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NYC

It's Not the Stress, It's How You Deal With It

By CLYDE HABERMAN
Published: October 26, 2007

Members of the American Psychological Association visited New York from Washington the other day to talk about stress. They came to the right place. Traffic in Midtown was such a disaster that day that the only anxiety-free soul would have been someone riding in the back of a hearse.

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The purpose of the psychologists' visit was to announce the findings of an online survey that they had commissioned. The results were not encouraging, even if you may question (as some people we know do) the reliability of online polling.

One-third of Americans in this survey described themselves as extremely stressed. About half said the situation had worsened over the last five years. In response, many do things that are plainly not good for them. They smoke, they drink, they eat junk food, all to excess. They feel fatigued, and get headaches. Why, some become so disoriented that they talk to pollsters.

Not that any of this comes as a shock. You would have to be living pretty far off the grid not to notice that the modern world can rattle you down to your toes.

In this survey, work and money were listed as principal worries. There is too much of one and not enough of the other. Only we can't remember which is which. We got distracted by a nagging question of why the psychologists picked New York to unload the bad news. This was a national survey. Washington, their home, wouldn't do? It's a big reason there is so much stress.

Logistics, it seems, helped explain the choice of New York. We are blessed, if that's the right word, with more than our share of professional note takers and microphone holders.


Also, the psychologists said, New Yorkers are probably more stressed out than most (another shocker). They found that, in general, Americans living on the right and left coasts are worse off than others. Face it, said Dr. Russ Newman, a point man on this issue for the psychological association: In this regard, New York is "maybe even a worst-case scenario."

Can't argue with that. But New Yorkers also come up with clever ways to relieve their stress.

For example, we know of a Westchester woman who turns 60 today. Believe what you will about 60 being the new 50. At that age, you cannot ignore that you have lived many more years than you are going to live. That's a stress inducer. This woman, however, knows how to deal with it.

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She happens to work in Washington, part of a small but influential outfit. Now she is looking to get a high executive position that is about to open. In that pursuit, she persuaded lots of people to hand over tons of money just to be in her presence on her birthday. For her, nothing eases stress like infusions of cash.

We are also familiar with an executive who lives in Manhattan. One way he unburdens himself is by walking around in a cap and a jacket bearing the logo of his favorite baseball team. It makes him feel better.

As it turns out, this man is interested in the same high position that the Westchester woman desires. The other day, out of the blue, he allowed that he was rooting for a team that is the traditional enemy of the ball club whose jacket and cap he likes to wear. That statement made some people wonder if perhaps the stress of pursuing this new job had gotten to him.

Another executive from Manhattan works out his stress by occasionally fantasizing. Now and then, this man imagines that he is a mechanical object. A few months ago, he told someone that he was a steamroller. Well, why not? To each his own.

So perhaps the psychologists from Washington are right and this city is a worst-case scenario. But clearly some New Yorkers are up to the challenge, and devise novel methods for coping.

Still, don't you sometimes feel they could do the rest of us a favor by lighting up, pouring themselves a stiff drink and munching on candy?

Just like normal people?

E-mail: haberman@nytimes.com

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Psychologists Get Prescription Pads And Furor Erupts

By ERICA GOODE

Published: March 26, 2002

Psychologists are adept at diagnosing and treating mental illness. But unlike psychiatrists, who are medically trained, they have never been able to prescribe drugs for their suffering patients.

As of July 1, however, psychologists in one state, New Mexico, will be authorized to pull out the prescription pad. A new law will grant prescribing privileges to licensed, doctoral-level psychologists who have completed an additional training and certification program.

And though the specifics of the plan remain to be worked out, the law is already the focus of a bitter national debate.

Proponents argue that the law will provide greater access to quality care at lower cost. Opponents contend that psychology should remain distinct from its medical cousin and they worry that the legislation may place vulnerable patients in danger.

Most vehement in their objections are the representatives of organized psychiatry.

"Most of the patients we see as psychiatrists have many other medical problems," said Dr. Richard K. Harding, president of the American Psychiatric Association. "They have hypertension, diabetes, migraine headaches. And the interactions of the medicines we give for these other conditions are often extremely difficult and scary."

The new law, Dr. Harding said, does not require sufficient training.

"It really scares me," he added, "I think there will be some tragic results from it."

On the other hand, Dr. Russ Newman, the executive director for professional practice at the American Psychological Association, said a variety of studies had demonstrated that psychologists could prescribe safely.

Those studies, he said, included a pilot program run by the Defense Department from 1991 to 1997 that trained 10 psychologists to write prescriptions. Evaluators of the program, Dr. Newman said, concluded that its graduates "filled critical needs and performed with excellence wherever they served." (Seven of the psychologists continue to write prescriptions in military settings).

Other backers of the New Mexico legislation have noted that patients there now have to wait five weeks to six months to see a psychiatrist and that few psychiatrists practice in rural areas of the state. And they point out that in all states patients who see psychologists for psychotherapy must also consult physicians to get the appropriate prescriptions.

"In some conditions," Dr. Newman said, "the treatment of choice is a combination of psychotherapy and medication." Having the same professional cover both aspects creates

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"a more efficient, cost-effective way of providing services," he added.

Underlying the arguments on each side are other issues of economics and professional turf.

For psychologists, squeezed in a managed-care world, the addition of prescription-writing skills has definite appeal.

"From our vantage point, one of the driving forces has been to have as many strategic treatment interventions in our treatment bag as possible," Dr. Newman said.

For psychiatrists, on the other hand, any ground yielded carries the risk of income lost. The American Psychological Association has been lobbying for prescribing rights for its members for more than a decade. The Hawaii Senate defeated the first prescription bill in 1989. And legislation proposing similar authority for psychologists has been introduced in more than a dozen states over the last decade.

Practitioners in several other fields, including podiatrists, dentists and in some states nurse practitioners, can prescribe medicine without supervision. Still, some critics of the New Mexico law are concerned that the legislation is too weak to ensure that psychologists will be able to prescribe safely.

Under the law, psychologists who wish to gain prescribing privileges must complete at least 450 hours of courses in neuroscience, pharmacology, psychopharmacology, physiology, laboratory assessment and clinical pharmacology.

They must also spend at least 400 hours treating at least 100 patients with mental disorders under the close supervision of a psychiatrist or other physician, and they must pass a national examination.

After the psychologists complete the training and pass the test, they will be eligible for two-year licenses to prescribe psychiatric medication with medical supervision. Then, practitioners can apply to prescribe independently.

But Dr. Joel Yager, a professor of psychiatry at the University of New Mexico, said he was concerned that the law as written was not rigorous enough.

The legislation, he said, calls for far fewer hours of course work than were required of the first graduates of the Defense Department pilot study. The law also has no requirement for completing basic science courses like organic chemistry or biology, he said.

And, the law neither requires in-hospital training nor stipulates that a supervising physician has to be a psychiatrist or psychopharmacologist, with specialized knowledge of psychiatric drugs, rather than a family physician or other doctor.

"People are going to learn psychopharmacology for dummies," Dr. Yager said. "They will learn how to pass tests but will not really have a decent immersion in this material because they won't have the background for it."

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Dr. Oakley Ray, a professor of psychology and psychiatry at Vanderbilt University, who was the chairman of the task force that evaluated the pilot program, also views the training requirement as "too little and not rigorous enough."

In the Defense Department program, Dr. Ray said, the psychologists "were on call and worked from 7 in the morning to 7 or 8 at night." Stringent criteria were used to select candidates for the program. And the trainees were supervised by a psychiatric psychopharmacologist, he said.

But Dr. Morgan T. Sammons, one of the first psychologists to graduate from the Defense Department program, said it quickly became clear that the amount of training necessary had been overestimated.

"When we first started out in 1991, our curriculum consisted of the first two years of medical school and the first year of a psychiatric residency," said Dr. Sammons, the president of the Maryland Psychological Association and the director of mental health at the Naval Medical Clinic in Annapolis.

But "as the program evolved," he said, "more specific courses were folded into the curriculum and the total hours were essentially cut in half."

Dr. Elaine LeVine, a psychologist in private practice in Las Cruces, N.M., and the chairman of the state psychological association's task force on prescriptive authority said, "We're not purporting to be physicians."


The new law, Dr. LeVine said, mandates that psychologists maintain continuing and collaborative relationships with their patients' primary doctors even after being certified to prescribe on their own.

And she noted that a majority of prescriptions for psychiatric drugs nationwide were written by primary care physicians, not psychiatrists.

"We already have expertise in diagnosing and treating mental conditions," Dr. LeVine said, "and now, working with the physicians, we can bring that expertise in terms of what particular medication might be best for that particular disorder."

In fact, the specifics of how psychologists will be selected, trained and supervised remain to be worked out. An amendment added to the law before it was signed by Gov. Gary E. Johnson, a Republican, delegates such details to the New Mexico Board of Medical Examiners and the New Mexico Psychologist Examiner's Board, which could take months to agree on a plan.

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For his part, Dr. Ray said he thought it was probably inevitable that at some point psychologists would be able to offer their patients medication in addition to psychotherapy and other services.

"I've been telling my friends the psychiatrists for 10 years that this is something that's going to happen," Dr. Ray said. "They can either fight it and lose, or they can join it and make sure it works in the best possible way to benefit patients in the field."

Still, some psychologists oppose this new twist, believing they should stick with what they do best. Adding drugs to their armamentarium, they maintain, is a prescription for trouble.

"There's nothing to prevent psychologists from earning a nursing degree or a medical degree" if they want to prescribe drugs, said Dr. Gerald Davison, the chairman of psychology at the University of Southern California.

But without medical training, Dr. Davison said, psychologists put themselves at greater risk of condemnation for any mistakes that are made -- and mistakes, in any medical endeavor, are inevitable.

"I think it's just a dreadful mistake that psychology is making," he said, "and I think that New Mexico has made a dreadful mistake."

Photo: Gov. Gary E. Johnson of New Mexico sides with psychologists. (Kevin Moloney for The New York Times)(pg. F4)

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PracticeUpdate (/practice/update/) | October 25, 2007 (/practice/update/2007/10-25/)

APA survey finds rising stress takes a toll

APA's annual national survey, a component of the Mind/Body Health Public Education Campaign, reveals the far-reaching consequences of rampant stress

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by APA Practice Organization Staff

October 25, 2007 — The results are in: Americans are increasingly stressed out, and it's affecting their health, work and relationships.

Results from “Stress in America,” the American Psychological Association's annual national survey of attitudes and perceptions of stress among the general public, were released yesterday.

Among the survey findings:

Some stress is to be expected, but too much stress can make us sick.

Stress is a fact of life, say 79 percent of those surveyed, and 73 percent believe that too much stress can make you sick. During the month preceding the survey, 77 percent of Americans experienced stress-related physical symptoms including fatigue, headache and upset stomach. And 73 percent reported psychological symptoms including irritability or anger, feeling nervous and lack of energy.

We're most stressed about work and money.

Work (74 percent) and money (73 percent) cause the most stress, followed by workload (66 percent), children (66 percent) and family responsibilities (60 percent). And we're more stressed about work and money than we used to be—last year, 59 percent called each a stressor.

Housing is a major stressor on the nation's coasts. Housing costs, including rent or mortgage payment, were cited as a significant source of stress more often in the West (62 percent) and East (55 percent) than the Midwest (47 percent) and South (43 percent).

Stress is damaging our personal relationships.

Roughly half of all Americans (45 percent) report that stress has a negative impact on their relationship with a spouse or partner. A third (32 percent) report fighting or arguing with a spouse or partner in the last month, and one in four (25 percent) say that during the last five years their personal relationships have suffered because of stress.

We rely on unhealthy behaviors to manage stress.

When they feel stressed, Americans drink more alcohol and smoke more cigarettes: 66 percent of smokers report smoking more when stressed and 17 percent of people who drink reported drinking too much in the week before being surveyed due to stress. In the month before being interviewed, stress compelled nearly half (43 percent) to overeat or eat unhealthy foods (with candy and ice cream leading the snack pack) and more than one third (36 percent) to skip a meal.

We know the value of psychotherapy and exercise in managing stress, but we don't follow through.

Sixty nine (69) percent of those surveyed recognize the benefits of mental health support in stress management, but only 7 percent sought professional help to manage their stress in the past year. And while respondents report walking or running to relieve stress, more choose sedentary activities, including listening to music and reading.

The survey results were first announced exclusively by USA TODAY, which devoted nearly a full page to coverage, and NBC affiliates around the country. Journalists from more than a dozen additional media, including The New York Times, Reuters, *The New York Post*, *Good*

Housekeeping, Ladies' Home Journal, Reader's Digest, Prevention and Women's Day magazines, gathered at a press luncheon event in New York with APA Executive Director for Professional Practice Russ Newman, PhD, JD, Division 38 (Health Psychology) President Beverly E. Thorn, PhD, also presented survey results and addressed the physiological effects of stress. Richard Millard, PhD, MBA, presented the survey methodology (see below) on behalf of Harris Interactive.

In the early hours after release, the survey results stimulated considerable interest among the media. Dr. Newman interviewed with NBC Nightly News and MSNBC on October 25, and Dr. Thorn conducted radio interviews.

The survey is a component of APA's Mind/Body Health Public Education Campaign (PEC), which seeks to educate the public about the connection between psychological and physical health and promote the work of psychologists to improve overall health. Members of the public can access survey findings, as well as articles and tips for dealing with stress, at [APA's stress information and resources page \(https://www.apa.org/topics/stress\)](https://www.apa.org/topics/stress).

To support psychologists' efforts to educate members of their local communities about the mind-body health connection, APA is offering members a free Mind/Body Health Toolkit. The toolkit includes:

Overview of the campaign on DVD

PowerPoint presentations, discussion guidelines, tips on how to work with the media, template press releases and articles for consumers--all on a portable flash drive

Radio public service announcements and video news releases in support of the campaign

CD illustrating the physiological effects of stress via interactive anatomical figures

The free toolkit can be ordered by [e-mailing \(mailto:pracpr@apa.org\)](mailto:pracpr@apa.org) the Campaign Services Bureau. APA members who request a toolkit automatically become part of the PEC Network and will be connected to their state, provincial and territorial psychological association (SPTA) PEC Coordinator. The coordinator oversees public education initiatives in his or her SPTA and serves as a public education liaison to APA.

Note about methodology: "Stress in America" was conducted online by Harris Interactive on behalf of the APA. Between August 30 and September 11, 2007, 1,848 adults (ages 18 and over) were interviewed in English and Spanish on their attitudes and perceptions of stress. The survey has a sampling error of +/- 2 percentage points.

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Women prone to stress-eating during holidays

Dec. 18, 2006, 6:50 PM EST / Source: The Associated Press

Emi Fujiwara's holidays can hardly be called that as she juggles a full-time job and evening studies and tries to find money and time to buy presents, organize parties and cook for family and friends.

The 26-year-old trainee nurse, who works at a children's hospital, says she indulges in comfort eating during what she describes as the most stressful time of the year. The seemingly endless invitations to parties and dinners make it easier to overeat, she said.

"Well, I am a cracker-and-cheese and wine kind of girl. Once I see all that out there, it is trouble for me," she said after going to the gym for the first time in weeks, seeking to burn off excess calories.

Nearly half of all women in the United States suffer from increased stress during the holidays, a condition that contributes to rising levels of comfort eating, drinking and other coping mechanisms that can lead to weight gain, according to a survey conducted in October by the American Psychological Association.

A national stress survey the association conducted in January showed one in four people in the United States agrees that "when I am feeling down or facing a problem, I turn to food to help me feel better." The October survey showed that the proportion increases to one in three people during the holidays.

Comfort eating and unhealthy drinking increases among men too, but is more common among women.

Forty-one percent of women in the survey agreed that they eat for comfort during the holidays, compared with 31 percent during the rest of the year. Among men, 25 percent report holiday-season comfort eating, compared with 19 percent during the year, according to the survey.

Others may not even notice gaining weight, said Russ Newman, the association's executive director for professional practice.

The holiday season is the most emotional time of the year for many Americans, particularly for women who often feel pressured to make it special to those they care about, said Sharon Gordetsky, a psychologist who specializes in children, families and issues of female development.

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'I end up doing it all'

Even in families where fathers play a bigger role in parenting, child caring and household work, “women tend to often still do more of the planning, do more of the nurturing, do more of the social and family organization” for the holidays, said Gordetsky, an assistant professor at the Tufts-New England Medical Center's Comprehensive Family Evaluation Center.

Too true, said Sissy McPhearson, who teaches while working on a dissertation at Harvard University's Divinity School.

McPhearson says the stress of preparing for holidays, plus increased invitations to go out, makes it easier for many to reach out for that extra drink.

“I go out a lot more now, maybe three or four nights a week ... and have a couple of drinks. Usually I just go out maybe once a week,” she said.

Women have to take care of themselves if they are to be able to take care of others, Gordetsky said.

Among the healthier methods experts recommend to cope with the holiday stress are opting for less elaborate festivities and saying no to that serving of delicious roast beef, lasagna, chocolate or chilled glass of white wine.

“Exercise helps. I work out ... and I am getting a massage Tuesday,” McPhearson said.

The holiday stress survey was conducted Oct. 2-5 by the Washington-based Greenberg, Quinlan Rosner Research. The telephone poll, with a margin of error of plus or minus 3.5 percent, reached 369 men and 417 women and was weighted by gender, age, race and education.

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WHAT ARE THE ECONOMIC prospects for the soft sciences? Those can be somewhat loosely defined as fields--like anthropology, psychology and sociology--in which there is quite a parade of scientific method but a shortage of patents or other evidence of practical results. There is a persuasive case to be made that the social sciences are in desperate shape. And yet a survey of the evidence leads one to the conclusion that a powerful instinct for self-preservation will see them through to another century.

Bearish case: The science of anthropology is, in the words of some renowned scholars participating in a Web-based discussion group on human biodiversity, "dying a lingering death." The more I follow their reasoning, the more it seems likely that parallel statements can be made about psychology and sociology. Mainstream social science--or at least organized social science--really does look to be in trouble.

The trouble comes from two directions. First, organized anthropology, psychology and sociology keep looking more and more ridiculous as they plunge deeper into political correctness--the major sickness being complained about in the aforementioned discussion group. But they also look ridiculous when they try to deal with their professions' practical problems, and especially the problem of how in hell are you supposed to make any serious money with Ph.D.s in these degrees. Am I supposed to take seriously that wishful thinking on the Web site of the American

Anthropological Association (AAA) about how the discipline is a hot new degree and corporate America is panting to hire anthropology majors, and how "anthropologist Katherine Burr, chief executive of the Hanseatic Group, an investment company, was among the first to predict the 1998 Asian financial crisis [and] as a result, her investors made profits while the clients of other money managers lost out"?

And you thought the Asian financial crisis hit in 1997.

In recent weeks Topic A for anybody concerned about the woes of social science has been the strange saga of the Yanomamö Indians, a tribe in the Brazilian rain forest, and the anthropological expedition that studied them some years back. It appears that the tribe suffered from a measles epidemic about the time they were being visited by Napoleon Chagnon, a respected French anthropologist, and a colleague of his named James Neel. According to an upcoming book by journalist Patrick Tierney (already serialized in *The New Yorker*) called *Darkness in El Dorado*, the anthropologists were genocidal monsters. Tierney says that they deliberately created the deadly measles epidemic as part of some kind of bizarre eugenics experiment.

The story was a worldwide media sensation for a month or so, with hundreds of anthropologists publicly joining in denunciations of Chagnon and Neel, some comparing the two to Nazi Josef Mengele. But by early November Tierney's story line was unraveling--in part because it had been established that the virus in question could not have spread measles contagiously, also because there was nothing in the alleged perpetrators' history to suggest an interest in eugenics, and in any case no reason to think a eugenicist would be especially hostile to the Yanomamö tribe.

Two points about this remarkable episode: First, the credulous reaction of so many anthropologists bespeaks a mind-set aching for activist causes. Second, the accompanying dialog within the fraternity made it clear that anthropology today is defined as an activist profession. All too typical was the formulation by Nancy Scheper-Hughes, a University of California

(Berkeley) anthropologist who was asked by the *New York Times* for comment on the Chagnon-Neel controversy and went on to state that the core task of the discipline today is not just studying local traditions but "critiquing globalization."

Indeed. Sprawling all over the AAA Web site today are the organization's position statements on issues that have only the most tenuous connection to anthropology--statements about gay rights, violence against women, hate crimes--but just come naturally to political activists. Rational underpinning to all this: If anthropologists run out of Stone Age tribes to investigate, they will at least have some political hot buttons with which to attract undergrads to their courses.

On to the American Psychological Association (APA) and American Sociological Association (ASA), two groups of which an old friend and Harvard eminence I dare not name recently remarked: "People become sociologists because they hate society, and they become psychologists because they hate themselves"--a thought that may or may not be related to the two symbiotically related themes both groups keep pitching at you: (1) Our discipline is becoming more and more relevant to the needs of business and society, and (2) just in case businesspeople fail to notice this, we need heavy doses of activism to get their attention.

What will psychology contribute to the new world? Russ Newman, the APA's executive director for practice, sees psychology as "a preeminent profession within the Internet culture," where people will need help in the new ways of relating to one another. At the same time, he avers, the shrinks are needed to deal with all the "loneliness, depression and disconnection resulting from Internet use." In the traditional corporate sector, an APA publication tells us, psychology is needed to help prevent workplace violence--"a promising new niche for practitioners." Also nicheworthy is the prevention of employee absences: A recent APA study, centered on a large corporation, finds that

"60% of employee absences were due to psychological problems." Like, one assumes, the angst associated with getting out of bed in the morning.

Anyhow, the organization says depression costs business \$23 billion a year in lost work. (Could it not be argued with equal precision that low intelligence costs us \$2.3 trillion in lost patents?) Also expanding the need for psychologists are newly discovered mental illnesses, like heavily touted "seasonal affective disorder" (getting upset because it's winter or, possibly, summer or even April). Another new market: the computer needs of young women, said in a current APA study not to spend enough time playing computer games, which is why the boys keep winning out when it comes to careers in computing.

Yet another hitherto unknown problem waiting for psychologists to solve it is the problem of female athletes with eating disorders. According to a recent bulletin issued by an APA news service called PsycPort, "15% to 62% " (huh?) of USC females are plagued by "disordered eating." Opportunities abound in all ages. Another scoop in PsycPort centers on the San Diego psychologists who have discovered that little kids are sometimes anxious during recess periods at school and fail to participate fully in kickball, capture the flag, and other "fun group activities." The solution: "Conflicts between students are discussed and resolved before returning to the classroom."

The sociologists in the ASA present a similar picture: plenty of activism, typified by the "community action research initiative" played up heavily at the organization's recent convention. The stated goal of this program is "to link sociologists with community action groups and to use sociological research to advance the goals of those groups"--the goals, needless to say, being assumed desirable. A slogan found all over the convention literature is "Doing Activist Sociology."

The convention also featured a number of tips on ways to make money out of sociology, especially "financial sociology," a somewhat murky discipline

represented in the workshop run by the Institute for Socio-Financial Studies. The ISFS is said to be supported by "investment bankers and mutual fund companies." Of possible interest to the corporate sector is an ISFS program to develop "the concept of mattering in the workplace." Mattering here refers to the sense of feeling "valued" by employees and customers, but exactly what it all leads to, and whether it really matters, is not entirely clear.

Desperate they may be, but anthropologists, psychologists and sociologists have an innate drive for survival and will muddle through. Fuzzy science is here to stay. Also fuzzy statistics.



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Fresh ways to decompress: Stress busters that really work

POSTED: 10:17 a.m. EST, February 9, 2007

By Jane Meredith Adams

Health.com

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I have close, meaningful relationships with espresso brownies, cold beer, and reruns of "The West Wing." Until recently, it hadn't occurred to me that these paramours are, in fact, three of the major players in my stress-management strategy. Hey, I wasn't even aware I had a stress-management strategy.

And this, according to the American Psychological Association, is exactly the problem. "We do things to manage stress all the time," says Russ Newman, Ph.D., an APA executive director for professional practice. He's not talking about those folks who eat fruits and veggies, exercise regularly, and log eight hours of sleep nightly. No. He's talking about the 45 percent of Americans who, according to an APA survey, deal with stress by retiring to the couch with a glass of wine, a sack of chips, and a pack of ciggies.

Newman would like us to snap out of it. Stress is leaving us exhausted, tearful, and nervous. It also makes us more likely to struggle with high blood pressure, depression, anxiety, and overeating.

So what to do? Here's a slew of strategies that'll help you get your stress in check without doing you in.

Old stress buster: After a harried day at work, you come home and start in on the French bread until you are in a carb-induced coma. "People tend to go after carbohydrate-rich food because it kicks up the neurotransmitter serotonin, which has a relaxing effect on the body," says Lisa Dorfman, R.D., a spokeswoman for the American Dietetic Association and author of "The Anti-Stress Diet."

New solutions: Instead of stuffing yourself with that loaf of bread, take a hot bath or shower to relax your muscles and mind. Or lie down and breathe quietly. If you do decide to eat, make that decision consciously. Ask yourself: What are the consequences? The benefits? After answering these questions, "eight out of 10 times you'll skip the Oreos," says University of Alabama psychology professor Beverly Thorn, Ph.D. ([Beat workplace stress](#))

Old stress buster: After a fight with your spouse, you turn on the tube and zone out. That relaxes you, all right. "It puts you in a stupor," says Robert Kesten, executive director of the Center for Screen-Time Awareness, a Washington, D.C., non-profit. That TV trance is caused in part by your falling metabolism, Kesten says, citing studies that find watching television lowers your metabolism more than sleeping does.

New solutions: To release the emotional stress of a fight, talk to a friend, write in a journal, take a brisk walk, or get some other kind of exercise. If a mental vacation is what you're after, pick up a book to escape. Once you've regrouped, then talk to your mate. ([Two-minute stress busters](#))

Old stress buster: You freak out over your shrinking bank balance and (since you're already in debt) decide to go shopping. Compulsive shopping regulates your mood, says James A. Roberts, Ph.D., a consumer-spending researcher at Baylor University. And when you're focused on shopping, you're avoiding feelings of low self-worth or inadequacy.

New solutions: If you're shopping to make yourself feel better, avoid situations that require you to make buying decisions. Get a different rush: Take a hike, ride your bike, or go for a run to get the adrenaline flowing. A mental-health pro can help you deal with your behavior, too. And a credit counselor or financial adviser can help you get control of your funds. ([Two-minute stress buster](#))

Old stress buster: Since you've started caring for your elderly mom, you find yourself reaching for the menthols. "Nicotine briefly releases feel-good chemicals in the brain, including beta endorphins and dopamine," says Thomas J. Glynn, Ph.D., director of cancer science and trends for the American Cancer Society.

New solutions: Taking a brisk walk or running for at least 20 minutes can also trigger the release of those feel-good endorphins. And immersing yourself in meditation, prayer, yoga, deep breathing, and even reading can keep you calm. Instead of trying to puff away your feelings, talk to a friend or a counselor.

Author Jane Meredith Adams finds it very relaxing to go for a long walk and listen to her iPod.

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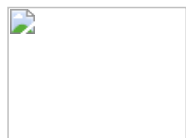
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Taking a brisk walk or running for at least 20 minutes can trigger the release of those feel-good endorphins.

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Do Men or Women Worry More?

By ABC News

February 23, 2006, 12:40 PM • 2 min read

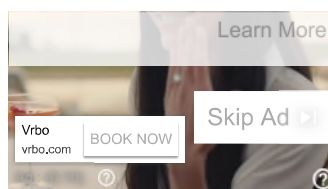


Feb. 23, 2006 — -- When you think of a woman who's stressed, do you picture her sobbing into a bag of chips? And do you believe that men are the only ones who worry about money?

Well, these stereotypes, and other common beliefs about stress, are wrong, according to a new nationwide survey of 1,600 adults, conducted for a consortium that included the American Psychological Association, National Women's Health Resource Center and iVillage.

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The survey found that more women (28 percent) than men (19 percent) call money "a very significant source of stress." And men are more likely than women to turn to food as a source of comfort. Another surprising revelation of the survey is that stress levels are higher for frequent eaters of fast food than for those who don't eat fast food.

"We've found that people with stress have increased levels of obesity, hypertension, anxiety and depression, and trying to work through your stress with empty calories and fatty foods doesn't do any good," said Russ

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Newman, executive director of professional practice at the APA. "In fact, it makes it worse, which makes you all the more stressed."

The survey also found that men and women handle stress differently, which should come as no great shock.

Stressed "women tend to feel nervous and like they wanted to cry," Newman said. "Men tended to lose sleep and feel angry and irritable."

In general, women are more stressed out than men, the survey found. Single mothers suffer from the most stress, and single fathers were next. More women (27 percent) than men (20 percent) worry about the health of a spouse or child, and more women (25 percent) than men (15 percent) say children are a very significant source of stress in their lives.

Tips on Dealing With Stress

Newman offered these tips for alleviating stress in your life.

- **Identify what is stressing you out.** This seems pretty straightforward, but often people are not very honest with themselves, not wanting to admit that their kids or their aging parents are driving them crazy.
- **Craft a plan of attack.** Asking someone to help you with what is causing your stress is a great idea.
- **Make time for yourself.** Do something, such as exercising, reading or indulging in a hobby that you enjoy.

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IN THE '90S, PSYCHOLOGISTS FEEL NEED FOR A LITTLE HELP

By **GARRET CONDON; Courant Staff Writer**

THE HARTFORD COURANT

JULY 7, 1996

In the earnest radio spot, a harried survivor of corporate downsizing tells of how a psychologist kept him off the ledge and got him back on track at the office. "My psychologist smiles when I tell her she saved my life," he says. "I know for sure she saved my job."

The ad is part of a recently concluded, \$360,000 broadcast and print campaign in **Hartford** by the American Psychological Association, which just finished a similar project in Denver. Both campaigns were mounted to see if such an effort can raise psychologists' profiles among consumers. The **East Hartford**-based Connecticut Psychological Association will follow up with a broad, grass-roots public education effort.

So, why would the century-old profession dedicated to the study and treatment of human behavior problems resort for the first time to an ad campaign? Because psychologists fear becoming harried survivors of downsizing.

The theme of the public education project is, "Talk to someone who can help," but the need for such outreach suggests that psychologists could use a little professional help, too.

Clinical psychologists -- licensed, doctorate-holding practitioners who apply the science of psychology to those with certain mental health problems -- are feeling the squeeze of managed care along with other mental health therapists. Managed-care health firms and insurers, seeking savings, often curtail fees and limit psychotherapy sessions. They may bypass psychologists and choose to send patients for talk therapy to lower-cost licensed therapists, psychiatric nurses or social workers. They may also opt for psychiatrists who, as medical doctors, can offer both therapy and prescription drugs.

"They [psychologists] are scared for their livelihood, but they're also concerned about their clients' ability to get care that's needed," says psychologist Sheila Woody, assistant professor of psychology at **Yale University** and director of the Yale Psychological Services Clinic.

New Haven clinical psychologist Robert Singer has seen his livelihood erode as large city employers -- who once discreetly referred many patients his way -- have turned to managed care. Today, he's lost about 40 percent of the psychotherapy practice he once had, and is getting about 60 percent of his usual fee for his clients in health plans. Singer recently branched out into divorce mediation -- in partnership with a lawyer -- as a way to make up income he's lost on psychotherapy.

"All mental health people I know today have to struggle to deal with these changes," he says.

For Singer and other psychologists, the couch is half empty; for others, it's half full. They see exciting opportunities in the new entrepreneurial world of health care. And while some psychologists believe the consumer is being shortchanged, this is still a matter of controversy.

Despite the popularity of treating depression and anxiety with such drugs as Prozac, talk therapy is far from dead. University of Scranton psychologist John C. Norcross, who has studied such trends, notes that nearly one-third of Americans have received or will receive specialized mental health care in their lifetimes -- a figure that has doubled in 40 years and has reached an all-time high.

Norcross says that while psychologists and psychiatrists once had equal portions of the outpatient talk therapy pie (roughly 40 percent each), psychologists have been claiming a larger slice in recent years. Now managed-care firms are making wider use of other disciplines and adding to the pool of potential therapists.

Seventy-one percent of Americans with employer-provided health care were enrolled in some kind of managed-care plan as of last year. Those who peddle such plans compete for corporate dollars by providing health care for less. Psychologists argue that they can contribute to cost-cutting by reaching people with mental and emotional problems before these problems become costly physical ailments such as heart disease and back pain. Psychology has pioneered treatments such as biofeedback and other approaches to mind-body medicine.

Even if a managed-care company agreed, it might not hire a psychologist to do the actual work. Why pay a psychologist when a master's degree-level therapist can do just as well for less?

"The reimbursement for providers is dropping," says Michael D. Kahn, professor of clinical psychology and director of the doctoral program at the [University of Hartford](#). "The message is: 'All providers are the same.'"

Kahn and other psychologists believe that their long training (an average of 7.2 years of graduate work) makes them extremely sophisticated therapists, more effective healers and, therefore, a potential boon to managed-care companies that are taking the long view.

But the companies -- and other psychotherapeutic disciplines -- don't necessarily put psychologists on a pedestal. Psychologist Gregory Bayer is vice president for clinical network management at Human Affairs International, an Aetna Health Plans subsidiary in Sandy, Utah. HAI provides mental health plans and employee assistance programs for Fortune 500 clients across the country.

More than a third of HAI's providers are psychologists, says Bayer -- about the same percentage made up by counselors, social workers and nurses. The remainder are psychiatrists. Bayer says attempts are made to link patients with the therapist who is most appropriate.

"There has never been any research to support a unique, clinical outcome for a particular degree type," he says. What counts for any therapist is experience, he says.

But Norcross says the question of which therapist provides the best therapy is a huge debate not likely to be settled by statistics alone. Most of the data, he says, suggests that neither job title nor years of experience affect

outcomes -- they all do equally well. But he adds that common sense suggests that the best-trained and most-experienced therapists do the best work. And there are three studies, he says, that suggest that doctoral-level therapists -- psychologists and psychiatrists -- get better results.

Last November, Consumer Reports magazine reported on a poll of subscribers regarding mental health services. In the poll, psychiatrists, psychologists and social workers received equally high marks.

Yale's Woody says it's wrong to set psychologists against other licensed therapists, since each discipline has its strengths. "Counselors are good at helping people with their problems," she says.

And psychotherapists of every stripe share common concerns about managed care. In particular, many are worried that sharing patient files with the health plan may harm their patients in the long run. (Patients often must agree to this to get coverage. Will someone who once admitted to suicidal impulses in therapy later be prevented from buying life insurance?) And they lament what they feel is a loss of control over the care of their patients.

Still, many psychologists acknowledge that in the heyday of generous reimbursement-style insurance plans, therapists were encouraged to overtreat patients. Many say the recent belt-tightening in health care hasn't been all bad. "The available resources are not going to support getting psychotherapy ad infinitum" says Russ Newman, executive director for professional practice at the American Psychological Association.

And there are opportunities for psychologists willing to step out of their traditional roles.

"Psychology is a huge field," says psychologist John Cline of Hamden, president of the Connecticut Psychological Association. He notes that psychologists are trained in research methods and evaluation techniques -- knowledge and skills they can bring to a number of areas, including schools and such businesses as computer science, the media, and -- surprise -- managed health care.

Cline himself has a ground-breaking position. For two years, he has been clinical director of the department of behavioral health at the Grove Hill Medical Center in New Britain. He is one of four psychologists who work with a staff of doctors to consult with patients as an integral part of the medical practice.

Psychologist David Singer, director of the University of Hartford's doctoral program in psychology, says his graduates are being trained for a host of jobs. "We're broadening the role to include pain management, treatment compliance, sports psychology and organizational psychology."

Still, psychotherapy will likely remain a mainstay for psychologists. (About 60 percent of the APA's nearly 83,000 U.S. members described themselves as "providers" in 1995. Psychologists licensed in the state -- 1,328 as of last December -- are certified to provide therapy. Psychologists working in non-therapy jobs need not be licensed.)

Psychologists believe a well-informed public will ask specifically for their services. (Early evidence from Denver suggests that the ad campaign was a mild success. A post-campaign survey will be conducted in Connecticut.)

"On the basis of quality and costs in the long run we can make a good argument for ourselves," says Cline. "But if people don't know that, it doesn't really matter."

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Law Grants Psychologists Prescription Writing Privilege

By | **Fox News**

NEW YORK – Psychologists may soon be able to write out more than their patient's problems on those little notepads.

A statute in New Mexico that allows licensed doctors of psychology who have passed additional training to prescribe medication will become law on July 1, making it the . rst state in the country to do so. Four other states — Illinois, Georgia, Hawaii, and Tennessee — are considering similar legislation.

Many psychologists consider this a monumental victory for their profession. But the American Psychiatric Association and some other mental health professionals consider it a horrific mistake to give non-physicians the ability to prescribe drugs.

"Psychologists simply do not have the background or experience to safely and effectively use powerful medications in the treatment of mental illnesses," said a statement from APA President Dr. Richard K. Harding.

Psychologists may not have medical degrees, but the New Mexico law requires extensive training for those who want prescription certification. Among the requirements are 450 hours of coursework and another 400 hours treating at least 100 patients with mental disorders supervised by a psychiatrist or a physician.

Candidates must also pass a national exam, at which point they are eligible for a two-year license to prescribe psychiatric medication with a medical supervisor. Only after all of this can they prescribe on their own.

Not surprisingly, the American Psychological Association is thrilled with New Mexico's decision.

"The ability to have access to all the kinds of treatments that one might find useful in treating patients is a very positive thing, from the professional, and I would hope consumer standpoint," said Dr. Russ Newman, executive director for professional practice for the group.

Untreated mental health disorders cost business and the economy big money, according to the group. "In the United States, lost productivity and absenteeism due to untreated mental health disorders totals \$312 billion annually. And according to the National Institute of Mental Health, 44.3 million Americans suffer from a diagnosable mental health disorder," a recent statement said.

Supporters say the new law will save time and money for patients who won't need to be referred out for physician referrals. "Allowing properly trained psychologists to prescribe is a logical step in helping to improve access to quality mental health care for consumers," Newman said.

Just 18 psychiatrists serve the 72 percent of New Mexicans who live outside Albuquerque and Santa Fe, and the waiting time for an appointment ranges from six weeks to five months, according to the psychologists' group. The group also says 75 percent of New Mexicans in that area who suffer from mental health disorders are not receiving treatment.

The scarcity of mental health care is one reason the four other states are considering similar legislation. Thirty-one state psychological associations have formed task forces to champion prescription writing privileges.

Legislation has been pending for the last two years in Georgia, said Sue Hamilton, lobbyist for the Georgia Psychological Association, and will be reintroduced again next year.

"There are areas of Georgia where there are no psychiatrists, and many physicians that are not psychiatrists don't have that much experience treating mental health," she said.

The issue has yet to be finally settled even in New Mexico. The statute requires a medical board of examiners and a pharmacists' group to agree on the specific requirements of the education and testing program. Only then will psychologists be cleared to write prescriptions.

But their decisions cannot decrease the amount of training the law requires psychologists to complete to prescribe.

But Harding contends "no psychology-designed and administrated crash course in drug prescribing can substitute for the comprehensive knowledge and skills physicians achieve through medical education and rigorous clinical experience.

"Psychologists have always had a clear path to prescribing privileges: medical school."

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LETTERS

Effective Pain Remedies

In "Many Americans Are Stoics" {Vital Statistics, Jan. 4} you published a summary of a recent survey on the attitude of Americans toward physical pain and its treatment (The Mayday Fund, 1993 Pain Survey).

The survey found that a large percentage of Americans believe that it is possible to become over-reliant on pain relievers; that pain medicines lose their effectiveness with continued use; that doctors tend to overprescribe pain medications.

However, scientific research on pain contradicts these statements. As Kathleen M. Foley, MD, chief of the Pain Service at Memorial Sloan-Kettering Cancer Center, has noted, "This survey shows the need for public education to dispel such myths" because they create "a major barrier to effective pain management." She is a member of the advisory board of the National Chronic Pain Outreach Association. Laura S. Hitchcock, PhD Executive director National Chronic Pain Outreach Association, Inc. Bethesda

Saving Underweight Newborns

Whether universal coverage for prenatal care {"Prenatal Care to Combat Infant Mortality," Health News, Dec. 21} will have more than minimal impact on current infant mortality rates is open to question.

The cause of most infant deaths in the United States today is low birth weight, which is associated in some instances with intrauterine growth retardation, in many more with preterm delivery. It is not clear if prenatal care reduces the incidence of low birth weight from either cause.

Many studies have shown that women who enter prenatal care during the first trimester of pregnancy are less likely to bear low-birth-weight infants than those who enter later or have no prenatal care at all.

A randomized trial in which some pregnant women receive prenatal care while others receive none is the ideal scientific approach to resolving the question of prenatal care's effectiveness in reducing the incidence of low birth weight.

Ethical considerations make such a trial impossible, and we are unlikely to have a good answer to the question in the foreseeable future. Donald W. MacCorquodale, MD Washington

Doctors' Satisfaction Quotient

I am writing with regard to "Survey Counters Image of Unhappy Physician" {Cutting Edge, Jan. 11}.

The median age of 44 in the study with doctors in practice just a decade or so is not the group of physicians we worry about. A greater concern are those in closer reach of retirement or individuals considering medicine as a career.

It was reassuring that 93 percent actually in practice enjoyed relationships with patients, and that is what we should expect from the rest of the data. Instead, over 30 percent apparently would not choose the same specialty for which they spent three to seven years of extra training, 40 percent did not feel that the financial and personal sacrifices were worthwhile and only 56 percent might encourage their children to pursue careers in medicine.

The study was done in 1992 before the proposals of global budgeting, price controls and a monstrous bureaucracy that further limits physicians. These numbers are also proxies for the quality of health care we Americans hold so dear, and they are at risk over these next several months. Make no mistake. Charles P. Duvall, MD Washington

More Mind-Body Treatment

"Linking Physical and Emotional Health" {Health News, Jan. 11} is one of the most important and timely articles recently appearing in your section. Indeed, for thousands of years, other cultures have treated the mind and body together, rather than as separate entities as our culture does.

As Susan Blumenthal points out, the mind-body connection has been recognized by some clinicians while "scientists have been unable or unwilling to explore {the scientific underpinnings}." Western medicine, in particular, has placed the physical being as the focus of its treatment and diagnosis, with emotional and psychological influences only considered of secondary significance, if at all.

Fortunately, our country's health care system is beginning to change its approach to healing both the human body and mind. One courageous first step was taken by the Clinton administration by including coverage for mental health care in its proposal along with physical health care, albeit not at parity. Additionally, medical and behavioral health providers, such as internists and psychologists, are beginning to enter collaborative practices so that their patients can receive what your reporter, Rick Weiss, describes "as the new vision of mind-body medicine."

Our association encourages this type of collaboration and, in fact, has formed a primary-care working group to study ways in which psychologists can build better linkages with primary care physicians to provide care based on the mind-body connection. Russ Newman, PhD, JD Executive director for professional practice American Psychological Association Washington

Letters intended for publication must be signed and include the writer's home address and home and business telephone numbers. Letters may be edited. Although we are unable to acknowledge all letters, we

appreciate the time and value the viewpoints of those who write. Send letters to Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071 (FAX: 202-334-6471).

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PRIVACY ISSUE A WORRY IN WORKER-AID PROGRAMS

By **Ronald E. Yates, Tribune Staff Writer**

CHICAGO TRIBUNE

JUNE 12, 1994

When they were conceived in the early 1960s, Employee Assistance Programs were hailed as an innovative way for a handful of enlightened corporations to help employees deal with alcohol abuse.

Operated mostly in-house by company psychologists and medical personnel, the programs, known simply as EAPs, were considered the epitome of corporate responsibility. Few debated their credibility or worried about confidentiality.

Today, with EAPs an employee benefit available to about half of all full-time workers in the United States, they are no longer the domain of a few elite corporations. Nor are they perceived simply as benign and helpful appendages to a company's health-care benefit package.

In today's unprecedented climate of downsizing and layoffs, EAPs and the confidential files they generate are viewed more than ever before with apprehension by anxious employees who are convinced-sometimes with good cause-that the information the programs collect could ultimately be used against them.

Employees who go on their own or are referred to a corporation's EAP-typically for help with problems such as depression, alcohol or substance abuse, stress, marital difficulties or poor work performance-worry that intimate personal details are getting back to supervisors, who then append the information to potentially damaging files.

While those who operate many of the nation's EAPs insist those cases are exceptions and not the rule, even a few exceptions are enough to have a chilling effect on the ranks of working Americans, say some critics.

"The fact is there are a lot of gray areas when it comes to the confidentiality of the information EAPs collect on employees," said Cliff Palefsky, co-chairman of the privacy subcommittee of the National Employment Lawyers Association.

"Merely going to an EAP for counseling can have negative consequences for you on your job," said Palefsky, who has represented dozens of workers in wrongful-termination suits.

"If you are referred to an EAP by a supervisor, it's a way of creating a file, of developing evidence against you."

Frederick Stanton, a 58-year-old marketing executive on leave of absence from a suburban Chicago electronics firm, says he knows what Palefsky is talking about.

"During my annual review, my supervisor kept hinting that I had some kind of problem, that I appeared depressed and that it was affecting my work," recalled Stanton. "She suggested that I might be suffering from burnout and dropped hints about early retirement. Then it hit me. She was looking at a file that contained records of my visits to the company EAP."

While Stanton acknowledged that he never actually saw such records, he didn't know how else his supervisor could have known such details. "I felt horribly betrayed," he said.

If Stanton's records were used this way, he would have every reason to feel betrayed, said Dr. Russ Newman, executive director of professional practices at the Washington-based American Psychological Association, a professional organization representing 124,000 psychologists, educators, mental health practitioners and researchers.

"Unfortunately, the greater and broader use of EAPs in America has outstripped the rules and regulations that were set up to protect the privacy of individuals," said Newman.

According to industry figures, direct costs of behavioral health services are increasing 9 percent annually and now comprise 15 to 25 percent of the total cost of employee benefits. Clinical depression alone costs U.S. employers more than \$17 billion in lost workdays each year, and an employee with a chemical dependency can cost up to 300 percent more in medical expenses than an employee without that problem.

Indirect costs of mental health and substance abuse problems, such as absenteeism and decreased productivity, are four times the cost of the benefits themselves, says Mike Garfield, vice president of ComPsych Behavioral Health Corp., an 8-year-old Chicago EAP.

But it would be unfair to characterize EAPs as just another sterile tool for bringing corporate health costs under control, though that is one of the benefits that independent EAPs, such as ComPsych, pitch to potential clients.

Today's EAPs provide free services and help for problems that go far beyond basic alcohol-abuse treatment and counseling.

Even Stanton, though angry about the alleged violation of his privacy, admits that his sessions with an EAP psychologist helped him discover and deal with the roots of his depression. In fact, he is still using the service.

"Companies today understand that mental health and its treatment is growing dramatically," said Garfield. "In today's workplace there is tremendous stress that leads to depression, substance abuse, marital and family problems. Your family doctor doesn't deal with these problems, so where are you going to turn? An EAP is a way for both the company and the employee to promote wellness."

Joan Pearson, who specializes in EAPs and managed health care at Towers-Perrin, a management-consulting firm, points out that a well-run EAP can actually help employees save their jobs.

"If a person is sent to an EAP, it may be because their job is in jeopardy," she said. "An EAP gives them a chance to turn things around . . . to face their problems and get back on track."

Still, employees' confidentiality rights are sometimes breached by people who are not properly trained or sensitized to the privileged information contained in the electronic medical databases of today, say critics.

"The EAP should be a confidential resource for the employee," said Dr. Jack Mahoney, an EAP specialist with Hewitt Associates, a benefits-consulting company in Lincolnshire. "Unfortunately, that definition is not always observed."

In the era before computers, modems and fax machines, the type of information generated by EAPs was kept under lock and key, away from prying eyes. Today, anybody with a computer database's password or, in some cases, even an accomplished corporate computer hacker, can access confidential information that could be damning to a person's career.

"It's inappropriate for a company to have access to information like this," said Newman. "But with EAPs being used with greater frequency than in the past, it's pushing the limits of old rules and technology."

"You don't need to eliminate EAP services, you just have to put a stop to the abuses. For example, it is critical that employees be warned in advance how and under what circumstances information collected by an EAP can be divulged and used against them."

In Illinois, those using EAPs are protected by, among other things, the Illinois Mental Health and Developmental Disabilities Confidentiality Act and the Alcoholism and Other Drug Dependency Act. Both laws say information collected by an EAP cannot be disclosed without a patient's permission.

There are only three exceptions to this rule, said Garfield.

"We adhere to these guidelines to a 'T,' even if it means losing business," said Garfield, whose company has more than 300 clients, ranging from Fortune 500 corporations such as A.C. Nielsen and Borden Corp., to public entities such as the Internal Revenue Service and the Illinois Parks and Recreation Association.

The three exceptions to the confidentiality rule are:

- When laws require reporting a crime, as in cases of child abuse or homicide.
- When there is a duty to warn or protect, such as when a patient is suicidal or poses an imminent danger to others.
- When a patient places his or her mental status at issue in litigation, such as claiming damages for emotional injury. In that case, what is said in an EAP is considered legally "discoverable," though it is standard procedure for most EAPs to ask for a "show cause" hearing before they release records of counseling sessions.

What does all this mean to an employee who uses an EAP? Even though laws and guidelines provide a layer of protection, it is nevertheless important to understand that it is not always an impervious layer.

For example, if a company truck driver is referred to an EAP and admits that he or she drives a vehicle almost every day under the influence of alcohol, the EAP psychologist has the discretion to notify the company of a potential hazard because the truck driver poses a danger.

The same thing is true if a worker admits abusing children.

"The EAP always has a responsibility to get a person to the appropriate treatment if there is a perception of imminent danger to themselves and others. . . . It's often a judgment call," said Sandra Turner, president of the Washington-based Employee Assistance Professionals Association, a 22-year-old professional organization representing 7,000 EAPs worldwide.

If an employee refuses to talk and bolts out of the office, Turner says the obligation of the EAP is to tell the person that there is concern about their condition. If alcohol is smelled or there is an obvious slurring of speech, the EAP may warn the employee that it will call the police if he or she attempts to drive a car or truck.

"You have to let other parts of the system do their job as well," Turner said. "So maybe you only call the local police. In cases where companies are obligated under Department of Transportation or Department of Defense drug-free workplace regulations, the EAP may be required under federal law to notify a company's medical department, but not necessarily the person's supervisor."

Beyond federal rules and regulations, there is broader discretion as to when information is released to a person's supervisor, however.

Dan McFadden, coordinator of First Choice Employee Assistance Program in Elgin, says employees need to be aware of the circumstances under which confidential information can find its way back to a supervisor.

"I had a guy come in the other day who was referred by his supervisor," McFadden said. "I told him that what we talk about is confidential. However, because you were referred to me, I have a release that I want you to sign. The release will allow me to talk to your supervisor about whatever recommendations I make as they relate to work."

While it is important to be upfront with employees about the circumstances under which information can be released, the most critical thing, says Scott Cullen-Benson, employee-assistance coordinator for Reynolds Metals Co., is maintaining an employee's confidentiality.

"If there is just one breach of confidentiality, your credibility will be undermined," he said. "If there is one breach you would have nobody coming in your door. I mean, who would come in here if they thought their sessions were going elsewhere in the company? Nobody."

"I can understand the fear," said Cullen-Benson, who coordinates EAPs at seven Reynolds facilities, including its plate-manufacturing facility in suburban McCook. "They must wonder: Is this stuff going to get back to my supervisor or employer? It must be frightening to people. I am sure there are excesses . . . that there are some people who are unethical.

"But I will not release any records unless I am subpoenaed," added Cullen-Benson, who is president of the Illinois chapter of the EAPA. "So far, that has never happened. I have even gotten calls from people here at Reynolds seeking confidential information. But (now) people here know not to call me and ask for that. I won't give it to them."

Joan Pearson, who once ran Honeywell Corp.'s in-house EAP in Minneapolis, adds that there is less pressure on an external EAP to turn over confidential information.

The National Employment Lawyers Association's Palefsky says that while companies like Honeywell and Reynolds Metals may be motivated by good intentions, there are serious problems with corporations acting as psychologists and doctors.

"In-house EAPs especially have divided loyalties," Palefsky said. "There are many things that can occur in the workplace that cause stress and that could be the basis for a lawsuit. If it comes to pass that you need someone to testify on your behalf, who are you going to call? There is a big difference between your own private physician and a company EAP person who is on the corporate payroll."

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New Orleans Reporters Invited to Breakfast and Briefing Seminar: “Psychological Tips for Covering the Anniversary of Hurricane Katrina”

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WHO:

The American Psychological Association (APA) and the Dart Center for Journalism & Trauma are sponsoring a media breakfast, “Psychological Tips To Help You Cover the Hurricane Katrina Anniversary.”

The media breakfast is one of several pre-conference events scheduled to coincide with APA's 2006 Annual Conference that will take place August 10 – 13 at the Ernest N. Morial Convention Center.

WHAT:

Special Expert Panel to include:

Russ Newman, PhD, JD, Executive Director for Professional Practice, American Psychological Association

Joy Osofsky, PhD, Professor, Pediatrics and Psychiatry, LSU Health Sciences Center, and Co-Director, Louisiana Rural Trauma Services Center

Howard Osofsky, MD, PhD, Professor and Chair of the Department of Psychiatry at LSU Health Sciences Center, and Co-Director, Louisiana Rural Trauma Services Center

Elana Newman, PhD, Research Advisor, Dart Center for Journalism & Trauma, and Associate Professor of Psychology,
University of Tulsa

Bruce Shapiro, Executive Director, Dart Center for Journalism & Trauma

WHEN:

Monday, August 7, 2006

8:00 – 9:30 AM

WHERE:

Mother's Restaurant

401 Poydras Street

New Orleans, LA

WHY:

If you're not already doing so, you probably soon will be doing stories on the anniversary of Hurricane Katrina. Although you may be very familiar with your beat, it may be easier to write about the emotions that a disaster's aftermath and anniversary stir up within your community with the help of the behavioral expertise psychologists bring.

The American Psychological Association (APA), in Washington, DC, is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 150,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting health, education and human welfare.

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American Psychological Association

108th Convention

Washington DC, August 4-8, 2000



TOWN HALL MEETING - *Humanity at a Digital Crossroads: Psychology's Role in the Converging Internet Culture*

APA's historic Town Hall Meeting, with dot com magnates, APA's director, and NPR's Mara Liasson. Some very potent points, and a glimpse of psychology's future. What follows is an edited presentation of the report filed, "asynchronously live from Washington" at the American Psychological Association's 108th Annual Convention, in Washington D.C., August 4-8, 2000.

APA Town Hall Meeting - August 5, 2000 *Humanity at A Digital Crossroads: Psychology's Role in a Converging Internet Culture*

I've just come from a Town Hall Meeting sponsored by the APA's practice directorate, moderated by Russ Newman, Ph.D., J.D. (executive director of Practice) and NPR's Mara Liasson ("All Things Considered"), which used instant polling to get some demographics from the audience and assess our ideas about the extent to which psychology can and should take a lead in

helping understand and utilize principles which apply to Internet use. The whole gamut was explored, not only "online therapy", but information-seeking, education, publication, politics, and commerce, with a legion of dot.com pioneers and CEO's up on the panel. (Both Storm and I got to make some comments, too, about the integration and role of the Internet in people's every day lives.)

Before an audience of psychologists, and with a panel including authors, dot.com entrepreneurs, political consultants and a linguistic anthropologist, Dr. Newman began by offering a general perspective highlighting how pervasive the Internet has become within our society. In terms of sheer numbers, 706 new (U.S.) households join the online community every hour! From an economic perspective, in 1993 8% of the S&P Index consisted of tech stocks, while the percentage rose to 30% by 1999. There are now over 20,000 health-related web sites on the Internet.

Under the watchful eye of HMO's and fueled by consumer and professional interest, Dr. Newman feels that the trend towards accessible mental health *information* on the web is in sum tremendously positive, "especially with non-biased presenters without conflicts of interest". Some of the panelists addressed technical issues, such as the present limitations of bandwidth, while others explored sociological and psychological impact. On one hand, recent studies suggest that time spent online can lead to a decline in f2f (face-to-face) family and social relationships (Carnegie-Mellon, 1999) or an increase in loneliness (Stanford U., 2000), while on the other hand there appears to be a tremendous potential for increased *societal* involvement, such as registering opinions. For example, a recent poll found that 50% of respondents would prefer to e-mail government officials as opposed to writing ("snail mail") letters. As Phil Noble (President, Politics Online) noted, there are clearly different groups of people sharing Cyberspace, ranging from "kids that know the Internet, not politics" to the "old geezers who know politics, not the Internet. The only thing they *can't* do: shake hands and kiss babies. But somebody will certainly introduce virtual lips!"

Now, what I found *very* interesting is research which was cited by Harvard University and others, which compared negotiating and communication styles across the 3 major modalities: f2f, phone, e-mail.

What happened is that the majority of f2f negotiation yielded satisfactory compromise, the majority of phone communication led to one party or the other being slightly the "winner" in terms of concessions, and with email only, the majority of negotiations led to impasse. The discussion broadened to mention the value of emoticons or other cues -- e.g., (grin) -- to clarify humor, sarcasm, and playfulness in particular. I think this has many implications not only for direct online "therapy" or counseling, or even support and chat, and so forth (written about eloquently by many of our members), but also for an International list-serv such as ours... It is just soooooo easy to misunderstand good intentioned efforts at supportive, light-hearted communication. As Paulina Borsook pointed out, in practice very often "e-mail accentuates the negative", or so it is perceived. Mark Resch (CEO, CommerceNet) noted that the medium is lacking in the ability to impart *nuance*, creating an experience at times of "looking at the world through a business card" and lending itself best to factual information (like "I'd like that book for \$8 please"). Of course, I know others strongly disagree. (ISMHO member John Bush quipped, "but I know how to *write*!"). Yes, me too, John, but I'm learning that not everybody *reads* with the same "ears"!

:-)

Of course, over the past few days I've heard both the positives and negatives about online communication... the anonymity, disinhibition, mobility and opportunity for those who may be isolated or shy, for example, versus the opportunities to use these things negatively, invade privacy, misrepresent oneself, etc. Also, as Russ Newman pointed out, while written text is often taken as the standard for well-thought-out ideas, it often is sent out in practice without much reflection, and sometimes regretted afterwards. Then again, being instantaneous can sometimes be a *good* thing for communication. Or, OTOH, a *bad* thing, for a compulsive person acting out addictions online, as one prime example. Also, while the time-shifting nature of e-mail can certainly be a convenience and lend itself to thoughtful composition, at other times one may be in a foul mood when replying, and the recipient lacks context for why a response may seem so apparently hostile or otherwise "out of sync" with the tone or intent of the original message. [Storm King referred to this phenomenon, in his comments, as the effect of "mood congruence"] There is also an emerging issue with regard to privacy, with some recent evidence suggesting that as users perceive their privacy is being violated there is a tendency to be untruthful in responses to inquiries.

All these aspects of "the good, bad, and ugly" were discussed, along with the prevalence of Internet Culture in American society today (already well-integrated into daily life, from age 14 and down, for sure!). While, as Phil Noble pointed out, "half the world has never made a phone call", for many American children and adolescents, "if it doesn't exist on the web, it doesn't exist. Nothing pre-1995 exists!". Dr. Newman agreed that "nobody should underestimate the ability of the Internet to foster communication", and cited the need to adequately prepare the therapists, negotiators, parents, and students of tomorrow. This is now a growing concern of the APA-- and they have clearly become very focused on getting up to speed, doing research, and updating graduate and undergraduate education, while also engaging in public education and public service... That can only be a good thing.

I learned a lesson here, myself, about how easy misunderstandings can arise via email, and also about how much I truly enjoy and celebrate the diversity of opinion and personality which come under the big tent of ISMHO. (Gee, and I thought it's only on the list-servs which *I* belong to!) :-) And I am re-affirmed in my own commitment to do what I can [as President of the [International Society of Mental Health Online](#)] to promote our own research, education, and discussion into *all* aspects of "mental health online", including the "International" and also the universal. We are all a Society, n'est-ce-pas?

Sure is great to see ISMHO members in the audience at these events, making those great comments! Storm commented how different the audience is than 3 or 4 years ago, something I've been speaking about as well. It's been only a short time since the

#1 question I got was "What is a browser?". (Now it is, "how do I make a web page?", "how do I register a domain name?" and "how do I accept payment?") The times they are a changin'.

That's the Weekend Edition of the Y2k APA Convention News.

Panelists (left to right):Russ Newman, [APA](#); Bette-Jane Crigger, [The Hastings Center](#); Mark Resch, [CommerceNet](#); Mara Liasson, [National Public Radio](#); Andria McClellan, [Dot.com Entrepreneur](#); Phil Noble, [PoliticsOnline](#); Paulina Borsook, [Author](#).



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IN BRIEF

Parity expansion amendment voted down--but 1996 law extended

February 2002, Vol 33, No. 2

Print version: page 12

1 min read

Despite an increase in Americans' anxiety, marked by rising anti-anxiety prescriptions and a recent study that shows that nine in 10 adults say they're more stressed after Sept. 11, an amendment to expand mental health coverage was struck down.

On Dec. 18, a House-Senate conference committee voted against the Mental Health Equitable Treatment Act of 2001, which was attached to the fiscal year 2002 Labor, Health and Human Services appropriations bill.

The business community claimed costs associated with the amendment would have caused some employers to drop mental health coverage altogether. "It was hardly the budget-buster the opposition says it is," Russ Newman, PhD, JD, told National Public Radio's "Marketplace" on the day of the decision. "The real issue is discrimination against mental illness, which is short-sighted," he said.

The amendment, which was approved by the Senate last October, would have required insurers that provide mental health coverage to offer those benefits at the same level of physical health coverage. Instead, the conferees voted for a one-year extension of the 1996 law so that a compromise can be worked out. The 1996 law prohibits private insurers from establishing limits on mental health coverage.

President Bush and Congress indicated they are willing to continue to work on the parity issue. APA officials are optimistic that the activities of 2001 have formed the groundwork for a parity victory later this year.

--J. DAW

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