

# Building Resilience

Training Activities to Promote  
Construction Worker Well-being

## RESILIENCE TRAINING WORKBOOK



UPDATED: August 2025

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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 Industry Trainer:

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

## Notes on Using this Workbook

The exercises in this workbook can be worked online or in person, with many groups at once, or one small one. They are not designed for a large group lecture format. Whether on-line or in person, you need to be able to allow for discussion by 8-10 people with at least one facilitator and one notetaker. It will be up to you how those notes are used. You can schedule a “report back” if you have time and more than one group. While the group discussions should be confidential, you can use “de-personalized” notes to help support your member assistance programs, employee assistance programs and Benefits programs. They can inform agendas for health and safety teams, and development of priorities.

There are nine activities in this workbook that facilitate discussion of work and physical and mental health and suicide awareness and prevention. Each activity is described briefly here with approximate times to complete them. You can do one or more than one in a session or have different groups do different activities. We have indicated below which exercises might work best for first year apprentices versus later years or journeymen.

The “teaching” that you will be doing is Facilitating. You probably have experience doing this and know that facilitation is an art. Here’s a reminder of the facilitator’s role: introduce the activity, make sure good conversations are happening, monitor for problems, assign notetaking, and, if there is time, to bring the groups back to talk about their conversation.

Facilitating a topic that some people have deep personal connection to – and possibly anger about – can be challenging. Here are some facilitation tips<sup>1</sup>:

- Remind everyone that emotions may be part of this discussion. People may get angry. People may not understand. Remind the group to be kind to each other and aware how they may be impacting others with how they express themselves. You may need to interrupt if the temperature gets too hot. While having feelings is an important part of this experience, loud voices can shut down the conversation and prevent others from participating. Striking the balance will be the facilitation challenge.
- Best practice in discussions is to make sure that participants get to talk without being interrupted – UNLESS – they are monopolizing the conversation and then you may have to interrupt to suggest they pause while others get a chance to talk.
- Identify individuals ahead of time who you can count on contributing to the conversation and ask them to. If they have personal experience with the issue and are willing to discuss it, so much the better.
- Keep a “stack.” What that means is that instead of everyone interrupting each other to get a word in, let them know that they can raise their hand to get a place in the list to talk. Keep a list of those who want to talk and, by all means, put yourself in the stack. You may need to interrupt, or take “facilitator’s privilege,” but it’s not a good look to respond to what everyone says or just say what you want when you want.
- If you have the opposite problem – not enough happening -- choose ways of engaging the group: Round-Robin (everyone takes a turn); Pair and Share; Calling on People, etc. Balance the talkers with those who might need encouragement.
- It helps to move conversation along and prevent repetition if you have the note taker take notes in a way that everyone can see them. They can also share what has been said every once in a while. This is an excellent use of poster paper on an easel, or an online “chat” or the [Whiteboard Feature](#) on Zoom.

<sup>1</sup>There are many sources of advice about facilitation available. Here’s one series of [short videos](#) about facilitation that comes out of a health and safety training context.

## Introduce the Training with the Building Resilience Slides (5 minutes)

Begin the training with the brief slide presentation: “Building Resilience” that accompanies this workbook. Familiarize yourself with the contents of these slides. They describe the goals of the training, definitions of resilience and of “help”, and awareness of the sensitive content and request for confidentiality of the discussions. If you have resources available for your members, such as a Member Assistance Program (MAP) or an Employee Assistance Program (EAP), this is a good time to provide that number or way to connect. You can also look up local or state resources and you can look to [CPWR’s mental health and addiction resources page](#).

If leadership and/or coworkers who have personal experience with overcoming substance use or mental and physical health challenges are willing to say a few words at the beginning of the session, it can help to communicate a positive message about the culture of health and lack of stigma. Unless you are, in fact, a qualified mental health counselor or assistance professional, be clear that you are a trainer and your role is to facilitate conversation about these difficult topics and to help direct participants to helpful resources. While it would be good if you can express that you care, do not feel that you need to solve any participant’s problems! Tell them that you are a trainer and here is the number they can call – have that number handy!

Before the activities, you may wish to conduct an “icebreaker” exercise. Icebreaker exercises can be done either in pairs, or by going around the room. Some of these take almost no time. Here’s some sample icebreakers:

- Who is someone that they admire and why
- What’s one thing about themselves that is hard to guess. Alternatively, have them write this down on a piece of paper, hand them in and let everyone guess who it is
- What’s the best compliment they ever got
- What’s their favorite place to spend time
- What’s something good that happened this week
- Mustard or mayo. Cat or dog. Lake or ocean. Summer or winter, etc.

After the activity, if you have time, you may want to create a moment in silence for participants to reflect on what happened and what was said.

Some of the activities here may be very emotionally difficult for some trainees and they may need to step out of the training. Ask them to give you a thumbs up on their way out, send a message in the chat, or just hang back if they need to. Make sure to check in with them later.

## Activity 1: Understanding Member Assistance – Time to Get Uncomfortable (1 hour – 10-minute video followed by discussion. Good for all, including “first years”.)

Explain that we will be watching a 10-minute video called the [Road Home](#) produced by the International Union Operating Engineers<sup>2</sup> and discussing it with some questions. You can choose which questions to focus on – or ask your own. The Participant Worksheet also includes these questions. You can decide to go “around the room” and get everyone’s thoughts first, or you can start in with the questions, either asking for “volunteers” or calling on trainees to give their thoughts.

### 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) Does your union have an MAP? Does your employer?
  - 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 members to?

<sup>2</sup>Feel free to substitute another video – perhaps one made by your company or organization – for this video. You may have to adapt the questions, however.

**Activity 2: NABTU Resolution #4: Discussing what's happening for the sector and what should be done (1 hour – 5-10 minutes to read, followed by discussion. Good for everyone including “first years”.)**

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. This activity involves reading and discussing 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.

Familiarize yourself with the resolution ahead of time and make sure that you are clear on it. You can choose to have the trainees read it to themselves or to take turns in the group (by volunteer) read it section by section. If you decide to “go around the room,” allow someone to pass. After it has been read, start in on the discussion questions.

**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 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 informing 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. Better for advanced apprentices or journey level or recovery meeting participants.)**

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 trainees recognize that there are better and worse ways to motivate positive change.

For this activity, the trainer will explain the bullet points and then “perform” the dialogue below with another trainer or ask for a volunteer. Many people hate the idea of doing a “roleplay.” But others like to – it’s a good idea to have another instructor work with you on this in case you can’t get a volunteer. You may also find that you can get more participation by breaking the group into pairs to work on this.

You can discuss the questions after each dialogue, or you can have a general discussion about the trainees’ experiences, including successes and failures, in motivating others to get help. You may have to watch for extreme negativity and re-direct the conversation to those who feel that it makes a difference to try.

For more on this topic, you can consult the Substance Abuse and Mental Health Services Administration (SAMHSA)’s [Treatment Improvement Protocol 35: Motivation for Change in Substance Abuse Treatment.](#)

1. Introduce the activity as talking about “BEST PRACTICES” in helping people make changes to become healthy. Explain that experts say that:
  - 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. Explain that there are four steps in utilizing motivational interviewing (you may want to write these words where participants can see them):
  - 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. And (you may want to write these words where participants can see them) suggest that they think about the 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's 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 (remember: Feedback, Responsibility is theirs, Advice, Menus of options, Empathy and Self-efficacy/hope) (Share if there is time and discuss how well they might work.)

## Activity 4: Understanding Prevention (30-60 minutes. Good for all, including first years.)

This activity involves reading a “parable” and discussing its meaning related to how we respond to the epidemic of mental health and substance use problems in the trades. You can read the story yourself or ask the students to read it to themselves or to take turns. Not everyone is comfortable reading aloud, however!

### 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 swim 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 of 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, Good for all including first years – but make sure to allow trainees to choose to participate)

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. However, the participatory activity can't reasonably be completed online – so if you are doing a virtual training, stick with the first part of the activity which is discussion based.

Using the basic framework of the [Construction Industry Alliance for Suicide Prevention](#) and the CPWR Hazard Alert on Suicide Prevention, participants will get to learn and engage with the concepts of Reach Out, Respond, and Connect. To prepare for the in-person activity you need to have copies of the CPWR Hazard Alert on Suicide Prevention and small pieces of paper on which you write one word or phrase – either “Reach Out” or “Respond” or “Connect.”

Talking about suicide can be difficult and/or painful. This exercise may be overwhelming for some trainees and you should invite them to not 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. Hand out copies of the [CPWR Hazard Alert: Suicide Prevention](#). [Click here](#) for copies in Spanish. Let them know that you will be discussing it and then participating in an activity based on it.
2. Note that the data show that the rates of suicide are increasing in the US and that construction has one of the highest suicide rates compared to other industries and the general population.
3. Ask: How many of you have been impacted by a death by suicide? (Don't discuss this further at this point, just allow every- one to see that many people know someone who has died by suicide).
4. Note that we can help prevent suicide by learning about it and talking about it and being prepared to Reach Out, Respond and Connect which is what is described in the Handout. While this may be uncomfortable, it's better than being regretful that we didn't.
5. Note that we don't have to be mental health professionals and we don't need to be able to solve someone's problems – we just need to Reach Out, Respond, and Connect.
6. Ask: What are some things that might cause someone to have suicidal thoughts?
  - a. Responses could include: money problems, conflict with spouse or other family, drugs and alcohol, loneliness, medical problems/injuries, mental health problems including depression and PTSD
7. Ask: What are some factors that might contribute to someone going from thinking about suicide to acting on those thoughts?
  - a. Responses could include: access to a gun, being drunk, being alone.
  - b. Note that asking someone if they are thinking about suicide WILL NOT ENCOURAGE THEM TO ACT ON THOSE THOUGHTS. Most likely, they will be relieved to have someone to talk to. This topic is so stigmatized that people often feel alone and don't think they can talk to anyone or

ask for help.

8. Ask: What does it mean to “Respond” to someone about suicide? (The handout should help here.)
  - a. Responses could include: It means to ask a direct question or express concern to someone who has said things or done things that cause you to believe that they are considering it.
9. Ask: What if they say yes?
  - i. Responses could include: Stay with them and try to get them connected with help.
10. Ask: What does it mean to “Reach Out” to someone about suicide?
  - a. Responses could include: It means to take seriously what they say, and express concern.
  - b. Ask: What should you not say?
    - i. Responses could include: Anything that dismisses them, disrespects them, or expresses that you don’t care, such as telling them to do it.
11. Ask: What does it mean to “Connect”?
  - a. Responses could include: Give them the number of the National Suicide Prevention Line 1-800-273-TALK (1-800- 273-8255), the Crisis Text Line, the local’s Member Assistance Program, or some other professional assistance. (Make sure to have any numbers or handouts on hand for local resources.)
  - b. Ask: Do you have to try to solve their problems?
    - i. Responses could include: No, just express that you care and you want them to get help.

### The Activity (In-Person)

After you introduce the topic with the above discussion, hand out slips of paper with either “Reach Out”, “Respond,” or “Connect” to each participant. Make sure that there is an approximately even distribution of the words. Tell the participants to not show their “roles” to anyone. Explain that the goal of the activity is to find the other people with their same role – without saying or asking what the role is but instead asking questions and make statements related to their role. They will walk around the room to do this. Give the following example: For instance, a person with the “Reach Out” role might ask “Are you having thoughts of suicide?” to which the person they are asking can just say yes or no. However, the person who was asked should recognize that the “asker” has the “Reach Out” role. If the person who was asked is also a “Reach Out,” they can stick with them, or they are a “Connect” or “Respond” role/person, they can move on to someone else and say, for example, “Here’s the number for the suicide prevention line.” They should not reveal their role.

Once participants think they have found the other people with their role, they can hang together, and three groups should form in the room. If there are more than three groups, they will have to find the other group that is the same as theirs. Once three groups have formed, they should wait together without revealing their role until everyone seems to be in one of the three groups. After everyone is “grouped,” one group at a time, ask everyone to say their role out loud at the same time. It might even be humorous. That’s ok.

Discuss:

1. Did everyone get it right? Is there an 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?

Additional Resources:

[CPWR's Resources](#) on Suicide Prevention and Mental Health

[OSHA's Resources](#) on Suicide Prevention in Construction



## Activity 6: Health is Like a House (30-60 Minutes, good for all, including first years)

This is an activity to help trainees think about what helps them be healthy and focus a small bit of time thinking about their physical and mental health. Ask the participants to think about a house that has been lived in a long time. Think about 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. Give them some time to picture this house and its parts in their minds.

Ask them to 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? Sleep? Taking care of family? Regular healthcare checkups?

Prompts:

- The Foundation
- The Systems (plumbing, electrical, heating, ventilation)
- The relationship between the outside and the inside: what’s around the house (structures or trees, etc.)
- 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

Here are some responses you might get:

- Both need maintenance
- Many interacting systems
- Problems that don’t get attention can harm the whole structure
- Comfortable and clean = good feelings
- Quality inputs make a difference
- Keeping up can be challenging
- Foundation supports it

You can also ask what makes it hard to take care of the house/health?

- Lack of money and time Big problems
- Lack of supportive family and friends
- Not knowing who to call for help
- Neighborhood challenges

## Activity 7: Mandatory Drug and Alcohol Testing Debate (30-45 minutes, good for all)

Introduce this activity by reading the following:

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 this demand for drug and alcohol testing "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, good for all)

After a suicide on a construction site, a reporter reaches out to write an in-depth story that shows the 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 think constructor workers have a higher risk of suicide?
2. What were some factors that contribute 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 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?

<https://nwlaborpress.org/2021/09/construction-industry-confronts-suicide-in-the-ranks/>

<https://www.theguardian.com/society/2019/aug/13/why-do-so-many-construction-workers-kill-themselves>

## Activity 9: Lunch Conversation – What’s healthy here? (30+ Minutes, good for all)

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?

