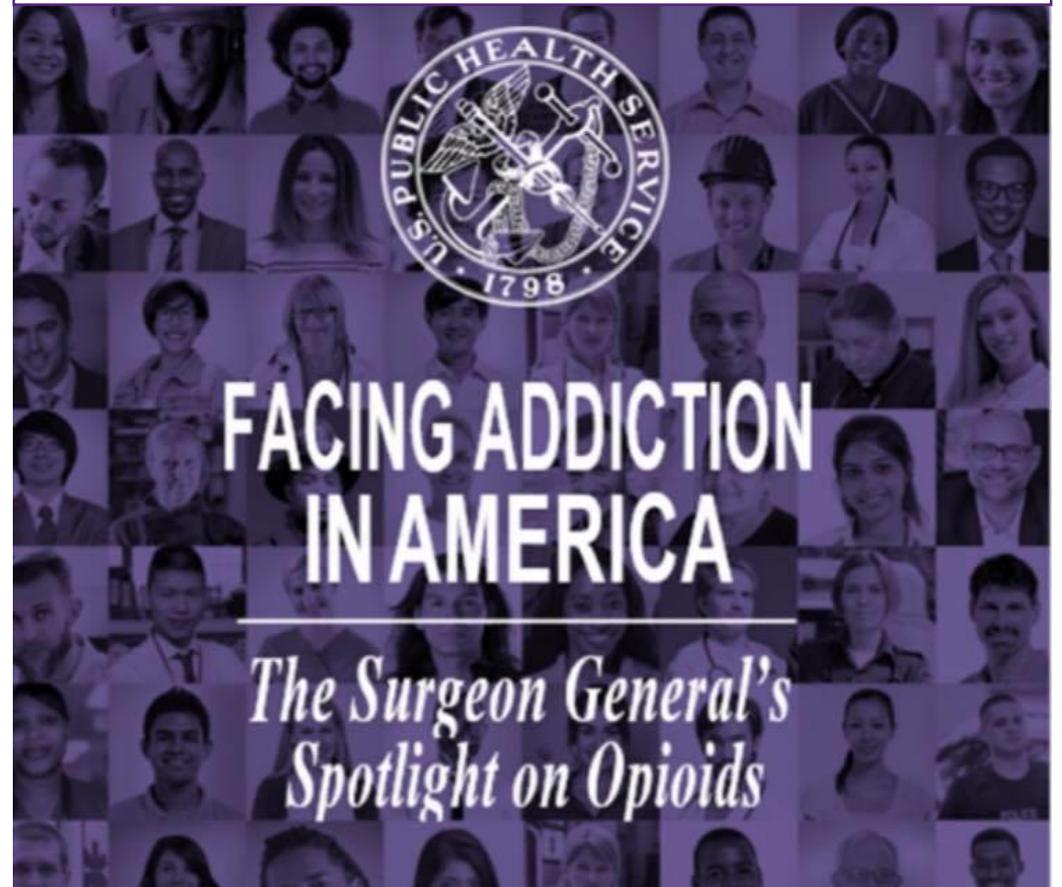
Dissemination





Dipartimento Dipendenze di Milano

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 and 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 (Frone, 2006a, 2006b; Substance Abuse and Mental Health Services Administration [SAMHSA], 2007; Zhang & Snizek, 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 new 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, Helfrich, & Cunningham-Sabo, 2007; Rischel, 2007; Sloboda & Schildhaus, 2002). The need for adaptation in the restaurant environment illustrates a basic challenge faced by practitioners who would use research-based programs: how to fit it to their own special circumstances while maintaining fidelity with core elements that made the program effective in the first place (e.g., Dusenbury, Brannigan, Falco, & Hansen, 2003).

Although many reviews on translating research into practice (e.g., Sloboda & Schildhaus, 2002) address adaptation in general, practitioners may benefit from more concrete procedures. Indeed, if a program is to be used by organizations outside of a research trial, it may require particular changes to make it suitable to new settings, or to match available re-

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

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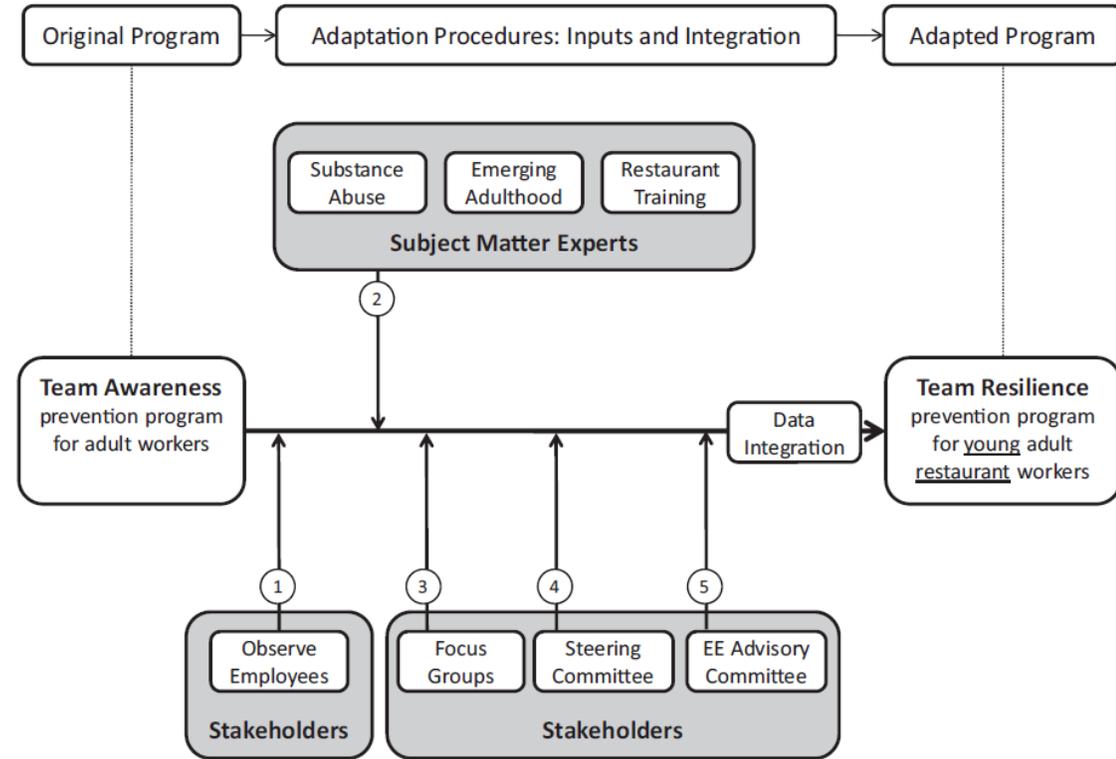


Figure 1. Summary of program adaptation process, showing inputs from subject matter experts and stakeholders.

CASE STUDY: Prevention Insights

P R E V E N T I O N
INSIGHTS
AT THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH

- 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



Wellness Leadership



INDIANA UNIVERSITY

PREVENTION
INSIGHTS
AT THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH

Applying
Addiction
Science
for Healthier
Communities

Well News

Respectful Workplace Training

Monthly Newsletters



Monthly Zoom



Promote Balance



Encourage Job Crafting



Diversity

Training Design



Track 2 – planning Training of Trainers



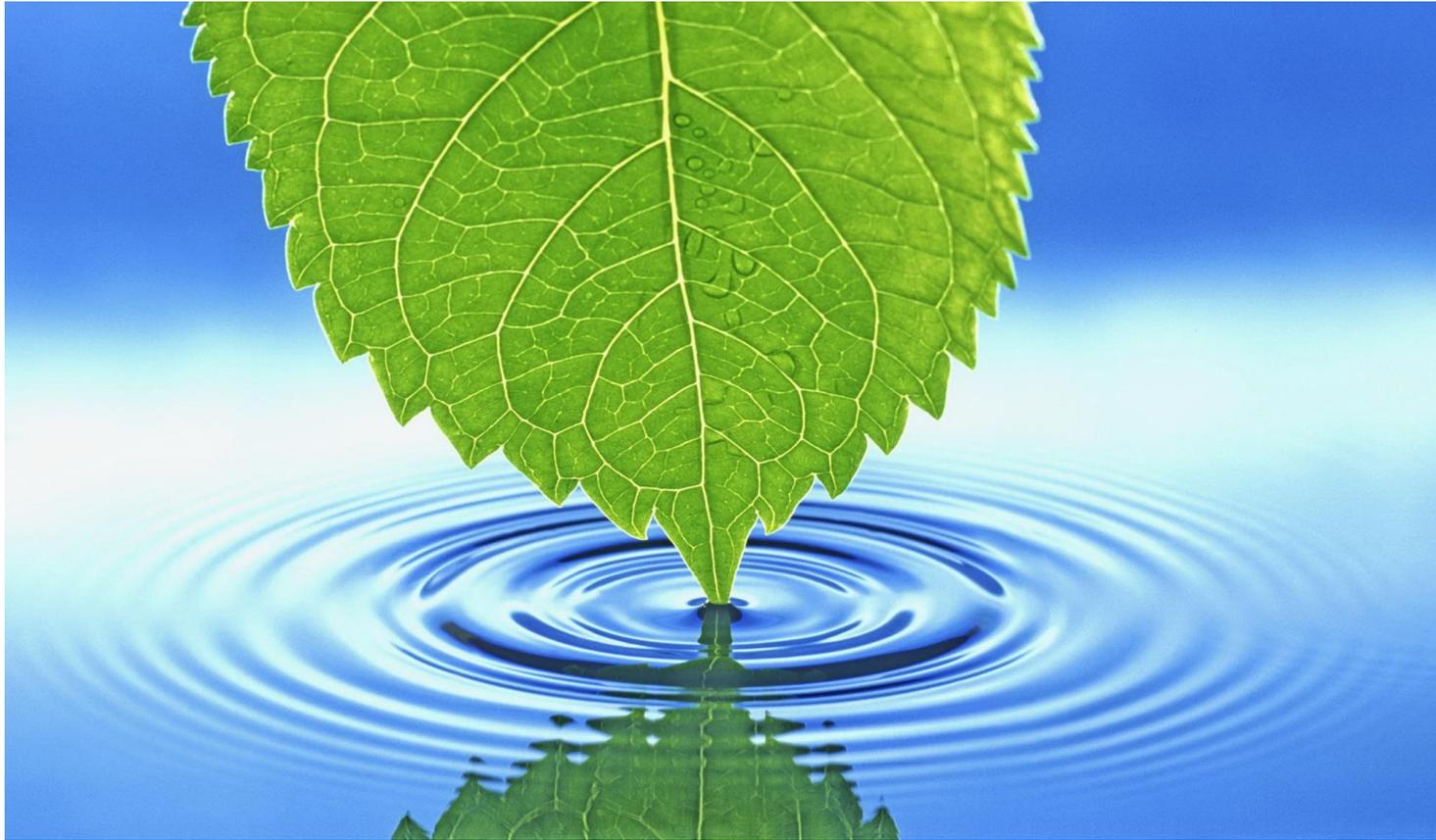
How to facilitate modules from the Team Awareness and Team Resilience Curriculum



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



Internal Implementation

- 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



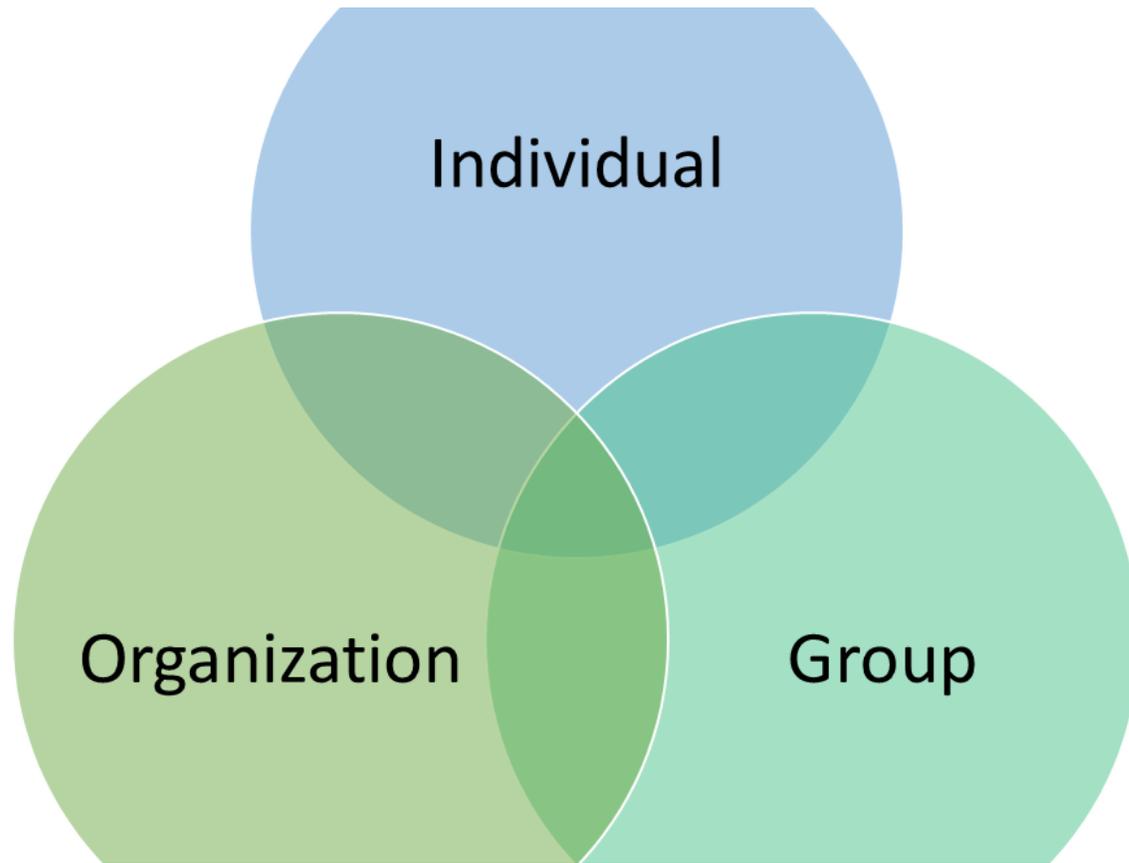
Annual Follow-up

- 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

THRIVE

Teamwork

Honor

Resilience

Inspiration

Vitality

Encourage



The Negative Coping Cycle

TENSION RELEASE!

1 STRESS



2 EVALUATE



How do you cope?

RESPONSE





The Breakdown

Fail to notice early warning signs

Fail to follow values or set-point

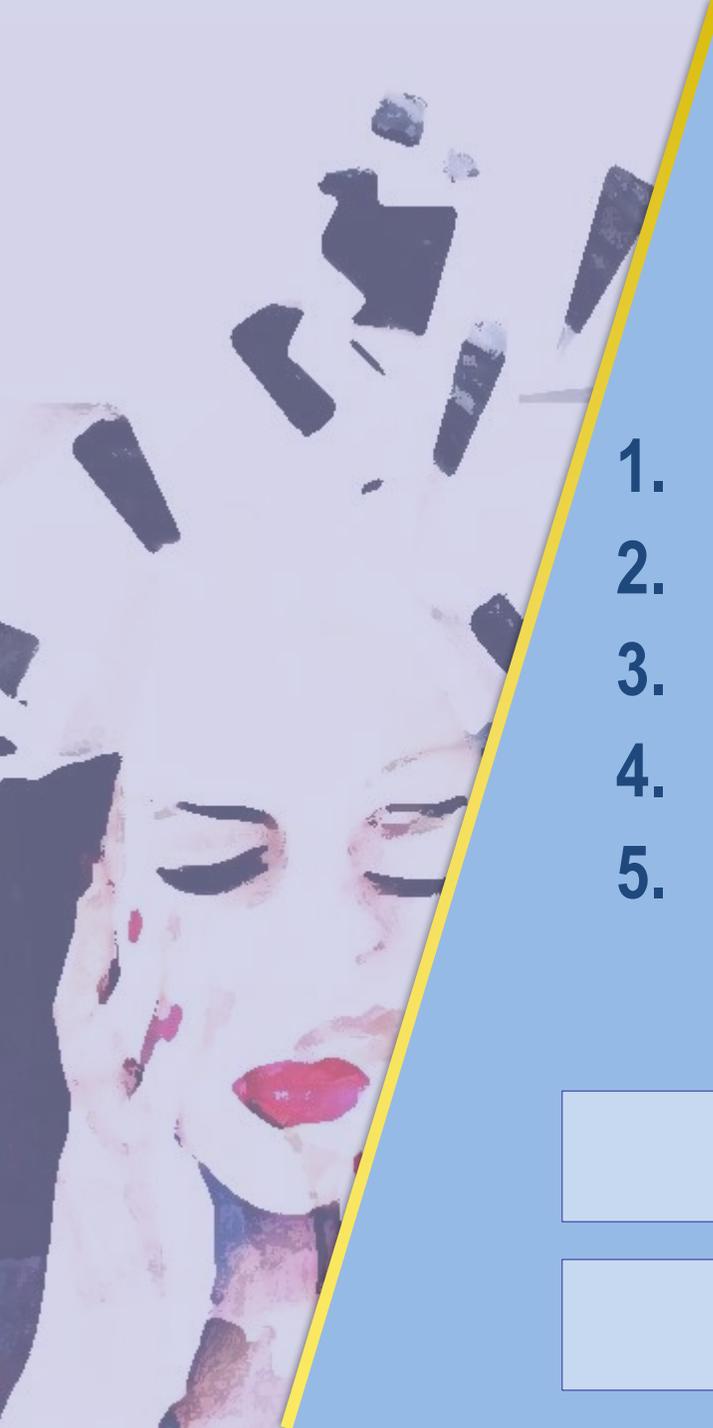
Fail to choose positive cycle

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”

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



2 EVALUATE



Response Style



1 STRESS

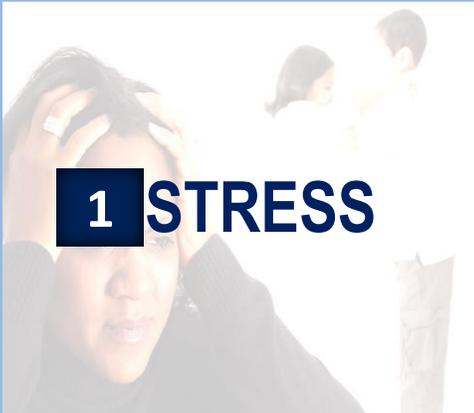


3 COPE



LIFESTYLE

- Exercise, Diet
- Rest, Relaxation
- Substance Use
- Spirituality, Mindfulness
- Social Support



1 STRESS



2 EVALUATE



3 COPE

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

RESPONSE STYLE



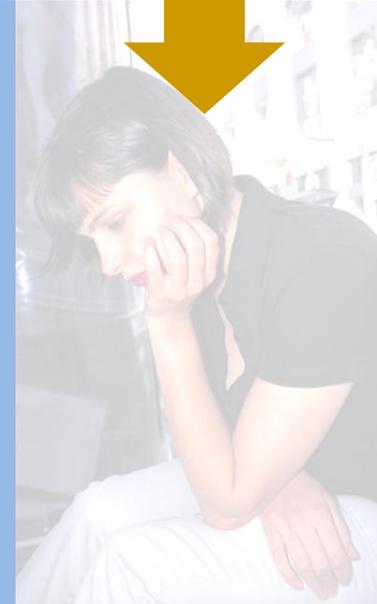
Raw Coping Power Exercise

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



1-STRESSOR

2-POSITIVE COPING

3-SPECIFIC GOAL

4-FIRST STEP

Describe a current problem that is causing you to feel stress.

List one or two effective ways that you might cope with the situation.

If you used this coping tool what goal would you achieve that addresses the stressor?

What specific action can you take to achieve that goal; **WHEN? WHERE? HOW?**

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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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