

Building Resilience

Training Activities to Promote
Construction Worker Well-being

RESILIENCE TRAINING PARTICIPANT GUIDE



UPDATED: August 2025

Note: Please print only the activity pages you will be using and the resources page.

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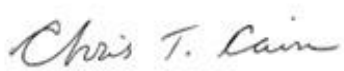
**“It’s time to get uncomfortable...” Kyle Zimmer, Health and Safety
Director and Labor Assistance Professional for
International Union of Operating Engineers Local 478**

Dear Construction Workers and Trainees:

Thank you for taking on the challenge of talking about substance use, mental health and suicide. Too many in our community are suffering and too many have died. The way out is not to sweep it under the rug, but, as Kyle Zimmer reminds us, to start the conversation. Many unions and employers have responded with building out Member Assistance Programs and Employee Assistance Program to ensure construction workers can get the help they need through Health and Welfare Benefit Funds. These are critically important programs, but we know we need to do more. We know we need to better understand what is affecting workers and what we can do to change workplace conditions and cultures to support physical and mental health. We know that we need to prevent these problems, just as we prevent falls and electrocutions.

The kind of change we need is a massive project, and training and education are a critical part of that. In 2020, the North America’s Building Trades Unions passed a conference resolution calling for many actions by member unions to prevent opioid overdoses and suicide. Worker training was central among these actions. However, the kind of change we need is not accomplished through large group training with Power Point graphs and figures, but by more personal and informal guided conversations and the actions they inspire. This is what we call “Building Resilience.” We define resilience as being able to both prevent bad things from happening where we can and, also, to bounce back with power when struggles occur. Getting help is more than consulting with a mental health professional, it’s talking with our brothers and sisters to gain a deeper understanding, to live to fight another day, to connect with a struggling brother or sister, and to take action to change the story. The aim of this workbook is to help our industry build a culture and capacity for this kind of help and resilience through transformative training experiences that make a difference for each trainee and our industry as a whole. We thank you again for assisting us with this goal.

Sincerely,



Chris Trahan Cain
Chair, North America’s Building Trades Unions, and
Executive Director, CPWR–The Center for Construction Research and Training

Activity 1: Understanding Member Assistance – Time to Get Uncomfortable (1 hour)

After watching [The Road Home](#) some, you will discuss the questions below

Discussion Questions

1. The video says: “It’s time to get uncomfortable and talk about what people don’t want to talk about....We have to remove the stigma about communicating about suicide, addiction, and behavioral health issues...Our lives depend on it.”
 - a) What is “stigma”?
 - b) How does stigma interfere with people getting help?
 - c) What are ways that these necessary but uncomfortable conversations could happen?
2. What do you think about the comments about why the statistics are bad:
 - a) “People are tired, sore, they’re hurt...and they’re just looking for a little relief...”
 - b) “Drugs are everywhere on job sites.”
3. What can you do to help someone get help?
 - a) What doesn’t work?
 - b) What can your union or employer do?
4. The video describes the goal of the IOEU to develop peer assistance programs in every Local.
 - a) What’s your understanding of what a Member/Employee Assistance Program or Peer Assistance Program does?
 - b) Do you have access to a Member Assistance Program or similar? Does your employer offer an Employee Assistance Program?
 - c) Why would you or would you not use it?
5. How can you support co-workers who are in recovery?
6. The IOEU’s program is built out – what could you do on a smaller scale? What other resources could you connect a crew member to?

Activity 2: NABTU Resolution #4: Discussing what's happening for the sector and what should be done (1 hour)

The resolution below was passed at the North American Building Trade Union's 2020 constitutional conference. It is an aspirational document that lays out the steps that its member organizations should take to reduce deaths due to opioids and suicide. Read and discuss its contents, both to learn what the terms and concepts are, and to discuss the value of the proposed actions and how they could happen.

Resolution No. 4: Support for Efforts to Reduce Pain, Opioid Use, Opioid Overdose and the Number of Deaths by Suicide in the Construction Industry

WHEREAS, in the United States, the combined number of deaths among Americans from suicide and unintentional overdose increased from 41,364 in 2000 to 110,749 in 2017. Among occupations, the construction industry has the second highest rate of both death by suicide and opioid overdoses; and

WHEREAS, among all workers, unintentional overdoses have increased 420% between 2011 and 2018 and have increased 930% for construction workers during the same time period; and

WHEREAS, the injury rate for construction workers is 77 percent higher than the national average for other occupations; and WHEREAS, injured construction workers are not likely to be offered modified duty, more likely to suffer pain and job loss and/or pressure to return to work quickly, and experience financial stress, all of which contribute to depression and increased opioid usage; and

WHEREAS, studies in Ohio and Massachusetts, both high union density states, found that construction workers had a disproportionate number of opioid overdose deaths; and

WHEREAS, chronic pain, depression, and opioid use are associated with increased risk of suicide and construction ranks as the industry with the second greatest number of suicides; and

WHEREAS, injured workers receiving workers' compensation have been more likely to receive opioid prescriptions for general pain and to recover from medical procedures than those with non-work-related injuries undergoing the same procedure; THEREFORE, BE IT RESOLVED, that North America's Building Trades Unions and all Building Trades Councils fully endorse combatting opioid-related deaths and deaths by suicide in the construction industry by taking these measures to prevent pain, educate the industry, and provide support to members:

- Promote programs and ergonomic equipment (designed for worker safety and efficiency) on job sites that reduce musculoskeletal disorders and traumatic injuries— work shouldn't hurt.
- Work to destigmatize substance use and mental health disorders through culturally and linguistically appropriate services, education and awareness, with members, leadership, and owners.
- Educate members about the problems and limitations of opioids for long term treatment of injuries and chronic pain resulting from construction work—and inform them about non-opioid alternatives to pain management treatment.
- Mandate all apprentice and/or trainee members to complete a training program designed to increase awareness of work-related injuries associated with opioid use.
- Design International and Local Taft-Hartley health funds to provide members with best in class benefits to promote behavioral health and substance use disorder benefits and alternative treatment for pain. For example, evaluate benefit designs to ensure compliance with the Mental Health Parity Act and promote

medication-assisted treatment (MAT), including opioid treatment programs (OTPs), that are combined with behavioral therapy and medications to treat substance use disorders. Consider covering services that are non-traditional but effective for pain management such as acupuncture, massage, and physical therapy. Ensure that pharmacy benefit managers are offering clinical management programs such as step-therapy, quantity level limits, and clinical prior-authorization to ensure that best practices are followed.

- Support Naloxone trainings for members.
- Develop peer educator programs to connect affected workers with substance use disorder treatment and mental health support.
- Publicize available behavioral health resources, inclusive of member/employee assistance programs, peer programs, and counseling and treatment resources, available through building trades unions and health and welfare funds.
- Support members at all steps in their path to recovery from substance use disorder or behavioral health issues. This includes pre-treatment, treatment and long-term recovery.
- Educate members and provide resources on suicide prevention and awareness.
- Encourage organizations to help develop and support workplace policies and programs that promote rehabilitation and return-to-work opportunities.

Discussion Questions:

1. Why do you think NABTU passed this resolution?
2. What parts of this need clarification – what is not clear?
3. Which of the actions listed make the most sense and which make the least sense and why?
4. Which are the most important and the least important and why?
5. Which will be the hardest to do and why?
6. What's missing from this list?

Activity 3: Motivational Interviewing – how to help someone make changes and get help (30-60 minutes)

Motivational interviewing is a strategy used both by mental health professionals and by regular people to help someone who is struggling with mental health or substance use. The goal is to motivate them to take action to get healthy. Most of us do a version of this with our family members, co-workers and friends. This activity will help improve those communication skills – and help you recognize that there are better and worse ways to motivate positive change.

1. There are “BEST PRACTICES” in helping people make changes to become healthy:

- Motivation is the key to change and can be increased (by anyone)
- Motivation is not usually increased by judgement or harshness
- Being unsure about making a change is normal and positive – you can work with it

2. The four steps in utilizing motivational interviewing:

- Engaging: establish an understanding and respectful relationship; listening; not rushing
- Focusing: set the agenda – why are we talking?
- Evoking: getting to a positive feeling about the benefits of change
- Planning: steps they want to take

3. While engaging in the dialogues, think about the following FRAMES – FRAMES stands for:

- Feedback about substance use and problems (facing the truth)
- Responsibility for change is theirs
- Advice about changing is clearly given in a nonjudgmental manner
- Menus of options/steps for change
- Empathy: warmth, respect, and understanding
- Self-efficacy (this means helping them be optimistic that they can change)

4. FIRST DIALOGUE

- Frank: Look at you. You are totally messed up. You're an idiot. You show up to work totally blitzed and think everything is going to ok. Your family is suffering, and you have no future if you keep going on like this. Those pills are going to kill you.
- Mike: No, it's cool. I have it under control. Don't worry about me. I'm fine.
- Frank: You're not fine. You need help.
- Mike: F* off. [Leaves]
- Does this Work? Why or Why Not?

5. SECOND DIALOGUE

- Frank: Hi. Are you feeling ok? You don't seem like yourself these days.
- Mike: Yeah, I'm fine.
- Frank: Ok. Well, I know life is tough sometimes. if you need anything or someone to talk to. I'm here.
- Mike: Thanks [leaves].
- Does this Work? Why, or why not?

6. THIRD DIALOGUE

- Frank: Hi. I saw that you went home early yesterday. Seemed like you were having trouble staying on your feet. What's going on?
- Mike: Nothing.
- Frank: I'm worried about you. It's your choice if you want to talk, but I'm letting you know that if you're having a hard time with drugs, I'm here to help. The union (or employer) has resources and will support you through this if you take the first step. [hands her the EAP card]
- Mike: I don't know....I don't know. I think I have it under control.
- Frank: Makes sense to not be sure. Well....what's one positive thing you could do while you're figuring it out?
- Mike: I guess I could find out why my insurance covers...
- Frank: That's pretty positive -- the union (or employer) can let you know, but I think the benefits are pretty good and there is a group that meets every week, and new people are always welcome no matter where they are at. Let me know how it goes. I'm rooting for you.
- Does this Work? Why, or why not?

7. OPTIONAL ACTIVITY: WRITE YOUR OWN DIALOGUE

Activity 4: Understanding Prevention (30-60 minutes)

This activity involves reading the following “parable” and discussing its meaning related to how we respond to the epidemic of mental health and substance use problems in the trades.

The Story

A man who was a plumber by trade was fishing in the river when he noticed someone struggling in the river. He jumped in even though he wasn’t a very good swimmer and was able to pull the person out and try to resuscitate them. Unfortunately, he couldn’t save him. The plumber felt bad and felt like something needed to be done, so he took a first aid class. And a good thing too, because the next week when he was fishing, he noticed another person in the river and was able to save them.

However, while he was resuscitating the drowning person, another person was struggling in the river. He yelled to another fisherman to try to rescue that person, but that fisherman said that he didn’t know how to swim and couldn’t help. The man rushed into the river, but it was too late. Then he decided to organize swimming classes for all the local trades and first aid training for all the people who fished on the river and who cared about the situation. They got a donation from a local contractor to pay the teacher. Unfortunately, while they were at the pool learning, and raising money for rescue supplies like lifesavers, several more people drowned. The man was exhausted and realized he would not be able to save all the drowning people. He decided to take a walk up the river to find out why all these people were falling into the river. And there he discovered a narrow slippery bridge without railings or nets and crowds of people rushing across....

Discussion Questions

1. What’s your reaction to this story?
2. What do you think should happen after the man makes the discovery?
3. What do you think should be changed in this story?
4. How does this story relate to construction workers and mental health and substance use?
 - a. For example: so many construction workers are “drowning,” e.g. experiencing mental health crises and drugs and suicide. More and more programs arise to train us in the rescue component. How can we “go upstream” and what should we do when we get there?
5. How can we prevent burnout and frustration when trying to help people?

Activity 5: Basic Suicide Prevention: Reach Out, Respond, Connect (30-45 minutes)

The purpose of this activity is to get comfortable talking about suicide and understanding the basics of a response. It includes some discussion followed by a participatory activity about suicide prevention.

Using the basic framework of the [Construction Industry Alliance for Suicide Prevention](#) and the CPWR Hazard Alert on Suicide Prevention, you will get to learn and engage with the concepts of Reach Out, Respond, and Connect.

Talking about suicide can be difficult and/or painful. This exercise may be overwhelming for some trainees, and it is ok if you are unable to participate. For others who are able and willing to talk about suicide, this can be the beginning of considering and practicing what they would do or say or how they would handle the situation if they thought someone was at risk of killing themselves. These conversations take courage to have, and they could save a life!

The Introduction

1. You will be using the [CPWR Hazard Alert: Suicide Prevention](#) on the next page for this activity.
2. Please follow along and participate in the discussion with your classmates and instructor.

The Activity (In-Person)

After reading the Hazard Alert and discussing some of the material, you will participate in an activity to reinforce the Reach Out, Respond, Connect framework that you just learned.

After the Activity – Discuss:

1. Did everyone get it right? Is there overlap between these concepts? Discuss what's the difference between Reaching out, Responding and Connecting
2. Why kind of questions and statements did they use to find each other?
3. How can this approach help prevent suicide among construction workers?
4. In what ways did this activity help them feel more comfortable with the idea of actually doing the "Reach Out, Respond, Connect" actions?

See page 18 for additional resources

HAZARD ALERT

CPWR
THE CENTER FOR CONSTRUCTION
RESEARCH AND TRAINING

Suicide Prevention IN CONSTRUCTION



The Data

Suicide can affect anyone. There were 45,979 deaths by suicide across the U.S. in 2020 – an average of 125 a day, or five every hour.¹

Construction workers, particularly males, are at an even higher risk for suicide than the average American worker, and this applies at every level – laborers, skilled trades, and management.

Based on a CDC report on suicide rates by industry and occupation, there were an estimated 5,200 suicide deaths in construction in 2016, compared to 1,000 deaths from job site incidents.² Men in the industry die from suicide at **twice the rate** of workers on average.³

There is no simple answer to why suicide is so common, particularly among construction workers. However, there are steps that workers and employers can take to recognize the warning signs and help prevent suicides.

Sources: 1) Centers for Disease Control and Prevention (CDC), Fatal Injury Data, Web-based Injury Statistics Query and Reporting System (WISQARS), Accessed July 14, 2022, <https://wiscars.cdc.gov/Data/Heading>; 2) Estimated using values from Suicide Rates by Industry and Occupation – National Violent Death Reporting System, 32 States, 2016; 3) NIMH (cdc.gov) applied to all states; 3) CDC article.

Recognize the Warning Signs

According to mental health professionals, the following are common warning signs that a person may be thinking about suicide¹:

Talking about wanting to die, guilt or shame, or being a burden to others.

Feeling:

- ▶ Empty, hopeless, or having no reason to live
- ▶ Extremely sad, anxious, agitated, or angry
- ▶ Unbearable emotional or physical pain

Behavior:

- ▶ Planning or researching ways to die; buying a gun
- ▶ Withdrawing from friends, family, or activities, saying goodbye, giving away possessions, or making a will
- ▶ Agitation or rage – increased conflict among co-workers²
- ▶ Extreme mood swings
- ▶ Changes in personality or neglecting their appearance
- ▶ Taking dangerous risks, such as increased alcohol or drug use or driving recklessly
- ▶ Eating or sleeping more or less
- ▶ Increased tardiness and absenteeism from work²

Sources: 1) National Institute of Mental Health, Warning Signs of Suicide, <https://bit.ly/2G07G2g>; 2) Construction Financial Management Association, Face Suicide Warning Signs Before It's Too Late, <https://bit.ly/34d9d1d>

The National Suicide Prevention Lifeline is now 988 Suicide and Crisis Lifeline.



988 is the new three-digit number that users can call or text to reach the National Suicide Prevention Lifeline. The 800 number will continue to work for phone calls.

Find out more about construction hazards.
To receive copies of this Hazard Alert and cards on other topics

call 301-578-8500 or visit
cpwr.com/hazardalerts



8484 Georgia Avenue
Suite 1000
Silver Spring, MD 20910
301-578-8500
www.cpwr.com

Help Prevent Suicide...

1 Reach Out

If you notice the warning signs of suicide in someone you know, **talk to them – start a conversation.** Ask them about a specific warning sign you've noticed. For example, *"I've noticed lately that you are sitting alone at lunch and avoiding all of us while we're at work, and I am concerned."* You may feel uncomfortable, but the best way to find out if someone is having suicidal thoughts is to **ask them directly**, *"Are you thinking about suicide?"* Asking this will not put the idea into their head or make it more likely that they will attempt suicide.

If the answer is "Yes," do not leave them alone and call for help.

Source: California Mental Health Services Authority (CalMHSA), Know the Signs, <https://www.suicideprevention.ca>

2 Respond

When talking to someone who may be thinking about suicide, **take what they say seriously.** Listen without judgement, and express concern and support. **Be direct.** Talk openly and matter-of-factly about suicide. Do not ask questions encouraging them to deny their feelings, such as: *"You're not thinking about suicide, are you?"* **Reassure them that help is available.**

DO NOT:

- ✗ Tell the person to do it
- ✗ Debate the value of living or argue that suicide is right or wrong.
- ✗ Minimize their problems by saying things like *"You'll get over it," "Toughen up,"* or *"You're fine."*
- ✗ Promise to keep their thoughts about suicide a secret.

Source: National Suicide Prevention Lifeline, Help Someone Else, <https://bit.ly/2oagkP1>

3 Connect

Encourage the person to see a mental health professional:

- ▶ Call the National Suicide Prevention Lifeline for advice and referrals; or
- ▶ Help them locate a treatment facility or program.

Stay in touch with them after a crisis to see how they are doing.

Remind them:

▶ **YOU ARE NOT ALONE. THERE IS HOPE. SUICIDE IS NOT THE ANSWER.**

If someone is in immediate danger, call 911, take them to a nearby emergency room, call the **National Suicide Prevention Lifeline** at 988 or 1-800-273-8255, or reach out to the **Crisis Text Line** by texting "HOME" to 741741 to connect with a crisis counselor.

To Learn More About Preventing Suicides, Visit:

CPWR – Suicide Prevention Resources:
cpwr.com/suicide-prevention

Construction Industry Alliance for Suicide Prevention:
bit.ly/3ziurt8

American Foundation for Suicide Prevention:
afsp.org/

If You or Someone You Know Needs Immediate Help, Contact:

The National Suicide Prevention Lifeline: Provides free and confidential support from trained counselors 24/7.

▶ Call or text 988

▶ Use the online Lifeline Chat at:
988lifeline.org/chat/

Crisis Text Line:

Text "HOME" to 741741 for free, 24/7 confidential support.

Activity 6: Health is Like a House (30-60 Minutes)

This is an activity to help you think about what helps us be healthy and focus a small bit of time thinking about physical and mental health. Think about a house that has been lived in for a long time. Consider the parts of the house: the foundation, the systems, the relationship between the outside and the inside, the structures or trees around the house, the materials that were used to make the house or rehab it, the maintenance and housekeeping, the problems that can happen, and the good feelings too.

Now you will break into pairs (or work together) to describe how all the things just mentioned are a metaphor for taking care of our physical and mental health. If we substitute “health” for house, how does the house metaphor help us understand taking care of our health?

- Example: What is the “foundation” of our health?
 - Is it sleep? Taking care of family? Regular healthcare checkups?
- Please discuss the prompts that your instructor gives you about the house metaphor:
 - The foundation:
 - The systems (plumbing, electrical, heating, ventilation)
 - The relationship between the outside and the inside
 - What’s around the house (the structures or trees)
 - The materials that were used to make the house or rehab it
 - What we put in the house
 - The maintenance and housekeeping
 - The problems that can happen and the good feelings
 - Getting help from friends and family and sometimes professionals
- Further discussion: what makes it hard to take care of the house/health?

Activity 7: Mandatory Drug and Alcohol Testing Debate (30-45 minutes)

Read the following either as a class, or in your groups:

In 2017, after a wave of accidents, ABC, a contractors' association in New York State, petitioned the New York City Council to pass a requirement that all construction workers undergo mandatory drug and alcohol testing before being allowed to work on a NYC construction project. Their press release stated that "around one-third of all incidents on construction sites nationwide are related to drug or alcohol use," and noted that other city agencies, such as sanitation, require drug testing. They also said that companies with a robust substance use disorder program had a total recordable incident rate 36% lower than companies without a substance use disorder program. Their spokesperson concluded by saying: "This is not about blaming or targeting workers – this is about keeping all workers safer by doing everything we can to ensure that no one is under the influence on a dangerous construction site. If your friend or family were a construction worker, wouldn't you want their worksite to be free of drugs and alcohol?"

However, the president of the Building and Construction Trades Council said in a statement that this demand for drug and alcohol testing is "nothing more than a diversionary attempt to scapegoat workers, shift the blame to victims, and cover up for their own poor safety record which puts profits over worker safety." OSHA has said that drug and alcohol testing is a violation of privacy, is used as retaliation against workers who voice safety concerns and discourages the reporting of hazards and injuries.

The City Council did not pass this requirement, but it did mandate two hours of drug and alcohol awareness training for all workers – union and non-union – on NYC construction worksites to improve site safety.

Discussion Questions:

1. ABC claimed that 1/3 of "incidents" are related to drug and alcohol use. What role do you think drug and alcohol use plays in accidents?
2. In what ways could pre-job mandatory alcohol and drug testing reduce construction accidents?
3. The president of the Building Trades Council said that this was an effort to scapegoat workers and cover up contractors' poor safety records. What do you think he meant by that?

4. How would you balance privacy concerns with protecting construction workers from co-workers who are impaired and potentially “un-safe”?
5. What are the impacts of policies of post-accident drug testing?
6. In the end testing was not required, but training was. In what ways can drug and alcohol awareness training improve site safety? In what ways does training fall short?

Activity 8: A Suicide on Site – Getting the story right (1 hour)

After a suicide on a construction site, a reporter reaches out to get more information so that they can write an in-depth story. The reporter wants to describe many perspectives on what went wrong and what could be done to prevent construction worker suicides in the future. The reporter asks the following questions and wants to know what you think.

1. Why do you think construction workers have a higher risk of suicide?
2. What were some factors that contributed to construction worker suicides?
3. Two other articles (noted below) give these reasons:
 - a. Being away from family
 - b. Drinking and drugs in off time
 - c. “Too tough to talk”
 - d. Bullying
 - e. Long hours
 - f. Bad conditions
 - g. Chronic pains
 - h. Time pressures
 - i. More gun owners
 - j. Working alone (e.g. crane operator)
 - k. Debts
 - l. Stigma about getting help
 - m. Job insecurity
 - i. Which ones are most important?
 - ii. What did they miss?
4. Many people discuss stigma about seeking help as a reason that people who are struggling lose hope. How does shame and stigma about mental health and substance use prevent people from getting help?
5. In what ways does an easier access to “lethal means” play a role?
6. What do you think needs to change to reduce suicides among construction workers?

7. What are some things about construction work that are positives that help to balance the negatives?
8. What can co-workers do to help prevent suicides?
 - a. What can unions do? What can contractors do? What can project owners do?
9. What should the message of the article be in one sentence?

Activity 9: Lunch Conversation – What’s healthy here? (30+ Minutes)

It’s lunchtime. The “roach coach” pulls up and there’s quite a line to get lunch. With a little time to talk and an audience, Ralph starts his “health” rap. He always has something to say to his co-workers about how to improve their health.

1. What do you think are Ralph’s top 3 pieces of advice about how to improve your health?
2. Which recommendations make the most sense and why?
3. Which ones are the most annoying and why?
4. What about working as a construction worker makes it difficult to just take Ralph’s advice?
5. What does Ralph order at the truck?
6. Ralph notices that Steve is napping in his truck instead of eating lunch and he calls him a fool. What do you think?
7. If you could change one thing about the life of a construction worker to make things better for their health, what would it be?
8. Next Ralph starts talking about mental health – what do you think he recommends?

Resource QR Codes

Activity One: The Road Home



Activity 5: Construction Industry Alliance for Suicide Prevention



Activity 5: CPWR Suicide Prevention Hazard Alert -- English



Activity 5: CPWR Suicide Prevention Hazard Alert -- Spanish



Activity 5: CPWR Resources to Prevent Suicide Deaths



Activity 5: OSHA Resources to Prevent Suicide Deaths

