

Conversations with the Experts

Coping with Work and Stress



David Snow

Bio: *David L. Snow, Ph.D., is a Professor of Psychology in Psychiatry, Child Study Center, and Epidemiology & Public Health at Yale University School of Medicine, and is Director of The Consultation Center and Division of Prevention and Community Research, Department of Psychiatry. Dr. Snow has served as Principal Investigator on a number of NIH research grants. He has extensive experience in the design and evaluation of preventive interventions in community settings (particularly in the workplace and school systems) and in research aimed at identifying key risk and protective factors predictive of psychological symptoms, substance use, family violence, and other behavioral outcomes. His workplace intervention, Coping with Work and Family Stress, has been designated as a science-based program by the National Registry of Effective Prevention Programs (NREPP) and as a SAMHSA Model Program.*

An Interview with David Snow

by Judi Casey and Karen Corday

Casey: Please provide a brief overview of the Coping with Work and Stress intervention.

Snow: Our interest has been to address a variety of health outcomes and work-related problems that can be affected by high levels of stress in various parts of people's lives. In our research, the main focus has been substance abuse and psychological symptoms. Our basic premise is that the occurrence of substance abuse and psychological symptoms must be understood in context and that for adults, there are two critical settings or domains -- the workplace and the family. There are risk and protective factors that operate in both domains over time. We also place major emphasis on the work-family interface since it operates as an additional source of risk or protection. We take the stance that in designing interventions such as Coping with Work and Family Stress, there is a need to promote change in these multiple domains in order to be most effective. The workplace provides an ideal setting for gaining access to a large percentage of the adult population for the implementation of preventive interventions. In this sense, it's analogous to prevention programs offered in schools for children and adolescents.

We draw on a stress, social support, and coping paradigm; we teach employees strategies that modify risk and protective factors. There's considerable evidence that these are related to the occurrence of substance use, psychological symptoms, and other health outcomes. The risk factors are measurements of work stressors, family stressors (such as spouse-partner role stress and parent role stress), and work-family stressors, which has to do with spillover and the extent to which stress within one domain interferes with people being able to carry out their functions within the other domain. We want to give employees skills to reduce stressors and to reduce the use of avoidance coping, since these are related to poor health outcomes, and to increase people's awareness and use of more active coping strategies, namely behavioral and cognitive strategies. We also want workers to look at the nature of their social support network and how it can be better utilized, modified to increase aspects of positive support, or changed in order to decrease aspects that involve more negative influences. People can be in cultures that pull them toward alcohol use, for instance, and that aspect of the network may need to be modified in order to reduce its influence as a risk factor.

The major aim is to enhance the range and quality of employees' coping strategies. There's a lot of evidence that if we have a broader repertoire of coping mechanisms, it leads to better health outcomes than a narrow range of mechanisms. We put a lot of emphasis on teaching behavioral, cognitive, and social support coping and reducing avoidance coping, such as using drugs and alcohol as a way to reduce tension. The program consists of 16, 1½-hour weekly sessions involving 15-20 employees per group, ideally offered during regular work hours. Although other models of program delivery can be used, providing release time maximizes

employee attendance. Erratic attendance in any program reduces its effectiveness.

Casey: What are some of the outcomes associated with the program? Can you detail the research data that informs your program's messages?

Snow: The major findings have been a reduction in work stressors, in certain family stressors, and in work-family stressors. After the program, people are better able to manage the interface between work and family. We also find increased social support within the workplace from supervisors and co-workers, increased use of behavioral and cognitive coping strategies, and significant decreases in the use of avoidance coping. We also found significant reductions in reported psychological symptoms such as depression, anxiety, and somatic complaints, less alcohol consumption in both the general population and among higher alcohol users, and a decreased tendency to use alcohol to reduce tension.

Casey: Are managers and their organizations supportive of the program and employee release time? If not, how do you gain buy-in to encourage participation?

Snow: We've had a variety of responses. A reasonably substantial number of companies and organizations are supportive; they see the value of the program to the individual and to the organization and are willing to provide release time to their employees for the program. Others are less ready to provide release time; some of them are willing to negotiate and do something like combine 45 minutes of lunch time with 45 minutes of company release time. One strategy that has worked when there is initial resistance is to talk further with the company about starting smaller and helping them identify a subgroup of employees or a sector of the organization where they have elevated concerns about the impact of stress. They may be seeing this impact in a variety of ways, such as higher health care costs. Because the issue is related to their bottom line as well as concern for their employees, this can increase their interest in pilot testing the program. We've also had more opportunities because organizations working with employers have obtained grants to implement a work-family stress program that requires them to use a science-based program such as ours.

It goes without saying that a major issue has to be access to leadership and a buy-in from the top leadership of the company. Sometimes one just has to persevere to get that level of meeting. Typically, if one is given access at lower levels of the organization, it often doesn't pan out. There is increasing evidence on how these programs affect companies' bottom lines in terms of productivity and decreasing turnover and absenteeism, which are very costly matters. There's quite a bit of evidence concerning health care costs. We emphasize the business benefits and draw on our own work as well as cost effectiveness studies that have been done in the field. Prescription drug costs, in particular, have skyrocketed. This program, for example, can prevent health issues such as depression, anxiety, and substance abuse from escalating and getting more expensive to treat.

Casey: How long have you been doing this program?

Snow: We started the research in the late 80s, and have studied the program in an increasing range of settings and with varied populations of workers. So, I'd say it's been almost 25 years. After getting some promising results, we started disseminating the program on a national basis.

Casey: How does stress affect today's workers and the organizations where they work? Given increased stress due to the economic crisis, how can employers mitigate the stress that is experienced by employees?

Snow: The current levels of economic distress and job insecurity are an issue, and a lot of evidence links these conditions to poor health outcomes. Many employees have moved from full-time to part-time work, decreasing their compensation and benefits. At the same time, even though there's a shrinking workforce, there still is an emphasis on productivity, so there's increased potential for work overload as well. There's much more difficulty in entering the workforce at all and a greater proportion of low paying jobs. This affects the younger cohort of workers, while the older cohort of workers is affected by having to delay retirement. There is a greater need to use programs such as ours, since those remaining in the workforce are probably going to experience higher work and family stress at this time that as well as increased work-family conflict. By addressing these stressors with a preventive intervention, companies can offset negative impacts.

There can be a window of opportunity for companies to talk about a full agenda concerning work-family flexibility as a means of reducing stress levels. However, you can't take the emphasis off the fact that companies need to focus on productivity. The key is to make people think a bit differently; if you give workers certain kinds of tools and supports, it's likely that they will produce at a higher level. This is a win-win for employees and companies. There needs to be more openness to training supervisors and managers on how to support the use of effective coping strategies by those they supervise. If the supervisor has an understanding of how certain coping strategies work, this can enhance skill development in employees. This will also help supervisors deal with their own increased work stress. We've developed a complimentary supervisor/manager intervention that can be used alone or as part of a more comprehensive program. The main point is promoting cultural change at multiple levels of the organization.

Casey: What were the drivers for developing the training program for dissemination of the Coping with Work and Family Stress: A Workplace Preventive Intervention?

Snow: In the early 2000s, there was a process set out by the Substance Abuse and Mental Health Services Administration (SAMHSA) to start reviewing various types of prevention programs. As a result of that review, we were designated as a model workplace program. When we got to that point, we were required to develop dissemination plans, which dovetailed nicely with our own interest in training other professionals to deliver our program on a national and international basis. This is all a part of the federal interest in translating science into practice, which I mentioned above. My own background in community psychology means I have always worked on the interface between the university and community, with a strong emphasis on understanding problems in a community context. We've now trained hundreds of people across the country; these are typically people with advanced degrees, HR professionals, EAP consultants and specialists, and organizational consultants. Some of these individuals work within organizations, while others are external.

Casey: Please describe the types of organizations where you have offered the training program, and the kinds of employees that have participated.

Snow: We work with many different settings. We offer two-day training onsite at Yale four times a year, but to a greater extent, we do two- or three-day trainings offsite to larger groups. These may be groups that have received some funding and bring us to their setting, or they may see a particular need in their own work with companies that they want to address utilizing the program we have developed. There's a broad array of participants; we have worked with a number of private, for-profit companies including manufacturers, communications companies, and utility companies. We've worked with a fair number of government departments, both federal and state, as well as many health and human service departments, universities, and private non-profits.

Casey: How could state policy makers have an impact?

Snow: There's an ongoing need to advocate at state and federal levels for greater support for prevention programs with an emphasis on a life span perspective so that funding is made available for adult populations as well as children and adolescents. It's an argument that has gone on forever. There's increasing evidence that certain problems can be prevented or made less severe using science-based programs. Within a life span perspective; no matter where you are on the developmental spectrum, there are factors that influence development and the occurrence of physical and psychological problems. These can arise at any point in one's life, and there are effective prevention programs to address them.

I'd also like to see tax incentives for companies that promote prevention and health promotion programs for their employees. Finally, in terms of legislation and insurance companies, is there a way this can be leveraged to reimburse preventive health services? Some insurance companies are considering this; it could lead to reduced rates for insurance paid by companies that offer preventive interventions or comprehensive wellness programs.

Casey: What further research would be helpful?

Snow: We need to go back and look at our theory and what it suggests in terms of other studies. There's a need for more long term analysis of the effectiveness of prevention programs, including cost/benefit analyses; this would help sell them to companies. The Society for Prevention Research has become a major organization for prevention, and sets out in its standards that studies need to have at least a six month follow up, and they argue for a longer term follow up if possible. We have six month follow-up data and found that some effects that were not visible at the completion of the program showed up later as delayed positive effects. Finally, we need to find ways to increase the impact of our prevention programs. This likely will involve developing interventions that promote changes simultaneously at multiple levels, that is at individual, supervisory, departmental, and organizational levels.

The Sloan Work and Family Research Network appreciates the extensive support we have received from the Alfred P. Sloan Foundation and the Boston College community.



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The Sloan Work and Family Research Network is funded by the Alfred P. Sloan Foundation