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## Alcoholics in Recovery: Factors Informing the Decision to Self-Disclose Alcoholism in the Workplace

Teresa Coyne Andreani  
*Cleveland State University*

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ALCOHOLICS IN RECOVERY: FACTORS INFORMING THE  
DECISION TO SELF-DISCLOSE ALCOHOLISM IN THE WORKPLACE

TERESA C. ANDREANI

Bachelor of Science in Business Management

Case Western Reserve University

May 1986

Submitted in partial fulfillment of requirements for the degree

MASTER OF ARTS IN PSYCHOLOGY

at the

CLEVELAND STATE UNIVERSITY

MAY 2013

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This thesis has been approved  
for the Department of PSYCHOLOGY  
and the College of Graduate Studies by

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Thesis Chairperson, *Steve Slane, Ph.D.*

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Department & Date

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*Leslie E. Fisher, Ph.D.*

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Department & Date

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*Victoria R. Winbush, Ph.D.*

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Department & Date

## Acknowledgements

With gratitude to my advisor Steve Slane, PhD, and committee members Leslie Fisher, PhD and Victoria Winbush, PhD for their guidance throughout this process, and to my DMP 15 classmates for their encouragement.

I am forever indebted to the many recovering alcoholic men and women who graciously participated in this research project.

My parents, the late Ed and Jo Coyne, instilled in our family a lifelong love of learning. To my siblings Mike, Cath, Peg, Trish, Mary Eileen and Carol, thank you for setting a great example for me and for always encouraging me to do my best.

I have been blessed with an amazing circle of friends whose wise counsel, prayers, and gentle prodding moved me along. Special thanks to Anita Fox, Anne Giffels, Bill Denihan, Cristean Cruz, Dick Clough, Drew Goddard, Marilyn Liggett, Mark Walter, Sandy Donahoe, Shawna Hofstetter, Stephanie Toole, Sue Schmidt, Susan Adams, and Wanda Woods.

To my husband Joel and our children Mike, Phil and Jay: your love and support, and especially your good humor, carried me to the finish. You're the best.

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ABSTRACT

While the impact of employee substance abuse on the workplace is well documented, research studies concerning the experience of recovered alcoholics in the workplace are scarce. Recovered alcoholics who must negotiate a sober identity in the workplace where alcohol may be part of the social culture may feel disconnected from coworkers or may experience anxiety trying to conceal their alcoholism. A survey of recovered alcoholic men and women was used to investigate whether or not recovered alcoholics disclose their alcoholism in the workplace, to whom the information is disclosed, the impact of making such a disclosure, and the factors that inform the decision whether or not to disclose their alcoholism.

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## CHAPTER I

### INTRODUCTION

#### Rationale for the Study

While the impact of substance abuse in the workplace has been widely researched, there is a gap in the literature concerning the workplace experience of recovered alcoholics. Gedro, Mercer and Iodice (2012) asserted that new information about the experience of recovered alcoholics could support new avenues of training for human resource managers. Instead of looking at the alcoholic employee as a problem to solve, what if the perspective was broadened to consider the recovered alcoholic as an asset to the workplace?

The purpose of this thesis is to better understand some aspects of the workplace experience of recovered alcoholics. First, the study includes a comprehensive literature review that will explore current research on stigma and concealment, workplace culture, Employee Assistance Programs (EAPs), Employee Resource Groups (ERGs), and Alcoholics Anonymous (AA) and Anonymity. Next, a survey will examine whether or

not recovered alcoholics disclose their alcoholism to people in the workplace, to whom the information is disclosed, the manner in which it is disclosed, the impact of making such a disclosure, and the factors that inform the decision to disclose or to conceal their alcoholism.

### Operational Definitions

This thesis uses terms that may mean different things to different people or that may be interpreted differently in other contexts. Definitions of some specific terms follow.

### Recovered/Recovering

Within the AA fellowship, members are known to debate whether a person is a recovered or recovering alcoholic. According to W., B. (2001), the alcoholic who works through the first ten of the twelve steps (Appendix A) is not cured of alcoholism but rather has “a daily reprieve contingent on the maintenance of our spiritual condition” and is, in essence, recovering (p. 85). Some profess that because it is only a daily reprieve from the disease, the alcoholic is perpetually recovering. However, one need only refer to the title page of *Alcoholics Anonymous* (W., B., 2001), popularly known as “The Big Book,” to begin to resolve the argument. Above the printing edition notice reads, “The story of how many thousands of men and women have recovered from alcoholism” (p. iii). One perspective holds that recovering refers to an alcoholic who has overcome the physical condition but has not yet recovered the spiritual condition.

Use of these terms can be an emotional trigger for some alcoholics and presented a challenge in the construction of the survey documents. One option would be to refer to study participants as “sober alcoholics,” but a person could be sober in a moment and not be committed to a program of recovery. Instead, the invitation to participate in the study, the consent form, and the survey instrument made repeated references to “sober (recovered/recovering) alcoholics” in order to solicit the broadest response and mitigate participants’ discomfort with the language. For the purpose of this thesis, the terms recovered alcoholic, recovering alcoholic and sober (recovered/recovering) alcoholic are used interchangeably.

## CHAPTER II

### LITERATURE REVIEW

#### Stigma & Concealment

It is well documented that alcoholics are a stigmatized group. Room (2005) cited a World Health Organization study indicating that “both ‘alcoholism’ and ‘drug addiction’ ranked near the top, in terms of degree of social disapproval or stigma reported by local key informants, in a list of 18 conditions ranked for 14 different countries” (p. 146-147). Mindful of this stigma, the alcoholics’ efforts to conceal their alcoholism further marginalize them. For the recovered alcoholic, negotiating a sober identity in a workplace where alcohol is part of the work or social culture leads to isolation as the alcoholic works to avoid social situations or workplace activities where alcohol is present.

Alcoholics are an invisible social identity and, according to Clair, Beatty and MacLean (2005), individuals with an invisible social identity face particular challenges in the workplace when compared to persons with visible social identities. In this case,

managing the social identity becomes central to alcoholics, and personal conflicts arise as they try to express themselves authentically while trying to conceal information that might expose the stigma.

Pachankis (2007) confirmed this, explaining that while any person with a stigma may be preoccupied by the stigma, persons with an invisible stigma are necessarily more vigilant when it comes to concealing evidence of the stigma. As a result, they experience significant stress as they maneuver to prevent the stigma from being discovered. Furthermore, concealing the invisible social identity prevents the alcoholic from connecting with other alcoholics in the workplace and, as a result, deprives the alcoholic of the mutual support benefits of connecting with similarly stigmatized individuals in the workplace.

Clair, Beatty and MacLean (2005) explained that this isolation heightens the anxiety alcoholics experience making it difficult for them to forge relationships with coworkers, a key to networking within an organization. As a result, alcoholics may isolate themselves and, as a consequence, have difficulty identifying a mentor, miss social opportunities where networking or business development takes place, jeopardize opportunities for career advancement, or risk job loss.

### Workplace Culture

Gedro, Mercer and Iodice (2012) maintained that human resource management training operates largely from a perspective that alcoholism is a problem to be managed, ignoring the experience of the recovered alcoholic. The literature concerning alcoholism in the workplace culture revealed an emphasis on the impact alcohol abuse has on

organizations. According to the U.S. Department of Health and Human Services (2000), an estimated \$134.2 billion dollars in lost productivity could be attributed to alcohol abuse in 1998, the most recent year for which figures were available. The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 1999) reported that both consuming alcohol at the worksite and excessive consumption outside of work contribute to alcohol-related employee performance issues. Furthermore, Segal (2012) and Seessel (1987) asserted that alcoholic employees expose organizations to legal liability risks. Understandably, organizations are eager to implement policies and programs that mitigate the negative impact alcohol abuse may have on the organization.

In a report for the NIAAA, Roman and Blum (2002) explained that the workplace is an appropriate venue for alcohol abuse prevention programs because employees spend an extensive amount of time at work. Furthermore, employers have leverage to motivate employees to seek treatment when job performance suffers as a result of alcohol abuse.

Appraising the workplace culture relative to alcohol use and the stigma associated with alcoholism is a first step that supports both active and recovered alcoholics. An assessment developed by Reynolds, Lehman and Bennett (2008) measured the stigma associated with alcohol abuse in the workplace and delivered results that provided a framework for targeting educational programs to temper the stigma.

A report by Safety Management (2000) suggests organizations use this questionnaire to evaluate their workplace drinking culture and to begin to shift the company norms:

- Do managers take co-workers out to drink?
- How are people who don't want to drink regarded?

- Is yours a “heavy drinking worksite” where it’s part of the culture that people drink at lunch, company parties, on the premises, or after work?
- Does the company frown on heavy drinking and is it worried about safety and productivity?

When management encourages the drinking culture, employees who choose not to participate and who choose to conceal their alcoholism may not be considered team players. As such, career advancement may stall or employment could be at risk. If nondrinking is stigmatized in the workplace, recovered alcoholics are more likely to conceal their alcoholism and, in turn, would not be available to offer support to coworkers with a drinking problem.

According to Fine, Akabas and Bellinger (1982), the most effective way to address alcohol in the workplace requires interventions at both the organizational and individual levels of system. Fine, Akabas and Bellinger (1982) suggested these evaluative questions:

- Under what conditions, and how, does this work site promote workers’ drinking?
- In which work units of the organization is such a culture likely to emerge?
- How do informal values of drinking (or covering up for) get expressed at work site?
- How do these values vary with expectations about alcohol intake?
- How do friendship (informal) networks reinforce these values/inclusion?

For an organization with a drinking culture, company leaders must be educated about the dangers of encouraging employee drinking and the organization’s norms must

be changed so that alcohol use is not encouraged. As the drinking culture is reduced, the stigma associated with nondrinking may also be reduced. Educating employees about the problems associated with alcohol use in the workplace and referring employees with alcohol problems to counseling is also recommended.

Hostetler and Sattar (2007) reported that workplaces which advance anything but a zero tolerance for alcohol abuse pose a challenge for recovered alcoholics in the workplace. Pollock (1996) suggested that workforce reductions and a workplace culture demanding high levels of performance from individual employees drives the demand to identify employees with substance abuse issues and to direct them to appropriate treatment.

Transforming a workplace from a drinking culture to a temperate culture has been demonstrated. Sonnenstuhl (1996) researched tunnel workers in New York City who, for generations, perpetuated a workplace culture where consumption on the job not only was tolerated but also encouraged through ritual drinking practices. Midway through a decades-long project, construction stalled and vast numbers of the workers faced unemployment, their job prospects further dampened by pervasive alcohol abuse within the workforce. When construction resumed, tunnel workers who had achieved and maintained sobriety through the support of AA wanted to change the drinking culture of their workplace. The sober tunnel workers met one-on-one with alcoholic coworkers to spread the message of AA. With the cooperation of their union, they adopted new workplace norms, eliminating alcohol and drinking rituals from the tunnels to establish a temperate workplace. Reynolds, Lehman and Bennett (2008) affirmed, “targeting workgroup stress and norms with training interventions and developing policies that

promote and encourage seeking counseling are favorable strategies for reducing the perception of the stigma of problem drinking and seeking help for alcohol-related problems” (p. 355).

### Employee Assistance Programs

Employee Assistance Programs (EAPs) are engaged by organizations to provide services that respond to the needs of individuals in the workforce while meeting specific organizational goals (Gleason, 2010). Two northeast Ohio-based EAPs, Ease at Work (2012) and Lifestyle EAP: Wellness at work (2013) offer similar services aimed at providing employees confidential mental health services, workplace interventions related to human resource issues, and wellness programs. In both cases, the goal is to retain employees, maximize productivity, and meet the contracting organization’s goals. Gleason (2010) reported that EAPs with the best practices develop strategies to meet each organization’s specific requirements and manage:

- critical incident stress
- workplace violence
- work/life balance
- legal/financial counseling
- workplace wellness and health

According to the NIAAA (1999), an important role of EAPs is “to identify and intervene in employees’ alcohol problems” (p. 1). Employees returning to the workplace following rehabilitation for a substance abuse issue could benefit from support as they transition back to work (Lowe, 2004). While research on the efficacy of EAPs is limited,

EAPs have been shown to provide organizations a good return on investment (Blum and Roman, 1995).

### Employee Resource Groups

Employee Resource Groups (ERGs) are company-sponsored employee affinity groups. Originally organized to support professional development and talent retention among employees representing ethnic and racial minority groups, ERGs evolved and, in addition to representing ethnic minority groups and women, represent such diverse employee populations as persons with disabilities, veterans, baby boomers, young professionals, and others. According to Fineman (2010), “Today's Employee Resource Groups are not the ERGs of a generation ago, but they are, in many ways, the grown up version: more mature, more inclusive and confident, and more valuable to the organization than before” (p. 80).

The most effective ERGs serve the individual professional development of the group's members, advance the organization's goals, and reach out to the community-at-large (Bye, 2002; Brotherton, 2011). Given the financial and human resource support allocated to ERGs, most organizations expect a business case to be made before an ERG is established. Vogel (2011) suggested that an ERG for persons with disabilities consider undertaking some of these activities:

- Review policies and business processes that affect people with disabilities.
- Identify marketing opportunities for products and services tailored to people with disabilities.

- Drive internal visibility of these employees from the standpoint of career development and progression.
- Collaborate with internal teams on accessibility issues, from technology to physical space and overall work environment.
- Raise awareness of workplace issues that affect people with disabilities.
- Assist in the on-boarding of new employees with disabilities.

In September 2011, Brown-Forman, a beverage alcohol company based in Louisville, KY, established an ERG for nondrinkers, believed to be the first ERG of its kind. According to Judy Spalding, co-chair of SPIRIT, the founding mission of the nondrinker ERG was “to promote the same level of understanding, commitment and creativity around supporting an individual’s decision not to drink as we do toward supporting those who drink responsibly.” While some members of the ERG disclosed that they were recovering alcoholics, Spalding was quick to dispel the notion that SPIRIT was designed specifically for alcoholics, reiterating that SPIRIT welcomed nondrinkers regardless of the reason for their abstinence. Corporate Counsel Matt Hamel, executive sponsor of SPIRIT, explained that the ERG benefitted the company when it created an opportunity for higher employee engagement around nondrinking and positioned the company as an innovator in this area. Furthermore, according to the U.S. Department of Health and Human Services (2000), one-third of the U.S. adult population self-identified as a nondrinker, meaning an organization sensitive to the needs of this population appeals to a broader labor pool. (Hamel and Spalding, 2012).

## Alcoholics Anonymous and Anonymity

According to the preamble read at meetings of AA (n.d.),

“Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees to AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy; neither endorses nor proposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety” (p. 2).

Members of AA subscribe to the disease model of alcoholism, defining it as “a physical compulsion, coupled with a mental obsession” (AA, 1984, p.9) that is incurable, progressive and fatal (A.A., 2012). The AA program advocates complete abstinence from alcohol, regular attendance at meetings, mutual support, and working through the twelve steps of recovery from alcoholism (Appendix A) with the help of a sponsoring member. The fellowship’s adopted norms for the group and organizational levels of system are set forth in the twelve traditions (Appendix B) (W., B., 1976).

According to AA (1981), anonymity serves two functions. On a personal level, and given the stigma associated with alcoholism, anonymity assures members that they will not be identified outside the meeting room. Anonymity in the media assures that members will not exploit their affiliation with AA for personal gain or recognition. AA does not discourage its members from disclosing their alcoholism but cautions against

disclosing the alcoholism of other members, allowing members to choose whether or when to self-disclose.

### Summary

Exploring current research on stigma and concealment, workplace culture, Employee Assistance Programs (EAPs), Employee Resource Groups (ERGs), and Alcoholics Anonymous (AA) and Anonymity, sheds light on the some aspects of the workplace experience of recovered alcoholics. Do recovered alcoholics conceal their invisible social identity or do they disclose their alcoholism in the workplace? Is stigma a factor in their decision to disclose or conceal their alcoholism from coworkers? What is the impact on the employee who discloses? A survey instrument was constructed to begin to answer these questions.

## CHAPTER III

### METHOD

#### Subject

In order to better understand some aspects of the workplace experience of recovered alcoholics, we need to examine whether or not recovered alcoholics disclose their alcoholism to people in the workplace, to whom the information is disclosed, the manner in which it is disclosed, the impact of making such a disclosure, and the factors that inform the decision to disclose or to conceal their alcoholism.

#### Survey

The survey (Appendix C) was constructed to collect data in three areas: disclosure or concealment, nature and impact of disclosure, and factors informing disclosure or concealment.

The *Outness Inventory for Sexual Orientation (OI)* (Mohr and Fassinger, 2000) was adapted to measure the extent to which sober (recovered/recovering) alcoholic men and women disclose their alcoholism to people in the workplace. The OI was designed to

measure the extent to which lesbian, gay, and bisexual (LGB) persons disclose their sexual orientation and invites participants to select a level of disclosure to various persons within the dimensions of family and friends, workplace, and faith community. Researchers have adapted this survey to measure college students' disclosure of invisible disabilities, including mental health problems or learning disabilities, and to measure outness among transgender persons. Like the LGB and transgender populations and persons with invisible disabilities, sober (recovered/recovering) alcoholic men and women belong to an invisible, stigmatized minority.

For purposes of this study, the dimension of disclosure was limited to the workplace, however the selection of roles within the workplace was expanded to include a direct report, work peer, supervisor, client or customer, and vendor. Each role was further expanded to include both persons who were known to the respondent to be sober and persons whose sobriety was unknown to the respondent. The OI rating scale adapted for this study offered seven levels of disclosure from "person definitely does not know about your alcoholism" to "person definitely knows about your alcoholism and it is openly talked about." Respondents who reported that a person definitely knew about their alcoholism were directed to a subset of questions concerning the nature of the disclosure, that is, whether or not the participant self-disclosed, and the impact the disclosure, that is, whether the disclosure had a positive impact, negative impact, or no impact on the respondent's work life. (See Appendix D). While this portion of the survey instrument was modeled after the OI, there is no psychometric information for the constructed scale.

The final area of the instrument concerned the factors that inform whether sober (recovered/recovering) alcoholics disclose or conceal their alcoholism in the workplace.

A list of possible factors related to disclosure or concealment was generated from literature published by AA and through conversations with people in the recovery community. Survey participants were invited to select multiple factors and were given the option to submit additional factors in an open response form.

Demographic information collected included gender, age, ethnic origin or race, years of sobriety, level of participation in AA, employment status, years employed at current or most recent employer, type of workplace and job title. The consent form (Appendix E) qualified respondents as sober (recovered/recovering) alcoholics.

### Procedure

The study utilized a convenience sample of sober (recovered/recovering) alcoholics and the snowball technique was employed to recruit participants. The researcher's personal contacts in the recovery community were among the initial email targets. Facebook announcements were posted to the general public and specific appeals for participants were posted on sobriety-related or recovery-related Facebook group pages. All announcements and email invitations included a statement describing the research and indicating that the study was looking at the experience of sober (recovered/recovering) alcoholics in the workplace. The Facebook announcements and email invitations encouraged recipients to share the post and forward the email to their contacts, specified that the survey was anonymous, and indicated that the survey could be completed in less than 15 minutes.

A link to SurveyMonkey, a web-based instrument, was included in all Facebook posts and email invitations. The SSL encryption feature of SurveyMonkey was enabled to

establish secure transmission. In order to assure anonymity, survey participants were not asked for identifying information. Respondent email addresses were not captured and IP addresses were masked from the survey author. Respondents were identified by an electronic stamp indicating the date and time the survey was initiated.

## CHAPTER IV

### RESULTS

#### Description of Survey Sample

A sample of 85 sober (recovered/recovering) alcoholics completed the online survey. The respondents were 51.8% female and 41% male (8% not reported), ranging in age from 25 to 76 years, with a mean of 49.46 years ( $SD = 11.25$ ). 88.2% of the sample were white, while 5.9% were multiracial, 1.2% were Asian/Pacific Islander, 1.2% were Hispanic or Latino, and 3.5% declined to answer. 72.9% were employed full-time, 14.1% were employed part-time, 8.2% were unemployed, and 4.7% were retired. The respondents worked for their most recent employer a mean of 10.2 years ( $SD = 10.56$ ), 27.1% in a professional but non-management role, 24.7% in a professional and technical role, 15.3% as owner, partner, director or executive, 10.6% as a laborer or tradesperson, 9.4% in an administrative support role, 7.1% as a manager or administrator, and 5.9% in a part-time or hourly position. Length of sobriety ranged from less than one year to 48 years, with a mean of 12.6 years ( $SD = 11.25$ ). 81.2% reported that they participated in AA. Among those who reported participation in AA, 40.6% attended meetings two to three times per week, 18.8% attended four to six times per week, 13% attended once per

week, 11.6% attended less than once per month, 7.2% attended once per month, 5.8% attended two to three times per month, and 1.4% attended daily.

A t-test was performed to compare differences in respondents' reported years of sobriety and whether or not they participate in AA. While, on average, individuals who reported participation in AA had longer lengths of sobriety ( $M = 13.7$ ,  $SD = 11.794$ ) than respondents who reported that they do not participate in AA ( $M = 10.13$ ,  $SD = 8.405$ ), the difference was not statistically significant,  $t(83) = -0.976$ ,  $p < .05$ .

### Scope of Disclosure

57.6% of the respondents narrowly disclosed their alcoholism to the workplace roles included in the survey, 29.4% disclosed to all of the workplace roles, and 12.9% did not disclose their alcoholism to any of the workplace roles. 64.2% disclosed to workplace people who were definitely sober with 91.8% self-disclosing, and 53.5% disclosed to people whose sobriety was unknown with 94.9% self-disclosing. Of the respondents who disclosed to all of the workplace roles, 68% reported participation in AA. (See Table 2).

*Table 1. Degree to which alcoholism is known or openly talked about in the workplace*

	Direct Report: sobriety unknown	Direct Report: sober	Peer: sobriety unknown	Peer: sober	Supervisor: sobriety unknown	Supervisor: sober	Client or customer: sobriety unknown	Client or customer: sober	Vendor: sobriety unknown	Vendor: sober
# in workplace	75	47	76	58	64	39	65	51	47	34
# disclosed to	47	31	50	51	42	21	26	31	10	13
Percent disclosure	62.7	66.0	65.8	87.9	65.6	53.8	40.0	60.8	21.3	38.2
# self-disclosed	46	30	47	47	41	19	24	29	8	10
% self-disclosure	97.9	96.8	94.0	92.2	97.6	90.5	92.3	93.5	80.0	76.9

A t-test was performed to compare length of sobriety with reported level of disclosure of alcoholism to people in the workplace. While, on average, respondents who reported full disclosure of their alcoholism to people in the workplace had a longer length of sobriety ( $M = 13.76, SD = 12.036$ ) than respondents who narrowly disclosed their alcoholism ( $M = 13.06, SD = 11.215$ ), the difference was not statistically significant,  $t(72) = -0.247, p < .05$ .

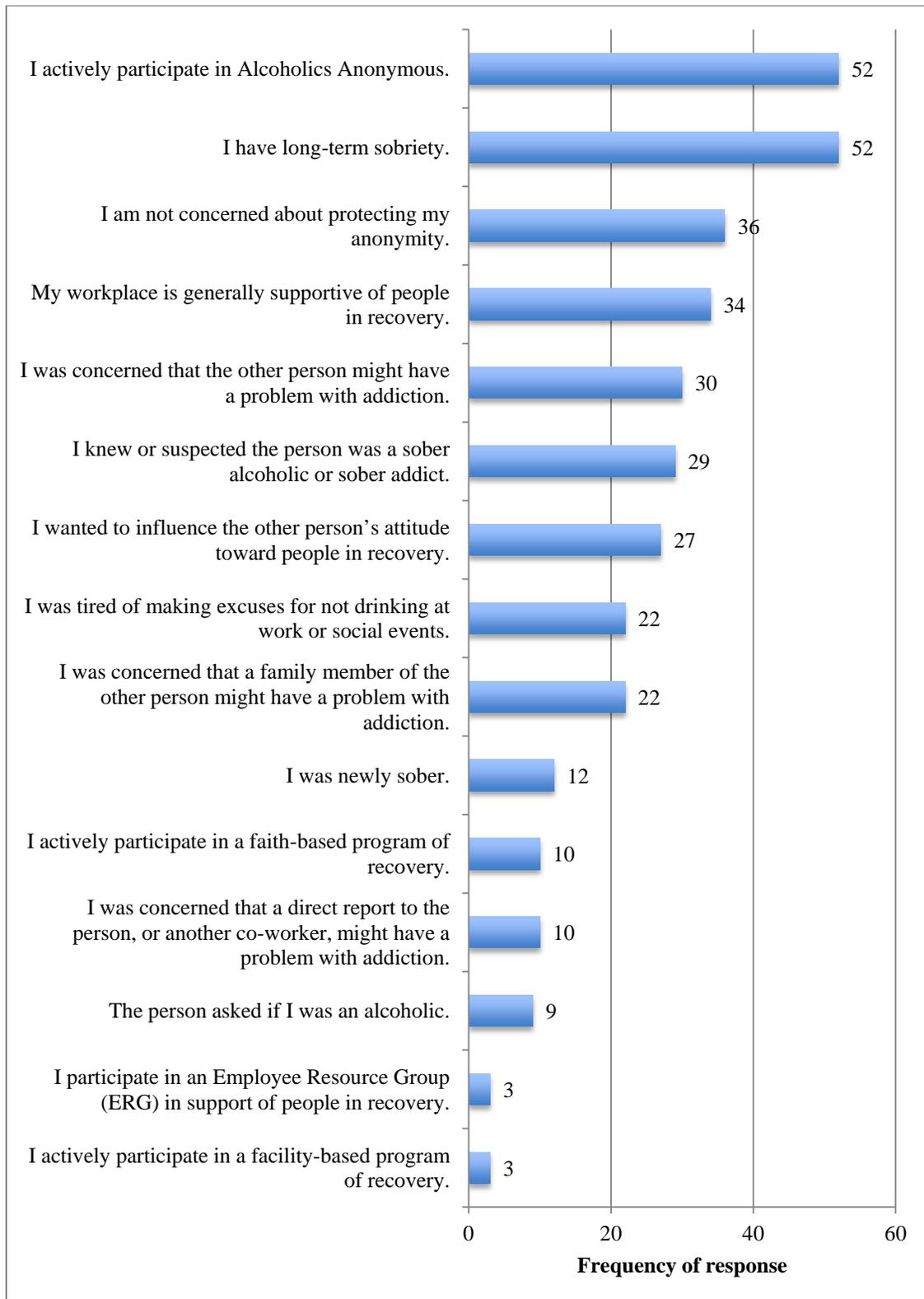
### Impact of Disclosure

Of 74 respondents who disclosed to at least one person in their workplace, 93.2% reported that the disclosure either had a positive impact or no impact on their work life while 6.8% reported that the disclosure to at least one person in the workplace had a negative impact. Of the five respondents who reported that disclosure to at least one person in the workplace had a negative impact on their work life, four reported that disclosure to at least one other person had a positive impact on their work life while one reported that disclosure to one other person had no impact.

### Factors Informing the Decision to Disclose

Survey participants were invited to choose all that applied from among 15 factors supporting disclosure and nine factors supporting concealment. Participants were also invited to enter a free response. The factors were ranked by the frequency of the response (see Figure I and Figure II).

Figure I. Factors supporting the decision to self-disclose alcoholism in the workplace



Respondents provided additional factors supporting the decision to self-disclose their alcoholism to people in the workplace. Some themes and the corresponding responses follow:

#### Work in Addiction or Recovery

- I work in an addiction recovery treatment program.
- I work in the recovery field.

#### Desire to Help Other Addicts/Alcoholics

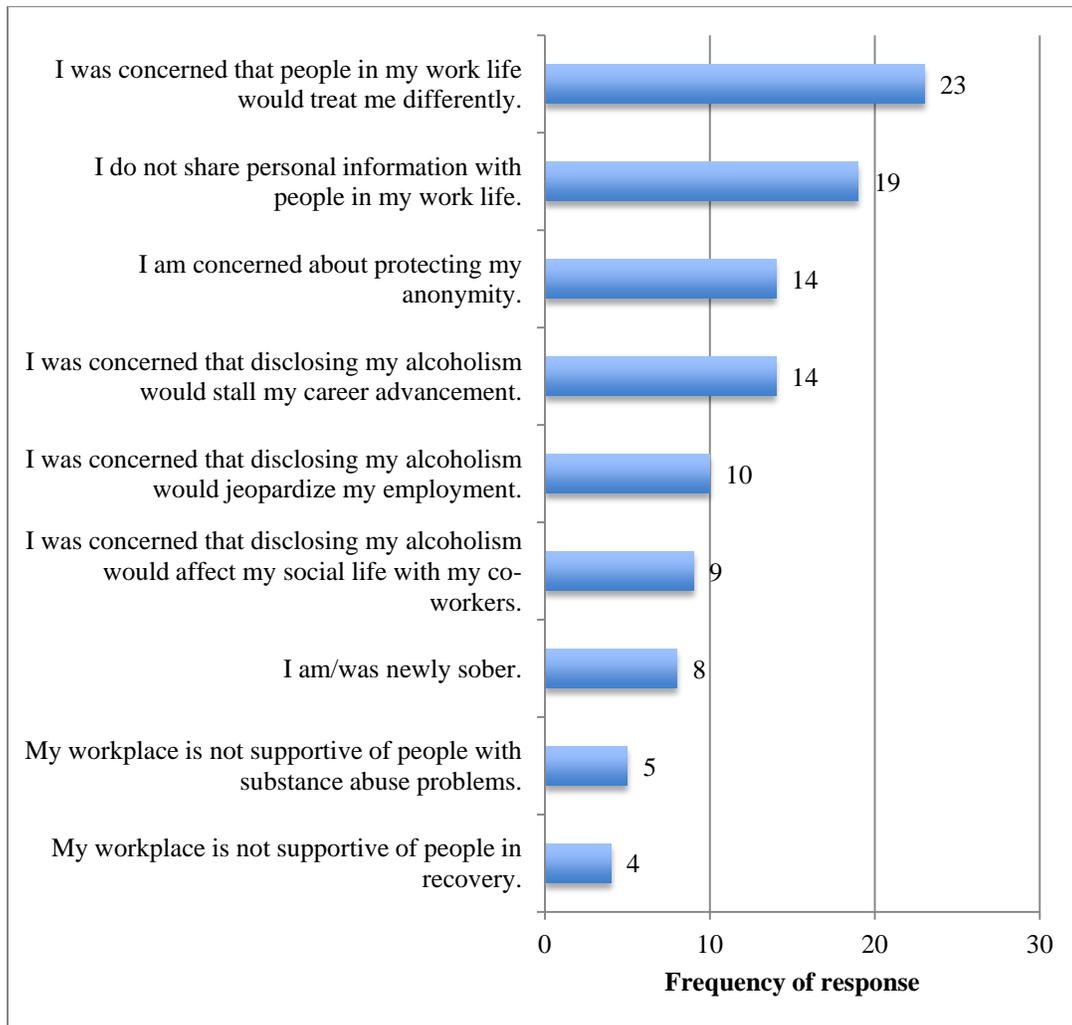
- Help others in active addiction. Makes it where coworkers understand why you don't drink/drug, gives others hope, honesty with employer allows me to take care of myself and they understand the importance of that, has given recovering addicts alcoholics a good reputation with my place of work and gives others behind me job opportunities when otherwise very difficult.
- It was beneficial to starting an ERG to help support people in recovery.
- I am no longer ashamed and my journey can only help others now by telling them. If they had a problem with it and didn't want me to work there after I told them, then it wasn't meant to be. Thankfully I was right were God wanted me to be.
- Showing support for person who is in recovery and have known for over 15 years.
- The subject came up about some other person in their family that might be an alcoholic, so I volunteered that I am so I could help in any way.

- Co-worker is also a friend so decision to tell him was not based on work relationship.

#### Legal issues

- I disclosed during the hiring process before the background check was done to inform them they would find two DUI charges. I let them know that my disease wasn't an excuse, but I wanted them to understand that I had paid my debt to society and am actively doing what I can to live a sober life. This has led to much respect and appreciation from my co-workers and supervisors (we are even going to have a barbeque for my next recovery "birthday."). I feel no reason to be uncomfortable or ashamed of my alcoholism, and it has actually led a couple of co-workers to ask questions about their own drinking patterns and what they could do to get help. At the very least, I was able to be someone who understood where they were coming from and they felt comfortable talking to. That is far more important than keeping my anonymity.
- My police record often provides a need to disclose during the hiring process.
- I am a physician in recovery and am required to self-report to my supervisors by the State Medical Board of Ohio.

*Figure II. Factors supporting the decision to conceal alcoholism in the workplace*



Respondents provided additional factors supporting the decision not to self-disclose their alcoholism to people in the workplace. The major theme that emerged was a reluctance to disclose unless they were either given a compelling reason to share or were asked directly about their alcoholism.

A t-test was used to compare differences in years of sobriety of respondents who indicated whether or not long-term sobriety was a factor in their decision to disclose their alcoholism to people in their workplace. On average, individuals who indicated that long-term sobriety was a factor in their disclosure decision ( $M = 15.23, SD = 10.846$ ) had a longer length of sobriety than respondents who did not indicate long-term sobriety was a factor in their decision to disclose ( $M = 8.45, SD = 10.771$ ). There was a significant effect for years of sobriety, ( $t(83) = 2.815, p < .05$ ), with those indicating that “I have long-term sobriety” was a factor supporting their disclosure reporting longer lengths of sobriety than individuals who did not report this factor.

## CHAPTER V

### DISCUSSION

The purpose of this study was to gain some insight into the workplace experience of recovered alcoholics. In particular, survey questions elicited information in three areas: the scope of the disclosure of their alcoholism to people in their workplace, the manner of their disclosure and the impact it had on their work life, and the factors that informed their decision to disclose or conceal their alcoholism in the workplace.

#### Disclosure, Impact and Factors

The vast majority of recovered alcoholics surveyed self-disclosed their alcoholism to more than one person in their workplace and the experience had either a positive impact or no impact on their work life. More than half the respondents indicated that their participation in AA or another recovery support program informed their decision to disclose. Some themes that emerged among the other high frequency responses for supporting factors included concern for another person's struggle with addiction.

One conclusion we can draw is that recovered alcoholics who are supported by a network of people in recovery are less stigmatized by the alcoholism and are more likely

to reach out to another addict to offer the benefits of mutual support. Another way to interpret the data is that because the job category of the sample skewed toward executive and professional roles, it is possible that the respondents' power positions made them less fearful of ramifications from disclosing.

"I have long-term sobriety" emerged as a high frequency factor supporting disclosure and the length of sobriety for these respondents ranged from just 2 years to 48 years. At first glance, 2-years did not seem to fit the definition of "long-term sobriety." On the contrary, "long-term sobriety" is a subjective term and to the alcoholic for whom twenty-four hours of sobriety was once impossible, it stands to reason that 2 years is self-described as long-term.

Responses themed around fear of social stigma emerged as the most frequent factor informing the recovered alcoholic's decision to conceal their alcoholism. One conclusion we can draw is that despite the overwhelmingly positive or non-negative response for disclosure, there exist workplace relationships where recovered alcoholic employees are stigmatized by this invisible social identity and fearful of the ramifications of disclosure.

### Implications for the Workplace

Self-disclosure of alcoholism in the workplace was a generally positive experience for the recovered alcoholics who participated in this study and organizations should capitalize on this by creating a workplace climate supportive of people in recovery. Conducting an assessment to evaluate the workplace culture relative to both alcohol use and to the stigma associated with alcoholism is a logical first step.

Human resource managers might consider forming an ERG for nondrinkers, providing wellness programs that address alcohol abuse prevention, and offering coaching or other support for recovered alcoholics who are negotiating a sober identity in the workplace.

### Limitations of the Study

Some study limitations warrant comment. As Gedro, Mercer and Iodice (2012) reported, there is a significant gap in the research literature concerning the workplace experience of recovered alcoholics. As such, this study was grounded largely in the workplace experience of presumably non-recovered alcoholics and the organizational experience with alcoholism.

Initial participants were solicited via personal contacts of the researcher, both online and in the recovery community, which may have limited the diversity of the sample. For example, the respondents were predominantly white participants in AA, so the results may not generalize to other ethnic minority groups or to recovered alcoholics who are differently affiliated or not active in the recovery community. Because two-thirds of the sample was employed in executive or professional positions, the results may not reflect the experience of employees at other levels of an organization.

Despite assurances that the survey instrument was anonymous, the stigma associated with alcoholism and the anxiety that can be associated with concealment may have dissuaded some people from participating. The survey instrument was only available online and may have excluded participants whose access to the internet is limited.

## Future Study Directions

Several themes emerged from the open response answers to the factors questions and warrant further study. For example, multiple respondents shared that legal involvement during the throes of their addiction was a factor supporting their decision to disclose. Themes like these should be added to the list of options offered as selections in future studies.

The nondrinker ERG at Brown-Forman is on the cutting edge and it will be exciting to see the impact it makes on the workplace drinking culture there. When Judy Spalding and Matt Hamel spoke at DiversityInc's Innovation Fest, the question and answer period elicited questions from people representing companies in a variety of business segments who expressed interest in exploring a nondrinker ERG for their companies. Spalding also indicated that the ERG is working both with an independent consultant to survey Brown-Forman's workplace drinking culture globally and on a case study of the ERG.

A thorough review of EAPs should be undertaken to discover the range of services offered and to map them with the needs of people in the recovery community. While clinical addiction counseling was readily accessible on both of the EAP websites this study considered, the availability of explicit wellness or workplace support for recovered alcoholics or addicts was not apparent.

## Conclusion

This study demonstrated that recovered alcoholics' disclosure of their alcoholism has a generally positive outcome, and that participation in AA and aid to another person

struggling with addiction are main factors that supported the decision to disclose. Over time, creating workplace systems that offer mutual support to people in recovery could reduce the social stigma associated with alcoholism and could encourage employees struggling with addiction to seek help.

Future research examining how recovered alcoholics negotiate a sober identity in a workplace with a drinking culture could support the development of EAP offerings. While EAPs offer clinical counseling for addiction, it is not apparent whether or not wellness support specifically for people in recovery is available. A study of EAPs could be undertaken to determine how well EAP offerings map with the needs of people in recovery. Research examining recovery and career success as co-occurring phenomena may help to reduce the stigma associated with alcoholism.

## REFERENCES

- Addictions: The new workplace hazard. (2003). *Occupational Health*, 55(2), 5.
- Alcoholics Anonymous. (1981). *Understanding anonymity*. New York, NY: Alcoholics Anonymous World Service, Inc.
- Alcoholics Anonymous. (1984). *This is A.A., an introduction to the A.A. recovery program*. New York, NY: Alcoholics Anonymous World Service, Inc.
- Alcoholics Anonymous. (1999). *A manual for Alcoholics Anonymous*. Akron, OH: Akron Area Intergroup Council of Alcoholics Anonymous.
- Alcoholics Anonymous. (2012). *Living sober*. New York: Alcoholics Anonymous World Services.
- Alcoholics Anonymous. (unknown). *A.A. meeting in a pocket*. Cleveland, OH: Cleveland Central Committee of A.A.
- Alcoholics Anonymous. (unknown). *The four absolutes*. Cleveland, OH: Cleveland Central Committee of A.A.
- Aronson, E., & Aronson, J. (2012). *The social animal*. New York: Worth Publishers.
- Attitudes toward alcohol in the workplace-- time for a change? (2000). *Safety Management*, (444), 1.

- Beattie, M. C., & Longabaugh, R. (1992). Assessment of alcohol-related workplace activities: Development and testing of 'your workplace.'. *Journal of Studies on Alcohol*, 53(5), 469.
- Bell, N. J., Kerksiek, K. A., Kanitkar, K., Watson, W., Das, A., Kostina-Ritchey, E., . . . Harris, K. (2009). University students in recovery: Implications of different types of recovery identities and common challenges. *Alcoholism Treatment Quarterly*, 27(4), 426-441. doi:10.1080/07347320903209871
- Bennett, N., Blum, T. C., & Roman, P. M. (1994). Presence of drug screening and employee assistance programs: Exclusive and inclusive human resource management practices. *Journal of Organizational Behavior*, 15(6), 549-560.
- Blum, T. C., & Roman, P. M. (1985). The social transformation of alcoholism intervention: Comparisons of job attitudes and performance of recovered alcoholics and non-alcoholics. *Journal of Health & Social Behavior*, 26(4), 365-378.
- Brink, S. (2004). The price of booze. *U.S. News & World Report*, 136(4), 48-50.
- Brisolara, A. (1979). *The alcoholic employee : A handbook of useful guidelines*. New York: Human Sciences Press.
- Brotherton, P. (2011). Employee resource groups still going strong. *T+d*, 65(8), 25-25.
- Brown, S. A. (2011). Standardized measures for substance use stigma. *Drug and Alcohol Dependence*, 116(1-3), 137-141. doi:10.1016/j.drugalcdep.2010.12.005

Bye, P. L. (2003). Best practices for employee resource groups. *Diversity Factor*, 11(2), 7.

Clair, J. A., Beatty, J. E., & MacLean, T. L. (2005). Out of sight but not out of mind: Managing invisible social identities in the workplace. *Academy of Management Review*, 30(1), 78-95. doi:10.5465/AMR.2005.15281431

Dealing with alcoholism on the job. (1985). *Management Review*, 74(7), 4.

Dorgan III, W. J. (2002). Alcoholism: Disease or vice? *Modern Machine Shop*, 74(12), 112.

Drinking statistics. (2013). Retrieved April 3, 2013, from <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/drinking-statistics>

Ease at work. (2012). Retrieved April 3, 2013, from <http://www.easeatwork.com>

Fine, M., Akabas, S. H., & Bellinger, S. (1982). Culture of drinking: A workplace perspective. *Social Work*, 27(5), 436-440.

Fineman, M. (2010). This is not your father's employee resource group. *Profiles in Diversity Journal*, 12(6), 80-80.

Gary, A. L., & Hammond, R. (1970). Self-disclosures of alcoholics and drug addicts. *Psychotherapy: Theory, Research & Practice*, 7(3), 142-143. doi:10.1037/h0086574

- Gedro, J., Mercer, F., & Iodice, J. D. (2012). Recovered alcoholics and career development: Implications for human resource development. *Human Resource Development Quarterly*, 23(1), 129-132. doi:10.1002/hrdq.21118
- Gleason, M. J. (2010). A new era of eap. *Benefits Selling*, 8(11), 20-24.
- Group blasts Exxon for workplace `policy of fear'. (1994). *Alcoholism & Drug Abuse Weekly*, 6(37), 1.
- Hamel, M. and Spalding, J. *This non-drinkers resource group benefits a liquor company.* (November 29, 2012). DiversityInc. Innovation Fest! Retrieved March 5, 2012 from [http://www.youtube.com/watch?v=feztYPZJn18&playnext=1&list=PL5gITDm0Q\\_oL8MRYs4-mjH0IDYYL\\_J0QI](http://www.youtube.com/watch?v=feztYPZJn18&playnext=1&list=PL5gITDm0Q_oL8MRYs4-mjH0IDYYL_J0QI)
- Hope, K. (2006). Sobering thoughts. *People Management*, 12(2), 14-15.
- Hossack, R. (1993). A new style of leadership. *Canadian Business Review*, 20(3), 30.
- Hostetler, V. C., & Sattar, S. P. (2007). Should alcohol be tolerated in the workplace? *American Journal on Addictions*, 16(5), 427-427. doi:10.1080/10550490701525681
- Kaskutas, L. A., Ammon, L. N., Oberste, E., & Polcin, D. L. (2007). A brief scale for measuring helping activities in recovery: The brief helper therapy scale. *Substance use & Misuse*, 42(11), 1767-1781. doi:10.1080/10826080701208608

- Kurtines, W. M., Ball, L. R., & Wood, G. H. (1978). Personality characteristics of long-term recovered alcoholics: A comparative analysis. *Journal of Consulting and Clinical Psychology, 46*(5), 971-977. doi:10.1037/0022-006X.46.5.971
- Lewis, D. C. (2000). To the recovery community: Get active! *DATA: The Brown University Digest of Addiction Theory & Application, 19*(11), 8.
- Lieber, L. D. (2012). Considerations for attracting and retaining a qualified, diverse workforce. *Employment Relations Today (Wiley), 38*(4), 85-92.  
doi:10.1002/ert.20369
- Lifestyle EAP: Wellness at work. (2013). Retrieved April 22, 2013, from <http://www.lifestyleeap.com/index.aspx>
- Lowe, C. (2004). Addiction in the workplace. (cover story). *Behavioral Health Management, 24*(5), 27-29.
- Luoma, J. B., Twohig, M. P., Waltz, T., Hayes, S. C., Roget, N., Padilla, M., & Fisher, G. (2007). An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive Behaviors, 32*(7), 1331-1346. doi:10.1016/j.addbeh.2006.09.008
- Mallow, A. J. (1998). Self-disclosure. *Journal of Substance Abuse Treatment, 15*(6), 493-498.
- Mattioli, D. (2006). Sober thought: How to mix work, alcohol. *Wall Street Journal - Eastern Edition, 248*(132), B10.

- McLane, M. (2011). Pride month: Employee resource groups providing value beyond cultural awareness. *Profiles in Diversity Journal*, 13(4), 36-36.
- Mitroff, I. I., Mason, R. O., & Pearson, C. M. (1994). *Framebreak: The radical redesign of American business*. San Francisco: Jossey-Bass Publishers.
- Mohr, J. The Outness Inventory. Retrieved October, 2012, from <http://mason.gmu.edu/~jmohr/measures.html>
- Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, 33(2), 66-90.
- Mohrman, S. A., & Ledford, J., Gerald E. (1985). The design and use of effective employee participation groups: Implications for human resource management. *Human Resource Management*, 24(4), 413-428.
- National Institute on Alcohol Abuse and Alcoholism. (1999). *Alcohol and the workplace*. (Alcohol Alert No. 44). <http://pubs.niaaa.nih.gov/publications/aa44.htm>
- Olsen, P. R. (2004). A tight circle of friends. *New York Times*, 153(52883), C5-C5.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2), 328-345.
- Poll shows workplace impact of family addiction. (2005). *Alcoholism & Drug Abuse Weekly*, 17(15), 6-7.

- Pollock, E. J. (1996). In leaner, meaner workplace, bosses get tough on addiction. *Wall Street Journal - Eastern Edition*, 228(49), B1.
- Reynolds, G. S., Lehman, W. E. K., & Bennett, J. B. (2008). Psychosocial correlates of the perceived stigma of problem drinking in the workplace. *The Journal of Primary Prevention*, 29(4), 341-356. doi:10.1007/s10935-008-0140-1
- Roman, P., Blum, T. *The Workplace and Alcohol Problem Prevention*. (2002). National Institute on Alcohol Abuse and Alcoholism.  
<http://pubs.niaaa.nih.gov/publications/arh26-1/49-57.htm>
- Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug & Alcohol Review*, 24(2), 143-155. doi:10.1080/09595230500102434
- Schiller, J., Lucas J., Peregoy, J. (2012). Summary health statistics for U.S. adults: National Health Interview Survey, 2011. National Center for Health Statistics. *Vital Health Stat 10(256)*.
- Schomerus, G., Corrigan, P. W., Klauer, T., Kuwert, P., Freyberger, H. J., & Lucht, M. (2011). Self-stigma in alcohol dependence: Consequences for drinking-refusal self-efficacy. *Drug and Alcohol Dependence*, 114(1), 12-17.  
doi:10.1016/j.drugalcdep.2010.08.013
- Schomerus, G., Lucht, M., Holzinger, A., Matschinger, H., Carta, M. G., & Angermeyer, M. C. (2011). The stigma of alcohol dependence compared with other mental disorders: A review of population studies. *Alcohol & Alcoholism*, 46(2), 105-112.

- Schramm, C. J. (1977). *Alcoholism and its treatment in industry*. Baltimore: Johns Hopkins University Press.
- Seessel, T. V. (1987). America's number one drug problem in the workplace. *Public Personnel Management*, 16(4), 329.
- Segal, J. (2012). Elephant in the living room. *HR Magazine*, 57(3), 95-98.
- Sonnenstuhl, W. J., (1996). *Working sober: The transformation of an occupational drinking culture*. Ithaca, N.Y.: ILR.
- Springen, K., Kantrowitz, B., & Tyre, P. (2004). Alcohol's deadly triple threat. *Newsweek*, 143(19), 90-92.
- Straussner, S. L. A., & Brown, S., (2002). *The handbook of addiction treatment for women*. San Francisco: Jossey-Bass.
- Television plays key role in shaping attitudes about addiction. (2002). *Alcoholism & Drug Abuse Weekly*, 14(10), 5.
- Tenth special report to the U.S. congress on alcohol and health: Highlights from current research*. (2000). Washington, DC: U.S. Department of Health and Human Services.
- Tinnfält, A., Eriksson, C., & Brunnberg, E. (2011). Adolescent children of alcoholics on disclosure, support, and assessment of trustworthy adults. *Child and Adolescent Social Work Journal*, 28(2), 133-151. doi:10.1007/s10560-011-0225-1

Vogel, N. (2011). Disability employee resource groups. *Profiles in Diversity Journal*, 13(4), 86-86.

W., B. (1976). *Alcoholics Anonymous : The story of how many thousands of men and women have recovered from alcoholism*. New York: Alcoholics Anonymous World Services.

Weiss, R. M. (1980). *Dealing with alcoholism in the workplace*. New York: Conference Board.

Whitley, B. E., & Kite, M. E. (2010). *The psychology of prejudice and discrimination*. Belmont, CA: Wadsworth Cengage Learning.

Wilson, T. (2012). Employee resource groups: Devolution or evolution? *Profiles in Diversity Journal*, 14(4), 80-80.

## APPENDICES

## APPENDIX A

### THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

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## APPENDIX B

### THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS (SHORT FORM)

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

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## APPENDIX C

### SURVEY INSTRUMENT

#### SECTION I:

In this section, please choose the option which best indicates the degree to which your alcoholism is known or openly talked about with the following people in your workplace. If you are retired or unemployed, think about your experience at your last place of employment..

#### Direct report at work who may or may not be sober

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:  
How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

#### Direct report at work who has self-disclosed alcoholism

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:

How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

Work peer who may or may not be sober

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:

How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

Work peer who has self-disclosed alcoholism

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.

- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:  
How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

Work supervisor who may or may not be sober

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:  
How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

Work supervisor who has self-disclosed alcoholism

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.

- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:  
How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

Customer or client who may or may not be sober

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:  
How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

Customer or client who has self-disclosed alcoholism

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:  
How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

Vendor or service provider who may or may not be sober

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:  
How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life

- had no impact on my work life
- Prefer not to answer.

Vendor or service provider who has self-disclosed alcoholism

- Person definitely does not know about your alcoholism.
- Person might know about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is never talked about.
- Person probably knows about your alcoholism, but it is rarely talked about.
- Person definitely knows about your alcoholism, but it is never or rarely talked about.
- Person definitely knows about your alcoholism, and it is sometimes talked about.
- Person definitely knows about your alcoholism and it is openly talked about.
- Not applicable; there is no such person in your workplace.
- Prefer not to answer.

If you selected an option indicating person definitely knows about your alcoholism:  
How did this person learn about your alcoholism?

- I self-disclosed to the person
- Another person disclosed my alcoholism
- Other: \_\_\_\_\_
- Prefer not to answer.

This person's knowledge of my alcoholism:

- had a negative impact on my work life
- had a positive impact on my work life
- had no impact on my work life
- Prefer not to answer.

In this section, you will be asked to identify the factors that supported or informed your decision whether or not to disclose your alcoholism in the workplace. You may choose as many answers as apply. You are encouraged to add additional factors that may not appear among the choices.

Thinking about any of the people in your work life to whom you self-disclosed your alcoholism, what are the factors that you considered or that supported your decision to self-disclose. Please check all that apply and feel free to add additional factors.

- I have not self-disclosed to anyone in my work life.
- The person asked if I was an alcoholic.
- I knew or suspected the person was a sober alcoholic or sober addict.
- I was concerned that the other person might have a problem with addiction.
- I was concerned that a family member of the other person might have a problem with addiction.
- I was concerned that a direct report to the other person, or another co-worker, might have a problem with addiction.
- I wanted to influence the other person's attitude toward people in recovery.

- I was tired of making excuses for not drinking at work or social events.
- I have long-term sobriety.
- I was newly sober.
- I actively participate in Alcoholics Anonymous.
- I actively participate in a facility-based program of recovery.
- I actively participate in a faith-based program of recovery.
- I am not concerned about protecting my anonymity.
- My workplace is generally supportive of people in recovery.
- I participate in an Employee Resource Group (ERG) in support of people in recovery.
- I regret the decision to self-disclose my alcoholism.
- Other:

Thinking about any of the people in your work life who you chose not to disclose your alcoholism, what are the factors that you considered or that supported your decision not to self-disclose. Please check all that apply and feel free to add additional factors.

- I have self-disclosed to everyone in my work life.
- I do not share personal information with people in my work life.
- I was concerned that people in my work life would treat me differently.
- I am concerned about protecting my anonymity.
- I was concerned that disclosing my alcoholism would jeopardize my employment.
- I was concerned that disclosing my alcoholism would stall my career advancement.
- I am/was newly sober.
- I was concerned that disclosing my alcoholism would affect my social life with my co-workers.
- My workplace is not supportive of people in recovery.
- My workplace is not supportive of people with substance abuse problems.
- Other:

## DEMOGRAPHIC INFORMATION

What is your age?

What is your gender?

Ethnicity origin (or Race)

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other
- Prefer not to answer

How long have you been sober?

Are you a member of Alcoholics Anonymous? Y/N

If yes, which best describes your attendance at meetings:

- Never
- Once per month
- Two or three times per month
- Once a week
- 2-3 times per week
- 4-6 times per week
- Daily
- More than once daily

Which best describes your present work situation?

- Employed full-time
- Employed part-time
- Retired
- Unemployed

Which of the following best describes your workplace (if retired or unemployed, describe your most recent workplace)?

- For-profit company or business
- Not-for-profit, tax-exempt, or charitable organization
- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- Educational institution
- Healthcare facility
- Self-employed in own business, professional practice, or farm

How many years have you worked for your present employer (if retired or unemployed, how many years at last employer)?

In which category would your job best fit? If you are not sure where your job fits, please enter your job title under "Other".

- Owner, partner, director, executive
- Manager, Administrator
- Professional (non-manager: banker, educator)
- Professional (technical: engineer, physician, nurse)
- Administrative support
- Laborer, tradesperson
- Part-time, hourly employee
- Other : \_\_\_\_\_

APPENDIX D

MOHR'S OUTNESS INVENTORY FOR SEXUAL ORIENTATION MAPPED TO  
STUDY SURVEY DISCLOSURE INVENTORY FOR ALCOHOLISM (ADAPTED OI)

Outness Inventory for Sexual Orientation	Disclosure Inventory for Alcoholism (adapted OI)
person <u>definitely</u> does NOT know about your sexual orientation status	Person <i>definitely</i> does <i>not</i> know about your alcoholism.
person <u>might</u> know about your sexual orientation status, but it is NEVER talked about	Person <i>might</i> know about your alcoholism, but it is <i>never</i> talked about.
person <u>probably</u> knows about your sexual orientation status, but it is NEVER talked about	Person <i>probably</i> knows about your alcoholism, but it is <i>never</i> talked about.
person <u>probably</u> knows about your sexual orientation status, but it is RARELY talked about	Person <i>probably</i> knows about your alcoholism, but it is <i>rarely</i> talked about.
person <u>definitely</u> knows about your sexual orientation status, but it is RARELY talked about	Person <i>definitely</i> knows about your alcoholism, but it is <i>never or rarely</i> talked about.*
person <u>definitely</u> knows about your sexual orientation status, and it is SOMETIMES talked about	Person <i>definitely</i> knows about your alcoholism, and it is <i>sometimes</i> talked about.
person <u>definitely</u> knows about your sexual orientation status, and it is OPENLY talked about	Person <i>definitely</i> knows about your alcoholism and it is <i>openly</i> talked about.
not applicable to your situation; there is no such person or group of people in your life	Not applicable; there is no such person in your workplace.
	Prefer not to answer.
Mother	
Father	
siblings (sisters, brothers)	
extended family/relatives	
my new straight friends	
	Direct report at work who may or may not be sober Direct report at work who has self-disclosed alcoholism
my work peers	Work peer who may or may not be sober Work peer who has self-disclosed alcoholism
my work supervisor(s)	Work supervisor who may or may not be sober Work supervisor who has self-disclosed alcoholism
	Customer or client who may or may not be sober Customer or client who has self-disclosed alcoholism
	Vendor or service provider who may or may not be sober Vendor or service provider who has self-disclosed alcoholism
members of my religious community (e.g., church, temple)	
leaders of my religious community (e.g., church, temple)	
strangers, new acquaintances	
my <u>old</u> heterosexual friends	

## APPENDIX E

### Consent Survey

#### Consent Form

The purpose of this research project is to understand the factors that inform whether or not a sober alcoholic self-discloses his/her alcoholism in the workplace. Teresa Coyne Andreani, a graduate student at Cleveland State University, is conducting this thesis research project as part of the requirements for the Master of Arts in Psychology.

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. You will not be penalized if you decide not to participate in this study or if you choose to withdraw from the study at anytime. There is no foreseeable risk in your participation.

The procedure involves completing an online survey that will take approximately 15 minutes. Your responses will be anonymous and we do not collect identifying information such as your name, email address or IP address. The survey questions will be about your experience as a sober alcoholic in the workplace. The survey must be completed in one sitting. Once you exit the survey, you will not be able to return to it.

All data is stored in a password protected electronic format. To help protect your anonymity, the surveys will not contain information that will personally identify you. The results of this study will be used for scholarly purposes only and may be shared with Cleveland State University representatives.

If you have any questions about the research study, please contact Teresa Coyne Andreani at 216.410.0481 or via email at [t.andreani@viking.csuohio.edu](mailto:t.andreani@viking.csuohio.edu) or Dr. Steve Slane at 216.875.9753 or via email at [s.slane@csuohio.edu](mailto:s.slane@csuohio.edu).

This research has been reviewed according to Cleveland State University IRB procedures for research involving human subjects. If you have any questions about your rights as a research subject, you can contact the CSU Institutional Review Board at 216.687.3630.

**ELECTRONIC CONSENT: Please select your choice below.**

**Clicking on the "agree" button below indicates that:**

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

**If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.**

**agree**

**disagree**