Young Adults in the Workplace: A Multisite Initiative of Substance Use Prevention Programs

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Team Resilience: Health Promotion for Young Restaurant Workers

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Introduction

National studies suggest that 18- to 25-year-old restaurant workers present the highest occupational risk for substance abuse and depression of any age or occupational group (Bennett et al., 2008; Ensuring Solutions, 2008; Frone, 2006a, 2006b; SAMHSA, 2007). According to the National Restaurant Association (2008), about 50 percent of adults have worked in a restaurant during their lives and 32 percent of adults had their first job in a restaurant. Thus, restaurants serve as a setting in which new, at-risk workers can learn health behaviors with significant positive downstream effects for society. This chapter reviews the development of an innovative curriculum to reduce young worker risks while addressing operational concerns in restaurant management. We viewed the restaurant as a venue through which workers learn important life attitudes and skills, including the commitment and follow-through necessary for tedious restaurant work and that managers require for sustained business. Indeed, restaurants have perhaps the highest employee turnover of any industry.

The following sections provide an overview of the Substance Abuse and Mental Health Services Administration’s (SAMHSAs) Young Adults in the Workplace (YIW) grant project, the restaurant industry and participating organization, and demographics of participants. We describe the new curriculum, which went through a series of adaptations (see Bennett et al., 2010), and present the logic model that informed program development. We describe the target population and process findings related to program implementation. Our efforts in program development cast a very broad net; we aimed to create a program that would promote as many strength factors as possible. This chapter focuses on these factors. Future work will examine how program elements can be packaged for scalability and dissemination in the field.
The current chapter also reviews processes wherein an evidence-based program that has proven effective in one field or with a certain population is adapted for use in another field. The program for young restaurant workers we highlight here (Team Resilience) was informed by an existing curriculum (Team Awareness) that was originally developed for adult employees. Others have described many challenges associated with translating research into practice or adapting programs for use outside of initial clinical trials (Fixsen et al., 2005; Fixsen et al., 2007). We hope that our experiences in meeting these challenges will be helpful to others who want to improve the reach and utility of workplace prevention programs.

**Program Description**

For the YIW initiative, Organizational Wellness & Learning Systems partnered with a national restaurant chain to adapt and deliver a highly interactive, classroom-based training program (Team Awareness) (Bennett & Lehman, 2000) that has been scientifically reviewed and entered into the National Registry of Evidence-Based Programs and Practices (2002, 2007). The adapted program, Team Resilience, appeals to young adults’ sense of resilience and draws on the opportunity that restaurant work provides this age group for learning important life skills, such as communication and work-life balance (Arnett, 2004; Bennett et al., 2006).

We selected the restaurant industry because of inherent occupational and behavioral health risks for young workers. Restaurant workers (food preparation and service) have a greater incidence of substance abuse than workers in any other occupation (e.g., Kjaerheim et al., 1995; SAMHSA, 1997, 2007; Zhang & Snizek, 2003). For the National Survey on Drug Use and Health, more than 17 percent of food service workers reported illicit drug use, with no change from 1994 to 2007. Another national study found such workers to be among the five highest-risk occupational categories (Frone, 2006a, 2006b). Compared with 17 other occupations, food service workers were about 9 times more likely to work under the influence of illicit drugs or alcohol. Compared with 21 different occupations, food service workers had the second-highest rate of major depressive episode in the past year (at 10.3 percent), with greater risk for 18- to 25-year-olds (at 11.5 percent) (SAMHSA, 2007). Also, although serious psychological distress is higher among young adults aged 18 to 25 (roughly 18 percent) than among those aged 26 to 49 (12.2 percent) and 50 or older (7.0 percent), young adults are least likely to receive mental health services (Office of Applied Studies, 2008).
It is possible that the disproportionately high substance abuse among restaurant workers is simply because they are younger (and substance abuse is more common among younger groups). It would seem that age, and not the industry type, may be the responsible factor. However, past research, as well as our own field investigations, suggests that there may also be a culture that supports drinking, late-night revelry, and stress relief following a demanding work shift. We make this statement with great caution so as not to perpetuate stereotypes and to emphasize that there is significant variation in culture from restaurant to restaurant. At the same time, the Team Awareness curriculum was designed to address risks in occupational subcultures, and our approach was geared to address such risk. It also promotes help-seeking for depression and distress that appeared to be high in young restaurant workers.

We identify four reasons why addressing behavioral health risks may also be relevant to the future development of restaurant industry and careers. First, restaurants are perhaps the largest employer of young adults (Bureau of Labor Statistics, 2007), and an intervention should be of interest to an industry that has itself acknowledged significant alcohol and other drug (AOD) problems (Batur Holweg International, 2003; Berta, 2003). Second, as noted, restaurants have among the highest levels of turnover of any industry (Chapman, 2004), which is relevant because substance abuse is related to job instability (SAMHSA, 1997; Zhang & Snizek, 2003). Not surprisingly, in our restaurant sample, lower job commitment was associated with marijuana use and alcohol hangovers. Third, heavy drinking is associated with work injuries among young adults (Veazie & Smith, 2000). This is especially relevant for the current sample, because young worker injuries (e.g., slipping on spills, cuts, burns) are highest in restaurants (Castillo, 1999). Fourth, AOD use predicted absenteeism and theft in a large sample of entry-level restaurant workers (Bolin & Heatherly, 2001). Also, as explained below, the proximal outcome of the Team Resilience logic model is a positive work environment. For young workers, a positive work environment is related to greater well-being (Grebner et al., 2004) and organizational commitment (Frone, 1998).

To summarize, a program that could address substance abuse and related behavioral health factors is not only important for the well-being and health of the employees themselves; it could also improve many outcomes for the workplace (e.g., liability due to on-the-job injuries, productivity, turnover). Thus, at all stages of program development we sought to keep a dual focus on the workers and the industry that would be critical to the future dissemination and sustainability of the program.
The remainder of this section describes the adaptation of the Team Resilience program using fidelity principles of the Team Awareness training and inputs from stakeholders, the final training structure, and the logic model. We believe that the methodology described here can be applied to other restaurants employing a large number of young adults.

Team Awareness: The Original Program

The Team Awareness program (Bennett et al., 2000) was the starting point for adaptation. The core logic of Team Awareness follows research showing that work group cohesion is a protective factor against adult AOD abuse, whereas drinking climate (e.g., peers support and join in alcohol use) is a risk factor (e.g., Bacharach et al., 2002; Bennett & Lehman, 1998). In its original format, Team Awareness is an 8-hour training program for adult workers (Bennett et al., 2000) and includes six modules that facilitate positive social interaction, promote a healthy work environment, and destigmatize help-seeking for AOD and mental health concerns. For example, the program addresses the possibility that employees tolerate counterproductive coworkers (e.g., those who consumed alcohol on the job) (Bennett & Robinson, 2000) because the work climate supports their behavior, as in shared AOD use (Bennett et al., 2000). Module content covers (1) relevance to employees and the employees’ group through seven core prevention principles, which are reiterated in all other modules (Table 4.1); (2) policy and resources (e.g., the employee assistance program [EAP]); (3) tolerance versus responsiveness toward troubled workers; (4) stress, coping, and substance use; (5) communication; and (6) peer referral, support, and encouragement. The program uses mini-lecture, interactive scenarios; a “Risks & Strengths” game; role-play activities; and communication exercises.

Randomized studies have shown that Team Awareness reduces problem drinking and drinking climate and improves help-seeking behaviors, employee assistance utilization, and supervisor responsiveness to troubled workers (Bennett & Lehman, 2001; Bennett et al., 2004; Lehman et al., 2003; Patterson et al., 2005). In 2002 and 2007, reviewers with the National Registry of Evidence-Based Programs and Practices (Brounstein et al., 2006; Hennessy et al., 2006) rigorously evaluated the program and included it in the registry as an evidence-based program. Previous work with Team Awareness suggested it may be useful to young workers, but it required some, if not significant, modification from its use with adults.
Program Adaptation and Innovation

The developers used three core inputs to create the new Team Resilience program: (1) the original evidence-based practice (EBP), Team Awareness (Bennett et al., 2000); (2) stakeholders (i.e., young adults); and (3) linking concepts. *Linking concepts* refers to ideas (e.g., stress, communication) used to reference back to the original program and allow for innovation in the new program. The signature assumption of any EBP is that it has core content and principles that account for effectiveness. The new program should retain some core aspects and maintain fidelity to the original content and principles of the program (Dusenbury et al., 2003). At the same time, the likelihood of the EBP’s being accepted (buy-in) is improved through capacity-building by modifying programs to best fit the culture, ethos, and belief systems of the target group (Stevenson & Mitchell, 2003). Finally, there may be a set of linking concepts that could be used to help translate between the EBP and the target population. These three inputs helped us adapt the actual training material into a new format. We synthesized the core inputs through six types of meetings, which we call touch points.

Six Touch Points

The research team met with others (e.g., subject matter experts [SMEs], advisory group) to showcase, discuss, or test the three core inputs. We refer to these meetings as touch points rather than steps because the meetings are not necessarily sequential. For example, an SME may be consulted before or after a focus group, whose ideas may be tested with an advisory group, or advisors may make suggestions that need to be discussed with an SME.

<table>
<thead>
<tr>
<th>Table 4.1 Seven “ounce of prevention” principles from the Team Awareness curriculum</th>
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<tbody>
<tr>
<td>1. Identify and reduce risks that cause or aggravate the problem.</td>
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<tr>
<td>2. Identify and increase strengths that address the problem.</td>
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<tr>
<td>3. Know and appreciate policy as your guide and safeguard.</td>
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<td>4. Understand your own tolerance for the situation and adjust if necessary.</td>
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<tr>
<td>5. Work together as a team to communicate and solve the problem.</td>
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<tr>
<td>6. Develop or enhance stress problem-solving skills (alternative solutions).</td>
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<tr>
<td>7. Communicate the problem and support others (don’t isolate and withdraw).</td>
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</table>
**Touch Point 1 (Key Informants).** We first met with key informant restaurant managers and shadowed representative young workers in their work setting.

**Touch Point 2 (Subject Matter Experts).** SMEs provided input on program design. Before meeting with four SMEs, we prepared insights from shadowing (touch point 1) to stimulate input from SMEs into the design of training exercises and topics for discussion.

**Touch Point 3 (Focus Groups).** Through extensive interviews, six different focus groups reviewed elements from the original Team Awareness training and tested ideas proposed by the SMEs. These groups provided feedback on elements to be retained, revised, or discarded. We included groups with diverse populations—restaurant trainers, managers, students, servers, back-of-house workers, Spanish speakers—to further ensure that the material is culturally sensitive.

**Touch Point 4 (Employee Advisory Committee).** We formed an employee advisory committee (EAC) composed of young employees of the restaurants who met four times (monthly) to review the training. The work of the EAC concluded the transition from program development to implementation. We presented a prototype program to EAC members, who gave feedback, generated new curricula, and validated early content and design decisions. We used the EAC to (1) identify sources of influences on worker decisions to use AOD, (2) uncover beliefs about AOD abuse, (3) gauge the level of education regarding restaurant policy and the value placed on work training, and (4) determine knowledge of addiction and AOD treatment.

**Touch Point 5 (Management Steering Committee).** We also recruited participants for a management steering committee, which is distinct from the EAC in that it is composed of professionals, managers, senior leaders, and other key influencers in the work setting. Steering committee members met monthly and were provided updates as the translation process proceeded.

**Touch Point 6 (Pilot Curriculum).** Incorporating input from previous touch points, we created an initial model and showcased elements with focus groups. We considered the training a work in progress and later reviewed it in an intensive 2-day adaptation retreat that included SMEs. We reviewed the new program against fidelity guidelines of the EBP and SME input. The key output of this retreat was a model ready to be developed into a training manual.
Resilience: Final Training Principles

We titled the program Team Resilience because information collected from the six touch points, as well as previous studies, suggested that young adults were more receptive to learning about resilience (Masten et al., 2006; Osgood et al., 2005) than about wellness (healthy lifestyle) or awareness-raising activities, per se. Moreover, many studies have shown that resilience (or hardiness) is a significant protective factor for AOD risk (Maddi et al., 1996; Moon et al., 1999; Wong et al., 2006). Accordingly, we reviewed the literature on resilience (Bonanno, 2004; Clausen, 1991, 1993; Friborg et al., 2003; Maddi, 2005; Masten et al., 2006; Rutter, 1989; Werner, 1989) and adapted the original Team Awareness curriculum to address the resilience interests of this at-risk population.

To preserve fidelity, the curriculum aligned concepts of resilience with principles (and some activities) from the original Team Awareness curriculum. Specifically, we examined the literature on resilience and extracted five distinct psychological constructs that appeared—when assembled together—to constitute the major dimensions of resilience. To aid easy recall of these constructs, we labeled them “Five Cs:” confidence (sense of control), commitment (sense of calling), community (caring), compassion (having character), and centering (coping). We compared these five constructs with the seven core prevention principles of Team Awareness and the Team Awareness training modules. As a result of this comparison activity, we retained the core principles of Team Awareness in the new curriculum. However, significant modifications were required, and we created new content to appeal to the young restaurant worker. Table 4.2 describes the resiliency characteristic for each of the Five Cs, the source for its psychological construct, and the related Team Awareness principles (from Table 4.1) and Team Awareness modules. The last column indicates where the seven Team Awareness principles fit in the five Team Resilience constructs.
Table 4.2 The Five Cs of resiliency: Their derivation and correspondence to Team Awareness (TA)

<table>
<thead>
<tr>
<th>Resiliency Constructs</th>
<th>Psychological Construct</th>
<th>TA Principles [Number]</th>
<th>TA Module (and How It Was Modified for TR)</th>
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<tbody>
<tr>
<td><strong>Confidence</strong> (Control)</td>
<td>Positive self-focus, hardiness, knowing your limits, optimism, hope</td>
<td>Self- and collective-efficacy&lt;sup&gt;a&lt;/sup&gt; Internal locus of control&lt;sup&gt;b&lt;/sup&gt;</td>
<td>[3] Know and appreciate policy as your guide and safeguard</td>
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<td><strong>Commitment</strong> (Calling)</td>
<td>Goals and dreams, goal setting, clarifying direction and career identity, hardiness</td>
<td>Planful competence&lt;sup&gt;b&lt;/sup&gt; Personal structure&lt;sup&gt;c&lt;/sup&gt; Achievement motivation&lt;sup&gt;a&lt;/sup&gt;</td>
<td>[1 and 2] Identify and increase strengths, reduce risks; [6] develop or enhance stress problem-solving skills</td>
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<tr>
<td><strong>Community</strong> (Caring)</td>
<td>Giving/receiving help, peer referral skills (NUDGE), know how to listen, get help, welcome new hires</td>
<td>Social support&lt;sup&gt;a,b,c&lt;/sup&gt; and connectedness&lt;sup&gt;a&lt;/sup&gt;</td>
<td>[7] Communicate the problem and support others (don’t withdraw) [5] Work together as a team to communicate and solve problems</td>
</tr>
<tr>
<td><strong>Compassion</strong> (Character)</td>
<td>Integrity, character strengths, and virtues, heart-centered leadership, responsiveness</td>
<td>Social competence and adeptness&lt;sup&gt;c&lt;/sup&gt; Dependability&lt;sup&gt;c&lt;/sup&gt;</td>
<td>[4] Understand your own tolerance for the situation and adjust if necessary; [7] support others</td>
</tr>
<tr>
<td><strong>Centering</strong> (Coping)</td>
<td>Wellness, stress management, spiritual health, work-life balance</td>
<td>Positive coping&lt;sup&gt;a&lt;/sup&gt; Problem solving&lt;sup&gt;d&lt;/sup&gt;</td>
<td>[6] Develop or enhance stress problem-solving skills</td>
</tr>
</tbody>
</table>

TA = Team Awareness; TR = Team Resilience; NUDGE = Notice, Understand, Decide, use Guidelines, and Encourage.
<sup>a</sup> Masten et al., 2006
<sup>b</sup> Clausen, 1993
<sup>c</sup> Friborg et al., 2003
<sup>d</sup> Maddi, 2005
Final Training Structure and Content
The Team Resilience training is designed to be conducted over 3 days, with one 2-hour session per day and 30 to 45 minutes of the Journey to Resilience game, which is described below. Sessions include employees from all job types. Training uses mini-lectures, discussions, interactive group work, role-playing, and communication skills practice. For each session, participants choose to be on one of three teams for various exercises. The training has some participant-driven elements, the central one being peer nomination of two ambassadors in Session 3. These ambassadors are further trained in a 90-minute session on how to carry the message of the program forward.

We worked with the restaurants to establish several logistical procedures prior to program delivery. First, to enhance recruitment, we asked managers to recommend one or two staff (who were well networked and popular) to encourage attendance and sign-up via a poster in the back of the restaurant. Second, we provided incentives for participation. Participants who attended training received $15 or $20 (depending on the area) and also could receive more cash prizes through participation on the winning team in the game aspect of the training. Third, in this particular setting, trainings were mostly scheduled from 9:00 a.m. to 11:00 a.m. on weekday mornings before the restaurant opened for lunch. In some cases, training was conducted on a Saturday morning and in the evening. The following is a synopsis of the main training elements.

Session 1: The Map—Emerging Adulthood and Resilience (Two Modules)

Module 1: Relevance. Participants complete and discuss a brief survey of emerging adulthood.

Module 2: Resilience and the Five Cs. Participants are introduced to the concept of resilience through group discussion and program materials.

Session 2: The Terrain/Your Compass (Five Modules)
Session 2 has five modules, one for each of the Five Cs. Participants decide as a group which C they want to improve, and teams set a goal and discuss how long it may take to reach it. Teams share goals with the entire group and are reinforced (through incentives like candy and applause) for clarifying their intentions. The modules include self-assessments, group exercises, and discussion.
Session 3: The Destination (Two Modules)
Session 3 has two modules taken directly from the Team Awareness program. Toward the beginning of Session 3, all participants are asked to nominate two individuals to be Team Resilience ambassadors. Nominations were collected by training staff and tabulated to select the two nominees with the most votes.

**Module 8: Communication.** Participants review guidelines and participate in exercises developed to facilitate effective communication.

**Module 9: Peer Referral Training (Encourage Help).** The Team Awareness NUDGE (Notice, Understand, Decide, use Guidelines, and Encourage) model instructs on peer referral using role-playing.

The Journey to Resilience (Restaurant Game)—Team Competition
We created a new game that integrated policy and AOD information and met three specific goals: (1) reinforce the restaurant as a learning environment for resilience, (2) teach the Five Cs, and (3) motivate participants to reduce turnover via commitment to team attendance at each game. At the end of each session, 30 minutes is reserved for play. Teams move markers around a 4-ft by 5-ft game board designed to resemble the floor plan of a restaurant. Each space represents a guest table or area of the restaurant (e.g., kitchen, dry storage), which offers a chance to gain points in one of the Five Cs. In each turn, teams are presented with fun activities or questions that earn team points when answered correctly. We developed the questions based on policy guides on wait staff’s responsibilities for alcohol service (a legal requirement for the job), concepts used by the host restaurant, and content from preceding modules. The goal of the game is to earn a balance of points across all Five Cs. In each session, members on the team with the most points receive a cash prize. Points are added cumulatively, and the team with the most points at the end of Session 3 wins added incentives. A bar in the floor plan shows the risks of varying levels of alcohol use.

Ambassador Training
After completing the training, we contact the two ambassadors to attend a separate 90-minute session. One or two training staff meet with the ambassadors to review their roles and ask them to describe why they feel the other would make a good ambassador. The training includes a review of the team goals developed in Session 2, further practice of the NUDGE model, ways to use the Team Resilience Welcome brochure, and encouragement to promote the use of different tools given in the training, including the EAP.
Booster Training
We introduce a single 60- to 90-minute booster session 6 months after the initial intervention. The session reviews the Five Cs of resilience; the best coworker exercise; the Welcome brochure; and the EAP, GetFit, and How to Get Help resources. Small teams compete in a true-false quiz game modeled after the restaurant game (Journey to Resilience).

Incentives
In program restaurants, participants received $20 for each session attended. After arriving at a session, participants were divided into teams based on the number attending. For example, if there were nine participants, participants were divided into three teams. At the end of each session, game points were tallied from the Journey to Resilience game, and each team member from the team with the most resilience points for that session received an additional $20. Team members could earn extra commitment points for their team between Sessions 1 and 2 by visiting one of the three health websites (GetFit.samhsa.gov, StopSmokingCenter.org, or an employee assistance website) and bringing proof of having completed any exercise or survey. Participants completed a session rating sheet at the end of each session.

Logic Model
Figure 4.1 shows the logic model of the Team Resilience intervention program. For purposes of this section, we present the logic model as it may be useful to others who wish to replicate the entire Team Resilience model in all its aspects: to build the curriculum, understand the intended impact of the program, and evaluate such impact. The logic model has 13 distinct components, which are described in this section: (1) primary inputs, (2) program goals, (3) target population, (4) antecedent variables, (5) rival elements, (6) program elements, (7) available resources, (8) program outputs, (9) key proximal mediators, (10) intermediate outcomes, (11) long-term outcomes, (12) decreased turnover, and (13) hypothesized causality.

Primary inputs overlap with the inputs described above, in the Program Adaptation and Innovation section, and include theory (emerging adulthood and resilience), context (i.e., policy), stakeholders (e.g., steering committee, EAC), observations from the field, and consultants (SMEs). These inputs significantly informed the innovations and goals of the program and helped us be sensitive to factors that could affect program delivery and outcomes.
Figure 4.1 Logic model: Team Resilience program

**Primary Inputs (Context)**

- **Theories:**
  - Team Awareness
  - Emerging Adulthood
  - Resiliency
  - Ecological
  - Adult Learning

- **Context:**
  - Policy
  - Local
  - National

- **Stakeholders:**
  - EAP, Focus Groups
  - Advisory/Steering Committees

- **Observations:**
  - Quantitative, Admin, Participant

- **Consultants:**
  - Ames, Arnett, Rynda, Walters

- **Program Goals**
  1. Reduce the Risk of AOD Abuse
  2. Increase Help-Seeking Behaviors
  3. Increase Performance
  4. Decrease Turnover

- **Target Populations**
  - Restaurant Workers
  - Front of House Workers
  - Back of House Workers
  - Managers

**Context**

- **Antecedent Variables**
  - Developmental Factors in Emerging Adulthood
  - Turnover
  - Seasonal/Corporate Changes
  - Managerial Support
  - Employee Background

**Program Elements**

- **Program Elements:**
  - Core Training Element: Team Resilience
  - Supports:
    - Focus Groups
    - Manager Training
    - Booster Sessions
    - Internet Health

- **Incentive Structure**
- **Recruitment Strategy**
- **Recruitment Coordinator**

**Program Outputs**

- **Participant Engagement:**
  - Number Attending
  - Completion rates
  - Positive Session Ratings

- **Materials:**
  - Wellness Welcome
  - Brochure
  - How to Get Help Brochure

- **Environment:**
  - Ambassadors
  - Team Environment
  - EAP

**Available Resources**

- Staff
- Budget
- Materials
- Curriculum Development
- Corporate Support

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AOD = alcohol and other drug; EAP = employee assistance program.
Figure 4.1  Logic model: Team Resilience program

Participant Engagement:
- Number of Attending
- Completion rates
- Positive Session Ratings

Materials:
- Wellness Welcome
- Brochures
- How to Get Help Brochures

Environment:
- Ambassadors
- Team Environment
- EAP
- Developmental Factors in Emerging Adulthood
- Turnover
- Seasonal/Corporate Changes
- Managerial Support
- Employee Background
- Policy Changes
- Other EAP
- Employee Transfer/Contamination
- Rival Intervention
- Programs

Intervening/Rival Elements

Key Proximal Mediators
- Team Resilience
- Emerging Adulthood
- Manager Responsiveness

Intermediate Outcomes
- Smoking Climate
- Drinking Climate
- Stress (Personal, Job)
- AOD Attitudes
- AOD/Tobacco Use
- Restaurant Climate
- (Pride, Stigma)

Long-term Outcomes
- Help-Seeking
- AOD Outcomes
- Psychological Outcomes
- Job Performance

Decreased Turnover (Business-Level Metrics)

Hypothesized Causality

Implicit Causal Model:
Ambassadors = 🌟

Individual (Outreach)
Group Processes
Work Environment

Context 1. Reduce the Risk of AOD Abuse
2. Increase Help-Seeking Behaviors
3. Increase Performance
4. Decrease Turnover

Program Goals
Target Populations
- Smoking Climate
- Drinking Climate
- Stress (Personal, Job)
- AOD Attitudes
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- Restaurant Climate
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Program Elements
- Core Training Elements:
  - Team Resilience
  - Supports:
    - Focus Groups
    - Manager Training
    - Booster Sessions
    - Internet Health

Recruitment Strategy
Incentive Structure
Recruitment Coordinator

Program Elements
- Help-Seeking
- AOD Outcomes
- Psychological Outcomes
- Job Performance

Long-term Outcomes
- Decreased Turnover

Primary Inputs (Context)
Decreased Turnover (Business-Level Metrics)
The targeted outcomes (program goals) of Team Resilience are to reduce AOD risk, increase help-seeking, increase job performance, and decrease turnover. Specifically, participants are told that the primary purpose of the Team Resilience training is to increase personal resilience by enhancing team communication and team commitment skills; skills that can be learned during the transition to adulthood and by working in a restaurant.

The target population is restaurant employees, specifically employees aged 16 to 25, and management personnel (general and assistant managers) who interact with and can serve as leaders/role models for the young adults included in the target population.

Context refers to surrounding (antecedent and rival) variables that can influence program outputs during the course of program implementation and yet operate independently of the intervention. Context presents a threat or an alternative explanation for outcomes.

Antecedent variables include the developmental or maturational changes that occur during the course of the implementation in the emerging adult sample. They also include trends in turnover, seasonal variations in restaurant staffing patterns, corporate administrative changes, managerial support, and various individual-level background factors (e.g., socioeconomic status).

Rival elements include intervening or known rival events outside of the program that might affect the hypothesized short-term and long-term outcomes of the program (e.g., changes in substance abuse policies, introduction of other related programs). These rival events include employee access to EAPs, rival intervention programs (e.g., at college during their nonwork hours), or other corporate programs that emphasize some element of substance abuse education (e.g., responsible alcohol service policy).

A number of program elements support the Team Resilience training. For example, enrollment strategies are critical to make the program happen, and we identify the necessity of an incentive structure as well as a recruitment strategy involving a recruitment coordinator. In addition, Team Resilience requires specific supports: focus groups (like those described in Touch Point 3 above), manager training, booster sessions, ambassador training, and access to health websites.

The logic model identifies five available resources: staff, budget, materials, curriculum development, and corporate support. These resources serve as the foundation for the system access and activities necessary to implement the program.
Available resources and system access and activities guide the type of intervention deliverables or outputs. There are three types of program outputs: participant engagement, materials, and environment. For participant engagement, we expect that a good number of young workers attend the training, complete all sessions, and provide positive post-session ratings. For materials, in addition to the curriculum itself, the participants receive brochures, pamphlets (e.g., How to Get Help), and resources customized to the local workplace policy, benefits, and culture. For environment, through the interaction of participants with materials, the training yields ambassadors and others who help carry (socially market) the team message and EAP visibility forward into the workplace environment.

**Key proximal mediators** are expected to change as a function of the training. The three main mediating variables are team resilience, emerging adulthood, and managerial responsiveness. Team resilience is assessed by asking about the level of mutual support at work, welcoming newcomers, and the ability of coworkers to deal with stress and hardship. Emerging adulthood is assessed with personal perceptions of instability, sense of identity, and feeling in between being an adolescent and adult. Managerial responsiveness is assessed with employee perceptions of managers’ sensitivity to worker needs.

**Intermediate outcomes** include (1) smoking climate and drinking climate as work climate risks that are directly targeted by the training—training activities are designed to elicit discussion about these social factors in the local restaurant; (2) core personal attitudes toward AOD use as well as actual AOD behaviors—Team Resilience should, over time, influence workers’ attitudes and behaviors, especially individuals at risk for AOD problems; and (3) changes in the restaurant climate, including increased pride in the restaurant, less stigma associated with working in the restaurant, and positive communication among coworkers. To avoid confusion, we note that while participants are told that the purpose of the training is to increase personal resilience, this is communicated to the group or team as a whole. Moreover, the purpose deliberately mentions that such resilience is obtained through the team. Accordingly, restaurant climate is a key mediator.
We specified five types of long-term outcomes: help-seeking attitudes and behaviors, alcohol and drug behaviors (both at and away from work), psychological outcomes such as depression and distress, and job performance. The key corporate outcome for this model is decreased turnover. Some might argue that staying in a stressful, low-paying, substance abuse–inducing job is less desirable than finding a better job in another industry, especially for those who are at high AOD risk. However, we believe that many restaurant workers who once had AOD problems were able to address their problems because of the positive qualities modeled by coworkers and managers—qualities targeted by Team Resilience, specifically commitment (goal-setting skills, clarifying direction and career identity, and hardiness).

The implicit causal model of Team Resilience guides the transfer of training by linking program elements (Team Resilience training and available resources) to outcomes. By “transfer of training,” we mean that content (ideas, resources) reviewed in the classroom is transferred (1) into the work environment, (2) into the personal lives’ of the participants, and subsequently (3) to others who did not attend training or new hires who come into the restaurant at some later date. The entire logic model rests on this core assumption: Activities → Implicit Causal Model → Outcomes. We developed the implicit causal model for Team Resilience, which specifies three levels of influence within the work environment: (1) individual outreach or peer-to-peer social marketing, (2) work group interaction and processes, and (3) the overall work environment (e.g., leadership, norms, culture). This causal model highlights the centrality of the work group and peer-to-peer follow-up from training as keys to the success of the program.

The implicit causal model follows from the original theory of Team Awareness (Bennett et al., 2000). This model is based on work culture/work environment theories of alcohol use (Ames & Janes, 1990; Trice, 1990). For there to be sustained and long-term outcomes in reduced AOD risks, the Team Resilience curriculum has to be used within the work environment by trained employees in ways that continually promote the prevention message of the training. Figure 4.2 shows the schema of the implicit causal model. Again, this model is implicit; we hope to identify potential programmatic methods for planting seeds that will endure amid the many barriers that exist in the restaurant setting (e.g., turnover, lack of management support, busy schedules, many part-time workers). That is, we developed the causal model more as a guide for sustained program implementation than as an explicit model to be tested.
The model posits three concentric circles of influence from one-on-one interaction or outreach to group processes (small group social norms) to work environment or restaurant work climate and social culture. We emphasize that these spheres of influence are theoretical and ideal because significant barriers exist within the restaurant culture that may prohibit continued messaging of Team Resilience. For example, as described above, one program output is the ambassador, who has received Team Resilience training and is willing to continue the message into the post-training work environment (e.g., through the use of brochures). Because of high turnover and general flux of work staff in this age cohort, the concept of resilience must filter into the work environment over time. At the same time, high turnover is a barrier to social marketing as ambassadors may themselves turn over; thus, ambassadors’ roles might not be fulfilled unless managers actively seek out replacement ambassadors.

We envision the following sequence (as depicted in Figure 4.2):
1. Ambassadors and training participants use concepts or materials from the training to reach out to coworkers and new hires (e.g., uses the word resilience or refers to any of the Five Cs).
2. Over time, references to training concepts or materials—such as utilization of the peer-referral skills (NUDGE) or any program outputs (e.g., how to get help, EAP, brochures, health websites)—become part of the work group interaction and processes.

3. Eventually, we hope that one-to-one peer referral, assistance, and social support will become the social norms of the culture. A single 6-month booster session facilitates renewal of concepts and ideas to support ambassadors and reinforce Team Resilience in the environment.

4. As newcomers enter the social system or as employees come and go through turnover, these environmental messages are picked up from the work group. In turn, these new workers continue individual outreach.

Target Population

The target population for our project was 18- to 25-year-old employees of a national restaurant chain, in the area of full-service casual dining. Our corporate partner had approximately 550 restaurants in the United States, the majority of which were company-operated. Restaurants were located in 47 states. Our study focused on company-operated restaurants within four geographic regions where the restaurant had a stated need for services: three municipalities/Metroplex areas in Texas, and the Chicago metropolitan area. Educational enrollment is not a consideration in defining the target population.

To support the YIW cross-site evaluation, we conducted a baseline survey of young workers in our partnering restaurants (see Chapter 8 for more information about the cross-site evaluation and the core survey measures). Baseline survey data were originally collected from 526 participants recruited from 28 participating restaurants. Recruitment procedures specifically targeted 18- to 25-year-old workers. Of all initial participants, 51 percent (269) are female, 80 percent are white, 18 percent are Hispanic or Latino, 12 percent are black or African American, 3 percent are American Indian, 2 percent are Asian, and <1 percent are Native Hawaiian or Pacific Islander. The average age of those reporting (N = 516) is 22.4 years (standard deviation [SD] = 4.14), with 4.5 percent between ages 16 and 17, 45 percent between ages 18 and 21, 32 percent between ages 22 and 25, and about 19 percent aged 26 or older.

Across 14 restaurants, 113 Team Resilience program participants attended Session 1; 117 attended Session 2; and 115 attended Session 3. In terms of
degree of attendance, 85 participants (45 percent) attended only one session, 49 (26 percent) attended two sessions, and 54 (29 percent) attended all three sessions.

**Early Process Findings**

We collected two types of process findings that will be useful for interpreting subsequent quantitative findings on training effectiveness and outcomes: (1) key insights that emerged during the adaptation process, especially from interviews and focus groups with young adults; and (2) session ratings collected from individuals who attended the Team Resilience training sessions. These process data help to place training effects in context.

Based on information obtained from various stakeholders (see the six touch points discussed in the Program Adaptation and Innovation section), we developed recommendations for program success. Specifically, we felt that a program for young restaurant workers would be more effective if participants (1) had multiple opportunities for attendance, (2) received appealing incentives tied to their participation, (3) experienced highly interactive and fun activities, (4) had the opportunity for discussion and dialogue with emphasis on listening, (5) experienced the training as meaningful and relevant to the journey of their lives, (6) experienced the training as meaningful and relevant to being a best coworker among their work peers, (7) experienced the concept of resilience within the pragmatic context of their personal experiences, (8) experienced the concept of resilience through concrete and interactive activities, (9) had the opportunity for self-disclosure, and (10) had coworkers (ambassadors) who could potentially model the Five Cs and extend the Team Resilience message into the work environment (post-training activities).

**Response to Training (Engagement)**

In this section, we review only employee responses (engagement) to the training program. Training engagement is a central part of the logic model and is a focus of this chapter. We focus on workers who participated in the training program from the 14 program restaurants that were randomly assigned to receive the training.

We included young restaurant workers who attended at least one of the three sessions of the Team Resilience training ($n = 188$) in this sample. Available demographic and other survey data on this trained sample show it to be similar to the overall sample of employees who were surveyed (and were assigned to the control group or did not attend training).
After each session, participants completed a 21-item survey asking for their response to the training, as well as their perceptions of training utility and its impact on them (Table 4.3). Responses were on a five-point Likert scale (where 1 = strongly disagree and 5 = strongly agree). The table shows the percentage agreeing with each statement for each of the three sessions and also reports the results of paired t-test comparisons between Session 1 and Session 3.

The results generally show that the majority of participants reacted positively to the training. Although participants reacted to the sessions differently, the trend across sessions was increasingly positive. For example, at Session 1, only 54 percent agreed with the statement that “today’s program made me more aware of alcohol and drug risks,” but this increased to 69 percent in Session 2 and 70 percent in Session 3; the percentage reporting “agree” or “strongly agree” increased significantly from Session 1 to Session 3. Similar increases were found for intentions to use the EAP phone coach

Table 4.3  Percentage of participants agreeing (agree or strongly agree) with statements across three training sessions and simple t-test comparing Session 1 with Session 3 (paired)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Paired t-test difference, Session 1 vs. Session 3 (n = 70)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I enjoyed participating in today's activities</td>
<td>92%</td>
<td>94%</td>
<td>94%</td>
<td>&lt; 1 (NS)</td>
</tr>
<tr>
<td>2. My coworkers would find today's program “fun”</td>
<td>87%</td>
<td>92%</td>
<td>92%</td>
<td>2.67*</td>
</tr>
<tr>
<td>3. Today's program motivated me to improve in one or more areas of health/wellness</td>
<td>73%</td>
<td>88%</td>
<td>86%</td>
<td>4.15***</td>
</tr>
<tr>
<td>4. The trainer &amp; staff were well prepared &amp; organized</td>
<td>96%</td>
<td>94%</td>
<td>96%</td>
<td>&lt; 1 (NS)</td>
</tr>
<tr>
<td>5. The program made me aware of strengths (resilience) I have as a young/emerging adult</td>
<td>85%</td>
<td>80%</td>
<td>82%</td>
<td>&lt; 1 (NS)</td>
</tr>
<tr>
<td>6. The “Journey to Resilience” board game was informative and helpful</td>
<td>86%</td>
<td>85%</td>
<td>84%</td>
<td>1.54</td>
</tr>
<tr>
<td>7. Today's program made me aware of risks I face as a young or emerging adult</td>
<td>78%</td>
<td>80%</td>
<td>80%</td>
<td>2.07*</td>
</tr>
<tr>
<td>8. Other young or emerging adults could benefit from today's session</td>
<td>92%</td>
<td>91%</td>
<td>89%</td>
<td>&lt; 1 (NS)</td>
</tr>
</tbody>
</table>

(continued)
Table 4.3  Percentage of participants agreeing (agree or strongly agree) with statements across three training sessions and simple *t*-test comparing Session 1 with Session 3 (paired) [continued]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Paired <em>t</em>-test difference, Session 1 vs. Session 3</th>
<th>(n = 70)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.  Today’s program made me more aware of alcohol and drug risks</td>
<td>54%</td>
<td>69%</td>
<td>70%</td>
<td>4.18***</td>
<td></td>
</tr>
<tr>
<td>10. Today’s session could help young or emerging adults with restaurant work</td>
<td>82%</td>
<td>84%</td>
<td>81%</td>
<td>1.42</td>
<td></td>
</tr>
<tr>
<td>11. The program could improve employee willingness to seek help for personal problems (loneliness, relationship problems)</td>
<td>81%</td>
<td>86%</td>
<td>84%</td>
<td>&lt; 1 (NS)</td>
<td></td>
</tr>
<tr>
<td>12. I plan to talk to other coworkers about the material we reviewed today.</td>
<td>76%</td>
<td>72%</td>
<td>80%</td>
<td>2.66*</td>
<td></td>
</tr>
<tr>
<td>13. I see myself reading and using the Team Resilience brochure</td>
<td>57%</td>
<td>67%</td>
<td>67%</td>
<td>3.21**</td>
<td></td>
</tr>
<tr>
<td>14. I can see myself calling or using the EAP phone coach line</td>
<td>45%</td>
<td>50%</td>
<td>60%</td>
<td>5.65***</td>
<td></td>
</tr>
<tr>
<td>15. I see myself visiting &amp; using the EAP Web tools</td>
<td>49%</td>
<td>65%</td>
<td>63%</td>
<td>3.90**</td>
<td></td>
</tr>
<tr>
<td>16. I see myself using the Get Fit Web tools (<a href="http://getfit.samhsa.gov">http://getfit.samhsa.gov</a> or Stop Smoking Center).</td>
<td>49%</td>
<td>65%</td>
<td>67%</td>
<td>3.69***</td>
<td></td>
</tr>
<tr>
<td>17. Today’s session can help me be more caring and compassionate with others.</td>
<td>78%</td>
<td>76%</td>
<td>88%</td>
<td>3.75***</td>
<td></td>
</tr>
<tr>
<td>18. Today’s session can help me manage stress and be more centered.</td>
<td>77%</td>
<td>82%</td>
<td>87%</td>
<td>3.44***</td>
<td></td>
</tr>
<tr>
<td>19. Today’s session can help me be more confident and follow my dreams.</td>
<td>76%</td>
<td>81%</td>
<td>87%</td>
<td>3.70***</td>
<td></td>
</tr>
<tr>
<td>20. I feel more committed to follow through on my goals as a result of today’s session.</td>
<td>74%</td>
<td>84%</td>
<td>83%</td>
<td>3.18**</td>
<td></td>
</tr>
<tr>
<td>21. Today’s session improved community and teamwork in our restaurant.</td>
<td>81%</td>
<td>80%</td>
<td>88%</td>
<td>5.18***</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05; **p < .01, ***p < .001; *t*-test comparison is of the entire five-point item.
line (45 percent to 60 percent), the EAP Web tool (49 percent to 63 percent), and the GetFit Web tool (49 percent to 67 percent). The highest ratings were responses to items asking about the 5 Cs, with about 77 percent of participants agreeing with these items at Session 1 and more than 85 percent agreeing by Session 3. Importantly, the percentage of participants who agreed with the statement that “today’s program motivated me to improve in one or more areas of health/wellness” increased significantly from Session 1 (73 percent) to Session 3 (86 percent). Also, these ratings were compared across those with and without depression and AOD risk. Compared with their counterparts, those employees with such risks were not only as likely to attend training but also rated the program as strongly.

**Conclusions**

We drew some initial conclusions about effectiveness from the prevention efforts described here. First, it is possible to design a prevention program for young restaurant workers that they will find appealing and that, according to self-reports, had an impact on their awareness of AOD risks, the EAP, and resilience (see Table 4.3). At Session 1, for example, 45 percent of participants agreed with the statement “I can see myself calling or using the EAP phone coach line”; by Session 3, this had increased to 60 percent. Second, this finding is made more salient by the fact that while the alcohol, drug, and mental health risks in this population are typically higher than in other occupations, those with such risks were as likely to attend (and be engaged in) the training as those without such risks.

Another conclusion pertains to efforts we took to adapt an existing evidence-based practice and to create a logic model that was detailed enough to guide programmatic efforts. Indeed, the positive results just reviewed may not have been possible without (1) gathering insights from stakeholders and the target population, and (2) applying those insights in building a program that would be relevant and meaningful for the younger worker. We believe that all elements reviewed in this chapter are likely necessary to include in building an effective program. That is, to build an effective program, it is necessary to (1) understand unique aspects of the target industry, occupation, and host organization; (2) develop an adaptation process (e.g., six touch points) that gathers significant input from experts, stakeholders, and the target group; (3) use this input to align the new curriculum with some previous and evidence-based curriculum; (4) develop a logic model to support process analysis,
replication, and program evaluation; and (5) collect and appropriately analyze data in a randomized trial with follow-up.

As with all research studies, this study has some caveats and cautions concerning the proposed prevention model. First, because of its current full format and length, the Team Resilience program will be very difficult to replicate in real-world settings without significant backing and support from the restaurant industry and both senior and local management. As researchers, we had the luxury of casting a broad net to build a robust curriculum that included 6 hours of training, ambassadors, social marketing, EAP marketing, incentives, and booster sessions. Because of the time and effort required, a program that attempts to replicate all elements will not receive the same level of support as a program that includes only some elements. Further discussions with managers and industry experts will not only help to focus the curriculum but may also help create buy-in among those who have the power to make the decision to use or institutionalize the curriculum.

Second, because of the inherent problem of young adult turnover in the industry, managers will have a difficult time justifying any investment of time for prevention for employees who are “here today and gone tomorrow.” However, with replication and other positive findings, Team Resilience may be sustained within the restaurant industry as a program that can help retain workers. The National Restaurant Association currently has “Jobs and Careers” as one of its imperatives, with the goal of improving job satisfaction and tenure.

In concluding, we note that the Team Resilience model has many components and is a fairly complex socio-ecological approach. We believe that this is one of its core strengths. Our primary intent in this preliminary review of Team Resilience was not to evaluate all of its components but rather to begin to identify potential leverage points (protective factors) within the work environment that could limit substance use, misuse, and dependence. Our hope is that, as the data are fully mined, we will be able to provide some practical insights to an industry that has been neglected by prevention science for far too long.
References


