Workplace Experiences and Outcomes Related to Participation in the Flight Attendant Drug and Alcohol Program: An Exploratory Study

Final Report

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Executive Summary

This pilot study, conducted by the University of Maryland, School of Social Work (UMSSW) on behalf of the Flight Attendant Drug and Alcohol Program (FADAP), explored the experiences of Flight Attendants who have participated in FADAP. A program funded through the Federal Aviation Administration (FAA) and managed by the Association of Flight Attendants (AFA)-CWA, FADAP is a workplace-based peer assistance program that has provided drug and alcohol services since September 2010 to all Flight Attendants, regardless of employer or affiliation. The FAA recently implemented new policies that support workplace outcomes, such as safety, among Flight Attendants, which are supported by programs such as FADAP, for helping Flight Attendants achieve and sustain recovery from alcohol and other drugs (AOD). Airlines have also become more interested in outcomes from workplace-based programs due to the physically and mentally challenging multiple and often complex roles Flight Attendants must perform to ensure customer safety and satisfaction.

The current study was designed to inform FADAP staff and Advisory Board members about new ways to measure workplace outcomes of Flight Attendants who achieve and sustain recovery from AOD after participating in FADAP. Three phases of research investigated Flight Attendants' experiences and work-related outcomes: 1) evaluation of existing FADAP data; 2) an online anonymous survey of Flight Attendants who participated in FADAP to assess outcomes before and after completing AOD treatment; and 3) qualitative phone interviews with Flight Attendants who completed treatment through FADAP to further assess workplace outcomes while in recovery from AOD.

Key Findings

Part I: Evaluation of Existing FADAP Data. Flight Attendants who participated in FADAP reported a history with AOD use and prior treatment, suggesting a need to focus on relapse prevention. The majority of Flight Attendants were diagnosed with a Substance Related Disorder as their Axis I primary diagnosis; however, most also had a co-occurring mental health diagnosis. On Axis IV, Flight Attendants were diagnosed with problems related to social support and occupational functioning. About one third of Flight Attendants reported that their AOD use got to the point where they experienced on-duty impairment.

Part II: Online Survey of Flight Attendants. Fifty two Flight Attendants responded to the anonymous online survey (response rate of 24%). Prior to seeking treatment through FADAP, Flight Attendants were significantly more likely than the general U.S. population to miss work due to poor mental and physical health, in addition to reporting that physical or mental health problems kept them from doing usual activities including self-care, work, and recreation.

After treatment, Flight Attendants reported that both they and their employers noticed an improvement in the following workplace outcomes: attendance, on-duty performance, rapport with management, attention to safety duties, professionalism, compliance with company policy, compliance with FAA regulations, and overall work record.

Flight Attendants also noted a reduction in AOD-related negative work behaviors while in recovery, including not showing up for a trip, using prescription pain medication, bidding their flying schedule to have access to AOD, showing up for a flight hung-over, and drinking past the cut-off time. Further, Flight Attendants noted a post-treatment reduction in negative safety behaviors, including disregarding safety procedures, engaging in activities that could have resulted in on-the-job injury to themselves or others, and using emergency health services either on or off duty.

Flight Attendants reported being hesitant to approach their employers for help and over half reported they would not seek help for their AOD problem if assistance was only made available through their employer. Reasons for this reluctance included concerns about privacy and confidentiality, potential job retaliation, and stigma or embarrassment.

Flight Attendants reported being very satisfied with FADAP services. The vast majority said they were "extremely likely" or "very likely" to ask FADAP for help in the future, if needed, and would also recommend FADAP to another Flight Attendant.

Part III: Qualitative Phone Interviews with Flight Attendants in Recovery. The researchers interviewed 12 Flight Attendants who were in recovery for at least six months after completing treatment for AOD through FADAP. Questions asked focused on outcomes before and after recovery from AOD related to job performance, physical and mental health, and commitment to the profession; the experience of seeking help through FADAP; the return-to-work process; recommendations to improve FADAP; and desire to give back to the program or profession. Flight Attendants provided detailed and rich examples for each question.

Job Performance. With regard to job performance, Flight Attendants talked about how AOD negatively affected their ability to function safely at their job and within the first responder role. Job performance and relationships with coworkers and customers deteriorated due to AOD use, with coworkers often covering for them, thereby burdening the rest of the crew. Flight Attendants reported dismal attendance and dependability records. When Flight Attendants were on duty, presenteeism was an issue, with many reporting that they worked on "autopilot" and were often fatigued on the job. Flight Attendants also reported becoming disengaged with work.

Flight Attendants reported dramatic improvements in job performance when in recovery. The most prominent theme that emerged was an improvement in work engagement upon returning to work after completing treatment. Flight Attendants reported going "the extra mile" in recovery by doing additional work and going above and beyond the call of duty for passengers and coworkers, or by getting involved in management activities. They reported taking pride in their jobs more, being happier, and feeling more confident in their ability to do their jobs. Work performance improved overall, in addition to their attitudes while at work. Flight Attendants improved their customer relations, reporting better rapport, increased patience, and being more caring. Attendance and dependability also improved with Flight Attendants reporting long stretches of time without calling in sick and accumulating sick and vacation time. Coworker relationships improved, partly because Flight Attendants no longer had to hide their substance use, which improved communication. Flight Attendants also talked about how they have

consciously changed their behavior on overnights and layovers in recovery, engaging in activities where they are not drinking or partying.

Health. Prior to treatment and recovery from AOD, Flight Attendants reported a range of problems with their physical and mental health that affected their jobs. After treatment and while in recovery from AOD, Flight Attendants reported improvements in their physical and mental health, including mood and energy levels. They also reported engaging more in healthy lifestyle changes like physical exercise and preventative health behaviors.

Professional Commitment. AOD abuse negatively affected Flight Attendants' engagement and passion for their profession. They described losing joy, losing commitment, and becoming disengaged while under the influence of AOD. Flight Attendants reported making AOD a higher priority than their job. Low work engagement resulted in poor work performance and Flight Attendants feeling less competent in their job duties. For most Flight Attendants, recovery seemed to reverse these negative effects. Some Flight Attendants even expressed feeling more proud to be a Flight Attendant and feeling more committed to the profession.

Experience of Getting Help. The vast majority of Flight Attendants self-referred to FADAP. While it may be obvious when Flight Attendants have an AOD problem that is interfering with their ability to work, including performing their first responder job duties, coworkers seemed hesitant to confront their peers directly and refer them to FADAP. Flight Attendants in this study took a more passive approach of sharing their personal story with others who might be suffering, rather than directly confronting them. Looking back on their entry into treatment, several Flight Attendants recalled that coworkers knew about their AOD problems before they did.

Flight Attendants overwhelmingly reported very few challenges to getting help once they made the decision to call FADAP. FADAP made the often difficult process of obtaining treatment easy. While FADAP handled logistics, Flight Attendants needed to deal with personal barriers to AOD treatment including denial and fear about seeking treatment and its impact on their job. The fear of losing one's job was pervasive and the majority of Flight Attendants reported that had help not been available through FADAP, they would not have sought treatment through their employer.

While most Flight Attendants said nothing could have encouraged them to seek help at an earlier point in time, several noted that they would have taken advantage of FADAP sooner, if they had known about it earlier. A few also mentioned that they may have sought help earlier if someone had confronted them directly.

Transition Back to Work. Flight Attendants expressed mixed feelings about returning to work after treatment. Some felt confident and positive about their return to work plan. Many Flight Attendants reported having an easy transition back to work, being excited to return to work, and having the support they needed from coworkers, managers, the union, EAP, and FADAP. Others faced challenges when returning to work. The most common challenge mentioned was their exposure to AOD relapse triggers on the job, such as having to serve alcohol to passengers, returning to cities and hotels where they had used AOD, working with flight crews they "partied"

with before, and facing the "culture of drinking" among airline crews. This "culture of drinking" represents a potential system level trigger for relapse that creates a risky environment for Flight Attendants in recovery from AOD. On layovers, Flight Attendants talked about having to make a choice of either going out to a bar with their crew or sitting in a hotel room alone with no social support – neither choice is ideal for someone in recovery. Creating stable social support is challenging when you constantly have to travel for work; it makes attending 12-step meetings difficult.

Some Flight Attendants reported having a difficult time learning to manage their job stress without AOD. Now sober, they had to find other ways to cope with job demands. Facing coworkers was another challenge for some Flight Attendants as they had to rebuild trust as well as determine who they could trust given the rumor mill and stigma around addiction.

Sharing with Others and Giving Back. The majority of Flight Attendants shared their story of recovery with coworkers and had a positive experience doing so. Coworkers often responded with support or shared that they or someone they knew had a similar problem. In many cases, Flight Attendants talked about sharing their story as a way of "planting a seed" to encourage another Flight Attendant to get help, as well as to give them hope. Most also shared their story with their direct supervisor. In some cases, the supervisor helped get the Flight Attendant into treatment, and in others a supervisor has been supportive of the recovery process.

Suggestions for Improvement. Flight Attendants were challenged to come up with recommendations for improvement because they had such positive experiences with FADAP. They appreciated the responsiveness of the program, as well as the supportive, caring, and available staff and peers. FADAP took the pressure off and took the worry away so that the Flight Attendants could simply focus on treatment and recovery without having to worry about logistics.

Conclusion and Next Steps

As a result of this study, the researchers made the following conclusions regarding outcomes measurement for FADAP: 1) programmatic and outcomes data is difficult to collect due in part to the nature of the program's reliance on peers in the field; 2) Flight Attendants who used FADAP overwhelmingly reported improvements in AOD use, attendance and dependability, work performance and safety, physical and mental health, coworker and customer relations, and engagement after completing treatment; and 3) Flight Attendants reported high levels of satisfaction with FADAP services and valued FADAP as a critical part of their benefits.

A relatively long list of potential outcome topics to measure in the future emerged from the data, including, absenteeism, engagement, presenteeism, safety, and interpersonal relationships. The researchers recommend that FADAP use these five topics as a starting place to identify which outcomes are most important to FADAP and its stakeholders. Specific recommendations for how to measure such outcomes are described in the full report.

Acknowledgements

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Background and History

The Flight Attendant Drug and Alcohol Program (FADAP) contracted with the University of Maryland, School of Social Work (UMSSW) to conduct a pilot study exploring the experiences of Flight Attendants who have participated in FADAP. Part of FADAP's mission is "to support a culture of safety while helping Flight Attendants reclaim their personal and professional lives through substance abuse awareness, referral for assistance, and a Flight Attendant-specific recovery support system" (FADAP; http://www.fadap.org/File/View/e49f9ebd-502f-4037-9956-f1453ee6fe68). The program utilizes a workplace-based peer assistance program, meaning that Flight Attendants are trained to be peers by mental health professionals to identify and refer troubled employees to FADAP for assessment, referral and support services. This program is funded through the Federal Aviation Administration (FAA) and managed by the Association of Flight Attendants (AFA)-CWA. The drug and alcohol services offered through FADAP have been successfully offered since September 2010 and are provided to all Flight Attendants, regardless of employer or affiliation.

Despite FADAP's success in reaching out to Flight Attendants in need, connecting them to recovery support systems and supporting their recovery over time, very little is known about the experiences of Flight Attendants who go into recovery for substance abuse after using the peer program. Additionally, there is very little research on workplace-based peer assistance programs in general. In addition to supporting individual Flight Attendants, the program was designed to contribute to a climate of workplace wellness and safety by supporting employees and their employers, but how well this is done remains unanswered.

The FADAP Advisory Board was, and continues to be interested in, learning new ways to understand and measure outcomes related to work-related experiences of Flight Attendants who achieve and sustain recovery from alcohol and other drugs (AOD) after participating in FADAP. Further, the Advisory Board wanted to identify potential outcomes related to supported workplace recovery as a result of participating in the program among Flight Attendants and use the information gleaned from this study to develop more objective methods for measuring outcomes in the future. To this end, the current study was comprised of three phases of research:

(1) **Evaluation of Existing FADAP Data:** Evaluation of existing FADAP data on Flight Attendants who participated in FADAP from September 2010 through February 28, 2013, regardless of recovery status. Data included Flight Attendant demographics, treatment information, and workplace information.

(2) **Online Survey of Flight Attendants:** Anonymous online survey of Flight Attendants who have participated in FADAP since September 2010. Questions included Flight Attendants' past and current work history, work attendance, safety at work, and other work performance questions before and after entering treatment.

(3) **Qualitative Phone Interviews with Flight Attendants in Recovery:** One-hour phone interviews with Flight Attendants who participated in FADAP and sustained at least six months of recovery time from AOD. Interviews included questions about the Flight Attendants' participation in FADAP; the influence of using AOD on workplace experiences including

productivity, absenteeism, coworker and customer relations, and safety; changes in workplace experiences since entering and maintaining a sober lifestyle; and feedback regarding FADAP and ongoing support they received or did not receive from the program and/or their employer.

Literature Review

The researchers conducted a comprehensive literature search using the University of Maryland Health Sciences and Human Services Library (HS/HSL). The HS/HSL provides access to electronic databases of scholarly literature through its OneSearch search engine. The researchers used the following keywords in the literature search: flight attendants, substance abuse, substance use, addiction, alcohol and drugs, recovery, peer assistance, member assistance, employee assistance, peer referral, job performance, workplace, workplace outcomes, productivity, absenteeism, occupational health, and treatment outcomes. Multiple OneSearch searches using the above keywords returned results from a number of databases, including Academic Search Premier, Business Source Premier, CINAHL, PsycARTICLES, PsycINFO, MEDLINE, SocINDEX, and ScienceDirect. The searches generated over 40,000 articles, including over 2,800 peer-reviewed journal articles, approximately 40 of which were relevant to the current study. The relevant literature is summarized below.

Workplace-based peer assistance programs, like the program managed by the AFA-CWA, are designed to help employees struggling with issues related to substance abuse, mental illness, and other personal problems that affect the workplace (Bacharach, Bamberger, & Sonnenstuhl, 1996). Similar to Employee Assistance Programs (EAPs), peer assistance programs, which can be offered through employees' unions or employers, are confidential short-term assessment and referral programs, sometimes offering short-term counseling, that are offered at no charge to eligible employees. Peer-based programs have been shown to be effective in reaching mobile working populations like Flight Attendants who work in multiple locations and have little face-time with managers or supervisors (Bamberger & Sonnenstuhl, 1995). Peer counselors are trained to identify problems related to substance abuse and mental health problems and intervene in an attempt to engage potentially troubled employees in how to access additional health and mental health assessment and supportive services.

Very little research has been conducted on workplace-based peer assistance programs (Bamberger & Sonnenstuhl, 1995). With regard to research on Flight Attendants, the majority of studies have focused on occupational health risks of the job with regard to injuries related to working conditions (Agampodi, Dharmaratne, & Agampodi, 2009; Iglesias, Gonzalez, & Morales, 1989), the role of health and wellness on Flight Attendants' ability to perform their job (Griffiths & Powell, 2012), and the impact of occupational conditions on Flight Attendants' quality of work/life (Chung & Chung, 2009), including stress (Chen & Kao, 2012). A few recent studies have focused on mental health, particularly PTSD following the terrorist attacks on 9/11, and concluded that Flight Attendants were exposed to traumatic events as part of their job. In addition, while Flight Attendants often reported high levels of stress and related mental health symptoms, these symptoms tended not to be in clinical ranges (Corey et al., 2005; Lating, Sherman, Lowry, Everly, & Peragine, 2004; Lating, Sherman, & Peragine, 2006).

Studies focused on AOD use among Flight Attendants are limited and when conducted, have typically focused on clinical outcomes rather than job-related outcomes, such as those included in the current study (Bamberger & Sonnenstuhl, 1995; Diaz, Horton, McIlveen, Weiner, & Mullaney, 2009; Horton, Diaz, Mcilveen, Weiner, & Mullaney, 2011; Tueller, Cluff, Karuntzos, Bray, & Healy, n.d.). The FAA has recently implemented new policies that support workplace

outcomes, such as safety, among Flight Attendants, which are supported by strong programs such as FADAP for helping Flight Attendants achieve and sustain recovery from drugs and alcohol (www.faa.gov/about/initiatives/ashp). Additionally, given the physically and mentally challenging multiple and often complex roles Flight Attendants must perform to ensure customer safety and customer satisfaction, airlines are becoming more interested in workplace outcomes from workplace-based peer assistance programs, such as FADAP.

While little research has been conducted on job-related outcomes among Flight Attendants who have attended substance abuse treatment, some existing research suggests potential measures to be used in order to gauge treatment impact on Flight Attendants' job performance. Ferris, Bergin and Gilmore (1986) identified several personality and ability characteristics as predictors of Flight Attendant training performance: mental ability and intelligence, social skill and social poise, imagination, and flexibility. In their study of 123 female Flight Attendants who completed a company-sponsored training program, Ferris et al. (1986) found that better performing Flight Attendant trainees were more intelligent, more socially poised, more imaginative, and had greater interpersonal flexibility using measures from the Sixteen Personality Factor Questionnaire.

Limpanitgul and Jirotmontree (2012) studied the relationship between Human Resources (HR) practices such as empowerment and training, and two behaviors called "internal influence" and "external representation" among 335 Flight Attendants in Thailand. Internal influence was defined as taking initiative inside the organization, communicating to management and coworkers to improve service delivery. External representation was defined as being a vocal advocate to people outside the organization to positively promote the organization's image, products and services. The authors found that Flight Attendants' job satisfaction was a significant predictor of both internal influence and external representation (Limpanitgul & Jirotmontree, 2012). Their results also suggested that the more committed Flight Attendants were to their employer, the more likely they were to exhibit both internal influence and external representation (Limpanitgul & Jirotmontree, 2012).

In their 2012 study, Chen and Kao used structural equation modeling to describe the relationships among the factors of job demands, job resources, burnout, colleague isolation, health problems and job performance for Flight Attendants working for Taiwanese airlines. The authors measured Flight Attendants' job performance in terms of "in-role performance" (task oriented, officially required behavior of one's job) and "extra role performance" (citizenship behavior, going above and beyond one's job duties). Study results indicated that job resources (including peer support and possibility for career development) are the most important predictors of colleague isolation, which in turn decreases job performance. Chen and Kao's (2012) measures of in-role and extra-role performance could be considered for incorporation within the FADAP database to evaluate job performance among Flight Attendants pre- and post-treatment.

Based on the review of the existing literature, the researchers have identified several gaps with regard to the current study. Further research is needed on peer assistance programs in general, specifically regarding referral to and monitoring of substance abuse treatment. Clinical outcomes among Flight Attendants in treatment have been studied, but today's employers are increasingly looking for a measurable return on investment (ROI) for substance abuse treatment

in terms of workplace outcomes and job performance, in addition to clinical outcomes. General workplace performance measures have been identified, but they have not been tested as an outcome measure for substance abuse treatment on Flight Attendants in recovery. Therefore, the current study seeks to fill these gaps by exploring Flight Attendants' experiences with FADAP, their work performance before treatment and during recovery, and potential job performance-related outcomes that could be used as objective measures of FADAP's efficacy in the future.

Overview of Research Methods and Organization of Report

This research study was developed as three separate, but related phases. Phase I focused on a descriptive study of existing data provided through FADAP's case management database; Phase II focused on results from an anonymous online survey of Flight Attendants who used FADAP's services since September 2010; and Phase III focused on results from qualitative interviews with Flight Attendants who received services through FADAP and had at least 6 months recovery time in addition to having returned to work by the time of the interview. The remainder of the report is separated into three research sections, with each section describing the research methods and results for each phase of the study. A conclusion, Part IV of this report, is provided at the end of the report to bring together major results from the three phases of study and to provide recommendations for moving forward with workplace outcomes measurement for FADAP.

PART I: EVALUATION OF EXISTING FADAP DATA

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Research Purpose and Questions

Since the program's inception, FADAP has collected data on the Flight Attendants for which it has provided services. This data spans three categories: (1) demographic information (age, gender, marital status, etc.); (2) treatment information (substance abuse history, type of treatment, mental health information, and outcomes); and (3) workplace information (employment characteristics, substance abuse impact on job performance and functioning, and employer actions). Data on outcomes is not collected until case closure when FADAP discontinues monitoring a Flight Attendant's case. Case closure usually occurs three years after treatment; therefore, the majority of cases in FADAP's database do not yet have outcomes data because the program had yet to reach its three-year mark at the time of this study.

FADAP contracted with the University of Maryland, School of Social Work (UMSSW) to review and evaluate this data to explore workplace outcomes related to employee participation in the program. Specific research questions included:

- How would you describe the Flight Attendants who use FADAP?
    - What are their demographics and employment characteristics?
    - How were they referred to FADAP?
    - What types of substance abuse, mental health and physical health problems do they have and what is their history with these problems?
    - What types of treatment do they receive?
    - What types of occupational problems do they have?
    - Where data is available, what is the nature of their recovery?
- What workplace-related outcome measures does FADAP currently measure and what additional measures should they consider measuring in the future?

Part I: Method

Sample

The sample provided by FADAP included 281 treatment episodes handled by the program from September 2010 through February 28, 2013. Therefore, the unit of analysis for the sample was FADAP case or incident. Twenty four Flight Attendants participated in FADAP more than once as they sought treatment through the program multiple times (a range of two to four times).

Procedures

In order to provide the researchers with Flight Attendant data, Deborah McCormick, FADAP Coordinator, compiled a database of treatment episodes handled by FADAP from September 2010 through February 28, 2013. Treatment episodes of Flight Attendants working for 22 airlines are included.

Ms. McCormick entered data from FADAP Word document forms – *Client Data Sheet/Referral to Substance Abuse Treatment Program*, *Primary Treatment Summary*, *Primary Treatment Tracking*, and *Ongoing Recovery Status* – into four separate databases in Excel containing de-

identified data for 281 treatment episodes. Once the researchers obtained approval from the University Institutional Review Board, Ms. McCormick emailed the databases to the researchers via an encrypted document-sharing website.

The researchers assigned unique random IDs to each Flight Attendant in the database, and removed the FADAP-assigned IDs, as a further step to protect confidentiality. Then, the four databases were merged into one master database for analysis, compiling all data points available per treatment episode. The researchers created a detailed codebook for the database, quantifying 74 data points. Several variables were excluded from the final database as they did not relate to the research questions, included potentially identifying information, or they were coded in such a way that the researchers were not able to work with the data. These included: names of case managers, Flight Attendants' home cities, Flight Attendants' home zip codes, Medication Assisted Treatment (MAT) variables, blood alcohol level, treatment facility names, names of cities where treatment was provided, reasons for not completing treatment, reasons family did not participate in treatment, primary and continuing care start and end dates, and Flight Attendant death. In addition, the variable "Prescription Drugs" was not included because the data did not indicate which prescription drugs were illegal versus unauthorized versus legal.

Data Analysis Plan

Data was analyzed using IBM® SPSS® Statistics software to detect trends in the data. Please note that the final database was missing a substantial amount of data across variables due to outcomes data not having yet been collected at the time of this study. At the time of this study, FADAP had closed only 60 out of 281 cases since it started the program in 2010. Therefore, outcomes data, including number of continuous weeks clean and ability to return to active duty, were only potentially available for these 60 cases, which was not enough to have adequate power to run planned statistical tests. Additionally, the 60 cases that were closed did not represent data on Flight Attendants who had reached the 3-year mark; rather, they were Flight Attendants who were terminated, had an issue with re-instatement, or did not return to the airline for another reason. Additional data throughout the database is missing often due to the nature of relying on peers and treatment centers to collect and report data back to FADAP. Finally, some data is missing due to Flight Attendants who do not respond to attempts to contact them by peers or FADAP staff.

The percentage of missing cases per variable ranged from 7.5% to 81% of the sample. Missing data limited the researchers' ability to conduct data analysis that reflected the FADAP treatment population. The results reported below include valid percentages, meaning they were calculated based on the number of cases with data available for the particular variable of interest and exclude missing data in the calculation; however, missing data for each variable is noted. Recommendations for minimizing missing data are included in the "Outcome Measurement Recommendations" section of this report.

Part I: Results

Results are reported below for each variable by category. Tables are provided to show data per variable as appropriate.

Demographics

Age

Across cases within the database, the mean age of Flight Attendants was 46 with a range of 24 to 66 years (*n*=237, *SD*=9.51) (44 missing cases).

Gender

In more than half of the cases, (55.7%, *n*=136) Flight Attendants were female and 44.3% (*n*=108) were male (37 missing cases).

Marital Status

In a little more than half of cases (51.2%, *n*=109), Flight Attendants were single (68 missing cases). See Table 1 below for additional responses to marital status.

Table 1. Marital Status

Marital Status	Frequency	Percent
Single	109	51.2
Divorced	38	17.8
Married	34	16.0
Domestic Partnership	19	8.9
Separated	12	5.6
Widow	1	0.5
Total	213	100.0

Note: 68 missing cases

Home State

Across cases, Flight Attendants came from 29 states and two U.S. territories; however, some states had higher representation than others. These included Arizona (12.3%, *n*=30), California (11.1%, *n*=27), Florida (9.5%, *n*=23), and Pennsylvania (8.2%, *n*=20) (38 missing cases). See Table 2 below for additional home states.

Table 2. Home State

State or US Territory	Frequency	Percent
Alaska (AK)	1	0.4
Alabama (AL)	3	1.2

Arizona (AZ)	30	12.3
California (CA)	27	11.1
Colorado (CO)	6	2.5
Connecticut (CT)	1	0.4
Delaware (DE)	4	1.6
Florida (FL)	23	9.5
Georgia (GA)	7	2.9
Guam (GU)	1	0.4
Hawaii (HI)	1	0.4
Illinois (IL)	7	2.9
Indiana (IN)	1	0.4
Massachusetts (MA)	7	2.9
Maryland (MD)	5	2.1
Michigan (MI)	6	2.5
North Carolina (NC)	14	5.8
New Jersey (NJ)	2	0.8
Nevada (NV)	1	0.4
New York (NY)	10	4.1
Ohio (OH)	6	2.5
Oklahoma (OK)	1	0.4
Oregon (OR)	6	2.5
Pennsylvania (PA)	20	8.2
Puerto Rico (PR)	1	0.4
South Carolina (SC)	2	0.8
South Dakota (SD)	1	0.4
Texas (TX)	15	6.2
Tennessee (TN)	5	2.1
Virginia (VA)	14	5.8
Washington (WA)	15	6.2
Total	243	100.0

Note: 38 missing cases

Flight Attendant Health Insurance

In the vast majority of cases that included data on health insurance (96%, *n*=217), Flight Attendants reported having health insurance through a Preferred Provider Organization (PPO) (51 missing cases). See Table 3 below for additional responses.

Table 3. Health Insurance

Type of Health Insurance	Frequency	Percent
Preferred Provider Organization (PPO)	217	95.6
Health Maintenance Organization (HMO)	9	4.0
Health Savings Account (HSA)	1	0.4
Total	227	100.00

Note: 51 missing cases

Treatment Data

Source of Referral to FADAP

In most cases in which data was available, Flight Attendants were referred to FADAP by either their union (44.9%, *n*=88) or they self-referred (41.8%, *n*=82) (85 missing cases). See Table 4 below for additional referral sources.

Table 4. Source of Referral to FADAP

Referral Source	Frequency	Percent
Union	88	44.9
Self	82	41.8
Supervisor or management	13	6.6
Flight attendant coworker	6	3.1
Company EAP	1	0.5
Pilot coworker	1	0.5
Other coworker	1	0.5
Other	4	2.0
Total	196	100.0

Note: 85 missing cases

Flight Attendant Substance Abuse History

On average, Flight Attendants entered into treatment 1 to 2 times prior to their current episode (*M*=1.59, *SD*=2.29, *N*=108) (173 missing cases). Number of prior treatment episodes ranged from 0 to 19.

Flight Attendant Alcohol Abuse and Test Results

Among cases that had alcohol abuse recorded (*N*=245), the majority of Flight Attendants (85.7%, *n*=210) reported abusing alcohol. Of those cases where results of an alcohol test were available (*N*=96), 34.5% (*n*=33) had a positive alcohol test at the time of treatment referral.

Flight Attendant Illegal Drug Abuse and Test Results
Among cases that had illegal drug abuse recorded (*N*=245), in almost one quarter of cases (22%, *n*=54), Flight Attendants reported abusing illegal drugs. Of those cases where results of a drug test were available (*N*=67), 19.4% (*n*=13) had a positive illegal drug test at the time of treatment referral.

Primary Type of Illegal Drugs Abused Among Flight Attendants Who Reported Illegal Drug Abuse
In those cases where Flight Attendants reported abusing illegal drugs (*N*=54), methamphetamine and cocaine were the most commonly listed drugs abused (17 missing cases). See Table 5 below for additional drugs abused.

Table 5. Primary Type of Illegal Drug Abused Among Flight Attendants Who Abused Illegal Drugs

Type of Illegal Drug	Frequency	Percent
Methamphetamine	18	48.6
Cocaine	8	21.6
THC or Cannabis	2	5.4
General buying and using drugs illegally	2	5.4
Amphetamine	1	2.7
Opiate or Opioid	1	2.7
Other	5	13.5
Total	37	100.0

Note: 17 missing cases

Type of Substance Abused by Flight Attendant
In the majority of cases that included data on substance use (74.9%, *n*=194), Flight Attendants reported abusing alcohol only, and about one in five reported abusing alcohol and drugs (20.8%, *n*=54) (22 missing cases).

Table 6. Type of Substance Abused by Flight Attendant

Substance(s)	Frequency	Percent
Alcohol only	194	74.9
Alcohol and drugs	54	20.8
Drugs only	11	4.2
Total	259	100.0

Note: 22 missing cases

Type of Treatment Flight Attendant Referred to by FADAP
In the vast majority of cases with information on treatment referral (95.5%, *n*=232), FADAP referred Flight Attendants to inpatient substance abuse treatment (38 missing cases). See Table 7 below for additional treatment types.

Table 7. Type of Treatment Flight Attendant Referred to by FADAP

Type of Treatment	Frequency	Percent
Inpatient	232	95.5
Outpatient	11	4.5
Total	243	100.0

Note: 38 missing cases

Substances and Conditions Flight Attendants Primarily Treated For
In almost half of cases where data was recorded, (42.4%, *n*=61), Flight Attendants were treated for alcohol and mental health problems, and in 22.9% (*n*=33) of cases, they were treated for alcohol, drugs and mental health (137 missing cases). See Table 8 for additional treatment categories.

Table 8. Substances and Conditions Flight Attendants Primarily Treated For

Type of Treatment	Frequency	Percent
Alcohol and mental health	61	42.4
Alcohol, drugs and mental health	33	22.9
Alcohol	23	16.0
Drugs and mental health	13	9.0
Alcohol and drugs	10	6.9
Drugs	4	2.8
Total	144	100.0

Note: 137 missing cases

Flight Attendant Continuing Care Status
Of the 58 cases for which data was available, only 5.2% (*n*=3) cases, Flight Attendants were provided continuing care following primary treatment at a substance abuse treatment facility (223 missing cases).

Duration of Treatment Provided by Facility
Across cases, in which data was recorded, Flight Attendants spent an average of 47 days in treatment at a facility (either inpatient, outpatient, or a combination of both) with a range of 7 to 300 days (*N*=136, *SD* = 39.4) (145 missing cases).

Total Weeks in Treatment (Primary and Continuing Care Combined)
Across cases, in which data was recorded, Flight Attendants spent an average of 4.6 weeks in both primary and continuing care treatment with a range of less than 1 week to 12 weeks (*N*=56, *SD* = 2.1) (225 missing cases).

Flight Attendant Treatment Status
In the majority of cases for which data was recorded, (90%, *n*=126) Flight Attendants completed treatment (141 missing cases).

Flight Attendant Family/Partner Participation in Treatment
In about three quarters of cases for which data was recorded (74.1%, *n*=86), Flight Attendants' family members or partner participated in the family treatment program (165 missing cases).

Flight Attendant Medication-Assisted Treatment (MAT) Status
In one quarter of cases for which data was recorded (24.5%, *n*=26), Flight Attendants were medically assessed as eligible candidates for MAT (175 missing cases).

Mental Health History: Flight Attendant Reported Suicidal Thoughts
In less than one in ten cases for which mental health history was available (6.9%, *n*=17), Flight Attendants reported having had prior suicidal thoughts when they spoke with a FADAP peer (36 missing cases).

Mental Health History: Flight Attendant Reported Suicide Attempt
In very few cases for which mental health history was available (2%, *n*=5), Flight Attendants reported having made a prior suicide attempt when they spoke with a FADAP peer (36 missing cases).

Mental Health History: Flight Attendant Mental Health Care Status
In a few cases for which mental health history was available (6.9%, *n*=17), Flight Attendants reported actively obtaining mental health care when they first spoke with a FADAP peer. However, in most cases (74.3%, *n*=107), Flight Attendants were treated for mental health in addition to alcohol and/or drugs while in treatment (36 missing cases).

Flight Attendant DSM Assessment: Axis I Primary Diagnosis
In the majority of cases for which data was recorded (90.4%, *n*=123), Flight Attendants were diagnosed with an Axis I Substance Related Disorder by the treatment facility. In most cases (86%, *n*=117), Flight Attendants were diagnosed with more than one Axis I diagnosis (145 missing cases). Additional Axis I diagnoses included Substance Related Disorders, Mood Disorders, Anxiety Disorders, Eating Disorders, Tic Disorders, Mental Disorders due to a General Medical Condition, and Impulse Control Disorders (145 missing cases). See Table 9 below for a list of the Axis I primary diagnoses recorded in the case management database.

Table 9. Flight Attendant DSM Assessment: Axis I Primary Diagnosis

Axis I Diagnosis Category	Frequency	Percent
Substance Related Disorder	123	90.4
Mood Disorder	8	5.9
Anxiety Disorder	5	3.7
Total	136	100.0

Note: 145 missing cases

Flight Attendant DSM Assessment: Axis II Diagnosis

In just over one in ten cases (12%, *n*=12), Flight Attendants were diagnosed with an Axis II personality disorder by the treatment facility (182 missing cases). See Table 10 below for a list of all Axis II diagnoses recorded in the case management database.

Table 10. Flight Attendant DSM Assessment: Axis II Diagnosis

Axis II Diagnosis Category	Frequency	Percent
Dependent Personality Disorder	4	4.0
Personality Disorder Not Otherwise Specified (NOS)	4	4.0
Avoidant Personality Disorder	2	2.0
Antisocial Personality Disorder	1	1.0
Borderline Personality Disorder	1	1.0
None	87	87.9
Total	99	100.0

Note: 182 missing cases

Flight Attendant DSM Assessment: Axis III Primary Diagnosis

In over one fifth of cases for which data on Axis III diagnoses was provided, (21.9%, *n*=21), Flight Attendants were diagnosed by the treatment facility with a General Medical Condition, 16.7% (*n*=16) with a Disease of the Musculoskeletal System and Connective Tissue, 13.5% (*n*=13) with an Endocrine, Nutritional and Metabolic Disease and Immunity Disorder, and 12.5% (*n*=12) with a Disease of the Circulatory System. See Table 11 below for a list of the Axis III primary diagnoses recorded in the case management database.

In almost a quarter of cases (23.8%, *n*=34), Flight Attendants were given more than one Axis III diagnosis (138 missing cases). Additional diagnoses included all the categories in the table below, except for General Medical Condition, Symptoms, Signs & Ill-Defined Conditions, and Deferred.

Table 11. Flight Attendant DSM Assessment: Axis III Primary Diagnosis

Axis III Diagnosis Category	Frequency	Percent
General Medical Condition	21	21.9
Disease of the Musculoskeletal System & Connective Tissue	16	16.7
Endocrine, Nutritional & Metabolic Disease, & Immunity Disorder	13	13.5
Disease of the Circulatory System	12	12.5
Infectious and Parasitic Disease	7	7.3
Disease of the Nervous System & Sense Organs	6	6.3
Disease of the Respiratory System	3	3.1
Disease of the Digestive System	3	3.1
Disease of the Genitourinary System	2	2.1
Disease of the Blood and Blood Forming Organs	1	1.0
Complication of Pregnancy, Childbirth and the Puerperium	1	1.0
Disease of the Skin and Subcutaneous Tissue	1	1.0
Symptoms, Signs & Ill-Defined Conditions	1	1.0
Deferred	9	9.4
Total	96	100.0

Note: 138 missing cases

Flight Attendant DSM Assessment: Axis IV Primary Diagnosis

Among those cases where Axis IV diagnoses were captured, the most commonly reported problems across cases by Flight Attendants included problems with their primary support group (57.3%, *n*=59) and occupational problems (23.3%, *n*=24). In as many as four in ten cases (39.8%, *n*=86), Flight Attendants were given multiple Axis IV diagnoses, including all the diagnoses in the table below (65 missing cases). See Table 12 below for a list of the Axis IV primary diagnoses recorded in the case management database.

Table 12. Flight Attendant DSM Assessment: Axis IV Primary Diagnosis

Axis IV Diagnosis	Frequency	Percent
Problems with primary support group	59	57.3
Occupational problems	24	23.3
Problems related to the social environment	10	9.7
Other psychosocial problems	6	5.8

Problems with the legal system	3	2.9
Housing problems	1	1.0
Total	103	100.0

Note: 65 missing cases

Flight Attendant DSM Assessment: Axis V Primary Diagnosis
Among cases for which data was recorded for Axis V, the majority of Flight Attendants were given Global Assessment of Functioning (GAF) scores by the treatment facility in the 41-50 range (60.6%, *n*=66) or 31-40 range (27.5%, *n*=30). In most cases (71.6%, *n*=78), multiple GAF scores were recorded for Flight Attendants in the database, ranging from 31 to 60 (172 missing cases). The researchers coded the first GAF score recorded only. See Table 13 below for a list of all Axis V diagnoses recorded in the case management database (first diagnoses only).

Table 13. Flight Attendant DSM Assessment: Axis V Primary Diagnosis

Axis V Diagnostic Ranges	Frequency	Percent
1-10	3	2.8
11-20	0	0.0
31-40	30	27.5
41-50	66	60.6
51-60	7	6.4
61-70	3	2.8
71-80	0	0.0
81-90	0	0.0
91-100	0	0.0
Total	109	100.0

Note: 172 missing cases

Treatment Outcome Data: Recovery

Flight Attendant Recovery Status: Continuous Months of Recovery
On average across cases, Flight Attendants reported 8.75 months (*SD*=7.66) of continuous recovery with a range of 0 to 30 months (95 missing cases).

Flight Attendant Recovery Status: Longest Period of Time Clean at Case Closure
For the 60 cases that were closed at the time of this study, Flight Attendants reported a mean of 16.5 weeks clean (*SD*=20.32) (a little more than 4 months) with a range of less than one week to

76 weeks. The majority of cases have not yet been closed and therefore, outcome data is not yet available (*N*=53, 7 missing cases).

Workplace Characteristics

Flight Attendant Date of Hire by Airline

Across cases for which data was reported, Flight Attendants were hired by their airline employers ranging from October 1959 to January 2012 (*n*=105, 176 missing cases).

Flight Attendant Airline Employer

Across cases for which data was reported, the top three airline codes employing Flight Attendants were USA (20.7%, *n*=50), UAL (20.2%, *n*=49), and AMW (12.4%, *n*=30) (39 missing cases).

Table 14. Flight Attendant Airline Employer

Airline Code	Frequency	Percent
AL	20	8.3
AMR	11	4.5
AMW	30	12.4
ARW	1	0.4
ASA	1	0.4
ATR	4	1.7
AW	1	0.4
CAL	15	6.2
CMI	1	0.4
CPZ	2	0.8
F9	1	0.4
FL	1	0.4
FRO	2	0.8
HZ	2	0.8
HZN	1	0.4
MESA	5	2.1
MIA	1	0.4
MSB	1	0.4
PCL	2	0.8
PED	4	1.7
PSA	5	2.1

SP	1	0.4
SPR	6	2.5
UA	5	2.1
UAL	49	20.2
UL	1	0.4
US	16	6.6
USA	50	20.7
USAEAST	2	0.8
USAWEST	1	0.4
Total	242	100.0

Note: 39 missing cases

Flight Attendant Domicile/Home Base

Across cases for which data was reported, Flight Attendants came from 31 domiciles across the U.S., including U.S. territories. The top four domiciles were PHL (Philadelphia International Airport, Philadelphia, 14.3%, *n*=35), PHX (Phoenix Sky Harbor International Airport, Phoenix, 13.9%, *n*=34), CLT (Charlotte Douglas International Airport, Charlotte, 11.5%, *n*=28), and DCA (Reagan National Airport, Washington, DC, 10.2%, *n*=25) (37 missing cases).

Table 15. Flight Attendant Domicile/Home Base

Domicile/Home Base Code	Frequency	Percent
ANC	1	0.4
ANK	1	0.4
ATL	7	2.9
BOS	5	2.0
CLE	2	0.8
CLT	28	11.5
DAY	3	1.2
DCA	25	10.2
DEN	6	2.5
DFW	2	0.8
DTW	3	1.2
ERW	6	2.5
FLL	7	2.9
GUAM	1	0.4
IAH	6	2.5

JFK	9	3.7
LAS	1	0.4
LAX	8	3.3
MEM	1	0.4
MIA	5	2.0
MSP	2	0.8
ORD	9	3.7
PDX	6	2.5
PHL	35	14.3
PHX	34	13.9
RDU	1	0.4
ROA	1	0.4
SBY	2	0.8
SEA	14	5.7
SFO	12	4.9
UAL	1	0.4
Total	244	100.0

Note: 37 missing cases

Flight Attendant Commuter Status for Airline

In almost three-quarters of cases for which data was reported (71.1%, *n*=162), Flight Attendants commuted for their airline jobs (53 missing cases).

Flight Attendant Flying Status

In the majority of cases for which data was reported (85.7%, *n*=191), Flight Attendants flew both domestically and internationally (58 missing cases). See Table 16 below for additional flying status responses.

Table 16. Flight Attendant Flying Status

Flying Status	Frequency	Percent
Domestic only	30	13.5
International only	2	0.9
Domestic and international	191	85.7
Total	223	100.0

Note: 58 missing cases

Severity of Substance Abuse and Impact of Substance Abuse on Work and Personal Life

Flight Attendant Substance Abuse History: On Duty Impairment
In almost one-third of cases for which data was reported (31%, *n*=76), Flight Attendants reported to a FADAP peer that they had on-duty impairment (36 missing cases).

Flight Attendant Substance Abuse History: Memory Lapse or Blackout
In more than half of cases for which data was reported (58%, *n*=142), Flight Attendants reported to a FADAP peer that they experienced memory lapses or blackouts (36 missing cases).

Flight Attendant Substance Abuse History: Drinking Alone
In more than half of cases for which data was reported (54.3%, *n*=133), Flight Attendants reported to a FADAP peer that they drank alone (36 missing cases).

Flight Attendant Substance Abuse History: Arrested for DWI or DUI
In less than one in ten cases for which data was reported (6.5%, *n*=16), Flight Attendants reported to a FADAP peer that they had been arrested for DWI or DUI (36 missing cases)

Flight Attendant Substance Abuse History: Other Legal Problems
In just 5.3% (*n*=13) of cases for which data was reported, Flight Attendants reported experiencing other legal problems (e.g., child custody issue, home foreclosure, assault) when they spoke with a FADAP peer (36 missing cases).

Employer Actions: Flight Attendant Terminated at Time of Treatment Referral
In less than one in ten cases for which data was available (8.2%, *n*=20), Flight Attendants were terminated prior to entering treatment (36 missing cases).

Employer Actions: Suspended at Time of Treatment Referral
In 13.5% (*n*=33) of cases for which data was available, Flight Attendants were suspended prior to entering treatment (36 missing cases).

Employer Actions: Company Investigation of Flight Attendant at Time of Treatment Referral
In more than one in five cases (21.6%, *n*=53), Flight Attendants were under company investigation at treatment referral (36 missing cases).

Case Closure Data

The following results come from FADAP's case closure file, which contained 60 closed cases at the time of this study. As mentioned previously, FADAP monitors Flight Attendants in the program for three years and does not collect outcomes until the three year mark. These 60 cases have outcome data reported because the Flight Attendants were either terminated, were not reinstated, or did not come back to the airline for other reasons.

Flight Attendant Primary Treatment Status
Of the 58 cases for which data was available (89.7%, *n*=52), Flight Attendants were provided primary treatment at a substance abuse treatment facility (8 missing cases).

Employer Actions: Flight Attendant Terminated due to Alcohol Test Violation
In the 58 cases for which data was reported (2 missing cases), in almost two in five cases (37.9%, *n*=22), Flight Attendants were terminated due to an alcohol test violation.

Employer Actions: Flight Attendant Terminated due to Drug Test Violation
In the 58 cases for which data was reported (2 missing cases), in almost one in five cases (17.2%, *n*=10), Flight Attendants were terminated due to a drug test violation.

Employer Actions: Flight Attendant Terminated due to Other Company Violation
In the 58 cases for which data was reported (2 missing cases), in about two thirds of cases (65.5%, *n*=38), Flight Attendants were terminated due to another company violation (e.g., any violation of a last chance agreement such as not showing up for work, falling asleep on the plane, getting into a fight, etc.) rather than violation of an alcohol or drug test.

Employer Actions: Flight Attendant Resigned in Lieu of Predicted Termination
Of the 58 cases for which data was recorded (2 missing cases), in about one quarter of cases (25.9%, *n*=15), Flight Attendants resigned in lieu of termination.

Employer Actions: Flight Attendant Retired in Lieu of Predicted Termination
Of the 58 cases for which data was recorded (2 missing cases), in one in ten cases (10.3%, *n*=6), Flight Attendants retired in lieu of termination.

Employer Actions: Grievance or Arbitration Pending Against Flight Attendant
Of the 29 cases for which data was recorded (31 missing cases), in 13.8% (*n*=4) of these cases, Flight Attendants had a pending grievance or arbitration.

Timing of Flight Attendant Termination among Those Terminated
A total of 48 Flight Attendants whose cases were closed were terminated. Of the 34 of those cases for which data was reported (14 missing cases), the majority of Flight Attendants were terminated either after treatment (58.8%, *n*=20) or during treatment (35.3%, *n*=12).

Table 17. Timing of Flight Attendant Termination Among Those Terminated

Timing	Frequency	Percent
Before Treatment	2	5.9
During Treatment	12	35.3
After Treatment	20	58.8
Total	34	100.0

Note: 14 missing cases

Flight Attendant Workplace Readiness: Ability to Return to Active Duty after Treatment
Of the 43 cases for which data was available (17 missing cases), in about one quarter of cases (25.6%, *n*=11), Flight Attendants were able to return to active duty after treatment.

Part I: Discussion

Summary of Results

By bringing together the variety of data collected from different sources on Flight Attendants who have used FADAP services from September 2010 through February 2013, the researchers were able to get a better understanding of the population. The wealth of data available reveals the characteristics and experiences of the Flight Attendants, ranging from demographics and workplace information to treatment information, including substance abuse history and mental health information[1]. The following section provides a summary of results for each research question.

Research Question 1: How would you describe the Flight Attendants who use FADAP?

FADAP collected various types of data on the Flight Attendants that used their services since September 2010, including demographics and employment characteristics, referral information, substance abuse history, mental health history, physical health history, treatment, occupational problems, and recovery.

Research Question 1A: What are Flight Attendants' demographics and employment characteristics?

Flight Attendants who used FADAP services were an average of 46 years old, ranging from 24 to 66 years old. In a little more than half of cases, Flight Attendants were female. In most cases, Flight Attendants were either single or divorced with only a quarter reporting to be married or in a domestic partnership.

Across cases, the three airlines employing the largest number of Flight Attendants who used FADAP services were USA, UAL, and AMW. Flight Attendants worked in 31 domiciles across the U.S., including U.S. territories. The top four domiciles were PHL (Philadelphia International Airport, Philadelphia), PHX (Phoenix Sky Harbor International Airport, Phoenix), CLT (Charlotte Douglas International Airport, Charlotte), and DCA (Reagan National Airport, Washington, DC). In most cases, Flight Attendants commuted for their airline jobs, and flew both domestically and internationally.

[1] As described previously, and later in this discussion, data collected from Flight Attendants who have used FADAP services since September 2010 is often incomplete, challenging the researchers to answer all the original research questions accurately. Please note that the results reflect only the data available for each variable.

Research Question 1B: How were Flight Attendants referred to FADAP?

In most cases, Flight Attendants were referred to FADAP by either their union (45%) or they self-referred (42%). Very few supervisors or coworkers referred them to the program.

Research Question 1C: What types of substance abuse, mental health and physical health problems do Flight Attendants have and what is their history with these problems?

Substance Use
In the majority of cases, Flight Attendants reported abusing alcohol only. About one in five Flight Attendants reported abusing alcohol and drugs, and very few reported abusing drugs only.

During the initial interview with a FADAP peer, Flight Attendants provided some background information on how their substance use impacted their work and personal lives. In more than half of cases, Flight Attendants reported experiencing memory lapses or blackouts, and drinking alone. Despite the high incidence of alcohol abuse, very few reported being arrested for DWI or DUI.

Physical Health
In terms of physical health, Flight Attendants' physical health was assessed by treatment facilities as part of their DSM diagnosis at intake. The most common Axis III medical diagnoses fell into the categories of General Medical Condition, Disease of the Musculoskeletal System and Connective Tissue, Endocrine, Nutritional and Metabolic Disease and Immunity Disorder, and Disease of the Circulatory System.

Mental Health
In very few cases did Flight Attendants report seeking mental health care prior to contacting FADAP for assistance. Less than 10% reported a history of suicidal thoughts or suicide attempts. However, once Flight Attendants were referred to treatment facilities, most received mental health treatment in addition to substance abuse treatment.

Prior to providing care, treatment facilities conducted an intake assessment which included a mental health assessment. In the vast majority of cases, Flight Attendants were diagnosed with a Substance Related Disorder (Axis I primary diagnosis). However, in most cases, Flight Attendants were diagnosed with more than one Axis I diagnosis, indicating additional mental health issues that needed to be addressed in addition to substance abuse. For Axis IV diagnoses, the most commonly reported problems included problems with Flight Attendants' primary support group and occupational problems. In most cases, Flight Attendants were diagnosed with serious impairment, based on their DSM Axis V Global Assessment of Functioning (GAF) scores that were the 41-50 or 31-40 range.

Research Question 1D: What types of treatment do Flight Attendants receive?

On average, Flight Attendants reported having entered into treatment 1 to 2 times prior to their current episode, with the total number of prior treatment episodes ranging from 0 to 19. This

suggests that Flight Attendants have already sought treatment prior to seeking treatment from FADAP.

In the vast majority of cases, FADAP referred Flight Attendants to inpatient substance abuse treatment programs where they were provided primary treatment. It was not possible, from the current database, to make a statement about continuing care because the majority of data on this variable was missing from the FADAP database. The treatment facilities treated most Flight Attendants for both substance abuse and mental health issues – alcohol and mental health, or alcohol, drugs and mental health. On average, Flight Attendants spent 47 days in treatment at a facility (inpatient, outpatient, or a combination of both) with a range of 7 to 300 days.

Research Question 1E: What types of occupational problems do Flight Attendants have?

In about one third of cases, Flight Attendants reported that their substance use got to the point where they experienced on-duty impairment. At the time of treatment referral, some Flight Attendants were suspended by their employer or under company investigation, but very few were terminated.

At the time of this study 60 cases had been closed due to employee termination, lack of reinstatement or resignation. Among those cases, most were terminated.

Research Question 1F: Where data is available, what is the nature of Flight Attendants' recovery?

On average across cases, Flight Attendants reported almost 9 months of continuous recovery with a range of 0 to 30 months. For the 60 cases that were closed at the time of this study, Flight Attendants reported an average of 16.5 weeks clean (a little more than 4 months) with a range of less than one week to 76 weeks.

Research Question 2: What workplace-related outcome measures does FADAP currently measure and what additional measures should they consider measuring in the future?

In the short-term, FADAP should use the outcome measures it has been collecting at the three-year mark to measure program efficacy: continuous months of recovery, longest period of time clean at case closure, and ability to return to active duty. However, FADAP should consider collecting additional outcome data to measure ROI at more frequent intervals. Please see details in the "Outcome Measurement Recommendations" section of this report.

Conclusion and Next Steps

Since September 2010, FADAP has made a valiant effort to collect data regarding the Flight Attendants who use FADAP services. As the data and conversations with FADAP Coordinator, Deborah McCormick, and FADAP Manager, Heather Healy, have shown, FADAP faces several challenges in collecting the data needed to describe its population, track their treatment and measure outcomes in the workplace. FADAP relies on multiple sources of information to provide the data it collects, including peers, treatment center staff, and Flight Attendants

themselves. While FADAP provides standardized forms to these data sources in an attempt to obtain uniform data, FADAP often fails to receive complete data for multiple reasons.

Flight Attendants in need, talk to peers at various points in time and in various places, including, but not limited to, in the terminal, on a flight, or on the van to a hotel, among other settings. It is this availability of help around the clock that makes FADAP uniquely accessible to Flight Attendants, but at the same time hinders accurate data collection. In such cases, peers often do their best to recall details of a conversation with a Flight Attendant and record them later onto the forms to provide FADAP. The researchers are suggesting that FADAP consider what data is most important to collect and develop innovative ways to ensure data is collected in an accurate and timely manner. One suggestion might be to incentivize peers to provide complete data. External EAPs often withhold payment for services until all required forms are submitted. Given the fact that peers are not paid for their services, this would not work with FADAP. Incentives do not always have to be monetary-based. Other ways to incentivize peers to complete and submit paperwork include implementing a system of total quality management where data from forms is used to support the work peers are doing and feedback is provided on a regular basis. Additional incentives may include ways to recognize outstanding peers for their work through awards at the FADAP conference and other methods recognizing outstanding services.

Another suggestion for improving and streamlining data collection is be to develop a mobile application for peers to use on their smartphones to transmit data immediately to FADAP following a conversation with a Flight Attendant. For example, Virginia-based technology company Three Wire Systems, LLC has created a mobile data collection application that is currently being used by Rural Mental Health Care and Peer Support Services to collect data from clients through peers in the field and quickly transmit it to the Veterans Administration to request immediate help from healthcare professionals[2]. In the substance abuse field, mobile apps are currently being used primarily as relapse prevention tools for individuals in recovery following treatment from AOD, but could be expanded for screening and early intervention. For example, the Center for Health Enhancement Systems Studies (CHESS) at the University of Wisconsin-Madison is using a $3.5 million grant from the National Institute on Drug Abuse (NIDA) to create and test mobile apps to deliver treatment and relapse prevention tools through smartphones and tablets (University of Wisconsin-Madison, 2012). Established treatment center Hazelden has already developed its own mobile applications for clients (Hazelden, 2013). Available for iPhone, iPad, iPod Touch and Android, Hazelden's mobile apps provide a range of tools to support recovery and relapse prevention, ranging from inspirational messages to tools to track progress and support group meeting finders (Hazelden, 2013).

In addition to relying on peers, FADAP staff told the researchers that they often experience difficulties obtaining complete data – and in some cases, any data – from treatment facilities, especially those facilities with which it lacks an established working relationship. FADAP may want to consider creating an approved, in-network list of treatment facilities across the country with proven success for Flight Attendants to choose from when they are referred for treatment.

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[2] http://www.threewiresys.com/three-wire-develops-mobile-apps-for-peer-support/

As is already the case, the treatment facilities with which FADAP has a strong working relationship are more likely to provide complete data on Flight Attendants in their care. Further, having an approved list of facilities may improve quality assurance and reduce the administrative burden for FADAP.

Having some missing data is inevitable regardless of the steps FADAP takes to prevent it. When collecting data, it is important to clearly identify which data is "missing" versus which is "not applicable." Additionally, missing data should be identified as being "zero" or "none" when applicable. An example of when ambiguity of missing data caused a problem for the researchers with regard to interpretation of the data was when some cases had no data indicated for "alcohol test positive," so the researchers could not determine whether the data for this variable was missing or if the Flight Attendant did not take the alcohol test or if the result was negative.

The researchers understand that FADAP would like to take a more deliberate approach to data collection moving forward. Additional recommendations are provided in Appendix B: Data Collection Recommendations for Current FADAP Case Management. In the meantime, FADAP is quickly approaching its three-year mark and many Flight Attendants being tracked in the database will be contacted by FADAP staff (or their peers) to collect outcomes data. Variables in the existing database that can be collected and used to track outcomes at the three year mark, include: continuous months of recovery, longest period of time clean at case closure, and ability to return to active duty. The researchers recommend that FADAP work with its staff members and interns this year to call the Flight Attendants in the database to collect these outcomes variables.

PART II: ONLINE SURVEY OF FLIGHT ATTENDANTS

PART II: ONLINE SURVEY OF FLIGHT ATTENDANTS

Research Purpose and Questions

Part II of this research study sought to evaluate the experiences of Flight Attendants who used FADAP for substance abuse treatment. The study was designed to determine how the program contributes to workplace outcomes among Flight Attendants by exploring the impact of substance abuse on job performance, impact of recovery on job performance, and satisfaction with the program. Specific research questions included:

- How do attendance and other work performance factors differ before and after treatment?
    - Work performance factors include customer service, rapport with coworkers, attention to safety duties, professionalism, compliance with company policies and regulations, use of unauthorized medications, bidding flight schedules to access alcohol or drugs or avoid alcohol or drug tests, compliance with alcohol policies, use of emergency health services, and company investigation/discipline.
- What differences exist between Flight Attendants with at least six months of continuous recovery time and those with less than six months recovery time?
- How satisfied are Flight Attendants with their FADAP experience?
- How did FADAP help or hinder Flight Attendants' access treatment and continuous recovery?
- Would Flight Attendants seek help through their employer if assistance were not available through FADAP or other means? What perceived barriers exist for help-seeking through airline employers?

Part II: Method

Sample

The population for Part II of the research included all Flight Attendants who used FADAP services for substance abuse from September 2010 through February 28, 2013. Flight Attendants working for 22 airlines were invited to participate. A total of 216 Flight Attendants were contacted by email during summer 2013 and asked to complete the anonymous, online survey. Fifty two completed the survey for a response rate of 24.1%.

Procedures

The online survey study was approved by the University of Maryland, Institutional Review Board (IRB). Researchers developed the survey based on FADAP's research objectives and then reviewed it with Heather Healy and Deborah McCormick before sharing it with the FADAP Advisory Board. The survey was finalized by incorporating feedback from the FADAP staff and members of the Advisory Board[3]. Researchers programmed the final survey in Survey Monkey, an online data collection company. Participants were recruited by Deborah McCormick, who mailed and emailed an introduction letter to Flight Attendants who participated in FADAP since September 2010. The letter introduced the study and contained a link to the online survey for

[3] A copy of the survey can be made available on request by the authors.

their anonymous participation. Three reminder emails and letters were sent to all potential respondents: the first reminder was sent one week after the initial letter was sent, the second reminder was sent two weeks after the initial letter, and the third reminder was sent four weeks after the initial letter. In addition to the reminder letters and emails, Ms. McCormick worked with local EAP representatives to call FADAP participants to encourage their participation in the survey.

To further increase participation, survey respondents could request a $15.00 electronic gift card at the end of the survey. Respondents were also told that there would be an opportunity for them to participate in a future phone interview study (Part III of the current study) and were instructed to indicate their interest in this study in the same email where they requested the gift card.

The cross-sectional, anonymous online survey, consisting of closed- and open-ended questions included questions regarding Flight Attendants' past and current work history, work attendance, safety at work, and other work performance questions before and after entering treatment the most recent time. The first page of the online survey contained a detailed cover letter that served as the informed consent letter. The online survey took 15 to 20 minutes to complete.

Data Analysis Plan

The researchers used IBM® SPSS® Statistics software to analyze data. Means with standard deviations and t-tests were also used to analyze the data and report results. Independent samples t-tests were used to assess differences regarding help-seeking behavior through FADAP among Flight Attendants who had less than and more than six months recovery time. Paired samples t-tests were used to assess differences between responses from Flight Attendants regarding key outcomes pre-treatment as compared to post-treatment. The low response rate for the survey resulted in the researchers not being able to conduct more complex analysis of data as had been originally planned. To account for low power and minimize the effect of galloping alpha (Type II Error), the researchers used a more stringent alpha level of alpha<.01.

Part II: Results

Demographics

Length of Service as Flight Attendant

Flight Attendants had worked an average of 184 months (M=183.6, SD=112.68), or approximately 15 years, as a Flight Attendant, with a range of 3 months to 432 months (N=46, 6 missing cases).

Gender

More than half (55.6%, n=25) of Flight Attendants were male and 44.4% (n=20) were female. (N=45) (7 missing cases). This differs from Part I of the current study where females outnumbered males in the FADAP case management database.

Age

Consistent with Part I of the current study, the mean age of Flight Attendants was 46 with a range of 25 to 65 years of age (M=46.33, SD=9.29) (7 missing cases).

Race/Ethnicity
The majority of Flight Attendants (82.2%, *n*=37) were White (7 missing cases). See Table 18 below for additional reported race/ethnicity responses.

Table 18. Race/Ethnicity

Race/Ethnicity	Frequency	Percent
White	37	82.2
Black or African American	3	6.7
Hispanic or Latino	3	6.7
Asian	1	2.2
Multi-Racial	1	2.2
Total	45	100.0

Note: 7 missing cases

Flight Attendant Flying Status
Consistent with Part I of the current study, most Flight Attendants (68.2%, *n*=30) flew both domestically and internationally. Three Flight Attendants (*n*=3), reported other flying statuses, including being on long-term disability, not employed, and regional (8 missing cases). See Table 19 below for additional responses regarding flying status.

Table 19. Flying Status

Flying Status	Frequency	Percent
Domestic only	11	23.4
International only	3	6.4
Domestic and International	30	63.8
Other	3	6.4
Total	47	100.0

Note: 8 missing cases

Employment Status

Employment Status with Airline When Went into Treatment
Most Flight Attendants (74.5%, *n*=35) reported being employed and back at work with the same airline that employed them when they last went into treatment. Two Flight Attendants reported other employment statuses, including long-term disability and medical leave of absence (5 missing cases). See Table 20 below for additional responses regarding employment status.

Table 20. Employment Status with Airline When Went into Treatment

Employment Status	Frequency	Percent
Employed and returned to work with the same airline	35	74.5
Employed, but not yet returned to work	4	8.5
Terminated and unemployed	1	2.1
Terminated and now employed with a different airline	0	0.0
Terminated and now employed in a different industry	3	6.4
Resigned	1	2.1
Retired	1	2.1
Other	2	4.3
Total	47	100.0

Note: 5 missing cases

Grievance Status among Terminated Flight Attendants

Three terminated Flight Attendants filed a grievance; two were completed and one was still pending at the time of the survey. See Table 21 below for additional responses regarding grievances/arbitrations.

Table 21. Grievance Status among Terminated Flight Attendants

Grievance Status	Frequency	Percent
Grievances/arbitrations have been completed and I was reinstated	1	33.3
Grievances/arbitrations are still pending	1	33.3
Grievances/arbitrations have been completed, reinstatement denied	1	33.3
Total	3	100.0

Note: 0 missing cases

Employment Status: Time Back at Work at Airline That Employed Flight Attendant at Time of Last Treatment

Most Flight Attendants (65.7%, *n*=23) who reported being employed by the same airline that employed them when they went into their last treatment reported being back at work for at least 6 months. See Table 22 below for additional responses.

Table 22. Employment Status: Time Back at Work

Time Back at Work	Frequency	Percent
Less than one month	0	0.0
One month but less than two months	1	2.9
Two months but less than three months	3	8.6
Three months but less than four months	4	11.4
Four months but less than five months	2	5.7
Five months but less than six months	2	5.7
Six months but less than one year	7	20.0
One year or more	16	45.7
Total	35	100.0

Note: 0 missing cases

Substance Use Treatment Background Information

Drug and Alcohol Treatment History
Since September 2010, Flight Attendants had gone into drug and alcohol treatment an average of one time (*M*=1.39, *SD*=0.88), with a range of 1 time to 5 times (3 missing cases).

Treatments Coordinated by FADAP
On average, one drug and alcohol treatment was coordinated by the peer assistance program, with a range of 1 to 2 treatments (*M*=1.10, *SD*=0.31) (3 missing cases).

Residential / In-Patient Treatment History
The majority of Flight Attendants (91.8%, *n*=45) had been in residential or in-patient treatment for alcohol or other drugs (3 missing cases).

Out-Patient / Non-Residential Treatment History
Most Flight Attendants (66.7%, *n*=32) also reported attending out-patient or non-residential treatment for alcohol or other drugs (4 missing cases).

Out-Patient / Non-Residential Treatment Status
Of those who had attended out-patient treatment (*N*=32), in almost one-third of cases (31.3%, *n*=10), Flight Attendants reported they were still attending out-patient or non-residential treatment.

Recovery Status
The vast majority (93.6%, *n*=44) of Flight Attendants would describe themselves as "in recovery" at the time of the survey (5 missing cases).

Continuous Recovery Status
Among those Flight Attendants who described themselves as "in recovery," most (86.4%, *n*=38) reported having at least 30 days of continuous recovery.

Length of Continuous Recovery
On average, Flight Attendants with at least 30 days of continuous recovery (*N*=38), reported an average of 13 to 14 months of continuous recovery to date (*M*=13.50, *SD*=11.49), with a range of 2 months to 59 months.

Physical and Mental Health History

The following three questions were adapted from the General Social Survey (GSS), an annual survey administered by the NORC since 1972 (Smith, Marsden, Hout & Kim, 2013). The researchers compared results from the current study to those of the 2010 GSS. The 2010 study included a sample of 2,044 U.S. householders age 18 and older.

Physical Health
Flight Attendants reported that during the 30 days of their last flying month before entering their most recent treatment, their physical health (including physical illness and injury) was not good for an average of 10 to 11 days (*M*=10.83, *SD*=10.12), about one third of the month, with a range of 0 to 30 days (*N*=46, 6 missing cases). In contrast, Americans surveyed by the GSS reported an average of 3 days that their physical health was not good (*M*=3.01, *SD*=6.55). Flight Attendants in the current study reported more than three times the national average of days of poor physical health, which was a statistically significant difference when means from the present study were compared to national sample means using a 1-sample t-test ($p<.005$).[4]

Mental Health
Flight Attendants reported that during the 30 days of their last flying month before entering their last treatment, their mental health (including stress, depression, and problems with emotions) was not good for an average of 19 days (*M*=19.35, *SD*=12.39), about two thirds of the month, with a range of 0 to 30 days. Flight Attendants reported almost twice as many days of poor mental health as physical health in the 30 days prior to entering treatment (*N*=46, 6 missing cases). In contrast, Americans reported an average of 3 to 4 days that their mental health was not good (*M*=3.83, *SD*=7.32) in the 2010 GSS. Flight Attendants in the current study reported an average of 4 to 6 times the national average of days of poor mental health. This difference was statistically significant ($p<.005$) when means from the Flight Attendants were compared to national means.

[4] The use of population and sample means or average scores in a simple t-test allowed the researchers to compare the current Flight Attendant sample to the larger national representative sample. This statistical analysis tested if the difference in observed average scores between the two groups was "real" or due to chance. The smaller the p-values, the smaller the possibility that results were due to chance.

Impact of Poor Physical or Mental Health

Flight Attendants reported that during the 30 days of their last flying month before entering their last treatment, their poor physical or mental health kept them from doing their usual activities (such as self-care, work, and recreation) an average of 15 days (M=15.15, SD=12.39), or half of the month, with a range of 0 to 30 days (N=46, 6 missing cases). In contrast, Americans surveyed in the GSS, reported an average of 1 to 2 days where their poor physical or mental health kept them from doing their usual activities (M=1.65, SD=4.65, N=1155). Flight Attendants in the current study reported 7 to 15 times the national average of days. Similar to the two GSS items above, these differences were highly statistically significant ($p<.005$).

Work Performance Before and After Most Recent Treatment Episode Versus In Recovery

The researchers used paired samples t-tests to compare Flight Attendants' ratings of key outcomes before and after their most recent treatment episode. Responses to individual survey questions could range from 1 (Very Good) through 5 (Very Poor). *Note – Lower scores mean improvement.* When not applicable, Flight Attendants could respond as such. Results are presented in the tables below. Responses are grouped by research question. To minimize Type II error, the researchers set alpha at .01 instead of the traditional .05.

Company Ratings of Work Record

Pre-Test Question: *In the six flying months before entering your last treatment, choose the best descriptor below that reflects how your company would rate your work record for that time period. Scale: Very good (1), Good (2), Average (3), Poor (4), Very poor (5).*

Post-Test Question: *In the most recent flying month since returning to work after your last treatment, choose the best descriptor below that describes how your company would characterize your work record for that time period. Scale: Very good (1), Good (2), Average (3), Poor (4), Very poor (5).*

In the most recent flying month since returning to work after their last treatment, Flight Attendants reported their companies would give them significantly more positive ratings on several aspects of their work record, including attendance, on-duty performance, rapport with management, attention to safety duties, professionalism, compliance with company policy, compliance with FAA regulations and overall work record.

Table 23. Company Ratings of Work Record[5]

Variable (N)	Pre-Test Mean (SD)	Post-Test Mean (SD)	T-Test Value	Degrees of Freedom	Significance (2-tailed)
Attendance	2.83 (1.38)	1.43 (.74)	5.756	34	**.000***
On-Duty Performance	1.68 (.80)	1.14 (.43)	3.625	34	**.001***
Customer Service	1.49 (.74)	1.17 (.38)	2.336	34	.026
Rapport with Coworkers	1.57 (.70)	1.23 (.49)	2.652	34	.012
Rapport with Management	2.03 (1.10)	1.37 (.69)	3.894	34	**.000***
Attention to Safety Duties	1.77 (.77)	1.17 (.45)	5.111	34	**.000***
Professionalism	1.71 (.86)	1.23 (.60)	3.240	34	**.003***
Compliance with Company Policy	2.03 (.94)	1.21 (.48)	5.524	33	**.000***
Compliance with FAA Regulations	1.80 (.87)	1.17 (.51)	5.087	34	**.000***
Overall Work Record	2.09 (.82)	1.23 (.49	5.767	34	**.000***

*Denotes a statistically significant finding at $p<.01$

Personal Ratings of Work Record

Pre-Test Question: *In the six flying months before entering your last treatment, choose the best descriptor below for how you personally would rate your work record for that time period. Scale: Very good (1), Good (2), Average (3), Poor (4), Very poor (5).*

Post-Test Question: *In the most recent flying month since returning to work after your last treatment, choose the best descriptor below for how you personally rate your work record for that time. Scale: Very good (1), Good (2), Average (3), Poor (4), Very poor (5).*

In the most recent flying month since returning to work after their last treatment, Flight Attendants rated all aspects of their work record significantly more positively.

[5] This table, and the ones like it throughout the report, include results from a basic statistical procedure called a t-test. The t-test allows you to determine if the difference in average scores (on a given measure) between two groups is "real" or due to chance. The p-value tells you the probability that the difference is due to chance; the lower the p-value, the less likely the observed difference is due to chance. The degrees of freedom are based on the number of individuals and are only used in the calculation of the p-value.

Table 24. Personal Ratings of Work Record

Variable (N)	Pre-Test Mean (SD)	Post-Test Mean (SD)	T-Test Value	Degrees of Freedom	Significance (2-tailed)
Attendance	3.03 (1.34)	1.43 (.78)	7.222	34	**.000***
On-Duty Performance	2.00 (.91)	1.14 (.49)	5.767	34	**.000***
Customer Service	1.86 (.88)	1.14 (.43)	4.415	34	**.000***
Rapport with Coworkers	1.57 (.70)	1.14 (.43)	3.431	34	**.002***
Rapport with Management	2.15 (1.10)	1.44 (.89)	3.884	33	**.000***
Attention to Safety Duties	2.29 (.96)	1.17 (.51)	7.072	34	**.000***
Professionalism	1.94 (.96)	1.14 (.43)	5.253	34	**.000***
Compliance with Company Policy	2.62 (1.26)	1.23 (.65)	6.672	34	**.000***
Compliance with FAA Regulations	2.31 (1.21)	1.17 (.51)	5.560	34	**.000***
Overall Work Record	2.40 (1.00)	1.20 (.47)	7.364	34	**.000***

***Denotes a statistically significant finding at $p<.01$

Impact of Substance Use on Work Performance

Pre-Test Question: *In the six flying months before entering your last treatment, how many times did you…? Scale: 0 (never), 1, 2, 3, 4, 5 or more times.*

Post-Test Question: *In the most recent flying month since returning to work after your last treatment, how many times did you…? Scale: 0 (never), 1, 2, 3, 4, 5 or more times.*

In the most recent flying month since returning to work after their last treatment, Flight Attendants reported engaging in several activities significantly less frequently, including not showing up for a trip, using a prescription pain medication, bidding their flying schedule to have access to alcohol or other drugs (AOD), showing up for a flight hung-over, and drinking past the cut-off time.

Table 25. Impact of Substance Use on Work Performance

Variable (N)	Pre-Test Mean (SD)	Post-Test Mean (SD)	T-Test Value	Degrees of Freedom	Significance (2-tailed)
Not show up for trip	3.25 (2.23)	1.03 (.18)	5.716	31	**.000***
Use a flying partner's medication	1.62 (1.63)	1.00 (.00)	2.205	33	.035
Use a prescription pain	2.12 (1.95)	1.12 (.54)	3.137	33	**.004***

medication					
Bid your flying schedule to avoid testing	1.50 (1.21)	1.00 (.00)	2.405	33	.022
Bid your flying schedule to have access to AOD	2.41 (2.05)	1.00 (.00)	4.022	33	**.000***
Show up hung-over	4.06 (2.10)	1.06 (.34)	8.433	33	**.000***
Drink past cut-off time	3.09 (2.23)	1.18 (.87)	5.148	33	**.000***

*Denotes a statistically significant finding at $p<.01$

Safety and Injuries

Pre-Test Question: *In the six flying months before entering your last treatment, how many times did you…? Scale: 0 (never), 1, 2, 3, 4, 5 or more times.*

Post-Test Question: *In the most recent flying month since returning to work after your last treatment, how many times did you…? Scale: 0 (never), 1, 2, 3, 4, 5 or more times.*

In the most recent flying month since returning to work after their last treatment, Flight Attendants reported significantly less frequently engaging in negative behaviors including disregarding safety procedures, engaging in activities that could have resulted in on-the-job injury to them or others, and using emergency health services either on or off duty.

Table 26. Safety and Injuries

Variable (N)	Pre-Test Mean (SD)	Post-Test Mean (SD)	T-Test Value	Degrees of Freedom	Significance (2-tailed)
Disregard safety procedures	2.41 (2.03)	1.26 (.99)	3.659	33	**.001***
Engage in activities that could have resulted in on-the-job injury to you	2.44 (1.96)	1.09 (.51)	4.249	33	**.000***
Engage in activities that could have resulted in on-the-job injury to others	2.32 (1.95)	1.08 (.51)	3.908	33	**.000***
Engage in activities that did result in an on-the-job injury to you	1.09 (.29)	1.00 (.00)	1.787	33	.083
Engage in activities that did result in an on-the-job injury to others	1.00 (.00)	1.00 (.00)	***	***	***
Use emergency health services for yourself either on or off duty	1.44 (.89)	1.00 (.00)	2.877	33	**.007***
Receive a written complaint from a co-worker	1.00 (.00)	1.03 (.18)	-1.000	31	.325

*Denotes a statistically significant finding at $p<.01$

Company Investigation or Discipline

Pre-Test Question: *In the six flying months before entering your last treatment, please check all that apply in the list below.*

Post-Test Question: *Please check all that apply to you today.*

Few Flight Attendants surveyed reported being under formal investigation or discipline or a special agreement before or after treatment. See Table 27 below for responses.

Table 27. Company Investigation and Discipline

Type of Investigation or Discipline	Pre-Test "Yes"	Post-Test "Yes"
Formal investigation or discipline due to attendance	8.7 (*n*=4)	2.2 (*n*=1)
Formal investigation or discipline due to behavior	13.0 (*n*=6)	0.0
Last chance agreement	10.9 (*n*=5)	15.2 (*n*=7)
Re-instatement agreement	0.0	0.0

Note: Sample size for this question was too small to run statistical tests

Flight Attendant Peer Assistance Program Satisfaction

Likelihood to Ask Peer Assistance Program for Recovery Help
Most Flight Attendants (69.6%, *n*=32) reported that they were extremely likely to ask the Flight Attendant peer assistance program for help if they needed recovery help. Further, 87% (*n*=40) said they would at least be very likely to ask for help. See Table 28 below for additional responses. The researchers compared Flight Attendants with less than six months recovery to Flight Attendants with more than six months recovery, but the difference was not statistically significant (*p*=.788).

Table 28. Likelihood to Ask for Recovery Help

Likelihood to Ask for Recovery Help	Frequency	Percent
Extremely likely	32	69.6
Very likely	8	17.4
Somewhat likely	4	8.7
Not at all likely	2	4.3
Total	46	100.0

Note: 6 missing cases

Likelihood to Recommend Peer Assistance Program Services to another Flight Attendant
Most Flight Attendants (84.8%, *n*=39) would recommend the services of the Flight Attendant peer assistance program to another Flight Attendant. Further, the majority (93.5%, *n*=42), would at least be very likely to recommend the program's services. See Table 29 below for additional responses. The researchers also compared responses from Flight Attendants with less than 6 months recovery to those with more than 6 months recovery time and found that there was a significant difference among Flight Attendants with more than 6 months recovery (*M*=1.27, *SD*=.65) and Flight Attendants with less than 6 months recovery (*M*=1.00, *SD*=.00) [$t_{(24)} = 2.522$, *p*=.016]. Flight Attendants with less than 6 months recovery were more likely to recommend the program to another Flight Attendant as compared to Flight Attendants with more than 6 months recovery time.

Table 29. Likelihood to Recommend

Likelihood to Recommend	Frequency	Percent
Extremely likely	39	84.8
Very likely	3	6.5
Somewhat likely	4	8.7
Not at all likely	0	0.0
Total	46	100.0

Note: 6 missing cases

Help-Seeking Through Employer
More than half of Flight Attendants (54.3%, *n*=25) would not have sought help for their problem with alcohol and/or drugs if the only assistance available was through their employer (6 missing cases). The researchers compared Flight Attendants with less than six months recovery to Flight Attendants with more than six months recovery, but the difference was not statistically significant (*p*=.101).

Reasons for Not Seeking Help Through Employer
Flight Attendants who indicated they would not seek help for their problem with alcohol and/or drugs from their employer were asked the following question: "*Why is that? Please be as specific as possible.*" Of the 25 Flight Attendants who were asked this question, 24 (96%) responded. Respondents were provided with a large text box to respond to the question, and thus were able to provide multiple comments in their response. Therefore, the number of comments in the results exceeds the number of respondents. Results were coded by the two researchers using line-by-line and open coding (Padgett, 2008). Major themes that emerged from the data, in addition to direct quotes supporting the existence of the themes are described below.

Themes: Reasons for Not Seeking Help Through Employer
Four main themes emerged from the data as reasons Flight Attendants would not seek help for their substance use problem through their employer. These included: *concerns about privacy*

and confidentiality, employer response and fear of retaliation, job threat concerns, and *stigma and embarrassment*.

Theme 1: Concerns about Privacy and Confidentiality
The most common response, reflected in 12 comments, pertained to concerns about privacy and confidentiality. Flight Attendants did not want their company to know about their problem with alcohol and/or drugs and did not want them to find out about it through the company EAP either. Some responses suggested that Flight Attendants did not trust their employer with the information and that they felt it would be used against them.

"Wouldn't want the company to know my business. I went to a recovery program through EAP and my employer supposedly has no idea."

"Having the EAP through AFA just appealed to me because I had seen it work for others in the work field. The results were there and the confidentiality [was] a major factor. I felt at the time that would not be the case with the management EAP."

Theme 2: Concerns about Employer Response, Fear of Retaliation, and Job Security
In 9 comments, Flight Attendants mentioned concerns about how their employer would respond to the knowledge of their substance abuse problem and feared a variety of forms of retaliation from management. Some described a concern about being "watched" more closely, subject to "disciplinary action" or "reprisal" if they told management about their problem.

"Use[d] EAP before and had to do randoms for a year, if I used the again it would be for 5 years."

"I would never have been honest with them about specifics regarding my behavior while in active addiction for fear of disciplinary action."

"Fear of reprisal…"

As reflected in 6 comments, some Flight Attendants were afraid their jobs would be threatened to the point of termination.

"I do not trust the company and feel that my job would be threatened and possibly lead to termination."

"I would be afraid to lose my job if the employer knew of my struggles with alcohol. Peer Assistance program allowed me the access to recovery anonymously."

Theme 3: Stigma and Embarrassment
In 3 comments, Flight Attendants expressed concern about the stigma and embarrassment of telling management about their addiction.

"I was afraid of being judged."

"…the stigma of it on the record."

Treatment and Recovery Experiences of the Peer Assistance Program
All Flight Attendants were asked the following question: "*What else would you like to tell us about how your peer assistance program helped or hindered your access to treatment and continuous recovery?*" A total of 38 (73%) Flight Attendants responded to this question. The same qualitative methods described for the open-ended question above were employed to analyze data from this question. Again, Flight Attendants were able to provide multiple comments in their response; therefore, the number of comments in the results exceeds the total number of respondents.

Flight Attendants overwhelmingly reported that the program helped their access to treatment and continuous recovery more than hindered it. Respondents provided 57 comments regarding how the program helped, and just 8 comments regarding how the program hindered their access to treatment and recovery.

Themes: How the Program Helped Access to Treatment and Continuous Recovery
Six major themes emerged regarding how FADAP helped Flight Attendants access treatment and continuous recovery. These include: *support, positive outcomes, availability and quick response, confidential services, FADAP Coordinator*, and *staff and peers shared experience with recovery*.

Theme 1: Support
In 20 comments, Flight Attendants praised FADAP staff for being "very supportive," "helpful and encouraging," "caring," and "always available." Some also noted that staff provided "guidance" as well as "tools and resources" to help them.

"They were caring and made me feel very comfortable telling them of my issue."

"Kindness and compassion of EAP members helps a lot, one is less fearful to ask for help."

Theme 2: Positive Outcomes
In 19 comments, Flight Attendants referenced positive outcomes from the program by expressing gratitude, saying they are "thankful" and "grateful." Some also said the program "helped" and that it "saved my life." Further, positive outcomes are indicated by Flight Attendants' willingness to recommend the program to other Flight Attendants, which some mentioned they are willing to do. Other positive outcomes mentioned include sobriety and improved job performance.

"I honestly believe, if I did not get the help I needed, I may not be here and still doing my career today. I am so grateful!"

"This program saved my life and helped me develop as a good human, employee and co-worker."

"I am thankful to have gone to treatment and would recommend anyone who needs help to contact them."

Theme 3: Availability and Quick Response
A total of 11 comments noted the availability and responsiveness of FADAP staff in helping Flight Attendants and getting them into treatment.

"I shall be forever grateful for the prompt and organized help getting me into treatment when I needed it."

"She has always been there for me when I needed to talk, and if I had to leave her a message, she promptly returned my calls. She has been so helpful to me in this entire process."

"She was able to get me into one of the several treatment centers with 'flight attendant tracks/programs' and I felt 'more at ease and taken care of.'"

Theme 4: Confidential Services and Separate from Employer
In two comments, Flight Attendants expressed the benefit of confidentiality.

"It is good to have a confidential source to go to."

"There was never a threat of the company finding out certain details of my alcohol problem."

Four comments reflected Flight Attendants' appreciation for how FADAP was able to protect them from their employer by helping to keep their job safe, keeping treatment details confidential, and advising them on communicating with their employer.

"With all the stress of deciding to obtain help, it was such a relief to know that my job was safe and waiting for me."

"PAP continued to give support upon release from inpatient by just being there to answer questions regarding fears/anxiety from the continuous calls from the company. They helped me to understand that I was not obligated to speak to the company while on 90 days of FMLA (which was never really explained by anyone before)."

Theme 5: FADAP Coordinator and Staff
In 3 comments, Flight Attendants provided positive feedback about the FADAP Coordinator, noting her "hard work and dedication," responsiveness, availability, helpfulness, and caring.

"I am alive and sober today because of my Union EAP and the hard work of [FADAP staff]."

"[FADAP Staff] and the local assistance personnel were ABOVE AND BEYOND helpful and caring."

Theme 6: Staff and Peers Shared Experience with Recovery
Two comments mentioned the benefits of getting help from someone who had also been through recovery.

"I especially like how the EAP and my peers who helped me had experience themselves with recovery."

"It's comforting to have someone to talk to that can help and understand you that is in your field of work."

Themes: How the Program Hindered Access to Treatment and Continuous Recovery
While most comments addressed how the program helped their treatment and recovery, eight comments discussed ways the program hindered it. Two themes emerged pertaining to *communication problems* and *issues with EAP staff and peer skills*.

Communication Problems
In 6 comments, Flight Attendants mentioned communication problems surrounding treatment entry and return to work. In one case, a Flight Attendant had trouble communicating with management to get in touch with FADAP.

"There seemed to be an issue between the EAP though the airline and through the Union that slowed down my treatment by 7 days."

"Management doesn't seem to have a handle on directing employees to the right resource. It took 2-3 days!"

Issues with FADAP Staff and Peer Skills
Two comments reflected negative experiences from Flight Attendants who said they interacted with a staff member who lacked empathy, and peers who were "overbearing and controlling."

"I think maybe there should be a specific training that the peer support people should go through to help them better assess the client's needs."

"I think the union EAP person could use some serious empathy training."

Part II: Discussion

Summary of Results

Flight Attendants who responded to the survey were an average of 46 years old and worked an average of 15 years as Flight Attendants. More than half were male, which differs from Part I of the current study where females outnumbered males in the FADAP case management database. At the time of the survey, most Flight Attendants were employed and had returned to work for the same airline that employed them when they last went into treatment and had been back for at least 6 months.

Most Flight Attendants reported going into drug and alcohol treatment one time since September 2010 with that one treatment being coordinated by their peer assistance program. The majority attended residential or inpatient treatment and most also reported attending outpatient or non-residential treatment. Some said they were still attending outpatient treatment. The vast majority of Flight Attendants described themselves as "in recovery," with most reporting to be in recovery for at least 30 days and an average of one year of continuous recovery.

Compared to average Americans as measured by the General Social Survey (GSS)[6], Flight Attendants who responded to the survey reported significantly greater physical and mental health impairment. Mental health in particular merits attention because Flight Attendants reported

[6] Smith, Tom W, Peter Marsden, Michael Hout, and Jibum Kim. *General Social Surveys, 1972-2012* /Principal Investigator, Tom W. Smith; Co-Principal Investigator, Peter V. Marsden; Co-Principal Investigator, Michael Hout; Sponsored by National Science Foundation. --NORC ed.-- Chicago: National Opinion Research Center [producer]; Storrs, CT: The Roper Center for Public Opinion Research, University of Connecticut [distributor], 2013.

almost twice as many days of poor mental health as physical health in the 30 days prior to entering their last substance abuse treatment. Further, Flight Attendants reported 7 to 15 times the national average of days where their poor physical or mental health kept them from doing their usual activities, such as self-care, work, and recreation (15 days compared to 1 day reported by average Americans).

Research Question 1: How do attendance and other work performance factors differ before and after treatment?

There are a few work performance factors that Flight Attendants agreed that both they and their companies noticed a significant improvement in while in recovery as compared to before treatment: attendance, on-duty performance, rapport with management, attention to safety duties, professionalism, compliance with company policy, compliance with FAA regulations and overall work record.

Flight Attendants also noted a significant reduction in substance-abuse-related work behaviors while in recovery, including not showing up for a trip due to AOD, using a prescription pain medication, bidding their flying schedule to have access to AOD, showing up for a flight hung-over, and drinking past the cut-off time. Further, Flight Attendants noted a significant reduction in negative safety work-related behaviors while in recovery, including disregarding safety procedures, engaging in activities that could have resulted in on-the-job injury to themselves or others, and using emergency health services either on or off duty.

Research Question 2: What differences are there between Flight Attendants with at least six months of continuous recovery time and those with less than six months recovery time?

Length of recovery time made no difference in self-reported attendance and work performance factors, but it had a significant effect on satisfaction with FADAP. The researchers found that there was a significant difference among Flight Attendants with more than 6 months recovery and Flight Attendants with less than 6 months recovery. Specifically, Flight Attendants with less than 6 months recovery were more likely to recommend the program to another Flight Attendant than Flight Attendants who had more than 6 months recovery.

Research Questions 3 and 4: How satisfied are Flight Attendants with their FADAP experience? How did FADAP help or hinder Flight Attendants' access to treatment and continuous recovery?

Flight Attendants are very satisfied with FADAP. Most said they were "extremely likely" to ask FADAP for help if they needed recovery help in the future, and most said they would be at least "very likely" to ask for help. In addition, most Flight Attendants would be "extremely likely" to recommend FADAP services to another Flight Attendant. Further, when asked how FADAP helped or hindered their access to treatment and continuous recovery, the vast majority indicated the program helped them, providing positive statements about the program and positive outcomes from the program.

According to the Flight Attendants who responded to the open-ended question, "*What else would you like to tell us about how your peer assistance program helped or hindered your access to treatment and continuous recovery?*" FADAP overwhelmingly helped their access to treatment and recovery. FADAP did this through its staff that were supportive and responsive, particularly the FADAP Coordinator, and they shared the experience of going through treatment and recovery with the Flight Attendants seeking help. Being able to seek help from a fellow Flight Attendant who had been through the experience before and who expressed empathy through support and responsiveness was powerful. FADAP also helped by facilitating treatment, protecting Flight Attendants from their employers and providing confidentiality. In very few cases, Flight Attendants reported that FADAP hindered treatment and recovery through poor communication or lack of staff and peer skill training.

Research Question 5: Would Flight Attendants seek help through their employer if assistance were not available through FADAP or other means? What perceived barriers exist for help-seeking through airline employers?

Flight Attendants are hesitant to approach their employers for help. They expressed concerns about privacy and confidentiality, the employer's response and potential retaliation, job threat, and stigma or embarrassment.

Conclusion

Part II of the current study provides important feedback about the FADAP program that can be further used to identify and develop outcomes measures to use in the future. While results are promising, it is important to interpret these results with caution given the low response rate to the survey. The small sample prevented the researchers from generalizing results from the survey to the broader Flight Attendant population; however, such results provide an excellent starting point from which future research can be developed.

The researchers had ample power from the sample to test for significant differences among Flight Attendants before and after completing treatment and returning to work with regard to attendance and other work performance variables. Based on these results, the researchers recommend that FADAP review the outcomes below and have a discussion with the FADAP Advisory Board and the researchers to narrow down which outcomes are most important to capture through a revised case management database and then methods for measuring in a standardized method across peers and treatment programs. Work performance, substance-abuse-related work behaviors, and safety-related work behaviors outcomes measures are possible.

Potential Outcomes Measures to Assess Change in Work-Related Outcomes Post-Treatment:

Recommended Work Performance Variables as Outcomes Measures

- Attendance
- On-duty performance
- Rapport with management
- Attention to safety duties

- Professionalism
- Compliance with company policy
- Compliance with FAA regulations
- Overall work record

Recommended Substance-Abuse-Related Work Behaviors as Outcomes Measures

- Not showing up for a trip because of use of alcohol or drugs, including unauthorized medication
- Using a prescription pain medication while performing flight duties
- Bidding flying schedule to have access to alcohol or drugs, including unauthorized medication
- Showing up for a flight hung-over
- Drinking past the cut-off time

Recommended Safety-Related Work Behaviors as Outcomes Measures

- Disregarding safety procedures
- Engaging in activities that could have resulted in on-the-job injury to themselves
- Engaging in activities that could have resulted in on-the-job injury to others
- Using emergency health services for themselves either on or off duty

Other results suggest potential quality indicators for FADAP through feedback on how the program helped and/or hindered treatment and recovery. The following factors were noteworthy as benefits of the program or areas of improvement that could be tracked over time:

Recommended Positive Quality Indicators for Measurement: Benefits of the Program

- Supportiveness
- Responsiveness

Recommended Quality Indicators for Monitoring: Areas of Improvement

- Communication regarding treatment entry and return to work
- Peer and FADAP staff member counseling and interpersonal skills

FADAP provides services that Flight Attendants may not otherwise receive due to perceived barriers to seeking help from airline employers and management-based EAPs. Most Flight Attendants who responded to the survey reported they would not approach their employer because they are afraid of loss of confidentiality or privacy, potential retaliation, potential termination, and the stigma associated with substance abuse. To Flight Attendants, FADAP seems to provide a "safe haven" to seek and receive help for AOD, while maintaining their privacy and their jobs.

PART III: QUALITATIVE PHONE INTERVIEWS WITH FLIGHT ATTENDANTS IN RECOVERY

PART III: QUALITATIVE PHONE INTERVIEWS WITH FLIGHT ATTENDANTS IN RECOVERY

Research Purpose and Questions

Part III of this study sought to explore the experiences of Flight Attendants who used FADAP using research methods with qualitative phone interviews. By interviewing Flight Attendants who had used FADAP, were in recovery from AOD for at least six months and had returned to work in recovery from AOD, this study also sought to determine how FADAP contributes to workplace outcomes among Flight Attendants long term. The study explored the impact of AOD on job performance, health, and commitment to the profession, and the impact of recovery on these factors. The study also explored Flight Attendants' experience with getting help for AOD as well as the experience of returning to work in recovery. Finally, the study explored how entering treatment and recovery through FADAP influenced Flight Attendants' helping behaviors as well as their recommendations for improving the program. Similar to Parts I and II of this study, results will be used to develop objective measures for workplace outcomes and lead to suggestions for ways to improve services to Flight Attendants. Specific research questions for Part III included:

- How did AOD abuse affect Flight Attendants' job performance? How was their job performance different in recovery?
- How did AOD affect abuse Flight Attendants' health? How was their health different in recovery?
- How did AOD abuse affect Flight Attendants' view of and commitment to their profession? How was this different in recovery?
- What was the experience of getting help like for Flight Attendants? What challenges did they face? What factors influenced how and when they got help?
- What was the experience of returning to work in recovery like for Flight Attendants? What challenges did they face? How did they communicate their story, if at all?
- What recommendations do Flight Attendants have for improving the program?
- Has going through the treatment and recovery experience through FADAP influenced Flight Attendants' desire to give back?

Part III: Method

Sample

The convenience sample comprised 12 Flight Attendants who participated in FADAP since September 2010. Eleven were employed as Flight Attendants and 10 were actively working as Flight Attendants (with one reported as being out of work on disability after having returned to work for a short time and one Flight Attendant who retired from service after returning to work for a short period of time). All but one Flight Attendant reported having at least six months of recovery; one reported a brief relapse three months prior to the current study, after having six months recovery time prior to the brief relapse.

Procedures

Upon receiving IRB approval for the third and final phase of the current study, Ms. McCormick contacted Flight Attendants who expressed interest in participating in a phone interview after completing the online survey and who she thought may meet the inclusion criteria for this part of the study. Ms. McCormick confirmed interested Flight Attendants' recovery status and obtained their permission for the researchers to contact them about the study. The researchers received contact information for 18 potential respondents and sent them an introductory letter about the study along with an informed consent form via mail and email.

Ms. Rachel Liccardo, Co-Investigator for the study, called each of the Flight Attendants interested in the study to ask them several screening questions, review the informed consent form, and answer questions about the study. Flight Attendants who met the inclusion criteria and were interested in participating were asked to sign and mail the informed consent back to Dr. Jodi Jacobson Frey in the stamped, addressed envelope that was provided to them. Twelve Flight Attendants responded and were approved to participate in the interviews.

Ms. Liccardo conducted the telephone interviews in Dr. Jacobson Frey's private, locked office at the University of Maryland School of Social Work. Dr. Jacobson Frey was on call by cell phone during each interview in case any Flight Attendant experienced discomfort in answering the questions. None of the Flight Attendants interviewed expressed any discomfort during the calls. Ms. Liccardo also provided the peer assistance toll-free number in case any Flight Attendant wished to speak with a peer after the interview. The average time for interviews was 56 minutes.

The interview was structured using a guide developed by the researchers. The guide was informed by input from the FADAP Advisory Board and reviewed by Ms. Healy and Ms. McCormick. The interview guide included questions related to the Flight Attendants' participation in FADAP; the influence of using substances on workplace behaviors including productivity, absenteeism, coworker and customer relations, and safety; changes in workplace behaviors since entering and maintaining a sober lifestyle; and feedback regarding FADAP and ongoing support they did or did not receive (see Appendix A for interview guide). All interviews were recorded using a digital recording device then transcribed for data analysis.

To increase participation in the interviews, the participants were offered an electronic gift card worth $50.00. Dr. Jacobson Frey emailed the gift cards to participants after they completed the interview.

Data Analysis Plan

For quality assurance, Ms. Liccardo reviewed each transcribed interview and compared them to the audio recordings before beginning qualitative data analysis. The two researchers used the constant comparative method, as well as independent open coding, to analyze the data (Padgett, 2008). Each researcher reviewed all 12 transcripts and inserted comments identifying codes for each respondent's response to each question. The researchers often identified multiple codes within each participant's response to each question. When the reviewers disagreed on themes and individual codes, they discussed the differences and reanalyzed data before naming the final themes and selecting supporting quotes to include in the final report.

Part III: Results

Results are reported by interview question: (1) substance abuse background information, (2) impact of substance abuse, (3) process of getting help, (4) transition back to work, (5) impact of recovery, (6) sharing with others, and (7) helping others. Major themes that emerged from the interview are reported for each question asked during the interview. Themes are supported by quotes from the Flight Attendants whenever possible.

Major themes were identified by having at least four supporting comments. Minor themes included three comments or less, except in some cases when the three comments were so powerful that the researchers determined them to comprise a major theme.

Question 1: Substance Abuse Background Information

Flight Attendants were asked several questions related to the history of their substance use and treatment, including what types of substances they were treated for, how many times they went into treatment (and how many of those times were through FADAP), how long they were in treatment the most recent time, how much recovery time they have, and how long they have been back on the job since they got out of treatment.

Five Flight Attendants were treated for alcohol, five were treated for drugs, and two were treated for both alcohol and drugs. Not all Flight Attendants disclosed their drug of choice, but drugs of abuse included methamphetamines and opiates. Flight Attendants reported going into treatment a range of one to seven times, with a range of one to five of those times through FADAP. On average, the 12 Flight Attendants went into treatment three times with one to two of those times through FADAP. Length of time in treatment ranged from 27 days to 4 months during their most recent treatment through FADAP, with six weeks being the average length of stay. Flight Attendants reported being "in recovery" ranging from seven months to three years, with an average recovery time of about 18 months. Time back at work ranged from five months to three years with an average of 15 months back at work.

Question 2: Impact of Substance Abuse

Flight Attendants were asked how their use of alcohol and/or other drugs affected their work, health, and view of or commitment to their profession.

Question 2a: Impact of Substance Abuse on Work

Flight Attendants described a range of ways their use of AOD affected their work before they got into treatment the most recent time. Seven major themes emerged from the data: *ability to perform job/safety duties/first responder role, relationships with coworkers, attendance and dependability issues, presenteeism, customer relations, embarrassing or unacceptable behavior,* and *engagement.* Two Flight Attendants said AOD had no impact on their work, and three minor themes included *other negative effects*, such as the negative impact substance abuse had on Flight Attendants' personal lives, *fear of drug testing*, and *comments related to drinking habits* (for example, how someone pushed the limits of drinking to the cut-off time).

Theme 1: Ability to Perform Job/Safety Duties/First Responder Role

With 23 comments from Flight Attendants, this theme emerged most often during the interview about how AOD impacted their work. Flight Attendants reported being unsafe to fly, having poor reaction times, sometimes not knowing how to do their jobs, and having problems with their roles as first responders. One Flight Attendant recalled, "During that time I was not very alert at all. It's dangerous. It was dangerous as far as feeling like I may not be able to perform at any given moment as sharp as I should." Another Flight Attendant recalled being concerned about her ability to perform her duties: "I used to worry if I would be ready for an emergency. A lot of times I didn't feel that I knew my job anymore."

In terms of their ability to serve in the first responder role, one Flight Attendant recalled a situation where a defibrillator was needed for a sick passenger and that his alcohol use played a role in slowing his reaction time: "[If I hadn't been drinking,] I believe now, I would've reacted, and got the defibrillator, and connected it and possibly saved the guy's life as opposed to thinking about it and not doing it." In a similar situation, another Flight Attendant recalled, "A guy had a heart attack, and I got through it okay. I wish I would've been a little more alert, but I did fine."

Some Flight Attendants remarked that their coworkers were concerned about safety issues. For example, one Flight Attendant said he felt he could perform his safety duties "but I know that given my inability to work sometimes that that was a big concern for the other flight attendants." In addition, several Flight Attendants mentioned being hung-over or under the influence while on duty, which interfered with their ability to perform their duties. For example, one Flight Attendant remarked, "Honestly, going to work on an airplane hung-over is the worst thing ever. I was always sick and I never felt good." Another recalled, "unfortunately [I did] some drinking on the airplane just because I felt like I had to do it to stop from shaking."

A few Flight Attendants made a few comments about work-related injuries. For example, one Flight Attendant reported he "fell down a flight of stairs and broke an elbow and a wrist" because he was "drunk as a skunk."

Theme 2: Relationships with Coworkers

The second most common theme within Question 2a was how AOD impacted Flight Attendants' relationships with their coworkers. Sixteen comments were related to this theme with the vast majority describing the negative impact on coworker relationships. Flight Attendants talked about troubled relationships with coworkers, withdrawing from them, and also about how coworkers sometimes covered for them, handling their job duties when they were unable due to the impact of their substance abuse.

When asked about her coworker relationships, one Flight Attendant described them as "Very insincere. I had to hide my disease. I wasn't very close to anybody. I had to build up big walls and isolate myself." Another had more troubled relationships, recalling "It was hard for me to work with other coworkers. I was basically on an emotional rollercoaster with the people that I worked with."

Several comments described situations where Flight Attendants with AOD problems asked other Flight Attendants to take care of their job duties. For example, one Flight Attendant recalled, "I remember one time that somebody started to get sick, and I believe I just literally called the other flight attendant to take care of it… I remember I passed responsibility over to other people." In other situations, Flight Attendants would cover for Flight Attendants struggling with substance abuse: "[My coworkers] were just being caretakers… it was very tiring for them to fly with me because they never knew what was going to happen. They knew that they would be pulling a lot of my workload."

Two Flight Attendants remarked that their relationships with coworkers were not affected by their substance abuse. One Flight Attendant said, "I just like to get along because with the job you work with so many different personalities that I just adapt so I can get along, so it really never affected my working with other flight attendants."

Theme 3: Attendance and Dependability Issues

Fourteen comments within Question 2a related to attendance and dependability issues, including excessive use of sick time (sometimes using sick time when not actually sick), poor attendance in general, and lateness.

Several Flight Attendants reported that they used up all of their sick time. One Flight Attendant recalled that she had a plan in place to use all of her sick time: "It was an unwritten rule you couldn't call out more than 10 times. I made sure I called out it was 10 times in a rolling year, and then when my sick calls would jump up I would call off again. I would keep track of that. I always had 10 sick calls going all the time." Another Flight Attendant talked about using the flexibility in his schedule to work around the problems caused by his AOD abuse: "It caused a lot of absences… My schedule was flexible, so I was able to drop trips or trade trips a lot of the time or take vacation days. So I could do that, but I had a lot of sick calls honestly and a lot of late reports and missed assignments where I just didn't make it in."

Some Flight Attendants had poor attendance to the point of getting formal warnings from their employers. One Flight Attendant reported: "My attendance was terrible. Actually, before I went for treatment, I was on my, I believe, last warning of attendance."

Theme 4: Presenteeism

Twelve comments within Question 2a related to the issue of presenteeism, defined as time spent at work but not focused on work-related tasks. Flight Attendants talked about not being 100% "there" while on duty. They reported working on "autopilot," that their work performance suffered, and that they were tired or fatigued while working.

For example, one Flight Attendant recalled, "I just ran on autopilot. Just kind of did what was expected of me," and another described the job itself as easy to do on autopilot: "Unless something goes wrong, you can probably do it with your eyes closed pretty much. I think that's how I got away with just getting by."

Others talked about how fatigued they were while on duty: "Then, after [serving food and drinks on the flight] I was just exhausted. I needed to get to my nap. I was cranky if I didn't get to my nap. I was really short tempered."

Theme 5: Customer Relations

In 10 comments within Question 2a, Flight Attendants discussed how AOD negatively affected their customer service skills on duty. Flight Attendants described neglecting job duties with customers, losing patience with customers, and sometimes being rude to them. One Flight Attendant remembered being more than rude to customers: "I remember being short. I remember being a little hostile. Confrontational. I was very confrontational." Another recalled, "I was aggravated because my mind was constantly on using obviously, so I was irritable definitely with passengers."

A few Flight Attendants mentioned neglecting their job duties with customers: "As far as with the customers, again, minimum interaction. If they need to get something, I would get it, again, trying to avoid eye contact. I would hide out in the back. I was in the back galley a lot. I would go to the restroom frequently."

Theme 6: Embarrassing or Unacceptable Behavior

In seven comments within Question 2a, Flight Attendants referenced behavior while on duty that they are now embarrassed of. Examples include impulsive behavior with superiors, secretive and manipulative behavior, and complaints from hotels about behavior during layovers.

One Flight Attendant recalled a situation with someone from management: "I thought I was making a difference. I really was just making a fool out of myself and pretty much insulting someone…I hope he doesn't remember me."

Another Flight Attendant talked about hiding his substance abuse and related behavior at work: "I was able to maintain kind of a veil of secrecy about what I was doing pretty absolutely … and did not let anyone in on my actions."

One Flight Attendant described incidents where complaints were filed about her behavior: "I had a couple write-ups in my file about, 'Hey, we had a situation last night where she was out-of-control. She was crazy. She was doing crazy things, and we just wanted to make you aware.'"

Theme 7: Engagement
Five comments reflected deterioration in engagement for several Flight Attendants. These comments included a lack of caring and investment in their jobs. For example, one Flight Attendant recalled, "I really didn't care. My appearance...I was just there." Another Flight Attendant described himself as a "fun guy" and that he "was always out to have a party and was always partying," not taking the job seriously.

Question 2b: Impact on Substance Abuse on Health
When asked how their use of AOD affected their health, two major themes emerged from Flight Attendants: *impact on physical health* and *impact on mental health.*

Theme 1: Impact on Physical Health
In 23 comments, Flight Attendants reported a variety of problems with their physical health as a result of their substance abuse. Some reported problems were more general like feeling sick, fatigued, or rundown. For example, one Flight Attendant said, "I would throw up every trip, every flight I would get sick."

Others reported more serious problems like migraines, hepatitis, liver problems, or serious accidents: "I left with Hepatitis B, jaundice, and Mono. All this as a result of sheer irresponsible behavior and being drunk, high and just being irresponsible." Some Flight Attendants also talked about neglecting their physical health, by not taking prescribed medication, for example, or engaging in risky behavior, further endangering their physical wellbeing. One Flight Attendant reported: "I would not pay attention to current conditions I have. I was more interested in going to the doctor to get pain pills versus going to get my blood work checked for my cholesterol, because I have high cholesterol, or for my thyroid because I have thyroid disease, so I would…put those on the back burner, my health issues and not really pay attention." Another Flight Attendant recalled that "I was doing things … potentially damaging my health all for the sake of a little fun or release."

Theme 2: Impact on Mental Health
In 17 comments, Flight Attendants described the toll substance abuse took on their mental health. In most cases, Flight Attendants reported that using AOD had a negative effect on their mood. They were unhappy, depressed, anxious, irritable, impatient, and experienced mood swings. For example, one Flight Attendant thought he was "really moody and short tempered," and another recalled a feeling of being "irritable or depressed."

Some Flight Attendants also described feeling like they went to a darker, more isolated place at that time in their lives that was painful for them. One Flight Attendant recalled that "It was just a feeling of desperation and anxiety all the time. I felt like I was fighting constantly myself, the drug use, the whole process. It really felt as though there was no escape. I felt like I was underwater the whole time."

Another Flight Attendant reflected on the deterioration of his mental health: "I think maybe more my mental health was starting to suffer, that I was becoming increasingly distracted and less focused on things that would make me happy and kept me satisfied, such as maintaining my

relationships with friends and family … and that I was starting to, because I was able to, sort of isolate, and act out, and seek out situations that would invariably entail drugs and often sex with the drugs, and it was kind of a toxic mix."

Question 2c: Impact of Substance Abuse on View of and Commitment to Flight Attendant Profession

When asked how AOD impacted their view of and commitment to their profession as Flight Attendants, three major themes emerged: *engagement and passion, substance use became more important than the job,* and *work performance.*

Theme 1: Engagement and Passion

In 13 comments, Flight Attendants discussed how AOD affected their engagement with their job and their passion for it. For the most part, Flight Attendants reported that passion was dampened, joy decreased, and they became disengaged from their jobs. For example, one Flight Attendant talked about doing the minimum: "I didn't think about being a professional flight attendant, and what people thought… I just went to work, and did my job well enough to get by, and got to the next overnight, and drank to pass out." Another Flight Attendant spoke directly to the loss of commitment to the job: "When the drinking came into play and drugs came into play, it took away everything. It took away my entire commitment to this job." Another mentioned the disappearance of joy from his job: "As a flight attendant, I didn't feel like I was having fun anymore…the joy of going to work and the profession, kind of, slipped away."

In four comments, a few Flight Attendants talked about positive engagement, however, and reported that throughout their substance use, they loved their jobs. One Flight Attendant said it was the love of his job that drove him to recover: "It's funny because I credit my job to one of the things that actually helped me to recover, because I wanted to recover because of my job. I didn't want to lose my job, because I love being a flight attendant. It was one of those things that really helped me get back on my feet because I knew that I had to go back to work and I knew that I loved my profession."

Theme 2: Substance Use Became More Important Than the Job

Six comments from Flight Attendants reflected how substance use became more important and a higher priority than their jobs. At that time, AOD usurped job commitment and Flight Attendants viewed their jobs as either "in the way" of their use or an avenue for obtaining AOD for use. One Flight Attendant said his job "kept getting in my way doing the drugs. I had to go to work and make money, but it was getting on my nerves." Another Flight Attendant described the job as a "burden" because "if I didn't have enough pills I couldn't go on a four day trip because I had to go to the doctor on that day to get more pills."

Other Flight Attendants did not see their jobs as obstacles, but rather vehicles for access and use. One described his job as "just the transportation to the party…a way to hide my darkness and my issues." Another preferred to work under the influence, saying "Because my mind was just so focused on using that I started to hate the job because if I couldn't be at work high or have my pills, I just didn't want to go."

Theme 3: Work Performance

Four comments described how Flight Attendants recalled how their AOD impacted their professional commitment as reflected in their work performance. They described being less competent in their job duties in general. For example, one Flight Attendant felt less competent: "I didn't feel like I was up to par with my coworkers…I didn't have the best possible job performance record." Another described the minimal level of performance of their job, that on a flight, they could "just drift away, blend in and nobody would know if you're drunk or drinking or high or anything for that matter." Another talked specifically about poor customer relations: "I would be short or condescending, not so much confrontational but emphatic. Just not caring about their issues or stuff like that."

Question 3: Process of Getting Help

Flight Attendants were asked several questions about how they got help through their peer assistance program. Questions explored what led Flight Attendants to select their peer assistance program as their avenue for getting help, if they would have gotten help from management in the absence of FADAP, what would have encouraged them to get help earlier, how company policies and/or procedures impacted their willingness to ask for help, and what hurdles they faced in getting help.

Question 3a: Selection of Peer Assistance Program as Avenue for Getting Help

Flight Attendants were asked what led them to select their peer assistance program as their avenue for getting help. For the most part, using FADAP was a voluntary choice for those interviewed. Three major themes emerged: *prior experience, knowledge of peer assistance program or referred by others*; *deterioration of substance abuse problem*; and *forced into treatment by airline or others*. Minor themes included *union-related comments* and *other comments related to prior treatment attempts*.

Theme 1: Prior Experience, Knowledge of Peer Assistance Program or Referred by Others

In 15 comments, Flight Attendants attributed their selection of treatment through their peer assistance program to prior knowledge of the program, either through direct experience, prior knowledge, or a referral. For example, one Flight Attendant heard of the program "through a very close friend of mine." Another Flight Attendant was touched by the way a peer approached her and told her about the program: "The way they spoke to me about it, very confidential and very personal. It made me feel safe. It made me feel like I wanted to go and get help. There is help available. I never in my life imagined that this could be something that I could receive."

In some cases, Flight Attendants were not directly referred, but someone in their lives recommended they get help and the Flight Attendants thought of calling FADAP because they had heard about the program. One Flight Attendant said, "I remember my roommate saying that I needed to get help, and that's when I thought of the Peer Assistance Program, and so I called."

A few Flight Attendants had prior experiences with the peer assistance program and felt compelled to seek help again. For example, one recalled, "When I got extremely honest with myself and I realized I'm back in this difficult situation in my disease, I realized that I have to go talk to them again because I felt safe and I felt I could get help there again."

In a few comments, Flight Attendants mentioned prior knowledge of particularly appealing aspects of the peer assistance program, such as the fact that it was confidential and the airline was not involved: "Well, he explained to me that… The company was not involved. That I wouldn't have to do the drug test every month and alcohol test every month, and I wouldn't lose my job."

Theme 2: Deterioration of Substance Abuse Problem

In five comments, several Flight Attendants described hitting a personal bottom where their AOD abuse had deteriorated to a point that they knew they had to get help. For one Flight Attendant, it was a matter of life and death: "I had reached a point where I really felt I was going to die. I had come to a point where I wanted to live a little bit more than I wanted to die, but I

knew I kind of pushed the envelope this time pretty far. I think it was just a total surrender at that moment; some clarity, if you will, in my life from whatever being. I either had to turn it around right then and there, or the chances of me really living and having a productive and good life was going to be short-lived."

Two others also mentioned being tired of using AOD: "I was just tired of using and financially my finances became a mess." Another Flight Attendant reached a similar point, recalling, "I was feeling kind of desperate and scared. I was in a big conflict with a couple of my friends who were really angry, and I felt miserable both emotionally and physically. I was just coming off of a week or two of using. I just had to get out of it."

Theme 3: Forced into Treatment by Airline or Others

Five comments reflected less voluntary reasons for entering treatment through the peer assistance program. One Flight Attendant failed a drug test and called FADAP: "In a sense, the system worked in that a random drug test … Failing the random drug test forced me to confront, head-on, what had been on my mind, but I was unable to act on. So, I really was forced into action, and I embraced that." The same Flight Attendant described the positive drug test as the "stop button" on the "treadmill" of drug use he was on, that he could not find himself.

Another was turned in by a colleague: "I left that up to the EAP rep when she called me and she told me that someone had smelled alcohol on my breath and was there a problem? I said, 'Yes, there is. There is a problem.' She said, 'Would you like to go in for treatment?' I said, 'Yes, I would,' and she took it from there."

In another situation, it was a Flight Attendant's family members that insisted on treatment: "I came home and [my parents] gave me an ultimatum and I just realized that I didn't have a choice. I had to go, I needed to do it."

Question 3b: Access to Help through Management in the Hypothetical Absence of FADAP

When asked hypothetically if the peer assistance program had not been available, if Flight Attendants would have gotten help from management, three major themes emerged: *no, would not have gotten help from management; yes, would have gotten help from management;* and *supervisor and/or management supportive.*

Theme 1: No, Would Not Have Gotten Help from Management

Fourteen comments reflected the concerns most Flight Attendants had about getting help from management. Many simply said "no," they would not have gotten help from management had the peer assistance program not been available. Others provided reasons for not wanting to seek help from management including fear, mistrust of management, job security concerns and privacy or confidentiality concerns. For example, one Flight Attendant said she heard "horror stories" about when the airline got involved in personal matters, so she "would've been scared to go to the company." Another said, "I was just fearful that I would lose my job." One Flight Attendant commented on the importance of confidentiality when getting treatment: "I can think that my confidentiality and my problem would have been exposed, if you will. The one thing about the Peer Assistance Program, EAP, was that I was confident when I made that call that my

confidentiality would be held real tight, and I didn't really think that that would be the case if I had called management and dealt with their EAP." Another Flight Attendant described her mistrust of management in more detail: "There are workers and there is management. Management just needs the job done and unless you have representation you're just...You're just a worker and you're just labor. I've seen things down the road in my own experience as an employee that they don't tend to take care of employees. If it's between you and management, management is going to throw you under the bus to keep their job."

Theme 2: Yes, Would Have Gotten Help from Management

In three comments, Flight Attendants said they would have gotten help from management if the peer assistance program had not been available; however, these Flight Attendants noted that there could be consequences to involving management, such as a loss of confidentiality. One Flight Attendant said that getting help was worth the consequences: "Yes, I would have tried [to get help from management]. The greatest thing about coming out about something like this is that you no longer have to lie. It kind of sets you free. To do that, to get that feeling, I would have. Sure, I would have. No matter what the consequences would have been."

Another Flight Attendant said she would get help through management almost as a last resort: "I don't think it's as confidential, but I probably would if I was in dire straits like I have been in the past, yeah I probably would if that was the only other avenue other than going on my own with just calling my insurance company or whatever."

Theme 3: Supervisor and/or Management Supportive

In the interview about getting help through management, Flight Attendants made three comments about the support they received from their own supervisors or management in the treatment and recovery process. One Flight Attendant recalled that at the time he went into treatment, "I did have a great supervisor who understood where I was coming from." Another had an "extremely helpful" supervisor who encouraged him to get help. One Flight Attendant had a supervisor who advocated for him: "My supervisor, from the very onset, let it be known to the union that she 'had my back' actually what her words were."

Question 3c: Efforts to Encourage Help-Seeking at an Earlier Point in Time

Flight Attendants were asked what would have encouraged them to get help at an earlier point in time and three major themes emerged: *nothing would have encouraged them, earlier awareness or availability of peer assistance program,* and *no one confronted, referred or answered calls for help.*

Theme 1: Nothing Would Have Encouraged Them

Reflected in 14 comments, the most common response from Flight Attendants was that *nothing* would have encouraged them to get help at an earlier point in time because they needed to get to a point on their own when they were ready, had to hit their own "personal bottom" or were in denial until a certain point. For example, one Flight Attendant said they got into treatment because "It was more a personal bottom that I hit, and that's why I decided to call the assistance program." Another Flight Attendant talked about his use getting to the point where he knew he needed help: "No, I don't think so because knowing what they were there for and that, I mean I

think it is just a personal choice at that point, but for me anyways. I would reach a point where things would get so out of control and knowing that I would reach out for the help myself knowing what they were there for."

One Flight Attendant discussed the issue of denial and how powerful that was in preventing her from getting help: "Never thought of it. 'Excuse me, I didn't have a problem. I just like to drink that's all. I like to party.' It's funny, I don't think there would've been anything that anybody could've said or any encouragement that could've been brought to my attention because I always said 'not me. I don't need it, thank you.'"

Theme 2: Earlier Awareness or Availability of Peer Assistance Program

In four comments, several Flight Attendants mentioned that if they had known about the peer assistance program earlier – or even if it had been available to them earlier – they would have taken advantage of it. For example, one Flight Attendant said, "Had I known about the peer program, yes. If I knew about it earlier, I would've used it earlier." Another said they did not go to the peer assistance program earlier due to lack of knowledge: "I guess I did not have enough knowledge that there was a Peer Assistance Program at first and that's why I didn't go to them." And, one Flight Attendant said he would have sought help through the program if it had been established sooner: "Had there been a Peer Assistance program in place absolutely, yes."

Theme 3: No One Confronted, Referred, or Answered Calls for Help

A few Flight Attendants, in four comments, talked about how a turning point for them in getting help was that someone who cared about them confronted them about their substance abuse. For these Flight Attendants, they said they thought they may have sought help earlier had someone confronted them sooner. For example, one Flight Attendant talked about the realization he had about the seriousness of his AOD: "I guess the turning point was just knowing that when people were telling me, 'We're your friends, we don't want to fly with you anymore. There is someone at [airline] you can talk to where you don't have to go to management.' That's what did it for me." For another Flight Attendant, her family was important and she believed she may have gotten help earlier if her family had said something: "If my family confronted me right straight on I could have listened but I have a unique family situation. Nobody was brave enough to confront me."

Question 3d: Impact of Company Policy or Procedure on Willingness to Ask for Help

Flight Attendants were asked how any company policy or procedure impacted their willingness to ask for help. Three major themes emerged: *fear of the consequences of going to management for help, alcohol and drug testing,* and *substance abuse not tolerated*. Minor themes included *other comments about drug and alcohol testing*, *other related comments*, and *no policy or procedure hindered help-seeking*.

Theme 1: Fear of the Consequences of Going to Management for Help

In five comments, Flight Attendants talked about how fearful they were of going to management for help, due to potentially negative consequences, including punitive drug and alcohol testing, disciplinary action, or termination. One Flight Attendant talked about her concern about the resulting stigma if management knew about her AOD abuse: "I wouldn't say it's a policy or

procedure, but if you let somebody know you have a problem, especially in that area, they can either use it against you or it brings a suspicion then after that. If you're reprimanded for anything that's the first place they're going to go."

One Flight Attendant talked about his prior substance abuse treatment through his airline. He said that because of required drug and alcohol testing, he did not want to go to management again when he had a problem. He said, "I didn't want to [ask them for help.] I would have hated to have to go through the company because it's a pain in the neck. At the beginning [of my last treatment through the company], I missed a couple of times and I was lucky because that day I wasn't called for the test, but had I missed the test and not went in, that's automatic firing, expulsion."

Another Flight Attendant acknowledged the obligation the airlines have to the FAA regarding employee safety, but was still fearful to talk to management about his problem: "I don't know if it's necessarily the company as much as it is the FAA. It's a federally-backed job… the alcohol, and substance abuse is really looked down upon and things like random testing and ... You're frightened to ever mention it."

Theme 2: Alcohol and Drug Testing

While alcohol and drug testing was mentioned throughout the responses to this question, in four comments, Flight Attendants talked about it more specifically in terms of being fearful of it or even resenting it. One Flight Attendant mentioned the constant fear: "There's a fear of getting caught. I mean who wants to work under those conditions?" Another understood the rationale behind the testing and acknowledged that it forced him to manage his substance use to a point, but that the looming threat of testing was stressful: "I know the company's all about making profits and if they've got an inefficient worker, that affects their profit. I had no problem with it at the time when I did it because I was like 'Hey, I gotta do this, and if I screw up then I'll get fired' so, it kind of kept me on my p's and q's, but it was a pain in the neck. I was living on the edge. It's kind of like you're living on the edge the whole time."

Theme 3: Substance Abuse Not Tolerated

Somewhat related to the airlines' use of drug and alcohol testing, in three comments, Flight Attendants talked about substance abuse not being tolerated by management. For example, one Flight Attendant said, "So, I'm not sure about the company policy, but the rumors that I had heard, it wasn't something that was tolerated whatsoever… Well, being an alcoholic wasn't tolerated." Another referenced the strict policies regarding substance use and behavior: "The code of our company. The way that we have to be a particular way, always on, not drink within a certain number of hours before flight. It's a strong policy of conduct, code of conduct of our behavior. Plus being safety professionals, it's a lot of pressure on us as well. Sobriety and not using substances, not taking any medications, not a scratch."

Flight Attendants also talked about how the perceived lack of tolerance from management discouraged them from seeking treatment and compelled them to hide their condition. One said, "I certainly didn't feel encouraged by the company to come forward and say that I have a problem and seek help, rather I felt more like I had to hide the fact that I have that disease."

Question 3e: Hurdles Getting Help
When Flight Attendants were asked what hurdles they faced in getting help once they made a commitment to get well, major four themes emerged: *no hurdles – peer assistance program took care of everything, biggest hurdle was self, concerns about finances,* and *dealing with family and personal relationships.* Minor themes included *other hurdles* (e.g., fear of being "different" in treatment facility), *treatment center helped with some hurdles* (e.g., disability paperwork), *no hurdles – other* (e.g., some relationships improved as a result), and *other comments pertaining to getting into treatment*.

Theme 1: No Hurdles – Peer Assistance Program Took Care of Everything
The most significant theme from this interview question, as evidenced in 15 comments from Flight Attendants, is that there were no hurdles in getting help because the peer assistance program took care of everything. One Flight Attendant described the experience this way: "Once I made the decision to go to rehab, everything fell into place. It was so picture perfect; everything from taking the flight to getting me there to everything. It was all streamlined and nothing was a problem."

Some Flight Attendants spoke about how easy it was to get into treatment. For example, one Flight Attendant said, "I didn't face many hurdles because it was all laid out for me." Another said "[the peer assistance program] really shouldered a large amount of responsibility. So they helped me very graciously to take a leave of absence without the management knowing where I went and what I do. They also guided me further on the types of disabilities or leaves I could take. It was rather a very smooth process with their help."

Other Flight Attendants also mentioned how quickly the peer assistance program acted upon their request for help: "So, I got a hold of [Peer]. That was 10 o'clock in the morning. They had me on an airplane inside at 5 o' clock that night. It was quick."

Theme 2: Biggest Hurdle was Self
In seven comments, Flight Attendants talked about the most common barrier they faced in getting help: themselves. Flight Attendants needed to overcome personal problems and denial of their AOD abuse in order to get help. For example, one Flight Attendant said, "I think the biggest hurdle is myself, admitting I have a problem, and then once admitting you have a problem making the initial phone call, being ready to do something about it." Another referenced personal issues as hurdles: "Most of the hurdles that I had to cross or to jump over were my own, not necessarily the company." And, another Flight Attendant mentioned pride and admitting he needed help: "I guess, your pride. I had to let people know I was out of control again."

Theme 3: Concerns about Finances
In seven comments, Flight Attendants talked about the financial concerns and challenges they faced going into treatment. Some had financial struggles as a result of their AOD use and others were concerned about affording treatment as well as being able pay their bills while in treatment and not working. For example, one Flight Attendant talked about how she would get a portion, but not all of her pay: "Finances usually is a big issue because I knew that I wouldn't get 66 point something, 66.2% of my paycheck." Similarly, another Flight Attendant was concerned

about how to meet her financial obligations without getting paid: "I was so worried about, 'Oh, my gosh. I'm not going to be working. So, how are my boyfriend and I going to be able to pay our bills, and make it work as far as our rent and our lease?'"

Another Flight Attendant found not having access to his finances stressful: "Once I got there, it turned out to be a great experience, but I just was, a lot of constant concern and worry about how the money was, how being in [treatment state] when I'm getting a check in [home state] at my home address, how was I going to get that. There was a lot of stress around that, but it all turned out working out okay."

Theme 4: Dealing with Family and Personal Relationships

In six comments, Flight Attendants talked about the challenges of discussing their AOD abuse and treatment with family members and other loved ones. In some cases, the Flight Attendant's family was in denial about the problem and thus, did not support the treatment: "[My family] didn't think I was an alcoholic. They questioned where I went, but as I learned the alcoholism is a symptom of other issues. I have a lot of issues. I still have a lot of issues…The family is going to be OK if I don't give them lots of money to take care of things or I'm not always there to help them with something. The family lived just fine without me. I had to learn boundaries. I had to learn how to say no."

Another talked about the impact his treatment had on his partner, who was also a substance abuser: "I know my partner didn't want me to go…it meant a change of lifestyle for him. My decision affected his decision because in effect when I got sober, he got sober."

One Flight Attendant talked about the difficulty of admitting to her need for outside help: "One of the major hurdles, for me, was telling [my family] that I was going to get help because at that point, they thought I had and they thought that I was working on getting better. So, it was me having to get honest and just say, 'Hey, look. This is something that I cannot just make well for me. I need help.'"

Question 4: Transition Back to Work

Flight Attendants were asked two questions about the process of transitioning back to work from treatment, including what hurdles they faced and how comfortable and confident they felt about their recovery at the time.

Question 4a: Challenges Returning to Work

From the two questions about Flight Attendants' transition back to work, seven major themes emerged regarding the challenges they faced. These included: *exposure to triggers; difficulty attending meetings and obtaining social support or negative experiences with aftercare, including meetings and counseling; managing stress without alcohol and drugs; facing coworkers; fearful of return-to-work in general and concerned about recovery; lowered confidence in ability to perform job duties;* and *logistical hurdles leaving treatment or returning to work.* One minor theme was *other hurdles*, which included comments about finances and alcohol and drug testing.

Theme 1: Exposure to Triggers

The most significant challenge that emerged for Flight Attendants, as reflected in eight comments, was their exposure to triggers upon their return to work. In some cases, this challenge is associated with the culture of the workplace in the airline industry that Flight Attendants referenced in other parts of the interview. Some Flight Attendants talked about the challenges of returning to a job where their coworkers go out and drink when they land: "There's a lot of drinking, there's a lot of … you get off the plane. You have drinks on the bus on the way to the hotel. You wake up and you have a beer. You spend all night drinking. You drink til you fall asleep. You fly home."

Others talked about the difficulty of their role serving alcohol to passengers when they returned to work. As Flight Attendants, they could not avoid exposure to alcohol: "It was scary because I hadn't been exposed to liquor for three months. I was out approximately 90 days. I didn't have any exposure to liquor, so now I'm working and there's the liquor. I remember taking the wine bottle when I opened it to serve to somebody I went to smell it and it just smelled so good. I didn't do anything about it, but it was like I was very aware of all the liquor that I would be touching and how I handled it. That was, like I said, scary, but I worked through it and today I'm much better."

Other Flight Attendants talked about the challenge of returning to places and surroundings in their work environment where they had used AOD previously. One Flight Attendant recalled: "Going to hotels where I could remember going to that hotel, opening that bottle of vodka and drinking that entire bottle of vodka before I left that hotel. Being in the exact same places that I had been in before was difficult."

Theme 2: Difficulty Attending Meetings and Obtaining Social Support or Negative Experiences with Aftercare, including Meetings and Counseling

Another common theme heard from Flight Attendants in six comments was the lack of social support due to the nature of being on the road for the job, including the stress the travel creates around being able to attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings and create a network of support.

In some cases, Flight Attendants have a difficult time attending meetings because they fly to small cities that don't have as many meetings, stay in hotels on overnights that are far from meetings, or have short layovers, making the timing prohibitive. One Flight Attendant remarked on these issues: "It is kind of hard because some of the locations that they put us are far away from things and you might be getting in late at night and not leave until the next afternoon or something, so it is kind of difficult to go to a meeting when you are on a layover."

Flight Attendants recognize the importance of meetings and other social support in recovery, so fitting that into an unpredictable, mobile work schedule is very stressful for them as they transition back to work. Another Flight Attendant talked about the stress around fitting in meetings around work: "'What if I don't go to meetings? How am I going to do that when I'm working?' I know I'm not going to go when I'm working, but when I was in treatment I kind of worked out all these plans how to work out meetings around my work schedule and all that, and I couldn't do it."

A few Flight Attendants reported negative experiences with AA meetings and felt discouraged from attending. One Flight Attendant discussed how AA made him feel: "If I can't just go to AA meetings, just sit there and just hang out even if I'm not practicing the steps and they're going to make me feel uncomfortable, I don't think that's the right thing. I know you're supposed to practice the steps, but hey, there's going to be people out there who aren't doing the steps no matter what you tell them to do and if they're comfortable going to an AA meeting without doing the steps, I think that that should be one of the things that they should be allowed to do without being ridiculed."

One Flight Attendant expressed frustration with aftercare recommendations and said he feels "tired of thinking about being a drug addict." He continued, "Sometimes I feel like I wish they would leave things alone. There's a requirement to go to counseling and groups and that kind of thing that don't seem to me to help that much."

Theme 3: Managing Stress without Alcohol and Drugs

In five comments, several Flight Attendants talked about learning to do their jobs and live their lives without AOD. They had been managing their stress on and off duty with their substance(s) of choice and needed to find other ways to cope, which was scary for them. One Flight Attendant described her transition back to work as "a little scary" because she "didn't have that crutch." She explained, "I was so used to having that bottle of pills in my bag and they weren't there anymore, so I would have to deal with life on life's terms without being under the influence you know dealing with different situations." Similarly, another Flight Attendant said the transition to work was "challenging because I don't have a crutch to deal with my everyday stresses." Another Flight Attendant questioned himself, "'What's it going to be like to do a job without drugs? How am I going to face each day?'"

Theme 4: Facing Coworkers

For several Flight Attendants, reflected in five comments, facing their coworkers was one of the most challenging aspects of returning to work after treatment. For a few, the challenge was rebuilding trust because their coworkers had been covering for them and taking care of them during their substance use. For example, one Flight Attendant described his return to work:

"Initially, it was tense… While they were happy with me, I know that several of them were gritting their teeth thinking, 'Is he really not going to drink anymore?'"

For others, the challenge was figuring out who they could trust. Most Flight Attendants said they did not know what coworkers knew about their treatment, and they had to decide what they felt comfortable revealing about their situation and to whom. One Flight Attendant talked about it as getting to know coworkers again: "Getting reacquainted with the coworkers, I think that was the toughest part for me, because people were like, 'Oh, where did you go?' 'What's going on?' 'I thought you had left.' Being able to communicate helped them understand what was going on with me without having to disclose my situation. You always have to figure out how to do that in a way where you're not telling everybody, 'Oh, yeah, I went to rehab.' I think that was the toughest part for me is the whole getting back acquainted with your coworkers."

Another Flight Attendant expressed her fear of being judged by coworkers, including by management: "I didn't know if people knew that I was in treatment. I didn't know if I was going to be looked at by everybody and management, and people were just going to know all about [Flight Attendant] and what's going on."

Theme 5: Fearful of Return-to-Work in General and Concerned about Recovery

For a few Flight Attendants, as expressed in five comments, they were fearful of returning to work in general and one described the experience as "a little intimidating and scary." For others, their fear stemmed from repeated cycles of treatment, recovery and relapse, so they wondered if they would be able to maintain their recovery after returning work. One Flight Attendant described the feeling about his recovery when he returned to work as "Shaky at first, because again this had been six times before and I just went right back to drinking. There was part of me that was like, 'Is this going to last? When's the bomb going to drop?'"

Another Flight Attendant talked about how she felt when she went back to work: "I was scared to death because of what had happened right before I went into treatment [the relapse after 30 days of sobriety], with that simple situation of me feeling like, 'I've got this kicked in the butt. I'm fine.' Then, I'm back at it again."

Theme 6: Lowered Confidence in Ability to Perform Job Duties

In four comments, Flight Attendants expressed concern about their ability to perform their job duties after being away from work for treatment. Their confidence was shaken at first upon return, with several worried about what they forgot. For example, one Flight Attendant remarked, "I thought, 'Oh, my gosh. I've been away from work for four months now. Am I going to remember everything? Am I going to be able to do the job?'" Another Flight Attendant expressed a similar concern: "I was a little worried about, 'would I be able to do the job?' 'Did I forget everything?'"

One Flight Attendant who was out for a longer period raised the issue of getting up to speed on changes to job duties: "It was a bit scary, especially with all the changes that have been made. I had been technically out of work for about 18 months total, so going back to work was scary, but once I got in there, it was like second nature to me."

Theme 7: Logistical Hurdles Leaving Treatment or Returning to Work
A few Flight Attendants, in four comments, mentioned some logistical hurdles they encountered when leaving treatment or when returning to work. One commented that a longer stay in treatment may have been detrimental: "I was a little bit angry that I was there for so long. I think it was a little too long…I felt I had gotten to the point it was time to get back home and start working on recovery at home, and I didn't need all that extra time away from home among strangers. I felt like I wanted to get on with my life."

Another talked about stress created by coordination problems among the treatment center, airline, EAP and union, as well as politics between the union and the EAP that he felt could have been handled better: "It was a little confusing juggling between the treatment center, the company, the EAP, the union, and all that. It did feel a little bit stressful or confusing trying to keep all that straight, who needed what, and there was a little bit of antipathy between the union and the EAP that I kind of got caught in the middle, and I didn't appreciate that, but in the end it worked out."

One Flight Attendant talked about difficulties that arose when the inpatient treatment program he went to referred him to an outpatient treatment program near his home, a program FADAP did not have a prior relationship with: "I went to this out-patient place, right? I think I was probably the only one in there who entered voluntarily. Everybody else was there because their jobs had sent them there or they were dealing with the law. When I explained to them that I was a volunteer and that I needed to go to back to work at a certain time because eventually I'd have to start making some money, they told me that I couldn't leave when I told them I wanted to leave." Despite intervention by a FADAP peer, the outpatient treatment center prohibited the Flight Attendant from leaving, citing their unwillingness to bend their rules for a program that worked differently than theirs.

Question 4b: Positive Aspects of Returning to Work
From the two questions about Flight Attendants' transition back to work, three major themes emerged regarding positive aspects of returning to work. These included: *positive experiences and/or support when returning to work, confident and/or positive about recovery when returning to work,* and *confident about recovery, with reservations.*

Theme 1: Positive Experiences and/or Support When Returning to Work
In 15 comments, Flight Attendants discussed positive experiences they had when returning to work. This included things like having an easy transition, being happy or excited to get back to work, and having support in place from coworkers, managers, the union, EAP, and FADAP. One Flight Attendant talked about the ease of his transition due to the lack of employee gossip about where he had gone: "When it became apparent that really people had not heard about what had happened to me, then I was able to kind of ease my way back into work and carry on as I had previously, but again with a greater sense of appreciation and gratitude and, I guess, just energy and enthusiasm for the job."

Another Flight Attendant could not wait to get back to work and was excited: "I was like a racehorse at the starting gate. I mean, open up the gate. Let me out. I'm ready to go. I was just

so glad to be back to work and be back clean that I was on cloud nine. I was floating. I was happy. I could hardly wait to get back to work."

Others talked about how support made their transition to work more manageable for them. For example, one Flight Attendant talked about the continuing support FADAP provided after treatment, making him feel more comfortable about returning to the cabin: "[The peer assistance program] made sure that they told me about, maybe, not working international flights for the first six months, so I wouldn't be so exhausted going to Europe and back. They told me to, maybe, keep my schedule very low in hours; to try to not overdo it. They told me to eat three meals a day, to take a walk when I got in my overnight; to do a little something with exercising; to meditate a little bit; to quiet my mind and just to be good to myself, which is something that was all new to me. I was still the mode of being destructive to myself that they basically helped me, through their experiences and those of others that had shared with them; what I could do to make it a lot easier for me."

Another Flight Attendant was surprised by the support he received at work, partly by finding others who also struggled with substance abuse and recovery: "It was scary. You're afraid of what people are going to say, you're afraid if you can trust yourself. Then, in the woodwork you find there are so many people that are there that are so willing to help and are in the same shoes that you're in and you just never knew."

One Flight Attendant commented on other support systems in place with the treatment center, in addition to support from coworkers: "Just knowing that I was going to meetings, knowing that I was actually checking in. I also needed to check in with the rehab in [treatment state] once a month and we would have an hour long phone check-in. Knowing that those things were in place helped me a lot, knowing that by and large, except for a few, I did have the support of my peers. I actually had the support of my manager in [home base city], so that was all good."

Theme 2: Confident and/or Positive about Recovery When Returning to Work

As reflected in nine comments, several Flight Attendants returned to work feeling confident and positive about their recovery. For some, a test of their recovery was having to dodge invitations to go out with the flight crew. Being confident in their recovery meant being able to say "no" and not apologizing for it: "It was like every single overnight, everybody wanted to go out. I remember just absolutely having no problem saying, 'No, I am not going out.' Whereas, before, it was like … I didn't want anybody to know that I had a drinking problem, so it was like, 'Oh, I'm just too tired,' or, 'Oh, I've got stuff to do.' It was excuses. Whereas, right after treatment, it was, 'I don't drink and I don't want to.'"

Another Flight Attendant described being in recovery as liberating: "I felt very positive. I felt like the biggest weight was off of my shoulders. I knew it was going to be rough; meaning, it was all so new to me, because this was the first time in my life that I was doing nothing. No drinking, no drugs, no nothing. This was a big deal. But, I've gained, through EAP, and them giving me the resources where I was for 45 days, I was able to deal with a lot of issues that I was free of after I got out. That showed a lot in the way I worked and in my life."

A Flight Attendant spoke about how her second time in recovery, she felt more confident: "The second time, I knew exactly what the problem was and knew what the nature of the beast is, so to speak, and I knew where my loyalties are in the recovery and taking care of myself."

Theme 3: Confident About Recovery, with Reservations

In another five comments, Flight Attendants expressed confidence in their recovery upon their return to work, but with some reservations. These Flight Attendants expressed trepidation about going back to work and recognized that recovery would be an ongoing process they would have to work at. One noted: "I felt confident, but I wasn't cocky. I knew that I traveled; I knew that I needed to keep a close network. I needed to let people know where I was going, what I was doing. I needed to check meetings in other cities. I still go to meetings… That fear of like, OK, well, I have nothing to hold me back from using. I had to really make a network, I had to know where meetings were, I had to keep in touch with my sponsor. Those little things all but kept me from using, and those are the things that still keep me from using."

Another Flight Attendant commented on his caution about his recovery: "Well, I was going to AA meetings and I was kind of cautious because I remember last time I went back, but I lasted longer this time when I got out and I went back to work, I was feeling good. I was cautious and I made it a special effort to go to AA meetings at least once or twice a week to remind me that I was alcoholic. I was very cautious."

One Flight Attendant talked about his fear, but also noted his confidence in his ability to cope: "When I came back this most recent time, I felt confident, I was scared, but I don't ever feel…I'm confident that right now I don't want to drink. I don't know what's going to happen 10 minutes from now, but I'm confident that 10 minutes from now if I wanted to drink, I know what I could do to avoid that or at least work towards not wanting to do that. Whereas before, I don't think … I was just afraid."

Question 5: Impact of Recovery

Flight Attendants were asked how their recovery affected their work, health, and view of and commitment to their profession.

Question 5a: Impact of Recovery on Work Performance

When Flight Attendants were asked how recovery affected their work performance, six major themes emerged. These included: *engagement, work performance, customer service, attendance, relationships with coworkers,* and *changed behavior on layovers.*

Theme 1: Engagement

The most prominent theme that emerged regarding impact of recovery on work performance was engagement, as seen in 21 comments. According to Gallup (Gallup, 2013, p. 21), "engaged employees work with passion and feel a profound connection to their company…they drive innovation and move the organization forward." Chestnut Global Partners, authors of the Workplace Outcomes Suite, defines engagement as "the extent to which [the employee] is involved in his or her work" (Chestnut Global Partners, http://www.eapresearch.com/wos-clusterI.html). In this interview, improved engagement was reflected in Flight Attendants reporting taking on additional work, going the extra mile, increased pride, increased happiness, improved confidence, and fewer injuries.

Some comments mentioned taking on additional work or being proactive. For example, one Flight Attendant said she enjoys her job so much that she picks up additional trips: "I've been picking things up on my days off, and I mean that's how much I love my job. I love to be there. I love to be on the airplane. It's so awesome. It's the best job I've ever had. Now, I love it so much that I go on my days off sometimes." Another Flight Attendant talked about being more proactive by going above and beyond the call of duty: "I go the extra step. I work a little bit harder than the average person… I'm a problem solver. If somebody's got an issue, I don't just say, 'Well, I'll check with this person. I'll check with that person.' I follow through. I follow through with it. If there's a problem, I'll fix it, no matter what it is."

Some comments reflected improved engagement in terms of increased pride in their job. For example, one Flight Attendant noted a difference in her feeling of pride: "I'm very proud of my profession and I know I have been proud of my profession in the past, but I'm proud of my profession where it's coming from my heart now… I stand taller, kind of a feeling."

A few comments reflected improved engagement in terms of happiness at work and an improved confidence in their ability to do the job. For example, one Flight Attendant said he was happier, which gave him more energy to help customers: "I was a lot happier…I was like 'Oh! What can I do for you? Can I help you? Can I help you?' There was a lot of energy and I guess I was over compensating for being away for so long, maybe. I don't know. It was a good feeling. I wanted to get better. I really was into it."

In a few comments, Flight Attendants also mentioned being "more careful" and "more alert," resulting in fewer injuries on the job. For example, one Flight Attendant reported hurting herself less in recovery: "When I worked before the treatment, I was so numb that I'm sure I was not very careful with myself. I remember always being cut. My hands always being cut, bleeding.

Just not careful and that's very sloppy. Now, I just feel more whole. I don't get cut as much ... I'm pretty much very confident in who I am at all times. Not losing balance, no falling in a bathtub somewhere."

Theme 2: Work Performance

In 10 comments, Flight Attendants discussed how their recovery improved their work performance in general, and in terms of having an improved attitude, which is a quality indicator for positive workplace outcomes.

One Flight Attendant commented on his overall improved performance: "I guess I work a better job now. I don't try to cut corners. I'm very 'by the book.' Things … just seem easier now I guess. I don't know, I just feel like I do a better job overall."

Another remarked on his improved ability to keep up with changes to his job duties: "I'm able to understand all the new policies that are coming out, I'm able to do the things that everybody else is doing and just understand my duties and understand all the new changes that's happening, as opposed to showing up to work and being like, 'I don't know what's going on.'"

Improved attitude also played a role in work performance and one Flight Attendant commented on the change in his attitude in his recovery: "When it comes to work, I am … completely different attitude towards my work, and even more thankful and grateful to be there than I ever was before."

Theme 3: Customer Service

Nine comments reflected Flight Attendants' perspective that their customer service improved with passengers. Improved customer serviced included better rapport with customers, being more caring toward them, and being more patient.

One Flight Attendant, for example, talked about relating to passengers differently: "I'm really good with passengers. I don't sweat the small stuff. I kind of draw them in. I have the energy now to make them feel comfortable and the wall between me and them is just not there. I'm able to react differently to situations from passengers when they come up, instead of being confrontational. I'm able to look at it, step back and see where they're at and where I'm at and meet in the middle ground with it."

Another Flight Attendant had a renewed enthusiasm for service, as well as more patience for extra requests: "I want to make sure that everybody has an amazing experience, and I'm happy and I'm not put off by a simple request of, 'I want an extra this,' or helping people. I just … I feel like I'm there for the passengers so much more."

One Flight Attendant also talked about having better relationships with passengers despite stressful working conditions: "Definitely more alert, definitely more willing to interact with customers, much better relations with customers, even though we're still faced with the stressors, the same stressors, they didn't go away, of the delays, of the passengers getting to us and most of them not being the happiest campers and just trying to do the best we could."

Theme 4: Attendance

In nine comments, Flight Attendants referenced improvements in attendance and dependability. For one Flight Attendant, the accrual of sick time was a meaningful milestone in his recovery: "[Attendance] got much better. [Sick time] was slowly accruing and that was nice to see too. There were these little markers on my paycheck like, 'Wow, now I have 6 hours of sick time. Now I have ten hours.' It's like little things meant a lot to me."

Some Flight Attendants take pride in their improved attendance and do not want to call in sick even when they have to: "I almost have a full year of not being sick. I just had to call in sick a few weeks ago because of the flu and allergies. I was really frustrated because I was like 'maybe I can make it a whole year without calling in sick,' which I would have never thought I would in a million years since I've started… I would have never thought that could have happened."

A few Flight Attendants also expressed concern that with their improved attendance, any use of sick time may be viewed as a sign of a relapse: "My attendance … When I'm not using, it's funny how actually you get to go to work. I've gone to work … I have called in once and I was really upset that I had to do it, but I had no other option, and I was just afraid that these people were going to associate this particular time that I called out and put them back with my use, and so I was trying to … I was really scared about that. I was really upset at myself that I had to, but I had no other choice. I had to actually go to the doctor."

Theme 5: Relationships with Coworkers

In six comments, Flight Attendants talked about the improvement in their relationships with coworkers. Flight Attendants mentioned they no longer needed to "hide" things from coworkers, resulting in better communication and better relationships. For example, one Flight Attendant said she has a more substantial relationship with coworkers in recovery: "I have a relationship with coworkers. I make plans. I'm able to go out and socialize, share some of my interests, share some of my stories, maybe laugh at myself a little bit. Even if I mentioned earlier share with a little bit of my new focus in recovery which is not using alcohol, and that's very liberating."

Another noticed a difference in how coworkers reacted to him in recovery: "People actually look forward to flying with me. If they see my name on a trip sheet or they know they're going to fly with me, when I come on a plane now, it's like, 'Yay! It's so nice to see you. It's so good to fly with you.' So, all of that changed instead of 'I wonder what kind of drama we're going to have with this flight today with him on it.'"

Good relationships with coworkers that include more open communication can be better for airline safety too, as one Flight Attendant pointed out: "I'm getting along better with the cockpit crew…It makes for a better work environment, better safety if you're open to communication, and it's just more enjoyable to work that way."

Theme 6: Changed Behavior on Layovers

In four comments, a few Flight Attendants talked about how they have consciously changed their behavior on overnights and layovers in recovery, engaging in activities where they are not drinking or partying. Rather than go out to a bar or restaurant with the crew, one Flight

Attendant said he would "rather go to a gym, get a good meal on my own, or walk around the city and explore." Another Flight Attendant mentioned being able to adapt to being around coworkers while they were drinking and getting used to it, so he could still spend time with them: "I was able to go out to dinner with them and they drank and we all enjoyed ourselves. I think in that aspect, it's fine. I don't see any issues there."

Question 5b: Impact of Recovery on Health

Flight Attendants were asked how recovery impacted their health and three major themes emerged: *improved health and health care, improved mental health,* and *more active and/or more energy*. Minor themes included improved quality of life and negative outcomes, such as starting to smoke. For example, a few Flight Attendants mentioned that they started smoking, with one saying he also went to his physician to request something to handle his stress: "Right before the holidays last year, I started smoking again, which I haven't done in five years. It's been a long time. I remember actually going to my doctor and saying, 'I need something, my stress level is beyond whatever.'"

Theme 1: Improved Health and Health Care

In 13 comments, Flight Attendants discussed improvements in their physical health, due to no longer using AOD, but also greater interest in caring for their health, both physical and mental health.

Some reported improvements such as feeling healthier, looking better, and getting sick less often, but others had more dramatic changes in their physical health where the ill-effects of substance use were reversed: "I'm healthy as an ox. It's amazing, I just had a physical, even the doctor was really surprised. My liver's back in wonderful condition and my issues that I had with acid reflux and stuff that was directly derived from alcoholism and drug use is gone."

Another Flight Attendant attributed the improvement in his physical health to conscious lifestyle changes he made: "My health has changed drastically. I exercise. I'm much more healthier. I watch the foods. There were times that I wouldn't eat for two or three days. My eating habits are really topnotch. Like I said, I exercise now. My stomach problems, getting sick, being fatigued, being depressed ... all of that's gone. That's gone now."

In addition to changing their lifestyle, some Flight Attendants also mentioned paying greater attention to their health to manage chronic health conditions or prevent other problems: "Well, I am paying attention to myself. I am not neglecting myself anymore. I am going to the doctor and having blood work checked for my cholesterol regularly and addressing things that I wouldn't address in the past."

Theme 2: Improved Mental Health

Seven comments reflected improvements in mental health among Flight Attendants, including mood and outlook on life. One noticed an improvement in terms of her happiness and ability to cope: "I'm so happy. I mean, mentally, I have never been happier in my life. I've made so many mistakes, and I've just been not a good person before. Now, I can actually wake up and be alone with myself. Without having to drown any thoughts or feelings from my mind. Because

I'm working on … I'm working on, I guess, amending those negative things that I was and I did before."

Another Flight Attendant noticed she is better able to cope with stress in recovery: "And, mentally as well, I noticed that I have a lot better outlook on life. Of course, dealing with problems, dealing with everyday life is still a challenge at times, but I'm able to coherently deal with it without having to escape and drink."

One Flight Attendant noted how the improvement in his mental health had a positive impact on his interpersonal relationships, which has improved his quality of life overall: "Then my mental health is fantastic. I get along better. I'm not as short with my kids, and my relationship with my ex has gotten even better. The reason I say this is because it's important that it gets better because it was hell before and now that it's better, my whole life has gotten better. The whole quality of my life has gotten better."

Theme 3: More Active and/or More Energy

In four comments, a few Flight Attendants also noted they were more active and had more energy in recovery, saying they "have all the energy in the world" and "better energy levels." One noted that he lost weight as a result: "I've lost 20 pounds since I stopped using alcohol. I'm more active because I'm not hung-over. It's changed in every possible way you could imagine."

Question 5c: Impact of Recovery on View of and Commitment to Flight Attendant Profession

When Flight Attendants were asked about how recovery impacted their view of and commitment to their profession, two major themes emerged. These included: *improved engagement and commitment in recovery,* and *recovery is more important than work.*

Theme 1: Improved Engagement and Commitment in Recovery

Sixteen comments reflected the greatest impact Flight Attendants said recovery had on their view of their profession: improved engagement. Engagement was expressed in several ways, including a return to passion and joy experienced on the job: "I'm so grateful today, one, to have a job and certainly with the airlines. It's a real joy. The joy has come back. It not being something that's in my way to do drug use, but to do positive things in my life and to grow and enrich my life and have the money to do that and the resources, and to be able to give back to others now."

Another Flight Attendant talked about their commitment to being a Flight Attendant, including a long career in that role: "It renewed my commitment. I'm beginning to daily recognize what a great job I have. I see a lot of more positive aspects. I can look and plan my future better, 'here's what I want to do in five years. Here's what I want to do in 10 years.' I really value my job. I'm really working hard to ... I'm looking forward to many years to come. Before I didn't care, drinking was more important to me."

For others, engagement was expressed in terms of pride in being a Flight Attendant: "I wouldn't think of it when I was using before, but I am proud to be a flight attendant especially clean and sober, it makes me prouder."

Theme 2: Recovery is More Important than Work

In three comments, some Flight Attendants said they realized that their recovery may be more important than being a Flight Attendant and that they need to consider changing professions, given the "stress" of the job and the travel demands.

For example, one Flight Attendant noted the importance of recovery: "One thing I learned in rehab in meetings and recovery is that my recovery needs to come first because I'm an alcoholic." Another Flight Attendant yearned for a more stable schedule: "I can't imagine what other job I would do, but sometimes I just want to be home like at 6 o'clock. The idea of just being home sleeping in my own bed and having a routine, knowing where I'm going to be."

Question 6: Sharing with Others

Flight Attendants were asked whether or not they had shared their success in recovery with coworkers and management, why they had or had not, and if they had, what the experience was like.

Question 6a: Sharing Recovery with Coworkers

When Flight Attendants were asked whether they had shared their success in recovery with coworkers, two major themes emerged: *shares recovery with coworkers,* and *shares recovery with coworkers only if asked or if opportunity arises.* All but two Flight Attendants had shared their recovery with coworkers. One felt she was prevented by management from doing so, but would like to share, and the other was not interested in sharing.

Theme 1: Shares Recovery with Coworkers

As reflected in 15 comments, the majority of Flight Attendants reported having shared their recovery with coworkers and continue to share their story. For them, the response has been overwhelmingly positive.

One Flight Attendant has received compliments for the work he's done in his recovery: "The reaction has been totally positive. The reaction has been – by looking at me, so many people said, 'you would have never known that you went through what you went through for 35 plus years of drug use, and you have turned your life around today to where it's at, is one, a miracle, but also a lot of hard work that you've done.'"

Several Flight Attendants talked about sharing their story in the context of helping others. One Flight Attendant explained his philosophy on sharing his recovery: "The biggest thing that they teach you at AA and NA, is 'it's not yours if you can't give it away' and I have to constantly give away that information and that hope and my story. Because my story might be something that someone needs to hear."

Another Flight Attendant expressed a similar philosophy: "I have no shame and it is a part of who I am, and it might help somebody else. I might be talking to a flight attendant who is suffering from addiction and afraid to talk about it, and it might help them."

Theme 2: Shares Recovery with Coworkers Only if Asked or if Opportunity Arises

In four comments, a few Flight Attendants said they take a more conservative approach to discussing their recovery. For example, one Flight Attendant selectively awaits opportunities to share her story: "Disclosing for me isn't hard. I don't hide it, but I don't go out there and announce it. I don't go up to my crew and say, 'Hi, I'm [Flight Attendant]. I'm an alcoholic.' I don't do that. If an opportunity arises I will let them know."

Another Flight Attendant said he does not talk about it as much due to a history of relapse: "If it comes up, I don't hide it, but I used to be more open about it, but not so much anymore. I just kind of do my thing… before I was more open it, like the first two or three times, and then I had relapses, so I stopped feeling like I really wanted to talk about it."

Question 6b: Sharing Recovery with Management
When Flight Attendants were asked whether they had shared their success in recovery with management, three major themes emerged: *shared recovery with management openly, has not shared recovery with management,* and *shared with management selectively.*

Theme 1: Shared Recovery with Management Openly
As reflected in 10 comments, many Flight Attendants shared their story with supervisors and/or management and had positive experiences. For some, their supervisors played a supportive role and the Flight Attendants acknowledged that support as important for their recovery.

One Flight Attendant made a point to thank his supervisor for helping him get into treatment: "My supervisor knows 100% everything. I've wrote him a letter in my first year clean and I told him about the role he played in saving my life."

Another Flight Attendant mentioned a strong relationship with his supervisor and the importance of sharing his success with him: "My supervisor, I shared everything with, which I didn't really need to. They just knew that I was out on a medical. But I've had this supervisor for so long, and in my recovery, I wanted to be honest with my recovery and I wanted to be able to let them know where my life was at. My supervisor, of course, he could see that in my work performance, but I told him what I had gone through, and shared with him many times. 'I got 60 days. I got 90 days. I got six months, a year.' I've kept him abreast of everything. Very supportive."

For one Flight Attendant, his supervisor's open offer of support was meaningful and enabled him to feel comfortable opening up to her: "Very supportive, just knowing my history, just always said that she was there for me and that to come and talk to her. Also, I was checking in with the rehab that I went to once a month too and I would tell her about that. It remained business like, but I also knew that she was there to support me if I needed it."

Theme 2: Has Not Shared Recovery with Management
In five comments, a few Flight Attendants said they have not shared their recovery with management. Some have not shared due to concerns about confidentiality and stigma: "They don't know. I hope that they don't know. I'm afraid to think what they may think where I had gone those two times…I don't know if they're going to be putting me on some sort of list and then checking on me or drug testing me every single time or ... Also, I don't know if it's the health condition but I just feel like I'll be labeled a black sheep in some way."

Another Flight Attendant said she would be open to sharing, but has not had the opportunity yet. One Flight Attendant reported very little interaction with his supervisor or management, so he has no relationship with them: "I don't really think I need to [tell management]. When I go to work I don't really have to deal with my managers either when I go to work."

Theme 3: Shared Recovery with Management Selectively
In three comments, Flight Attendants discussed sharing their recovery with some, but not all supervisors, and being careful about how much detail they share.

One Flight Attendant had shared his recovery with his previous supervisor, who was "amazing" and "attentive," but he is hesitant to share his story with a new supervisor: "This is a new relationship and I haven't really explored that yet, so I don't know … I'm not going up there and freely discussing that with them. I'd rather keep it as separate as possible because I won't try to use again. I'd rather not disclose it."

Another Flight Attendant has shared her recovery with her current supervisor, but is "not as detailed" due to job security concerns: "If there is ever an incidence in the future, them going back and saying, 'Oh well I know that she has the substance abuse issue maybe she is using again' and sends you off to get drug and alcohol tested or just use it against you as far as like trying to terminate you or something."

Question 7: Helping Others

Flight Attendants were asked three questions related to helping others: how they would react to seeing a troubled Flight Attendant with a substance abuse problem, how they would change or improve the peer assistance program for future Flight Attendants, and how they would like to "give back" to other Flight Attendants struggling with substance abuse.

Question 7a: Reaction to Observing Flight Attendants Needing Help for Substance Abuse

Flight Attendants were asked what they would do if they were on duty with a Flight Attendant who clearly needed help for substance abuse. One main theme emerged, which was *planting a seed through sharing one's story.* A Flight Attendant made another comment that was not related to the above theme saying that he preferred to let another Flight Attendant approach him for advice first, rather than proactively sharing his story or approaching others to help them. He said he "lives by example" and "if they ask me about it I share."

Theme 1: Planting a Seed Through Sharing One's Story

All the Flight Attendants interviewed have a tremendous desire to help other Flight Attendants who may be struggling with AOD. Overwhelmingly, their approach, as reflected in 14 comments, is to share their story of substance use and recovery in order to "plant a seed." Rather than confront troubled Flight Attendants directly about the issue they have observed, these Flight Attendants in recovery approach them to share their own story, in the hopes that story will trigger them to get help. Some would also mention FADAP in their story, either that the program helped them or that it was available as an avenue for getting assistance.

Several Flight Attendants, like this one, would tell her story, including how improved her life is in recovery, giving a struggling Flight Attendant hope: "I would just say, 'This is what's going on, how life is good today without going into saying that I'm into sobriety or saying that I'm in recovery, but how, this is what I used to do and today I don't do that anymore and I feel much better, because I have had to do that.' If they're curious and they ask any questions, then I'll tell them more. I'd just let them know 'I used to go drinking after a flight or whatever. I don't do that anymore. I feel so much better when I come on the plane that I'm not hung-over,' stuff like that. I just try to let them know that there is something else they can be doing."

Another Flight Attendant would do something similar, adding that she thinks it would help the other person: "I would just tell them my story. I feel like if somebody would've done that to me when I was going through all of that; if somebody just opened up to me and said, 'Hey, this happened to me,' I think I would've been so receptive of that and just thought … and asked them, 'What did you do?'"

Another Flight Attendant did not need to answer hypothetically, but related that he has told his story to two Flight Attendants struggling with substance abuse in order to help them, with mixed outcomes: "I had that opportunity three months ago, sitting down on the jump seat, talking to a flight attendant. I told her about my recovery and she started telling me about some issues that she had. I talked to her about the EAP program. I talked to her about [treatment facility]. I told her what I went through. I've done this to two flight attendants so far and one went in and she's still in. The second one is teetering on the edge."

There was one Flight Attendant who would take a more direct approach of getting them help through FADAP if he observed someone under the influence while working: "Now knowing that there's the peer counseling program, I think I would just sit down, talk to them, understand that I have been in their shoes and for safety reasons, I absolutely would not let them work anymore of the flight. I would just tell them that we could call somebody that would not judge and that would understand once we landed. That's what I would do now."

Question 7b: Suggested Improvements or Changes to FADAP

Flight Attendants were asked what changes they would make to help the next Flight Attendant get the best treatment at the earliest point in time. Four major themes emerged and they included: *feedback about FADAP (positive and constructive), increase FADAP awareness through promotion, specific treatment center and support program recommendations,* and *can't get anyone into treatment earlier – they have to be ready on their own.*

Theme 1: Feedback about FADAP

In 39 comments, Flight Attendants provided feedback on FADAP, with the vast majority of the comments being positive in nature. Almost all the Flight Attendants interviewed had difficulty answering the question about what changes they would make to FADAP because they reported such positive experiences and outcomes. As a result, this theme emerged, with Flight Attendants sharing their personal experiences with the program, and in some cases discussing which aspects of the program they felt should <u>not</u> change.

Positive Feedback about FADAP:

Several comments about the program pertained to the responsiveness and availability of the program and the staff when a Flight Attendant first needs help and throughout their treatment and recovery. For example, many Flight Attendants appreciated calling in to get help and getting put on an airplane to go to a treatment center the following day, or in some cases, the same day, before they have a chance to change their mind: "I don't want to say they takeover for you but they say … when I said to [Peer], 'how about we talk later on?' She called me back and she said 'okay, here are your flight numbers, the plane leaves in five hours. There's an email waiting for you with a list of what things you need to take.' That is done so perfectly because that's the moment where you want to be like, 'I don't think I want to do this.' That critical response group that does that. I know that she's responsible for so much of that personally. She's an angel. She's amazing. That's done extremely well."

As evidenced in the above comment, several comments also complimented FADAP staff, peers, and counselors on their availability and support. One Flight Attendant said she was "well-received and treated with respect and understanding." Another described her experience with tremendous gratitude: "The promptness, and the service, and the compassion, and the whole life support was immense. I couldn't have done anything better myself. It was just this warm embrace of humanity… and people do it without any pay, just do it out of goodness. That is priceless."

Related to the program's responsiveness and the supportiveness of the staff, several Flight Attendants also commented that a critical element they appreciated was that they enable Flight

Attendants to focus on getting better. They take away some of the "worry" by taking care of logistics and other concerns, but also by providing Flight Attendants with perspective on the importance of their treatment in the greater scheme of things. For example, one Flight Attendant recalled, "They make you feel like you don't need to worry about anything because you open up this can of worms and there's a million and one things that you automatically start to worry about and they keep it to the point where they're like 'what you need to worry about is getting to the airport and getting on that on that airplane, and everything else we'll take care of.'"

Several Flight Attendants also emphasized the positive outcomes they experienced from FADAP, several noting that their life was saved: "The flight attendant EAP at this company and FADAP Staff, and the people here, they all know … they saved my life. My life, my everyday waking up, breathing, and living, they saved my life."

Constructive Feedback about FADAP

Among the 39 comments within this theme, six of them were constructive in nature regarding communication issues. These issues included a desire for more information upfront about treatment, insurance, disability and finances, and a desire for more follow-up communication. One Flight Attendant suggested, "If you're asking for something that I would recommend, it was let them know up front that they are eligible for benefits from short term disability to insurance covering this, that you can make the ends meet…My recommendation would be right up front, 'I know you have concerns about insurance. I know you have concerns about how you're going to make payments, how you're going to pay your bills and things. This is what we have. This is what we can offer.' That eliminates any problems that they may have with it and helps them to put that off to the side, put that in the background and focus on getting better."

Another wished she had received more follow-up communication from FADAP: "Since treatment, I haven't really heard from anybody. I know they're busy and they've got constantly people coming in, but I don't feel like they have really reached out much… That kind of surprises me. They didn't make a promise, necessarily, that they would. But, I would just think that they would want to check us and see how people are doing."

Theme 2: Increase FADAP Awareness through Promotion

As evidenced in 14 comments, several Flight Attendants suggested that FADAP increase awareness of the program through some kind of promotion. Some expressed the concern that not enough Flight Attendants know about the program or they are unaware of the specific services offered. For example, one Flight Attendant has been surprised by the lack of promotion: "I just feel like they just don't advertise it enough because, like I said, I really … I have not heard about it since being out of treatment. I haven't even heard it mentioned."

Flight Attendants suggested increasing awareness of FADAP in a few different ways. A few Flight Attendants emphasized making the contact information for FADAP as accessible as possible: "If I would change anything, it's just make it more accessible for people to know the numbers, where to call and who to speak to and know that it's confidential. I think if people know that, I think that people will probably use it more." One Flight Attendant specifically suggested that the FADAP phone number be added to Flight Attendant badges. Other specific

suggestions for avenues of promotion included email, word of mouth, company or union magazines, websites such as "SkyNet," and potentially text messaging.

One Flight Attendant recommended that FADAP leadership share program success stories with airline management: "You have to work with the management to say 'we'd like to do a presentation to you or we'd like to be sitting at a table a couple days out of the month or something to let the other people know that we're here.' Like for us, you'd want to be up there where the flight attendants are always checking in so they can see you…Like I said, presentations to the company, show them your numbers. This is how many flight attendants have gone to treatment. They're all still working or maybe we lost one or two."

One Flight Attendant talked about promoting FADAP via role models who have gone through the program: "I would like to see people in recovery to be seen as role models. I'd like to hear about somebody who's such and such person and is here, is a flight attendant, and she went through a difficult time and is in recovery. I want it to be not a shameful fact. I want it to be a few people at the base that you know that are in fact in recovery."

A few Flight Attendants made suggestions about promoting specific aspects of FADAP. For example, two important, but related features are FADAP's independence from the airlines and its confidentiality. Several Flight Attendants suggested that those aspects be emphasized more in promotional materials and announcements. One Flight Attendant explained the importance of confidentiality and independence: "I think that people are afraid. People think that the EAP is part of the company and I think … that factor in the back of your mind, 'Who's going to all know about this?'"

Theme 3: Specific Treatment Center and Support Program Recommendations

In 11 comments, Flight Attendants offered suggestions regarding treatment centers and other support programs. Among those who went into treatment through FADAP multiple times, some preferred certain treatment centers over others, with one commenting that at the second treatment center he went to, he could "smell smoke everywhere" because the facility was small and they "allowed people to smoke everywhere." Another Flight Attendant suggested having "a better out-patient program when you get out," due to the fact that the one he attended did not have a prior relationship with FADAP and did not understand the program.

Several Flight Attendants expressed a desire for specific support programs for airline workers, including treatment centers with groups for airline workers, a treatment program for Flight Attendants, a 12-step program for Flight Attendants, and online meetings for Flight Attendants. One Flight Attendant talked about the positive experience they had at a treatment center with a program for airline workers: "I like that I went to a facility where I had a session with just flight attendants and pilots and ground guys and baggage people. It was just our little thing. I liked having that. That was one of the reasons why I had gone to that facility was because I knew I had one session several times a week with just aviation people…An aviation program in each facility across the country would be ideal, and they should be willing to work with our insurances, and they should be willing to work with our leadership either company wise or union wise, whoever's doing the EAP program, to set this stuff up."

Other recommended supports for Flight Attendants included providing a list of phone numbers of Flight Attendants in recovery: "Like if somebody does contact the EAP rep, even if they had a list of phone numbers that they could give to other flight attendants. You know, okay, well this flight attendant is going to be in this city and she is in recovery if you guys want to get together or here is her number if you want to call her while you are in, you know? So have a list of phone numbers of other flight attendants in recovery that if somebody does call the EAP, they can say, 'Oh well here is this person's phone number if you want to reach out and talk to her. She is in recovery, going through the same situation that you might be going through.' Something along that line."

Finally, another Flight Attendant suggested having a special support program for young mothers: "My concern maybe just in the future, it's that now I have a family now. These several years, I have become a family. I have children. The concern is like how mothers, if a mother needs help, if there's a woman that has a problem, how to help them? It's very hard. I don't know. I don't see how I would do it now if I had to go away."

Theme 4: Can't Get Anyone into Treatment Earlier – They Have to be Ready on their Own
In four comments, a few Flight Attendants noted that there was nothing they could do to convince someone else to go into treatment until they are ready and willing to go, no matter what changes or improvements are made to FADAP. This theme echoes the theme heard earlier in the interview where many Flight Attendants said there was nothing that would have encouraged them to seek help at an earlier point in time because they had to reach their own personal "bottom" in order to get help.

One Flight Attendant commented, "As far as an earlier stage, I don't think there is [a way to be convinced to go into treatment] until you're ready to go… you have to put that hand out there. It's not like you can have a seminar and be like, 'hey drunks, come show up.' If you want to go to get help. I don't know that that would even fly."

Another had a similar opinion, saying, "You have to be ready to go. You have to want to be able to do this yourself, you know you – what is the word I am looking for – you have to be willing to be ready and work for it."

Question 7c: Desire to Give Back
Flight Attendants were asked whether they had a desire to "give back" to other Flight Attendants struggling with substance abuse, and if so, what that would look like. Four themes emerged and they included: *interest in becoming a FADAP peer, interest in giving back but focused on other things in the short term, sharing personal story with Flight Attendants,* and *other ways of giving back.*

Theme 1: Interest in Becoming a FADAP Peer
Several Flight Attendants, in six comments, expressed interest in becoming FADAP peers once they achieve the prerequisite two years of sobriety. For some, the idea of being a mentor is appealing: "I know that my company has a couple individuals that are part of our Peer

Assistance Program, where they are like mentors. I'm hoping that one day, when I have a decent amount of sobriety, that I can be that."

Another noted that as someone in recovery, they believe they can make a valuable contribution to those struggling with substance abuse: "I would like to be one of the EAP reps… because I have a lot knowledge about it. I mean being in recovery and an addict myself, I have a lot of information to offer and understanding."

One Flight Attendant is committed to the point of passing the online course to be a peer on the EAP website: "I cannot do it until I've had two years of sobriety. I want to become more involved in it. I look forward to it. I've gone on to the [airline employer] EAP website and taken the exam to give them some sense of a personality factor and history of myself and I passed the course."

Theme 2: Interest in Giving Back, But Focused on Other Things in the Short Term

Some Flight Attendants, in five comments, expressed an interest in giving back in the long term, but have other commitments and priorities that take precedent in the near term such as their recovery, family relationships, and other personal interests.

One Flight Attendant talked about the importance of not overextending himself early in his recovery: "I think the best way that I can do it, especially since I just got back to work, is just by showing up and doing my job. I think that's the big key right now is I don't want to overextend myself, but I think as I grow in recovery and in my job, I want to be able to say, okay, well, if somebody needs help, I can definitely help them out, maybe work in some capacity with the EAP as I get a little bit more time or do whatever it is that I can do, but right now the best thing that I could do is just take small steps and moving forward, in the direction that I've been moving."

Another commented on the commitments he has to his family: "My plate is full right now, because I've got two kids that I've got to take to all of their events and stuff, so as far as possibly being a peer, I don't think I could do that because I've got stuff. I've got teenagers that I've been dealing with. Maybe later on down the line after they graduate after high school."

One Flight Attendant talked about his initial interest in giving back when he returned to work, but as he grew in his recovery, his focus shifted to his non-recovery life: "Initially, when I got back to work, yes, I absolutely was like, 'I want to give back. I want to be part of making a difference and helping others.' But, I guess as time has gone on and I've kind of gotten my priorities and my other interests back in line, I feel a little guilty about that … that I haven't followed up on my initial desire to, as we discussed, helping others. Kind of at the end of the day, I feel like I have complete days and I'm busy enough. But, if asked or if an opportunity does present itself and I think it would be a good fit for myself, I would."

Theme 3: Sharing Personal Story with Flight Attendants

In three comments, a few Flight Attendants reiterated how they see sharing their personal story as a way to potentially help someone else. This echoes the theme heard earlier in the interview where Flight Attendants overwhelmingly said that they would share their story with a Flight Attendant who needed help with substance abuse as a way to help them by planting a seed (see

Question 7a of this section: Reaction to Observing Flight Attendants Needing Help for Substance Abuse).

One Flight Attendant described his reason for sharing his story. Rather than wanting to "plant a seed" with the person he has shared with, this Flight Attendant has a desire for coworkers to know his story so that word can potentially spread to someone that is struggling and needs help: "One of the reasons why I share with some of my coworkers is because if they know somebody, one of the things is I do have a feeling that some people have said, 'Oh, well, [Flight Attendant] has gone into recovery,' or '[Flight Attendant] put his life back together.' I think. People talk. At some point, hopefully it will reach somebody who'll say, 'Hey, I need help, too. Maybe I should go talk to [Flight Attendant].'"

Theme 4: Other Ways of Giving Back

In eight comments, several Flight Attendants mentioned other ways they are currently giving back or would like to give back in the future. One Flight Attendant has been volunteering with his AA sponsor: "There's been a few times my sponsor has taken me to a couple of treatment centers." Another is considering starting a support group for airline crews: "I often thought of trying to maybe start a little meeting here in the city that just involved airline crews because there's many different airlines that have bases here."

One Flight Attendant has considered being a peer, but also helping others struggling with substance abuse: "Maybe at some point work with other addicts. Maybe do some kind of volunteer work…Maybe take advantage of my flight benefits to do some kind of volunteer work that involves traveling."

Part III: Discussion

Introduction

Following is a summary of results for each research question. While direct quotes were used to support findings in the Results section of Part III, these summaries are designed to highlight findings embedded in those quotes and therefore, focus on insights gleaned from the themes that emerged throughout the interviews.

Research Question 1: How did AOD abuse affect Flight Attendants' job performance? How was their job performance different in recovery?

During AOD Abuse

AOD abuse negatively impacted several areas of Flight Attendants' job performance. Flight Attendants reported difficulty performing their jobs, particularly duties related to safety and functioning within the first responder role. This had serious implications for public safety. Their relationships with coworkers deteriorated because Flight Attendants withdrew and were unable to perform their jobs, so coworkers often reportedly covered for them, burdening the rest of the crew. Flight Attendants reported dismal attendance and dependability records where they used sick time excessively and inappropriately, were frequently late, and received formal warnings or disciplinary action as a result. When Flight Attendants were on duty, presenteeism was an issue, with many reporting that they worked on "autopilot" or were fatigued on the job. Flight Attendants' customer relations skills suffered as they neglected job duties with passengers, lost patience with them and were sometimes rude or hostile toward them. As the main interface for the airline with the public, Flight Attendants' poor customer service may have jeopardized return business and the airline's reputation. Some Flight Attendants also reported engaging in embarrassing or unacceptable behavior, such as impulsivity with management, secretive and manipulative behavior, and outrageous behavior that generated complaints from hotels during flight layovers. Finally, Flight Attendants became disengaged from their jobs, indicating they did not care and were not invested in the profession.

In Recovery

Flight Attendants reported dramatic improvements in job performance when in recovery. The most prominent theme that emerged was an improvement in engagement upon returning to work and after completing AOD treatment. Flight Attendants reported going the extra mile in recovery by doing additional work (picking up more trips) and going above and beyond the call of duty for passengers and coworkers, or by getting involved in management activities. They reported taking pride in their jobs more, being happier, and feeling more confident in their ability to do their jobs. Work performance improved overall, in addition to their attitudes while at work. Flight Attendants improved their customer relations, reporting better rapport, increased patience, and being more caring. Attendance and dependability also improved with Flight Attendants reporting long stretches without calling in sick and accumulating sick and vacation time. Coworker relationships improved, partly because Flight Attendants no longer had to hide their substance use, which improved communication. As several Flight Attendants pointed out, improved communication and relationships with coworkers also meant improved safety on the aircraft. Finally, Flight Attendants significantly changed their behavior on overnights and

layovers. Instead of going out drinking with the crew, these Flight Attendants made other choices such as sightseeing, walking, staying in, or going to an AA meeting.

Research Question 2: How did AOD abuse affect Flight Attendants' health? How was their health different in recovery?

During AOD Abuse
Prior to treatment and while in active addiction, Flight Attendants reported a range of problems with their physical and mental health. Some experienced minor physical problems such as fatigue, feeling rundown, or getting sick more frequently. Depending on the severity of their substance use and resulting risky behavior, some Flight Attendants experienced more serious health consequences like migraines, hepatitis, liver problems, or serious accidents. Many neglected their physical health by not eating properly, not taking prescribed medication, or engaging in risky sexual behavior. Flight Attendants also reported a significant impact on their mental health with substance abuse negatively affecting their mood regulation. Flight Attendants recalled feeling unhappy, depressed, anxious, irritable, impatient, moody, and sometimes desperate, paranoid, or suicidal.

In Recovery
Once in recovery, Flight Attendants reported significant improvements in their physical and mental health. Some experienced long-term and sometimes permanent health complications from their AOD abuse that they had to address, but otherwise, the previously reported ill-effects of alcohol and other drugs reversed. They reported that they look and feel better, get sick less often, and have more energy. Flight Attendants also reported lifestyle changes like increased exercise and being more active. They reported taking more interest in their wellbeing and that included paying more attention to their health in general by going to the doctor, and taking care of existing health issues like high cholesterol or high blood pressure. Flight Attendants also reported improved mental health in recovery, noting happiness, a better outlook on life, improved ability to cope, and improved interpersonal relationships.

Research Question 3: How did AOD abuse affect Flight Attendants' view of and commitment to their profession? How was this different in recovery?

During AOD Abuse
For the most part, AOD abuse negatively affected Flight Attendants' engagement and passion for their profession. They described losing joy, losing commitment, and becoming disengaged. Flight Attendants also reported making their substance use a higher priority than their job, at times resenting their job as getting in the way of using. Others used and manipulated their job to gain access to their substance of choice. Related to loss of engagement, Flight Attendants reported poor work performance as a reflection of their lack of commitment to the profession, and recalled feeling less competent in their job duties.

In Recovery
For most Flight Attendants, recovery seemed to reverse the effects AOD abuse had on their commitment to their profession. Most reported significantly improved engagement expressed through passion for their work and joy experienced on the job. Some also expressed feeling

more proud to be a Flight Attendant and feeling more committed to the profession. However, a few realized they may need to make their recovery a higher priority than being a Flight Attendant, which could mean changing careers to a job requiring less travel.

Research Question 4: What was the experience of getting help like for Flight Attendants? What challenges did they face? What factors influenced how and when they got help?

Getting Help

The vast majority of Flight Attendants interviewed voluntarily self-referred for treatment through FADAP. Flight Attendants decided to call FADAP mainly due to prior knowledge of the program from other Flight Attendants, getting referred by a Flight Attendant, or having prior experience with the program. For some, what prompted the call to FADAP was "hitting bottom," a deterioration of their substance abuse where they were tired of using and it was interfering with their relationships and their finances. A minority of Flight Attendants did not go into treatment voluntarily. They called FADAP after a positive drug test, a coworker turned them in, or a family member issued an ultimatum.

Most said there was nothing anyone could have done to get them into treatment earlier because they had to reach bottom on their own. However, greater awareness of FADAP may have prompted some to reach out sooner, especially given the fact that most Flight Attendants would not have gotten help from management if FADAP was not available. Flight Attendants were afraid to go to management for help due to potentially negative consequences, including punitive drug and alcohol testing, disciplinary action, or termination. They also did not believe the services offered through their employer were as confidential as FADAP.

Challenges

Flight Attendants overwhelmingly reported very few challenges to getting help once they made the commitment and called FADAP. FADAP reportedly took care of everything for Flight Attendants seeking help by making all the logistical arrangements for getting to treatment, and taking a leave of absence from work. The most common barriers encountered by Flight Attendants were personal ones. Flight Attendants said they themselves were their biggest hurdle because they had been in denial regarding their AOD abuse and struggled to face related personal problems. Other challenges included financial struggles resulting from substance use, financial concerns related to paying bills while in treatment, and discussing their substance abuse and treatment with family members and other loved ones who had been enabling them or who had a similar substance abuse problem.

Research Question 5: What was the experience of returning to work in recovery like for Flight Attendants? What challenges did they face? How did they communicate their story, if at all?

Returning to Work

Flight Attendants expressed mixed feelings about returning to work in recovery. Some felt confident and positive about their recovery and return-to-work plan or process. Many Flight Attendants reported positive experiences upon their return to work, having an easy transition, being excited to get back to work, and having the support they needed in place from coworkers,

managers, the union, EAP, and FADAP. However, some Flight Attendants were fearful of returning to work, partly due to their history of relapse. Some were scared because they were concerned about their ability to perform their job duties after being away. In the end, most were pleasantly surprised and described returning to their job duties like "riding a bike" – Flight Attendants had not forgotten how to do their jobs and the required training before their return helped ease the transition with that process.

Challenges

Flight Attendants did face several challenges as they returned to work after treatment. The most significant challenge was their exposure to triggers on the job. Triggers included having to serve alcohol to passengers, returning to cities and hotels where they had used alcohol and other drugs, working with flight crews they "partied" with before, and facing the culture of drinking among airline crews. On layovers, Flight Attendants often had the choice of going out to a bar with their crew or sitting in a hotel room alone with no social support – with neither choice being ideal for someone in recovery. Creating stable social support is challenging when you travel a lot for work and it makes attending AA or NA meetings difficult. Some Flight Attendants also had a difficult time learning to do their jobs without managing their stress by using substances. Now sober, they had to find other ways to cope with job demands. Facing coworkers was another challenge for some Flight Attendants as they had to rebuild trust as well as determine who they could trust given the rumor mill and stigma of substance abuse. Finally, a minority of Flight Attendants experienced logistical hurdles leaving treatment or returning to work, such as a longer than anticipated stay in treatment, lack of coordination among the treatment center, airline, EAP and union, politics between the union and EAP, and difficulties leaving treatment due to a facility's lack of familiarity with FADAP.

Sharing their Story

The majority of Flight Attendants shared their story of recovery with their coworkers and had a positive experience doing so, with coworkers responding with support or sharing that they or someone they know had a similar problem. In many cases, Flight Attendants talked about sharing their story as a way to potentially help others. Sharing their story may help someone struggling with addiction who does not know how or where to seek help.

Most also shared their story with management. More specifically, most Flight Attendants reported that they shared their story with their direct supervisor. In some cases, a supervisor helped get a Flight Attendant get into treatment, and in others a supervisor has been supportive of the recovery process.

Research Question 6: What recommendations do Flight Attendants have for improving the program?

Flight Attendants were challenged to come up with recommendations for improvement because they had such positive experiences with FADAP. They appreciated the responsiveness and availability of the program, as well as the supportive, caring staff and peers. Because FADAP took care of all the details to get Flight Attendants into treatment, they felt they were able to focus on getting better. FADAP took the pressure off and took the worry away so that they could simply focus on treatment.

When asked, several Flight Attendants made suggestions for improvement. The most frequent suggestion was increasing awareness of the program through promotion because Flight Attendants believed their peers were poorly informed about FADAP. Suggestions included making the phone number and contact information as accessible as possible by putting it on Flight Attendant badges, and advertising the program via email, word of mouth, company or union magazines, websites such as "SkyNet," and potentially text messaging. Other suggestions included raising visibility among airline management by making presentations about program success, and featuring role model success stories in promotional materials. Many Flight Attendants agreed that two critical features of the program would need to be emphasized more: independence from airlines and confidentiality. These two aspects strongly appealed to the Flight Attendants interviewed.

Several Flight Attendants offered suggestions for specific support programs. These included treatment centers with groups for airline workers, a treatment program for Flight Attendants, a 12-step program for Flight Attendants, and online meetings for Flight Attendants, and a support program for young mothers.

Research Question 7: Has going through the treatment and recovery experience through FADAP influenced their desire to give back?

Most Flight Attendants expressed a tremendous desire to give back to other Flight Attendants struggling with substance abuse. Several expressed interest in becoming FADAP peers once they achieved two years of sobriety. Some felt that simply sharing their personal story is the best way to help others, as a way of "planting a seed" to trigger someone to get help, as well as give them hope. This was the approach the majority of Flight Attendants would take if they saw a Flight Attendant on duty who clearly needed help for AOD abuse. Flight Attendants had other ideas for giving back, including volunteering at treatment centers, starting a support group for airline crews, or volunteering to help other addicts.

Additional Themes Outside of Scope of Research Questions

Throughout the interviews, two additional themes emerged that spanned several interview questions and did not address a specific research question. These included *triggers for relapse, and reliance on self-referral to FADAP.*

Theme 1: Triggers for Relapse

Throughout the interviews, Flight Attendants made references to issues surrounding relapse, including two types of triggers for relapse: micro, or individual triggers, and macro triggers (Flight Attendant work environment and culture).

Micro Triggers – Individual Triggers

Flight Attendants discussed the challenge of being exposed to *micro triggers* on the job upon return to work, as addressed in the theme, *Exposure to Triggers*, which emerged from the question regarding hurdles faced when returning to the cabin (see Question 4a: Challenges Returning to Work). These triggers included having to serve alcohol to passengers, revisiting

places where the Flight Attendant previously used his or her drug of choice, and working with people they used to drink or "party" with. One Flight Attendant spoke about the challenges of potential relapse: "Recovery is a work in progress always. There's always this chance of relapse, for example. You always have to be watchful and careful. I always have to make good choices, surrounding myself with positive people. Sometimes in our job, you work with different people, variety of people and triggers can be anywhere…"

Macro Triggers – Flight Attendant Culture and Work Environment
Something that emerged across several interview questions was the issue of *macro triggers* for relapse, which consisted of the work culture among Flight Attendants. Flight Attendants described a work culture that fosters partying and drinking that was difficult to avoid without feeling socially isolated. This culture presents a macro trigger for relapse, but also creates a risky environment for problem drinking and drug use. One Flight Attendant said "the environment breeds that playground" of partying and drinking and another talked about the fact that many Flight Attendants start drinking while on the way to the hotel for their overnight: "I've been on the van and the 'crew juice' has been passed around." For another Flight Attendant, the culture of drinking initially masked the problem she had because being around heavy drinkers normalized her behavior: "I felt like I had my drinking under control and I felt like I was a normal drinker. I felt like I drank like everybody else did, so I didn't … I didn't think I had a problem at all."

Theme 2: Reliance on Self-Referral to FADAP
In two interview questions, Flight Attendants talked about how they got into treatment through FADAP and what they would do if they saw a Flight Attendant clearly struggling with substance abuse (See Question 3a: Selection of Peer Assistance Program as Avenue for Getting Help, and Question 7a: Reaction to Observing Flight Attendants Needing Help for Substance Abuse). In those parts of the interview, the dominant themes that emerged indicated a strong reliance on the self-referral process to FADAP. While it may be obvious when Flight Attendants have an AOD abuse problem that is interfering with their ability to work, including performing their first responder job duties, coworkers seem hesitant to confront them directly about their observations and refer them to FADAP. Flight Attendants in this study took a more passive approach of sharing their personal story with others, rather than directly confronting and referring them. Looking back on their entry into treatment, several Flight Attendants recalled that coworkers knew about their substance abuse problems before they did. One recalled, "I believe that I was ready a week before I went. People were there listening but they weren't acting because they had to wait for me first." Similarly, another Flight Attendant recalled, "They all knew drinking-wise that I was a party animal and I was the one throwing up in the back of the bus and hung-over on the airplane. I think they saw it before I did." When one Flight Attendant self-referred, he related the following: "When she received my phone call, she basically said, "I've been waiting for this call for 15 years."

PART IV: OUTCOME MEASUREMENT RECOMMENDATIONS

PART IV: OUTCOME MEASUREMENT RECOMMENDATIONS

This report presents results from a mixed methods study, consisting of three related research studies designed to help the FADAP staff understand the professional characteristics and demographics of Flight Attendants who used FADAP services from September 2010 through February 28, 2013, outcomes related to participation in FADAP services and return-to-work in sobriety, and a path to move forward as FADAP considers new outcome measures and measurement tools to track workplace-related outcomes in the future. Part I of this report provided a foundation or baseline for the researchers and program staff to understand who seeks out and uses FADAP services. Additionally, data collected by FADAP that was analyzed in Part I of this study, in combination with data and survey questions used for a prior study (Tueller, Cluff, Karuntzos, Bray, & Healy, n.d.) were used to inform the development of the questions for the survey in Part II and interview questions in Part III. Clinical and workplace outcomes had not yet been collected at the time of this study; therefore, discussion points and recommendations in this section are largely based on results from Parts II and III of this report. In Part II of this report, Flight Attendants responded to an anonymous survey that asked them about workplace outcomes before and after recovery from AOD, among many other questions and related topics. In Part III of this report, the researchers had the opportunity to ask detailed questions to 12 Flight Attendants who used FADAP services and had returned to work after having at least six months recovery time. Interview questions comprising Part III built upon the survey questions in Part II and gleaned much richer, detailed descriptions and examples of workplace outcomes. Each part of this report has its own discussion section with recommendations related to program elements and outcomes measurement. This final section of the report (Part IV) presents a summary of overarching results and subsequent recommendations focused on workplace outcomes measurement. The researchers recommend that FADAP staff and stakeholders carefully review all discussion sections of this report for a comprehensive perspective of programmatic and policy recommendations.

When results from all three parts of this report were reviewed together, the following main points or findings emerged from the data with regard to measuring outcomes: 1) programmatic and outcomes data is difficult to collect due in part to the nature of the program's reliance on peers in the field; 2) Flight Attendants who used FADAP overwhelmingly reported improvements in AOD use, attendance and dependability, work performance and safety, physical and mental health, coworker and customer relations, and engagement after completing treatment; and , 3) Flight Attendants report high levels of satisfaction with FADAP services and appear to value the program as a critical part of the benefits offered to Flight Attendants.

A relatively long list of potential outcome topics emerged from the data. Flight Attendants reported via the online survey and phone interviews that they observed noticeable improvement in the following areas before and after finishing their last treatment episode and entering their most recent recovery phase: absenteeism, engagement, presenteeism, safety, and interpersonal relationships. From this list, the researchers recommend that FADAP use these five topics as a starting place to identify which outcomes are of most importance to FADAP and its stakeholders. In the following paragraphs, the researchers describe recommended methods for measuring outcomes using self-report and objective data. Ultimately, FADAP needs to consider the time

and resources required to collect outcomes data and make decisions about which outcomes to focus on as they revise their data management system.

Absenteeism

Absenteeism includes attendance and dependability issues or tardiness. In both Parts II and III of the study, Flight Attendants reported significant improvements in their attendance while in recovery from AOD. This was exemplified by a shift from excessive and inappropriate use of sick time and excessive tardiness to a more appropriate and sparing use of paid time off, as well as on-time performance. The researchers recommend FADAP measure Flight Attendants' absences and tardiness as an outcome measure related to FADAP services. Data reflecting absenteeism and tardiness can be collected through self-report measures, such as the first subscale of the Workplace Outcome Suite (WOS) (Lennox, Sharar, Schmitz, & Goehner, 2010) or the revised subscale consisting of one question ("For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work.") (http://www.chestnutglobalpartners.org/ResearchTools/Tools). However, the revised 1-item scale may lead to increased error due to the increased burden on the respondent to add up hours lost due to total and partial lost days.

Whenever possible, this self-report data should be compared to objective data provided by the employee's company, if such data is made available to FADAP. Examples of objective data include sick days, days off without pay, days late to work, and days off without proper notice. In addition to measuring outcomes, data reflecting attendance and tardiness can be easily converted into monetary amounts to reflect return-on-investment related to participation in FADAP. To do this, the researchers suggest comparing attendance data collected pre-treatment to post-treatment and using the Flight Attendant's salary to calculate how much lost work time is saved post-treatment.

Engagement

While it was not assessed directly in Part II of this study, engagement emerged as a critical factor that improved significantly after Flight Attendants entered recovery as noted in the data collected in Part III of the study. Work engagement, defined as "a positive, affective-motivational state of fulfillment that is characterized by vigor, dedication, and absorption" (Schaufeli, Bakker, & Salanova, 2006), relates directly to work performance and commitment to the profession (Gallup, 2013; Schaufeli & Bakker, 2010). Flight Attendants described how AOD abuse robbed them of the engagement they once had in their jobs in terms of joy, passion and pride. In recovery, Flight Attendants overwhelmingly reported returning feelings of joy, passion and pride in their jobs, which sometimes manifested in "going above and beyond the call of duty" and taking on additional work. The importance of engagement in work performance and customer relationships is paramount in the airline industry and therefore, the researchers recommend that FADAP consider measuring engagement as part of their outcomes measurement process.

Engagement is best measured through self-report measures. The researchers reviewed several engagement measures and decided the 5-item scale from the WOS would best fit the needs of FADAP. Gallup's engagement measure the G-12, is very popular and provides good benchmarking abilities, but while this 12-item scale has been validated and remains popular, it is very expensive to implement and not all items are directly related to the work conducted by

Flight Attendants (Gallup, 2013). Additionally, the G-12 has been criticized as being more a scale that assesses employee's resources as compared to their full work engagement (Harter, Schmidt, Killham, & Asplund, 2006). The researchers also reviewed the 17-item Ultrecht Work Engagement Scale, a scale available in the public domain and comprised of 3 subscales: vigor, dedication, and absorption (Schaufeli & Bakker, 2010). While a good, and free, alternative to Gallup, this scale was longer than the WOS, and similar to the Gallup scale, not all questions seemed directly related being a Flight Attendant. The five items of the original WOS Engagement Sub-Scale are listed below. They are measured on a scale from 1 (strongly disagree) to 5 (strongly agree) with higher scores reflecting higher levels of work engagement. Chestnut Global Partners recently released a 1-item revised scale for work engagement that asks respondents, "I am often eager to get to the work site to start the day." While this item is a good screening question for engagement, the researchers do not recommend it as a primary outcome measure to assess work engagement.

WOS Work Engagement Subscale:

- I feel stimulated by my work.
- I often think about work on my way to the work site.
- I feel passionate about my job.
- I am often eager to get to the work site to start the day.
- I often find myself thinking about my work at home.

Presenteeism

Presenteeism, often used interchangeably with "productivity" is commonly defined as time spent physically at work, but not focused on work tasks. It is often measured through self-report by asking the employee questions related to how a specific problem is negatively affecting work performance. The researchers suggest reviewing the 5-item Workplace Outcomes Suite Presenteeism subscale, which is listed below or the 1-item revised WOS presenteeism scale, which consists of the question, "My personal problems kept me from concentrating on my work." All questions are answered using a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree) with higher scores suggesting higher levels of presenteeism.

WOS Presenteeism Subscale:

- I had a hard time doing my work because of my personal problems.
- My personal problems kept me from concentrating on my work.
- Because of my personal problems I was not able to enjoy my work.
- My personal problems made me worry about completing my tasks.
- I could not do my job well because of my personal problems.

Another single item measure of presenteeism to compare to the WOS scales is from the Health and Productivity Questionnaire (HPQ) and revised HPQ-Select (Kessler et al., 2003). This item asks employees to rate their "job performance" over the past four weeks using a scale ranging from 0 (worst performance) to 10 (top performance). One advantage to using the HPQ item is that it, along with its absenteeism questions, can be converted into lost work days or lost productivity resulting in a monetary value. Instructions for scoring presenteeism and absenteeism questions are available online at:

http://www.hcp.med.harvard.edu/hpq/ftpdir/absenteeism%20presenteeism%20scoring%20050107.pdf. Another alternative for a longer measure of presenteeism is the Stanford Presenteeism Scale (Koopman et al., 2002). While this represents a valid and reliable measure that has been used with diverse workforces, the researchers thought this scale was too long to be considered as part of FADAP's data management system, given the reliance of collecting data from peers working in the field who have limited time to collect and report data.

Safety

Because they are first responders, Flight Attendants' work performance and presenteeism is closely tied into safety issues. In Part II, Flight Attendants reported a significant improvement in several survey questions related to safety: attention to safety duties, compliance with company policy, compliance with FAA regulations, using a prescription pain medication on duty, showing up hung-over, drinking past the cut-off time, disregarding safety procedures, and engaging in activities that could have resulted in on-the-job injuries to themselves or others. Improvements in safety in recovery were further supported in the Part III interviews when Flight Attendants reported they were more alert, had better response times, were more confident in their ability to do their jobs (particularly safety duties), and knew how to do their jobs better.

The researchers reviewed the literature on workplace safety and decided that due to the unique working conditions experienced by Flight Attendants, a general safety measure would not be as meaningful as questions related directly to safety policies, regulations, and behaviors designed specifically for Flight Attendants. Additionally, studies focusing on safety among Flight Attendants tend to focus on occupational hazards of the job related to work environment as compared to resulting from AOD use (Agampodi et al., 2009; Iglesias et al., 1989). Therefore, the researchers recommend selecting questions developed specifically for Part II of the survey that were also referenced in Part III of the study. These include self-report attention to safety duties, compliance with company policies, and compliance with FAA regulations. Additional safety questions related specifically to AOD use that might be considered include time measurements assessing use of prescription pain medication while performing flight duties, showing up for a flight hung-over, drinking past cut-off time, and engaging in activities that could have (or did) result in on-the-job accidents or injuries. The HPQ survey mentioned in the above-section on presenteeism includes a few questions related to safety that can also be considered. The questions ask employees to report the number of "accidents, injuries, or poisonings" that required medical attention over the course of one year and a follow-up question asks the employee to report the number of lost-work days due to the accident, injury or poisoning. The specific questions and scoring are available online: http://www.hcp.med.harvard.edu/hpq/ftpdir/HPQ%20Employee%20Version%2081810.pdf. While these questions are good given their use in research, they do not seem to answer all of the safety questions of interest for FADAP.

Interpersonal Relationships (with employees and with customers)

In both Parts II and III, Flight Attendants reported improved relationships with coworkers and customers. This included improved rapport, communication and cooperation with management, coworkers and customers, as well as improved customer service. Interpersonal relations are a critical part of customer service and working on teams, both which are integral to job responsibilities of a Flight Attendant. Due to the importance of customer and crew relationships,

the researchers recommend that FADAP consider assessing interpersonal relationships as a potential outcomes measure. Existing measures for interpersonal relationships at work tend to be lengthy and not well validated in research for the use of a screening tool or outcome measure; therefore, the researchers recommend that FADAP select one or two questions to capture interpersonal relations and ask Flight Attendants to rate relationships on a scale from 1 (very poor) to 5 (very good) before and after treatment. The two questions could focus on customer service and rapport with crew members. If available, objective data from the employer regarding complaints and employer investigations should also be used to assess validity of the Flight Attendant's self-assessment.

While other outcomes related to the workplace exist and were mentioned in both the surveys and the interviews, the above six outcomes were identified by the researchers as being most relevant to FADAP and its stakeholders as the staff work to collect meaningful outcomes that will not only show individual success or change among the Flight Attendants who use FADAP services, but can also be used in aggregate to show overall programmatic effectiveness and return-on-investment.

The relationship between health, including mental health, substance abuse and wellbeing with productivity and other workplace outcomes can no longer be ignored (Jacobson Frey & Jones, 2011; Loeppke et al., 2007; Kessler et al., 2004). When compared to the general public through the General Social Survey (GSS; Smith et al., 2013) data, Flight Attendants who were actively abusing AOD reported significantly worse outcomes on questions related to health and mental health as it related to work performance, with Flight Attendants reporting 7 to 15 times the national average of days where their poor physical or mental health kept them from doing their usual activities, such as self-care, work, and recreation. While not a focus of this study, it would be interesting to track global health and mental health outcomes as they relate to workplace performance and productivity over time. This could be done by asking the same questions before and after treatment or using a more comprehensive measure of health and productivity such as the HPQ-Select or Work Limitations Questionnaire (Lerner, Amick, Rogers, Malspeis, Bungay, & Cynn, 2001) for example. For a more comprehensive measure of health and productivity, the researchers recommend surveying the overall Flight Attendant workforce on an annual or bi-annual basis to look for trends over time and working with an external consultant or researcher to collect data and prepare a report that is both valid and reliable, as well as being business friendly. The researchers have worked with in the past, and highly recommend, Integrated Benefits Institute to conduct research and prepare reports for employers monetizing health and productivity. Sample reports can information about their services can be viewed online at www.ibiweb.org.

In addition to the overall recommendations regarding improving outcomes measures over time within the FADAP system, the researchers have provided FADAP with a detailed list of database changes to consider listed in Appendix B. Finally, as FADAP approaches its 3-year mark for collecting data referenced in Part I of this study, the researchers recommend working with FADAP staff and interns over the next few months to contact Flight Attendants in the FADAP case management database and collect the following outcome measures that presently exist in the data management system: employment status, grievance status or investigations, number of continuous months of recovery, longest period of time clean at case closure, and ability to return

to active duty. If FADAP is able ascertain work performance records, it would be useful to compare self-report data to data collected by the employer, such as absenteeism, employment status, and grievance status.

Flight Attendants who participated in the study overwhelmingly had positive feedback about FADAP with a few suggestions on how to improve services. It was clear to the researchers that FADAP serves a critical function in reaching out to troubled Flight Attendants and helping them achieve and retain a sober lifestyle. With any program, there is always room for improvement. In Parts II and III of this report, Flight Attendants suggested ways to increase awareness of the program with specific suggestions including: adding FADAP contact information to Flight Attendant badges; advertising FADAP via email, word of mouth, in union magazines, on company and industry websites and possibly text messaging; making presentations to airline management highlighting program success; and featuring recovery role models in promotional materials. Flight Attendants also recommended specific support programs including treatment centers with groups for airline workers, a treatment program for Flight Attendants, a 12-step program for Flight Attendants, online meetings for Flight Attendants, and a support program for young mothers. There was some confusion regarding the name of the FADAP program and services and some Flight Attendants recommended branding the program better so that the name of the program is consistent across airlines. Currently, some Flight Attendants refer to FADAP as their EAP and may not differentiate services offered through FADAP from services offered through their employer. Finally, some Flight Attendants recommended improving relationships with treatment centers. The researchers agree with this suggestion as improved relationships with treatment centers will lead to better efforts and outcomes with regard to data collection.

Given the fact that Flight Attendants are approached by peers about their potential AOD and other personal problems affecting the workplace in the field, data collection is very difficult and when available, often inconsistent. The researchers suggest that FADAP consider developing a mobile application that can be used to screen for AOD, make referrals to FADAP, and collect basic demographic and other information for the database. Some recent literature regarding the use of mobile apps in settings that can be adapted for use within FADAP are reviewed in the discussion section of Part I of this report.

As with any research study, there are both strengths and limitations to consider when interpreting the data. Limitations in the present study include the reliance on self-report data in Parts II and III, limited sample size in all three parts of the research, in addition to selection bias in Parts II and III of the study. Specifically, the researchers relied on volunteers to complete surveys and then participation in telephone interviews. Self-selection processes for collecting data often attract survey respondents who are either highly satisfied with services received or the opposite; very dissatisfied with services. The use of cross-sectional research methods prevents the researchers from making assumptions or conclusions regarding cause and effect relationships resulting from participation in FADAP. Hypotheses can be made based on perspectives provided by the participants, but true changes in productivity over time need to be measured using longitudinal research methods. Additionally, the use of a control group or clinical trial study in the future would further identify whether changes in workplace outcomes reported by Flight Attendants were truly due to participation in FADAP or some other external factor that was not considered in the present study.

Strengths of this research include the fact that this study provides a baseline for research on workplace productivity data among Flight Attendants who have utilized FADAP services. Additionally, the use of a mixed methods study with qualitative and quantitative data collection methods allowed the researchers to develop recommendations based on richer data than would have been gathered by analyzing a database, conducting a survey, or interviewing a sample of Flight Attendants alone. Furthermore, the iterative process of developing the study allowed the researchers to work closely with FADAP staff and members of the Advisory Board to develop all steps of the research methods and improve face validity for the survey and interview questions. Finally, FADAP is to be commended for their commitment to serving Flight Attendants through evidence-based programs, such as the one that this study helped to evaluate.

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APPENDIX

Appendix A: Phone Interview Guide

Introduction

Thank you for agreeing to participate in this phone interview as part of the research we are conducting with flight attendants. My name is Rachel Liccardo and I am a Co-Investigator who has been trained by Dr. Jodi Jacobson, Principal Investigator for the study to conduct these interviews. I am a second year master's student at the University of Maryland, Baltimore, School of Social Work and part of the research team. We received your signed informed consent form indicating that you had a chance to review the study purpose, procedures, risks and benefits. At this time, did you have any questions?

Just as a reminder, I will not use your name during the interview to protect your identity and confidentiality on the taped interview and files will be saved only with a random identification number, not your name. Also, your participation in this interview is completely voluntary. You may choose to end the interview at any time without consequence. I want you to feel comfortable sharing your thoughts and opinions about your participation in the peer assistance program and the impact alcohol or other drugs had on your work as a flight attendant. Your opinions will help to improve services to flight attendants through the peer assistance program in the future. If any of the questions I ask bring up upsetting feelings and you want to talk to someone about this, I can repeat the toll-free number to the peer assistance program (855-333-2327) at any time. Additionally, Dr. Jacobson, the PI for the study is available by cell phone if you want to call her at any time during the interview. If there are any questions you don't want to answer, please say "Pass" and we can skip to the next question without consequence.

Are you in a private and quiet place where you feel comfortable doing the phone interview?

If you have no more questions, I will turn on the digital recorder device now and we can start the interview.

(Press Record)

Questions in order of priority to ask:

First, I'd like to ask you a few questions about your substance use and treatment.

1. What type of substance or substances were you treated for?

2. How many times have you gone into treatment? How many of those times were through the peer assistance program?

3. How long were you in treatment?

4. How much recovery time do you have?

5. How long have you been back on the job since you got out of treatment?

Next, I'd like to ask you a few questions about how your substance use affected you.

1. How did your alcohol/drug use affect your work – (i.e. attendance, injuries, job performance?)

2. How did your use impact your health?

3. How did your use impact your view of and commitment to your flight attendant profession?

Next, I'd like to ask you a few questions about how you got help.

1. What led you to select your peer assistance program as your avenue for getting help?

2. If the peer assistance program had not been available, would you have gotten help from management? If no, why not?

3. What would have encouraged you to get help at an earlier point in time?

4. How did any company policy or procedure impact your willingness to ask for help?

5. Once you made a commitment to get well, what hurdles did you face in getting help? (i.e. time off from work, short term disability, family, finances).

Now, I'd like to ask you a few questions about your recovery.

1. How has recovery impacted your work performance attendance and injuries?

2. How has recovery impacted your health?

3. How has recovery impacted your view of and commitment to your flight attendant profession?

I'd like to ask you a few questions about what it was like when you returned to work after treatment.

1. What hurdles have you faced in returning to the cabin?

2. Can you describe how confident and comfortable you felt with your recovery as you returned to work?

3. Have your shared your success in recovery with your flying partners? If no, why not? If yes, how did they react to this information?

4. Have you shared your success in recovery with your management? If no, why not? If yes, how did they react to this information?

A few final questions.

1. Today, if you were on duty with a flight attendant who clearly needed help for substance abuse, what would you do?

2. What changes would you make to help the next flight attendant get the best treatment at the earliest point in time?

3. Do you have any desire to "give back" to other flight attendants struggling with substance abuse? What would that look like?

Closing:
Is there anything I should have asked that I did not? Is there anything else that you want to tell me at this time?

(Turn Off Recording Device)

Thank you again for your participation. If you would like to receive a $50.00 electronic gift card to show our appreciation for your time today, please let me know and the Principal Investigator, Dr. Jodi Jacobson, will email it to you. [*If yes, would like to receive gift card*], which email address would you like the electronic gift card emailed to?

Appendix B: Data Collection Recommendations for Current FADAP Case Management

Global Recommendations for Data Management and Collection

The researchers recommend that FADAP review its existing databases to (1) take inventory of the data it currently collects from Flight Attendants, peers, treatment facilities, and any other sources, and (2) prioritize which data is most important to continue collecting. FADAP may want to review its databases with feedback from stakeholders, end users and any other important audiences and work with a consultant or researcher to prioritize and structure future data collection. The researchers also recommend creating a "master" database to input all data received from the Flight Attendants, peers, and treatment facilities. FADAP should create a system so that all the data for one case is housed in the same place and can be tracked easily over time.

Currently, FADAP collects data regarding Flight Attendant referral and treatment in several main areas. FADAP may want to begin the process of reviewing its databases by reviewing these main areas to evaluate whether there are additional measures they should be collecting in order to demonstrate program efficacy and return on investment, apart from the researchers' recommendations for workplace outcomes measurements in Part III of this report.

FADAP's current areas of data collection include:

- Demographics
- Employment characteristics (e.g., flying status, domicile, etc.)
- Interaction with peer referral program (e.g., referral source)
- Substance abuse history
- Impact on job performance and functioning
- Employer actions against Flight Attendants
- Treatment information
- Mental health information and assessment
- Treatment outcomes

Recommendations for Obtaining Complete Data

The researchers are making the following recommendations so that FADAP can collect as much complete data from its variety of sources as possible:

- When creating forms to provide to Flight Attendants, peers, treatment facilities and others to fill out, prioritize and indicate which data fields must be filled out versus data that is not mandatory.
    - It is inevitable that some data collectors may lack the time to collect all data requested. Indicating which data are required increases the likelihood that FADAP will receive more complete critical data.
- Review any data received back from peers and/or treatment facilities in a timely and continuous basis to make sure it is complete and that data is consistent and that it is accurate.
    - As soon as missing data or data that does not make sense is detected, FADAP staff should follow up with peers and/or treatment facilities to clarify data and obtain missing data.

- FADAP may want to consider developing an online training program to train peers and/or treatment facilities to collect data accurately and effectively. The online video or program should stress the importance of data collection and how data will be used to support Flight Attendants' recovery and the overall viability of FADAP.
- As discussed in Part I of this study, the researchers recommend looking into the possibility of developing a mobile app, specific to FADAP, which can be used to collect and submit data.

Specific Recommendations for Data Collection

The researchers have developed the following recommendations to improve data collection based on a review of FADAP's current case management databases.

Recommendations Regarding Types of Data Collected

- Collect more specific information on substances used and/or abused.
    - Distinguish between positive scores on the alcohol and drug tests and reported abuse by Flight Attendants by indicating which drugs Flight Attendants tested positive for on the drug test versus what the Flight Attendants reported using.
    - If multiple substances are being abused, indicate primary substance abused, if possible.
    - For drug use information, consider distinguishing among the following types of drugs or collapsing categories to be mutually exclusive and still meaningful:
        - Legal prescription drugs, but prohibited by FAA
        - Illegal, illicit drugs
        - Prescription drugs prescribed to Flight Attendant
        - Prescription drugs prescribed to Flight Attendant, but prescription expired
        - Prescription drugs illegally obtained by Flight Attendant
        - Prescription drugs prescribed to Flight Attendant during treatment
    - If Flight Attendant is entering treatment due to drug use, indicate which drugs the treatment is targeting
    - Include data on the type of drug abused based on the 7-panel drug test used by AFA.
- Clearly define "primary care" and "continuing care" in the data collection procedures. It was not clear to the researchers if continuing care included outpatient services, 12-step groups, other support programs or a combination of the above. Additionally, this term was not used consistently by Flight Attendants during the interviews.
- Evaluate the mental health assessment and diagnostic data needed from treatment facilities.
    - Does FADAP need to collect data on all Axis diagnoses? Is all that data essential? Decide which is "required" and which is not and indicate which is required to treatment facilities so that FADAP is more likely to get the data from them.
    - Talk to treatment facilities about how they are converting to using the DSM V and how that may impact data collection for FADAP.
    - Indicate one primary diagnosis for each Axis, then list any secondary diagnoses that are also being treated.

    - With specific diagnoses, FADAP staff, or a research consultant, can group specific diagnoses into diagnostic categories (i.e. Mood Disorder, Substance Related Disorder, etc.) for aggregate reporting and broader comparison purposes.
    - If FADAP decided to continue collecting Global Assessment of Functioning (GAF), even though they are not included in DSM V, the scores should be collected at designated time points in treatment. Ideally, FADAP would collect GAF scores at baseline, post-treatment and follow-up to allow comparison of scores over time.
- The researchers recommend monitoring Flight Attendants and collecting data at more frequent time points. Waiting for the 3-year mark to collect outcomes data is too long to keep Flight Attendants engaged in the case management system. The researchers recommend checking in with Flight Attendants on a quarterly basis to improve data outcomes collection. The additional communication may also have a positive treatment effect to support relapse prevention.

Data Collection Methods

- Use consistent documentation and forms to collect data and make sure data collectors are all using the same forms and providing the same type of data.
- Provide more specific instructions for collecting any open-ended data to reduce variation in what is reported.
- Reduce variability by providing drop-down boxes electronically or lists on forms so that peers and treatment facilities are providing consistent units of data.

Data Entry

- Clearly identify missing data, trying to leave no data fields blank. To help determine if data is missing, not applicable or "none", all data fields should be filled in rather than leaving them blank. When it is clear which data is missing, FADAP staff can go back to appropriate sources to obtain the missing data on a regular and continuous basis.
- Remove redundant data fields that contain inconsistent or contradictory data. For example, FADAP's database currently has two different fields indicating type of treatment (inpatient, outpatient, or a combination). The two fields are labeled "type of treatment referred to" and "setting where treatment provided." In several cases, the data in these fields was contradictory. This should be reviewed carefully for all variables in database.
- Indicate at what point in time data was collected (e.g., at the time of referral, after primary treatment, etc.), especially when collecting the same type of data at different points in time.
- Collect data consistently and at the same point in the referral/treatment process.
    - There are a number of inconsistencies in data collection for the same type of data. For example, data has been collected twice for whether a Flight Attendant has been discharged or not from treatment. A discharge date is also listed. This data is not always consistent and the timeframe for collecting this data is not indicated. For example, some Flight Attendants with a discharge date listed in the past are listed as not discharged in either or both of the fields indicating discharge status.
    - Another example of inconsistent data is the employment status data. Whether a Flight Attendant has been terminated or not is collected at different points in time

(at referral and at case closure). In this case, the time of data collection should be identified.

- Once data is collected from peers and/or treatment facilities, data should be immediately reviewed and cleaned to ensure consistency.
    - For example, there seem to be multiple codes for the same airline employer. There should be one standard code entered per employer to reduce variability.
        - If there is not enough data for each airline employer to receive meaningful analysis by airline, or if the sample is so small that confidentiality of the Flight Attendant could be compromised, consider converting the airline employer into parent company (e.g., Star Alliance) or convert to major vs. regional airline to look at trends by type of airline.
    - When collecting dates (for example, treatment admission data and treatment discharge data), also calculate the length of treatment from those dates and include it in the database.
    - When collecting data on locations (home address, treatment state, domicile, etc.), consider converting the data into U.S. region to allow for analysis by region rather than state since there may not be enough data from each individual state or domicile for meaningful analysis.
    - Convert date of birth to age for easier data analysis.
    - Convert date of hire to tenure time with airline for data analysis.

Appendix C: Research Team Bios

Jodi Jacobson Frey, PhD, MSW is an associate professor at The University of Maryland, School of Social Work. She chairs the Employee Assistance Program (EAP) sub-specialization and the Financial Social Work Initiative. Dr. Jacobson Frey earned her MSW and PhD degrees from the University of Maryland.

Dr. Jacobson Frey's research focuses on workplace health and well-being, including the relationship between worker health, productivity and safety. She evaluates the effectiveness of, and studies workforce development issues related to, programs designed to support working families. These include EAPs, workplace crisis intervention and suicide prevention programs, work/life programs, and financial capability programs. Dr. Jacobson Frey has published her work in leading professional journals and presented at national conferences.

Rachel Liccardo, BA is a second-year MSW candidate at the University of Maryland, School of Social Work, and is pursuing the clinical track of the Employee Assistance Program (EAP) sub-specialization. Ms. Liccardo works part-time as a Research Assistant Scholar to Jodi Jacobson Frey, Ph.D., LCSW-C, associate professor and chair of the EAP sub-specialization and Financial Social Work Initiative. Ms. Liccardo works with Dr. Jacobson Frey on research to evaluate the effectiveness of programs designed to support employees and working families, including EAPs and workplace crisis intervention.

Prior to pursuing her MSW, Ms. Liccardo worked as a market research professional, most recently as a Senior Research Manager at Harris Interactive, publisher of The Harris Poll. Throughout her careers at Harris and other market research consulting firms, Ms. Liccardo conducted and managed both quantitative and qualitative research programs designed to evaluate public education programs, test advertising and messaging, and develop communications campaign strategies. Prior to her career in market research, Ms. Liccardo worked as a public relations consultant for several firms in Washington, D.C. and New York. Ms. Liccardo earned her B.A. in psychology and Spanish from Duke University.