



ISMA-USA NEWSLETTER

Published by The International Stress Management Association
USA BRANCH

VOL. 3 ISSUE 2 _____ FALL 2001

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NEWS

INSIGHTS FROM THE SEVENTH INTERNATIONAL STRESS MANAGEMENT CONFERENCE “TAKING THE STRESS OUT OF WORK”

Camille A. Frev, Ed.S.
ISMA-USA Member

The International Stress Management Conference was held at the University of Warwick, UK, on July 4-6, 2001. I was one of four Americans in attendance. It was a very impressive meeting that stimulated discussion of a large number of very innovative and provocative ideas. The following is my interpretation of the salient elements, which may have substantial impact in the USA, if incorporated judiciously. My summary includes selected content from many professionals who presented arguments, solutions and support for those who have to deal with a growing problem with stress in the workforce.

THE PROBLEM It was interesting to note that the USA business philosophy, which is being replicated in many foreign markets, has resulted in a mixed blessing for many of these international communities. While aggressive USA tactics have resulted in new growth and expanded economies to benefit foreign governments, this increase has not come without cost. It is called the “Americanization” of the workforce. This dramatic change with downsizing, outsourcing, joint ventures, mergers and acquisitions has driven many workers into a work environment that has led to increased illness and fatigue, job insecurity and excessive working hours. These new employers are expecting and even demanding more and more of their workers, including loyalty while providing less and less job security.

RECOGNITION Awareness of these increasing demands on workers was witnessed by the UK during their National Stress Awareness Day. It became a concern and interest for not only the public but also corporations. Other countries also are experiencing these same problems. Although it is becoming increasingly unacceptable for employers to ignore the matter of occupational stress, there are still many who are slow in dealing with it or who are unaware of the extent of their responsibilities.

In 2002, stress is scheduled to be the subject of European Safety and Health at Work Week. Each year a topic is selected to provide a unique opportunity to focus attention on the importance of workplace safety and health. The Week is aimed at organizations, companies and workplaces of all sizes and sectors. Everybody involved in occupational safety and health matters will be invited to take part. In addition to the safety and health institutions, they focused communication with trades unions and corporate managers, employees and in-house safety representatives.

RESEARCH In forming the backdrop to the current policy debate about the future of work, a number of research projects have been launched in the United Kingdom to investigate both domestic and international changes in the character, regulation, and distribution of work. These studies examined the effects that corporate downsizing, reengineering and changed management programs initiated in the United Kingdom, United States and elsewhere have had in transforming work patterns, increasing stress, insecurity and job losses.

Comparative studies in Europe are also being conducted to look at the different systems of care giving, work for the elderly and the role of trade unions in promoting employment opportunities for ethnic minority women. There are numerous internal forces in the commonwealth industries that serve to reveal adverse patterns of work and the sources of conflict and disunity at work. An extensive examination of the past and current nature of work will help eliminate the gaps in our knowledge and provide a better understanding of the critical developments most likely to impact people's working lives for the future.¹

PUTTING THE RESULTS INTO ACTION Primary prevention of work related stress and ill health was the focus for the fifteen European Member States through the European Commission's recent publication providing basic guidelines to address these areas.² Along the same lines of prevention, Britain's largest voluntary labor organization, the Trades Union Congress (TUC) made a commitment to work in partnership with employers and government to bring about change. In their vision for a safe and healthy workplace, TUC stated: "No one should leave work at the end of the day less healthy than they were when they started."³

Corporations are seeing value in helping their employees deal with their problems. One global pharmaceutical company is offering employee's life management and learning to achieve a work/life balance in order to stay competitive. Other companies in the UK have focused on interventions deployed within the business to help create an environment, which aspires to combat stress in the workplace while meeting the organizational goals and objectives.⁴

Employee Assistance Programs have now expanded from just counseling troubled employees to include options for financial and legal services, daycare, eldercare, ride sharing and even pet care, to name a few. Delivery of these services has also been increased to include telephone, email and, in remote sites, video counseling using Internet web cams.⁵ Providing access to relevant and useful databases from websites is a new feature from which employees can gain valuable information on selected subjects of their own choosing. Coaching employees in life skills has helped eliminate the stigma of visiting the company EAP.

UK APPROACH Corporate stress management training for managers has become an instrumental part of the UK's approach to helping the British workforce find solutions to the continuing process of "Americanization." British employers have a legal responsibility to carry out adequate health and safety risk assessments on a regular basis. Developing objective methods to assess the level of stress risk is critical. Various stress measurements tools were shown to be effective in helping identify individual as well as organizational stressors. Based on this knowledge, managers are able to recognize and implement a program of action to correct the problem. This early recognition increased the need for additional trained professionals who could be called upon to assist and continue with the initial intervention.

The cost of work-related stress as recognized by the UK along with the 15 European Union Member States has increased the need to deal with it in a direct manner. Stress and stress related illnesses are recognized as being preventable with early detection. Employers are being told they "have a duty to ensure the safety and health of workers in every aspect related to work." Employers, trade unions, managers and workers are starting to work together to find positive solutions for the ever-increasing stress and tension brought on by globalization of organizations.

In the UK, the Institute of Management Specialists, Health Practitioners' Association, the Institute of Manufacturing, Professional Business and Technical Management, and the Academy of Multi-Skills are recognizing stress management as a valuable tool and have endorsed training courses, which used standard criteria. ISMA-UK has been instrumental in setting standards and validating stress management trainers and coaches.

CONTRASTING USA APPROACH REVEALS RESISTANCE TO CHANGE While stress has always

been acknowledged as a problem in the United States, it has been considered an unfortunate but perhaps necessary side effect of the advanced competition and living with multiple choices. Subsequently, developing a formal action plan to address "stress" in prevention has never been a serious consideration in this country. No business, industry, health or government agency here has even attempted to get a consensus on the extent of risk-associated stress for fear of creating the implication of accountability within organizations.

Until recently there was no need for setting standards for training programs in stress management or validating credentials for trainers and coaches. Since the rubric of stress exists in multiple disciplines, stress management was never seen as an independent profession. Currently there are many professionals who are highly qualified to teach stress management skills, but without a suitable credentialing process, there is no way to distinguish competence within the discipline. Unfortunately there are many individuals who are likely unqualified and probably present substandard programs to an unsuspecting public. The development of an independent professional identity together with simultaneous quality control is definitely needed in the field of stress management.

SUMMARY The ISMA 7 conference focused mostly on the UK and European framework for how employers need to deal with stress in the workplace. It emphasized the positive aspects of working together in the development of a common solution in dealing with stress. It is only by setting uniformed standards and guidelines for stress management training that companies can be assured of receiving a quality product that will be recognized as being credible. It was demonstrated in the UK that numerous agencies endorsed a new type of credentialing program thus providing an opportunity to substantiate stress management services.

It would appear that the United States is getting left behind in policy-making considerations. After seeing the UK and European programs being very proactive in dealing with stress in the workplace, I am left wondering whether there is opportunity to learn from their experience. ISMA-USA can offer tremendous leadership with implementation and adoption of some of the tenants taken from the ISMA-UK division. For example, here are some suggestions to consider:

1. Development of standards and guideline for stress and stress management training.
2. Professional identity to stress management trainer and coaches through credentialing.
3. Certification for training programs offering a uniform curriculum for teaching stress management skills to trainers and coaches.

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FROM the CHAIR

[Paul J. Rosch, M.D., F.A.C.P.](#)



Dear ISMA-USA Members:

I have been reminded that it is time to update the membership about our activities over the past year for this issue of the Newsletter. I was also asked to write a "Letter From The Chair" as I finish my term and turn the baton over to Jim Quick. I thought it might be best to combine these two obligations to avoid repetition, since they overlap.



Honorary Vice-President, ISMA
President, The American Institute of
Stress
Clinical Professor of Medicine and
Psychiatry
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This is a crucial period for our organization for several reasons. As most of you know, ISMA-USA and *The International Journal of Stress Management* resulted from the tireless efforts and expertise of Joe McGuigan, aided by Betty McGuigan. After Joe's untimely passing, Betty has continued to devote her time and energy to our organization aided by other dedicated volunteers such as Margreta Klassen and Serena Wadhwa. Both Margreta and Betty will be retiring in November and it is necessary to immediately find replacements for both the position of Secretary-Treasurer and web site editor. Since our recruitment efforts to date have not been successful, we are currently at a critical crossroad and I have spent the last few months searching for solutions to this impending crisis as well as other problems we are likely to face in the near future.

From my perspective, we are in sort of a Catch-22 situation. Because our income comes almost entirely from our rather modest dues, our first priority should be to increase membership. However, to do this, we need to advertise our existence and provide a service for our constituency, both of which require the expenditure of funds that would probably consume the few thousand dollars in our account without any guarantee of success. I have also explored other potential sources of income and services that we might provide to make the organization more attractive and financially stable. I would like to report on the status of those and other activities that have been suggested during my tenure as follows:

1. Web Site. Those of you who have attended our International Congress on Stress may be familiar with the Medical Resonance Therapy Music (MRTM) of Peter Huebner. These computer based compositions are based on mathematical Pythagorean principles of natural harmony laws in the microcosm of music that are believed to apply to other relationships in the universe, including harmony and health in humans. Peter's compositions have been found to provide a variety of stress reduction benefits, pain relief, immune system enhancement, etc. in double blind studies conducted over the past 15 years in hospitals and medical facilities in Europe and elsewhere. You can find additional details and endorsements of this by prominent musicians and scientists, including leading musicians, scientists and a Nobel Laureate on one of his web sites [www.medicalresonancetherapymusic.com] and he has a few others, including [www.scientificmusictherapy.com, and www.scientificmusictherapy.org]. Plans have now been made to introduce MRTM in the U.S. and I have been asked to assist in these efforts by Alfred Tils, who manages Peter's affairs and has been largely responsible for establishing his web sites. In return, Alfred has offered to help The American Institute of Stress improve our web site presentation since he has graphic artists at his disposal that could make our presentation much more appealing. I suggested to Alfred that he join ISMA-USA and also help us devise a more attractive and accessible Internet presence. He has done so and has begun designing a new website for ISMA-USA at no cost to us. We will announce to you when this new website is in place.

2. Certification in Stress Management. I spearheaded a similar effort of considerable magnitude 15 years ago with the assistance of Charles Spielberger, Herbert Benson, Ray Rosenman, Charles Stroebel and other authorities in varied aspects of stress assessment and stress management training. It is a formidable undertaking and my personal concerns have been our ability to guarantee the quality of any such training given our limited resources, the diversity of stress reduction approaches that would have to be addressed, the need for on-site training and experience in some instances, as well as insuring continued competency for those who are certified. Dick Rahe and others have suggested that a web-based training program might be a very cost effective way to get started in this area and perhaps such a program in specific areas that would not require a period of personal training would be a good way to begin. Wes Sime and Camille Frey have been actively pursuing this project and I have made available to them some dozen binders containing training manuals, background information and test materials from this prior effort, much of which is still appropriate. I have also asked them to come up with a tentative proposal as to how this could be implemented to provide both a much-needed service as well as some income for ISMA-USA.

3. National Stress Awareness Day. This has apparently been very successful in obtaining exposure in the U.K., although it is not clear if has increased income from increased membership or other contributions to ISMA-UK. As I indicated to the Board when this was first broached, a similar effort has been in place in the U.S. for over a decade. However, this was more for self-serving promotional rather than educational purposes in my opinion, and has fizzled out because of lack of support from other alleged sponsors like The American Heart Association who were really unaware of what was going on. The date selected was April 16, the day after income taxes are due, and this week and month were also designated as National Stress Reduction Week and

Month. ISMA-USA does not have the financial or other resources to mount such a promotional campaign nor is it clear how this would be cost effective for us unless we obtained contributions from corporations and organizations willing to join us in such an effort. I have discussed this with several potential allies who might agree to assist us depending on our ability to attract other high profile groups (AMA, AHA, NIH etc.) since they might benefit from being associated with them. This would require a great deal of effort and take a considerable amount of time in my opinion to spell out and finalize such involvement.

4. In that regard, I have served as a consultant to the Marlin Company for several years. This is a very successful organization that provides educational, safety and motivational tools to over 7,000 companies, including many in the Fortune 500. Stress management tips and improving quality of life in the workplace are high priority items I have helped them with in the form of posters, leaflets, etc. For several years, they have also sponsored an annual survey dealing with various aspects of job stress entitled *Attitudes in the American Workplace* that is released around Labor Day. This has traditionally been in the form of a Gallup Poll but this year the survey was conducted by the Harris organization. The American Institute of Stress assisted in framing the questions, interpreting the results, and also devising a self-scoring Workplace Stress Quiz. (See www.themarlinco.com and click on Harris Interactive Survey). Because of other events, including the Sept. 11 tragedy, publicity was less than optimal, and in discussing future efforts with the principals involved, I suggested that greater exposure might result if we tied this into a National Stress Awareness Day that they and their clients might support. I pointed out that it would be to Marlin's advantage for this to be under the aegis of organizations such as AIS and ISMA-USA to provide a more scientific and educational patina that would justify services they provide to clients I received a very positive response and we will be investigating the best way to proceed with such an effort over the next few months. I see no conflict of interest if they or a consortium they developed provided us with funds to promote such an event. It is not clear how "Stress Awareness Day" benefits ISMA in the U.K. and it would be helpful to determine if there is anything we can learn from their experience that we could also profit from.

5. It has been suggested that we might improve our ability to recruit new members and increasing income in other ways if we had a paid part-time Executive Director to take over these activities as well as those of Secretary-Treasurer. This would also solve the problem of changing addresses and responsibility for finances every few years. If any of you know of qualified individuals who might fill such a position or others willing to volunteer their services to assist us in any of these efforts, the Board would welcome any suggestions.

6. It has been a privilege and pleasure to have served as Chair of ISMA-USA. I know the organization is in very competent hands with my successor, Jim Quick, and look forward to assisting him during this very critical period. He will need additional support from all of you and I am certain would appreciate any advice or recommendations with respect to any of the above proposals or other ways that will help us achieve our goals.

7. Finally, I again want to express my appreciation to Betty, Margreta, Serena and others like Camille and Wes who have donated their time and in many instances personal funds to assist ISMA-USA.

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FOCUS on STRESS MANAGEMENT

CAN I HELP?

A FIVE-STEP GUIDE TO PROFESSIONAL VOLUNTEERISM

[Michael G. McCourt](#)

Michael G. McCourt Associates, Inc.

ISMA-USA Member

The events of September 11th touched our hearts and created a groundswell of empathy and volunteerism across the nation and the world. People stood in line for eight hours to give blood, firefighters from around the country and around the world traveled to New York to help dig, and counselors from surrounding states volunteered services to the victims, families of victims, and rescue workers involved in the bombings of the World Trade Towers and the United States Pentagon.

Disasters, both man-made and natural, bring out a need within us to help, perhaps the only positive side of such tragic events. Despite our good intentions, volunteerism unchecked can create a new challenge for the recipients of our good will, the challenge of mass-convergence.

A review of recent man-made and natural disasters supports the need for a disciplined and layered response to unusual events. Mass-convergence is the problem that occurs when volunteers descend upon a disaster site

without first determining the need or desire for additional assistance. Effective disaster management requires that volunteers be uniquely and professionally qualified, accounted for throughout the disaster, housed, fed and debriefed following the event. The logistics of providing such support can be overwhelming, given the already chaotic environment.

The following guidelines can reduce the impact of mass-convergence and enhance the efforts of volunteers:

1. Ask yourself why? Volunteering in times of disaster is often viewed as being altruistic in nature, and often times it is. There is a more selfish side to volunteerism, however.

For the most part, we live in a state of homeostasis, a balanced existence with some predictable control over our environment. Disasters disrupt homeostasis, placing us in an uncomfortable position of internal conflict; caught between feeling in control, and a need to “fix” the portion of our life that feels temporarily out of control. In times of disaster, the portion of our life that feels out of control often relates to the level of grief or discomfort being expressed by those in need. Rather than mastering the ability to offer a silent presence, or supporting victims from a distance, we give in to our personal need for action, the need to resolve the conflict occurring within ourselves.

“True heroism is remarkably sober, very undramatic.

It is not the urge to surpass all others at whatever cost but the urge to serve others at what ever cost.”

Arthur Ashe

Sometimes, but not always, our personal needs coincide with the delivery of effective service; more often than not, they represent an oppositional set of goals. The end result is an over-deliverance of service, prior to the time it is actually needed. Stated simply, we make ourselves feel better at a cost to the victim we are attempting to assist. We address our own discomfort, not that of our neighbor. A disciplined response, therefore, is critical to effective disaster management.

The next time you raise your hand to volunteer, take time to look at your motivation...and ask yourself, “Why am I doing this?” Your honest answer to that question will help you to deliver a more compassionate response, at a more appropriate time.

2. Take a personal inventory. Regardless of what uniform you wear, or what title appears on your business card, we are human first, making us vulnerable to fluctuating levels of strength and weakness. On any given day, our ability to deal with crisis differs, sometimes dramatically. Before volunteering assistance to others, ask yourself the following questions:

- v What is the state of my current physical, emotional, psychological and spiritual health?
- v What other concurrent life-challenges am I dealing with that might impact my ability to give of myself?
- v What is my current and foreseeable work schedule?
- v What impact will my volunteer effort have on my family?
- v How long can I realistically devote to this effort?
- v What do I need to pack and take with me? (Remember regional climates and seasons)
- v What resources are available to me upon my return?

We have to guard against getting caught up in the emotion of the moment and focusing solely on “emergency response.” Answering the questions above honestly, with input from family members, will be useful in designing a volunteer effort aligned with your personal/professional commitments and responsibilities.

3. Pack your professional portfolio. Disaster management requires the screening of volunteers to insure their qualifications. You can help the coordinating agency by providing copies of your degrees, certificates, training records, licensure and formal identification documents. Having these materials readily available will save time and confusion when registering at the disaster site. There are three “C’s” in disaster management that usually get ignored at any event; command structure, communication, and cooperation. Presenting your credentials upon arrival will greatly reduce the stress and confusion associated with managing these traumatic events.

“Never promise more than you can perform.”

Publilius Syrus, 1st Century B.C.

4. Be patient and play by the rules. All resources at disasters sites, regardless of their expertise, become part of the Integrated Incident Command System. This means that despite your qualifications, or normal level of independent functioning in your business, you are now accountable to the Incident Command structure and are therefore bound by their rules of engagement. This is often challenging to those accustomed to controlling their own destiny, but it is essential to a disciplined and coordinated disaster response.

Prior to volunteering at a disaster site, spend time talking to those who have participated in previous rescue and recovery efforts. Make yourself familiar with the basic concepts of Unified Incident Command. Understand that everyone's role is important, but no one role is more important than any other. Keep in mind that psychological services are best offered after the initial stages of an incident, including: evacuation, fire suppression, medical rescue and recovery efforts. Remember that you are providing service at a potential crime scene and investigative rules regarding the protection of evidence apply. In short, understand your environment and respect those in command. Applying these basic guidelines will enhance your volunteer efforts, and assist Incident Commanders in developing a professional and strategic response to the disaster at hand.

5. Take care of yourself. As important as it is to serve others, our first obligation is always to ourselves. Avoid the "Pit Bull" mentality, where once engaged, the volunteer refuses to disengage until the event is over. No one makes good decisions when exhausted, and we are not our own best judges as to when we have reached that point. Learn to work with coworkers and listen to their advice regarding your condition during an emergency. There will always be a need for service. Take frequent, but short breaks, eat well, try to get regular rest, keep in touch with family and loved ones, and take advantage of short-term psychological interventions while on the scene.

Caregivers are not accustomed to thinking of themselves, but ironically, it is through ongoing self-care that we provide the best service to others. Get in the habit of checking in with yourself and your coworkers regarding your health and performance and learn to be "appropriately selfish."

**"You must learn to be the change you wish to see in the world."
Mohandas Karamachard Gandhi**

We all hope that we will never again have to apply the lessons learned on September 11, 2001, but it would be foolhardy to think that those tragic events were a one-time occurrence. Our country has changed, and with it, our innocence. There is no doubt that we will be called upon again to serve; the questions remains, will we be ready? By following the simple five steps outlined in this article, you can insure that you will!

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JOB STRESS CALLS TO COUNSELORS IN CALL CENTERS OF A LARGE HEALTHCARE FIRM: WHO CALLS AND WHY AND WHAT IS THE OUTCOME OF THESE CALLS?

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Introduction There are a number of workplace challenges for managers and corporations: improving productivity and work performance, reducing absenteeism and lost time, managing healthcare costs, as well as recruitment and retention and employee morale in general. Half of all Americans have a chronic illness and fifty percent of all U.S. deaths annually can be attributed to lifestyle issues. Fifty-five percent of emergency department visits are non-urgent.

Stress in American Work Life At least 89% of adult Americans report that they experience high levels of stress on the job. Fifty percent of American workers are part of dual-income families and thus are balancing work and family issues. Americans carry at least \$522 billion in credit card debt, of which more than \$27 billion is past due.

American businesses lose a lot of money each year due to the impact of work/life issues [[Business and Health](#) November 1997 and January 1998; Harvard Medical School 1997]. Stress costs businesses at least \$200 billion a year, depression costs \$44 billion a year, substance abuse costs \$136 billion a year and domestic violence costs \$5 billion annually. These costs include medical treatment, absenteeism and lost productivity.

A new study ["Feeling Overworked: When Work Becomes Too Much" Families and Work Institute, 2001] takes in-depth look at job and workplace factors that contribute to American workers feeling overworked. The study finds that more than half of employees report feeling overworked some of the time. The study also investigates

how these feelings are linked to job performance, personal and family life, and health. The study states that one third of U.S. employees often or very often feels overworked or overwhelmed by how much work they have to do on the job. Seventy percent report they often dream about doing something different from their current job. Technology use adds to the feeling of being overworked and overworked employees are more likely to feel angry or resentful at work and to look for a new position.

Another recent study [ComPsych's *Stress Pulse*, May 23, 2001] shows continued concern about stress in the workplace. This monthly report tracks the causes of employee stress. Workplace stress continues to be a major concern. Fifty-six percent of employees report being stressed by their workload and their increasing amount of responsibility. Moreover, 29% of workers said that job security is a source of their work-related stress, exacerbated by the economic turndown. In addition, 11% of workers cited financial issues as a stressor and 4% reported their career path as a source of workplace stress. About 59% of the workers who called ComPsych about workplace stress were men, not characteristically the primary users of EAP services. In another ComPsych study [August 7, 2001], researchers polled employees in various corporate settings on personal issues that cause them the most stress while at work. Leading reasons include finances [36%], and pressing personal chores such as picking up dry cleaning or taking the car for an oil change [20%]. Other causes of employee stress include household issues [13% of employees], child matters that demand attention during work hours [12%], social life [7%], eldercare issues [6%] and legal concerns [6%].

The Escalation of Problems and Stress Serious problems are almost always preceded by a series of warning signs and relatively mild symptoms. Early, comprehensive intervention can prevent or reduce the stressful impact of these serious problems. The goal of early intervention is to improve the quality of the individual's life through behavior change or behavior confirmation, no matter where the person might be in the health care continuum. American businesses can provide tools to help employees avoid illnesses, an excellent form of risk management. The best tool for managing risk involves providing complete information for individualized, convenient decision support when, where and how a person needs it. The best way to accomplish this is to empower the most under-utilized resource in health care today: the individual.

Providing consumers with the information and resources they need helps guide them through the maze of available health care options. The purpose is to improve the quality of the individual's life [personal, work, health, and mental/behavioral health] through behavior change or confirmation. In this way, individuals are educated to become more effective health care decision-makers.

Purpose of this Article This article provides an overview of a number of research studies of how one company has worked to help employees and their managers to reduce stress on the job. Optum provides health information, prevention, wellness and self-care information to more than 27 million individuals. Participating organizations include health plans, employer groups, insurance carriers, membership organizations, government and pharmaceutical manufacturers and marketers.

What is Optum^â? Optum provides health information, prevention and wellness and self-care information through multiple integrated access points. These access points include the telephone, print media, audiotape library, the Internet and in-person consultations in the local community. Services include:

- Immediate access to licensed registered nurses and master's level counselors through one toll-free number, 24 hours a day, 365 days a year
- HealthForums.com, an Internet application to access health and well-being information
- Self-care recommendations based on more than 700 physician-approved guidelines
- Information on a wide range of health and medical concerns, nutrition and well-being
- Decision support for certain high-cost, high practice-variation conditions
- Information about prescription and over-the-counter medication usage and drug interactions
- Audio Health Information Library for more than 1,100 recorded topics with optional fax-on-demand service and more than 550 topics also available in Spanish
- In-person assessment and consultation through more than 3,000 nationwide contracted affiliate counselors in local communities
- Information about more than 72,000 local community, statewide, and national resources
- Legal and financial telephone consultation services
- Translation services for non-English speaking callers
- Promotional materials also available in Spanish
- National Relay Center services for callers with hearing impairments
- A recently published book called [Taking Care After 50: A self-care guide for seniors](#) as well as a

quarterly newsletter called Taking Care for Seniors

- Consultation services for managers, supervisors and human resource personnel on how to deal with difficult or troubled employees
- Onsite training programs on a wide range of topics, including family care giving, stress management, balancing work and family, substance abuse, communication skills and more
- Critical Incident Stress Management or CISM for traumatic workplace occurrences
- Ongoing reports summarizing utilization and service performance activity

Study # 1: The Nature and Severity of Callers' Concerns:

In one study, Optum researchers looked at how biopsychosocial issues [work, mental health/daily hassles, physical health] were affecting employees. We found that 68% of the callers to Optum counselors had one biopsychosocial issue. Twenty three percent had two biopsychosocial concerns and 9% [much higher than we would have intuited] had three concerns across all areas (work, mental and physical health). These surprising findings confirmed the overlapping nature of the problems and the large numbers of individuals with concerns in all three areas [N= 12,688 Optum Assistance Callers in Q2, 3, 4 of 1995].

In this same study, we also looked at the severity of caller concerns. We found that 1 in 5 Assistance callers [those who called Optum counselors] experienced problems of high- or crisis-level severity. Thirty-five percent of callers rated the severity of their concern as "low." Forty-six percent rated the severity as "moderate." Seventeen percent rated the severity as "high" [i.e. needs help today] and 2% rated the severity as "crisis" [i.e. needs help right away to prevent harming self or others]. How urgently does the caller need professional assistance for her or his particular issue? We found that 13% of mental health calls were high/crisis calls; 14.1% of physical health calls were high/crisis calls; and 17.7% of work calls were high/crisis calls, a clear indication of job stress.

Study # 2: The Results of Calls to Optum Counselors:

When we looked at Assistance results [what callers told us were the results of their calls to Optum counselors] the effects were interesting. Ninety-two percent experienced a reduction of stress, 88% had an improved sense of physical well-being and 98.4% would use the Optum Assistance counselor again if the need arose.

Study # 3: The Impact of Disrespectful Bosses on Workers in the Workplace:

In another study, we looked at the impact of disrespectful supervisors on employees. This was a phone survey to 1,000 randomly selected American workers over one weekend. We found that workers were more likely to become ill if their supervisors were disrespectful. Workers with disrespectful supervisors reported more health problems and higher turnover rates than did other workers. We learned from this survey that fully 25% of workers had actually left a position due to supervisor behavior. It was interesting to note the gender differences in how workers reacted to the disrespect [i.e. women tended to become introspective, depressed, blame themselves and tried to change to suit their boss while men tended to fight back and resign their positions]. Feelings of disrespect also seemed to differ by age. Workers who were 45-54 years of age seemed to feel the most respected by their supervisors. The older the worker, the more likely he or she was to feel that his or her supervisor was always respectful. In sum, we found that disrespectful supervising can have a major impact on workers and the workplace and can result in significant stress for affected workers. This kind of job stress can also make it difficult for a company to recruit and retain qualified employees.

Study # 4: Original Inclination and the Impact of the Calls on Subsequent Caller Behavior:

In another study, we found consistent client satisfaction rates with Optum services [between 95-99%] over many years. In addition, we discovered that 24-26% of callers stated that if they had not called us, they would have accessed the medical system [such as going to the primary care physician for a clinic visit, visiting the urgent care center or accessing care in the emergency department].

Study # 5: Client Self-Report Post-Call:

In client self-report results [for Q1 1998] we found that 83% of callers reported improved productivity at work after contacting Optum. Ninety-two percent experienced decreased stress, 94% stated that they had improved physical well-being, 92% reported improved overall well-being and 40% avoided taking time off from work to deal with their issue.

Study # 6: ROI or Return-On-Investment:

In examining medical cost offset studies, the ROI for these studies ranges from 1:1 to 4.5:1. From these and other extensive ROI studies, we have learned that it can be very difficult to sort out the impact of our service from the impact of other events [such as changes in co-pays and the addition of new services over the lifetime of

the study]. We also found that callers' health-seeking behaviors and health care paradigms are very complex and difficult to evaluate.

Study # 7: Outcomes for Callers Aged 50+:

In another study, we looked at the outcomes for callers who were 50 years and older after they called an Optum Assistance counselor [Follow-Up Survey in 1995, N = 606, average age = 55]. Seventy-five percent reported better personal relationships, 87% said that their stress level had been reduced, 75% reported improved physical well-being, 67% had improved productivity, 49% avoided missing time off from work to deal with their issue, and 34% avoided unnecessary physician office visits.

Study # 8: A New Optum Study of Job Stress: Who Calls and Why:

We have also completed a recent analysis of calls related to "job stress" or "stress in the workplace." These data are for all of the Year 2000 and through Q1 [the first quarter] of the Year 2001. We did not, for the purposes of this article, look at other call categories that could relate to job stress. We did not, for example, look at lay-offs, terminations, mergers and acquisitions or other possible causes of job stress.

There were 968 calls to Optum counselors relating to "job stress" or "stress in the workplace" categories for 2000 and Q1 of 2001. Most of the callers were employees [891] or spouses of employees [43]. Others who called about job stress were unidentified [23], other [7], children or other family member [1 each].

We were not surprised to find that most callers were women [62.1%] compared to men [37.2%], as women tend to be the healthcare managers and planners for the family. Calls about job stress tended to fall evenly throughout the days of the workweek [184 on Monday, 181 on Tuesday, 182 on Wednesday, 166 on Thursday and 148 on Friday] with some calls coming in over the weekends [i.e. 56 on Saturday and 51 on Sunday]. Presumably the calls go up toward the beginning of the week, when workers have to return to work on Monday morning, and taper off toward Friday and the weekend as they leave work.

Interestingly, a large number of these job stress calls came in during the first quarter of the year [Q1 calls numbered 365]. We believe the reason for this is that new business and new product implementations tend to start in Q1. In addition, it may be difficult for workers to meet new goals that have been set for the new year. Also, those who have been laid off at the end of the old year are seeking new jobs in Q1. There were 230 calls in Q2, 194 in Q3, and 179 in Q4. In a closer look at the distribution by month, we found this same trend held: fully 48.3% of the calls came in during the first 4 months of the year [January, February, March and April at 13.3%, 10.3%, 14.0% and 10.6% respectively]. Calls were then fairly evenly distributed over May, June, July, August, September, October, November and December [6.9%; 6.2%; 6.6%; 7.9%; 5.6%; 7.5%, 5.6%, 7.5%, 6.1% and 4.9% respectively]. Note the dip in December, possibly due to the holidays and plenty of time off from work.

The average length of most calls to Optum counselors is usually about 15 minutes. The average call length of job stress calls was 35.48 minutes; this is true even when we removed the outliers who had calls to counselors over 3 hours in duration. This could reflect the complex nature of the calls and the impact that job stress/workplace stress has on the entire family.

If we divide the country into rural [2.1% of the calls], large rural [45.1% of calls], small metro [25.7% of calls], large metro [24.1% of calls] and largest metro [2.9% of calls] we can see that almost all job stress calls originated from larger populations centers. Obviously, most Americans reside in these larger centers.

As to the age of callers, 1.6% were aged 1-20; 21.8% were 21-30; 34.9% were 31-40; 25.7% were 41-50; 15.2% were 51-60; and as one might expect, .5% were 61-70 and .2% were over age 70. Thus most job stress calls came from those who are commercially employed, i.e. those 21-60 years of age.

Surprisingly, we found that most of the job stress calls came from the Midwest and the Southeast [44.3% and 22.5% respectively]. Seven point two percent of calls came from the Pacific Coast, 10.5% were from the Southwest, 5.4% were from the Great Plains, 5.7% were from the Mid Eastern states and 4.3% were from New England. We had intuited.... and our earlier research had shown.... that more job stress and disrespectful bossing could be found in the Northeast. This may still hold true since Optum's clients are not evenly distributed through the United States, thus a comparison between job stress calls and region needs to be made with caution.

Conclusion Americans of all ages feel they need more and better health information in order to make better health care decisions. Here are the astounding statistics:

Need for Health Information: Americans by Age Group Who Say They Want More Information to Feel Confident About Their Healthcare Decisions:

AGE	PERCENTAGE
18-34	81%
35-44	74%
45-54	72%
55-64	61%
65+	57%

By providing information when, where, how and in the format that participants need it, we can help callers deal both with job stress and select more healthful lifestyles.

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RECOGNIZING STRESS IN CHILDREN

[Karen Sullivan](#)

ISMA-UK Member

Author and Journalist in the United Kingdom

Many parents, but fewer professionals, will be surprised to learn that stress is a growing issue. The majority of children are unaware that what they are experiencing is stress, and symptoms are often put down to illness, poor behavior or even emotional problems. Children have the same physiology that adults do, but are even more susceptible to emotional and physical stress than adults. The reasons for this are multifold (and part two of this series will examine them), but the bottom line is that children are ill equipped to deal with the pressure under which they are placed in today's society. Robert Dato, Ph.D., NCPsyA, American stress expert and pioneer, who developed the "Law of Stress" and the highly regarded and scientifically validated *Dato Stress Inventory*, says, "Children and adults all have the same hardware. The symptoms of children, however, are often more extreme or frequent under the same pressure because adults have better software in place to manage that pressure. In other words, they are more adaptable."

According to research published in October 2000, children as young as eight describe themselves as "stressed." More than 200 interviews conducted by a team of City University in London found unprecedented levels of stress in British people of all ages and "worryingly high" levels in children. More than a quarter of those questioned by the researchers said they were often or always stressed. Half were "occasionally stressed." "We were surprised by the extent of the problem, particularly by the amount of stress reported by very young people," said Professor Stephen Palmer, who led the study. "If you had asked eight-year-olds about stress 20 years ago, they would have looked blank. Now they understand the concept and a significant number report experiencing it." They also found that nearly a quarter of the under-18s studies said that they often got stressed, and only one in six never suffered from it.

The situation is no better in the US, although statistics are more difficult to obtain, perhaps underlining a failure to acknowledge the issue. In 2000, the Federal Interagency Forum on Children and Family Statistics published a voluminous document entitled "America's Children: Key National Indicators of Well-being," which delved into the various aspects of childhood that comprise health, happiness and well-being. It's interesting to note, however, that the subject of stress and even anxiety do not feature.

We do know, however, that as many as one in 33 children and one in eight adolescents suffers from depression, according to the US Center for Mental Health Services. Thirteen percent of US children between the ages of 9 and 17 suffer from an anxiety disorder, while a MECA Study (Methodology for Epidemiology of Mental Disorders in Children and Adolescents) estimated that almost 21 percent of US children ages 9 to 17 had a diagnosable mental or addictive disorder associated with at least minimum impairment.

One of the problems assessing the extent of the problem is, of course, the fact that children are not always aware of stress and its inherent symptoms. They experience the symptoms, but they do not know the cause, and they have often not been taught to verbalize their emotions to the extent that they should. Furthermore, parents and other professionals, such as teachers, are unaware of the link between the symptoms, and do not look at the root cause. In researching my new book, *Kids Under Pressure*, I surveyed 80 schoolchildren between the ages of 5

and 16, with a variety of backgrounds. While many had a definition for stress (largely inaccurate), and expressed feelings of being out of control and under pressure, few associated the multitude of symptoms they experienced with stress. The vast majority suffered irritability, difficulty getting up in the morning, regular stomach upsets, headaches, digestive discomfort, nervousness and difficulty concentrating, but made no connection between stress they might be experiencing and their physical and emotional symptoms.

Stress can be stimulating and life enhancing. It can provide the drive, the initiative, the energy and the motivation to see a job through. All of us have experienced rising to the challenge of a deadline or a difficult job; in fact, it is often the challenge that brings out our best work, with stress hormones keeping us active, alert and focused. Children experience much the same response to a healthy level of activity - many children love going to school for the buzz of competition, the variety of activities, the thrill of interaction. In this case, the stress they face is positive, and probably balanced by a healthy dose of relaxation later. These children are experiencing stress within their personal threshold, and it lifts them from boredom and feelings of isolation to being effective at meeting challenges.

Stressful situations also teach children important skills, such as decision-making, time management, self-control, finding solutions, coping with failure, developing people skills, understanding the need for relaxation, and learning the art of compromise - all of which are essential lessons that, properly learned, will help children to adapt to the rigors and pace of the modern world.

The problem is that every single one of us, children included, has a threshold, where these good feelings peak, and stress becomes unhealthy. For children, it can be as simple as adding one more activity to an already busy day, or perhaps being streamed into a more challenging academic class. It can result from a falling out with friends, failing to make a coveted sports team, or being bullied at school. Most parents will never know exactly what sent their child over the edge, but once that peak has passed, the negative effects of stress set in, and it's often difficult to reverse the pattern. Because the physical and emotional impact of stress is so dramatic, a child's behavior, approach to life, attitude, moods and health can literally change overnight. When unhealthy stress is experienced, the entire body responds in a negative fashion: stimulation becomes overload; effective work becomes inefficient, irritability, anxiety and even depression set in, all of which end in the inevitable burnout. One thing is that many children cope - or appear to cope - which makes it difficult for parents and professionals to know when things are going badly wrong. Children are enormously resilient creatures, and adept at bottling things up in order to maintain the status quo. Just past their peak, or threshold, when they are on the way down, they can appear somewhat moodier, or find it more difficult to get up in the morning, but these are insipid symptoms, and the majority of parents will acknowledge the approach of exhaustion, but fail to link it to stress and the serious problems that can result.

Different ages, different responses Children obviously exhibit different patterns of stress-related symptoms at different ages, and it is worth learning what to expect at each of these:

Babies Can babies really be stressed? The answer is yes. Babies are susceptible to the same physical, emotional and environmental stressors as older children and adults, with little or no way to communicate their distress. A change in routine, weaning, teething, a new caregiver, stressed parents, bullying by a sibling and lack of physical comfort, among other things, can all cause a baby to become stressed. Most babies respond by showing erratic sleep patterns, constant crying or withdrawal, chronic, niggling but unserious illnesses, such as colds, "demanding" behavior or irrational fear at being left alone, for example. If your baby develops what amounts to a different "personality" or pattern in his daily life (and if he's not ill), it's worth considering whether stress is at the root.

Babies and stress Psychiatrists have reported that there may be a physical basis linking stressed babies to personality disorders in adulthood. Babies who are made to sleep alone or are not picked up and comforted enough may grow up being susceptible to post-traumatic stress disorder (PTSD) and personality problems, according to Dr. Michael Commons of the Harvard Medical School.

The idea that babies need physical contact is not new - that is why they are no longer swaddled in tight blankets and left to cry for hours. But researchers speaking at the annual meeting of the American Association for the Advancement of Science said they were starting to find evidence of physical changes in the brain caused by stress in infancy. "Parents in most cultures have infants sleep with them," Dr. Commons says. "As an infant, sleeping by yourself is very stressful. We can see this because infants cry."

Scientists have also found levels of stress hormone cortisol to be much higher in crying babies. Commons suggested that constant stimulation by cortisol in infancy caused physical changes in the brain. "This makes you more prone to the effects of stress, more prone to illness, including mental illness and makes it harder to recover from illness," Commons said. "These are real changes and they don't go away."

Pre-school children This is a difficult age to access because toddlers and very young children are naturally and inherently curious, erratic, developmentally unique and, most importantly, unable to verbalize emotions.

There are, however, some things to watch out for. Remember that every child is different, and a change in behavior could indicate illness, or just a simple phase of development, involving some anxiety or rebellion. Some behaviors may include the following:

- Irritability
- Anxiety
- Uncontrollable crying
- Trembling with fear
- Eating problems
- Sleeping problems
- Regression to infantile behavior, such as bedwetting, sucking a thumb (after they've given it up) wanting to wear diapers, or drink from a bottle
- Uncontrollable anger
- Loss of control that frighten them
- Fear of being alone or without a parent
- Withdrawal
- Biting
- Sensitivity to sudden or loud noises
- Inexplicable sadness
- Aggression
- Nightmares
- Suddenly becoming prone to accidents

Primary school children Once again, it is normal for children to exhibit a wide range of behaviors, including tantrums when things don't go their own way, aggression when they are angry and do not have the maturity to cope with conflicting emotions, persistent questioning, whining, a healthy fear of new experiences, loss of concentration, nightmares and the normal complaints about friends, siblings, discipline, and, of course, school.

These responses are normal and part of development. Children come into contact with a much wider, and more frightening world, and they are bound to have worries and fears. They are also leaving behind the comfort of having a parent or caregiver by their side almost constantly, and probably a favorite blanket or stuffed animal as well. At school, they begin to master simple and then more complex tasks, which involve reasoning and logical thinking. A huge range of skills are developed, and for the first time they may experience peer competition. a need for intense concentration, while becoming more self-aware and conscious of differences, performance and achievement.

So expect doubts, normal fears, questions, self-doubts and feelings of inferiority during this period. Watch out for the following:

- Withdrawal
- Feeling unloved
- Distrust
- Showing a constant fear or dislike of school
- Failing to establish friendships, or withdrawal from regular friends
- Difficulty in expressing feelings
- Chronic crying
- A need to know exactly what the future holds
- Headaches or stomachaches
- Trouble sleeping
- Trouble unwinding
- Loss of appetite

- Frequent urination
- Regressive behavior
- Constant aggression and/or outbursts
- Becoming prone to accidents
- Worsening report cards

Adolescents Adolescents is a period of great physical and emotional change, which we enter as children and emerge as adults. The course of adolescence is necessarily bumpy, with many rebellions, cries for independence, experiments and periods of self-definition. Their self-image becomes increasingly (and almost obsessively) important, as do their appearance, peer relationships and status. This period is also characterized by great physical development, complete with skin problems, growing pains, weight issues and the onset of puberty, in which hormones often win the battle for self-control. Sexuality becomes an issue, which can be at once confusing and elating for adolescents. The message is, expect some irresponsibility, disturbances in sleep and behaviors, rebellion, arguments, sulking, agitation and selfishness through adolescence. Although some of these may be linked to the stress of growing up, they are normal and not usually cause for concern.

Some children cope brilliantly with the transition from childhood to adulthood, and sail through the pressures of adolescence. This may have something to do with genes, conditioning and stress tolerance; furthermore, children with a strong family background, good relationships, high self-esteem and a strong self-respect will normally find it easier than others to cope with the rigors of growing up. There is, therefore, a wide variation of behavior that can be expected from adolescents. What every parent needs to look out for, however, are *sudden* changes in behavior, personality, temperament, levels of activity and approach to life. If the following symptoms are a common feature of your adolescent's everyday life, he or she is more than likely to be under too much pressure:

- Long-term and seemingly inexplicable anger
- Feelings of disillusionment
- Lack of self-esteem
- Lack of self-respect
- Extreme behaviors, such as committing crimes, over rebellion, complete lack of respect for authority and figures of authority
- Drug abuse
- Depression
- Suicidal tendencies
- Truancy or refusing to go to school
- Distrust
- A marked change in grades

It is extremely important to remember that children behave differently throughout the course of their development, and that their behavior, approach to life and even happiness will dip and soar. It's also important to remember that children do not go through life with a map. They need constant guidance, reassurance, interaction and experiences with adults along the way, to keep them on track and to ensure that they are developing into happy, healthy adults.

While it is crucial to keep an eye out for inexplicable or worrying changes across each of the developmental stages, it's also important to look for niggling or insidious changes that may indicate a problem. Not all health and emotional problems caused by stress are clear-cut, and you may have been overlooking a series of small issues and health problems that form a clear picture of a child under stress.

Books by Karen Sullivan are *Commonsense Healthcare for Children* (published in the US by Key Porter Books, April 2001) and *Kids Under Pressure: How to raise a stress-free and happy child* (January 2001).

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**ANTHRAX AND BIOTERRORISM CALLS TO COUNSELORS AND NURSES IN
CALL CENTERS**

In October 2001, the United States began experiencing anthrax and bioterrorism threats in several major cities and industries. These threats occurred in post offices and postal sorting stations, in major media outlets and in federal government offices over a period of weeks. A number of people died when they contracted inhalation anthrax and others were sickened due to the subcutaneous form of the disease.

In light of these events, Optum, a health and well-being firm with 6 call centers nationwide, began experiencing sharply increased numbers of anthrax and bioterrorism calls. This article provides both quantitative as well as qualitative data on these calls.

There was a total of 454 calls to Optum counselors and nurses in 6 nationwide call centers from 4/1/2001 to 10/24/2001. During this period, there was a total of 157 anthrax calls and 297 bioterrorism calls. Note that Optum's Anthrax Immunization Guideline or topic [used by the nurses in responding to calls] was first created April 1, 2001, while the bioterrorism topic was only created in October 1, 2001. Here is how these calls broke down:

Anthrax/Bioterrorism Calls to Optum (4/1/2001 - 10/24/2001)

Total Calls = 454

Total Anthrax Calls = 157

Total Bioterrorism Calls = 297

These calls were sorted into "Injury and Poisoning Calls" and "Medication Information Calls."

FROM the CHAIR

Nurses responding to these callers offered suggestions on what actions callers could consider taking. Optum is not a gatekeeper model, so callers are free to follow the nurse's advice or to follow their own original inclinations.

FOCUS on STRESS MANAGEMENT

We decided to track anthrax/bioterrorism calls from April through October 2001 to see trends and the impact of the bioterrorism threats. Again, the anthrax/bioterrorism topic was created only in 4/1/2001. One can see, there was a 724% increase in anthrax/bioterrorism calls from before October 1 to after October 1, 2001.

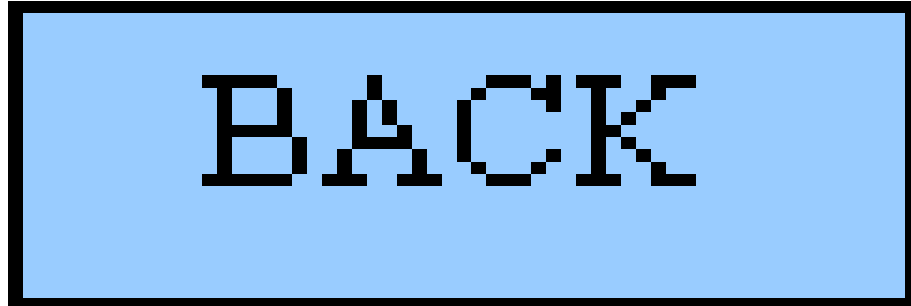
EDITORIAL INFO

We also looked at bioterrorism calls in October 2001. Because this topic was created in Optum guidelines only in October 2001, there are no comparisons by month. A comparison by date follows below.

Bioterrorism Month of Call

	Frequency	Percent
October	297	100

We looked at day-of-the-week for anthrax/bioterrorism calls. These calls were evenly distributed across days of the workweek and decreased somewhat on the weekends.



We looked at the hour of the day when anthrax/bioterrorism calls were coming into counselors and nurses at our six call centers. Although some calls were placed during the night and early morning hours, most calls came in during normal business hours, with a steady increase in calls throughout the workday.

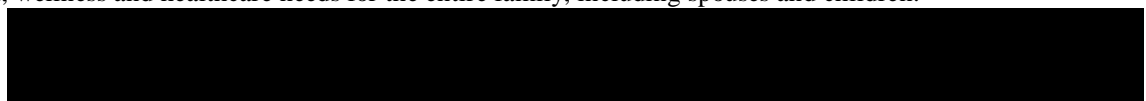
Hour of Call

	Frequency	Percent
12:00am - 1:59am	14	3.1
2:00am - 3:59am	9	2
4:00am - 5:59am	6	1.3
6:00am - 7:59am	21	4.6
8:00am - 9:59am	49	10.8
10:00am - 11:59am	59	13
12:00pm - 1:59pm	57	12.6
2:00pm - 3:59pm	42	9.3
4:00pm - 5:59pm	72	15.9
6:00pm - 7:59pm	59	13
8:00pm - 9:59pm	47	10.4
10:00pm - 11:59pm	19	4.2
Total	454	100

We then broke the anthrax/bioterrorism calls into those calls that came in during and after business hours. Business hours are defined as 8 A.M. to 5 P.M. CDT, Monday through Friday.



We were interested in looking at the gender of the callers who were calling with concerns about anthrax/bioterrorism. Most of the callers were women. This is not surprising as women often manage the prevention, wellness and healthcare needs for the entire family, including spouses and children.



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We also looked at anthrax/bioterrorism calls by age of subject. In this case, some were calls made by parents or caregivers about or on behalf of family members. We found that the majority of calls came from men and women of working age.

Age of Subject

	Frequency	Percent	Valid Percent
Under 1 Year	3	0.7	0.7
1-10	32	7	7.6
11-20	24	5.3	5.7
21-30	98	21.6	23.2
31-40	94	20.7	22.3
41-50	78	17.2	18.5
51-60	46	10.1	10.9
61-70	26	5.7	6.2
71-80	17	3.7	4
81-90	2	0.4	0.5
91-100	2	0.4	0.5
Missing	32	7	
Total	454	100	

We asked callers about their relationship to the person about whom they were calling. As one can see, most callers were calling with their own concerns and some were parents calling about their children.

Caller Relationship

	Frequency	Percent	Valid Percent
Family Member	2	0.4	0.5
Friend	1	0.2	0.2
Parent	47	10.4	10.6
Self/Employee	384	84.6	86.9
Son	1	0.2	0.2
Spouse	7	1.5	1.6
Missing	12	2.6	
Total	454	100	

We wanted to see how many calls were being made from cities of varying sizes. Most calls seem to have come from smaller towns and communities. It is possible that these calls came from suburbs of larger cities where these threats were more of an immediate concern.

Population of City From Which Call Was Made

	Frequency	Percent	Valid Percent
Under 2,500	15	3.3	4.1
2,500 - 25,000	111	24.4	30.4
25,001 - 50,000	61	13.4	16.7
50,001 - 100,000	46	10.1	12.6
100,001 - 250,000	41	9	11.2
Over 250,000	91	20	24.9
Missing	89	19.6	
Total	454	100	

Most of the calls came from the Southeastern United States [where the original anthrax cases appeared], with a number of calls coming from Mid-Eastern states and states in the Great Lakes region.

Great Plains	15	3.3	3.6
Lakes	59	13	14.2
Southeast	190	41.9	45.8
Middle Eastern	75	16.5	18.1
New England	5	1.1	1.2
Missing	39	8.6	
Total	454	100	

We also tracked one-time and repeat callers who had anthrax/bioterrorism questions. By far the greatest number of callers were one-time callers, with few being repeat callers.

Repeat and One-Time Participant Call Volume

	Frequency	Percent
One-Time	448	98.7
Repeat	6	1.3
Total	454	100

The mean length of these calls was almost 13 minutes.

Call Length

Mean	12.67
Median	11

We decided to look at the anthrax/bioterrorism calls that came into our six call centers by date. One see that there was a substantial spike in calls around October 8-12, 2001, which coincides with media reports of the spreading threat as well as with the public's attempts to understand the nature of the disease and how it is transmitted.

We then separated out the anthrax calls from the bioterrorism calls to see if there might be differences between the two.

Anthrax Calls by Date

	Frequency	Percent
4/19/2001 0:00	1	0.6
6/20/2001 0:00	1	0.6
7/2/2001 0:00	1	0.6
7/19/2001 0:00	1	0.6
7/25/2001 0:00	1	0.6
9/2/2001 0:00	1	0.6
9/17/2001 0:00	1	0.6
9/18/2001 0:00	1	0.6
9/19/2001 0:00	2	1.3
9/21/2001 0:00	1	0.6
9/24/2001 0:00	2	1.3
9/26/2001 0:00	1	0.6
9/27/2001 0:00	2	1.3
9/29/2001 0:00	1	0.6
10/1/2001 0:00	2	1.3
10/2/2001 0:00	3	1.9
10/3/2001 0:00	1	0.6
10/4/2001 0:00	6	3.8
10/5/2001 0:00	3	1.9

10/15/2001 0:00	7	4.5
10/16/2001 0:00	9	5.7
10/17/2001 0:00	7	4.5
10/18/2001 0:00	8	5.1
10/19/2001 0:00	2	1.3
10/20/2001 0:00	5	3.2
10/22/2001 0:00	3	1.9
10/23/2001 0:00	4	2.5
Total	157	100

Bioterrorism Calls by Date

	Frequency	Percent
10/17/2001 0:00	60	20.2
10/18/2001 0:00	60	20.2
10/19/2001 0:00	40	13.5
10/20/2001 0:00	24	8.1
10/21/2001 0:00	16	5.4
10/22/2001 0:00	44	14.8
10/23/2001 0:00	53	17.8
Total	297	100

In addition to these quantitative data, we collected qualitative data on callers' experiences in calling Optum nurses in our call centers to allay their fears. Below are some representative comments made by callers who called with anthrax concerns.

Specific Optum Call Experiences with Anthrax:

1) The caller requested information on anthrax. Nurse discussed the possible symptoms and modes of transmission. The caller handled a suspicious package one month ago postmarked from Florida, threw out the package, and wiped his hands on his pants. He is asymptomatic but his son has a cold. Nurse instructed the

caller to contact the local authorities and his physician.

2) A caller reported, "I'm active duty, and received my anthrax shots in 1998; the first three doses. I got a 4th dose in 2000. How many are you supposed to have?" Information was given from the Anthrax Immunization Guideline. Nurse reviewed that it is given in six shots. The first three are two weeks apart. The last three shots come 6, 12, and 18 months apart.

3) A caller reported calling 911 the day before calling Optum due to receiving an envelope in the mail containing a magnet white powder. The police department took the envelope and its contents. The caller wondered if there was need for concern or consultation with a physician regarding the incident. The caller reported no symptoms were present. Nurse reviewed anthrax: transmission, symptoms and vaccine. The caller was going to call a physician to report the incident.

4) The caller asked for the symptoms of anthrax. Nurse discussed the symptoms of inhalation, intestinal and subcutaneous anthrax with the caller. Nurse provided a reference to the CDC for the caller to access: www.cdc.gov/ncidod/dbmd/diseaseinfo/anthrax.

5) The caller was asymptomatic but asked for information on anthrax. Nurse educated the caller from the Bioterrorism-General information guideline. Nurse discussed the definition, transmission, symptoms, diagnosis, treatment, prevention, vaccination, post exposure prevention treatment, and sources of help. Nurse referenced the CDC public health emergency preparedness and response for the caller: <http://www.bt.cdc.gov/>.

6) The caller was concerned because there was an anthrax scare at one of the stores in the area. The caller was at the store prior to the time when the "powder" was discovered on the cash register. The caller inquired about the need to be vaccinated and what else to do. Nurse discussed detailed information on anthrax (definition, different forms and symptoms of each type of anthrax infection, incubation period, treatment and who needs to be vaccinated) with the caller. She felt reassured.

7) The caller requested information regarding anthrax and how it is spreads, incubation period, signs and symptoms, diagnosis and treatment. The client declined triage. A man in the caller's area had been diagnosed with anthrax. Nurse educated the caller regarding incubation period, signs and symptoms, diagnosis and treatment of anthrax. Nurse also educated the client regarding immunization. Nurse provided the caller with the web site to the Center for Disease Control.

8) The caller wanted to know the symptoms, treatment and transmission of anthrax. The caller reported having just spoken with NurseLine and receiving the suggestion to contact the caller's primary medical physician. Nurse cited information from the general information guideline on bioterrorism. Nurse reviewed anthrax transmission, symptoms, diagnosis and treatment. Since the caller's job involves opening mail, the caller was concerned. The client was given the phone number to the Centers for Disease Control. The caller was satisfied with the information given.

9) The caller wanted to know the symptoms of inhalation anthrax. The caller reported having a cold and being frightened now about anthrax, despite having no known exposure. The client reported taking the subway to work and seeing people wearing gas masks and painters' masks as well as holding cloths in front of their faces. Due to her feelings of anxiety, the caller just wanted to know the symptoms.

10) The caller reported being told by a co-worker to call her primary medical physician or the local hospital. The caller stated that the physician's office told her to call the hospital. The caller reported trying to call the hospital several times and that the line remained busy for several hours. The nurse suggested going into the hospital for possible anthrax testing. The caller asked about symptoms of inhalation type anthrax. The nurse discussed symptoms of inhalation anthrax, and then briefly went over the symptoms for subcutaneous and intestinal anthrax. The nurse provided resource information along with the CDC 1-800 number and web site, and the CDC Public Health Emergency Preparedness and Response web site.

11) The caller reported having a sibling who is a clerk in a post office. The sibling handled foreign mail about six hours prior to the call to Optum and apparently felt a stinging on the right cheek. The caller reported that the sibling also felt a pulling sensation, itching and subsequently had a mark on the face. The nurse educated the caller from the general information guidelines concerning bio-terrorism and anthrax [definitions, transmission, symptoms, incubation period, diagnosis, and treatment]. The nurse suggested contacting a physician immediately. The caller agreed. The caller did not want triage on skin irritation, but wanted to have the possibility of anthrax evaluated.

12) The caller's wife opened Optum's Taking Care Newsletter and found a powdery substance in the pages of the magazine. He had questions regarding possible anthrax exposure and symptoms of anthrax. The information discussed included home care and precautions. He was also told that these powders are drying powders that are used as part of the legitimate printing process.

Summary and Conclusions In times of stress, anxiety and uncertainty, when people feel their health and the health of their family are at risk, they have concerns and questions. It is important that they have access to counselors and nurses 24 x 7 to respond to the crisis as it unfolds. Counselors and nurses provide reassurance, education, clarification, suggested paths of action as well as websites and bibliotherapy for anxious callers.

ISMA INTERNATIONAL

ISMA INTERNATIONAL BOARD DEVELOPMENTS

[Betty J. McGuigan](#)
ISMA-USA Member

The ISMA International Board met during the Seventh International Stress Management Conference at the University of Warwick, England, July 4-6, 2001, and has made some preliminary announcements. A number of changes to this Board should be noted. Dr. Charles D. Spielberger, ISMA's President for many years, resigned. Prof. Lennart Levi from the Karolinska Institute in Stockholm, Sweden, is the new president. Two new vice-presidents were added. John G. Carlson, Past Director and Chairman of ISMA-USA and Editor of *the International Journal of Stress Management* has accepted the board's invitation to this position. Jan van Dixhoorn, ISMA-NL's Director, was also invited and has accepted. Laurie van Someren continues to serve as ISMA's International Board Chairman. The Chairman of the Board has also announced that the conference proceedings will be published and made available on CD ROM. ISMA International Conference 8 is being planned for 2004. A possible location may be the United States.

ANNOUNCEMENTS

PUBLICATIONS



Gentle Wind, Fine Rain

The comprehensive book of Bioenergetic Fitness©
by Gary F. Paruszkiewicz, C.S.M.E.

Featuring:

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"I welcome Gary's "Gentle Wind, Fine Rain" as an important contribution to the emerging and expanding holistic health field"

(from the foreword, written by Professor J. P. Dave, Ph.D., Psy. D.)

Gentle Wind, Fine Rain

ISBN - 0 - 9669249 - 3 - 2
130 pages, fully illustrated, with photographs, \$30.00
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CALM ENERGY: HOW PEOPLE REGULATE MOOD WITH FOOD AND EXERCISE

Author: Robert E. Thayer, Ph.D.

Publisher: Oxford University Press

This book offers excellent scientific-based information on managing energy and tension, and thus helping people fight stress, lethargy, and emotional eating.” Oxford University Press

ISMA-USA NEWSLETTER welcomes book reviews.

We invite members to review the above new publications and any other publications of interest to our readers.

POSITIONS AVAILABLE

WEBSITE EDITOR WANTED

ISMA-USA Board seeks someone to serve as website editor for its website.

Duties include the following:

- § Working with the USA Branch’s webmaster,
- § Working with the Board for posting all items of interest to ISMA-USA members,
- § Working with the NEWSLETTER Editors for posting the NEWSLETTER,
- § Keeping current the on-line membership directory,
- § Corresponding with visitors’ e-mail inquiries.

Application for this position should send (1) letter of application, (2) resume, (3) sample materials supporting the application to: Paul J. Rosch, Chair, ISMA-USA
124 Park Avenue, Yonkers, NY 10703

E-mail: stress124@earthlink.net

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YOGA INSTRUCTOR WANTED

An ISMA Yoga Instructor to provide Yoga sessions for a study in North Carolina.

We are willing to pay \$40.00 per hour for an instructor with certification.

We ask for your help in finding one.

Please contact: Keith Walker, MBA President Worldwide IT Teams, Inc.

5121 W. Pensacola St.

Tallahassee, FL 32304

Tel: 866-869-3069 (Toll-free) Fax: 801-659-0461

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ISMA-USA NEWSLETTER is published twice a year.

We encourage news items from members and other organizations with information of interest to ISMA-USA members. It is the newsletter's policy to include contributions with various points of views; however, these do not necessarily represent the views of ISMA or ISMA-USA Branch. Announcements of services or programs do not imply an endorsement. We reserve the right to edit any material that is received.

Please submit a copy by e-mail or computer disk.

Deadline for receiving copy for the **Spring 2002** issue is March 15, 2002.

Please send your contributions to: [Serena Wadhwa](#) or [Betty J. McGuigan](#)

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