

Coping With Work and Family Stress

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Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

Coping With Work and Family Stress: A Workplace Preventive Intervention, is a 16-session, weekly group intervention designed to teach employees how to develop and apply active coping strategies, increase their use of social support, and reduce their use of avoidance coping in order to deal effectively with stressors at work and at home. The program results in—

- Reduction in work, family, and work/family stressors
- Increased use of social support
- Increased use of behavioral and cognitive coping strategies
- Less reliance on avoidance coping strategies
- Increased use of a wider range of stress management approaches
- Prevention or reduction of alcohol and drug use
- Prevention or reduction of psychological symptoms such as depression, anxiety, and somatic complaints

PROGRAM BACKGROUND

The model is derived from Pearlin and Schooler's hierarchy of coping mechanisms as well as Bandura's social learning theory. The NIDA- and NIAAA-funded investigations provided the basis for development of the Yale Coping With Work and Family Stress program. The curriculum that guided the intervention for these two studies placed a major emphasis on the role of stress, coping, and social support in relation to the occurrence of substance use and psychological symptoms. Ultimately, a 16-session program was created to teach employees effective methods for reducing risk factors (stressors and avoidance coping) and enhancing protective factors (active coping and social support from work and nonwork domains). The two studies involved rigorous experimental designs and provided evidence that those who participated in the program showed significantly greater decreases in substance use and psychological symptoms compared to control group participants.



RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (DHHS): Model Program

IOM CLASSIFICATION

UNIVERSAL, SELECTIVE, INDICATED

The program can be offered as a universal, selective, or indicated preventive intervention, depending on the employees' needs and condition.

INTERVENTION TYPE

WORKPLACE

The program was tested in a wide range of work settings, including manufacturing, public works, public utilities, and telecommunications companies, and also is applicable to service industries as well as private, nonprofit organizations.

CONTENT FOCUS

SOCIAL AND EMOTIONAL COMPETENCE, OTHER: STRESS MANAGEMENT

Specific techniques include didactic presentations, experiential learning exercises, and group discussion and problem solving, with each participant examining his/her own personal experiences. The strategies provide opportunities to:

- Learn a wide range of active coping skills (such as problem solving, cognitive restructuring, and social support coping)
- Decrease reliance on avoidance coping
- Consider ways to make better and increased use of their social networks
- Practice specific stress management approaches
- Develop healthy lifestyles

Though the program is conducted in a group setting, it promotes behavior change in relation to employees' unique work and family situations. This intervention is adaptable to any work setting.

INTERVENTIONS BY DOMAIN

INDIVIDUAL, FAMILY, PEER

INDIVIDUAL

- Curricula designed to motivate pro-health decisions and skills use
- Small-group discussion and exercises specifically address alcohol abuse and illegal drugs
- Facilitator-led, interactive stress management and life skills training

FAMILY

- Social and communications skills training
- Facilitator-led, small-group discussion

PEER

- Peer reinforcement of active coping and stress management skills; pro-health, antisubstance-abuse decisions

KEY PROGRAM APPROACHES/COMPONENTS

BEHAVIOR MODIFICATION, INFORMATION SHARING, SKILL DEVELOPMENT

BEHAVIOR MODIFICATION

- Component 1 of the program teaches methods that can potentially eliminate or modify sources of stress.
- Component 2 of the program teaches techniques that help to modify cognitive and appraisal processes that lead to or exacerbate stress.
- Component 3 emphasizes stress management and reducing the use of avoidance coping and other negative tension-reducing behaviors.
- Component 4 guides participants in forming their personalized stress management plans to maintain the program's beneficial effects.

INFORMATION SHARING

- Didactic presentations, group discussions, problem-solving and other experiential exercises, and examination of personal experiences are used in all components of the program.

SKILL DEVELOPMENT

Teaches participants skills to help them:

- Identify and modify sources of stress
- Learn effective problem-solving and communication skills
- Re-think problem situations
- Manage the effects of stressful situations
- Learn active coping skills
- Make better and expanded use of social networks

HOW IT WORKS

Companies provide release time so that employees can participate in the program consistently. Alternative modes of implementation can be used when full release time is not feasible.

Space for conducting the sessions is provided by the company. Equipment and materials include a flipchart, handouts, CD-ROM, three-ring binders for all participants, and the optional use of an overhead projector or PowerPoint presentations.

IMPLEMENTATION ESSENTIALS

The program uses a “facilitator training” model involving personnel in the workplace or other professionals in the community to implement the program. Training uses a workshop format and occurs over 3 full days with two trainers. Training is intensive, using didactic and experiential methods. The initial training is augmented with either onsite or telephone followup to guarantee program fidelity and to troubleshoot issues that might arise throughout the implementation of the program in work settings. It is vital to have strong management support for the program, with a commitment to provide release time for training and employee participation.

Individuals training to implement the program receive:

- Intervention materials (at cost)
- *Managing Work and Family Stress: A Coping Skills Intervention* (the curriculum)
- Handouts (for each session)
- CD-ROMs that illustrate stress management techniques

When the program is implemented, the materials and handouts are provided to employees so they can practice using new coping strategies and stress management techniques at home between sessions and after completing the program.¹

A facilitator delivers 16 weekly sessions, 1½-hour in length, to a group of 15 to 20 employees. The facilitator will need several hours per week to prepare and deliver the course, and minimal administrative support.

Space for conducting the sessions is provided by the employer/company. Needed equipment and materials include a flipchart, handouts, CD player, a three-ring binder for each participant, and the optional use of a projector for overhead or PowerPoint presentations.

OUTCOMES

DECREASES IN SUBSTANCE USE, REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES

DECREASES IN SUBSTANCE USE

- Significant reduction in use of alcohol and other drugs

REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS

- 33% reduction in avoidance coping (e.g., “I avoided doing anything about the situation”)
- 17% reduction in social withdrawal coping (e.g., “I avoided being with people”)

IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS

- 16% increase in the use of active behavioral coping skills
- 15% increase in the use of social support coping

OTHER TYPES OF OUTCOMES

- Significant increase in social support from supervisors and co-workers
 - Significant reduction in work and family stressors
 - 18% reduction among a female sample and 11% reduction in a male and female sample in depression, anxiety, and somatic complaints
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EVALUATION DESIGN

Two studies funded by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), both part of the DHHS, assessed whether the program was effective in reducing substance abuse and psychological symptoms. Study 1 involved 239 female secretarial and clerical workers employed at one of four sites in Connecticut-based corporations. These represented manufacturing, utility, and telecommunication companies. Eligible volunteers were randomly assigned within each site to the program or control group.

Study 2 involved 468 male and female employees working at one of three sites in Connecticut: two large water authority companies and one manufacturing plant. The sample included a cross-section of all occupational groups within the sites. All employees were invited to participate, and those who volunteered were randomly assigned within each site to one of three conditions: a 16-session coping-skills intervention, an 8-session attention control group, or a no-treatment control condition.

DELIVERY SPECIFICATIONS

5–24 WEEKS

Amount of time required to deliver the program and obtain documented outcomes:

The facilitator conducts 16 weekly sessions, each 1 1/2-hour in length, to a group of 15 to 20 employees. The facilitator will need several hours per week of preparation time and minimal administrative support.

INTENDED SETTING

URBAN, SUBURBAN

The program was tested in a wide range of work settings, including manufacturing, water authority, telecommunications, and utility companies in urban and suburban communities.

FIDELITY

Components that must be included in order to achieve the same outcomes cited by the developer:

For dissemination purposes, the program uses a facilitator training model involving personnel in the workplace or other professionals in the community to implement the program. Training takes 3 full days with two trainers, with up to 30 participants in each training series. The training is intensive, using didactic and experiential methods.

Onsite or telephone followup is available to provide assistance in promoting program fidelity and to troubleshoot issues that might arise once implementation in the work setting begins. It is vital to have strong management support for the program, and optimally to obtain approval for release time to enhance consistent employee participation.

Optional components or strategies, and how they were determined to be optional:

NO INFORMATION PROVIDED

BARRIERS AND PROBLEMS

Barriers and problems associated with the use of this Model Program and potential solutions:

Barrier: Inability to secure and maintain sufficient level of management support, including full or partial release time for employees to participate in the program during regular work hours in order to promote their consistent involvement.

Solution: Make presentation to key decisionmakers regarding proven results of the program, including discussion of how these results can have a positive influence on productivity, attendance, employee retention, and health care costs; provide cogent argument for full or partial release time to assure program effectiveness and related benefits.

Barrier: Management skepticism about the effectiveness of the program pertaining to lack of interest or motivation on the part of employees.

Solution: Negotiate sufficient time to present the program to employees, along with indications of management support, in order to assure recruitment into the program of a significant number of employees; in unionized organizations, include presentation and negotiation with union leadership and key members.

Barrier: Company concerns about cost of program.

Solution: Address cost issue by emphasizing that program involves a facilitator training model so that existing company employees can be used cost- and time-effectively in program's delivery, and that it is implemented efficiently in a group format; alternative methods dilute the impact of the program.

Problem: Assuring that personnel maintain fidelity in their implementation of the program, and maintain a sufficient level of interest and enthusiasm.

Solution: Regular supervision and review to address matters of fidelity and to process their experiences in delivering the program; creation of supportive work environment among the training team; providing variation in training assignments.

PERSONNEL

FULL-TIME, PART-TIME, PAID, VOLUNTEER

Facilitators may be engaged full-time, part-time, or on contractual basis.

To deliver the entire program, the facilitator will conduct 16 weekly sessions, each 1 1/2-hour in length, with a group of 15 to 20 employees. The facilitator will need several hours per week of preparation time and require minimal administrative support.

Typical personnel problems encountered by users when implementing this Model Program, and potential solutions:

Problem: Assuring that personnel maintain fidelity in their implementation of the program, and maintain a sufficient level of interest and enthusiasm.

Solution: Regular supervision and review to address matters of fidelity and to process their experiences in delivering the program; creation of supportive work environment among the training team; providing variation in training assignments.

EDUCATION

GRADUATE, SPECIAL SKILLS

Program personnel should be master's-prepared and above; experienced in group dynamics, systems theory, cognitive-behavioral and other preventive interventions; and able to manage group process, promote involvement of participants in training sessions, and sustain their interest in attending the entire program. They need a training background in curriculum- or manual-based interventions and a dynamic and outgoing interpersonal style.

PERSONNEL TRAINING

TYPE: WORKSHOP, LOCATION: ONSITE, OFFSITE, LENGTH: BASIC, BOOSTER

The program uses a "facilitator training" model involving personnel in the workplace or other professionals in the community to implement the program. Training utilizes a workshop format, and occurs over 3 full days with two trainers. Up to 30 participants can be accommodated in each training series. The training is intensive, using didactic and experiential methods. Training can be provided either onsite or at the developers' location.

BOOSTER

The initial training is augmented with either onsite or telephone followup to guarantee program fidelity and to troubleshoot issues that might arise throughout the implementation of the program in work settings.

COST (ESTIMATED IN U.S. DOLLARS)

5,001–10,000

Cost considerations for implementing this program as recommended by the developer:

TRAINING THE TRAINERS MODEL

TRAINING COSTS:

Training:

3 days (15–20 participants) \$7,200 plus travel,
lodging, and per diem

(\$1,200 per day for 2 trainers. Additional \$400 per half-day per trainer for travel to and from training site.)

Followup Technical Assistance onsite or via telephone \$150 per hour
(1 consultant)

Onsite technical assistance add travel and related
expenses

TRAINING MATERIAL COSTS (PER TRAINEE PARTICIPANT):

Intervention Curriculum \$75 each

CD-ROM (Stress Management Approaches \$5 each

Set of shrink-wrapped handouts on heavy paper
for copying purposes \$20 each

PAYMENT TO DEVELOPERS FOR IMPLEMENTATION OF PROGRAM SUBSEQUENT TO TRAINING:

To be negotiated with David L. Snow, Ph.D., Principal Investigator

FURTHER RESEARCH OR EVALUATION RELATED TO PROGRAM REPLICATION

To be negotiated with David L. Snow, Ph.D., Principal Investigator

INTENDED AGE GROUP

YOUNG ADULT (18–24), ADULT (25–54), OLDER ADULT (55+)

This program was developed for working adults ages 18 to 65 and over. The target population for the program includes male and female employees in various occupational groups and of diverse ages and ethnic, racial, and socioeconomic backgrounds. The participants varied in education, religious affiliation, marital status, and number of children. The program also was developed for supervisors, EAP professionals, and mid- and upper-level managers in a wide range of private sector worksites including telecommunications, manufacturing, utilities, and service industries, as well as private, nonprofit organizations.

INTENDED POPULATION

AFRICAN AMERICAN, HISPANIC/LATINO, WHITE

The program was tested in a wide range of work settings. The participants included both men and women working in various occupational groups and of diverse ages, racial/ethnic (White, African American, Hispanic/Latino), and socioeconomic backgrounds. The participants also varied in education, religious affiliation, marital status, and number of children.

GENDER

BOTH GENDERS

This program was developed for men and women.

REPLICATIONS

COMPANY/AGENCY NAME

APPLICATION; TRAINEES

Arizona

Pima Prevention Partnership
Tucson, AZ 85745

.Incorporated WFS into SAMHSA-funded youth-to-work initiative; also invited others from the community

Chicanos Por La Causa
Tucson, AZ 85745

.Invited by Pima Prevention Partnership to SAMHSA-funded youth-to-work initiative; potential to incorporate aspects of Coping With Work and Family Stress into their intervention

Chamber of Commerce
Tucson, AZ 85701

.Implementation within own work settings or other work settings served by their programs

Southern AZ AIDS Foundation HR
Dir. and program staff
Tucson, AZ 85716

.Implementation within own work settings or other work settings served by their programs

Jan-Co Janitorial
Tucson, AZ 85711

.Implementation within own work settings or other work settings served by their programs

Wells Fargo Marketing
and Community Relations
Tucson, AZ 85714

.Implementation within own work settings or other work settings served by their programs

**Trinidad & Tobago,
British West Indies**

Dianne Douglas Associates and the University of British West Indies Trinidad, BWI	Array of human resources (HR) and EAP professionals
Private Practitioner, Family Life Consultant Trinidad, BWI	Implementation in work settings and/or practice
St. Michaels School for Boys Trinidad, BWI	Implementation in work settings and/or practice; conuselor
EAP Practitioner Trinidad, BWI	Implementation in work settings and/or practice
Frankly Dolly & Associates Trinidad, BWI	Implementation in work settings and/or practice
The Way of Holiness Trinidad, BWI	Implementation in work settings and/or practice
Petrotrin Oil Company Trinidad, BWI	Implementation in work settings and/or practice
Venture Credit Union Trinidad, BWI	Implementation in work settings and/or practice
Christian Brethren Assemblies Trinidad, BWI	Implementation in work settings and/or practice
The Medina Company Trinidad, BWI	Implementation in work settings and/or practice
University of British West Indies Psychology Department Trinidad, BWI	Implementation in work settings and/or practice
University of British West Indies Trinidad, BWI	Implementation in work settings and/or practice
Independent healthcare professional Trinidad, BWI	Implementation in work settings and/or practice
Elder Associates, Ltd. Trinidad, BWI	Implementation in work settings and/or practice
Tobago Regional Health Authority Tobago, BWI	Implementation in work settings and/or practice
Self-employed consultant Trinidad, BWI	Implementation in work settings and/or practice
FAO United Nations Trinidad, BWI	Implementation in work settings and/or practice

Private Practitioner
Trinidad, BWIImplementation in work settings and/or practice

Trinmar Oil
Trinidad, BWIImplementation in work settings and/or practice;
two EAP administrators

National PetroleumImplementation in work settings and/or practice

TTEC Pay on the Day
Trinidad, BWIImplementation in work settings and/or practice;
HR personnel

Office of the Prime Minister Social
Services National Family Services
Trinidad, BWIImplementation in work settings and/or practice;
director of social welfare

Office of the Prime Minister
Ministry of Social Services
Trinidad, BWIImplementation in work settings and/or practice;
senior HR officer

PAWI and private practice
Trinidad, BWIImplementation in work settings and/or practice

California

The Counseling Associates
Dixon, CA 95620Implementation part of prevention programs offered

Connecticut

Connecticut EAP and HR
Professionals
New Haven, CT 06511

Work Life Solutions
Greenwich, CT 06830Implementation within own work settings or other
work settings served by their programs

Eastern CT Health Network
Manchester, CT 06040Implementation within own work settings or other
work settings served by their programs

Lawrence and Memorial Hospital
North Stonington, CT 06359Implementation within own work settings or other
work settings served by their programs

Teamsters Local 1150
Stratford, CT 06615Implementation within own work settings or other
work settings served by their programs

The Center for Work and Family
Groton, CT 06340Implementation within own work settings or other
work settings served by their programs

Bozzuto's Wholesale Food
 Distributor
 Cheshire, CT 06410Implementation within own work settings or other
 work settings served by their programs

Maine

Prevention Specialist, Maine Office
 of Substance Abuse
 Augusta, ME 04333Implementation part of prevention programs offered
 and considering our training larger group of
 professionals in Maine

Norwalk Hospital
 Norwalk, CT 06856Implementation within own work settings or other
 work settings served by their programs

Massachusetts

Family Service, Inc.
 Lawrence, MA 01840Incorporated WFS into prevention program for
 women entering or re-entering the workforce and
 pregnant/parenting teens entering or re-entering
 workforce; funded with a grant from SAMHSA's
 Center for Substance Abuse Prevention

EAP Director, Raytheon
 Waltham, MA 02451Directs Worklife/EAP programs for Raytheon

New Jersey

State of New Jersey Department
 of Health Services
 Princeton, NJ 08540April 2005

Somerset Council on Alcoholism
 and Drug Dependence
 Somerville, NJ 08876Grant-funded initiative

Prevention Plus of Burlington
 County, Inc.
 Lumberton, NJ 08048Grant-funded initiative

Department of Health Services—
 Addiction Services Staff
 Trenton, NJ 08625Learn program in order to monitor grantee agencies

Community Prevention Resources
 Washington, NJ 07882Implementation part of prevention programs offered

Partnership for A Drug Free
 New Jersey
 Hoboken, NJ 07030Implementation part of prevention programs offered

Partners in Prevention
 Jersey City, NJ 07302Implementation part of prevention programs offered

North Carolina

Anne Williams,
Prevention Consultant,
VGFW Area Authority
Henderson, NC 27536Implementation part of prevention programs offered

Rhode Island

EAP Consultant,
RI EAP, Inc.
Warwick, RI 02886Implementation part of prevention programs offered

Wisconsin

Wisconsin Statewide
Prevention Conference
Wisconsin Rapids, WI 54494

University of Wisconsin—
Extension Family Living Programs
Madison, WI 53706Implementation part of prevention programs offered
to employees through pilot initiative

Wisconsin—Extension Family
Living Programs
Phillips, WI 54555Implementation part of prevention programs offered

Wisconsin—Extension Family
Living Programs
Balson Lake, WI 54810Implementation part of prevention programs offered

Wisconsin—Extension Family
Living Programs
Alma, WI 54610Implementation part of prevention programs offered

Genesis Development Corporation
Madison, WI 53713Implementation in work setting

Iron County Human Letter and
Publications Services Association
Hurley, WI 54534Implementation in work setting

DHFS/BCHP/CSHCN Program
Madison, WI 53701Implementation part of prevention programs offered

Wisconsin Clearinghouse for
Prevention Resources,
University Health Services
Madison, WI 53701Exploring collaboration with University of Wisconsin
around pilot initiative to be offered to university
employees

ADAPTATIONS

NO INFORMATION PROVIDED

CONTACT INFORMATION

ABOUT THE DEVELOPERS:

David L. Snow, Ph.D., is a professor of psychology in psychiatry, child study center, and epidemiology and public health, Yale University School of Medicine. He is also the director of the Division of Prevention and Community Research and The Consultation Center, Department of Psychiatry. He has extensive experience in the design and evaluation of preventive interventions in community settings, especially in the workplace and schools, and in research aimed at identifying risk and protective factors that are predictive of psychological symptoms, substance use/abuse, and other problem behaviors. His workplace research has involved the use of rigorous experimental designs to assess intervention effectiveness across multiple settings and with diverse employee populations. Dr. Snow has conducted research examining the effectiveness of a school-based, social-cognitive intervention in the prevention of adolescent substance use, and is currently involved in studies to identify precursors, correlates, and outcomes of intimate partner violence among both female and male populations. He has special interests in the protective and stress-mediating effects of coping and social support, methodological and ethical issues in prevention research, service system development, and technical assistance and organizational consultation.

Katherine Grady, Ph.D., is an organization consultant in private practice and an associate clinical professor of psychology in psychiatry at Yale University. She was director of Organization Development and Adult Programs at The Consultation Center from 1979 to 1998 and was program director for the Yale Work and Family Stress Program. As program director, she worked collaboratively with Dr. Snow in developing the curriculum and overseeing the implementation of the Work and Family Stress Program in company sites. A licensed psychologist for more than 20 years, Dr. Grady is also the chief assessor and trainer for the Center for Creative Leadership Programs conducted by Rensselaer at Hartford. In this role, she is involved in the comprehensive assessment and development of senior executives. She is also a senior associate with Lansberg, Gersick, and Associates, a family-business consulting firm.

FOR INFORMATION, CONTACT:

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