WOMEN'S OCCUPATIONAL ALCOHOLISM DEMONSTRATION PROJECT

FINAL REPORT

JANUARY, 1982

DRAFT

Walter Reichman, Ed.D.
Principal Investigator

Marguerite F. Levy, Ph.D.
Director of Research

Douglas W. Young, M.S.
Asst. Director of Research

Stephen Herrington, M.A.
Sr. Research Associate

submitted to:

National Institute on Alcohol Abuse and Alcoholism
in
fulfillment of requirements of contract RFP-NIA78-0009

Medical and Health Research Association of New York City, Inc.
40 Worth Street, Room 720
New York, N.Y. 10013

MEDICAL AND HEALTH RESEARCH ASSOCIATION OF NEW YORK CITY, INC.

Women's Occupational Alcoholism Demonstration Project

FINAL REPORT

January, 1982

Introduction

The research reported here is based on a contract awarded by the National Institute on Alcohol Abuse and Alcoholism for the purpose of developing and testing procedures to increase identification, referral, and treatment of female workers with drinking problems.

At the time we began our research, we found that there was little consensus in the literature on female alcoholism, and even those studies that specified sampling procedures often used inadequate or biased samples. There were a few areas of general agreement about alcohol abuse, but, even here, the causal explanations were at issue. Over the four-year period between our designing this research and this final report, there has been considerable improvement in the quality of research on women and, consequently, more agreement about some of the issues involved in the area of women and alcoholism. Nevertheless, much more progress is needed before we can build a body of reliable knowledge and develop adequate theories about etiology and treatment of female alcoholism.

The ratio of identified male to female alcoholics has been changing in the direction of greater equality. Most investigators believe that this reflects a real increase in problem drinking among women. It is probable, however, that, at least in part, the higher figures for women are due to more disclosure or better outreach methods. Alcoholic women may have become more likely to be identified because of changes in women's attitudes about seeking help, or through better understanding of alcoholism on the part of women and/or various professionals. The direction of social change is such that one would expect both an increase in female alcoholism, and an increase in the probability that female alcoholics would come to the attention of agencies. The relative contribution of the two factors can be determined empirically, but existing data are not adequate for such a determination.

The proportion of women referred to treatment in occupational alcoholism programs has remained very small. The fact that relatively fewer women than men are referred to treatment is also likely to result from more than one factor. One possibility is that female employees are more likely to be perceived as expendable. In that case, they may be fired and replaced, rather than sent for counseling. Another possibility is that there are proportionately fewer employed alcoholic women than there are employed alcoholic men. If this is true, then the referrals simply reflect the working population parameters. Some investigators suggest that male supervisors may be more reluctant to confront female employees with their alcoholism, because of the great stigmatization aspect. Others have suggested that women may be better able to "con" their male supervisors. Still another explanation offered is that women generally work at such routine, low-level jobs that it is more difficult to notice deterioration in job performance, so that their alcoholism is less likely to be detected. Each of these factors needs to be investigated, since only empirical data can determine the degree of influence they have on referral of female alcoholics.

Of those referred, relatively fewer women were reported to have entered treatment. The empirical data on the relative likelihood of males and females to enter treatment after referral are far from definitive and more are needed to determine whether this is in fact a reliable finding or an artifact. If it is correct, then, again, several factors may cause this differential sex rate. Females may be more likely to choose to go elsewhere (such as to private practitioners), rather than to company-referred programs. They may be more reluctant than males to enter any treatment. Women may be concerned about the impact on their families of their entering a treatment program and being labeled as an alcoholic. The probability of a husband's leaving an alcoholic wife is very high. Also, apart from the problem of stigmatization, women may be concerned that agreement to treatment will provide a legal basis for their having to relinquish their children's custody. More commonly, women have the problem of major responsibility for child care. The fact that it is usually more difficult for them to get away from the home would be another reason for not entering treatment. Other possible factors include therapists' attitudes toward women and the lack of adequate programs for women.

With regard to the reportedly less favorable recovery rate for women, the data are again not adequate for a definitive statement. More rigorous studies are needed to confirm this finding. For data to be comparable, there must be adequate control for such variables as age, amount and duration of alcohol abuse, stage of referral, and many others.

In addition, if there are indeed differential recovery rates associated with sex, we need to determine whether treatment and treatment facilities are comparable. Since treatment and treatment facilities were originally developed for male alcoholics, it is likely that they are less effective.

Society has a further stake in controlling female alcoholism because of its effect on children. There is accumulating documentation of adverse prenatal effects of alcohol consumption by pregnant women. Alcoholism is also associated with child abuse. In addition, the mother is usually the primary socializing agent, and, therefore, the principal model for the children's behavior and values.

The changing status of women and the different role demands are undoubtedly influencing the issues of women and employment as they relate to alcoholism. It is not possible to discuss all of the implications of these changes here, but they were important considerations in the design and interpretation of findings

This project addressed the following issues:

1. How do estimates of frequency of occurrence of alcohol problems for employed men and women compare?

2. What variables are associated with differential referral rates for men and women in occupational alcoholism programs?

3. Is there a differential rate of treatment entry for males and females?

4. What are the respective recovery rates of male and female alcoholics in the occupational alcoholism programs?

Phase I

Methodological Overview

The general procedure in our first phase involved estimating the frequency of occurrence of alcohol problems among employed males and females in our study population, examining the effectiveness of the Employee Assistance' Programs (EAP) in each of the organizations, and devising plans for increasing the effectiveness of the program for women with alcohol problems.

Four large organizations, all located in the Northeast, participated in this project: a major publisher (Publisher A), a major insurance company (Insurance B), a large department of a metropolis (City X), and a metropolitan-area county (County Y). The population was consequently comprised of both private and public employees in diversified occupations and settings. Separate data on each of the organizations are provided in Appendix A of this report.

Initial activities were designed to gather background information to be used in selecting and developing instruments and for refining sample selection procedures. We made a thorough review of the literature and conducted exploratory interviews with recovering female alcoholics who were not part of our population. We also conducted preliminary interviews with program personnel, managers, and supervisors at each site.

The following instruments were used to collect data:

Description of Instruments

1. Employee Survey. This was the basic instrument used to estimate the frequency of occurrence of alcohol problems among employees. We had agreed with the other two contractors conducting similar research to include the Short Michigan Alcoholism Screening Test (SMAST) in order to make data comparable across the three contracts. The SMAST, relative to most other alcoholism screening tests, is a psychometrically strong instrument (Selzer, 1971). Nevertheless, measures involving self-reported problems related to alcohol are notoriously low in reliability and validity. Because the baseline frequency estimates were to provide the foundation for the design of programmatic changes and ultimate evaluation of the effectiveness of these changes, we concluded that the SMAST items should be supplemented with other items to increase the reliability and validity of these estimates. Consequently, three types of items were added to the basic survey instrument:

A. Alcoholic Stages Index (ASI)--This is a widely-used, standardized alcohol-screening instrument developed by H.A. Mulford (1977). The index is composed of four discrete subscales, or "dimensions of alcoholism," that include behavioral, attitudinal, and drinking-consequences phenomena that have been found to be associated with alcoholics in our society. The SMAST and the original MAST were developed and standardized on institutionalized male populations. The ASI was largely developed through household health surveys in the general population.

Considering the nature of our target population, it should also be noted that the additional ASI items appeared to be more sensitive in identifying women (e.g., studies find that women drink for more personal reasons, and the ASI has a "Personal Effects" subscale), while the SMAST's content is more male-oriented.

The addition of the ASI made it possible to break down our problem-drinking population into 4 different stages or types, from early to very-late stage alcoholics (instead of the 2-stage SMAST breakdown). Programmatic changes were then tailored to fit the unique needs of problem drinkers who were not being identified and helped by the existing organizational programs.

B. Items Sensitive to Female Alcoholics--Three items were added in an attempt to identify female problem drinkers who might not be picked up by the SMAST or ASI items. These were used verbatim or in slightly modified form from the original MAST, and were chosen for content and results reported in the literature on test items for identifying female alcoholics.

C. Masking Items--While previous research efforts involving the general (non-institutionalized) population have used lengthy face-to-face interviews as a data base for estimating frequency of alcohol abuse, our cooperating organizations would not permit us to question employees about alcohol-related problems in this direct manner. In addition, some of our organizations objected to a questionnaire (written or spoken) that dealt explicitly and exclusively with the employee's personal use of alcohol. Adding questions that dealt with smoking and overeating, thereby making the instruments appear to be a general "health survey," satisfied these concerns, and also helped to increase the reliability and validity of the responses.

It should be clear from the foregoing discussion that the introduction of the masking items means that the SMAST was not administered according to the usual procedure.

2. Supervisory Interview Schedule--A key aspect of the employee assistance programs' implementation is through supervisory personnel, who are responsible for monitoring job performance and referring problem employees. The supervisors' knowledge, attitudes, and behavior are therefore critical variables which must be studied to determine program effectiveness.

The introductory section of the Supervisory Interview Schedule consisted of demographic (age, sex, job classification) and background (length of time as supervisor, degree of contact with subordinates, etc.) information.

The next segment of the interview consisted of a Q-Sort to estimate whether supervisors' responses to employees whose job performance deteriorates differ for males and females. These data, combined with the next section of this interview, were collected to determine if those who did not treat women in the same manner as men were the supervisors who also tended not to refer women with alcohol problems to the organization's EAP.

The third section of the interview was concerned with the supervisor's actual experience with problem employees and the Employee Assistance Program. Data based on numbers of referrals, identifying symptoms of female alcoholics, awareness of the EAP, and source of information about the EAP were obtained. In addition, we collected data to determine the different patterns that emerged among supervisors

in handling female employees, and the characteristics of supervisors who did not identify and refer female subordinates with alcohol-related problems.

The final portion of the interview consisted of two self-administered scales:

Attitudes toward Women Scale. This questionnaire was designed to measure sexist attitudes among supervisors, since such attitudes may affect the number of women referred to the programs. We used Spence & Helmreich's (1978) Attitudes Toward Women Scale (AWS), comprised of a series of 15 statements "describing the rights, roles, and privileges women ought to have or be permitted." Scores on the scale were analyzed for their relationship to responses made in the first two parts of this interview, to overall ratio of referrals to frequency of alcohol problems in each organization, and to the reports of differential organizational behavior toward men and women obtained in the Job Survey.

Attitudes toward Women and Drinking. This questionnaire was developed by our staff in an attempt to obtain additional measures of supervisors' attitudes focused more specifically on women and drinking. Pretesting indicated that supervisors were less willing to state their opinions orally in regard to women and drinking than they were to admit to them in a written questionnaire. These scores were analyzed in a manner similar to the Attitudes toward Women scores.

3. Job Survey--This instrument was designed as an independent check on supervisors' attitudes toward male and female employees, and to collect data on employees' perceptions of general differences in the treatment of male and female employees by management, their perceptions of alcohol-related problems in male and female co-workers, and their awareness of and opinions about the organization's Employee Assistance Program. Because of the masked nature of the MHRA Employee Survey, we felt that adding questions with explicit reference to alcohol problems in co-workers and the EAP would defeat our intention of increasing reliability and validity of frequency estimates.

4. Program Data Collection Form--This form was used to collect the basic data needed to evaluate the operation of each of the four programs over the three years prior to the start of our project.

In addition, program administrators were interviewed to collect information to supplement that obtained in the Program Data Collection Form, as well as to explore the administrator's background in alcoholism and his or her attitudes and goals.