

Workplace Outcomes Related to Participation in the
Flight Attendant Drug and Alcohol Program (FADAP)

2020 Annual Report

Report prepared by

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Introduction

In 2014, the Flight Attendant Drug and Alcohol Program (FADAP) contracted with Dr. Jodi Jacobson Frey to provide consultation services related to the development of the FADAP outcome measures database and to manage, analyze and report outcomes from the FADAP database. Pre- and post-test surveys, using data provided by FADAP clients, peers, and approved treatment providers, were created based on a preliminary study that Dr. Frey conducted and presented to the 2014 FADAP Advisory Board. This work was also presented at the 2015 annual Employee Assistance Society of North American (EASNA) conference¹ and published in 2015.² Outcomes of interest that emerged from the preliminary study that were also subsequently integrated into the currently-used surveys focused on job performance, including absenteeism, presenteeism, work engagement, rapport with coworkers and management, customer satisfaction, safety, and professionalism, in addition to satisfaction with FADAP services and treatment specifics. Further, the surveys were designed to measure lost work time before and after FADAP treatment and into recovery from alcohol and other drugs (AOD).

During 2018-19 and 2019-2020, Dr. Frey worked closely with FADAP leaders and members of the FADAP Advisory Board to revise the surveys and data management information system. On February 28, 2020, a new survey was launched called “Post-Treatment Survey”.

¹ Frey, J. J., McCormick, D., & Healy, H. (2015, April). Workplace experiences and outcomes related to participation in the Flight Attendant Drug and Alcohol Program: An exploratory study. Paper presented at the Employee Assistance Society for North America 2015 Institute.

² Frey, J. J., Liccardo, R., & Healy, H. (2015). Workplace experiences and outcomes related to participation in the Flight Attendant Drug and Alcohol Program: An exploratory study. EASNA Research Notes, 5(2) 1-7. Available online: <http://www.easna.org/wp-content/uploads/2010/08/EASNA-Research-Notes-Vol-5-No-2-November-2015.pdf>

Data from this survey is collected from the Flight Attendant approximately three to four weeks after completing treatment and the satisfaction questions asked on this survey focus on satisfaction with the treatment center as compared to satisfaction questions on the other surveys that focus on FADAP.

All data used in this report were measured through Flight Attendant self-report, with the exception of information provided by the treatment providers. The surveys were initially launched in 2014 and this report presents results from data collected through May 31, 2020.

Sample

Since September 2014, 821 Flight Attendants with unique cases³ have completed pre-test surveys⁴. For Flight Attendants who reported multiple treatment episodes, only data from their most recent treatment episode was included in this report. For the treatment provider data that is collected, 84% ($n=691$) of the treatment providers who worked with Flight Attendants in this sample completed and returned forms for the participants included in this study. This is slightly lower than last year when 89% of treatment providers completed and submitted forms. However, this rate is still very good as it is challenging to coordinate paperwork from treatment providers that is additional to insurance and other required documents.

³ In this sample, a “unique case” refers to an individual Flight Attendant who accessed FADAP services. Some Flight Attendants had more than one treatment episode during the year in which data is recorded and reported; however, only the most recent treatment episode was included in this report.

⁴ Total cases calculated May 31, 2020 when data for this report was ran.

Follow-up and comparison data included in this report are based on results from the possible 615 Flight Attendants who reached their one-year post-treatment date and were therefore eligible to complete 1-year follow-up surveys by May 31, 2020 (sent by mail and/or email). Of those eligible, 184 completed surveys for an overall response rate of 30%, which is about the same response rate that we achieved in 2018 and 2019 (32% for both years). Lack of response from the Flight Attendants who did not complete follow-up surveys was mostly due to an inability to establish contact with them or Flight Attendants not knowing if they received the survey via mail or email. Of the Flight Attendants who completed their follow-up surveys, 134 (73%) reported being in recovery and 128 reported being in recovery for longer than 30 days. Of those who reported being in recovery for longer than 30 days, 90 (70%) reported having returned to work as a Flight Attendant for the same or another airline at the time of the follow-up survey. Therefore, up to 90 Flight Attendants could be included in the matched-pairs analysis for this report which compared pre-test and post-test data for workplace outcomes. For comparative analysis, the FADAP Advisory Board determined it would be best to only review results from a Flight Attendant's most recent treatment episode.

Of the total population of 821 Flight Attendants with "unique cases" included in this report, 80.5% were referred to FADAP by their union and 14% self-referred to FADAP. During the past two years, we collected data on gender and age. Of the 821 total cases, 337 (41%) were male and 484 (59%) were female (same percentages as in 2019). The average age of Flight Attendants using FADAP services was 47 years (ranging from 22-79 years), which was the same average age as observed in 2019. Almost 12% reported having a drug or alcohol violation at the time of the referral to FADAP. This is higher than rates reported in 2019 and 2018 (3% and 8%,

respectively). Notably, more Flight Attendants (29.6% of the total sample) reported having a formal disciplinary action of any kind at the time of referral. Fourteen percent reported facing written discipline or corrective action at the time of referral; 9.6% were under investigation; 7.4% were facing termination; 3.5% were facing disciplinary suspension; and 2.7% were on last chance agreements. *(Note: Flight Attendants were allowed to provide more than one response to this question).* These reported disciplinary actions were almost exactly the same as what we observed in 2019.

Results

Treatment Program Data

Almost all (99.4%) of the Flight Attendants in this sample were referred to inpatient treatment and the average number of treatment episodes for Flight Attendants was 1.9; ranging from 1-16. The majority (78%) reported that this was their first or second time in treatment. Additionally, the majority (79%) of Flight Attendants for whom treatment data was provided ($n=546$) completed treatment according to the treatment provider. This represents an increase in completed treatment rates from last year's report, when treatment completion was reported for 73% of the Flight Attendants. Of the 147 Flight Attendants who did not complete treatment, we have reasons for not completing treatment for 60 of them, so we need to be careful interpreting this data as it represents only 40% of Flight Attendants who did not complete treatment. The majority ($n=43$; 72%) left against medical advice, 7 (12%) were transferred by the treatment program to another setting, 2 (3%) were noted as being discharged for non-compliance, and 8 (13%) reasons were listed as "other" and included

insurance related issues and three Flight Attendants had family reasons for leaving needed a higher level of care. There were no statistical differences for gender and treatment completion ($p<.05$).

Over 80% (same as 2019) of treatment providers reported Flight Attendants were treated for a primary mental health diagnosis, in addition to alcohol and/or other drugs in most cases. The specific categories in which treatment providers reported working with Flight Attendants were: alcohol and mental health (51%), followed by alcohol, drugs and mental health (20%), alcohol only (16%), drugs and mental health (6%), alcohol and drugs (2%), mental health only (3%), and drugs only (2%).

Over the past two years, we reviewed specific DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) diagnostic categories and found that 90% of the Flight Attendants were treated for drug and addiction disorders. Thirty-five percent of Flight Attendants were treated for anxiety and related disorders, 42% were treated for depressive disorders, 3% were treated for bipolar and related disorders, and 7% were treated for other mental health disorders or other disorders. This year, we recorded primary diagnoses of Trauma and Stress Related Disorders as defined by the DSM-V and observed that 11% of Flight Attendants were treated for trauma and stress as a primary diagnosis. Diagnoses did not statistically impact whether or not the Flight Attendant was in recovery at the time of the 12-month follow-up survey ($p<.05$).

While in treatment, 75% (increase from 56% in 2019) of treatment providers reported that Flight Attendants were offered social support programming, which is required to at least be offered to Flight Attendants as per FADAP policy. The primary reasons reported as to why

social support (family or friends) was not offered during treatment included Flight Attendants declining social support interventions or the family or friends were not available to participate.

FADAP requires all treatment providers to offer Medication-Assisted Treatment (MAT). During the past year, we worked to update the questions related to MAT, so the results reported in the 2020 report here represent only Flight Attendants who entered treatment after the launch of the new questions (February 28, 2020) and had completed treatment provider forms submitted by May 30, 2020 ($n=30$ Flight Attendants). Twenty-eight (93%) of treatment providers reported that Flight Attendants were offered MAT and that they were offered a specific type of MAT. Sixty-three percent (19 out of 30) of providers reported that MAT was written into the Flight Attendant's treatment plan. For those who did not have MAT written into their treatment plan, treatment providers reported that 10 of the Flight Attendants refused to use MAT. Finally, 24 Flight Attendants reportedly agreed to take medication to assist with treatment and recovery.

Treatment Engagement

Treatment engagement was measured using a 5-point scale ranging from (1= not at all engaged to 5= extremely engaged). From the treatment provider's perspective, Flight Attendants were rated an average, 4.0 ($SD=.95$) for engagement while in treatment. Flight Attendants rated themselves slightly higher (pre-test or at baseline) with average scores of 4.6 ($SD=.72$) for initial treatment engagement. When asked to rate their initial engagement at follow-up (12-month hindsight view), Flight Attendants rated themselves slightly lower ($M=4.1$, $SD=1.1$). Flight Attendants also rated themselves slightly lower for current treatment

engagement one year post-treatment with an average score of 3.9 ($SD=1.2$). Overall, engagement was sustained through treatment and the 12-month follow-up. Male Flight Attendants rated themselves significantly lower at baseline ($M=4.37$, $SD=.84$) compared to women at baseline ($M=4.50$, $SD=.74$), $p=.039$.

Post Treatment Survey Data

Last year, FADAP initiated a new post-treatment survey that is mailed to Flight Attendants approximately 3-4 weeks after discharge from treatment. The focus of this new survey is to collect intermediary outcome data post-treatment, prior to the one-year follow-up. Additionally, the satisfaction questions used on this survey are modified from the other forms to focus on satisfaction with the treatment center as compared to satisfaction with the FADAP Peer Program. Since launching the survey, 33 Flight Attendants submitted completed surveys. Results showed that at the time of the survey, 13 Flight Attendants reported they were employed as a Flight Attendant and had returned to work; 12 reported they were employed but had not yet returned to work; with the same or different airline 2 reported they were employed but their return to work date had not yet been determined; and 4 reported they were employed but still on medical leave (two Flight Attendants did not answer the question). On this survey, we asked five (5) questions related to satisfaction with the treatment center. The first asked if the Flight Attendant would recommend the treatment center to another Flight Attendant and 31 (94%) reported they agreed or strongly agreed. The second question asked if the Flight Attendant would use the treatment center again and 30 (91%) reported they agreed or strongly agreed. The third question asked if the Flight Attendant was satisfied with the

treatment center and 31 (94%) agreed or strongly agreed. The fourth question asked if the treatment center helped and 33 (100%) agreed or strongly agreed. The last question asked if the treatment center helped to improve their overall well-being and 31 (94%) agreed or strongly agreed.

Satisfaction with FADAP

In the past, satisfaction with FADAP services has been above average. This year we revised the satisfaction questions to ask the following:

- 1) I would recommend the peer assistance program to another Flight Attendant.
- 2) If I needed help in the future, I would use the Flight Attendant peer assistance program again.
- 3) I am satisfied with the Flight Attendant peer assistance program.
- 4) Having access to a Flight Attendant peer assistance program made it possible for me to ask for help for my substance use problem.
- 5) Without the Flight Attendant peer assistance program, I would not have made it into treatment.

These questions are asked at baseline and at the 1-year follow-up. At the time of this report, only a few Flight Attendants had completed the revised one-year survey, and none had pre-test and post-test data that we could compare. Results from the new satisfaction questions will be reported starting with the 2021 FADAP report.

Work Engagement

Work engagement was measured using a single-item indicator on the survey that asked Flight Attendants if they “are often eager to get to the work site to start the day”. We had 66 matched pairs from pre-test to follow-up to compare in this analysis for work engagement. Response options range from 1 (strongly disagree) to 5 (strongly agree) and the average score for Flight Attendants in this sample was 3.85 ($SD=.93$) initially and 4.15 ($SD=.83$) at follow-up. This slight increase in work engagement (7% improvement) and was statistically significant ($p=.034$). When compared to national EAP norms reported for the Workplace Outcomes Suite (WOS) by Chestnut Global Partners (2016), Flight Attendants reported higher than average pre- and post-test scores on engagement. However, the 7% improvement is almost exactly the same improvement reported in national data from the WOS database⁵.

Presenteeism

Presenteeism, or one’s focus on non-work tasks while at work, was measured using the Workplace Outcomes Suite standardized measure with response options ranging from 1 (strongly disagree) to 5 (strongly agree) and total scores ranging from 5-25. For this analysis, we had 68 completed pairs to analyze. Flight Attendants reported average presenteeism scores of 10.1 ($SD=4.6$) initially and lower scores 7.5 ($SD=4.6$) at follow-up. Lower scores are more desirable for this scale. The decrease in presenteeism reported here was statistically significant decrease of almost 26% ($p=.020$) and when compared to national EAP norms reported by

⁵ <http://chestnutglobalpartners.org/Portals/cgp/Publications/WOS-Annual-Report-2016-06-06.pdf>

Chestnut Global Partners (2016), Flight Attendants reported lower than average levels of presenteeism, both before and after treatment.

Additional Workplace Outcomes

As described above, the surveys measured many constructs related to workplace outcomes. Results from the time of the initial survey to the time of the follow-up survey are reported here for a range of 68 to 84 completed pairs of pre-test and follow-up data representing Flight Attendants who completed follow-up surveys, had returned to work as Flight Attendants, and reported being in recovery for more than 30 days at the time of the follow-up survey. We used the paired-samples t-test and to compare differences in mean scores at baseline and follow-up; alpha was set to $p=.05$ for statistical significance.

Significant improvement in scores from pre-test to post-test were reported for Flight Attendants with regard to attendance (personal view, not company perspective), on-duty performance, co-worker rapport, attention to safety duties, professionalism, compliance with company policy, compliance with FAA regulations, and overall work performance (personal perspective). Additional outcomes that significantly improved from pre-test to post-test included not showing up for a trip because of alcohol or drug use, use of another person's medication while performing flight duties, showing up for a flight hung-over, and drinking past cut-off time.

At follow-up, Flight Attendants were asked to look back to their behavior prior to entering treatment or hindsight, and re-rate their initial scores for various workplace outcomes now that they had significant recovery time behind them. As we did in the last four annual

reports, the Flight Attendants continued to rate their work and safety behavior significantly better at pre-test than when asked to reflect on their pre-treatment behavior after having one year of recovery from AOD and having returned to work. We compared the hindsight values to post-treatment or follow-up scores and found additional significant improvements in: customer service, management rapport, overall work performance (company perspective), bidding flying schedule to have access to alcohol, drugs or other unauthorized medication, disregard for safety procedures, possible injury to others.

Lost Work Time

For computing and comparing lost work hours and cost, presented in this section, we were able to calculate differences for up to 64 Flight Attendants who had paired data and met the inclusion requirements for this analysis that they had returned to work as a Flight Attendant at the same or a different airline after 12 months post treatment and completed their follow-up survey. On the initial survey, which is completed by the Flight Attendant approximately three weeks into their treatment, these Flight Attendants reported their lost work time due to AOD was on average 9.2 ($SD=16.2$) hours per month. The average cost to the workplace for this lost time, based on Flight Attendants' hourly wages, was \$375 per month. Lost work time for reasons other than AOD use averaged 11.2 hours per month at baseline, costing \$498 per month on average, per Flight Attendant. Together, Flight Attendants in this sample lost an average of 24 hours per month (average cost per Flight Attendant per month is \$793).

Lost work time due to AOD averaged 0.5 hours per month. Based on Flight Attendant's hourly wages, the average cost to the workplace for this lost time was \$19 per month. Lost

work time for reasons other than AOD use averaged 1.6 hours per month at baseline, costing \$258 per month per Flight Attendant. Together, Flight Attendants in this sample lost an average of 5.5 hours per month (average cost per Flight Attendant per month is \$221).

Using paired samples t-tests, hours lost for and costs were compared pre- and post-treatment. The reduction in hours lost and cost lost due to AOD and total costs were statistically significant ($p < .05$)⁶.

Conclusion and Next Steps

Data collected Flight Attendants who completed follow-up surveys at 12-months post treatment, and who reported being in recovery at the time of the follow-up survey, suggest positive findings. Specifically, a number of outcome measures in the areas of workplace behaviors, attention and adherence to safety, and work performance overall statistically improved, based on Flight Attendant self-report while in recovery from AOD. While we did not report FADAP satisfaction during this report as the questions were too new to look at comparisons, we did find that Flight Attendants were very satisfied with the treatment program services as reported on the newly launched post-treatment survey. In the future, we will look at satisfaction with both treatment programs and the FADAP peer assistance program.

The sample continues to grow, but we need to continue to be cautious while interpreting results from post-test data as the data does not include a majority of Flight Attendants who enter treatment.

⁶ These hours lost and costs do not take into consideration the costs of Flight Attendant benefits or replacement costs when absent from work; therefore, the estimates reported here are much lower than actual losses.

As we have seen in past years, the majority of treatment providers provide data to FADAP, which continues to support the positive connection that FADAP has and continues to work on with treatment providers and this communication and treatment integration into the FADAP program should be commended.

When asked at follow-up to rate again their initial workplace performance on various outcomes, Flight Attendants continued to be more likely, on some measures, to rate their behaviors poorer after having one year post-treatment to reflect and look back. This is a trend that we continue to observe with the Flight Attendants over the years that we have been measuring it and it continues to support the importance of assessing outcomes not only at pre- and post-test, but also asking about hindsight ratings.

Over the next 12 months, Dr. Frey will continue to work closely with the FADAP staff to ensure that the database is working properly. In the 2021 annual report, she will incorporate even more data from the new post-treatment survey that is currently being collected and will continue to evaluate results over time for gender and major diagnostic categories. She will consult with the FADAP team and Advisory Board as needed to continue to make improvements to the data collection and data management system, and reporting features.