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Abstract

Although psychologists have been practicing for nearly one hundred years, relatively little research has been conducted on the impact of the profession upon the psychologist's personal life. Historically, most studies have attempted to determine whether the practice of psychology leads to burnout or impairment rather than what helps a psychologist to function well. A growing body of research on self-care places an emphasis on the personhood of the clinician and his or her ability to function well in practice and personal life (Alterman, 1998).

The purpose of this study is to add to the growing body of literature that addresses clinician self-care by investigating the relationship between resilience, emotional depletion, sources of stress in clinical practice and dyadic satisfaction. A sample of 190

doctoral level licensed psychologists from Pennsylvania who were also members of the American Psychological Association (APA), were surveyed using the Well-Functioning Questionnaire, Revised Dyadic Adjustment Scale, Maslach Burnout Inventory – Third Edition, Sources of Stress in Clinical Practice, and About You, a demographic survey. No evidence was found to indicate that practicing psychology has an effect upon dyadic satisfaction. However, the data support a positive relationship among Resilience, Personal Accomplishment and Dyadic Satisfaction. Findings suggest that there are eight behaviors and or characteristics that consistently contribute greatly to the well-functioning of psychologists, and three factors, physical rest, emotional restoration and belief in efficacy that are essential to managing stress in clinical practice. Further research on self-care and the well-functioning of psychologists is needed.

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Chapter 1

Introduction

This study examines the relationship between dyadic satisfaction, resilience, emotional depletion, and sources of stress in clinical practice in licensed doctoral-level psychologists. The question to be investigated is to what extent does resilience and emotional depletion impact the level of dyadic satisfaction of doctoral-level psychologists? Specifically, it is proposed that psychologists who are experiencing high levels of resilience and low levels of emotional depletion will have the greatest dyadic satisfaction.

During the relatively brief history of professional psychology and the practice of psychotherapy, a significant emphasis has been placed upon the impact of therapy on the client. Overall, there appears to be a general acceptance that psychotherapy has a positive impact on clients (Garfield & Bergin, 1994; Guy, 1987). While the impact of therapy on clients or effectiveness of therapy is a primary concern, the role of the psychologist and impact upon the personhood of the psychologist is equally important. Guy (1987) and Wahl, Guy, and Brown (1993) assert that the most valuable tool a psychologist has is him/herself. The qualities inherent in the psychologist are more closely related to therapeutic success than any one technique or theory. Guy and Liaboe (1986) and others began discussing and encouraging a focus on self-care. A growing body of literature is developing with an emphasis on the self-care of the psychologist and

what enables a psychologist to maintain health while working with others who are suffering. A review of the literature on clinician self-care suggests that the research has focused on prevention of burnout or ethical violations rather than approaching self-care from a positive model of wholeness and wellness (Alterman, 1998).

Therapy involves at least two people, the client and the psychologist. While research focuses on the client, as it should, what do we know about therapy and the impact on the psychologist? What happens to a psychologist who practices for thirty years? Guy (1987) suggests that there is a profound change in the personhood of the psychologist. It is hoped that the change is for the better. Does she/he find satisfaction in practicing psychology and is there any toll on personal relationships?

The efforts to measure or discuss the impact of practicing psychotherapy upon the personal and professional life of the psychologist has not garnered the same amount of attention. Albeit the psychologist has years of training to develop an understanding of human beings development and psychopathology, the clinical psychologist remains susceptible to the same entanglements of life that clients encounter. If we acknowledge that psychologists also struggle with the very issues that they work to resolve with their clients, is there any benefit from being a psychologist? What happens to the person who practices psychotherapy? Does the practice of psychotherapy encourage growth and development in the practioner's personal and professional life or does it promote burnout and emotional depletion? How do these two factors impact marital or dyadic satisfaction?

The practice of psychotherapy occurs in a relationship between the client and the psychologist. While the profession and literature recognizes and acknowledges the

significance of the therapeutic relationship as a powerful, dynamic and life changing relationship, research has continued to emphasize the client and appears to perceive the psychologist as an objective instrument that is unaffected by the nature of the therapeutic relationship (Guy & Liaboe, 1986). How objective and unaffected is the clinical psychologist? Does the profession of a clinical psychologist somehow alter the human nature of the clinician such that she/he is not affected by the nature of clinical practice? How do the hours of listening to other's losses, hurts and pains impact the psychologist? Is the psychologist emotionally depleted? Guy (1987, p. 105) states, "their personality is the tool used to conduct this clinical work, who a psychotherapist 'is' undergoes constant challenge, review, and transformation." The question is not if the psychologist is transformed, but how she/he is transformed. Hopefully, the challenge of professional work stimulates self-awareness, resilience and personal growth of the psychologist. However, it is also possible that professional work may foster isolation, withdrawal, and the very pathology that the psychologist is dedicated to treat.

Dyadic Satisfaction

"It is difficult for therapists to encourage clients to optimistically embrace life if they have not found meaning and satisfaction in their own personal relationships" (Guy, 1987, p. 145). Being a psychologist is a mixed blessing with regards to marital or dyadic adjustment. As Guy (1987) states, some aspects of clinical practice appear to promote growth and others undermine the integrity of the relationship. Spanier (1976) and Busby, Christensen, Crane and Larson (1995) define marital or dyadic adjustment as consensus on matters of importance to relationship functioning, satisfaction and cohesion. Couples need to agree on how to develop their relationship. They need to feel secure and safe,

that the relationship is stable. Lastly, couples need to be involved with each other, engaged in the interests of one another in order to be well adjusted. Guy (1987) suggests that the impact of practicing psychology on the marital or dyadic relationships of psychologists is worthy of investigation.

How does practicing psychology impact the personal relationships of the psychologist? Guy (1987) suggests that the practice of psychotherapy fosters the development of the clinician's confidence, insight, thoughtfulness, compassion and patience. This type of personal growth would be expected to produce stronger, healthier and more mature relationships. Consequently, it would be expected that psychologists would develop marriages that would be more satisfying than the average American. However, Wahl (1986) found that approximately 40% of therapists surveyed had been divorced at least once. That percentage is lower than the national average for divorce, but it would be hoped that factors of personal growth and professional training would create an environment fostering growth and satisfaction in marriage (Guy, 1987; Kreider & Fields, 2001; Wahl, 1986). Why then do therapists as Wahl defined, or psychologists, as this research is defining, experience marital discord at a rate that approaches the general public if they have training, and professional experience that are supposed to foster health in their clients? Is it possible that the same work that can fosters growth in others creates an emotional depletion in those who promote health?

Measuring the impact of professional practice upon the clinician is difficult to quantify. Wahl, Guy and Brown (1993) surveyed 153 psychologists from Divisions 12 (clinical psychologists), 29 (psychotherapists), and 42 (psychologist in private practice) of the American Psychological Association. The Lock-Wallace Marital Adjustment Test

was used to investigate the quality of therapist marital relationship and a Stress Scale based on previously identified stressors of clinical practice. The authors reported that the professional practice of psychology had no or relatively little impact upon the marital relationship of psychologists. They found negative correlations between therapeutic stress variables and marital satisfaction, but none of the stress variables accounted for the variance of marital satisfaction.

Rogers and May (2003) completed a 12-year study on marital quality and job satisfaction. The panel was composed of a variety of professions. The authors reported that marital quality and job satisfaction are related over the long term, and that marital quality appears to be more influential. Therefore, as marital quality or satisfaction increases, job satisfaction increases and when marital quality decreases, job satisfaction decreases. This implies a relationship between marriage satisfaction and work performance. The study did not include psychologists. The relationship of dyadic satisfaction and psychologists remains unanswered.

Emotional Depletion

For the purposes of this study, emotional depletion will be defined as burnout. Freudenberger is generally credited as the originator of the term burnout (Ackerly, Burnell, Holder, & Kurdeck, 1988). He defined burnout as "failing, wearing out or becoming exhausted through excessive demands on energy, strength or resources" (Freudenberger, 1975, p. 73). For the purposes of this study, the definition of burnout comes from Maslach's original research and continued efforts to assess burnout in the human services. Schaufeli, Maslach, and Marek (1993) define burnout as composed of three factors: emotional exhaustion, depersonalization, and reduced personal

accomplishment. Emotional exhaustion was defined as feelings of being emotionally overextended and exhausted by one's work. The authors defined depersonalization as negative cynical attitudes and feelings about one's clients. Reduced personal accomplishment are feelings of inadequate personal achievement combined with a low self-esteem, and a tendency to evaluate your own clinical work negatively.

Pines, Aronson and Kafry (1981) discussed burnout as a result of constant or repeated emotional pressure associated with intense involvement with people over a significant period of time. The authors described a variety of symptoms of burnout. These symptoms include malaise, emotional and physical fatigue, and feelings of helplessness and hopelessness. By the nature of the field of clinical psychology, psychologists spend an incredible amount of time and energy in intense and often sustained relationships with clients. Therefore, it would be surprising if burnout did not occur. In fact, burnout appears to be an inherent quality of practicing psychology.

Previous studies have mainly focused on burnout in helping professions and not specifically on burnout in psychologists (Vrendenburgh, Carlozzi, & Stein, 1999). Ackerly et al. (1988) attempted to ascertain levels of burnout in psychologists. The study found that 39.9% of doctoral-level psychologists surveyed reported high levels of emotional exhaustion and 34.3% reported depersonalizing their clients. Vrendenburgh, Carlozzi and Stein (1999) found that male psychologists experienced greater depersonalization of clients than did female psychologists.

Ackerly et al.'s (1988) examination of levels of burnout in psychologists also attempted to examine the relationship between burnout and marital status. The study did not replicate Maslach and Jackson's (1981) findings regarding burnout and relational

status. Maslach and Jackson (1981) found that individuals who were single or divorced scored higher on emotional exhaustion than those who were in a relationship or married. It is important to note that Maslach and Jackson (1985), and Ackerly et al. (1988) did not replicate the earlier findings that being in a relationship was correlated with lower scores of emotional exhaustion. The lack of replication suggests that the relationship between burnout and marital status remains unclear.

Figley (1998) added to the description of burnout as an accumulation of stressors. These accumulated stressors, such as therapeutic failures, client suicides, and emotional depletion, all work to erode the individual's ideals, motivation, and purpose or commitment to a field or profession. Pines, Aronson, and Kafry (1981) also described the erosion of ideals as resulting in mediocrity. These authors add that those in helping professions often have a "calling" or an underlying purpose that drives them to serve. Ironically, it appears that those who are "called" or who are passionate and idealistic are more susceptible to burnout. These individuals place their all into the work they do and often get little in return. Burnout comes when clinicians perceive that they cannot help people in need. They begin to feel they have nothing left to give and can only go through the motions of what they once were passionate about. Therefore, psychologists who enter the field with a "calling", passion and high ideals appear more susceptible to burnout. Those who enter the field with mediocre goals are far less likely to experience burnout. If your expectations, goals and passion are low, then it appears you are less likely to experience a lack of personal accomplishment. If this is true, then the field of psychology should become a field filled with either psychologists working with burnout or passionless and mediocre. But neither is desirable.

Hellman, Morrison and Abramowitz (1986) examined the stresses of psychotherapeutic work. From the 227 licensed psychologists examined, the authors found five factors that contribute to the stresses of therapeutic work. Psychologists endorsed stress in maintaining a therapeutic relationship, scheduling difficulties, professional doubt, work over involvement, and feeling personally depleted. Any one of these factors could make therapeutic work difficult, but how does it effect the psychologist outside of the office? How do the stresses of psychotherapeutic work effect dyadic satisfaction?

Schaufeli, Maslach and Marek (1993) discussed the definition of burnout as including reduced personal accomplishment. Reduced personal accomplishment is defined as feelings of inadequate personal achievement combined with a low self-esteem, and a tendency to evaluate your own clinical work negatively (Maslach, Jackson, and Leiter, 1996). Schaufeli, Maslach, and Marek (1993) suggest that professionals working within the helping profession must find rewards outside of the field. This may mean that the professional works/volunteers in a setting where they continue to assist people, but have a greater fulfillment or return for their efforts than their typical professional setting.

For example, a psychologist may volunteer in a church or religious setting to help people better understand or utilize the mental health system. It may be some form of community outreach that helps others without the taxation typically found in the mental health field but with the rewards of being appreciated by others and having a sense of accomplishment. Ideally, the authors would support a helping professional obtaining fulfillment outside of the mental health field. Many psychologists develop interests in

athletic, musical, or artistic outlets that are cathartic as well as potentially rewarding through others observations.

Likewise, Figley (2002) discusses the problem of adequate self-care, especially with therapists who care for those with chronic illnesses. Therapists often neglect themselves, their own needs and things that make or keep them healthy. This neglect may lead to low self-esteem or feelings of inadequate personal achievement. The author defines this neglect of self as compassion fatigue and equates it with burnout. He suggests that therapists must develop their own methods to promote health in their own lives. It is likely that therapists cannot be helpers if they are not caring for themselves.

Therapists and psychologists must learn to separate from work emotionally and physically in order to feel renewed (Figley, 2002). Separating emotionally and physically each has their own inherent problems. There are many factors associated with separating emotionally and physically including type of practice. For example, if a psychologist is in private practice, his/her income and professional responsibility is intricately tied to the private practice. This may make it more difficult to physically set aside work than a psychologist working in a hospital setting where another mental health professional is responsible for clients when the workday is done. However, Vrendenburgh, Carlozzi, and Stein (1999) discuss the lowest levels of burnout among psychologists are in private practice and the highest levels of burnout are among psychologists working in a hospital setting. Their findings indicate other factors such as money and autonomy are important to the health of a psychologist.

Separating emotionally from clients may lead to depersonalization (Figley, 2002). As psychologists attempt to preserve/balance their own needs with those of their clients,

there is always the potential to view clients negatively or even to blame them for time lost with family or to become resentful for the emotional drain that is inherent in working with people. It is important for the psychologist to grow and adapt as much as the client. If a psychologist does not separate emotionally from his/her clients, how can he/she spend any emotional energy on self?

Resilience

Psychologists do experience stressors that can lead to burnout and impairment. Impairment is distinguished from burnout as "a decline in quality of an individual's professional functioning that results in consistently substandard performance" (Coster & Schwebel, 1997, p. 5). However, the majority of psychologists do not experience impairment (Case & McMinn, 2001). As a result, research has attempted to determine what characteristics or habits of psychologists support their well-being. As Alterman (1998) espouses, this thrust of research towards a model of well-being is a new and much needed direction for the self-care of psychologists. Case and McMinn (2001) describe resilience as the power or ability to return to the original form or the ability to recover from illness such as depression or simply adversity.

Reivich and Shatte (2002) maintain that resilience is the determining factor in the happiness and longevity of our relationships, our success at work, and the quality of our health. Resilience is what determines how high we rise above what threatens to wear us down. Richardson (2002) states that resilience is the force that drives a person to grow through adversity. Resilience is what Coster and Schwebel (1997) discuss as the force that resolves developmental changes and conflicts during the course of life.

Within the field of self-care and positive psychology, the term resilience is interchanged or used in conjunction with hardiness and thriving (Alterman, 1998). Cohen, Cimbolic, Armeli, and Hettler (1998) discuss the assessment of thriving. These authors note six factors that are related to thriving; religious beliefs, ability to have a happy life, control over life, satisfying relationships, plans for the future, and leisure time. Carver (1998, p. 247) argues that thriving is a "better-off-afterward experience" and that resilience is a homeostatic return to the previous level of functioning. For the purpose of this study, resilience is defined as the qualities, characteristics and behaviors that enable a psychologist to function well.

Resilience in relation to professional functioning has been referred to as well-functioning (Case & McMinn, 2001; Coster & Schwebel, 1997; Kramen-Kahn & Hansen, 1998; Schwebel & Coster, 1998). Well-functioning has been defined by Coster and Schwebel (1997, p. 5) as "the enduring quality in one's professional functioning over time and in the face of professional and personal stressors." The authors described qualities or behaviors that contribute to well-functioning including personal values, family relationships, personal therapy, balanced lifestyle, vacations/rest, peer support, and spirituality. Kramen-Kahn and Hansen (1998) reported that maintaining a sense of humor, perceiving client problems as interesting, and feeling renewed from leisure activities as the top three contributors to well-functioning. Hellman et al. (1986) stated that psychologists do not take enough vacation or leisure time. Case and McMinn (2001) found that negative religious coping styles were related to greater impairment in therapeutic effectiveness. Meeks, McMinn, Brower, Burnett, McRay, Ramey, Swanson and Villia (2003) investigated Protestant Christian clergy's coping strategies to maintain

personal resiliency. Respondents emphasized being intentional in balancing personal and professional life and building healthy relationships.

Psychologists' mental health is the foundation of their work (Sherman, 1996). Guy, Stark, and Polestra (1989) found that 26% of psychologists experiencing personal distress sought individual therapy. Sherman and Thelen (1998) likewise found that 26% of distressed psychologists utilize personal therapy. Deutsch (1985) found 47% of her sample sought therapy for relationship problems during the course of their lifetime. Mahoney's (1997) survey of psychotherapists attending a conference found that 87.7% had been in personal therapy with a higher percentage of women than men attending therapy within the last year. Interestingly, he also found that nondoctoral psychotherapists were more likely to have been in personal therapy. This raises the question of whether doctoral level psychotherapists experience less stress, are more resilient and manage work related stress differently than nondoctoral psychotherapists, or do not seek help as readily.

Purpose of Study

The purpose of this study is to contribute to the research area of self-care of psychologists. It is an effort to raise awareness of the importance of developing and maintaining healthy habits for those who attempt to help others and to discover what impact helping others has upon the personal relationships of psychologists. While the research on self-care continues to grow, the interconnection among self-care, clinical practice and satisfaction in personal relationships is lacking. This study proposes that psychologists, who are trained, who have expertise in understanding and treating human beings who are in distress, and who have developed skills and habits to maintain health

while working with people in distress will have higher levels of dyadic satisfaction, lower levels of emotional depletion and higher levels of resilience. This study explored several domains of the life and practice of psychologists living in Pennsylvania. The domains include: (a) demographic characteristics of psychologist, (b) sources of stress in clinical practice, (c) levels of emotional depletion or burnout in the form of Emotional Exhaustion, Depersonalization, and Personal Accomplishment, (d) levels of resilience, and (e) dyadic satisfaction.

This study proposes that psychologists who have training, knowledge, and expertise in understanding human nature, and who are being stimulated and growing through their professional experience will develop more satisfying dyadic relationships. Conversely, those psychologists who are being emotionally depleted, and drained by their professional practice, will have less satisfying dyadic relationships. Therefore, it is predicted that psychologists who are experiencing high levels of resiliency and low levels of emotional depletion will have the higher levels of dyadic satisfaction.

Chapter 2

Method

Participants

Participants in this study were 400 members of the American Psychological Association who had received their doctoral degree in psychology and were licensed in the commonwealth of Pennsylvania at the time of the study. Each participant was mailed a research packet with a statement of informed consent, Well-Functioning Questionnaire, Revised Dyadic Adjustment Scale, Maslach Burnout Inventory-Human Services Survey, Source of Stress in Clinical Practice, and a demographic questionnaire entitled About You. Of the 400 members selected, 194 returned the research packet and 190 were usable. This represents a usable return rate of 48%.

Materials

Five instruments were used. The Revised Dyadic Adjustment Scale assesses the current level of satisfaction in partner relationships. The Maslach Burnout Inventory-Human Services Survey assesses level of burnout on three dimensions, Emotional Exhaustion, Depersonalization, and Personal Accomplishment. The Well-Functioning Questionnaire assesses the degree that identified behaviors and characteristics contribute to the psychologists ability to function well in clinical practice. The Sources of Stress in Clinical Practice measures the relative level of stress related to specific activities that occur in the practice of psychology. About You is a demographic questionnaire.

The Revised Dyadic Adjustment Scale (RDAS) was chosen to assess the current level of satisfaction in partner relationships. It is a 14-item survey that was chosen based on the reasonable psychometrics, correlation to the Dyadic Adjustment Scale (correlation coefficient was .97) and Marital Adjustment Test (correlation coefficient was .68), and brevity. The Dyadic Adjustment Scale (DAS), created by Spanier 1976, has been used in multiple research projects to ascertain a measure of adjustment in relationships, specifically marital adjustment (Busby et al., 1995). The DAS was valued for its brevity (32 items) and its versatility with four subscales; Dyadic Consensus, Dyadic Satisfaction, Dyadic Cohesion, and Affectional Expression (Spanier, 1976).

Busby et al. (1995) developed the RDAS out of an effort to alleviate reported problems with some of the subscales and particular items, and to make an instrument that was useful for distressed and nondistressed samples. To accomplish their task, the authors adhered to the conventions of construct hierarchy to establish the RDAS as a multidimensional instrument. The sample consisted of 227 couples who were predominantly Caucasian, middle-income and first-married couples. While the sample population does not reflect the current ethnicity of the United States, the instrument was found to be reliable and valid.

Construct validity was established through comparison with the DAS and the Locke-Wallace Marital Adjustment Test (MAT). The correlation coefficient between the DAS and the RDAS was .97 ($p < .01$) (Busby et al., 1995). The authors also reported the correlation coefficient between the RDAS and the MAT was .68 ($p < .01$), compared to .66 between the MAT and DAS. Cronbach's alpha reliability coefficients, a measure of internal consistency, were reported for each subscale and the overall RDAS. The

reliability coefficient reported for the RDAS was .90. The subscale reliability coefficients were: Dyadic Consensus = .81, Dyadic Satisfaction = .85, and Dyadic Cohesion = .80. These reliability coefficients are within the acceptable range and support the RDAS as having internal consistency.

The RDAS is composed of seven first order concepts (Decision making, Values, Affection, Stability, Conflict, Activities, and Discussion), and three second order concepts (Dyadic Consensus, Dyadic Satisfaction, and Dyadic Cohesion). Dyadic Consensus includes the factors of decision making, leisure, values, and affection. Dyadic Satisfaction includes the factors of stability and conflict. Dyadic Cohesion includes both activities and discussion.

The Maslach Burnout Inventory (MBI), 3rd edition, Human Services Survey (MBI-HSS), was selected to assess levels of burnout due to the long-standing reputation as a leading measure of burnout used in research throughout the world (Maslach et al., 1996). The MBI-HSS is a 22-item survey with three subscales. The three subscales of burnout are Emotional Exhaustion, Depersonalization, and Lack of Personal Accomplishment. Items are answered on a seven-point Likert scale (0-6). Response range from never (0) to a few times a month (3) to daily (6). The MBI-HSS takes approximately ten minutes to complete. The manual states that the current version was developed over an eight-year period. It was normed on a large sample of human service personnel from a diverse range of occupations that all involved dealing directly with people that are or could be difficult. Cronbach's coefficient alpha is reported as .90 for the Emotional Exhaustion subscale, .79 for Depersonalization subscale, and .71 for Personal Accomplishment (Maslach et al., 1996). Burnout is viewed as a continuous

variable with a low, average and high range. The MBI-HSS labels scores as high (upper third), moderate (middle third), and low (lower third) in comparison with the normative distribution. There are separate cut off scores for each of the three subscales. It is important to note that Personal Accomplishment is scored in the opposite direction of Emotional Exhaustion and Depersonalization. A high score on Personal Accomplishment is labeled as low burnout whereas a high score on Depersonalization is labeled as a high level of burnout.

The Well-Functioning Questionnaire (WFQ) designed to assess the variables that psychologist believe contribute to their ability to function well in the practice of psychology (Coster & Schwebel, 1997). The WFQ was adapted from Case and McMinn (2001) and Coster and Schwebel (1997). Case and McMinn (2001) adapted and incorporated 25 items from Coster and Schwebel's (1997) WFQ to create their 88 item Psychologist Professional Functioning Questionnaire. Two items were separated, physical exercise and relationship with spouse/partner/family, and three additional items were added for the purpose of this study. Physical exercise was separated into individual and group/team exercise to ascertain any preference for form of exercise utilized by psychologists. Relationship with spouse/partner/family was separated into relationship with spouse/partner and family (immediate) to distinguish between the two relationships. Three items, sense of purpose/calling to the field, self-growth and hobby or reading were added based upon review of the literature (Case & McMinn, 2001; Pines et al., 1981). Psychologists were asked to indicate on a 5-point Likert-type scale the extent to which each of the 30 items contributed to their ability to function well in the practice of psychology. The scale ranged from 0 meaning little/none; 2 somewhat; and 4 greatly.

This scale was altered by Case and McMinn (2001) from 1-5 to 0-4. This study chose to use the scale adapted by Case and McMinn (2001) for the purpose of comparison. The 30 items from the WFQ were summed to obtain a total score labeled Resilience. Chronbach's coefficient alpha for this study was .82. Coster and Schwebel (1997) stated that the WFQ met three standards of content validity: appropriateness of items, comprehensiveness of items sampled, and effectiveness of the items in assessing the content. The original items were acquired from psychologists who had worked with, treated and studied, impaired psychologists.

The Sources of Stress in Clinical Practice (SSCP) is a 14-item survey designed to assess the relative level of stress caused by common activities/issues that a clinician may encounter while practicing psychology. Psychologists were asked to indicate, on a 7-point Likert-type scale, the degree of stress which each of the 14 items placed on their ability to practice psychology. The sum of the 14 items was labeled Stress and used in data analysis of the dependent variable, RDAS Total. The SSCP was adapted from Farber and Heifetz (1981), Baird and Rupert (1987, 2004), and discussion with colleagues. Chronbach's coefficient alpha for this study was .81.

About You is a 14-item demographic questionnaire. It request background information regarding gender, age, ethnicity, highest degree earned relationship status and specific questions related to the practice of psychology.

Procedure

Psychologists were mailed a survey packet. A cover letter provided information regarding the purpose of the study, instructions for completing and returning the survey, assurance of anonymity, and contact names, numbers, and email addresses to address

questions or concerns. Informed consent was assumed with the completion of the survey packet. In addition to the survey and cover letter, the packet included a self-addressed stamped envelope in which to return the survey, and a self-addressed stamped postcard. The return of the postcard signified that the psychologist completed the survey and indicated whether the psychologist desired a copy of the results. Three weeks after the survey packets were mailed, a reminder letter was sent to those psychologists who had not returned a postcard. Approval to conduct this study was obtained from the Human Subjects Research Committee of George Fox University.

Design and Analysis

The dependent variable for this study is RDAS Total, the summed score of the 14 items on the RDAS. This score is used as the total score of dyadic satisfaction. There are five independent variables, Emotional Exhaustion, Depersonalization, Personal Accomplishment, Resilience, and Stress. Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA) are the total scores for the three subscales of the MBI-HSS. Resilience is the total score for the WFQ. Stress is the summed score of the items on the SSCP.

The data was analyzed using stepwise multiple regressions. First the independent variables were entered on the dependent variable. A second regression was performed using the demographic variables and the dependent variable. Last, the first two regressions were combined. The data was further analyzed for correlations between items on each instrument.

Chapter 3

Results

Description of Sample

Of the 400 licensed psychologists surveyed, a total of 194 returned the survey. Seven of the psychologists were removed from the sample due to a conflict of interest as they worked with the researcher, reducing the initial sample to 393 licensed psychologists. Four of the returned surveys were incomplete and omitted from the study. Therefore, 190 completed surveys were returned for an effective return rate of 48%. There were no significant differences in the demographic characteristics of the respondents from the sample provided by the research office of APA.

Table 1 presents the sample characteristics for continuous variables. The average age of the respondents was 52.18, (SD = 9.1). There were 52.6% (n = 100) female and 47.4% (n = 90) male respondents (see Table 2). Responses of ethnicity indicated 97.4% (n = 185) were Caucasian. Two psychologists were Asian-American/Pacific Islander, one was African-American/Black, and two responded other. Psychologists indicated their degrees as PhD 78.4% (n = 149), PsyD 13.2% (n = 25) and EdD 8.4% (n = 16). Primary theoretical orientation indicated 27.9% (n = 53) eclectic, 25.8% (n = 49) Cognitive-Behavioral, 23.7% (n = 45) Psychodynamic, 6.3% (n = 12) Family Systems, 3.7% (n = 7) Cognitive and 3.7% (n = 7) Existential. Seventy-four percent (n = 140) of the respondents indicated that their primary practice setting was private practice, 6.8% (n

= 13) in an academic setting, 6.3 % (n = 12) in a hospital setting, 1.6% (n = 3) were employed in a community health setting and 11.6% (n = 22) were employed in other settings. Seventy-five percent (n = 143) of the sample claimed therapy as their primary professional activity, 11.1% (n = 21) assessment, 8.4% (n = 16) other, 3.2% (n = 6) and 1.1% (n = 2) for each Supervision and Research. The average years practicing psychology was 20.21, (SD = 8.79) and the number of hours of professional activities each week was 38.97, (SD = 14.09). Psychologists indicated that their average estimated gross annual income from professional activities was in the $71-90,000 range.

Table 1

Sample Characteristics – Continuous Variables

Variable	Mean	*SD*
Age in Years	52.18	9.1
Year Licensed	1985	8.57
Years in Practice	20.21	8.79
Average hours worked each week	38.97	14.09
Estimated Gross Annual Income	3.26[a]	1.61

Note. N = 194.
a = $71-90,000.

The psychologists were asked to report their marital status and length of time in current relationship. Seventy-four percent (n = 140) were married once, 11.6% (n = 22) were remarried, 6.8% (n = 13) indicated a life partner, 4.7% (n = 9) were divorced, 3.2% were single and 2.1% (n = 4) were widowed. The average length of time in the current relationship was 20.94 years, (SD = 10.48).

Table 2

Sample Characteristics – Categorical Variables

Variable	Categorical Variables	Frequency	Percent
Gender	male	90	47.4
	female	100	52.6
Relational	Single	6	3.2
Status	Married	136	71.6
	Divorced	9	4.7
	Remarried	22	11.6
	Life Partner	13	6.8
	Widowed	4	2.1
Number of	Never married	14	7.4
Marriages	Once	140	73.7
	Twice	20	10.5
	Three	2	1.1
	Four	1	.5
Ethnicity	Caucasian	185	97.4
	African-American/Black	1	.5
	Asian-American/Pacific Islander	2	1.1
	Hispanic	1	.5
	Native American/Alaskan Native	0	0
	other	1	.5

Table 2 (*continued*)

Variable	Categorical Variables	Frequency	Percent
	PsyD	25	13.2
	EdD	16	8.4
Primary	Cognitive	7	3.7
Theoretical	Cognitive-Behavioral	49	25.8
Orientation	Psychodynamic	45	23.7
	Behavioral	3	1.6
	Family Systems	12	6.3
Primary	Multimodal	7	3.7
Theoretical	Gestalt	2	1.1
Orientation	Existential	7	3.7
	Eclectic	53	27.9
	Other	4	2.1
Primary	Private Practice	140	73.7
Practice	University/Academic	13	6.8
Setting	Hospital - private	4	2.1
	Hospital - public	8	4.2
	Community Mental Health	3	1.6
	Other	22	11.6

Note. $N = 190$.

Descriptive Statistics of Instruments

The means and standard deviations of the four instruments, excluding demographics, are displayed in Table 3. In order to gain information regarding psychologist's dyadic satisfaction, respondents were asked to complete the Revised Dyadic Adjustment Scale. The scale includes a total score, and scores for the three subscales of Consensus, Satisfaction, and Cohesion. There were no significant differences between the means obtained by this author and those reported by Busby et al. (1995) for nondistressed couples, suggesting that the majority of psychologists in the sample are experiencing satisfactory relationships (see Table 8).

The means and standard deviations for the four inventories and the respective subscales are reported in Table 3. The Maslach Burnout Inventory, Human Services Survey is comprised of three subscales: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). It is important to note that the means for DP and PA were significantly different from those reported in the manual. Maslach et al. (1996) report the means for their total sample as EE 16.89 (*SD* =8.90), DP 5.72 (*SD* = 4.62) and PA 30.87 (*SD* = 6.37). The authors stated that the mean of EE falls within the moderate level of burnout, while the mean score for DP and PA are within the low level of burnout. The data for this sample suggests that the participants are feeling very competent and successful in their work with people, less impersonal, and therefore at a lower level of burnout than the normative group (Maslach et al., 1996). The difference in scores from the normative sample raises the question why? Answering that question begins with who responded to the survey. There were approximately 52% of participants who did not respond. A suggested answer is that psychologists who were feeling

emotional depleted or dissatisfied with their relationship did not return the survey. It is also important to note that the current sample is skewed towards an older and presumably more established population. This raises a question of how younger psychologists would respond and whether the stability and length of time in practice contributes to greater satisfaction.

Table 3

Mean and Standard Deviations of the Four Inventories

Variable	*N*	*X*	*SD*
RDAS Total	181	50.26	6.51
RDAS Consensus	181	23.04	3.04
RDAS Satisfaction	181	15.13	2.18
RDAS Cohesion	181	12.09	2.76
MBI EE	185	17.71	9.3
MBI DP	185	3.95	4.31
MBI PA	185	41.41	5.27
Resilience	189	68.21	13.55
Stress	190	42.83	13.71

Note. RDAS: Revised Dyadic Adjustment Scale; MBI: Maslach Burnout Inventory – Third Edition Human Services Survey, EE: Emotional Exhaustion, DP: Depersonalization, PA: Personal Accomplishment; Resilience total score from Well-Functioning Questionnaire; Stress total score from Sources of Stress in Clinical Practice.

Table 4 presents the coefficient alphas for the four inventories and the coefficients alphas reported previously. The coefficient alpha's for the RDAS were not statistically

different from the normative data. The measure of internal consistency indicates that items are adequately assessing a common construct for each subscale.

MBI-HSS coefficient alphas for the current data supports the original data and further supports the three-factor model of burnout. In Aragones' (2000) study of burnout among doctoral level psychologists, he obtained coefficient alpha's for the MBI scales as EE .88, DP .69, and PA .74. He discussed the lower DP score as response to assessing only psychologists and not the broader category of mental health workers than the original data are reported for.

Psychologists were asked to rate the extent to which the items of the Well-Functioning Questionnaire contributed to their ability to function well in their practice of psychology. The responses were summed and used as a score of Resilience. The average score was 68.21, (SD = 13.55). The coefficient alpha for this study was .82.

The Source of Stress in Clinical Practice asked psychologists to indicate the degree of stress specific items placed on their ability to practice psychology. The scores were totaled for use in analysis as a stress score. The mean score was 42.83 (SD = 13.71). The questionnaire for this study has a coefficient alpha of .81.

The Well-Functioning Questionnaire and Source of Stress in Clinical Practice were adapted from other research projects. The means and standard deviations therefore cannot be compared with the other research projects. The measure of internal consistency for Resilience (.82) and Stress (.81) indicates that the items on each scale are assessing a common construct, thus supporting the reliability of each scale (see Table 4).

Table 4

Reliability: Internal Consistency of Four Inventories

Variable	Current Study	Reported
RDAS Total	.84	.90
RDAS Consensus	.71	.81
RDAS Satisfaction	.72	.85
RDAS Cohesion	.72	.80
MBI EE	.89	.90
MBI DP	.82	.79
MBI PA	.74	.71
Resilience	.82	*
Stress	.81	*

Note. RDAS: Revised Dyadic Adjustment Scale; MBI: Maslach Burnout Inventory – Third Edition Human Services Survey, EE: Emotional Exhaustion, DP: Depersonalization, PA: Personal Accomplishment; Resilience total score from Well-Functioning Questionnaire; Stress total score from Sources of Stress in Clinical Practice.
* No prior alpha to report.

Tests of Hypothesis

The relationship between RDAS Total (dependent variable) and MBI subscales: EE, DP, and PA, Resilience, and Stress (independent variables) were analyzed using a multiple stepwise regression. Table 5 displays the results of regression of the independent variables on the dependent variable. Only the MBI subscale PA entered the regression equation as a predictor of dyadic satisfaction. MBI PA accounts for 7.0% of

the variance in RDAS Total scores. According to Cohen (2003), this means that MBI PA has no functional effect.

Table 5

Regression of EE, DP, PA, Resilience, and Stress on RDAS Total

		Adjusted	*SE*	Change Statistics	*F*			Sig. F
R	R^2	R^2	of the Est.	R^2 Change	Change	*df*1	*df*2	Change
0.26	0.07	0.06	6.22	0.07	13.09	1	175	0.01

Note. RDAS: Revised Dyadic Adjustment Scale; EE: Emotional Exhaustion, DP: Depersonalization, PA: Personal Accomplishment; Resilience total score from Well-Functioning Questionnaire; Stress total score from Sources of Stress in Clinical Practice.

Table 6 displays the regression of demographic items on RDAS Total. Only Years in Practice enters the regression equation as a predictor. Years in Practice accounts for 3.5% of the variance, meaning it has no functional effect.

Table 6

Regression of Demographic Variables on RDAS Total

		Adjusted	*SE*	Change Statistics	*F*			Sig. F
R	R^2	R^2	of the Est.	R^2 Change	Change	*df*1	*df*2	Change
0.19	0.04	0.03	6.29	0.04	6.06	1	166	0.01

Note. RDAS: Revised Dyadic Adjustment Scale.

A third regression attempting to predict RDAS Total using Years in Practice and MBI PA found that only MBI PA entered the regression equation (see Table 7). MBI PA accounted for 7.0% of the variance, thus no effect according to Cohen (2003). Therefore,

none of the independent variables are predictors of the independent variable, dyadic satisfaction.

Table 7

Regression of PA and Years in Practice on RDAS Total

		Adjusted	*SE*	Change Statistics	*F*			Sig. F
R	R^2	R^2	of the Est.	R^2 Change	Change	*df*1	*df*2	Change
0.26	0.07	0.06	6.22	0.07	13.09	1	175	0.01

Note. RDAS: Revised Dyadic Adjustment Scale; PA: Personal Accomplishment.

Table 8 presents the means and standard deviations for the RDAS Total and the RDAS subscales for the current study and those reported by Busby et al. (1995). It is interesting to note that the current study parallels the nondistressed group of participants from Busby et al.'s (1995) study. This suggests that the current study participants are not distressed and are satisfied in their dyadic relationships.

Analysis of RDAS

Table 9 displays the correlations between MBI EE, MBI DP, MBI PA, Resilience, and Stress RDAS, the independent variables, and RDAS Total, the dependent variable. Significant correlations were small, but meaningful. A small positive correlation was found between RDAS Total and PA (.26). This suggests that psychologists who experience higher levels of personal accomplishment also tend to experience higher levels of dyadic satisfaction. There is also a significant small positive correlation between Resilience, the total score for items of Well-Functioning, and PA, Personal Accomplishment (.15). This suggests that there is a small positive relationship between

Table 8

Summary Statistics for the RDAS Compared with Reported Statistics

			Nondistressed*		Distressed*		Total*	
RDAS	*X*	*SD*	*X*	*SD*	*X*	*SD*	*X*	*SD*
Consensus	23.04	3.04	24.2	3.1	20.1	3.9	22.6	4.0
Satisfaction	15.13	2.18	15.7	2.2	12.2	3.1	14.3	3.1
Cohesion	12.09	2.76	12.4	2.8	9.3	3.3	11.1	3.4
Total RDAS	50.26	6.51	52.3	6.6	41.6	8.2	48.0	9.0

Note. RDAS: Revised Dyadic Adjustment Scale.
* Busby, Christensen, Crane, and Larson (1995).

what psychologist do to maintain their ability to function well in the practice of psychology and feelings of competence and successful accomplishment in their work with people.

With regards to the subscales of the RDAS, all three subscales were positively correlated with PA. Personal Accomplishment was correlated with RDAS Cohesion (.32), RDAS Satisfaction (.17), and RDAS Consensus (.16). Psychologists experiencing higher levels of personal accomplishment also tend to be engaged with their spouse or partner in interests, projects, and stimulating exchange of ideas or cohesion. Those psychologists who are experiencing higher levels of consensus, agreement in decision making, values, and affection, also tend to experience higher levels of personal accomplishment. Psychologists who are experiencing higher levels of stability and low conflict also tend to endorse higher levels of personal accomplishment.

Surprisingly, EE was significantly correlated with RDAS Cohesion (.17). Emotional Exhaustion describes feelings of being emotionally overextended and exhausted by one's work. Psychologists who are experiencing higher levels of emotional exhaustion are experiencing higher levels of cohesion. There was also a small positive correlation between Consensus and Resilience (.15).

Table 9

Correlations between RDAS and Independent Variables

Variables	RDAS Total	RDAS Consensus	RDAS Satisfaction	RDAS Cohesion	*N*
RDAS Consensus	.85**	_	_	_	181
RDAS Satisfaction	.80**	.56**	_	_	181
RDAS Cohesion	.80**	.46**	.47**	_	181
MBI EE	.11	.04	.06	.17*	185
MBI DP	.02	-.01	-.02	.07	185
MBI PA	.26**	.16*	.17**	.32**	185
Resilience	.15*	.15*	.08	.12	189
Stress	-.13	-.15	-.08	-.07	190

Note. RDAS: Revised Dyadic Adjustment Scale; MBI: Maslach Burnout Inventory – Third Edition Human Services Survey, EE: Emotional Exhaustion, DP: Depersonalization, PA: Personal Accomplishment; Resilience total score from Well-Functioning Questionnaire; Stress total score from Sources of Stress in Clinical Practice.
* Correlation is significant at the 0.05 level (2- tailed).
** Correlation is significant at the 0.01 level (2- tailed).

Analysis of the RDAS and select demographic variables are presented in Table 10. There were four significant correlations. Years in Practice was positively related to RDAS Total (.17). This suggest that psychologists who are in practice longer are also experiencing greater dyadic satisfaction. Years in Practice and Age were both correlated with RDAS Cohesion, indicating that psychologists who are older and have practiced for a longer period of time, also spend greater time in discussion and activities with their spouse or partner. Not surprisingly, Income was positively related to RDAS Satisfaction. Thus as Income rises, so does the level of stability in relationships, while conflict in relationship decrease. However, none of these relationships account for more than 4% of the variance. Thus they have little practical value.

Table 10

Correlations between RDAS and Demographic Variables

	RDAS			
Demographic Variables	Total	Consensus	Satisfaction	Cohesion
Age	0.12	0.13	-0.03	0.17*
Income	0.12	0.09	0.18*	0.05
Gender	-0.05	-0.02	-0.08	-0.02
Hours Worked	0.11	0.08	0.14	0.06
Length of Relationship	0.13	0.08	0.11	0.11
Years in Practice	0.17*	0.14	0.08	0.19*

Note. RDAS: Revised Dyadic Adjustment Scale.
* Correlation is significant at the 0.05 level (2- tailed).

Analysis of Emotional Depletion

Maslach et al. (1996) report correlations of MBI-HSS subscales as EE and DP (.52), EE and PA (-.22) and, DP and PA as (-.26). This study found a moderate correlation between EE and DP (.49), and small negative correlations between EE and PA (-.20) and DP and PA as (-.17) (see Table 11). The intercorrelations for EE and PA were not statistically different from the original data. However, the correlation between PA and DP is statistically different. This is not surprising given the difference in mean scores from the original data. It should be noted that Maslach, Jackson and Leiter (1996) used mental health workers, which included psychologists, but was not solely psychologists.

Table 11

Correlations between MBI Subscales, Resilience and Stress

Variable	MBI EE	MBI DP	MBI PA	Resilience
MBI DP	0.49**[a]	_	_	_
MBI PA	-0.20**[a]	-0.17**	_	_
Resilience	-0.05[b]	-0.02	0.26**[a]	_
Stress	0.37**[a]	0.20**[a]	-0.07	0.09

Note. MBI: Maslach Burnout Inventory – Third Edition Human Services Survey, EE: Emotional Exhaustion, DP: Depersonalization, PA: Personal Accomplishment; Resilience total score from Well-Functioning Questionnaire; Stress total score from Sources of Stress in Clinical Practice.
* Correlation is significant at the 0.05 level (2 tailed).
** Correlation is significant at the 0.01 level (2 tailed).
[a] $N = 190$; [b] $N = 189$.

Table 11 also displays significant, but small correlations between MBI-HSS subscales and Resilience, the total score for Well-Functioning Questionnaire, and Stress, the total score of items of Sources of Stress in Clinical Practice. Stress was positively correlated with EE (.37) and DP (.20). This supports the research on burnout and work related stresses (Maslach et al., 1996). Resilience was positively correlated with PA (.26). As psychologists utilize more sources to function well in the practice of psychology, they are experiencing greater satisfaction in their work with people and feeling more competent.

Responses for the MBI-HSS and demographic variables were analyzed and are reported in Table 12. Significant small negative correlations are present between gender and EE (-.15), and DP (-.15) suggesting that female psychologists are experiencing lower levels of emotional exhaustion and depersonalization in their work. Years in Practice and EE (-.14), and Work Setting and PA (-.22) are also negatively correlated. This suggests that the longer psychologists are practicing, the lower their levels of emotional exhaustion. The relationship between Work Setting and PA indicates that psychologists who work in settings that are less autonomous are experiencing lower levels of personal accomplishment, and likely higher levels of burnout.

Significant yet small positive correlations are found between Years in Practice and PA (.16), Income and PA (.16). The relationship between PA and Years in Practice and Income are surprisingly low. It would be expected that as psychologists practice for longer periods of time and achieve a greater income that they would feel more successful in their work. Likewise, it would be expected that the greater number of hours worked each week would experience greater emotional exhaustion, Hours Worked and EE (.20).

It is interesting to note that as psychologists reported making greater incomes, they experienced greater levels of feeling impersonal towards their clients (Income and DP [.17]).

Table 12

Correlations of MBI Subscales and Demographic Variables

Demographic Variables	MBI EE	MBI DP	MBI PA
Gender	-0.15*	-0.15*	0.01
Age	-0.07	0.04	0.10
Ethnicity	-0.04	-0.01	0.05
Degree	-0.04	-0.02	-0.03
Year Licensed	0.09	-0.06	0.08
Years in Practice	-0.14*	0.05	0.16*
Theoretical Orientation	0.21**	-0.05	-0.03
Work Setting	0.09	0.04	-0.22**
Hours Worked	0.20**	0.14	0.07
Income	0.07	0.17*	0.16*
Relationship Status	-0.10	-0.07	0.13
Number of Marriages	0.03	-0.01	-0.02
Length of Relationship	0.09	0.03	-0.07
N	190	189	185

Note. MBI: Maslach Burnout Inventory – Third Edition Human Services Survey, EE: Emotional Exhaustion, DP: Depersonalization, PA: Personal Accomplishment.
* Correlation is significant at the 0.05 level (2 tailed).
** Correlation is significant at the 0.01 level (2 tailed).

Analysis of Resilience

The descriptive statistics for Resilience, the total score of WFQ items, is reported above in Table 3 and Table 4. Further analysis of Resilience in relation to selected demographic variables indicates no significant correlations (see Table 13).

Table 13

Correlation of Resilience with Demographic Variables

Demographic Variables	Resilience
Gender	0.12
Age	0.09
Ethnicity	0.10
Degree	-0.08
Years in Practice	0.09
Theoretical Orientation	0.02
Work Setting	-0.23
Primary Work Activity	-0.18
Income	-0.00
Relationship Status	-0.04
Number of Marriages	0.00
Length of Relationship	0.14
Hours Worked	-0.03
Year Licensed	-0.01

Note. There were no significant correlations at the 0.01 or 0.05 level.

The descriptive statistics for the WFQ items are displayed in Table 14. The results are discussed below. The individual items of WFQ were then analyzed using Pearson correlations to determine the relationship between items that are purported to contribute to a psychologist's ability to function well in the practice of psychology and emotional depletion as measured by the MBI-HSS subscales. Lastly, the ten highest rated items are compared with the two previous studies that utilized the WFQ.

The scores of the WFQ are based on a 5-point Likert scale. The Likert scale is labeled such that a response of 0 is none, 2 is somewhat, and 4 is greatly contributes to the ability to function well in the practice of psychology. The mean and standard deviation is reported for each item in Table 14. The relative ranking is based on the mean score so that the top ten scores could be compared with those of Coster and Schwebel (1997) and Case and McMinn (2001) (see Table 15). Only self-awareness/self-monitoring approaches the level of greatly contributing to the ability to function well in the practice of psychology ($X = 3.69$). Of the psychologists who responded, 70.9% endorsed self-awareness/self-monitoring as contributing greatly. Four items fall within the descriptors of somewhat and greatly, and are considered to contribute to functioning well. The items are: balancing personal/professional lives, personal values, self-growth, and relationship with spouse/partner. It is interesting to note that of the top six items, five are primarily individualistic tasks, and three are introspective or internal processes.

Table 14

Item Means and Relative Rankings for Well-Functioning Questionnaire

Well-Functioning Questionnaire Items	Mean	*SD*	Median	Mode	Rank
Self-awareness/self-monitoring	3.70	0.51	4	4	1
Balancing personal/professional lives	3.37	0.80	4	4	2
Personal values	3.32	0.84	3	4	3
Self-growth	3.21	0.83	3	4	4
Relationship with spouse/partner	3.10	1.10	3	4	5
Sense of purpose/calling to field	2.98	1.03	3	4	6
Professional identity	2.95	0.89	3	3	7
Informal Peer Support	2.85	0.99	3	3	8
Income/Financial Stability	2.79	0.93	3	3	9
Relationship with friends	2.76	0.89	3	3	10
Relationship with family (immediate)	2.73	1.16	3	3	11
Pleasure Trips/vacations	2.66	1.10	3	3	12
Hobby or reading	2.62	1.11	3	3	13
Physical exercise (individual)	2.59	1.22	3	3	14
Steady referral source	2.56	1.20	3	3	15
Diversity of professional roles	2.51	1.27	3	3	16
Continuing education	2.48	1.00	3	3	17
Personal Therapy	2.44	1.52	3	4	18
Having a mentor	2.22	1.32	2	2	19

Table 14 (*continued*)

Well-Functioning Questionnaire Items	Mean	*SD*	Median	Mode	Rank
Graduate courses	1.98	1.30	2	3	20
Relationship with family of origin	1.87	1.27	2	3	21
Peer Supervision	1.86	1.22	2	2	22
Involvement in professional organizations	1.65	1.18	2	2	23
Relaxation program	1.65	1.24	2	2	24
Meditation or prayer	1.59	1.47	1	0	25
Involvement in church/synagogue/mosque	1.40	1.45	1	0	26
Paid supervision	0.86	1.31	0	0	27
Guidance from clergy/spiritual leader	0.66	1.00	0	0	28
Physical exercise (group/team)	0.61	1.12	0	0	29
Confession	0.26	0.77	0	0	30

Note. Rank is based on mean.

Eight items fall within the range of somewhat contributing to the ability to function well in the practice of psychology. Surprisingly, personal therapy was among these items. When the self of the therapist is the primary tool used in all therapeutic relationships, it seems reasonable to assume that the psychologist would have to continually work on the self (Guy, 1987: Mahoney, 1991: McConnaughy, 1987). It appears that psychologists in this study are more likely to or prefer to work on the self through introspection and individual practices rather utilizing therapy.

There are four items that are identified as having no contribution to psychologists ability to function well. Two of the four items, confession and guidance from a clergy/spiritual leader, are religious in nature. Confession is the least helpful ($X = .26$). Physical exercise in a group/team format and paid supervision also fall within the description of none.

Comparison of this study's top ten well-functioning items with Coster and Schwebel (1997) and Case and McMinn (2001) finds that the top three items are consistent between studies (see Table 15). The relative rank of the three items is different. Self-awareness/self-monitoring was ranked first for this study and Coster and Schwebel (1997), and ranked second behind personal values in Case and McMinn's (2001) study. The percentage of psychologists reporting self-awareness as contributing greatly was 70.9% for this study and 68.5% for Case and McMinn (2001). Personal values was the highest ranked item for Case and McMinn (2001) with 71.3% of psychologists indicating that personal values contributed greatly to their ability to function well in the practice of psychology. It is interesting to note that when Coster and Schwebel (1997) asked psychologists to choose the most important item, the leading item was personal therapy, 22%. In this study, 36% responded that personal therapy contributed greatly and it ranked 18 based on mean scores.

Two of the top ten items in this study, self-growth and sense of purpose/calling to field, were new items on the WFQ, not utilized in either of the other two studies. Thirty-eight percent of psychologists rated sense of purpose as a great contributor, and 43% rated self-growth as a great contributor. This suggests that these two items may be important items to add to either Coster and Schwebel's (1997) Well-Functioning

Questionnaire or Case and McMinn's (2001) Psychologist Professional Functioning Questionnaire.

Table 15

Comparison of Top Ten Well-Functioning Items

Well-Functioning Items	A	B	C
Self-awareness/self-monitoring	1	1	2
Balancing personal/professional lives	2	3	3
Personal values	3	2	1
Self-Growth	4	**	**
Relationship with spouse/partner	5	4	4
Sense of purpose/calling to field	6	**	**
Professional identity	7	8	7
Informal peer support	8	10	>10
Income/Financial Stability	9	14	9
Relationship with friends	10	7	6

*(A) current study, (B) Coster& Schwebel 1997, (C) Case & McMinn (2001).
** Items not included in (B) Coster& Schwebel 1997, (C) Case & McMinn (2001).

The responses to the WFQ and MBI-HSS were analyzed using Pearson correlations to determine relationship between items that support resilience and those that relate to emotional depletion (see Table 16). Only two items, relationship with family of origin, and professional identity, were significantly correlated to EE (-.18). Three items, self-awareness/self-monitoring (-.23), income/financial stability (.17), and graduate

Table 16

Correlations between MBI Subscales and Well-Functioning Items

Well Functioning Items	MBI EE	MBI DP	MBI PA
Self-awareness/self-monitoring	-0.09	-0.23**	0.22**
Balancing personal/professional lives	-0.13	-0.10	0.11
Personal Therapy	0.15	0,02	0.21**
Pleasure Trips/vacations	0.00	-0.04	0.11
Having a mentor	0.02	0.06	0.09
Informal Peer Support	0.02	-0.06	-0.04
Peer Supervision	-0.02	0.03	-0.01
Income/Financial Stability	0.01	0.17*	0.04
Relaxation program	0.04	0.05	0.16*
Diversity of professional roles	-0.09	-0.05	0.01
Involvement in church/synagogue/mosque	-0.02	0.08	0.04
Meditation or prayer	-0.10	-0.07	0.13
Involvement in professional organizations	-0.04	-0.12	-0.02
Personal values	-0.15	-0.09	0.15*
Relationship with spouse/partner	0.13	0.12	0.01
Relationship with family (immediate)	0.00	0.00	0.06
Relationship with friends	-0.06	-0.06	0.05
Professional identity	-0.18*	-0.12	0.10
Guidance from clergy/spiritual leader	0.01	0.02	0.05
Paid supervision	0.07	0.12	0.16*

Table 16 (*continued*)

Well Functioning Items	MBI EE	MBI DP	MBI PA
Physical exercise (individual)	-0.07	0.07	0.22**
Physical exercise (group/team)	0.02	0.09	0.07
Confession	0.01	0.10	0.01
Continuing education	-0.12	-0.10	0.03
Steady referral source	0.04	0.05	0.24**
Relationship with family of origin	-0.18*	-0.08	0.11
Graduate courses	0.00	-0.16*	0.11
Sense of purpose/calling to field	-0.04	-0.13	0.26**
Self-growth	-0.01	-0.03	0.30**
Hobby or reading	-0.01	0.02	0.24**

Note. MBI: Maslach Burnout Inventory – Third Edition Human Services Survey, EE: Emotional Exhaustion, DP: Depersonalization, PA: Personal Accomplishment.
* Correlation is significant at the 0.05 level (2 tailed).
** Correlation is significant at the 0.001 level (2 tailed).

courses (-.16) are correlated with DP. As psychologists are experiencing greater self-awareness they are experiencing less depersonalizing of clients as would be hoped.

PA, Personal Accomplishment, is positively correlated with several items of resilience as would be expected. Ten different items were significantly correlated with PA. The strongest relationship is with self-growth. The nine other items, in decreasing order of strength, are; sense of purpose/calling to the field, hobby or reading, steady

referral source, physical exercise (individual), self-awareness/self-monitoring, personal therapy, relaxation program, paid supervision, and personal values.

Analysis of Stress

When specific items of Sources of Stress in Clinical Practice (SSCP) are correlated with the MBI-HSS subscales, emotional depletion, physical exhaustion and doubt of efficacy have the strongest relationship to Emotional Exhaustion (Table 17). The strongest relationship exists between emotional depletion and EE (.65). This is a relationship of moderate strength that suggests as psychologists endorsed higher levels of being emotionally overextended and exhausted by work, they were also endorsing higher levels of emotional depletion. Physical exhaustion (.53), Doubt of efficacy (.48) and finances/revenue (.38) also have a moderate correlation with EE. Doubt of efficacy had a moderate negative correlation with PA (-.36). Higher scores on PA indicate feelings of confidence and sense of success in work with clients so it would be expected that doubts of efficacy would be negatively correlated with PA.

While the mean scores of SSCP items would appear to demonstrate that the sample was not overly stressed, a review of select items provides a clearer picture. Excessive paperwork was reported to be a source of stress or major source of stress by 67.7% (n = 128) of psychologists. Psychologists reported that managed care reimbursement (61.9%, n = 117) and paperwork (60.3%, n = 114) are a source or major source of stress. It is important to remember that while the sample contains a majority of psychologists who claim private practice as their primary work setting, many work in additional settings, or work part-time, and the diversity may off-set feelings towards sources of stress. The three items that were most correlated with EE, emotional

depletion, physical exhaustion, and doubt of efficacy were described as sources or major sources of stress by 32.3%, 28%, and 22.2% respectively. While the three items correlated more with EE, the sample does not appear to be overly stressed by them. However, it appears that physical rest, emotional restoration and confidence are deterrents to emotional exhaustion.

Individual items on the SSCP were analyzed and reported in Table 18. Strong correlations are found between managed care paperwork and managed care reimbursement (.88), and excessive paperwork (.79). A strong correlation (.73) is found between excessive paperwork and managed care reimbursement. Several moderate correlations were found between the sources of stress. Emotional depletion is moderately correlated with physical exhaustion (.66) and doubt of efficacy (.51). Doubt of efficacy is also moderately correlated with physical exhaustion (.42). Suicide of a client is moderately correlated with a report to the state board of psychology (.50). Billing for assessments is moderately correlated with managed care reimbursement (.51), managed care paperwork (.47) and excessive paperwork (.44). Ethical dilemmas is moderately correlated with HIPPA (.43), managed care reimbursement (.34), managed care paperwork (.37), and malpractice (.36).

Table 17

Correlation of MBI Subscales with Sources of Stress in Clinical Practice

Sources of Stress	MBI EE	MBI DP	MBI PA	*X*	*SD*
HIPPA	0.11	0.11	0.07	2.81	1.58
Managed Care Reimbursement	0.16*	0.06	0.08	4.18	2.27
Managed Care Paperwork	0.16*	0.06	0.04	4.18	2.25
Excessive Paperwork	0.24**	0.06	-0.02	4.42	2.01
Bill for Assessments	0.16*	0.14	-0.04	2.62	1.91
Malpractice	0.03	0.11	-0.04	2.46	1.44
Ethical Dilemmas	0.12	0.06	0.00	2.67	1.50
Death of a client	-0.11	-0.02	0.06	2.41	1.56
Suicide of a client	0.06	0.14	-0.01	2.95	2.40
Report to State Board	0.06	0.10	0.03	2.31	2.03
Physical Exhaustion	0.53**	0.16*	-0.19*	2.78	1.63
Emotional Depletion	0.65**	0.29**	-0.28**	2.84	1.47
Doubt of Efficacy	0.48**	0.26**	-0.36**	2.56	1.40
Finances/revenue	0.38**	0.09	-0.04	3.65	1.80

Note. MBI: Maslach Burnout Inventory – Third Edition Human Services Survey, EE: Emotional Exhaustion, DP: Depersonalization, PA: Personal Accomplishment; 1= not at all a source of stress, 4= a source of stress, 7= a major source of stress.

* Correlation is significant at the 0.05 level (2 tailed).

** Correlation is significant at the 0.01 level (2 tailed).

Table 18

Correlations of Items on Sources of Stress in Clinical Practice

Sources of Stress	HIPPA	MC Reim-bursement	MC Paperwork	Excessive Paperwork	Bill for Assessments	Malpractice
Managed Care Reimbursement	0.46**	_	_	_	_	_
Managed Care Paperwork	0.47**	0.88**	_	_	_	_
Excessive Paperwork	0.43**	0.73**	0.79**	_	_	_
Bill for Assessments	0.13	0.51**	0.47**	0.44**	_	_
Malpractice	0.17*	0.34**	0.26**	0.29**	0.32**	_
Ethical Dilemmas	0.43**	0.34**	0.37**	0.40**	0.27**	0.36**
Death of a client	0.16*	0.06	0.05	0.08	0.11	0.09
Suicide of a client	0.06	0.09	0.12	0.13	0.05	0.04
Report to St. Board	0.12	0.10	0.01	0.36	-0.10	0.07
Physical Exhaustion	0.18*	0.07	0.10	0.23**	-0.03	0.05
Emotional Depletion	0.18*	0.06	0.04	0.16*	0.07	0.12
Doubt of Efficacy	0.25**	0.09	0.13	0.21**	0.11	0.14
Finances/revenue	0.28**	0.50**	0.40**	0.41**	0.32**	0.32**

Table 18 (*continued*)

Sources of Stress	Ethical Dilemmas	Death of a client	Suicide of a client	Report to State Board	Physical Exhaustion	Emotional Depletion	Do Ef
Death of a client	0.23**	_	_	_	_	_	
Suicide of a client	0.16*	0.52**	_	_	_	_	
Report to State Board	0.09	0.24**	0.50**	_	_	_	
Physical Exhaustion	0.23**	0.05	0.10	0.10	_	_	
Emotional Depletion	0.25**	0.06	0.10	0.10	0.66**	_	
Doubt of Efficacy	0.31**	0.03	0.25**	0.13	0.42**	0.51**	
Finances/revenue	0.25**	0.00	0.04	0.05	0.23**	0.32**	0

* Correlation is significant at the 0.05 level (2 tailed).
** Correlation is significant at the 0.01 level (2 tailed).

Chapter 4

Discussion

Implications

This study explored the relationship of sources of stress in clinical practice, levels of emotional depletion related to clinical practice, resilience, and levels of dyadic satisfaction in psychologists who practice in the Commonwealth of Pennsylvania. It was predicted that psychologists who are experiencing high levels of resilience and low levels of emotional depletion would experience high levels of dyadic satisfaction. While 70 .3% of psychologists reported overall satisfaction in their dyadic relationship, results revealed no relationships among levels of Resilience, emotional depletion (EE, DP, and PA) and dyadic satisfaction (RDAS Total). The greatest predictor of dyadic satisfaction was the level of Personal Accomplishment, feelings of competence and successful achievement in one's work with people. However, PA accounted for only 7% of the variance, not enough to have an effect according to Cohen (2003).

Personal Accomplishment was positively correlated with all four scores of the RDAS (RDAS Total = .26, Consensus = .16, Satisfaction = .17, and Cohesion = .32). High levels of feeling competent and successful in the practice of psychology, and low levels of emotional depletion, are related to dyadic satisfaction, and moderately related to a psychologist's level of engagement with their spouse or partner. This suggests that

psychologists who are feeling good about the work they do are more apt to spend time investing in their personal relationships.

Dyadic satisfaction was significantly correlated to Resilience (.15). It was predicted that high scores of Resilience would predict high levels of Dyadic Satisfaction. While Resilience demonstrated a small positive relationship, it did not enter into the regression equations and account for the variance in Dyadic Satisfaction. It should also be noted that Emotional Exhaustion was also found to be positively correlated with Dyadic Satisfaction (.17) and did not enter into the regression equations either.

Results indicate that the psychologists in this sample were experiencing low levels of emotional depletion as demonstrated by a moderate level of Emotional Exhaustion, low level of Depersonalization, and a high level of Personal Accomplishment. However, these predictors did not account for the variance of Dyadic Satisfaction and thus no effect. Therefore, the prediction that psychologists experiencing low levels of emotional depletion and high levels of resilience would experience high levels of dyadic satisfaction was not supported in this study.

The modal responses by psychologists indicated that they were 57 years of age, married once for 15 years (*X* of 21 years), practicing psychology for 20 years, working 50 (*X* 39 hours per week) hours per week in private practice and grossing $71-90,000 annually. The overwhelming majority of psychologists were Caucasian, 97.4%. The primary degree earned was PhD (78.4%) and the primary theoretical orientation was split between eclectic (27.9%), cognitive-behavioral (25.8%), and psychodynamic (23.7%). Consideration of the stability observed in these modal responses and that the overwhelming majority of psychologists surveyed indicated satisfaction, a high level of

stability and low level of conflict, suggests that the factor of stability in relationships is crucial to a strong and satisfying relationship.

Psychologists' responses to the MBI-HSS resulted in mean scores for Depersonalization and Personal Accomplishment that were statistically different from Maslach et al.'s (1996) reported norms for mental health workers. It is possible that this particular sample of psychologists are simply feeling more competent and successful in their work, and are able to emotionally engage more with their clients. However, the normative group was mental health workers not just psychologists. Therefore, the difference in means may be related to difference in type of mental health workers. Aragones (2000) reported similar findings to this study, with his group of psychologists. Raquepaw and Miller (1989) also found higher levels of Emotional Exhaustion (X = 18.5), and significantly higher scores of Personal Accomplishment (X = 42.9), resulting in lower levels of burnout. The participants in this study had a modal response of 20 years in practice, which implies that longevity in the field may have something to do with feelings of success and learning to treat clients as individuals. It may be beneficial to develop updated norms that reflect the various individual groups that are collectively labeled, mental health workers.

The need for continued research in the area of self-care and specifically, resilience, was supported in this study. Consistent results were found in identifying the three highest ranked items that contribute to functioning well in the practice of psychology. Self-awareness/self-monitoring, balancing personal and professional life and personal values were rated as the top three contributors in this study and by both Coster and Schwebel (1997) and Case and McMinn (2001). The relative rankings of the

three items were different, but psychologists consistently report that there is something about the self of the psychologist and need to care for it to function well in practicing psychology. Meeks et al. (2003) surveyed protestant clergy and also found that balancing personal and professional life was a significant contributor to maintaining resiliency. Two items that were added to the WFQ, self-growth and sense of purpose/calling to the field, were highly rated and lend support to the importance of the self of the psychologist as the primary tool in therapeutic relationships (Alterman, 1998; Guy et al. 1989; Mahoney, 1991; and McConnaughy, 1987). Further research in self-care regarding the person or the self of the psychologist may prove rewarding for both the psychologist and client.

Limitations

There are several notable limitations to this study. First, the selection of doctoral level, licensed psychologists in Pennsylvania limits the generalizability of the results. While study of this region was of personal interest, the lack of a national sample restricts interpretation to this region. Further study and replication with a national sample are needed. It is also important to note that there are a large number of licensed psychologists in Pennsylvania that were licensed before a doctorate was required. It would be interesting to determine if there is any effect from additional education and training that supports resilience or self-care of psychologists. It would also be interesting to investigate the differences in pressure that master's level psychologists feel when dealing with the managed care system as there is increasing pressure to recognize only doctoral level psychologists. Would master's level psychologists report higher levels of emotional depletion with lower levels of personal accomplishment?

Second, the relative size and lack of diversity of the sample, 190 psychologists, the strength of individual variables and the overall effect size. While the sample andomly created by the APA Office of Research, and is representative of the ibers of the Pennsylvania Psychological Association, the ethnic diversity is not esentative of psychologists across the United States. Caucasian represented 97.4% of sample. How would a larger response from African-American/Black, Hispanic-merican, Asian-American or Native American groups altered the results? The spondents were primarily in private practice (73.7%). How would investigation of chool psychologists, industrial organizational psychologists or forensic psychologist differ?

Third, the measure of emotional depletion, MBI-HSS, was chosen for the long standing reputation as a measure of burnout, but perhaps a measure that is more specifically designed for psychologists would yield more accurate results with regards to specific events that occur in the practice of psychology. The MBI-HSS was developed and normed on mental health workers that include psychologists, but also includes psychiatrists, nurses and other mental health workers (Maslach et al., 1996). Cushway and Tyler (1996) developed a stress scale for mental health professionals, and Ackerly et al. (1988) developed the Psychologists Burnout Inventory. Little research has been done with either of these instruments.

Fourth, the study is limited by those participants who responded. While 48% of the psychologists responded, 52% did not. This raises the question of why they did not respond. It is possible that these psychologists were more distressed or less satisfied in their dyadic relationship and did not want to report their distress despite the guaranteed

anonymity. Perhaps some of the psychologists who did not respond were younger. mean age 52.18 and the mean years in practice was 20.21. Only 15% were in practi less than 10 years. Perhaps those with less experience were more distressed such tha they did not respond.

Last, as with the majority of social science research, most of the findings are i the context of correlation coefficients and multiple regressions, which addresses relationships of variables and not causation. No statement of cause and effect can be made. In addition, despite the anonymous nature of this survey, responses are based on self-report and maybe subject to all self-report response bias including social desirability Maslach et al. (1996) and Wahl (1986) used measures of social desirability and marital conventionalizing scale and did not find positive correlations with their respective measures. However, surveys by self-report are always potentially subject to the respons bias of social desirability and results should be viewed with this caution in mind.

Recommendations

Continued research is needed in the area of self-care and the personal relationships of psychologists to support both the well-being of the psychologist and t treatment of the client. The focus of research should be on the resiliency and well-functioning of psychologists. Research should emphasize an understanding and promotion of health and well-being rather than dysfunction. Research may incorpora other helping professions such as McMinn et al.'s (1998) and Meek et al.'s (2003) w involving pastors and clergy in hopes of promoting greater health amongst those wh serve and work with the vast needs of hurting people.

Specific research should address the need of a theory based measure of resiliency. This study utilized the Well-Functioning Questionnaire based on the development of the instrument specifically for psychologists. However, the instrument was limited in the use of a 5-point Likert-type scale with only three descriptors. The instrument was also focused on functioning well in the work setting, not the overall health of the psychologist.

The body of research on psychologists, and marital satisfaction, or dyadic satisfaction, and the impact of practicing psychology on these special relationships has not supported the negative impact that was anticipated. It may be that the research has been limited by the instruments available, methodological issues, respondents or bias of social desirability. However, it may also be posited that these relationships, marriage or dyadic, are the supports and factors that sustain a psychologist in the face of the demanding work of engaging in intensely intimate and unidirectional therapeutic relationships. Future research could investigate the contributing factors of marriage or dyadic relationships that refresh or stimulate a psychologist to function at a high level in clinical practice.

Finally, it would be interesting to investigate the role that the ever changing health care field has on the practice of psychology. What activities or habits are important to develop to reduce the stress of practicing psychology? Where do psychologists learn how to manage or develop a practice? Where do psychologists develop their patterns of self-care? What roles and responsibilities do our universities and the field of psychology in general, have in promoting self-care. Alterman (1998) suggested that self-care begins early in the life of the psychologist through the crucial development that occurs during graduate school and internship. Do those who have completed training need to take a

greater role in mentoring those entering the field and do we change the current system of training psychologists?

Conclusions

Psychologists are important contributors to the field of mental health and the society at large. We need to learn to more about what promotes health and wellness in both the professional and personal lives of psychologists. This study explored the relationship of source of stress in clinical practice, levels of emotional depletion related to clinical practice, resilience, and levels of dyadic satisfaction in psychologists who practice in the Commonwealth of Pennsylvania. While no significant relationship was found between resilience and dyadic satisfaction or emotional depletion and dyadic satisfaction, significant positive relationships were found between levels of Personal Accomplishment, Resilience and Dyadic Satisfaction. We need to discover more about the self-care of psychologists, and what promotes growth professionally and personally. As the field of psychology and our society continues to become more complex, the need to promote and understand dyadic satisfaction and self-care within our field becomes increasingly important so that we serve the needs of our clients.

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Appendix A

Cover Letter to Participants

July 17, 2004

Dear Doctor:

I know that the practice of psychology is very demanding and your time is precious. I am requesting only a few minutes of your time to help me complete my dissertation and join you in the practice of psychology. I would appreciate it if you would take the next **15-20 minutes** to complete a questionnaire. The purpose of my dissertation research is to identify the strengths and coping skills that psychologists use to deal with the everyday demands of practicing psychology. I hope to add significant information to the research subject of self-care of psychologists. The Human Subjects Committee of George Fox University has approved this study.

When completing this questionnaire, please read all of the questions carefully and try not to leave any question blank. Please return the completed questionnaire in the self-addressed, stamped envelope. If you would also return the stamped postcard, I will know that you have completed the questionnaire and will not send you another packet. When you return the postcard, please indicate your desire to receive a copy of the findings. I will happily send a copy of the findings upon completion. This procedure guarantees your anonymous response, thereby protecting your confidentiality. There is no way to identify individual responses.

Thank you for your willingness to participate in this project. If you have any questions regarding this project, please contact me at kandlganey@netzero.net, or you may contact my dissertation chair, Clark D. Campbell, Ph.D. at (503) 538-8383. Your prompt response is most appreciated.

Sincerely,

Kevin Ganey, M.A.
Doctoral Student, George Fox University

Appendix B

Reminder Letter

Dear Doctor:

I know that the practice of psychology is very demanding and your time is precious. Three weeks ago I sent you a questionnaire requesting a few minutes of your time to help me complete my dissertation. The purpose of my dissertation research is to identify the strengths and coping skills that psychologists use to deal with the everyday demands of practicing psychology.

If this letter has arrived after you returned the questionnaire and postcard, please accept my apologies for taking more of your time. If you have not completed the survey, I would appreciate it if you would take the next **15-20 minutes** to complete the questionnaire. Please return the completed questionnaire in the self-addressed, stamped envelope and the stamped postcard indicating that you have completed the questionnaire. Make sure you indicate whether you desire to receive a copy of the findings. I will send a copy of the findings upon completion of the research. This procedure is necessary to guarantee your anonymous response, thereby protecting your confidentiality. There is no way to identify individual responses. This research was approved by the Human Subjects Review Committee at George Fox University.

Thank you for your time and effort to help me complete this project. If you have any questions regarding this project, please contact me at kandlganev@netzero.net, or you may contact my dissertation chair, Clark D. Campbell, Ph.D. at (503) 538-8383. Your prompt response is most appreciated.

Sincerely,

Kevin Ganey, M.A.
Doctoral Student, George Fox University

Appendix C

Revised Dyadic Adjustment Scale

RDAS

Revised Dyadic Adjustment Scale

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

Please circle your response for each item.

	Always Agree	Almost Always Agree	Occasionally Agree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Religious matters	5	4	3	2	1	0
2. Demonstrations of affection	5	4	3	2	1	0
3. Making major decisions	5	4	3	2	1	0
4. Sex relations	5	4	3	2	1	0
5. Conventionality (correct or proper behavior)	5	4	3	2	1	0
6. Career decisions	5	4	3	2	1	0

	All the time	Most of the time	More Often than not	Occasionally	Rarely	Never
7. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
8. How often do you and your partner quarrel?	0	1	2	3	4	5
9. Do you ever regret you married (or lived together)?	0	1	2	3	4	5
10. How often do you and your mate "get on each other's nerves"?	0	1	2	3	4	5

	Every Day	Almost Every Day	Occasionally	Rarely	Never
11. Do you and your mate engage in an outside interest together?	4	3	2	1	0

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
12. Have a stimulating exchange of ideas.	0	1	2	3	4	5
13. Work together on a project.	0	1	2	3	4	5
14. Calmly discuss something	0	1	2	3	4	5

Appendix D

Maslach Burnout Inventory-Human Services Survey

MBI Human Services Survey

Please use the following scale to respond to the statements below.

How often:	0 Never	1 A few times a year	2 Once a month or less	3 A few times a month	4 Once a week	5 A few times a week	6 Every day

Please circle your response for each item.	How often
1. I feel emotionally drained from my work.	0 1 2 3 4 5 6
2. I feel used up at the end of the workday.	0 1 2 3 4 5 6
3. I feel fatigued when I get up in the morning and have to face another day on the job.	0 1 2 3 4 5 6
4. I can easily understand how my recipients feel about things.	0 1 2 3 4 5 6
5. I feel I treat some recipients as if they were impersonal objects.	0 1 2 3 4 5 6
6. Working with people all day is really a strain for me.	0 1 2 3 4 5 6
7. I deal very effectively with the problems of my recipients.	0 1 2 3 4 5 6
8. I feel burned out from my work.	0 1 2 3 4 5 6
9. I feel I'm positively influencing other people's lives through my work.	0 1 2 3 4 5 6
10. I've become more callous toward people since I took this job.	0 1 2 3 4 5 6
11. I worry that this job is hardening me emotionally.	0 1 2 3 4 5 6
12. I feel very energetic.	0 1 2 3 4 5 6
13. I feel frustrated by my job.	0 1 2 3 4 5 6
14. I feel I'm working too hard on my job.	0 1 2 3 4 5 6
15. I don't really care what happens to some recipients.	0 1 2 3 4 5 6
16. Working with people directly puts too much stress on me.	0 1 2 3 4 5 6
17. I can easily create a relaxed atmosphere with my recipients.	0 1 2 3 4 5 6
18. I feel exhilarated after working closely with my recipients.	0 1 2 3 4 5 6
19. I have accomplished many worthwhile things in this job.	0 1 2 3 4 5 6
20. I feel like I'm at the end of my rope.	0 1 2 3 4 5 6
21. In my work, I deal with emotional problems very calmly.	0 1 2 3 4 5 6
22. I feel recipients blame me for some of their problems.	0 1 2 3 4 5 6

Appendix E

Well-Functioning Questionnaire

Well-Functioning Questionnaire

Please rate the extent to which each of the following items has contributed to your ability to **function well** in the practice of psychology.

Please circle your response.	**0= none, 2= somewhat, 4 = greatly**				
1. Self-awareness/self-monitoring	0	1	2	3	4
2. Balancing personal/professional lives	0	1	2	3	4
3. Personal therapy	0	1	2	3	4
4. Pleasure trips/vacations	0	1	2	3	4
5. Having a mentor	0	1	2	3	4
6. Informal peer support	0	1	2	3	4
7. Peer Supervision	0	1	2	3	4
8. Income/Financial stability	0	1	2	3	4
9. Relaxation program	0	1	2	3	4
10. Diversity of professional roles	0	1	2	3	4
11. Involvement in a church/synagogue/mosque	0	1	2	3	4
12. Meditation or prayer	0	1	2	3	4
13. Involvement in professional organizations	0	1	2	3	4
14. Personal values	0	1	2	3	4
15. Relationship with spouse/partner	0	1	2	3	4
16. Relationship with family (immediate)	0	1	2	3	4
17. Relationship with friends	0	1	2	3	4
18. Professional identity	0	1	2	3	4
19. Guidance from clergy/spiritual leader	0	1	2	3	4
20. Paid supervision	0	1	2	3	4
21. Physical exercise (individual – ie running)	0	1	2	3	4
22. Physical exercise (group/team – ie basketball)	0	1	2	3	4
23. Confession	0	1	2	3	4
24. Continuing education	0	1	2	3	4
25. Steady referral source	0	1	2	3	4
26. Relationship with family of origin	0	1	2	3	4
27. Graduate courses	0	1	2	3	4
28. Sense of purpose/calling to field	0	1	2	3	4
29. Self-growth	0	1	2	3	4
30. Hobby or reading	0	1	2	3	4

Appendix F

Sources of Stress in Clinical Practice

Sources of Stress in Clinical Practice

Please indicate the degree of stress the following have placed on your ability to practice psychology.

Degree of Stress:	1 Not at all a source of stress	2	3	4 A source of stress	5	6	7 Major source of stress

Please circle your response for each item.

1. HIPPA	1	2	3	4	5	6	7
2. Managed care reimbursement	1	2	3	4	5	6	7
3. Managed care paperwork	1	2	3	4	5	6	7
4. Excessive paperwork	1	2	3	4	5	6	7
5. Ability to bill for assessments	1	2	3	4	5	6	7
6. Malpractice Insurance rates	1	2	3	4	5	6	7
7. Ethical dilemmas related to required third party requests	1	2	3	4	5	6	7
8. Death of a client (not suicide)	1	2	3	4	5	6	7
9. Suicide of a client	1	2	3	4	5	6	7
10. Concern of a report to State Board of Psychology	1	2	3	4	5	6	7
11. Physical exhaustion	1	2	3	4	5	6	7
12. Emotional depletion	1	2	3	4	5	6	7
13. Doubts about the efficacy of your psychotherapy practices	1	2	3	4	5	6	7
14. Finances/revenue	1	2	3	4	5	6	7

Appendix G

About You

About You

1. What is your gender: M__ F__

2. Age in years: ___

3. Which one category most closely describes your race/ethnicity? Choose One
   - Caucasian __
   - Black/African-American __
   - Hispanic-American __
   - Asian-American/Pacific Islander __
   - Native-American/Alaskan Native ___
   - Other _____

4. Indicate your highest degree: Ph.D. ___ Psy.D. ___ Ed.D. ___ Other ____

5. Year licensed as a psychologist? ____

6. Years in practice? ____

7. Please indicate your **primary theoretical orientation**.
   Choose one.
   - Cognitive ___
   - Cognitive-Behavioral ___
   - Psychodynamic ___
   - Behavioral ___
   - Family/Systems ___
   - Multimodal ___
   - Gestalt ___
   - Existential ___
   - Eclectic ___

8. Please select the type of work setting that best describes your **primary work setting**:
   Choose one.
   - Private practice ___
   - University/Academic ___
   - Hospital (private) __
   - Hospital (public) ___
   - Community Mental Health ___
   - Other _____

9. Professional practice activity (Please estimate percentages, **totaling 100%**)
   Therapy ___
   Assessment ___
   Teaching ___
   Supervision ___
   Research ___
   Other _____

10. Please list the **average** number of hours you work each week in professional activities. ____ hours

11. Current populations served. (Within the last year)
    (Please estimate percentages, **totaling 100%**)
    Children___
    Adolescents ___
    Adults ___
    Elderly __
    Couples ___
    Families ___

12. Please indicate your **estimated** gross annual income from professional practice:
    <50K __
    50-70 K __
    71-90 K __
    91-110 K __
    111-130 K __
    131 K+ __

13. Current relationship status (check one):
    Single (never married) __
    Married __
    Divorced __
    Remarried __ (# of marriages ___)
    Life partner __
    Widowed __

14. Length of current relationship: _____ years (Check here ___ if less than one year.)

Appendix H

Curriculum Vitae

Curriculum Vita

Kevin Russell Ganey, M.A.

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Yardley, PA 19067
(215) 321-3626
kandlganey@netzero.net

Education

1996-present Graduate School of Clinical Psychology APA Accredited
George Fox University, Newberg, Oregon
Special Commendation during Annual Student Review (1998, 1999)
Psy..D. in Clinical Psychology to be conferred 12/03

1994-1996 Graduate School of Clinical Psychology
George Fox University, Newberg, Oregon
M.A. in Clinical Psychology

1992-1994 Shippensburg University
Shippensburg, Pennsylvania
Graduate psychology course work

1988-1992 Messiah College
Grantham, Pennsylvania
B.S. Pre-Med Biology, Cum Laude

Supervised Clinical Experience

10/02 – present **Staff Psychologist**
Cornerstone Christian Counseling Center, Bensalem, PA
Developing a Christian based center for therapy in conjunction with Christian Life Center. Providing therapy for children, adolescents and adults. Therapy includes individual, couple and family. Providing consultation to pastors and church based elementary school.
Supervisor: Chuck Jantzi, Psy.D.

1/01 – present **Staff Psychologist**
Foundations Behavioral Health, Doylestown, PA
Providing outpatient services including individual and family therapy for children and adolescents. EPSDT wraparound evaluations, and supervision/consultation to behavioral specialist consultants and mobile therapists. Conducting psychological evaluations for outpatient and inpatient services. Providing consultation to the inpatient and residential units, and supervision to primary therapists and master's level psychology interns. Providing group psychotherapy for adolescents in the partial hospital.
Supervisor: Daniel Weldon, Ed.D.

9/00 - 1/01 **Therapist**
Yardley Center for Psychology/Indio Foundation, Yardley, PA
Providing individual, family and marital therapy. Conducting intake assessments, and developing psychodynamic theoretical orientation.
Supervisor: Yvonne Neiman, M.S. and Elizabeth Bywater, Ph.D.

8/99 – 9/00 **Internship: Child and Adolescent Specialist**
Philhaven Behavioral Healthcare Services, Mt. Gretna, PA APA Accredited
Providing psychological evaluations, individual and group psychotherapy for children and adolescents in the Shelter and Campus Residential programs. Serving as consultant to case managers and residential counselors for behavioral management. Providing individual and family therapy one day per week at the Lebanon outpatient clinic. Conducting psychological evaluations for the Child Residential program, Crossroads Community RTF, Campus Residential program and Child and Adolescent Inpatient units. Electives: Dual Diagnosis Intensive Outpatient program, conducting psychoeducation and process groups; Providing supervision for two master's level psychology interns; Reviewing and amending the internship performance improvement project, and the orientation manual and schedule for subsequent intern.
Supervisors: Melanie A. Baer, Psy.D., Clinical Training Director
Charles D. Jantzi, Psy.D., Julie A. Gordon-Dueck, Ph.D.

9/98- 6/99 **Assistant Director of Health & Counseling Center**
George Fox University Health & Counseling Center, Newberg, OR.
Providing orientation training of practicum students. Providing administrative services including chart reviews, consultation and supervision of a practicum student. Researched and created a new no-harm contract. Assistant to chair of a west regional conference, 6/99. Providing outpatient mental health services to adolescents and adults. Direct services include intake interviews, conducting assessments (personality, cognitive/IQ, and learning disorder), diagnosis and psychotherapy (individual, couples, and groups). Development and leadership of eating disorder education and process groups. Developed and coordinated campus Eating Disorder Awareness weeks. Supervisor: Bill Buhrow, Psy. D.

Teaching Experience

1/2000 **Who's Who Among America's Teachers, 2000**

8/98-5/99 **Adjunct Professor**
George Fox University
Department of Psychology
PSY 150A & 150B General Psychology
Curriculum development, lecturing, examinations, and coordination of research projects.

9/98-12/98 **Graduate Assistant**
George Fox University
Kathryn Ecklund, Ph.D.
PSY 526 Intellectual & Cognitive Assessment
Assist in the training of administration, scoring and interpretation of cognitive and intellectual measures.

9/97-5/99 **Graduate Assistant**
George Fox University
Kathryn Ecklund, Ph.D.
PSY381 Counseling I
Leadership of three groups in developing counseling skills, including group process of ethics, values, human diversity, and dyad experience.
PSY 382 Advanced Counseling
Leadership of a group for continuing development of counseling skills, including counselor self-awareness.

Presentations

Ganey, K. (2000, May) *Parent training and ADHD.* Philhaven Behavioral Healthcare Services, Mt. Gretna. PA.

Campbell, C.D., Ganey, K., Hopkins, S., and Lancaster, B. (1998, January). *Teaching Social Responsibility in the Quaker Tradition.* Poster presented at the Midwinter meeting of the National Council of Schools and Programs in Professional Psychology, Santa Fe, New Mexico.

Ganey, K (1998, March) *Eating Disorders*. Presented at Eating Disorders National Awareness Week, George Fox University, Newberg, OR.

Ganey, K. & Blair, A. (1998, October). *Eating Disorders Awareness, An Overview.* George Fox University, Newberg, OR.

Ganey, K. & Blair, A. (1998, November) *Home and Healthy for the Holidays*. George Fox University, Newberg, OR.

Professional Affiliations

American Psychological Association (Student Affiliate) 1994- present
American Psychological Association, Division 12: Clinical Psychology
(Student Affiliate) 1996-present
American Psychological Association of Graduate Students 1994-1999
Advocacy Coordinating Team volunteer
Pennsylvania Psychological Association (Student Affiliate) 1999- present
Western Psychological Association (Student Affiliate) 1998-1999