

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: Team Awareness

Report Contents

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

1. Overview and description

Team Awareness is a customizable worksite prevention training program that addresses behavioral risks associated with substance abuse among employees, their coworkers, and, indirectly, their families. The training seeks to promote social health and increased communication between workers; improve knowledge about and attitudes toward alcohol- and drug-related protective factors in the workplace, such as company policy and Employee Assistance Programs (EAPs); and increase peer referral behaviors. To achieve these objectives, the training focuses on six components: the importance of substance abuse prevention; team ownership of policy (embracing policy as a useful tool for enhancing safety and well-being for the whole workgroup); stress, including stressors, individual coping styles, and other methods for coping; tolerance and how it can become a risk factor for groups; the importance of appropriate help-seeking and help-giving behavior; and access to resources for preventive counseling or treatment (e.g., EAPs, local community resources, 12-step programs, wellness programs). Training is highly interactive and includes group discussions, videos, role-playing, quizzes, games, communication exercises, and optional homework assignments.

2. Implementation considerations (if available)

Six to 8 weeks prior to training delivery, facilitators conduct focus groups with employees and interviews with key personnel, and they obtain copies of relevant documents (e.g., policies, EAP promotional materials, previous training materials) for use in the training. The preferred method for training delivery

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

consists of two 4-hour sessions spaced 2 weeks apart and a supervisory module. Team Awareness- SB, a 4-hour version of Team Awareness created for small business is also available.

3. Descriptive information

Areas of Interest	Substance abuse prevention
Outcomes	1: Group climate 2: Knowledge and attitudes related to substance use policies and the EAP 3: Help-seeking attitudes, behavior, and encouragement 4: Alcohol and other drug use attitudes and drinking climate 5: Alcohol use and alcohol-related problems 6: Personal health and well-being
Outcome Categories	Alcohol Drugs Employment Environmental change Quality of life Treatment/recovery
Ages	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)
Gender	Male Female
Races/Ethnicities	Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	Workplace
Geographic Locations	Urban Suburban
Implementation History	As many as 80 different organizations and agencies have used Team Awareness, reaching close to 20,000 workers since initial implementation in 1998. At least 30 of these implementations have been evaluated, including those in 2 municipalities (approximately 30 workgroups); 12 small businesses; 6 agencies receiving the Peer Assistance Fidelity Grant; 5 organizations in a training-of-trainer event; and 3 workplace settings involved in the Youth in Transition to Workplace (YIW) project, which reached restaurant workers in 14

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

	<p>restaurants of a corporate restaurant chain, apprentice electricians in 8 union-based training centers, and multiple crews of the U.S. Youth Corps.</p> <p>From 2000 to 2004, the 8-hour program was delivered to 2,300 workers, and about 5,000 additional workers received adaptations of the training that were less than 8 hours. One agency continued to implement Team Awareness for a continuous period of 5 years. Individual program components have been used by Fortune 500 companies. The National Guard uses its version of Team Awareness (called Team Readiness) as the flagship prevention education program for its Prevention, Treatment, and Outreach initiative and has delivered the program to an estimated 7,000 service members across 20 States.</p>
NIH Funding/CER Studies	<p>Partially/fully funded by National Institutes of Health: Yes</p> <p>Evaluated in comparative effectiveness research studies: Yes</p>
Adaptations	<p>Because Team Awareness is a customizable wellness program that also incorporates substance abuse prevention, it has been adapted for many different contexts. The curriculum is designed to be adapted in different work settings to accommodate variations in organizational policy, human resource orientation, occupation, and work culture. The intervention has been adapted for use with young adult workers in restaurants, apprentice electricians, individuals convicted of felonies who were participating in a job reentry/reintegration program, Hispanic women at risk for HIV, hospital workers, and employees of nonprofit substance abuse agencies, Native American/tribal governments, and State governments. Regarding apprentice electricians, Team Awareness was adapted for use in construction apprenticeship programs with the full collaboration of both labor union and management stakeholders. It also has been adapted by the U.S. National Guard for use with service members and by an EAP for use with new employees of a large health care system. Team Awareness-SB was adapted for the Small Business Wellness Initiative and was evaluated as part of a Community Initiated Prevention Intervention grant from the Center for Substance Abuse Prevention (CSAP). Team Awareness-SB is available with materials and protocols in Spanish.</p>
Adverse Effects	<p>No adverse effects, concerns, or unintended consequences were identified by the applicant.</p>
IOM Prevention Categories	<p>Universal Selective Indicated</p>

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

4. Outcomes

Outcome 1: Group climate

<p>Description of Measures</p>	<p>Supervisors from one large and one midsize suburban municipality and employees from the midsize municipality completed the Employee Health and Performance in the Workplace self-report questionnaire. One group-climate measure, group privacy regulation, consisted of 4 items addressing the extent to which employees (1) expected any personal information they shared to be "leaked into the grapevine" and (2) respected privacy and trusted each other with personal information. Items were rated on a scale from 1 (strongly disagree) to 5 (strongly agree) and then averaged. Higher scores indicated a greater ability to expect privacy and treat personal information as confidential.</p> <p>In another study, employees from small businesses within three industries identified as at risk for substance abuse (construction, transportation, and hospitality/service) completed the Organizational Wellness Scale, a group climate measure comprising 8 self-report items (e.g., "Policies are flexible enough to help meet my personal and family needs").</p>
<p>Key Findings</p>	<p>City employees who attended the 8-hour Team Awareness training showed a mean increase in privacy regulation of 0.13 on a 5-point scale, while employees who did not receive any training showed a mean decrease of 0.07 ($p = .04$).</p> <p>From pre- to posttest, supervisors who attended the 8-hour Team Awareness training demonstrated a significant increase in confidence in talking about problems with employees ($p < .01$), while those who attended a 4-hour informational training on the EAP and policy or received no training experienced no significant changes ($p = .01$). The effect size was small for the comparison between the intervention and informational training (Cohen's $d = 0.44$) and large for the comparison between the intervention and control condition (Cohen's $d = 1.00$).</p> <p>In the study of small businesses in at-risk industries, organizational wellness significantly improved from pre- to posttest ($p < .05$) and from pretest to follow-up ($p < .001$) for employees who received Team Awareness-SB training (a 4-hour version of Team Awareness developed for small businesses), compared with employees who did not receive any training.</p>
<p>Studies Measuring Outcome</p>	<p>Study 1, Study 2</p>
<p>Study Designs</p>	<p>Experimental</p>
<p>Quality of Research Rating</p>	<p>2.5 (0.0-4.0 scale)</p>

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Outcome 2: Knowledge and attitudes related to substance use policies and the EAP

<p>Description of Measures</p>	<p>Employees from all city departments of a midsize suburban municipality and employees from three city departments designated as at risk for substance abuse (parks and recreation, transportation, and water) from a large municipality completed the Employee Health and Performance in the Workplace self-report questionnaire. (According to the developer, the three departments were identified as at risk based on previous surveys with the workforce and information from the EAP.) Measures assessed the following:</p> <ul style="list-style-type: none"> • Knowledge about how to get help: Employees responded "no" (scored 0) or "yes" (scored 1) to the question, "Do you know how to get help from the City for you or someone else who may have an alcohol/drug problem?" • Knowledge about the EAP: Employees were asked, "How much information do you feel that you have about the EAP?" Response options ranged from 1 ("I don't know anything about it") to 5 ("I am very knowledgeable about the EAP"). • Knowledge about contacting the EAP: Employees were asked a multiple choice item, "If you needed to contact the EAP, how would you do it?" Incorrect responses were scored 0, and the correct response was scored 1. • Knowledge of the EAP and substance use policies: True/false questions assessed knowledge of information presented in the trainings. • Approval of substance use policies: Using a scale from 1 (strongly disagree) to 5 (strongly agree), employees rated 5 items (e.g., "I support the purpose and goals of the substance abuse policy").
<p>Key Findings</p>	<p>City employees who attended either the 8-hour Team Awareness training or a 4-hour informational training showed significant improvements in knowledge about the EAP, substance use policies, and contacting and getting help from the EAP, compared with employees who received no training ($p < .0001$ to $p < .05$).</p> <p>Over the 6 months following the training, attitudes toward substance use policies improved slightly among city employees from at-risk departments who received the 8-hour Team Awareness training. Attitudes worsened significantly among comparable employees who received no training.</p> <p>City employees from at-risk departments who received either the 8-hour Team Awareness training or a 4-hour informational training showed relatively greater increases in knowledge about substance use policies and the EAP than did employees who received no training ($p < .05$).</p>

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.4 (0.0-4.0 scale)

Outcome 3: Help-seeking attitudes, behavior, and encouragement

Description of Measures	<p>Supervisors from one large and one midsize suburban municipality and employees from the midsize municipality completed the Employee Health and Performance in the Workplace self-report questionnaire. Help seeking/encouragement was assessed by two constructs: "encouraged others" and "sought help or was encouraged." Three items asked if the employee or supervisor had called the EAP to help someone or had encouraged a coworker to call for work-related or non-work-related problems. Five items asked if the employee or supervisor had sought help for personal or drug/alcohol problems or had been encouraged to get help by other workers.</p> <p>In another study, employees from small businesses selected from three at-risk industries (construction, transportation, and hospitality/service), provided ratings regarding help-seeking attitudes and behaviors. Three items asked how likely the employee would be to seek help for his or her own depression, stress, or a drug or alcohol problem (e.g., "If you were depressed, how likely would you go to a counselor, support group, or EAP for help?"). Response options ranged from 1 (very unlikely) to 5 (very likely). Four additional items asked respondents to indicate whether they had called or talked to a counselor, mental health professional, EAP representative, or spiritual or religious counselor for help with either a personal problem or a drug or alcohol problem.</p>
Key Findings	<p>City employees and supervisors who attended the 8-hour Team Awareness training showed a significant increase in seeking or being encouraged to seek help and in encouraging others to do so ($p = .02$ for supervisors; $p < .01$ for employees). Employees who attended a 4-hour informational training or received no training experienced no significant changes.</p> <p>In the study of small businesses in at-risk industries, employees who received the 4-hour Team Awareness-SB training significantly improved in their willingness to seek help for themselves, compared with those who received customized health promotion training or no training ($p < .03$). In addition, employees with self-reported alcohol or other drug abuse received significantly more counseling from pretest to 6-month follow-up ($p < .05$). No significant changes were seen for employees who received customized health promotion training or no training.</p>

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental
Quality of Research Rating	2.5 (0.0-4.0 scale)

Outcome 4: Alcohol and other drug use attitudes and drinking climate

Description of Measures	<p>Employees from small businesses selected from three at-risk industries (construction, transportation, and hospitality/service), completed the 6-item Spiritual Health subscale of the Perceived Wellness Survey (e.g., "It seems that my life has always had a purpose").</p> <p>In addition, respondents indicated how often they performed each of four positive "unwinding" behaviors to relax, forget worries, and cope with stress, both in general and after work: calling or spending time with friends; meditating or praying; watching television, reading, or using other forms of entertainment; or exercising. Response options ranged from 1 (not at all) to 5 (very often). Ratings of general and after-work unwinding were averaged for all four positive unwinding behaviors.</p>
Key Findings	<p>Employees from at-risk city departments who received the 8-hour Team Awareness training reported significantly increased informal sanctions and decreased stigma, compared with employees who received either a 4-hour informational training or no training.</p> <p>In the study of small businesses in at-risk industries, drinking climate significantly improved among employees who received the 4-hour Team Awareness-SB training, compared with those who received customized health promotion training or no training ($p < .05$). These reductions were most apparent among employees who were exposed to higher coworker risks (e.g., harassment by a coworker, coworker use of alcohol or illegal drugs).</p> <p>Perceptions of the risks of substance use, particularly of smoking and heavy drinking, significantly increased among employees who received the 4-hour Team Awareness-SB training, compared with those who received customized health promotion training or no training ($p < .001$ to $p < .05$).</p> <p>Disapproval of trying marijuana ($p < .01$) and of having one or two drinks per day ($p < .05$) significantly increased among employees who received the 4-hour Team Awareness-SB training, compared with those who received customized health promotion training or no training.</p>
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental
Quality of Research Rating	3.0 (0.0-4.0 scale)

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Outcome 5: Alcohol use and alcohol-related problems

<p>Description of Measures</p>	<p>Employees from three at-risk city departments (parks and recreation, transportation, and water) from a large municipality completed the Employee Health and Performance in the Workplace self-report questionnaire. Problem drinking was measured by 7 items that asked if alcohol caused problems at and away from work (e.g., getting into fights, driving while intoxicated, accidents, absences) and included the presence of any of the following five symptoms: drinking in the morning, having "shakes" and tremors because of a need to drink, drinking more than intended, staying drunk for a day or longer, and having blackouts. Response formats were recorded into a dichotomous measure representing no or never (0) versus any problem or symptom (1). Three additional measures asked about drinking behaviors in the past 6 months: frequent drinking, drunkenness, and job-related hangovers.</p> <p>In another study, employees from small businesses selected from three at-risk industries (construction, transportation, and hospitality/service) provided responses to questions about their own substance use. A single item ("During the past 30 days, how many days have you used any alcohol?") assessed alcohol frequency. Responses were recorded on a scale from 0 (none) to 4 (22 to 30 days). Respondents also answered the 4 questions in the CAGE, a measure of alcohol problems:</p> <ul style="list-style-type: none"> • Have you ever felt you should cut down on your drinking? • Have people annoyed you by criticizing your drinking? • Have you ever felt bad or guilty about your drinking? • Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? <p>Item responses on the CAGE were scored 0 or 1, with a higher score being a greater indication of alcohol problems.</p>
<p>Key Findings</p>	<p>From pretest to 6-month follow-up, city employees from at-risk departments who received the 8-hour Team Awareness training demonstrated a significant decrease in the frequency of job-related hangovers (16% to 6%) and problem drinking (20% to 11%), compared with employees who received the 4-hour informational training ($p = .007$ for hangovers; $p = .01$ for problem drinking).</p> <p>In the study of small businesses in at-risk industries, alcohol problems significantly decreased among employees who received either the 4-hour Team Awareness-SB training or customized health promotion training, compared with employees who received no training ($p = .04$). In addition, employees with self-reported alcohol or other drug abuse showed significant decreases in alcohol use frequency ($p < .0001$).</p>
<p>Studies Measuring Outcome</p>	<p>Study, Study 2</p>

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Study Designs	Experimental
Quality of Research Rating	3.4 (0.0-4.0 scale)

Outcome 6: Personal health and well-being

Description of Measures	<p>Employees from small businesses selected from three at-risk industries (construction, transportation, and hospitality/service), completed the 6-item Spiritual Health subscale of the Perceived Wellness Survey (e.g., "It seems that my life has always had a purpose").</p> <p>In addition, respondents indicated how often they performed each of four positive "unwinding" behaviors to relax, forget worries, and cope with stress, both in general and after work: calling or spending time with friends; meditating or praying; watching television, reading, or using other forms of entertainment; or exercising. Response options ranged from 1 (not at all) to 5 (very often). Ratings of general and after-work unwinding were averaged for all four positive unwinding behaviors.</p>
Key Findings	<p>Spiritual health significantly improved from pretest to 6-month follow-up for employees who received the 4-hour Team Awareness-SB training ($p < .05$). Employees who received either customized health promotion training or no training realized no significant changes in spiritual health.</p> <p>Positive unwinding significantly increased among men who received either the 4-hour Team Awareness-SB training or customized health promotion training ($p < .001$ and $p = .029$, respectively) and significantly decreased among men who received no training ($p = .027$). Positive unwinding effects were not significant for women.</p>
Studies Measuring Outcome	Study 2
Study Designs	Experimental
Quality of Research Rating	2.7 (0.0-4.0 scale)

5. **Cost effectiveness report (Washington State Institute of Public Policy – if available)**
6. **Washington State results (from Performance Based Prevention System (PBPS) – if available)**
7. **Who is using this program/strategy**

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Washington Counties	Oregon Counties

8. Study populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	75.7% Male 24.3% Female	57.6% White 16.5% Black or African American 14.8% Race/ethnicity unspecified 11.1% Hispanic or Latino
Study 2	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	56% Male 44% Female	53% White 27% Hispanic or Latino 16% Black or African American 4% Race/ethnicity unspecified

9. Quality of studies

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Bennett, J. B., & Lehman, W. E. K. (2001). Workplace substance abuse prevention and help seeking: Comparing team-oriented and informational training. *Journal of Occupational Health Psychology*, 6(3), 243-254.

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.

Bennett, J. B., Patterson, C. R., Reynolds, G. S., Wiitala, W. L., & Lehman, W. E. K. (2004). Team Awareness, problem drinking, and drinking climate: Workplace social health promotion in a policy context. *American Journal of Health Promotion*, 19(2), 103-113.

Lehman, W. E. K., Reynolds, G. S., & Bennett, J. B. (2002). Team and informational trainings for workplace substance abuse prevention. In J. B. Bennett & W. E. K. Lehman (Eds.), *Preventing workplace*

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

substance abuse: Beyond drug testing to wellness (pp. 165-201). Washington, DC: American Psychological Association.

Study 2

Bennett, J. B., Patterson, C., Sledz, R., Klimback, E. M., Berish, J. E., & Cook, R. (n.d.). Small Business Wellness Initiative research report. Fort Worth, TX: Organizational Wellness & Learning Systems.

Bennett, J. B., & Patterson, C. R. (n.d.). Targeting working adult users of alcohol and drugs: Help-seeking and an experimental assessment in small businesses. Manuscript submitted for publication.

Patterson, C. R., Bennett, J. B., & Wiitala, W. L. (2005). Healthy and unhealthy stress unwinding: Promoting health in small businesses. *Journal of Business and Psychology*, 20(2), 221-247.

Supplementary Materials

Bennett, J. B., & Lehman, W. E. K. (1999). Employee exposure to coworker substance use and negative consequences: The moderating effects of work group membership. *Journal of Health and Social Behavior*, 40(3), 307-322.

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.

Bennett, J. B., Reynolds, G. S., & Lehman, W. E. K. (2003, March). The "black box" of health promotion: Training room behaviors predict outcomes. Poster session presented at Work, Stress & Health, 2003: Fifth Interdisciplinary Conference on Work Stress, Toronto, Canada.

Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education Research*, 18(2), 237-256.

Intra-class correlations of ratings of participant responsiveness

Lehman, W. E. K., Bennett, J. B., & Reynolds, G. S. (2000). TCU workplace measures. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Lehman, W. E. K., & Simpson, D. D. (1992). Employee substance use and on-the-job behaviors. *Journal of Applied Psychology*, 77(3), 309-321.

Reynolds, G. S., & Lehman, W. E. K. (2008). Workgroup temperance of alcohol and safety climate moderates the cognitive effects of workplace substance-abuse prevention. *Journal of Applied Social Psychology*, 38(7), 1827-1866.

Training Outline for Fidelity Checks

Training session rating form

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Group climate	2.2	2.6	2.7	2.0	2.2	3.5	2.5
2: Knowledge and attitudes related to substance use policies and the EAP	2.1	2.7	2.5	2.0	2.0	2.9	2.4
3: Help-seeking attitudes, behavior, and encouragement	2.2	2.9	2.7	2.0	2.2	3.5	2.5
4: Alcohol and other drug use attitudes and drinking climate	2.3	2.9	2.7	3.0	3.2	3.9	3.0
5: Alcohol use and alcohol-related problems	3.5	4.0	2.7	3.0	3.2	4.0	3.4
6: Personal health and well-being	2.4	2.2	2.9	2.1	2.4	4.0	2.7

Study Strengths

The studies conducted were longitudinal and included multiple sites and random assignment to study conditions. Many of the scales used were straightforward and specific to the research protocol and also had evidence of convergent validity. In one study, there was more use of archival data, such as EAP activity. The researchers did an acceptable job of ensuring the fidelity of the intervention. Participants in the training groups were generally responsive and productive, showing self-disclosure and other group-process behaviors that Team Awareness was meant to instill, allowing the inference that the intervention was delivered as planned. A fidelity checklist was provided to Team Awareness facilitators in both studies, with a much better attempt to ensure and document fidelity in the second study. The researchers paid very close attention to issues pertaining to differential attrition by group and by key variables. In general, analyses were very sophisticated and used state-of-the-art methods; for example, hierarchical linear modeling was used to take into account group (i.e., business) membership, when appropriate. Covariates were included appropriately.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Study Weaknesses

The statistical methods used to measure reliability of the 2-, 3-, and 4-item scales were not appropriate. Some measures were subject to a test/retest reliability procedure by correlating, for the control group for one study, pretest scores with 6-month follow-up scores, resulting in low correlations (few were above .60). Participant responsiveness is a poor measure of fidelity. Attrition was substantial and much greater in the Team Awareness condition. Dropouts tended to be the most "difficult to treat" (e.g., reported having five or more drinks in one sitting in the past month, hangovers that affect work), which may have prevented the training from reaching the employees who could have benefited the most from it. This differential subject self-selection may have inflated the program's effectiveness. One study found substantial differences following random assignment on several key variables. Several of the analyses involving subgroups (e.g., employees abusing substances, supervisors) relied on small sample sizes.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

Bennett, J. (2006). Dissemination history of Team Awareness. Fort Worth, TX: Organizational Wellness & Learning Systems.

Bennett, J., Bartholomew, N., Reynolds, G., & Lehman, W. (2002). Team Awareness facilitator manual. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Customization Points for Team Awareness

Introduction to Facilitator Materials

Lehman, W. E. K., Bennett, J. B., & Reynolds, G. S. (2000). TCU workplace measures. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Program Web site, <http://www.organizationalwellness.com>

Team Awareness training folder Training Outline for Fidelity Checks Training session rating form

The Workplace Project. (n.d.). Relevance to you and your work group: An orientation to Team Awareness training [PowerPoint slides with notes]. Fort Worth: Texas Christian University, Institute of Behavioral Research.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.8	3.8	3.8	3.8

Dissemination Strengths

The facilitator manual is well organized and easy to follow. Each module is written in a step-by-step format and includes materials, guidance on prior preparation needed, handouts, and implementer scripts and prompts. Program delivery materials are available online at no cost. The developer offers training, ongoing coaching, and technical assistance for potential implementers. Process and outcome protocols are provided to support quality assurance.

Dissemination Weaknesses

Some materials use a small font or could benefit from updating. It is unclear whether training is required for facilitators or what qualities an ideal facilitator would have. Though the training session rating form appears to be an observational measure, it is unclear who serves as the observer or whether training is provided to ensure reliability across observers.

11. Costs (if available)

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
3.5- to 5-day, on-site or off-site facilitator certification training for certification in full 8- hour program	Varies depending on site needs	Yes, for facilitator certification
Program customization	\$300 for small businesses (10-25 employees) to \$3,500 for large businesses (1,500 or more employees)	Yes
Focus groups to support program customization	\$150 (for 1 focus group for a company with fewer than 500 employees) to \$650 (for a series of 3 focus groups for a company with 500 or more employees)	No
2- to 3-day adaptation retreat (incl. preparatory correspondence)	About \$7,500 per adaptation retreat	No

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Fidelity observations and checklists	\$1,000 per observation	No
Survey instruments	Free	No
Consultation on evaluation design	Varies depending on level of evaluation	No

Additional Information

A Webinar-based preliminary training is also available. Contact the developer for more information.

12. Contacts for more information

For information on implementation:

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For information on research:

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