

Team Awareness Training

For Workplace Substance Abuse Prevention

Small Business 4-Hour Edition

Module 3

Reducing Stigma and Tolerance

Increasing Responsiveness



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Module 3

Reducing Stigma and Tolerance and Increasing Responsiveness

Participants will:

- Identify both personal and group attitudes toward coworkers with alcohol, drug, or other behavior problems.
- Recognize and potentially reduce risky levels of supervisor and coworker tolerance (stigma, enabling, and codependence).
- Increase responsiveness to problems

Materials

- ✓ Flip Chart or chalkboard
- ✓ Overhead or LCD projector and screen
- ✓ Markers or chalk
- ✓ Pencils for participants
- ✓ Slides or handout of slides for participants to follow
- ✓ A water soluble or erasable pen for overheads
- ✓ Handout materials (see below)

Prepare before class

Review all overheads and/or flipchart statements.

Handouts-Make copies for each participant:

“Group Tolerance” 3-item survey

Slides/Overheads

Step 1 (Slides 47-48)

Introduce the session topic. (You may use your own words, but cover the three main ideas below)

“This session will focus on our attitudes toward real or imagined coworkers who have problems with alcohol or drug use. Specifically, the session examines the attitude of unhelpful or harmful tolerance.”

“Sometimes we tolerate problems because there is nothing we can do about them, we feel helpless about them, and decide that the best attitude is to just “put up with” or tolerate the situation.”

"This session is designed to increase awareness of this unhelpful attitude and to help participants generate alternative, more helpful, and more responsive attitudes."

Write session purpose on flipchart or blackboard. [To save time, prepare purpose beforehand]

Step 2: Define Tolerance (Slide 49)

Prepare flipchart; record responses to following.

ASK participants what "tolerance" means or what does it mean to "tolerate" a situation or a particular person.

"The ideas and definitions you give are all accurate and acceptable. This is because tolerance can be a very personal feeling or attitude. Very often we tolerate something because it is causing us pain or discomfort."

"We also tolerate something because we believe that taking action to correct the situation would cause us pain, discomfort, and anxiety. Instead of taking action, we resign ourselves to the situation."

"In fact, the dictionary definition of tolerance reads:"

Definition of Tolerance:

capacity to endure pain or hardship: Endurance, Fortitude, Stamina

Sympathy or indulgence for beliefs or practices differing from or conflicting with one's own

SAY: "For today, we will focus more on the second definition. Human beings are each different and we all have likes and dislikes. Some of us indulge or tolerate things that others cannot tolerate."

Step 3: What do you/don't you tolerate? (Slide 50)

Introduce this exercise by encouraging participants to think about all the different situations and people they tolerate and do not tolerate. Set the tone by encouraging a fun atmosphere and giving some examples. For example, in some sessions participants have come up with the following items they do or don't tolerate:

Toilet paper rolled under or over the toilet roll.

People who take more than 10 items on the "Quick Checkout" 10-item grocery line.

A certain style or genre of music (rap, opera, electronic, etc.).

Work directly off the prepared flip-chart or blackboard or use the overhead.

To begin the exercise SAY: "Please list what you do and what you don't tolerate"

Note that some participants may or may not have had some more serious items: political issues, beliefs about religion, morality, sexuality, violence, etc.

If there are any work-related or substance abuse items, recognize and elaborate. Some you might use, and ask the group:

- "Do you or don't you tolerate second hand smoke?"
- "Do you or don't you tolerate people who are dependent on alcohol?"
- "Are there some people whose views and opinions you tolerate?"

Use participant answers to segue into the next step.

Step 4: Self-assess tolerance at work (Slide 51)

Randomly divide participants into groups of four to six people. Ask participants to number themselves out loud ("1" or "2" or "3") as they go in sequence around the room. Indicate that all "1s" go to one area, all "2s" go to another area, etc.

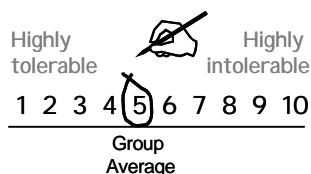
Distribute Handout "Group Tolerance"

SAY: "Please complete the three items on this questionnaire on your own. Circle the number that shows your degree of tolerance. When you are done turn the survey over and look up. This should take no more than 5 minutes."

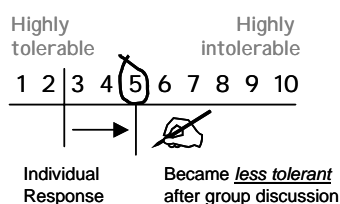
NOTE.

Facilitator Preparation: Familiarize yourself with Handout and how you will be recording the average response for each group. In Step 5, you will be showing how the group changed (or did not change) [see diagram below: "2. Show change of individual responses"]).

1. Circle on Overhead



2. Show change of individual response (example)



Step 5: Group Decision-Making & Tolerance

Distribute Handout ("Group tolerance")—one to each of the newly formed groups, immediately following Step 4 without any pauses.

SAY: "In this next exercise, we would like each of your small groups to discuss the three-items one at a time. Your objective is to reach consensus and come to total agreement about each item. Please circle the number that best fits the overall agreement or consensus for the group."

After all groups are done, ask for one group to report its final scores.

Ask participants in the group the following questions: [Write responses on flipchart or blackboard]

- Who changed their original scores?
- Did you become more or less tolerant?
- What factors influenced you to change your scores?

As time permits, ask other groups the same questions.

ASK: “There are several main points to get from this exercise, what do you think they are?” [Record responses on flipchart or blackboard]

After listening and writing, stress or re-emphasize two additional points:

Sometimes tolerating other’s problems can put us at risk. (If this is not clear, review the three scenarios and ask “How do these scenarios involve risk?”)

Tolerance can occur at the group level. You may believe or feel one way but—in order to conform with the group—you go along with the majority opinion.

EXAMPLES SHOWING GROUP SHIFTS IN TOLERANCE

When marking on the overhead you can use different symbols or colors to show how participants change their scores.

Use a circle () symbol to show individual responses from a group.

Use an X symbol or circle the average number to show group average and how people changed after group discussion.

For example, in item 1 below, prior to discussion a group of five (5) participants had different scores--2, 4, 8, 8, and 10. These were the ratings they made on Handout from Step 4 of this module. Following discussion, however, the group moves to a 3 because Participant A (with original score of 3) is especially convincing and shifts the group to become more tolerant. You can draw arrows to show these shifts.

NOTE. THE POINT OF THIS EXERCISE IS TO SHOW HOW GROUPS CAN INFLUENCE INDIVIDUAL ATTITUDES. YOU MAY ONLY NEED TO DEMONSTRATE THE FOLLOWING WITH ONE OR TWO ITEMS FOR ONE OR TWO GROUPS IN ORDER TO MAKE THE POINT.

	Highly Tolerable								Highly Intolerable	
	1	2	3	4	5	6	7	8	9	10
BEFORE DISCUSSION (Step 4)										
1. A coworker comes to work late several days in a row in the past few weeks, and explains that he/she has problems at home.	1	2	3	4	5	6	7	8	9	10
Individual Participant		A		B				c&d		E
AFTER DISCUSSION (Step 5)										
1. A coworker comes to work late several days in a row in the past few weeks, and explains that he/she has problems at home.	1	2	③	4	5	6	7	8	9	10
Group Average (X):			→ X ←							

Overheads:

47. Title page
48. Purpose of session
49. Definition of tolerance
50. What do you tolerate/not tolerate
51. Group tolerance

Handouts:

7. Group tolerance (Slide 51)

APPENDIX -- THEORETICAL BACKGROUND ON TOLERANCE

The following material is excerpted from:

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.

The negative cycle. The negative cycle is sustained by the presence of more risk than protective factors, such as those reviewed above (drinking climate, alienation, safety risks). A representative sequence of behaviors describes this cycle.

Problem presentation: an employee presents with a deviant or problematic behavior (poor attendance) which is a direct or indirect result of alcohol or drug abuse;

Problem enabling or neutralization: coworkers and/or supervisors, through a set of self-reinforcing actions (tolerance, poor communication, withdrawal, inadequate coping), enable or neutralize the behavior;

Problem continuance: the problem remains unaddressed, re-appears, or is sustained over time;

Climate reinforcement: as a result, negative aspects of the environment endure.

We designed training objectives to address these four factors, focusing on attitudes and behaviors that—aggregated across employees in a group—constitute work climate.

Enabling and neutralization. Attitudes and behaviors that support enabling include: 1) disconnection from policy—employees do not see policy as meaningful or their group's informal norms run counter to policy as formally written; 2) poor communication—employees fail to speak up, avoid conflict, and otherwise stigmatize, minimize, or deny the problem; 3) inadequate coping—coworkers experience job strain and inability to cope with stress due to poor communication or employee withdrawal/antagonism; 4) tolerance and resignation—tolerance of the problem (apathy) results from and contributes to other factors in this cycle; and 5) withdrawal and antagonism—employees in the work group act withdrawn or antagonistic. Because of withdrawal, resignation, and the belief that “nothing will change,” workers are unwilling to address issues—such as encourage a troubled employee or seek assistance from the EAP.”

RESEARCH ON TOLERANCE

“Just as norms reflect group variation in tolerance for deviance, individuals vary in tolerant attitudes for coworker substance abuse. To elicit these attitudes, Lehman, Rosenbaum, and Holcomb (1994) created vignettes describing employee substance use. The vignettes varied by drug type (tobacco, alcohol, marijuana), location (at work, away from work), and job type (low versus high risk). For each vignette, employees responded by indicating if they would be willing to work with, cover for, and report the coworker. Employee tolerance was lowest when vignettes depicted coworkers who used marijuana, at work, in a high-risk job. Across vignettes, tolerance increased as a function of history of use. Illicit drug users reported more tolerance than problem/heavy drinkers (who did not use illicit drugs) who, in turn, reported more tolerance than non-users. Tolerant employees are also less willing

to utilize EAP services (Reynolds, 1999). Among problem drinkers, those who are tolerant also seem the most reluctant to get help.

Tolerant attitudes also reflect risk factors for substance abuse. Lehman (1994) classified employees into one of three groups based on their overall level of tolerance (low, medium, and high) and compared these groups on a profile of variables (personal background and job factors). The profile of variables that best described highly tolerant employees showed them to be younger males with higher levels of deviance (arrest record, peers with deviance, risk-taking behaviors) who also worked in safety-sensitive jobs. The demographic profile of highly tolerant attitudes matches very closely the one that describes marijuana users (Lehman, 1995). Most importantly, Lehman, Olson, and Rosenbaum (1996) simultaneously entered tolerance along with six personal background factors (religious attendance, arrest history, depression) and job risk in order to estimate substance use. The tolerance measure was the best predictor of recent illicit drug use and, following arrest history, the best predictor for use at work.

Application. Both perceptions and tolerant attitudes provide windows into employee cognition and motivation. The training used participatory exercises where employees shared perceptions and attitudes about tolerance in small-group discussions. We reasoned that through communication, employees might dispel stereotypes and cognitive barriers (stigma) that prevent them from using the EAP or referring a troubled colleague."

The following material is excerpted from:

Bennett, J.B., & Lehman, W.E.K., (2002). Supervisor tolerance-responsiveness to substance abuse and workplace prevention training: Use of a cognitive mapping tool. *Health Education Research*, 17 (1), 27-42.

For the past twenty years, health education practices have been increasingly applied in work settings, typically through health promotion programs (HPPs, O'Donnell & Harris, 1994) or employee assistance programs (EAPs, Oher, 1999). EAPs typically include consultative support for supervisors, worksite training (e.g., stress management), and short-term counseling for employees. Supervisors can play a critical role in both HPPs and EAPs, especially when they become aware of substance abuse or mental health problems in employees. Supervisors can either respond to such problems or ignore them. Proactive responses range from seeking others' input, informal discussions with the troubled employee, consultation with the EAP or HPP, or initiating a drug test. Supervisors can also tolerate problems; i.e., avoid issues or even enable the troubled employee (Ames & Delaney, 1992; Hall, 1990). The concept of tolerance-responsiveness is used here to represent supervisory decisions to ignore or take proactive steps with troubled employees. This concept may be of value to health educators who recognize that the success of their efforts can depend on workplace social environment or culture, specifically the role of supervisors in the culture (Heaney & van Ryn, 1996; Peterson & Wilson, 1998; Tessaro et al., 2000).

The term "tolerance" is often associated with constructive responses among health educators, e.g., tolerance for diversity. However, in the context of others problem behaviors, tolerance can be dysfunctional—e.g., tolerating those who work with a hangover (or tolerance of coworker smoking, Stephens, 1989). Research has identified behaviors related to dysfunctional tolerance, including enabling (Roman, Blum & Martin, 1992), problem minimization (Ames & Delaney, 1992), and neutralization of deviance (Robinson & Kraatz, 1998). Borrowing from these studies, the current

investigation introduces the concept of dysfunctional tolerance as a potentially useful teaching tool for workplace health educators.

Many factors influence tolerance-responsiveness. EAPs can enhance responsiveness to alcohol problems (Beyer & Trice, 1978; Putnam & Stout, 1982), but supervisors who doubt EAP confidentiality will not refer workers. Supervisors may also be anxious about initiating discussion that encroaches on a coworker's private problems (Donahoe et al., 1998) and such anxiety can be reinforced by a work climate that avoids communication (organizational codependency; McMillan & Northern, 1995).

Generally, two factors appear to facilitate responsiveness: a climate that supports discussion of problems and a positive orientation to the EAP. Hopkins (1997) identified psychosocial factors that predict whether supervisors will intervene with a troubled employee, including psychological closeness with workers, managerial support for helping employees, and beliefs surrounding helping. Successful supervisory training programs are often integrated with an EAP, and include performance-based interventions and consultation with a counselor (Roman & Blum, 1996). Supervisors are more apt to talk with troubled workers when an ethos of helping exists (Sonnenstuhl, 1990) and a well-marketed EAP appears critical in building this ethos (Roman, 1990).