A Correlational Study Of Managed Care And Stress Among Helena Therapists

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Date: 4/9/98
A CORRELATIONAL STUDY OF MANAGED CARE AND STRESS AMONG HELENA THERAPISTS

Bo Smelko

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Abstract

Recent reports have indicated the implementation of managed care in mental health care systems has had an effect on stress levels in the therapeutic community. This research was conducted to determine the relationship between managed care and stress among therapists in Helena, Montana. In addition, the relationship between stress and stress reduction techniques used by therapists was studied. Instruments measuring relationships between managed care, stress reduction, and stress levels were mailed to 100 therapists in the Helena community. A total of 42 therapists returned the instruments, and a total of 36 instruments returned were suitable for analysis. Correlations with the managed care variables, defined as the caseload and additional paperwork and stress, showed positive significant relationships: Caseload r (34)= .312 P<. 05 and increased paperwork r (34)=. 407 P<. 01. Correlations between stress reduction variables and stress showed significant relationships for 12 of the 16 stress reduction techniques measured. The range of significant relationships was r (34)= -. 290 P<. 05 to r (34)=-. 506 P<. 05. These results were discussed in view of the possible effects of increased work demands associated with managed care and stress levels among therapists.
A Correlational Study of Managed Care and Stress Among Helena Therapists

Managed care has been defined by the mental health profession as “a set of techniques used by or on behalf of purchasers of health care benefits to manage health care costs by influencing patient care decision making through case by case assessments of the appropriateness of care prior to its provision” (Dorwart, 1990, p. 1088). Managed care has attempted to improve the mental health profession for many years. Though its attempts are in good faith, Iglegart (1996) claims that definitions similar to this do not do justice to the actual impact that managed care has had on the “helping professions” in the last decade. Managed care has been said to have added work and undue psychological stress for many therapists. Psychological stress is “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being” (Brannon, 1997, p. 2). When a therapist’s well-being becomes endangered by this added stress, he or she needs to deal with it accordingly. The following literature review will clarify two main points: 1) why managed care may be adding additional stress to the life of a therapist; and (2) the importance of stress reduction for a therapist to deal with the additional stress caused by managed care.

LITERATURE REVIEW

Impact of managed care on mental health professionals

The past has shown employers turning to managed care plans to save money by keeping employee benefits under control (Ellzey, 1993). According to Lispon (1993), the low costs presented by managed care companies were the incentive to which the business world responded. Even though low costs were a large incentive, Light (1995) suggested
there was little evidence of managed care's claims of superior performance. His review of research showed that managed care poorly met the needs of the 21st century. Dickey (1992) supported his claim by pointing out that managed care was not actually helping business as much as the public may have perceived. In fact, in a review of studies he showed that managed care was not even effectively reducing the increasing costs of mental health care.

The quality of care has also been reduced by the emergence of managed care. Shumway (1994), director of New Hampshire's Department of Health and Human Services, stated, "The respective care systems tend to be rigid and fail to individualize or coordinate care to the extraordinary degree required in this practice" (p. 41). It was believed that the rushed style of managed care was a strong factor in the decline of quality. The "loss of relationship" which managed care has created for therapy has had several effects on the profession (Bartlett, 1994). Primarily, the variety of treatment styles declined. Jellinek and Kisch (1993) added the implication that the creativity of the therapist was being impeded. "The clients, being disenfranchised from the therapist, lost trust," and this process had a negative effect on therapy by slowing down the recovery time of the client (Lispon, 1993, p. 3). Lispon also suggested that the "hurry up" therapy demanded by managed care was leading to "under care" of the patients (p. 2). The patient-therapist relationship was an important component in the therapeutic process for many styles of therapy (Hodgkin, 1992). Managed care took away this component by not allowing a sufficient amount of time for a relationship to be formed, and it equally hurt the patient and the therapist.
Thompson (1991) claimed the relationship between the mental health provider and managed care has not seemed to work. Studies show that decisions on the number of sessions were unrelated to the patient's actual needs. Since the time a therapist had with clients was shortened, the likelihood clients would return increased. He also suggested managed care was a major factor in influencing therapists to maintain a behavioral approach, leaving psychodynamics to “take a back seat.”

Sabin (1994) suggested therapists also face economic problems from managed care. He implied that more money is sometimes what it takes in order to fully help a patient, but he made it clear that less money was often the case. Croze (1994) added to this argument by revealing that in some cases the provider actually sees as little as 50 percent of the final bill. The reason the provider may be receiving less money than that to which he or she is entitled could be that managed care operates under the assumption that the value of therapy relies on the relationship between quality and cost (Carson, 1993). Equating quality and cost relies on a further assumption that every session will run flawlessly and that every second of that time is an actual healing process, a condition which is virtually impossible. In a comparable study reviewed by Thompson (1991), researchers showed that even with the increasing number of patients, managed care is only partially reimbursing the providers.

Patterson (1990) also suggested the provider was the loser in the long run. If a client could not pay his or her bill, or managed care decided the client had gone to unneeded sessions, then the therapist is the one left holding the unpaid bill. Not being able to treat clients properly or choose clients with whom each therapist felt comfortable with was what greatly affected each therapist financially. The reason is if a therapist does
not feel comfortable with a client, then it takes longer to establish a relationship and the therapist has to take the chance that managed care will not reimburse him or her for the extra time needed.

Financial troubles were not the therapists’ only worry. There were also other problems that therapists encountered. Bioethical philosophers have cited three broad areas of concern in the “managed care environment”:

Ethical areas of concern raised by managed care include restrictions on patient autonomy of choice of treatment and treatment site, relationship between the nurse as a managed care agent and the patient; patient responsibility in treatment decisions made through managed care; and denial, curtailment, or alteration of access to treatment based on compliance. (Olsen, 1994, p. 28)

Another concern for therapists was that they could be held accountable for releasing a patient too early (Lispon, 1993). Wooley (1993) supported this concern by suggesting managed care had not only raised ethical but also legal issues for a therapist:

Even if a patient dies following a company’s refusal to pay for care, it is the therapist who would be likely to be held accountable. After all, if it could be predicted that the patient would commit suicide, then the therapist was ethically and perhaps legally obligated to provide the care without a fee, or at least to help the patient find an effective and affordable alternative-usually an impossibility. (p. 393)

According to Ellzey (1993) therapists were also required by managed care to do extreme amounts of work. Managed care paperwork included special attachments to the
uniform billing (UB-82) form and claim form. In addition, each form was supposed to have proper "contract language" for the form to be acceptable. New clauses in the forms left the payer in control with phrases such as "as determined by the payer" (p. 64).

Ellzey has also explained that each claim had a time limit in which to be filed, and the provider was expected to calculate the future costs of services.

Thompson (1991) stated the provider was forced to "play the game" which takes many extra hours of paperwork and protocol. He implied that accomplishing the tasks set forth by managed care was usually hard, considering most providers were left in the dark regarding the number of sessions that would be approved.

Dorwart (1990) stated financial problems were not the only headaches that managed care brought to mental health professionals. Managed care, as a whole, has significantly affected the quality of the helping professions for the worse. The clients a therapist did encounter would have to be approved for a reasonable amount of time needed for therapy, sometimes after therapy had already been done. Managed care required clients to meet specific criteria, which were determined by officials outside of the mental health profession and without the use of the DSM-IV guideline.

Cuffel (1996) commented that a therapist’s everyday stress, whether he or she was a social worker, clinical psychologist, professional counselor, or chemical dependency counselor, was unbearable. Jellinek and Kisch (1993) added that the additional pressure that was endured was due to managed care. If managed care adds pressure for prolonged periods of time, what could happen?
Long term stress and stress reduction

Brannon (1997) stipulated that in a short-term response to an emergency situation, physical reactions are adaptive, but many modern stress situations involve prolonged exposure to stress. Prolonged exposure to these stressful situations could cause long-term effects. The long-term effects generated from stress can be noticeable throughout the body.

Anderson (1981) identified some of these long-term effects that have been seen in the cardiovascular system via coronary artery disease, hypertension, strokes, rhythm disturbances of the heart, migraine headaches, and Raynaud's phenomenon. Anderson also showed that thorough research done in previous years has established a close correlation between the amount of tension within the organism and the function of the alimentary tract. In addition, the Central Nervous System (CNS) and the production of hormones can have a strong effect on the Immune System. He stated that considerable data linked personality factors, stress, and failure of psychological adaptations to the onset of cancer, infectious disease, and auto-immune diseases (rheumatoid arthritis, systemic lupus erythematosus, acquired hemolytic anemia, and pernicious anemia). The body produced stress-responsive adrenal cortical steroid hormones (hydrocortisone) which lowered the immune system's response rate and reduced the regulation of the immune response in the thymus and lymph glands which accounted for the possibility of links between stressful experiences and these diseases.

McQuade (1974) continued the argument by explaining that when a person feels threatened, even by a simple test, the cardiovascular system changes the entire tempo of our body. The pulse pounds, blood pressure rises, the hands turn cold as blood is
diverted from the skin to the vital organs. If this temporary adjustment became habitual, a number of conditions might develop, ranging from simple arrhythmia through hypertension. Coronary attacks, which kill far more Americans today than any other ailment, particularly Americans in prime middle age, can also be attributed to stress. Mcquade suggested that in the digestive system stress caused problems in the stomach such as ulcers and in the bowels such as involuntary secretion; it can also cause ulcerative colitis and diabetes. His argument also identified the apparent effects stress has on the immune system. An individual would become vulnerable to infections, allergies, and Rheumatiod Arthritis. The skeletal-muscular system is also affected by stress. Muscles and bones are used not only to express feelings but to repress them. When stress accompanies particular emotions, severe consequences in the skeletal-muscular system can occur: backaches, tension headaches, arthritis, and a tendency toward having accidents.

Domar (1996) believed measures could be taken to deal with the problems that stress had created. He demonstrated that it is possible to change and even reverse the damaging effects of stress. He suggested the key to dealing with stress would be to practice proper stress reduction methods. There are many methods that a person may choose to use.

Exercise is an excellent method to “bust” stress (“Incentive,” 1996). Exercise should be accompanied by good nutrition. Proper nutrition protects a person, in a sense, from the damaging effects of stress and gives a person the proper boost he or she needs. The author of the article continued by pointing out that the proper use of relaxation techniques offers physiological and emotional therapy. The author also recommended
confiding in family, friends, work associates, and professional counselors as a release from stress. The author warned against limiting socialization to colleagues. Even though a majority of a professional's time is spent with co-workers, they can bring therapists down because they may never be able to escape their job.

Professionals in stress reduction programs have praised the results a good hard workout can bring (Smith, 1996). He suggested an even better method is taking 15-20 minutes out of the day to pray or reflect. Prayer and reflection can be very helpful in making it through those hard days.

Amatestein (1995) suggested that correcting or fine tuning nutritional habits should be the next step in reducing stress. She claimed a proper dietary schedule will change a person's mood. Some foods, such as foods with high contents of carbohydrates, produce a calming effect. The same article quoted Dr. Thayer as saying, “Relaxation techniques are a terrific mood lifter” (cited in Amatestein, p. 95) and Dr. Green who proclaimed, “Taking control over certain areas of your life reduces stress” (cited in Amatestein, p. 95). He also warned against turning on the television in search of a quicker method of stress reduction because it will only cause more stress.

Health Magazine (1995) suggested massage as another way that a person could “kill” the stress that is bothering him or her. Research showed that a massage can positively affect the immune system in defense to stress. Another way in which massage can help is by making sleeping easier. Sleep turns off the sympathetic nervous system, which makes the body hypervigilant, and switches on the parasympathetic system that
Managing stress and relaxation

A massaged body would have less tension and an easier time falling asleep than a non-massaged body.

Weiss (1994) recommended energizing by making a change in lifestyle, environment, or diet. He went on to state that even simple changes helped alleviate stress. He also suggested exercise is an important element in reducing stress. The major benefit of exercise that he noticed is building stamina, which helps in dealing with overly stressful situations. He went on to talk about the stress-reducing properties of relaxation techniques and adequate socializing skills. He stated that both have been proven to be beneficial in setting and achieving goals. Weiss warned against attempts to derive energy from a "quick fix," such as a sugar packed candy bar or a caffeine filled pop; both could leave an individual feeling the rebound effect, or more weary than when he or she started. Whatever method of stress reduction fits, he suggested the use of it: "Whatever makes you feel good is right for you" (p. 6).

Exercising, socializing, eating a balanced diet, and practicing proper relaxation techniques are recommended ways of fighting stress (Harris, 1994). He went on to praise the use of proper relaxation techniques because they can take the place of inadequate stress reduction methods such as alcohol or the use of tobacco. He pointed out that painting was also a great relaxation technique.

Berg (1993) suggested taking a nap to experience a more laid back relaxation method. Research showed dreaming could release built up stress. Conversely, lack of sleep can cause physical and emotional problems.
Prevention Magazine (1993) suggested an individual could “get away” from his or her everyday hassles by exercising, eating right, implementing proper relaxation techniques and by socializing. A review of research showed isolation and suppression of feelings were two major contributing factors among individuals who became burned out. The research also suggested that the majority of individuals were not using effective stress reduction methods. The author of this article suggested stress reduction should start with making oneself a priority. The author went on to say the rejuvenation of a tired body and mind can protect an individual from complicating already stressful situations. Suggestions were also made that exercise would build the immune system, preventing illness. Exercise would also positively affect the cardiovascular system by making blood flow less restricted. Less restricted blood flow decreased the likelihood of heart attacks and increased the amount of oxygen traveling to the brain to make thinking clearly much easier. The author also recommended at least 60 minutes of exercise a day, at least 30 minutes of which should be uninterrupted cardiovascular exercise. The other 30 minutes of daily exercise could be spent walking to the store or even using the stairs as opposed to the elevator. In addition, a “good” nutritional plan would be beneficial to the digestive, muscular/skeletal, and circulatory tract. A person's eating habits are also very crucial. Meals should be eaten three times a day, in proper portions and should be well balanced.

Gutfield (1992) suggested that, unlike the use of other methods of dealing with stress such as tobacco and alcohol, correct relaxation techniques are virtually free of risks. Relaxation techniques will help a person defend against stress by relieving tension in the cardiovascular system and the muscular/skeletal system. The benefits of stress reduction not only help the one using them, but also will help that person’s employer.
Haire (1996) pointed out that employees have saved a significant amount of money from wellness programs that include information and proper application techniques of exercise, nutrition, social skills, and relaxation techniques. He went on to note the number of employers who offer these classes and programs had skyrocketed since the late 1980's. Hagar (1995) added to the argument by pointing out that "wellness" programs are being implemented in many companies. In his review of literature the statistics showed that today, one out of three employees was thinking about quitting his or her job due to stress. Obviously the employees who are quitting were not enrolled in stress reduction programs because Hagar claimed that the stress reduction techniques being taught are helping. These relaxation techniques include ways to reduce conflict properly, defuse stress with humor, and give employees adequate control over how they do their work.

In accordance with this literature, this study introduces two hypotheses: 1) The higher the amount of interaction with managed care, the higher a therapist's stress level; and (2) Therapists who use proper stress reduction methods will show smaller amounts of stress.
Methods

Subject

One hundred surveys were sent out to therapists in the Helena, Montana area, and 41 were returned by mail between the dates of July 4th and August 12th of 1998. Five surveys were excluded due to conflicting data. The subjects, therefore, were 36 therapists in the Helena community who were chosen from a list of therapists acquired at St. Peter’s Community Hospital. The study included 11 clinical psychologists, 9 professional counselors, 5 psychiatrists, no alcohol and drug addiction counselors, and 11 social workers. The sample population consisted of 14 males, 20 females, and two surveys, which the sex was not reported. The therapists’ ages ranged from 25 years old and older.

Apparatus

All subjects were sent the same package of materials: an inventory sheet with questions pertaining to sex, age, clinical degree, managed care, and stress reducing activities (Appendix B). Each therapist’s interaction with managed care was evaluated on scores taken from questions 5 and 6 of the individual inventory (Appendix B). Also, each therapist was scored on his or her individual participation in stress reducing activities, which was taken from questions 12 through 27 of the individual inventory (Appendix B). The reliability and validity of the individual inventory are unknown. Also included was the Index of Clinical Stress (ICS) (Appendix C). The ICS was used to operationally define each therapist’s overall stress level. Research concerning the psychometric characteristics of this measure has been done showing the reliability coefficients to be .90 or larger. Research has also shown the validity to "nearly" always
achieve validity coefficients of .60 or greater (e.g., Abell, 1986; Abell, 1991; Hudson, Macneil & Dierks, 1995). A cover letter explaining the study was also sent to each therapist (see Appendix A). Accompanying the survey materials was a self-addressed, stamped envelope.

Procedure

One hundred letters were sent out to 100 different therapists in the Helena community. The therapists' names were non-randomly chosen through a business mailing list acquired at St. Peter's Community Hospital. All names on the list were used in an attempt to increase the sample size. Each therapist was sent a cover letter (see Appendix A), Individual Inventory (see Appendix B), The Index of Clinical Stress (see Appendix C), and a self-addressed stamped envelope for each therapist to return the information. To test the hypothesis that there is a relationship among stress, managed care, and stress reduction techniques, a correlation was done between stress scores (ICS) and the combined scores from questions 5 and 6 of the individual inventory (the managed care portion), and between stress scores (ICS) and questions 12-27 (for the stress reduction portion). All analyses were done using the SPSS statistical program.
Results

Data analysis was conducted in three stages. In the first stage, the researcher went through each of the forty-two returned measurement tools to determine if each evaluation was properly filled out. The researcher rejected eight measurement tools: three for adding their names to the evaluation and five for not properly completing the evaluation, resulting in 36 usable surveys (N=36). In the second stage, the researcher recorded scores from the Individual Inventory sheet, and the ICS Scale (Inventory of Clinical Stress). In the third stage the researcher correlated the data.

Analysis of the results was conducted in two stages. In the first stage, the researcher determined the relationship between stress (ICS) and managed care interaction (questions 5 and 6 of the individual inventory). Correlations were run with the managed care variables defined as the number of managed care clients in a therapist’s case load and the number of additional hours of paperwork created by managed care. In the second stage, correlations were run with stress and stress reduction techniques. Stress reduction techniques consisted of 15 separate variables (items 12-27 of the individual inventory); each variable was correlated with stress separately. Those 16 variables were as follows: 12) eating three meals daily; 13) exercising at least 3 times weekly; 14) smoking; 15) amount of alcohol use; 16) time management; 17) punctuality; 18) “time outs” to gain perspective; 19) a sense of humor about life; 20) the ability to ask needed help; 21) ability to express feelings; 22) ability to give and receive love; 23) the ability to deny requests when he or she needed to; 24) hobbies; 25) the degree of positive attitude about what he or she has done; 26) the belief that people can count on him or her; 27) his or her willingness to try new things.
The data are presented in terms of correlations. The correlations were determined by using the Pearson correlations in the *SPSS Statistical Package*. Alpha levels were determined by the program at significance levels of .05, .01, .001, corresponding to the confidence levels of 95%, 99%, and 99.9%.

**Hypothesis 1**

Hypothesis 1: There is a positive relationship between managed care and stress.

To test Hypothesis 1, the researcher examined the relationship between objective stress (ICS) and responses to items 5-6 on the individual inventory:

5) The number of clients covered by managed care who were in each therapist's caseload.

6) Additional hours of paperwork as a result of managed care.

Correlations with the managed care variables showed positive significant relationships: caseload $r(34)=+.312 \ P<.05$ and increased paperwork $r(34)=+.407 \ P<.01$ (Table 1).

**Hypothesis 2**

Hypothesis 2: There is a negative relationship between stress and stress reduction techniques.

To test Hypothesis 2, the researcher examined the relationship between stress (ICS) and items 12-27 of the individual inventory.

12) Eating 3 meals daily

13) Exercising at least 3 times weekly
14) smoking
15) amount of alcohol use
16) time management
17) punctuality
18) "time outs" to gain perspective
19) a sense of humor about life
20) the ability to ask needed help
21) the ability to express feelings
22) the ability to give and receive love
23) the ability to deny requests when he or she needs to
24) hobbies
25) the degree of positive attitude about what he or she has done
26) the belief that people can count on him or her
27) his or her willingness to try new things

Correlations between 11 of the 16 stress reducing techniques (items 12-27) and stress (ICS) showed significant, negative relationships indicating higher scores on these items were associated with lower stress scores (Table 2). The range of significant relationships was $r (34) = - .290 \ P < .05$ to $r (34) = -.506 \ P < .05$. Items 12, 13, 15, 19, and 25 of the individual inventory were not significantly related to stress scores on the ICS (Table 2).
Discussion

The results of this study support the hypotheses: There is a relationship between increased stress and managed care for mental health professionals. This study implies that the procedures of managed care may have to change if a therapist expects to be less “stressed” by the current system. Hypothesis 2 supports past research that proper stress reduction methods will and do help with high levels of stress. The results of Hypothesis 2 suggest that if managed care will not change, a therapist can turn to proper stress reduction methods in order to deal with added stress. These results may have been flawed due to the originality of the questionnaire sent out, the low sample population, and perhaps because the respondents to this study may have been biased due to the current controversy over managed care in the Helena area. As for Hypothesis 1, the researcher is unfamiliar with past research that links added stress to managed care. Future studies should explore a larger population, such as the entire United States. Another suggestion would be to test each therapist’s stress by physiological means instead of by written questionnaire. The researcher believes a compromise between managed care and mental health providers may be achieved in the future, and until then therapists should consider investing some time in proper stress reduction.
References


Bartlett, John. (1994). The Emergence of Managed Care and its impact on psychiatry. New Directions for Mental Health Services, 63, 12-24

Berg, R. ACSW. (1993). A good night’s sleep is often hard to find. Diabetes in the news, 12, 44-46.


Table 1

Correlations Between Managed Care and Stress

<table>
<thead>
<tr>
<th>Items Correlated With Stress</th>
<th>N</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5) Therapist’s caseload</td>
<td>36</td>
<td>$r (34) = .312 \ P &lt; .05$</td>
</tr>
<tr>
<td>6) Additional hours of paperwork</td>
<td>36</td>
<td>$r (34) = .407 \ P &lt; .01$</td>
</tr>
</tbody>
</table>
Table 2

Correlations Between Stress Reduction Techniques And Stress

<table>
<thead>
<tr>
<th>Stress reduction items</th>
<th>N</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12) Eat 3 meals daily</td>
<td>36</td>
<td>r (34) = -.265 P &gt; .05</td>
</tr>
<tr>
<td>13) Exercise at least 3 times weekly</td>
<td>36</td>
<td>r (34) = -.187 P &gt; .05</td>
</tr>
<tr>
<td>14) How much each therapist smokes</td>
<td>36</td>
<td>r (34) = .348 P &lt; .05</td>
</tr>
<tr>
<td>15) How much alcohol they drink</td>
<td>36</td>
<td>r (34) = .305 P &gt; .05</td>
</tr>
<tr>
<td>16) If they plan their time well</td>
<td>36</td>
<td>r (34) = -.416 P &lt; .05</td>
</tr>
<tr>
<td>17) If they are on time when they are expected</td>
<td>36</td>
<td>r (34) = -.372 P &lt; .05</td>
</tr>
<tr>
<td>18) If they take “time outs” to gain perspective</td>
<td>36</td>
<td>r (34) = -.479 P &lt; .05</td>
</tr>
<tr>
<td>19) If they can laugh at life</td>
<td>36</td>
<td>r (34) = -.290 P &gt; .05</td>
</tr>
<tr>
<td>20) If they ask for help when they need it</td>
<td>36</td>
<td>r (34) = -.353 P &lt; .05</td>
</tr>
<tr>
<td>21) If they say how they really feel</td>
<td>36</td>
<td>r (34) = -.506 P &lt; .01</td>
</tr>
<tr>
<td>22) Whether or not they give and receive love</td>
<td>36</td>
<td>r (34) = -.474 P &lt; .01</td>
</tr>
<tr>
<td>23) Whether they can say “no” when they need to</td>
<td>36</td>
<td>r (34) = -.419 P &lt; .05</td>
</tr>
<tr>
<td>24) How often they do hobbies</td>
<td>36</td>
<td>r (34) = -.337 P &lt; .05</td>
</tr>
<tr>
<td>25) How good they feel about what they do</td>
<td>36</td>
<td>r (34) = -.069 P &gt; .05</td>
</tr>
<tr>
<td>26) If they believe that people can count on him or her</td>
<td>36</td>
<td>r (34) = -.370 P &lt; .05</td>
</tr>
<tr>
<td>27) Whether they are willing to try new things</td>
<td>36</td>
<td>r (34) = -.336 P &lt; .05</td>
</tr>
</tbody>
</table>

**Bold figures show insignificance**
I am a student at Carroll College conducting research on the stress Managed Care has added to Helena therapists, and whether or not therapists are utilizing the stress reduction methods they know.

Enclosed is a survey that will ask you lifestyle habits as well as demographics, managed care inquires, and job related questions. Also enclosed is the ICS scale (index of clinical stress scale). The study will be anonymous, so I ask that no names be written on any of the testing material. This study will be beneficial for the Helena area therapists in their attempts to live a less stressful life. The study will create recommendations and predictions for dealing with the new stressful world of a therapist. I would appreciate your participation in the study and I hope to hear back from you soon. If there are any questions or you would like a copy of the results please call the number given at the top of the page. Enclosed is a self-addressed envelope.

Thank You,

Bo Smelko
1) In what field is your clinical degree?
   1. social work
   2. clinical psychology
   3. counseling
   4. psychiatry
   5. chemical dependency

2) How old are you?
   1. 25-30
   2. 31-35
   3. 36-40
   4. 41-45
   5. 46 and up

3) Sex?
   1. Male
   2. Female

4) How many years have you been in this profession?
   1. 0-3
   2. 4 - 6
   3. 7 - 10
   4. 11-14
   5. 15 and up

5) How many additional hours of paper work per week are required to do since providing services to clients under managed care?
   1. 0
   2. 1-3
   3. 4-6
   4. 7-9
   5. 10 and up

6) About how many clients in your current caseload are covered under a managed care plan?
   1. 0
   2. 1-3
   3. 4-6
   4. 7 - 10
   5. 11 and up

7) How has managed care effected you job satisfaction
   1. greatly decreased
   2. decreased
   3. no effect
   4. improved
   5. greatly improved

8) Because of managed care have you had thoughts of changing professions?
   1. None
   2. little
   3. sometimes
   4. often
   5. all the time

9) Rate the overall level of stress you typically experience
   1. very little
   2. little
   3. mild
   4. high
   5. very high

10) Are you now or will you be in the future a provider of Montana Community Partners Network?
    1. currently am
    2. leaning towards the idea
    3. undecided
    4. leaning away from it
    5. never

Rate each of the following numbered items separately with the following scale:
   1 = never do this
   2 = rarely
   3 = some of the time
   4 = most of the time
   5 = always

Physical skills:
12) ___ eat 3 meals daily
13) ___ exercise at least 3 times weekly
14) ___ smoke
15) ___ drink alcohol more than 3 times per week

Personal management skills:
16) ___ Plan my time well
17) ___ on time when I'm expected
18) ___ take "time out" to get perspective
19) ___ laugh at life

People skills:
20) ___ ask for help when I need it
21) ___ say how I feel
22) ___ give and receive love
23) ___ say "No" if I need to

Action Skills:
24) ___ do hobbies
25) ___ feel good about what I do
26) ___ people can count on me
27) ___ try new things

Thank-you!
INDEX OF CLINICAL STRESS (ICS)

Name:____________________________________________________________ Today’s Date:______________

This questionnaire is designed to measure the way you feel about the amount of personal stress that you experience. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

1 = None of the time
2 = Very rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = All of the time

1. ____ I feel extremely tense.
2. ____ I feel very jittery.
3. ____ I feel like I want to scream.
4. ____ I feel overwhelmed.
5. ____ I feel very relaxed.
6. ____ I feel so anxious I want to cry.
7. ____ I feel so stressed that I’d like to hit something.
8. ____ I feel very calm and peaceful.
9. ____ I feel like I am stretched to the breaking point.
10. ____ It is very hard for me to relax.
11. ____ It is very easy for me to fall asleep at night.
12. ____ I feel an enormous sense of pressure on me.
13. ____ I feel like my life is going very smoothly.
14. ____ I feel very panicked.
15. ____ I feel like I am on the verge of a total collapse.
16. ____ I feel that I am losing control of my life.
17. ____ I feel that I am near a breaking point.
18. ____ I feel wound up like a coiled spring.
19. ____ I feel that I can’t keep up with all the demands on me.
20. ____ I feel very much behind in my work.
21. ____ I feel tense and angry with those around me.
22. ____ I feel I must race from one task to the next.
23. ____ I feel that I just can’t keep up with everything.
24. ____ I feel as tight as a drum.
25. ____ I feel very much on edge.