

**Is staff counselling an effective intervention in
employee distress : an investigation of two
employee counselling services in the National
Health Service**

Volume 2

References

- Abramson, L.Y., Seligman, M.E.P. and Teasdale, J.D. (1978). Learned Helplessness in Humans: Critique and Reform. *Journal of Abnormal Psychology*, 87, 49-74.
- Afield, W.E. (1989). Running Amok: Employers Losing Control of EAP Cost Management. *Business Insurance*, 23, 27-30.
- Agnew, R.M., Harper, H., Shapiro, D.A. and Barkham, M. (1994). Resolving a Challenge to the Therapeutic Relationship: A Single-case Study. *British Journal of Counselling Psychology*, 67, 155-170.
- Agnew, R.M. and Shapiro, D.A. (1989). Therapist-client Relationships: The Development of a Measure. *SAPU Memo 765, Department of Psychology, University of Sheffield*.
- Ahn, K.K. and Karris, P.M. (1989). Numbers versus Severity: The Truth in Measuring Cost Benefits. *Employee Assistance Quarterly*, 4, 1-14.
- Ajzen, I. (1991). "The Theory of Planned Behaviour". *Organisational Behaviour & Human Decision Processes*, 50, 179-211.
- Albert, W.C., Smythe, P.C. and Brook, R.C. (1985). An Evaluator's Perspective on Employee Assistance Programs. *Evaluation and Program Planning*, 8, 175-182.
- Allison, T., Cooper, C.L and Reynolds, P. (1989, September). Stress Counselling in the Workplace: The Post Office Experience. *The Psychologist*, 384-388.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders. (1983). Revised Third Edition*. Washington D.C.: American Psychiatric Association.
- Andrews, G. and Harvey, R. (1981). Does Psychotherapy Benefit Neurotic Patients? A Re-Analysis of the Smith, Galss and Miller Data. *Archives of General Psychiatry*, 38, 1203-1208.
- Andrews, G., Schonell, M.. and Tennant, C. (1977). The Relationship between Physical, Psychological and Social Morbidity in a Suburban Community. *American Journal of Epidemiology*, 108, 324-329.
- Andrews, G., Tennant, C., Hewson, D. and Schonell, M. (1978). The Relation of Social Factors to Physical and Psychiatric Illness. *American Journal of Epidemiology*, 108, 27-35.
- Appelbaum, S.H. and Shapiro, B.T. (1989). The ABC of EAPs. *Personnel*, 66, 36-46.
- Appelson, G. (1983). Stress on Stress: Compensation Cases Growing. *American Bar Association Journal*, 69, 142-143.

Asma, R.E., Hilker, R.R.j., Shevlin, J.J. and Golden, R.G. (1980). Twenty-five years of rehabilitation of employees with drinking problems. *Journal of Occupational Medicine*, 22, 214-244.

Auerbach, A.H., Luborsky, L. and Johnson, M. (1972). Clinicians' Predictions of Outcome in Psychotherapy: A Trial of a Prognostic Index. *American Journal of Psychiatry*, 128, 830-835.

Austin, M.J. and Jackson, E. (1977). Occupational Mental Health and the Human Services: A Review. *Health and Social Work*, 2, 93-119.

Banks, M.H. (1983). Validation of the General Health Questionnaire in a Young Community Sample. *Psychological Medicine*, 13, 349-53.

Banks, M.H., Clegg, C.W., Jackson, P.R., Kemp, N.J., Stafford, E.M. and Wall, T.D. (1980). The use of the General Health Questionnaire as an indicator of mental health in occupational settings. *Journal of Occupational Psychology*, 53, 187-194.

Barker, C., Pistrang, N., Shapiro, D.A. and Shaw, I. (1990). Coping and Help-Seeking in the UK Adult Population. *British Journal of Clinical Psychology*, 29, 271-285.

Barkham, M. (1989). Exploratory Therapy in Two-plus-One Sessions: I -Rationale for a Brief Psychotherapy Model. *British Journal of Psychotherapy*, 6, 81-88.

Barkham, M. (1989a). Towards Designing a Cost-effective Counselling Service: Lessons from the Psychotherapy Research and Clinical Psychology Practice. *Counselling Psychology Review*, 4, 24-29.

Barkham, M. and Shapiro, D.A. (1989). Towards Resolving the Problem of Waiting Lists: Psychotherapy in Two-plus-One Sessions. *Clinical Psychological Forum*, 23, 15-18.

Barkham, M., Firth-Cozens, J.A., Hardy, G.E., Reynolds, S.A., Shapiro, D.A. and Warr, P.B. (1989). Measures of Stress Experience for Stress Reduction Research. *SAPU Memo 1049*, Department of Psychology, University of Sheffield.

Barkham, M., Hardy, G.E. and Startup, M. (1994). The Long and the Short of the SCL-90R: A Test of the Bandwidth-fidelity Dilemma. *Unpublished Manuscript, University of Sheffield*.

Barkham, M., Hardy, G.E. and Startup, M. (1994a). The IIP-32: A short version of the Inventory of Interpersonal Problems. *SAPU Memo 1419*, Department of Psychology, University of Sheffield.

- Barkham, M., Rees, A., Stiles, W.B., Shapiro, D.A., Hardy, G. and Reynolds, S. (1995). Dose-effect Relations in Time-Limited Psychotherapy for Depression. *SAPU Memo 1515*. University of Sheffield.
- Barkham, M. and Shapiro, D.A. (1990). Brief Psychotherapeutic Interventions for Job-related Distress: A Pilot Study of Prescriptive and Exploratory Therapy. *Counselling Psychology Quarterly*, 3, 133-147.
- Barton, J. (1994). Choosing to Work at Night: A Moderating Influence on Individual Tolerance to Shift Work. *Journal of Applied Psychology*, 79, 449-454.
- Barton, J., Costa, G., Smith, L., Spelten, E., Totterdell, P. and Folkard, S. (1994). The Standard Shiftwork Index: A Battery of Questionnaires for Assessing Shiftwork Related Questions. *SAPU Memo 1451, Department of Psychology, University of Sheffield*.
- Bateson, G. (1980). *Mind and Nature: A Necessary Unity*. New York: Bantam.
- Beaumont, P.B. and Hyman, J. (1987). The Work Performance Indicators of Problem Drinking: Some British Evidence. *Journal of Occupational Behaviour*, 8, 55-62.
- Becker-Caus, C., Gunther, G. and Hannich, H.J. (1989). Stress and Situation Specific Coping Behaviours in Intensive Care Unit Nursing Staff, *Work & Stress*, 3, 353-359.
- Beehr, T.A. and Franz, T.M. (1987). The Current Debate about the Meaning of Job Stress [Special Issue]. Job Stress: From Theory to Suggestion. *Journal of Organisational Behaviour Management*, 8, 5-18.
- Beehr, T.A. and Newman, J.E. (1978). Job Stress, Employee Health, and Organizational Effectiveness: A Facet Analysis, Model and Literature Review. *Personnel Psychology*, 31, 665-699.
- Bergin, A.E. (1971). The Evaluation of Therapeutic Outcome. In A.E. Bergin and S.L. Garvey (Eds.). *Handbook of Psychotherapy and Behaviour Change*. New York: Wiley.
- Bergin, A.E. and Lambert, E. (1978). The Evaluation of Psychotherapeutic Outcome. In S.L. Garfield and A.E. Bergin (Eds.). *Handbook of Psychotherapy and Behaviour Change 2nd Edition*. New York: Wiley.
- Berridge, J. and Cooper, C.L. (1993). Stress and Coping in US Organizations: The Role of the Employee Assistance Programme. *Work and Stress*, 7, 89-102.
- Beutler, L.E., Crago, M. and Arizmendi, T.G. (1986). Research on Therapist Variables in Psychotherapy. In S.L. Garfield and A.E. Bergin (Eds.). *Handbook of Psychotherapy and Behaviour Change, 3rd Edition*. Chichester: John Wiley & Sons.

- Billings, AG. and Moos, R.H. (1985). Psychosocial Processes of Remission in Unipolar Depression: Comparing Depressed Patients with Matched Community Controls. *Journal of Consulting Clinical Psychology*, 53, 314-325.
- Blanchard, E.G.,Andrasik, F.,Ahler, T.A.,Teders, S.J. and O'Keefe, D.O. (1980). Migraine and Tension Headache: A Meta-analytic Review. *Behaviour Therapy*, 11, 613-631.
- Bloch, S. (1982). *What is Psychotherapy?* Oxford: Oxford University Press.
- Booth, A. and Amato, P. (1991). Divorce and Psychological Stress. *Journal of Health and Social Behaviour*, 32, 396-407.
- Brenner, M.,Brown, J. and Canter, D. (1985). Introduction. In M.Brenner, J.Brown and D.Canter (Eds.). *The Research Interview: Uses and Approaches*. London: Academic Press.
- Breslau, N.,Davis, G.C.,Andreski, P. and Peterson, E. (1991). Traumatic Events and Posttraumatic Stress Disorder in an Urban Population of Young Adults. *Archives of General Psychiatry*, 48, 216-222.
- Brett, J.M.,Stroh, L.K. and Reilly, A.H. (1992). Job Transfer. In C.L.Cooper and I.T.Robertson. (Eds). *International Review of Industrial and Organizational Psychology*. Chichester: John Wiley & Sons.
- Briner, R.B. and Hockey, R.J. (1988). Operator Stress and Computer-Based Work. In C.L.Cooper and R.Payne. (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.
- Briner, R.B. and Reynolds, S. (1993). Bad Theory and Bad Practice in Occupational Stress. *SAPU Memo 1405*, Department of Psychology, University of Sheffield.
- Brookings, F.B.,Bolton, B.,Brown, C.E. and McEvoy, (1985). Self-reported Burnout among Female Human Service Professionals. *Journal of Occupational Behaviour*, 6, 143-150.
- Brown, G.T. and Harris, T. (1978). *Social Origins of Depression*. London, Tavistock Publications.
- Bruner, B.M. and Cooper, C.L. (1991). Corporate Financial Performance and Occupational Stress. *Work & Stress*, 5, 267-287.
- Bryman, A. (Ed.). (1988). *Doing Research in Organizations*. London, Routledge.
- Buchanan, B. (1974). Building Organisational Commitment: The socialisation of managers in work organisations. *Administrative Science Quarterly*, 19, 533-546.

- Buchanan, D., Boddy, D. and McCalman, J. (1988). Getting In, Getting On, Getting Out and Getting Back. In A. Bryman (Ed.). *Doing Research in Organizations*. London: Routledge.
- Buchanan, D.A. and Huczynski, A.A. (1985). *Organizational Behaviour*. London: Prentice Hall International.
- Burke, R.J. (1988). Sources of Managerial and Professional Stress in Large Organisations. In C.L. Cooper and R. Payne (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.
- Burke, R.J. (1993). Organizational-Level Interventions to Reduce Occupational Stressors. *Work & Stress*, 7, 77-87.
- Burke, R.J. and Greenglass, E.R. (1987). Work and Family. In C.L. Cooper and I.T. Robertson. *International Review of Industrial and Organisational Psychology*. Chichester: John Wiley & Sons.
- Burke, R.J. and Weir, T. (1980). Coping with the Stress of Managerial Occupations. In C.L. Cooper and R. Payne. (Eds.). *Current Concerns in Occupational Stress*. Chichester: John Wiley & Sons.
- Burman, B. and Margolin, G. (1992). Analysis of the Association Between Marital Relationships and Health Problems: An Interactional Perspective. *Psychological Bulletin*, 112, 39-63.
- Burnard, P. (1996). Interpersonal Skills in Nursing. In S. Palmer, S. Dainow and P. Milner (eds). *Counselling: The BAC Counselling Reader*. London: Sage.
- Caplan, R.P. (1994). Stress, Anxiety, and Depression in Hospital Consultants, General Practitioners, and Senior Health Service Managers. *British Medical Journal*, 309, 1261-1263.
- Cartwright, S. and Cooper, C.L. (1993). The Psychological Impact of Merger and Acquisition on the Individuals: A Study of Building Society Managers. *Human Relations*, 46, 327-347.
- Cayer, N.J. and Perry, R.W. (1988). A Framework for Evaluating Employee Assistance Programs. *Employee Assistance Quarterly*, 3, 151-168.
- Chadwick, J.K., Nicholson, N. and Brown, C. (1982). *Social Psychology of Absenteeism*. New York: Praeger Publishers.
- Chambless, D.L and Gillis, M.M. (1993). Cognitive Therapy of Anxiety Disorders. *Journal of Consulting and Clinical Psychology*, 61, 248-260.

- Cherniss, C. (1980a). *Professional Burnout in Human Service Organisations*. New York: Praeger.
- Cherniss, C. (1980b). *Staff Burnout: Job Stress in the Human Services*. Beverley Hills, CA: Sage.
- Cherry, N. (1978). Stress, Anxiety and Work: A Longitudinal Study. *Journal of Occupational Psychology*, 51, 259-270.
- Clegg, F. (1988). Bereavement. In S.Fisher and J.Reason. (Eds.). *Handbook of Life Stress Cognition and Health*. Chichester: John Wiley & Sons.
- Cochrane, R. (1983). *The Social Creation of Mental Illness*. London: Longman.
- Cochrane, R. (1988). Marriage, Separation and Divorce. In S.Fisher and J.Reason. (Eds.). *Handbook of Life Stress Cognition and Health*. Chichester: John Wiley & Sons.
- Cohen, J. (1977). *Statistical Analysis for the Behavioural Sciences*. New York: Academic Press.
- Cohen, P. (1991). Does your EAP measure up? *Personnel*, 68, 92.
- Cohen, S. and Wills, T.A. (1985). Stress, Social Support and the Buffering Hypothesis. *Psychological Bulletin*, 98, 310-357.
- Cole, A. (1995). Absence makes the Bills grow longer. *Health Service Journal*, 1 June, 20-22.
- Cook, T.D. and Campbell, D.T. (1976). The Design and Conduct of Quasi Experimental and True Experiments in Field Settings. In M.D.Dunnette (Ed.). *Handbook of Industrial and Organizational Psychology*. Chicago: Rand-McNally.
- Cook, T.D. and Campbell, D.T. (1979). *Quasi-experimentation*. Chicago: Rand McNally.
- Cook, T.D., Campbell, D.T. and Peracchio, L. (1990). Quasi Experimentation. IN M.D.Dunnette and L.M.Hough (Eds.). *Handbook of Industrial and Organizational Psychology*, Vol I (2nd Ed). Palo Alto, California: Psychologists Press Inc.
- Cook, J. and Wall, T.D. (1980). New work attitude measures of trust, organizational commitment and personal need nonfulfillment. *Journal of Occupational Psychology*, 53, 39-52.
- Cooper, B. (1966). Psychiatric Disorder in Hospital and General Practice. *Social Psychiatry*, 1, 7-10.

- Cooper, C.L. (1986). Job Distress: Recent Research and the Emerging Role of the Clinical Occupational Psychologist. *Bulletin of the British Psychological Society*, 39, 325-331.
- Cooper, C.L. (1987). Stress Management Interventions at Work. *Journal of Managerial Psychology*, 2, 4-30.
- Cooper, C.L. (1991). Counselling for the Bottom Line. *Counselling News*, September, 18-19.
- Cooper, C.L. (1995). Papering over the Cracks: Individual Strategies or Organisational Interventions in Dealing with Stress at Work? *Book of Proceedings for the Occupational Psychology Conference at the University of Warwick*. The BPS Division & Section of Occupational Psychology, University of Warwick 1995.
- Cooper, C.L. and Cartwright, S. (1994). Health Mind; Healthy Organisation-A Proactive Approach to Occupational Stress. *Human Relations*, 47, 455-471.
- Cooper, C.L. and Marshall, J. (1976). Occupational Sources of Stress: A Review of the Literature relating Coronary Heart Disease and Mental Ill-health. *Journal of Occupational Psychology*, 49, 11-28.
- Cooper, C.L. and Mitchell, S. (1990). Nursing the Critically Ill and Dying. *Human Relations*, 43, 297-311.
- Cooper, C.L. and Sadri, G. (1991). The Impact of Stress Counselling at Work. In P.L.Perrewe (Ed). Handbook on Job Stress [Special Edition]. *Journal of Social Behaviour and Personality*, 6, 411-423.
- Cooper, C.L., Sadri, G., Allison, T. and Reynolds, P. (1990). Stress Counselling in the Post Office. *Counselling Psychology Quarterly*, 3, 3-11.
- Cooper, C.L., Sloan, S.J. and Williams, S. (1988). *The Occupational Stress Indicator and OSI Management Guide*. NFER-NELSON Publishing Company Ltd, Windsor, England.
- Copeland, J. (1981). What is a 'Case'?. A Case for what?. In J.K.Wing., P.Bebbington and L.N.Robbins. (Eds). *What is a Case?: The Problem of Definition in Psychiatric Community Surveys*. London: Grant McIntyre Ltd.
- Coudriet, T.W., Swisher, J.D. and Grissom, G. (1987). The Role of Gender in Requests for Help in Employee Assistance Programs. *Employee Assistance Quarterly*, 2, 1-12.
- Cox, T. (1985). Repetitive Work: Occupational Stress and Health. In C.L.Cooper and M.J.Smith (Eds.). *Blue Collar Stress*. Chichester: John Wiley & Sons.

- Cox, T. (1993). Stress Research and Stress Management-Putting Theory to Work. *Contract Research Report 61/93* (HSE Sudbury).
- Critelli, J.W. and Neumann, K.F. (1984). The Placebo: Conceptual Analysis of a Construct in Transition. *American Psychologist*, 39, 32-39.
- Cronbach, L.J. (1951). Coefficient Alpha and the Internal Structure of Tests. *Psychometrika*, 16, 297-334.
- Crouter, A.C. (1984). Spillover from Family to Work: The Neglected side of the Work-family Interface. *Human Relations*, 37, 425-442.
- Crown, S. and Crisp, A.M. (1979). *Manual of the Crown-Crisp Experiential Index*. London: Holder & Stoughton.
- Curry, L. (1995). Reducing Trauma after the Event. *People Management*, 4 May 1995, 38-41.
- Cushway, D. (1992). Stress in Clinical Psychology Trainees. *British Journal of Clinical Psychology*, 31, 169-179.
- Dalton, D.R. and Mesch, D.J. (1991). On the Extent and Reduction of Avoidable Absenteeism: An Assessment of Absence Policy Provisions. *Journal of Applied Psychology*, 76, 810-817.
- Davis, A.J. (1996). A Re-analysis of the Occupational Stress Indicator. *Work & Stress*, 10, 174-182.
- Davis, J. (1985). Workers Compensation Claims for Stress-related Disorders. *Journal of Occupational Medicine*, 27, 821-825.
- Davison, G.C. and Neale, J.M. (1986). *Abnormal Psychology (4th Edition)*. Chichester: John Wiley & Sons.
- Depue, R.A. and Monroe, S.M. (1986). Conceptualization and Measurement of Human Disorder in Life Stress Research: The Problem of Chronic Disturbance. *Psychological Bulletin*, 99, 36-51.
- Derogatis, L.R. and Cleary, P.A. (1977). Confirmation of the Dimensional Structure of the SCL-90: A Study in Construct Validation. *Journal of Clinical Psychology*, 33, 981-989.
- Derogatis, L.R., Lipman, R.S., & Covi, M.D. (1973). SCL-90, an outpatient rating scale: Preliminary report. *Psychopharmacology Bulletin*, 9, 13-20.
- Dilts, D.A., Deitsch, C.R. and Paul, R.J. (1985). *Getting Absent Workers Back on the Job: An Analytical Approach*. London: Quorum Books.

- DiMatteo, M.R., Shugars, D.A. and Hays, R.D. (1993). Occupational Stress, Life Stress and Mental Health among Dentists. *Journal of Occupational and Organisational Psychology*, 66, 153-162.
- Dirkin, J. (1967). *Work and Stress*. Gronigen, Wolters.
- Dohrenwend, B.P. (1983). The Epidemiology of Mental Disorder. In D.Mechanic. (Ed.). *Handbook of Health, Healthcare and the Health Professions*. New York: The Free Press.
- Dohrenwend, B and Dohrenwend, B. (1974). Social and cultural influences on psychopathology. *Annual Review of Psychology*, 25, 417-452.
- Dohrenwend, B.P., Dohrenwend, B.S., Gould, M.S., Link, B., Neugebauer, R. and Wunsch-Hitzig, R. (1980). *Mental Illness in the United States: Epidemiological Estimates*. New York: Praeger.
- Dohrenwend, B.S., Krasnoff, L., Askensay, A.R. and Dohrenwend, B.P. (1982). The Psychiatric Epidemiology Research Interview Life Events Scale. In L.Goldberger and S.Breznitz (Eds.). *Handbook of Stress*. New York: Free Press.
- Dohrenwend, B., Pearlin, L., Clayton, P., Hanburg, B., Riley, R., and Rose, R.M. (1982). Report on Stress and Life Events. In G.Elliot and C.Eisdorfer (Eds.). *Stress and Human Health*. New York: Springer.
- Donabedian, A. (1980). Basic Approaches to Assessment. In *The Definition of Quality and Approaches to its Assessment*, Chapter 3. Ann Arbor MI: Health Administration Press.
- Duncan-Jones, P and Henderson, S. (1978). The Use of a Two-Phase Design in a Prevalence Survey. *Social Psychiatry*, 13, 231-237.
- Dush, D.M., Hirt, M.L. and Dchroeder, H. (1983). Self-Statement Modification with Adults: A Meta-Analysis. *Journal of Consulting and Clinical Psychology*, 94, 408-422.
- Earnshaw, J. and Cooper, C.L. (1991). Workers Compensation in Stress-related Claims: Some Thoughts for Employers in the UK. *Work & Stress*, 5, 253-257.
- Earnshaw, J. and Cooper, C.L. (1994). Employee Stress Litigation: The UK Experience. *Work & Stress*, 8, 287-295.
- Edelwich, J. and Brodsky, A. (1980). *Burnout: Stages of Disillusionment in the Helping Professions*. New York: Human Service Press.
- Edwards, A.L. and Cronbach, L.J. (1952). Experimental Design for Research in Psychotherapy. *Journal of Clinical Psychology*, 13, 51-59.

Edwards, J.R. (1988). The Determinants and Consequences of Coping with Stress. In C.L.Cooper and R.Payne. (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.

Eggum, P.E.,Keller, P.J. and Burton, W.N. (1980). Nurse/Health Counselling Model for a successful Alcoholism Assistance Program. *Journal of Occupational Medicine*, 22, 545-548.

Elkin, I.,Tracie Shea, M.,Watkins, J.T.,Imber, S.D.,Sotsky, S.M.,Collins, J.F.,Glass, D.R.,Pilkonis, P.A.,Leber, W.R.,Docherty, J.P.,Fiester, S.J. and Parloff, M.B. (1989). National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Archives of General Psychiatry*, 46, 971-982.

Elliott, R. (1985). Helpful and nonhelpful events in brief counselling interviews: An empirical taxonomy. *Journal of Counselling Psychology*, 32, 307-322.

Elliott, R. (1986). Session Impacts and Intentions Questionnaires. *Unpublished manuscript. Department of Psychology, University of Toledo.*

Elliott, G.R. and Eisdorfer, C. (Eds.). (1982). *Stress and Human Health: Analysis and Implications of Research*. New York: Springer-Verlag.

Elliot, R., James, E., Reimschuessel, C., Cislo, D., & Sack, N. (1985). Significant Events and the Analysis of Immediate Therapeutic Impacts. *Psychotherapy*, 22, 620-630.

Elliott, R., & Wexler, M.M. (1994). Measuring the Impact of Sessions in Process-Experiential Therapy of Depression: The Session Impacts Scale. *Journal of Counselling Psychology*, 41, 166-174.

Evaluation Research Society. (1980). *Standards for Evaluation*. Washigton D.C: ERS.

Evans, P. and Bartoleme, F. (1980). The Changing Picture of the Relationship between Career and Family. *Journal of Occupational Behaviour*, 35, 9-21.

Feldman, S. (1991). Today's EAPs make the grade. *Personnel*, 68, 3-40.

Fenwick, R. and Tausig, M. (1994). The Macroeconomic Context of Job Stress. *Journal of Health and Social Behaviour*, 35, 266-282.

Ferguson, D. (1973). A Study of Occupational Stress and Health. *Ergonomics*, 16, 649-664.

Fielder, N.,Vivona-Vaughan, E. and Gochfeld, M. (1989). Evaluation of a Worksite Relaxation Training Program using Ambulatory Blood Pressure Monitoring. *Journal of Occupational Medicine*, 31, 595 FIND REST OF REF

- Finlay-Jones, R.A. and Burvill, P.W. (1977). The Prevalence of Minor Psychiatric Morbidity in the Community. *Psychological Medicine*, 7, 474-489.
- Firth, H. and Britton, P. (1988). 'Burnout', Absence and Turnover amongst British Nursing Staff. *Journal of Occupational Psychology*, 62, 55-59.
- Firth, J. (1986). Levels and Sources of Stress in Medical Students. *British Medical Journal*, 292, 1177-1179.
- Firth, J. and Shapiro, D.A. (1986). An Evaluation of Psychotherapy for Job-Related Distress. *Journal of Occupational Psychology*, 59, 111-119.
- Firth-Cozens, J. (1987). Emotional Distress in Junior House Officers. *British Medical Journal*, 295, 533-536.
- Firth-Cozens, J. (1990). *The levels and sources of stress in medical trainees*. Unpublished Ph.D Thesis. University of Sheffield.
- Firth-Cozens, J. (1992). Why Me? A Case Study of the Process of Perceived Occupational Stress. *Human Relations*, 45, 131-141.
- Firth-Cozens, J. (1994). *Stress in Doctors: A Longitudinal Study*. Report for the Department of Health, Research and Development Initiative on Mental Health of the NHS Work force.
- Firth-Cozens, J. and Hardy, G.E. (1992). Occupational Stress, Clinical treatment and Changes in Job Perceptions. *Journal of Occupational and Organizational Psychology*, 65, 81-88.
- Firth-Cozens, J. and Morrison, L.A. (1989). Sources of Stress and Ways of Coping in Junior House Officers. *Stress Medicine*, 5, 121-126.
- Fisher, S. (1985). Control and Blue Collar Work. In C.L.Cooper and M.J.Smith (Eds.). *Blue Collar Stress*. Chichester: John Wiley & Sons.
- Flaherty, V.E. (1988). Influencing Management Policy. In G.M.Gould and M.L.Smith (Eds.). *Social Work in the Workplace*. New York: Springer.
- Fleischer, D. and Kaplan, B.H. (1988). Employee Assistance / Counselling Typologies. In G.M.Gould and M.L.Smith (Eds.). *Social Work in the Workplace*. New York: Springer.
- Fletcher, B. (C). (1988). The Epidemiology of Occupational Stress. In C.L.Cooper and R.Payne (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.

- Folkard, S. (1987). Circadian Rhythms and Hours of Work. In P.B.Warr (ed.). *Psychology at Work*. London: Penguin Books.
- Folkard, S. (1989). Shift Work-a Growing Occupational Hazard. *Occupational Health*, 41, 182-186.
- Ford, J.D. and Ford, J.G. (1986). A Systems Theory Analysis of Employee Assistance Programs. *Employee Assistance Quarterly*, 2, 37-48.
- Frank, J. (1979). The Present Status of Outcome Studies. *Journal of Counselling and Clinical Psychology*, 47, 310-316.
- Frankenhaeuser, M.,Lundberg, U.,Fredrikson, M.,Melin, B.,Tuomisto, M.,Myrster, A.,Hedman, M.,Bergman-Losman, B. and Wallin, L. (1989). Stress On and Off the Job as Related to Sex and Occupational Status in White-Collar Workers. *Journal of Organisational Behaviour*, 10, 321-346.
- French, J.R.P. and Caplan, R.D. (1973). Organisational stress and Individual Strain. In A.J.Marrow (Ed.). *The Failure of Success*. New York: AMACOM.
- French, J.P.R. and Kahn, R.L. (1962). A Progmatic Approach to Studying the Industrial Environment and Mental Health. *Journal of Social Issues*, 18, 1-47.
- Frese, M. and Zapf, D. (1988). Methodolodgical Issues in the Study of Work Stress: Objective vs Subjective Measurement of Work Stress and the Question of Longitudinal Studies. In C.L.Cooper and R.Payne. (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.
- Ganster, D.C.,Mayes, B.T.,Sime, W.E. and Tharp, G.D. (1982). Managing Organizational Stress: A Field Experiment. *Journal of Applied Psychology*, 67, 533-542.
- Ganster, D.C. and Fusilier, M.R. (1989). Control in the Workplace. In C.L.Cooper and I.T.Robertson (Eds.). *International Review of Industrial and Organisational Psychology*. Chichester: John Wiley & Sons.
- Garfield, S.L. (1986). Research on Client Variables in Psychotherapy. In S.L.Garfield and A.E.Bergin (Eds). *Handbook of Psychotherapy and Behavioural Change*. Chichester: John Wiley & Sons.
- Gavin, J.F. (1977). Occupational Mental Health-Forces and Trends. *Personnel Journal*, 198-201.

- Gay, V. (1991). Sexual Harrassment: Legal Issues, Past and Future Developments. In M.J.Davidson and J.Earnshaw. (Eds.). *Vulnerable Workers: Psychosocial and Legal Issues*. Chichester: John Wiley & Sons.
- Glass, D.C.,McKnight, J.D. and Valdimarsdottir, H. (1993). Depression, Burnout and Perceptions of Control in Hospital Nurses. *Journal of Consulting and Clinical Psychology*, 61, 147-155.
- Goldberg, D.P. (1972). *The Detection of Psychiatric Illness by Questionnaire*. London: Oxford University Press.
- Goldberg, D.P. and Blackwell, B. (1970). Psychiatric illness in general practice. A detailed study using a new method of case identification. *British Medical Journal*, 2, 439-443.
- Goldberg, D. and Huxley, P. (1980). *Mental Illness in the Community: The Pathway to Psychiatric Care*. London: Tavistock Publications.
- Goldstein, A.P. and Stein, N. (1976). *Prescriptive Psychotherapies*. New York: Pergamon Press INC.
- Golembiewski, R.T.,Munzenrider, R. and Stevenson, J. (1985). *Stress in Organisations*. New York: Prager.
- Good, R.K. (1986). Employee Assistance-a Critique of Three Corporate Drug Abuse Policies. *Personnel Journal*, 65, 96-107.
- Gonzales, L.R.,Lewinsohn, P.M. and Clarke, G.N. (1985). Longitudinal Follow-up of of Unipolar Depressives: An Investigation of Predictors of Relapse. *Journal of Consulting Clinical Psychology*, 53, 461-469.
- Good, G.E.,Dell, D.M. and Mintz, L.B. (1989). Male Role and Gender Role Conflict: Relations to Help-Seeking in Men. *Journal of Counselling Psychology*, 36, 295-300.
- Googins, B.,Reisner, E. and Milton, J. (1986). Industrial Social Work in Europe. *Employee Assistance Quarterly*, 1, 1-23.
- Greenhalgh, L. (1987). Interpersonal Conflicts in Organisation. In C.L.Cooper and I.T.Robertson. *International Review of Industrial and Organisational Psychology*. Chichester: John Wiley & Sons.
- Greenley, J.R. and Mechanic, D. (1976). Social Selection in Seeking Help for Psychological Problems. *Journal of Health and Social Behaviour*, 17, 249-262.
- Guba, E.G. and Lincoln, Y.S. (1987). *Effective Evaluation*. London: Jossey-Bass Publishers.

- Guppy, A. and Gutteridge, T. (1991). Job Satisfaction and Occupational Stress in UK General Hospital Nursing Staff. *Work & Stress*, 5, 315-323.
- Gutek, B.A., Repetti, R.L. and Silver, D.L. (1988). Nonwork Roles and Stress at Work. In C.L. Cooper and R. Payne. (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.
- Hackett, R.D. (1989). Work Attitudes and Employee Absenteeism: A Synthesis of the Literature. *Journal of Occupational Psychology*, 62, 235-248.
- Hall, C. (1995). Doctor gets Damages over 'Living Hell' Hours. *The Independent*, 26th April 1995, p.6.
- Halstead, J., Agnew, R.M., Barkham, M.J., Harrington, V., Culverwell, A. and Shapiro, D.A. (1989). The MRC/NHS Psychotherapy Collaborative Project: Intensive Psychotherapy Research in Normal Clinical Practice. *Clinical Psychology Forum* (in press).
- Ham, C. (1991). *The New National Health Service: Organisation and Management*. Oxford: Radcliffe Medical Press.
- HEA (1994). *Health at Work in the NHS. Working Well: A Guide to Success*.
- Hellan, R.T. (1986). An EAP Update: A Perspective for the '80s. *Personnel Journal*, 65, 51-54.
- Henderson, S., Duncan-Jones, P., McAuley, H. and Ritchie, K. (1978). The Patient's Primary Group. *British Journal of Psychiatry*, 132, 74-86.
- Henne, D. and Locke, E.A. (1985). Job Satisfaction: What are the Consequences? *International Journal of Psychology*, 20, 221-240.
- Highley, J.C. and Cooper, C.L. (1995). An Assessment of Employee Assistance and Counselling Programmes in British Organisations. *Book of Proceedings for the Occupational Psychology Conference at the University of Warwick*. The BPS Division & Section of Occupational Psychology, University of Warwick 1995.
- Hill, C.E. and Corbett, M.M. (1993). A Perspective on the History of Process and Outcome Research in Counselling Psychology. *Journal of Counselling Psychology*, 40, 3-24.
- Hodges, C. (1995). Growing Problem of Stress at Work Alarms Business. *People Management*, 4 May 1995, 14-15.
- Hooper, D. (1996). Counselling Psychology: Into the New Millenium. In R. Woolfe and W. Dryden (eds). *Handbook of Counselling Psychology*. London: Sage.

Horowitz, M.J., Marmor, C.R., Weiss, D.S., Kaltefleiter, N.B. and Wilner, N.R. (1986). Comprehensive Analysis of Change after Brief Dynamic Psychotherapy. *American Journal of Psychiatry*, 143, 582 FIND REST OF REF

Horowitz, L.M., Rosenberg, S.E. and Bartholomew, K. (1993). Interpersonal Problems, Attachment Styles, and Outcome in Brief Dynamic Psychotherapy. *Journal of Consulting and Clinical Psychology*, 61, 549-560.

Horowitz, L.M., Rosenberg, S.E., Baer, B.A., Ureno, G. and Villasenor, V.S. (1988). Inventory of Interpersonal Problems: Psychometric Properties and Clinical Applications. *Journal of Consulting and Clinical Psychology*, 56, 685-892.

Howard, K.I., Kopta, S.M., Krause, M.S. and Orlinsky, D.E. (1986). The Dose-Effect Relationship in Psychotherapy. *American Psychologist*, 41, 159-164.

Howard, K.I., Lueger, R., Maling, M. and Martinovich, Z. (1993). A Phase Model of Psychotherapy: Causal Mediation of Outcome. *Journal of Consulting and Clinical Psychology*, 61, 678-685.

Howard, K.I., Orlinsky, D.E. and Lueger, R.J. (1995). The Design of Clinically Relevant Outcome Research: Some Considerations and an Example. In M. Aveline and D.A. Shapiro (Eds.). *Research Foundations for Psychotherapy Practice*. Chichester: John Wiley & Sons.

Iles, P. and Auluck, R. (1991). The Experience of Black Workers. In M.J. Davidosn and J. Earnshaw. (Eds.). *Vulnerable Workers: Psychosocial and Legal Issues*. Chichester: John Wiley & Sons.

Ivancevich, J.M. (1986). Life Events and Hassles as Predictors of Health Symptoms, Job Performance and Absenteeism. *Journal of Occupational Behaviour*, 7, 39-51.

Ivancevich, J.M. and Matteson, M.T. (1980). *Stress and Work: A Managerial Perspective*. Glenview, Il: Scott Foresman.

Ivancevich, J.M. and Matteson, M.T. (1987). Medical Technologists and Laboratory Technicians: Sources of Stress and Coping Strategies. In R. Payne and J. Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.

Ivancevich, J.M. and Matteson, M.T. (1987a). Organizational Level Stress Management Interventions: A Review and Recommendations. In J.M. Ivancevich and D.C. Ganster (Eds.). *Job Stress: From Theory to Suggestion*. New York: Howarth Press.

Ivancevich, J.M. and Matteson, M.T. (1988). Promoting the Individual's Health and Well-being. In C.L. Cooper and R. Payne (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.

- Ivancevich, J.M.,Matteson, M.T.,Freedman, S.M. and Phillips, J.S. (1990). Worksite Stress Management Interventions. *American Psychologist*, 45, 252-261.
- Jackson, P.R.,Wall,T.D.,Martin, R. and Davids, K. (1994). New measures of Job Control, Cognitive Demand and Production Responsibility. *Journal of Applied Psychology*, 78, 753-762.
- Jackson, S.E. (1983). Participation in Decision making as a Strategy for Reducing Job-related Strain. *Journal of Applied Psychology*, 68, 3-19.
- Jackson, S.E. and Maslach, C. (1982). After-effects of Job Related Distress: Families as Victims. *Journal of Occupational Behaviour*, 3, 63-77.
- Jackson, S.E.,Schwab, R.L. and Schuler, R.S. (1986). Toward an Understanding of the Burnout Phenomenon. *Journal of Applied Psychology*, 71, 630-640.
- Jacobson, D. (1972). Fatigue Producing Factors in Industrial Work and Pre-Retirement Attitudes. *Occupational Psychology*, 46, 193-200.
- Jamal, M. (1985). Relationship of Job Stress to Job Performance: A Study of Managers and Blue-Collar Workers. *Human Relations*, 38, 409-424.
- Janoff-Bulman, R. (1988). Victims of Violence. In S.Fisher and J.Reason. (Eds.). *Handbook of Life Stress Cognition and Health*. Chichester: John Wiley & Sons.
- Jones, E.E. and Zoppel, C.L. (1982). Impact of Client and Therapist Gender on Psychotherapy Process and Outcome. *Journal of Consulting and Clinical Psychology*, 30, 259-272.
- Jick, T.D. (1987). Managing and Coping with Budget-cut Stress in Hospitals. In R.Payne and J.Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.
- Jones, J.G. (1987). Stress in Psychiatric Nursing. In R.Payne and J.Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.
- Jones, JW.,Barge, B.N.,Steffy, B.D.,Fay, L.M.,Kunz, L.K. and Wuebker, L.J. (1988). Stress and Medical Malpractice: Organisational Risk Assessment and Intervention. *Journal of Applied Psychology*, 73, 727-735.
- Jones, J.G.,Janman, K.,Payne, R.L. and Rick, J.T. (1987). Some Determinants of Stress in Psychiatric Nursing. *International Journal of Nursing Studies*, 24, 129-144.

Jones, E.E and Zoppel, C.L. (1982). Impact of Client and Therapist Gender on Psychotherapy Process and Outcome. *Journal of Consulting and Clinical Psychology*, 50, 259-272.

Kahn, H. and Cooper, C.L. (1991). A Note on the Validity of the Mental Health and Coping Scales of the Occupational Stress Indicator. *Stress Medicine*, 7, 185-187.

Kahn, R.L. and Byosiere, P. (1992). In Dunnette, M.D. and Hough, L.M (eds). *Handbook of Industrial and Organisational Psychology*. Palo Alto, California: Consulting Psychologists Press, Inc.

Karasek, R.A. (1979). Job Demands, Job Decision Latitude, and Mental Strain: Implications for Job Redesign. *Administrative Quarterly*, 24, 285-307.

Kasl, S.V. (1978). Epidemiological Contributions to the Study of Work Stress. In C.L.Coope and R.Payne. (Eds.). *Stress at Work*. Chichester: John Wiley & Sons.

Kazdin, A.E. (1991). The Evaluation of Psychotherapy: Research Design and Methodology. In C.E.Watkins and L.J.Schneider. (Eds.). *Research in Counselling*. London: Lawrence Erlbaum Associates, Publishers.

Kearns, J. (1986). *Stress at Work: The Challenge of Change*, BUPA Series The Management of Health: 1 Stress and the City, BUPA.

Keinan, G. and Melamed, S. (1987). Personality Characteristics and Proneness to Burnout: A Study among Internists. *Stress Medicine*, 3, 307-315.

Kent, G. (1987). Stress amongst Dentists. In R.Payne and J.Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.

Kessler, R.C.,McGonagle, K.A.,Zhao, S.,Nelson, C.B.,Hughes, M.,Eshelman, S.,Wittchen, H-C. and Kendler, K.S. (1994). Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States. *Archives of General Psychiatry*, 51, 8-19.

Kessler, R.,Price, R.H. and Wortman. (1985). Social Factors in Psychopathology: Stress, Social Support, and Coping Processes. *Annual Review of Psychology*, 36, 531-572.

Kidd, J.M. (1996). Career Development Work with Individuals. In R.Wolfe and W.Dryden (eds). *Handbook of Counselling Psychology*. London: Sage.

Kim, D.S. (1988). Assessing Employment Assistance Programs: Evaluation Typology and Models. *Employee Assistance Quarterly*, 3, 169-188.

- Knussen, C. and Cunningham, C.C. (1988). Stress, Disability and Handicap. In S.Fisher and J.Reason. (Eds.). *Handbook of Life Stress Cognition and Health*. Chichester: John Wiley & Sons.
- Kory, R.B. (1976). *The Transcendental Meditation Program for Business People*. New York: Amacom.
- Kozlowski, S.W.J.,Chao, G.T.,Smith, E.M. and Hedlund, J. (1993). Organisational Downsizing: Strategies, Interventions and Research Implications. In C.L.Cooper and I.T.Robertson. (Eds). *International Review of Industrial and Organizational Psychology*. Chichester: John Wiley & Sons.
- Kurtz, N.R.,Googins, B. and Howard, W.C. (1984). Measuring the Success of Occupational Alcoholism Programs. *Journal of Studies on Alcohol*, 45, 33-45.
- Lambert, M.J. (1976). Spontaneous Remission in Adult Neurotic Disorders: A Revision and Summary. *Psychological Bulletin*, 83, 107-119.
- Lambert, M.J.,Bergin, A.E. and Collins, J.L. (1977). Therapist-Induced Deterioration in Psychotherapy. In A.S.Gurman and A.M.Razin (eds.). *Effective Psychotherapy: A Handbook for Research*. (p.452-481). New York: Pergamon.
- Lambert, M.J.,Masters, K.S. and Ogles, B.M. (1991). Outcome Research in Counselling. In C.E.Watkins and L.J.Schneider. (Eds.). *Research in Counselling*. London: Lawrence Erlbaum Associates, Publishers.
- Lambert, M.J.,Shapiro, D.A. and Bergin, A.E. (1986). The Effectiveness of Psychotherapy. In S.L.Garfield and A.E.Bergin (Eds.). *Handbook of Psychotherapy and Behavioral Change*. New York: Wiley.
- Landman, J.T. and Dawes, R.M. (1982). Psychotherapy Outcome: Smith and Glass Conclusions Stand Up under Scrutiny. *American Psychologist*, 37, 504-516.
- Lazarus, R.S. (1981). The Stress and Coping Paradigm. In C.Eisdorfer, D.Cohen, A.Kleinman and P.Maxim. (Eds.). *Models for Clinical Psychopathology*. New York: Spectrum.
- Lazarus, R.S.,De Longis, A.,Folkman, S. and Gruen, R. (1985). Stress and Adaptional Outcomes: The Problem of Confounded Measures. *American Psychologist*, 40, 770-779.
- Lazarus, R.S. and Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer.
- Leakey, P.,Littlewood, M.,Reynolds, S. and Bunce, D. (1993). Caring for the Carers: North Derbyshire Health Authority. *SAPU Memo 1432*. Department of Psychology, University of Sheffield.

- Lee, R.T. and Ashforth, B.E. (1993). A Further Examination of Managerial Burnout: Toward and Integrated Model. *Journal of Organisational Behaviour*, 14, 3-20.
- Lehman, W.E.K. and Simpson, D.D. (1992). Employee Substance Abuse and On-the-Job Behaviours. *Journal of Applied Psychology*, 77, 309-321.
- Leiter, M.E. and Meachem, K.A. (1986). Role Structure and Burnout in the field of Human Services. *Journal of Applied Behavioural Science*, 22, 47-52.
- Lemkau, J.P., Rafferty, J.P., Purdy, R.R. and Rudisill, J.R. (1987). Sex Role Stress and Burnout among Family Practice Physicians. *Journal of Vocational Behaviour*, 31, 81-90.
- Levi, L. (1972). Stress and Distress in Response to Psychosocial Stimuli. Laboratory and Real-Life Studies on Sympathoadrenomedullary and Related Reactions. *Acta Medica Scandinavia*, 191 (Supplement No.528). Stockholm, Sweden: (Reprinted by Pergamon Press).
- Levi, L. (1981). *Preventing Work Stress*. Reading, MA: Addison-Wesley.
- Levi, T. (1967). *Stress: Sources, Management and Prevention: Medical and Psychological Aspects of the Stress of Everyday Life*. New York: Liveright.
- Lewis, G. and Booth, M. (1992). Regional Differences in Mental Health in Great Britain. *Journal of Epidemiological Community Health*, 46, 608-611.
- Liff, S. (1991). Part-time Workers: Current Contradictions and Future Opportunities. In M.J. Davidosn and J. Earnshaw. (Eds.). *Vulnerable Workers: Psychosocial and Legal Issues*. Chichester: John Wiley & Sons.
- Linehan, M.M. and Shearin, E.N. (1988). Lethal Stress: A Social-Behavioural Model of Suicidal Behaviour. In S. Fisher and J. Reason. (Eds.). *Handbook of Life Stress Cognition and Health*. Chichester: John Wiley & Sons.
- Livingston, M. and Livingston, H. (1984). Emotional Distress in Nurses at Work. *British Journal of Medical Psychology*, 57, 291-294.
- London, P. (1964). *The Modes and Morals of Psychotherapy*. New York: Holt, Rinehart and Winston.
- Lorion, R.P. (1973). Socioeconomic Status and Traditional Treatment Approaches Reconsidered. *Psychological Bulletin*, 79, 263-270.
- Luborsky, L., Chandler, M., Auerbach, A.H., Cohen, J. and Bachrach, H.M. (1971). Factors Influencing the Outcome of Psychotherapy. *Psychological Bulletin*, 75, 145-185.

- Luborsky, L., Singer, B. and Luborsky, L. (1975). Comparative Studies of psychotherapies. *Archives of General Psychiatry*, 32, 995-1008.
- Luthans, F. and Waldersee, K. (1989). What do we really know about EAPs? *Human Resource Management*, 28, 385-401.
- Macintyre, S. (1986). The Patterning of Health by Social Position in Contemporary Britain: Directions for Sociological Research. *Social Science and Medicine*, 4, 393-415.
- MacLeod, A.G.S. (1985). EAPs and blue collar stress. In C.L. Cooper and M.J. Smith (Eds.). *Blue Collar Stress*. Chichester: John Wiley & Sons.
- MacIver, J. (1969). The Epidemiology of Mental Illness in Industry. *Journal of International Psychiatric Clinicians*, 6, 271-276.
- Maiden, R.P. (1988). Employee Assistance Program Evaluation in a Federal Government Agency. *Employee Assistance Quarterly*, 3, 191-203.
- Maiden, R.P. and Hardcastle, D.A. (1988). Social Work Education: Professionalising EAPs. *EAP Digest*, 7,1.
- Malan, D.H. (1973). The Outcome Problem in Psychotherapy Research: A Historical Review. *Archives of General Psychiatry*, 29, 719-729.
- Mansfield, R. (1972). The Initiation of Graduates into Industry: The Resolution of Identity-Stress as a Determinant of Job Satisfaction in the Early Months at Work. *Human Relations*, 25, 77-86.
- Margison, F.R. (1987). Stress in Psychiatrists. In R. Payne and J. Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.
- Martin, R. and Wall, T.D. (1989). Attentional demand and cost responsibility as stressors in shopfloor jobs. *Academy of Management Journal*, 32, 69-86.
- Martocchio, J.J. and O'Leary, A.M. (1989). Sex Differences in Occupational Stress: A Meta-Analytic Review. *Journal of Applied Psychology*, 74, 495-501.
- Masi, D.A. (1984). *Designing Employee Assistance Programs*. (New York: AMACOM).
- Masi, D.A. and Friedland, S.J. (1988). EAP Actions and Options. *Personnel Journal*, 67, 61-67.
- Maslach, C. (1982). Understanding Burnout: Definitional Issues in Analyzing a Complex Phenomenon. In U.S. Paine (Ed.). *Job Stress and Burnout*. Beverley Hills, CA: Sage.

- Matteson, M.T. and Ivancevich, J.M. (1988). Health Promotion at Work. In C.L.Cooper and I.Robertson (Eds.). *International Review of Industrial and Organisational Psychology 1988*. Chichester: John Wiley & Sons.
- McCarthy, P. (1985). Burnout in Psychiatric Nursing. *Journal of Advanced Nursing*, 10, 305-310.
- McClellan, K. (1982). An Overview of Occupational Alcoholism Issues for the 80's. *Journal of Drug Education*, 12, 1-27.
- McClellan, K. (1989). Cost-Benefit Analysis of the Ohio EAP. *Employee Asssitance Quarterly*, 5, 67-85.
- McCranie, E.W., Lambert, V.A. and Lambert, C.E.Jr. (1987). Work Stress, Tardiness and Burnout among Hospital Staff Nurses. *Nursing Research*, 36, 374-378.
- McGrath, J.E. (1976). Stress and Behaviour in Organisations. In M.Dunnette (Ed.). *Handbook of Industrial and Organisational Psychology*. Chicago: Rand McNally.
- McGuire, T.G. (1980). Markets for Psychotherapy. In G.R.Vandenbos (Ed.). *Psychotherapy: Practice, Research and Policy*. London: Sage Publications.
- McHugh, M.F. (1991). Disabled Workers: Psychosocial Issues. In M.J.Davidson and J.Earnshaw. (Eds.). *Vulnerable Workers: Psychosocial and Legal Issues*. Chichester: John Wiley & Sons.
- McLean, A. (Ed.). (1974). *Occupational Stress*. Springfield, Illinois: Springer.
- McLeroy, K.R., Green, L.W., Mullen, K.D. and Foshee, V. (1984). Assessing the Effects of Helath Promotion in Worksites: A Review of the Stress Program Evaluations. *Health Education Quarterly*, 11, 379-401.
- McKenna, B. (1985). Stress Injuries at Work. *New Law Journal*, December 2, 1652-1655.
- McNeilly, C.L. and Howard, K.I. (1991). The Effects of Psychotherapy: A Reeevaluation Based on Dosage. *Psychotherapy Research*, 1, 74-78.
- Medd, G. (1991). Stress Counselling in the Police Force. *Occupational Health Review*, June/July, 5-8.
- Mihill, C. (1995). Damages for Doctor on 'Inhuman' Hours. *The Guardian*, 26th April 1995, p.1.
- Miles, R.H. (1975). An empirical test of causal inference between role perceptions of

- conflict and ambiguity and various personal outcomes. *Journal of Applied Psychology*, 60, 334-339.
- Miles-Tapping, C. (1992). Caring for Profit: Alienation and Work Stress in Nursing Assistants in Canada. *Work & Stress*, 6, 3-12.
- Miller, R.C. and Berman, J.S. (1983). The Efficacy of Cognitive-Behaviour Therapies: A Quantative Review of the Research Evidence. *Psychological Bulletin*, 94, 39-53.
- Miner, J.B. and Brewer, J.F. (1976). Management of Ineffective Performance. In M.D.Dunnette (ED.). *Handbook of Industrial and Organizational Psychology*. Chichester: John Wiley & Sons.
- Mintz, JM.,Mintz, L.I.,Arruda, M.J. and Hwang, S.S. (1992). Treatments of Depression and the Functional Capacity to Work. *Archives of General Psychiatry*, 49, 761-768.
- Monk, T.H. and Tepas, D.I. (1985). Shft Work. In C.L.Cooper and M.J.Smith (Eds.). *Blue Collar Stress*. Chichester: John Wiley & Sons.
- Monroe, S.M. and Peterman, A.M. (1987). Life Stress and Psychopathology. In L.H.Cohen (Ed.). *Life Events and Psychological Functioning: Theoretical and Methodolodgical Issues*. London: Sage Publications.
- Moore, J.E. and Chaney, E.F. (1985). Outpatient Group Treatment of Chronic Pain: Effects of Spouse Involvement. *Journal of Consulting and Clinical Psychology*, 53, 325-334.
- Motowido, S.J.,Packard, J.S. and Manning, M.R. (1986). Occupational Stress: Its Causes and Consequences for Job Performance. *Journal of Applied Psychology*, 71, 618-629.
- Muchinsky, P.M. (1983). *Psychology Applied to Work*. Homewood, Illinois: The Dorsey Press.
- Murphy, L.R. (1984). Occupational Stress Management: A Review and Appraisal. *Journal of Occupational Psychology*, 57, 1-15.
- Murphy, L.R. (1988). Workplace Interventions for Stress Reduction and Prevention. In C.L.Cooper and R.Payne (eds). *Causes, Coping and Consequences of Stress at Work*. London: John Wiley & Sons Ltd.
- Nagi, S. and Davis, L.G. (1985). Burnout: A Comparative Analysis of Personality and Environmental Variables. *Psychological Reports*, 57, 1319-1328.
- National Association of Health Authorities and Trusts. The 1993/94 NHS Handbook (Eighth Edition). JMH Publishing.

- Neale, A.V., Tilley, B.C. and Vernon, S.W. (1986). Marital Status, Delay in Seeking Treatment and Survival from Breast Cancer. *Social Science and Medicine*, 23, 153-162.
- Nelson-Jones, R. (1983). *Practical Counselling Skills*. Holt, Rinehart and Winston, London.
- Newman, J.E. and Beehr, T.A. (1979). Personal and Organisational Strategies for Handling Job Stress: A Review of Research and Opinion. *Personnel Psychology*, 32, 1-43.
- Newton, T.J. and Keenan, A. (1985). Coping with Work-related Distress. *Human Relations*, 38, 107-126.
- Nicholson, R.A. and Berman, J.S. (1983). Is Follow-up Necessary in Evaluating Psychotherapy? *Psychological Bulletin*, 93, 261-278.
- Nolan, R.L. (Ed). (1973). *Industrial Mental Health and Employee Counselling*. New York: Behavioural Publications.
- Norris, F.H. (1992). Epidemiology of Trauma: Frequency and Impact of Different Potentially Traumatic Events on Different Demographic Groups. *Journal of Consulting and Clinical Psychology*, 60, 409-418.
- O'Doherty, F. and Booth Davies, J. (1988). Life Events, Stress and Addiction. In S.Fisher and J.Reason. (Eds.). *Handbook of Life Stress Cognition and Health*. Chichester: John Wiley & Sons.
- Orlans, V. (1989). 'Counselling in the Workplace: a Review and Thoughts for the Future.' *Employee Counselling Today*, 1, 3-6.
- Orlans, V. (1996). Counselling Psychology in the Workplace. In R.Wolfe and W.Dryden (eds). *Handbook of Counselling Psychology*. London: Sage.
- Orley, J. and Wing, J. (1979). Psychiatric Disorders in Two African Villages. *Archives of General Psychiatry*, 36, 513-520.
- Orlinsky, D.E., Grawe, K. and Parks, B.K. (1994). "Process and Outcome in Psychotherapy - Nocheinmal." In A.E.Bergin and S.L.Garfield (eds). *Handbook of Psychotherapy and Behavioural Change*. 4th edn, New York: Wiley & Sons.
- Orlinsky, D.E. and Howard, K.I. (1986). Process and Outcome in Psychotherapy. In S.L. Garfield and A.E. Bergin (Eds.). *Handbook of Psychotherapy and Behaviour Change (3rd edition)*. New York: Wiley.
- Orlinsky, D.E. and Howard, K.I. (1987). A Generic Model of Psychotherapy. *Journal of Integrative and Eclectic Psychotherapy*, 6, 6-27.

- Osawa, M.N. (1980). Development of Social Service in Industry: Why and How? *Social Work*, 25, 464-470.
- Painter, K. (1991). Violence and Vulnerability in the Workplace: Psychosocial and Legal Implications. In M.J.Davidson and J.Earnshaw. (Eds.). *Vulnerable Workers: Psychosocial and Legal Issues*. Chichester: John Wiley & Sons.
- Palmer, S. (1996). Developing Stress Management Programmes. In R.Wolfe and W.Dryden (eds). *Handbook of Counselling Psychology*. London: Sage.
- Parkes, K.R. (1982). Occupational Stress among Student Nurses: A Natural Experiment. *Journal of Applied Psychology*, 67, 784-796.
- Parry, G. (1992). Improving Psychotherapy Services: Applications of Research, Audit and Evaluation. *British Journal of Clinical Psychology*, 31, 3-19.
- Paul, G.L. (1967). Outcome Research in Psychotherapy. *Journal of Consulting Psychology*, 31, 333-348.
- Paul, N. and Warfield, A. (1990). The Impact of Divorce on Work. *Personnel Management*, February, 28-31.
- Palmer, S., Dainow, S and Milner, P. (Eds). (1986). *Counselling: The BAC Reader*. London: Sage Publications.
- Payne, R. (1988). Stress in Surgeons. In R.Payne and J.Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.
- Payne, R. (1988). Individual Differences in the Study of Occupational Stress. In C.L.Cooper and R.Payne. (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.
- Paykel, E. and Dowlathshahi, D. (1988). Life Events and Mental Disorder. In S.Fisher and J.Reason. (Eds.). *Handbook of Life Stress Cognition and Health*. Chichester: John Wiley & Sons.
- Payne, R.L.,Jick,T.D. and Burke, R.J. (1982). Whither Stress Research? An Agenda for the 1980s. *Journal of Occupational Behaviour*, 3, 131-145.
- Pierce, J.L. and Newstrom, J.W. (1983). The Design of Flexible Work Schedules and Employee Responses: Relationships and Processes. *Journal of Occupational Behaviour*, 4, 247-262.
- Pines, A.,Aronson, E. and Kafry, D. (1981). *Career Burnout: From Tedium to Personal Growth*. New York: The Free Press.

- Porter, A.M.D.,Howie, J.G.C. and Levinson, A. (1987). Stress and the General Practitioner. In R.Payne and J.Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.
- Posovac, E.J. and Carey, R.G. (1989). *Program Evaluation: Methods and Case Studies*. Englewood Cliffs, NJ: Prentice Hall.
- Powell, M. (1973). Age and Occupational Change among Coal-Miners. *Occupational Psychology*, 47, 37-49.
- Quality Assurance Project (1982). A Treatment Outline for Agoraphobia. *Australian and New Zealand Journal of Psychiatry*, 16, 25-33.
- Quality Assurance Project (1983). A Treatment Outline for Depressive Disorders. *Australian and New Zealand Journal of Psychiatry*, 17, 129-146.
- Quick, J.C. and Quick, J.D. (1984). *Organisational Stress and Preventive Management*. New York: McGraw-Hill.
- Rabkin, J.G. (1982). Stress and Psychiatric Disorders. In L.Golberger and S,Breznitz (Eds.). *Handbook of Stress: Theoretical and Clinical Aspects*. London: Collier Macmillan Publishers.
- Rachman, S.J. and Wilson, G.T. (1980). *The Effects of Psychological Therapy*. Oxford: Pergamon Press.
- Rees, D. and Cooper, C.L. (1992). Occupational Stress in Health Service Workers in the UK. *Stress Medicine*, 8, 79-90.
- Reifield, D.A.,Narrow, W.E.,Rae, D.S.,Manderscheid, R.W.,Locke, B.Z. and Goodwin, F.K. (1993). The de Facto US Mental and Addictive Disorders Service System: Epidemiologic Catchment Area Prospective 1-Year Prevalence Rates of Disorders and Services. *Archives of General Psychiatry*, 50, 85-94.
- Reynolds, S. and Briner, R.B. (1994). Stress Management at Work: With Whom, for Whom and to What Ends? *British Journal of Guidance and Counselling*, 22, 75-89.
- Reynolds, S.,Taylor, E. and Shapiro, D. (1993). Session Impact in Stress Management Training. *Journal of Occupational and Organizational Psychology*, 66, 99-113.
- Reynolds, S.,Taylor, E. and Shapiro, D. (1993a). Session Impacts and Outcome in Stress Management Training. *Journal of Community & Applied Social Psychology*, 3, 325-337.
- Rice, L.N. and Greenberg, L.S. (1984). The New Research Paradigm. In L.N.Rice and L.S.Greenberg (Eds.). *Patterns of Change*. New York: Guilford.

- Rick, T., Acton, S. and Payne, R. (1988). Acute and Chronic Stress in Cardiothoracic Anaesthetists. *Stress Medicine*, 4, 3-9.
- Rizzo, J., House, R.J. and Lirtzman, S.I. (1970). Role Conflict and Ambiguity in Complex Organisations. *Administrative Science Quarterly*, 15, 150-163.
- Robinson, L.A., Berman, J.S. and Neimeyer, R.A. (1990). Psychotherapy for the Treatment of Depression: A Comprehensive Review of Controlled Outcome Research. *Psychological Bulletin*, 108, 30-49.
- Robson, C. (1993). *Real World Research: A Resource for Social Scientists and Practitioner-Researchers*. Oxford. Blackwells Publishing.
- Roman, P.M. (1981). Executive caravan survey results. *Labor-Management Alcoholism Journal*, November-December.
- Roman, P.M. and Blum, T.C. (1988). Formal Intervention in Employee Health: Comparisons of the Nature and Structure of Employee Assistance Programs and Health Promotion Programs. *Social Science and Medicine*, 26, 503-514.
- Roman, P.M. and Thomas, L.A. (1978). Structure and Outcome in Occupational Programs; Exploratory and Comparative Observations. *Labor Movement Journal on Alcoholism*, 8, 42-52.
- Rosenthal, R. (1983). Assessing the Statistical Importance of the Effects of Psychotherapy. *Journal of Consulting and Clinical Psychology*, 51, 4-13.
- Ross, P. (1996). Enhancing Learning Skills. In R. Wolfe and W. Dryden (eds). *Handbook of Counselling Psychology*. London: Sage.
- Rossi, P.H. and Freeman, H.E. (1989). *Evaluation: A systematic approach*. London: Sage Publications.
- Rushton, A. (1987). Stress amongst Social Workers. In R. Payne and J. Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.
- Saunders, S.M. (1993). Applicants Experience of the Process of Seeking Therapy. *Psychotherapy*, 30, 554-564.
- Scheiber, S.C. (1987). Stress in Physicians. In R. Payne and J. Firth-Cozens (Eds.). *Stress in Health Professionals*. Chichester: John Wiley & Sons.
- Schlesinger, H.J., Mumford, E. and Glass, G.V. (1980). Mental Health Services and Medical Utilization. In G.R. Vandenbos (Ed.). *Psychotherapy: Practice, Research and Policy*. London: Sage Publications.

- Schlenger, W.E. and Haywood, B.J. (1976). Occupational programming, Problems in Research and Evaluation. *Alcohol Health and Research World*, Spring, 18-22.
- Schuler, R.S. (1981). Definition and Conceptualisation of Stress in Organisations. *Organisational Behaviour and Human Performance*, 25, 184-215.
- Seligman, M.E.P. (1995). The Effectiveness of Psychotherapy: The Consumer Reports Study. *The American Psychologist*, 50, 065-974.
- Seyle, H. (1974). *Stress without Distress*. New York: J.B.Lippincott.
- Selye, H. (1982). History and Present Status of the Stress Concept. In L.Goldberger and S.Breznitz (eds). *Handbook of Stress*. New York: Free Press.
- Shain, M. and Groeneveld, J. (1980). *Employee Assistance Programs: Philosophy, Theory and Practice*. Lexington, MA: Lexington Books.
- Shapiro, D.A.,Barkham, M.,Hardy, G.E. and Morrison, L.A. (1990). The Second Sheffield Psychotherapy Project: Rationale, Design and Preliminary Outcome Data. *British Journal of Medical Psychology*, 63, 97-108.
- Shapiro, D.A.,Barkham, M.,Rees, A.,Hardy, G.E.,Reynolds, S. and Startup, M. (1994). Effects of Treatment Duration and Severity of Depression on the Effectiveness of Cognitive-Behavioural and Psychodynamic-Interpersonal Psychotherapy. *Journal of Consulting and Clinical Psychology*, 62, 522-534.
- Shapiro, D.A.,Cheesman, M.J. and Wall, T.D. (1993). Mental Health at Work. Secondary prevention: Review of Counselling and EAPs. *Mental Health at Work*. Royal College of Physicians. London.
- Shapiro, D.A. and Firth, J. (1987). Prescriptive V. Exploratory Psychotherapy: Outcomes of the Sheffield Psychotherapy Project. *British Journal of Psychiatry*, 151, 790-799.
- Shapiro, D.A. and Shapiro, D. (1982a). Meta-analysis of Comparative Therapy Outcome Studies: A Replication and Refinement. *Psychological Bulletin*, 92, 581-564.
- Shapiro, D.A and Shapiro, D. (1982b). Meta-analysis of Comparative Therapy Outcome Research: A Critical Appraisal. *Behavioural Psychotherapy*, 10, 4-25.
- Shapiro, D.A and Shapiro, D. (1983). Comparative Therapy Outcome Research: Methodological Implications of Meta-Analysis. *Journal of Consulting and Clinical Psychology*, 51, 42-53.
- Shea, M.T.,Elkin, I.,Imber, S.D.,Sotsky, S.M.,Watkins, J.T.,Collins, J.F.,Pilkonis, P.A.,Beckham, E.,Glass, D.R.,Dolan, R.T. and Parloff, M.B. (1992). Course of Depressive

Symptoms Over Follow-up. Findings from the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Archives of General Psychiatry*, 49, 782-787.

Shedler, J., Mayman, M. and Manis, M. (1993). The Illusion of Mental Health. *American Psychologist*, 48, 1117-1131.

Shirom, A. (1989). Burnout in Work Organisations. In C.L. Cooper and I.T. Robertson (Eds.). *International Review of Industrial and Organisational Psychology*. Chichester: John Wiley & Sons.

Smewing, C., Cox, T. and Kuk, G. (1994). Employee Assistance, Organisational Health and Staff Well-Being in UK Hospitals. Paper presented to the British Psychological Society Occupational Psychology Conference.

Smewing, C. and Cox, T. (1995). The Effect of Employee Assistance on Individual Well-Being, and Organisational Healthiness. Paper presented

Smith, L.S., Glass, G.V. and Miller. (1980). *The Benefits of Psychotherapy*. London: The John Hopkins University Press.

Smith, M.L. (1988). Social Work in the Workplace. In G.M. Gould and M.L. Smith (Eds.). *Social Work in the Workplace*. New York: Springer.

Sonnenstuhl, W.J. (1988). Contrasting Employee Assistance, Health Promotion, and Quality of Work Life Programs and their Effects on Alcohol Abuse and Dependence. *The Journal of Applied Behavioural Science*, 24, 347-363.

Sonnenstuhl, W.J. and Trice, H.M. (1986). *Strategies for Employee Assistance Programmes: The Crucial Balance*. New York: ILR Press.

Sotsky, S.M., Glass, D.R., Trace Shea, M., Pilkonis, P.A., Collins, J.F., Elkin, I., Watkins, J.T., Imber, S.D., Leber, W.R., Moyer, J. and Oliveri, M.E. (1991). Patient Predictors of Response to Psychotherapy and Pharamcotherapy: Findings in the NIMH Treatment of Depression Collaborative Research Program. *American Journal of Psychiatry*, 148, 997-1008.

Spence, J.T., Helmreich, R.L. and Pred, R.S. (1987). Impatience versus achievement strivings in the Type A pattern: Differential effects on students' health and academic achievement. *Journal of Applied Psychology*, 72, 4, 522-528.

Spurgeon, A. and Harrington, J.M. (1989). Work Performance and Health of Junior Hospital Doctors-A Review of the Literature. *Work & Stress*, 3, 117-128.

Stackel, L. (1987). EAPs in the workplace. *Employment Relations Today*, 14, 289-294.

- Stallard, A. (1991). HIV Positive Workers and Workers with AIDS: Psychosocial and Counselling Issues. In M.J.Davidson and J.Earnshaw. (Eds.). *Vulnerable Workers: Psychosocial and Legal Issues*. Chichester: John Wiley & Sons.
- Steinbrueck, S.M.,Maxwell, S.E.,Howard, G.S. (1983). A Meta-Analysis of Psychotherapy and Drug Therapy in the Treatment of Unipolar Depression with Adults. *Journal of Clinical and Consulting Psychology*, 51, 856-863.
- Stiles, W.B.,Reynolds, S.,Hardy, G.E.,Rees, A.,Barkham, M. and Shapiro, D.A. (1994). Evaluation and Description of Psychotherapy Sessions by Clients Using the Session Evaluation Questionnaire and the Session Impacts Scale. *Journal of Counselling Psychology*, 41, 175-185.
- Stiles, W.B. and Shapiro, D.A. (1989). Abuse of the Drug Metaphor in Psychotherapy Process-Outcome Research. *Clinical Psychology Review*, 9, 521-543.
- Stiles, W.B.,Shapiro, D.A. and Elliott R. (1986). "Are all Psychotherapies Equivalent?". *American Psychologist*, 41, 165-180.
- Straussner, S.L.A. (1988). Comparison of In-house and Contracted-out Employee Assistance Programs. *Social Work*, 33, 53-55.
- Sutherland, V.J. and Cooper, C.L. (1988). Sources of Work Stress. In J.J.Hurrell,Jr.,L.R.Murphy.,S.L.Sauter and C.L.Cooper. (Eds.). *Occupational Stress: Issues and Developments in Research*. London: Taylor & Francis.
- Sutherland, V.J. and Cooper, C.L. (1990). *Understanding Stress: A Psychological Perspective for Health Professionals*. London: Chapman and Hall.
- Swanson, N.G. and Murphy, L.R. (1991). Mental Health Counselling in Industry. In C.L.Cooper and I.T.Robertson (Eds.). *International Review of Industrial and Organizational Psychology Volume 6*. Chichester: John Wiley.
- Szilagyi, A.D. (1977). An empirical test of causal inference between role perceptions, satisfaction with work, performance and organizational level. *Personnel Psychology*, 30, 375-388.
- Szilagyi, A.D.,Sims, H.P. and Keller, R.T. (1976). Role dynamics, locus of control, and employee attitudes and behaviour. *Academy of Management Journal*, 19, 259-276.
- The Almacan* (August 1989). McDonnell Douglas Corporation's EAP Produces Hard Data, 18-25.
- Tarler-Benlo, L. (1978). The Role of Relaxation in Biofeedback Training: A Critical Review of the Literature. *Psychological Bulletin*, 85, 727-755.

- Talaga, J. and Beehr, T.A. (1989). Retirement: A Psychological Perspective. In C.L.Cooper and I.T.Robertson. (Eds). *International Review of Industrial and Organizational Psychology*. Chichester: John Wiley & Sons.
- Teichman, Y. (1988). Expectant Parenthood. In S.Fisher and J.Reason. (Eds.). *Handbook of Life Stress Cognition and Health*. Chichester: John Wiley & Sons.
- Tepstra, D.E. and Baker, D.D. (1991). Sexual Harrassment at Work: The Psychosocial Issues. In M.J.Davidson and J.Earnshaw. (Eds.). *Vulnerable Workers: Psychosocial and Legal Issues*. Chichester: John Wiley & Sons.
- Trice, H.M. and Beyer, J.M. (1984). Work Related Outcomes of the Construction-Confrontation Strategy in a Job based Alcoholism Program. *Journal of Studies on Alcoholism*, 45, 393-404.
- Turner, R.J. and Marino, F. (1994). Social Support and Social Structure: A Descriptive Epidemiology. *Journal of Health and Social Behaviour*, 35, 193-212.
- Vandenbos, G.R. and Pino, C.D. (1980). Research on the Outcome of Psychotherapy. In G.R.Vandenbos (Ed.). *Psychotherapy: Practice, Research and Policy*. London: Sage Publications.
- Vessey, J.T. and Howard, J.T. (1993). Who seeks Psychotherapy? *Psychotherapy*, 30, 546-570
- Wachtel, P. (1977). *Psychoanalysis and Behaviour Therapy: Toward an Integration*. New York: Basic Books.
- Wall, T.D. and Clegg, C.W. (1981). A Longitudinal Study of Group Work Redesign. *Journal of Occupational Behaviour*, 2, 31-49.
- Wall, T.D.,Jackson, P.R. and Mullarkey, S. (1994). Further evidence on some new measures of Job Control, Cognitive Demand and Production Responsibility. (*Submitted for publication*).
- Wallace, M.,Levens, M. and Singer, G. (1988). Blue Collar Stress. In C.L.Cooper and R.Payne (Eds.). *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley & Sons.
- Walsh, D.C. (1982). Employee Assistance Programs. *Millbank Memorial Quarterly*, 60, 492-517.
- Walsh, D.C. and Hingson, R.W. (1985). Where to Refer Employees for Treatment of Drinking Problems. *Journal of Occupational Medicine*, 27, 745-752.

- Warr, P.B. (1987). *Work, Unemployment and Mental Health*. Oxford: Clarendon Press,
- Warr, P.B. (1990). The Measurement of Well-being and other Aspects of Mental Health. *Journal of Occupational Psychology*, 63, 193-210.
- Warr, P.B., Cook, J. and Wall, T.D. (1979). Scales for the Measurement of some Work attitudes and aspects of Psychological Well-being. *Journal of Occupational Psychology*, 52, 129-148.
- Warr, P.B. and Payne, R. (1982). Experiences of Strain and Pleasure among British Adults. *Social Science and Medicine*, 16, 1691-1697.
- Warr, P.B. and Payne, R. (1983). Affective Outcomes of Paid Employment in a Random Sample of British Workers. *Journal of Occupational Behaviour*, 4, 91-104.
- Weissman, M.M., Myers, J.K. and Harding, P.S. (1978). Psychiatric Disorders in a US Urban Community. *American Journal of Psychiatry*, 135, 459-462.
- West, M.A., Jones, A. and Savage, Y. (1988). Stress in Health Visiting: A Quantative Assessment. *Health Visitor*, 61, 269-271.
- Westman, M. and Eden, D. (1996). The Inverted-U Relationship between stress and performance: A Field Study. *Work & Stress*, 10, 165-173.
- Whiteman, J.T., Young, J.C. and Fisher, M.L. (1985). Teacher Burnout and the Perception of Student Behaviour. *Education*, 105, 299-305.
- Wills, T.A. (1987). Help-seeking as a Coping Mechanism. In C.R.Snyder and C.E.Ford (eds.). *Coping with Negative Life Events: Clinical and Social Psychological Perspectives*. London: Plenum Press.
- Wing, J.K. (1976). Preliminary Communication: A Technique for Studying Psychiatric Morbidity in In-Patient and Out-Patient Series and in General Population Samples. *Psychological Medicine*, 6, 665-671.
- Wing, J.K., Bebbington, P., Hurry, J. and Tennant, C. (1981). The Prevalence in the General Population of Disorders familiar to Psychiatrists in Hospital Practice. In J.K. Wing, P. Bebbington and L.N. Robins (Eds.). *What is a Case?: The Problem of Definition in Psychiatric Community Surveys*. London, Grant McIntyre Ltd.
- Wolfe, R. (1996). The Nature of Counselling Psychology. In R. Wolfe and W. Dryden (Eds). (1986). *Handbook of Counselling Psychology*. London: Sage Publications.
- Wolfe, R. and Dryden, W. (Eds). (1986). *Handbook of Counselling Psychology*. London: Sage Publications.

Wolfgang, A.P. (1991). Job Stress, Coping and Dissatisfaction in the Health Professions. In P.L.Perrewe (Ed.). Handbook on Job Stress [Special Edition]. *Journal of Social Behaviour and Personality*, 6, 213-226.

Wrich, J. (1984). *The Employee Assistance Program*. Minnesota: Hazelden Education Foundation.

Wright, H.B. (1975). *Executive Ease and Dis-ease*. New York: Halsted Press.

Wright, T.A., Bonnett, D.G. and Sweeney, D.A. (1993). Mental health and Work Performance: Results of a Longitudinal Field Study. *Journal of Occupational and Organizational Psychology*, 66, 277-284.

Wynn-Evans, C. (1995). A Stress-free Workplace is in Everyone's Best Interests. *People Management*, 20th July, 47.

Yates, B.T. and Newman, F.L. (1980). Approaches to Cost-Effectiveness Analysis and Cost-Benefit Analysis of Psychotherapy. In G.R.Vandenbos (Ed.). *Psychotherapy: Practice, Research and Policy*. London: Sage Publications.

Yates, B.T. (1994). Toward the Incorporation of Costs, Cost-Effectiveness Analysis, and Cost-Benefit Analysis Into Clinical Research. *Journal of Consulting and Clinical Psychology*, 62, 729-736.

Yates, B.T. and Newman, F.L. (1980). Findings of Cost-Effectiveness and Cost-Benefit Analyses of Psychotherapy. In G.R.Vandenbos (Ed.). *Psychotherapy: Practice, Research and Policy*. London: Sage Publications.

Zaleznik, A., Kets de Vries, M.F.R. and Howard, J. (1977). Stress Reactions in Organisations: Syndromes, Causes and Consequences. *Behavioural Science*, 22, 151-162.

APPENDICES

Appendices for Chapter Five

5.1	Study Proposal
5.2	Pilot Study Cross-Sectional Questionnaire
5.5	Letter to Pilot Study Sample from the Site One Counsellors
5.4	Permission Form: To be Contacted by SAPU
5.5	Permission Form: To be Included in the Study
5.6	Permission Form: Interviewing
5.7	Permission Form: Pre Start of Interviewing
5.8	Interview Schedule
5.9	Release Form for Taped Interview
5.10	Permission Form for Main Study
5.11	Longitudinal Study Evaluation Questionnaire
5.11	Pre and Post-Session Measures
5.12	Counsellor Measures
5.13	Study Information Letter
5.14	Longitudinal Study Service Evaluation Questionnaire

Appendix 5.1: Study Proposal and Client Information Forms.

**INVESTIGATORS MUST REFER TO THE NOTES OF GUIDANCE
BEFORE ATTEMPTING TO COMPLETE THIS FORM**

Confidential-not for publication Registration No..../.....

**XXXX XXXX XXXX XXXX XXXX AND XXXX AND XXXXXXXX XXXXXXXX
XXXX XXXXX XXXXX**

Application for approval of a research project involving human subjects

1. Brief title of project.

The effects of staff counselling.

2. Applicants.

Principal Investigators:

**XXXXXXXXXXXXX X.X.XXXXXXXXXX & X.X. XXXX
XXXX XXXXXXXX
XXX/XXXX XXXXXX & XXXXXXXX XXXXXXXXXXXXXXX XXXX
XXXXXXXXXXXXX XX XXXXXXXXXXXX
XXXXXXXXXXXXX XXX XXX**

Other Investigators:

**XX X XXXXXXXXX
XXXXXXXXXX XXXXXXXXXXXXXXX
XXX/XXXX XXXXXX X XXXXXXXX XXXXXXXXXXXXXXX XXXX**

**Dr X XXXXXXX
Consultant in Psychological Medicine**

**XX X XXXXXXXXXXXX
Head of Staff Counselling**

3. Purpose of study (Describe the rationale for the study within the context of present knowledge and state the anticipated benefits to medical care. Explain the specific objectives of the study and the hypothesis to be tested. For each hypothesis state the end-points to be used.)

Most prior research on counselling and psychotherapy has focused on student or psychiatric populations. Despite recent growth in work site counselling, little is known of its effects. The mental health of the NHS work force has been identified as a research priority by the NHS ME's R & D initiative. Interventions to improve employee mental health have considerable potential to enhance the effectiveness of healthcare delivery. Yields of the study will include:

1. Evidence on the benefits to individual employees of using the Staff Counselling Service.
2. A clear indication of the benefits to the host organisation, in terms of sickness absence and staff well-being, from the Staff Counselling Service.
3. A sound empirical platform on which to base recommendations for the future development of the Staff Counselling resource, identifying factors associated with successful counselling.
4. The development of a permanent system of evaluation for the Service, and recommendations for further research to enhance its cost-effectiveness.

4. Study design and methodology.- Describe and justify the project's overall design, the procedures to be used, measurements to be made, the frequency of visits to the hospital and the duration of the project.

This study falls into two parts, retrospective and prospective.

Retrospective study:

Over its first two years of operation the HSCS has seen over 200 clients. A combination of standardised self-report measures and in-depth interviewing will be used to obtain a detailed picture of how the service has operated up to the start of the prospective study (described below). All clients still employed by the Special Health Authority, and the Royal Post-Graduate Medical School in late 1992 will be invited to complete questionnaires, and a random sub-sample of up to 30 clients will be interviewed. This study will examine a number of questions such as why participants used the service, what were the issues that they took along to the service, did their problems affect their work, the factors that both encouraged and discouraged attendance, the most and least helpful aspects of the experience and how they have fared since completing counselling.

In addition, with the permission of clients, absenteeism records will be accessed looking at the 12 month period before counselling and up to the 12 months after counselling. The intention is to assess the impact of counselling upon attendance behaviour. The rate of turnover amongst clients will also be considered. Comparisons between clients and non-

clients will be made both at a gross level, as well as more specifically at the level of occupations, gender, age and department.

Prospective Study:

Participants in counselling will be asked to fill in a number of self-report measures. These comprise: (i) outcome measures assessing mental health and well-being, completed before counselling, at each attendance, after counselling and at follow-up; (ii) a process measure assessing the impact and benefits experienced during each session and retrospectively. The chosen instruments have been extensively used in psychiatric epidemiology, job stress studies, and psychotherapy research, and their acceptability to general employee samples as well as to clients of work site counselling services is well established. The instruments to be used are described below:

Outcome Measures:

To measure changes over the course of counselling, measures will include:

- * An 18-item standard symptom checklist
- * A 32-item inventory of interpersonal problems
- * The 12-item General Health Questionnaire yielding a psychiatric "caseness" criterion as well as a distress score
- * A 19-item physical symptoms measure
- * A Personal Questionnaire whereby the client describes four issues brought to counselling and rates changes in their severity over counselling
- * A 44-item measure of key dimensions of the client's affective evaluation of his or her job, including Control, Job Satisfaction, Job Pressure, Role Conflict, Job Ambiguity, and Job Commitment.

Process Measure:

To obtain the client's description of the therapeutic impact of each session, as well as of the overall impact of counselling, we will use a simplified and adapted version of Elliott's Session Impacts Questionnaire.

Participants:

Every staff member entering counselling for a period of one year will be asked to take part in the study. Questionnaires will be completed before and after counselling, and at one, three and six months after completion of counselling. In addition, brief measures of session impact and current mental health will be completed at every attendance. The study will be complete six months after the last included client completes counselling.

In-depth interviewing:

Clients will also be asked whether they would agree to be interviewed. These interviews will cover many of the topics already introduced through the use of the self-report measures described above. This will allow these themes to be illustrated, and expanded upon. Interviewing will also allow coverage of topics that are highlighted during the research period.

These interviews will be taped with the permission of participating clients. Once the interview has been completed, clients will be asked to sign a release form which will allow recorded material to be used for research purposes. The tapes of any clients not granting this permission will be erased.

Absenteeism records:

Clients' permission will be sought to access their absence records. Comparisons similar to those conducted for the retrospective study (described above) will be carried out.

5. Subjects to be studied at this hospital:

Based on 1991-2 figures, we expect around 100 participants in the prospective study, aged between 18 and 65, of whom about 75% will be female.

6. Participation of child bearing age:

a. Women of child-bearing age may participate without risk.

No physical intervention or modification of drug regimen is involved.

7. Details of drugs:

No drugs are being used in this study.

8. Regulatory status of drugs.

Not applicable

9. Invasive Procedures:

Not applicable

10. Compensation:

Not applicable

11. Irradiation:

Not applicable

12. Risks and benefits: Explain the likelihood and nature of any pain, discomfort, inconvenience or adverse effects anticipated from the protocol. Appropriate comments should be included in the patient and healthy volunteer information sheet. Clients will suffer the inconvenience of being required to complete questionnaires. These will take up to 25 minutes. The retrospective study will involve just one set of questionnaires. The prospective study will involve five administrations of this set of questionnaires, and an additional 5 minutes to complete a short form at each attendance. Interviews of randomly selected clients will last no more than one hour. Our experience is that people find our questionnaires at worst a minor chore and at best a rewarding opportunity for insight into themselves and the work of counselling. The questionnaires are typically viewed by employees as a welcome indication of the professionalism of the service and its respectful interest in clients' opinions and experiences. Similar considerations apply

to the interviews. Mark Cheesman's conduct of these will be supported by training and audio tape-based supervision from Professor XXXX, an experienced clinical psychologist.

13. Discontinuation criteria: Specify the conditions that would lead to a participant being discontinued from the study, or for the study to be terminated in part or as a whole.

In the highly unlikely event that an individual found the questionnaires unacceptably intrusive or distressing, their counsellor would remind that person of their liberty to withdraw their voluntary participation. Termination of the study would follow in the unprecedented event of as many as 75% of clients withdrawing.

14. Statistical analysis.

Pilot study? NO

Multi-centre study? NO

Statistical methods to be used:

Changes in outcome measures and absence data over counselling will be analysed using analysis of variance. Descriptive statistics will be used to profile clients before and after counselling, and to characterise the impacts of counselling sessions. Multiple regression will be used to determine the relationship of these factors to the extent of change during counselling. Professors XXXX and XXXX are experienced users of the statistical techniques required. Power analysis assumes a sample of at least 80 participants, and a .05 significance level. For pre-post changes, there is 93% power to detect a conservative .5 standard deviation improvement. In multiple regression, there is 81% power to detect the effect of 5 variables accounting together for 15% of the variance in improvement.

15. N/A

16. N/A

17. Procedures for consent.

Retrospective Study:

Ex-clients of the HSCS will be contacted by the service and asked if they are willing to receive questionnaires. Measures will be distributed directly to clients by the counselling service. A random sample of up to 30 participants will then be invited to meet XXX XXXXXX for a one-hour interview to discuss, in further detail, their experiences of the counselling service. Participants, who agree to be interviewed will be told that their willingness to participate will involve their names and addresses being passed onto XXX XXXXX at XXXX, who will then contact them to arrange times for interviews.

Prospective Study:

When making their first appointment (usually, by telephone), new clients to the service will be asked if they would like to participate. If they agree, the pre-counselling questionnaires (and consent forms) will be sent in advance to an address of the client's choosing; failing

that, the client will be asked to attend 20 minutes early for the first session, to read and sign the consent form and complete the pre-counselling questionnaires. It will be made clear that they are under no obligation to participate, and that if they do agree to become involved in the study that they are able to withdraw whenever they like.

Confidentiality:

Self-report measures: Subjects will be given a code which will allow both the co-ordination of all data collected from each participant. Only XXXX XXXXXXXXX in XXXXXXXXXX will know the key to the code.

Reply-paid envelopes will be distributed with the measures. Clients will be asked to seal completed measures into these envelopes, and then to post them to XXX XXXX at XXXX. This system will ensure that only participating clients and the researchers at XXXX will have access to their questionnaire responses.

Follow-up measures will be sent directly to participants at an address of their choosing. Once again a reply-paid envelope will be sent along with the measures.

Interviewing:

It is XXXX policy to record these where possible, to ensure accuracy. Clients will be asked for their permission to record the interview. At the end of the session they will be asked to sign release forms that will allow the tapes to be used for research. If the participant decides to withhold permission then the tape will be erased.

Analysis.

All analysis will take place at SAPU. Since all materials will be identified by the code number, with only XXXX XXXXXXXXX having the key to this code, the identities of participants will remain secret. Research reports will be written so as to disguise the identity of all participants (e.g., by changing any details that could conceivably enable someone familiar with XXXXXXXXXX staff to identify a participant). All reports will be vetted by the counselling service to ensure the effectiveness of this procedure. All raw data will be kept under lock and key.

Post-analysis.

Once analysis of data, both in self-report form, and on tape has been completed the raw data will be destroyed. Self-report measures will be shredded, and tapes will be erased. All records will be destroyed within five years of collection.

Absenteeism data.

Data will only be accessed once the permission of clients has been obtained. In the case of prospective clients this will only occur once counselling has been completed. No-one in Personnel will know which records are accessed by XXXX XXXXXXXXX.

An identification code will be used that will allow absenteeism data to be matched with the self-report data. The key for this code will only be known to XXXX XXXX. Files will only

be accessed in an environment that will allow privacy to be maintained i.e. in a locked room. This will ensure that counsellors have no access to non-counselling information that might affect their perceptions of the client. In addition the coding system will ensure that the personnel department will gain no information as to who is using the counselling service.

18. Departmental Approval.

a. Date of approval of project by Department's Committee:

.....

b. Signatures:

Applicants

Date

Head of Section

Head of Department

19. RESEARCH ETHICS COMMITTEE DECISION

Project approved for Registration:

Meeting No.....

Signed.....(Chairman) Date.....

This protocol is valid for use until.....

Rec Protocol Number...../.....

Appendix 5.2. The Pilot-Study Questionnaire

UNIVERSITY OF SHEFFIELD/ SOCIAL & APPLIED PSYCHOLOGY UNIT

COUNSELLING SERVICE QUESTIONNAIRE

I am a member of an **independent** research team engaged in a program of research into counselling at work. I am not employed by either the XXXXXXXXXXXX and XXXXX XXXXXXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXXXXXX, the XXXXX XXXX-XXXXXXXX XXXXXXXX XXXXXXXX or any other part of the the NHS. I am interested, in collecting data that will help to answer a number of important questions about counselling at work, and would appreciate your help in so doing.

Please note that any information that you provide in the questionnaire will be treated in the strictest confidence and will not be divulged to anyone. No individual will be identified in connection with any of the research findings. I am are primairily concerned with the information obtained from groups of clients of staff counselling services.

Although I am working in collaboration, for this questionnaire, with the counsellors at XXXXXXXXXXXX, they will not have access to any information. Nor will any other employee of the XXXXXXXX XXXXXXXX XXXXXXXXXXXX, or the XXXXX XXXX-XXXXXXXX XXXXXXXX XXXXXXXX.

It is possible that completion of this questionnaire may focus your attention on some aspects of your health and well-being that you have not previously considered. If so, I suggest you discuss these with your counsellor.

In addition to these questionnaires, I am interested in meeting people, directly, to discuss their experiences of the counselling service.

INSTRUCTIONS

The questionnaire is divided up into 7 main sections. Section 1 asks about your background details concerning yourself, your department and your job. This is particularly important so we can analyse the data.

Sections 2 to 7 are concerned with your opinions about your job, how you are feeling at the moment, and about your expectations of counselling. Each section consists of a number of statements and a response scale.

For each statement you are asked to tick one response which best fits your views. For example the question below asks about the extent to which you are involved in training people at work. If you are involved in training people at work then you would answer this question in the following way:

	Not at all	Just a bit	A moderate amount	Quite a bit	A great deal
Do you help train other people	1	2	3	4	5

Please mark only one space clearly for each statement.

In the last section, you are given the opportunity to write down any suggestions or comments you would like to make concerning the counselling service at XXXXXXXXXXXXXXX/XXXXXXXX XXXX-XXXXXXXXXXXX XXXXXXXX XXXXXXXX, or the any other issues.

Once you have completed the questionnaire could you please place it into the pre-paid envelope, provided, seal the envelope, and then post it back to the University of Sheffield.

Thank You

SECTION 1. YOUR GENERAL BIOGRAPHICAL INFORMATION

Please answer the following questions as accurately as possible. Please note that the information you give will be treated in strictest confidence.

SOME DETAILS ABOUT YOU

1. Your name: _____ 2. Today's Date: _____
3. Age: _____
4. Sex: Male Female
5. Are you (a) Married/ living with a partner []
 (b) Seperated/ divorced []
 (c) Widowed []
 (d) Not in a current relationship []
 (e) In a relationship, but living apart []
6. What is your present career? _____
7. For how long have you been in this career? _____
8. How long have you worked at either the XXXXXXXXXXXXX and XXXXX
XXXXXXXXXXXXXXXX
XXXXXXXX XXXXXX XXXXXX, or the XXXXl XXXX-XXX XXX XXX for? _____
9. What is the title of your present post? _____
10. How long have you been in post for? _____
11. In which team, department or ward do you work? _____
12. On average what are you're basic hours of work? _____
13. Do you work shifts? Yes No

14. For each of the shifts that you normally work, at what time do they start and finish? (Please use 24 hr time, e.g. 21.30 or clearly specify whether they are am or pm shifts).

	START	FINISH
(a) Morning (or early) shift		
(b) Afternoon (or late, evening) shift		
(c) Half-day shift		
(d) Night shift		
(e) Other (please specify)		
15. Have you ever gone to counselling before?	Yes	No
16. Have you ever used a telephone based help-line?	Yes	No
17. Have you ever undertaken any kind of counselling training?	Yes	No
18. Do you use counselling skills at work?	Yes	No
19. If yes, for what?		

SECTION 2: ABOUT COUNSELLING

The following questions are about your expectations of counselling.

Please tick which of the following items best describes your expectation of the counselling that you are about to start. Please tick only one item.

I feel that counselling will be:

- | | | |
|--|---|---|
| (a) Greatly hindering | [|] |
| (b) Moderately hindering | [|] |
| (c) Slightly hindering | [|] |
| (d) Neither helpful nor hindering; neutral | [|] |
| (e) Slightly helpful | [|] |
| (f) Moderately helpful | [|] |
| (g) Greatly helpful | [|] |
| (h) Extremely helpful | [|] |

Please take a minute to think about how counselling has affected you. Keeping your thoughts about counselling in mind, try to match the descriptions in each of the following items with the expectations that you have about counselling. Rate on the basis of the descriptions which best match your expectations.

Not at All	= 1	Somewhat	= 3	Pretty Much	= 5	
Slightly	= 2	Pretty Much	= 4			
1.	I will understand something new about myself	1	2	3	4	5
2.	I will understand something new about someone else	1	2	3	4	5
3.	I will feel more aware of, or clearer about my feelings	1	2	3	4	5
4.	I feel that I will have a clearer definition of problem(S) to work on	1	2	3	4	5
5.	I will make progress about knowing what to do about my problem	1	2	3	4	5
6.	I will feel more bothered by unpleasant thoughts or I will be more likely to push them away	1	2	3	4	5
7.	I feel that there is too much pressure or not enough direction from the therapist	1	2	3	4	5
8.	I feel impatient, I doubt the use of therapy	1	2	3	4	5
9.	I feel relieved, more comfortable	1	2	3	4	5
10.	I feel attacked, and I do not think that the counsellor cares	1	2	3	4	5
11.	I feel confused and/ or distracted	1	2	3	4	5
12.	I know I will feel more supported or encouraged	1	2	3	4	5

Not at All = 1 **Somewhat = 3** **Pretty Much = 5**
Slightly = 2 **Pretty Much = 4**

13. Other important impacts: Please describe and rate any other impacts which may have occurred as a result of this session

	1	2	3	4	5
--	---	---	---	---	---

SECTION 3: YOUR JOB

The following questions ask you to describe selected aspects of your job. Please answer all the questions, ticking the answer which best describes the job you do most of the time. Please use the key below.

Not a lot = 1 **A Moderate Amount = 3** **A Great deal = 5**
Just a little = 2 **Quite a lot = 4**

To what extent:

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | Do you decide when to start a particular part of your work? | 1 | 2 | 3 | 4 | 5 |
| 2. | Do you decide when to stop a particular part of your work? | 1 | 2 | 3 | 4 | 5 |
| 3. | Do you set your own pace of working? | 1 | 2 | 3 | 4 | 5 |
| 4. | Do you plan your own work? | 1 | 2 | 3 | 4 | 5 |
| 5. | Do you follow standard procedures and practices? | 1 | 2 | 3 | 4 | 5 |
| 6. | Can you decide how to go about getting your job done? | 1 | 2 | 3 | 4 | 5 |
| 7. | Do you help train other people | 1 | 2 | 3 | 4 | 5 |
| 8. | Do you check the quality of your own work? | 1 | 2 | 3 | 4 | 5 |
| 9. | Do you liase directly with other departments or teams? | 1 | 2 | 3 | 4 | 5 |

Not at all	= 1	Sometimes	= 3
Occasionally	= 2	All of the Time	= 4

- | | | | | | |
|-----|---|---|---|---|---|
| 10. | How often do you feel that you have too much to do at work | 1 | 2 | 3 | 4 |
| 11. | How often does the amount of work that you have to do interfere with the quality of the work that you have got to do? | 1 | 2 | 3 | 4 |
| 12. | Does your job interfere with life outside of work | 1 | 2 | 3 | 4 |
| 13. | How often do you feel overcome by pressures at work? | 1 | 2 | 3 | 4 |

For the next items, please indicate how true or false they are with respect to your job

- | | Very False | | | | | | Very True | | | |
|-----|--|----------|----------|----------|----------|----------|------------------|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | |
| 14. | I have to do things that should be done differently | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. | I receive an assignment without the manpower to do it | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. | I have to bend a rule or a policy in order to carry out an assignment | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. | I work with two or more groups who operate quite differently | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. | I receive incompatible requests from two or more people | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. | I do things that are apt to be accepted by one person and not accepted by others | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. | I receive an assignment without adequate resources and materials to execute it | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. | I work on unnecessary things | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

22. I feel certain about how much authority I have	1	2	3	4	5	6	7
23. Clear, planned goals and objectives exist for my job	1	2	3	4	5	6	7
24. I know that I have divided my time properly	1	2	3	4	5	6	7
25. I know what my responsibilities are	1	2	3	4	5	6	7
26. I know exactly what is expected of me	1	2	3	4	5	6	7
27. Explanation is clear about what has to be done	1	2	3	4	5	6	7

Using the following scale, could you please indicate the degree to which you agree with the following statements:

No I Strongly Disagree	= 1	Yes, I Agree Just a Little	= 5
No I Disagree Quite a Lot	= 2	Yes, I Agree Quite a Lot	= 6
No I Disagree Just a Little	= 3	Yes, I Strongly Agree	= 7
I'm Not Sure	= 4		

28. I am quite proud to be able to tell people who it is I work for	1	2	3	4	5	6	7
29. I sometimes feel like leaving this employment for good	1	2	3	4	5	6	7
30. I'm not willing to put myself out just to help this organisation	1	2	3	4	5	6	7
31. I do not feel like I am part of the organisation that I work for	1	2	3	4	5	6	7
32. I feel myself to be part of the organisation	1	2	3	4	5	6	7
33. In my work I like to feel that I am making some effort, not just for myself but for the organisation as well	1	2	3	4	5	6	7

No I Strongly Disagree	= 1	Yes, I Agree Just a Little	= 5
No I Disagree Quite a Lot	= 2	Yes, I Agree Quite a Lot	= 6
No I Disagree Just a Little	= 3	Yes, I Strongly Agree	= 7
I'm Not Sure	= 4		

34. The offer of a bit more money with another employer would not seriously make me think of changing my job

1 2 3 4 5 6 7

35. I would not recommend a close friend to join our staff

1 2 3 4 5 6 7

36. To know my own work had made a contribution to the good of the organisation would please me

1 2 3 4 5 6 7

The following statements describe features of your job. Using the key below could you tick the answer which best describes how satisfied you are with each feature;

Extremely Dissatisfied = 1
Very Dissatisfied = 2
Moderately Dissatisfied = 3
Not Sure = 4

Moderately Satisfied = 5
Very Satisfied = 6
Extremely Satisfied = 7

37. The freedom to choose your own method of working

1 2 3 4 5 6 7

38. The recognition you get for good work

1 2 3 4 5 6 7

39. The amount of responsibility you are given

1 2 3 4 5 6 7

40. The opportunity to use your ability

1 2 3 4 5 6 7

41. Your chance of promotion or progression within the organisation

1 2 3 4 5 6 7

42. The attention paid to suggestions you make

1 2 3 4 5 6 7

43. The amount of variety in your job

1 2 3 4 5 6 7

44. The training you receive

1 2 3 4 5 6 7

SECTION 4: YOUR HEALTH IN GENERAL

Below are some questions which deal with your health in general and in particular the amount of stress you may have felt within the past month. Please tick the box below the answer which most nearly applies to you.

Have you recently:

- | | | | | | |
|-----|---|--------------------|--------------------|------------------------|----------------------|
| 1. | Been able to concentrate on whatever you're doing? | Better than usual | Same as usual | Less than usual | Much less than usual |
| 2. | Lost much sleep over worry? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 3. | Felt that you are playing a useful part in things? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| 4. | Felt capable of making decisions about things? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| 5. | Felt constantly under strain? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 6. | Felt that you couldn't overcome your difficulties? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 7. | Been able to enjoy your normal day-to-day activities? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| 8. | Been able to face up to your problems? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| 9. | Been feeling happy and depressed | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 10. | Been losing confidence in yourself? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 11. | Been thinking of yourself as a worthless person? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 12. | Been feeling reasonably happy all things considered? | More so than usual | Same as usual | Less useful than usual | Much less useful |

Please indicate how frequently you experience the following, by ticking the appropriate box:

13.	How often is your appetite disturbed?	Almost never	Quite seldom	Quite often	Almost always
14.	How often do you have to watch what you eat to avoid stomach upsets?	Almost never	Quite seldom	Quite often	Almost always
15.	How often do you feel nauseous?	Almost never	Quite seldom	Quite often	Almost always
16.	How often do you suffer from heartburn or stomach aches?	Almost never	Quite seldom	Quite often	Almost always
17.	How often do you complain of digestion difficulties?	Almost never	Quite seldom	Quite often	Almost always
18.	How often do you suffer from a bloated stomach or flatulence?	Almost never	Quite seldom	Quite often	Almost always
19.	How often do you suffer with pain in your abdomen?	Almost never	Quite seldom	Quite often	Almost always
20.	How often do you suffer from constipation or diarrhoea?	Almost never	Quite seldom	Quite often	Almost always
21.	How often do you suffer from heart palpitations?	Almost never	Quite seldom	Quite often	Almost always
22.	How often do you suffer from aches and pins in your chest?	Almost never	Quite seldom	Quite often	Almost always
23.	How often do you suffer from dizziness?	Almost never	Quite seldom	Quite often	Almost always

24.	How often do you suffer from sudden rushes of blood to your head?	Almost never	Quite seldom	Quite often	Almost always
25.	Do you suffer from shortness of breath when climbing the stairs normally?	Almost never	Quite seldom	Quite often	Almost always
26.	How often have you been told that you have high blood pressure?	Almost never	Quite seldom	Quite often	Almost always
27.	Have you been aware of your heart beating irregularly?	Almost never	Quite seldom	Quite often	Almost always
28.	Do you suffer from swollen feet?	Almost never	Quite seldom	Quite often	Almost always
29.	How often do you feel "tight" in your chest?	Almost never	Quite seldom	Quite often	Almost always
30.	Do you feel you have put on too much weight recently?	Almost never	Quite seldom	Quite often	Almost always
31.	Do you feel that you have lost too much weight recently?	Almost never	Quite seldom	Quite often	Almost always

SECTION 5: YOUR FEELINGS

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please circle one of the numbers to the right that best describes how much that problem has bothered or distressed you during the past two weeks, including today.

Not a Bit = 1 A Little Bit = 2 Moderately = 3
Quite a Bit = 4 Extremely = 5

In the last two weeks how much were you bothered by:

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 1. | Trouble remembering things | 1 | 2 | 3 | 4 | 5 |
| 2. | Feeling annoyed or irritated | 1 | 2 | 3 | 4 | 5 |
| 3. | Pains in heart or chest | 1 | 2 | 3 | 4 | 5 |
| 4. | Feeling afraid in open spaces or on the streets | 1 | 2 | 3 | 4 | 5 |
| 5. | Feeling that most people cannot be trusted | 1 | 2 | 3 | 4 | 5 |
| 6. | Temper outburst that you cannot control | 1 | 2 | 3 | 4 | 5 |
| 7. | Feeling blue | 1 | 2 | 3 | 4 | 5 |
| 8. | Feeling afraid to travel on buses, or trains, or the underground | 1 | 2 | 3 | 4 | 5 |
| 9. | Trouble getting your breath | 1 | 2 | 3 | 4 | 5 |
| 10. | Your mind going blank | 1 | 2 | 3 | 4 | 5 |
| 11. | Numbness or tingling in parts of your body | 1 | 2 | 3 | 4 | 5 |
| 12. | Feeling hopeless about the future | 1 | 2 | 3 | 4 | 5 |
| 13. | Trouble concentrating | 1 | 2 | 3 | 4 | 5 |
| 14. | Having urges to break and smash things | 1 | 2 | 3 | 4 | 5 |
| 15. | Feeling uneasy in crowds, such as shopping, or at the cinema | 1 | 2 | 3 | 4 | 5 |

Not a Bit	= 1	A Little Bit	= 2	Moderately	= 3
Quite a Bit	= 4	Extremely	= 5		

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 16. | Others not giving you proper credit for your achievements | 1 | 2 | 3 | 4 | 5 |
| 17. | Feelings of worthlessness | 1 | 2 | 3 | 4 | 5 |
| 18. | Feeling that people will take advantage of you if you let them down | 1 | 2 | 3 | 4 | 5 |

SECTION 6: YOUR RELATIONSHIPS WITH OTHERS IN AND OUT OF WORK

Here is a list of problems that people report in relating to other people both in out of work. Please read the list below, and for each item, select the number that describes how distressing that problem has been for you. Then circle that number. Please use the key below:

Not at All	= 1	Moderately	= 3	Extremely	= 5
A Little Bit	= 2	Quite a Bit	= 4		

Part I. The following are things you find hard to do with other people.

It is hard for me to:

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | join in on groups | 1 | 2 | 3 | 4 | 5 |
| 2. | be assertive with another person | 1 | 2 | 3 | 4 | 5 |
| 3. | make friends | 1 | 2 | 3 | 4 | 5 |
| 4. | disagree with other people | 1 | 2 | 3 | 4 | 5 |
| 5. | make a long-term commitment to another person | 1 | 2 | 3 | 4 | 5 |
| 6. | be aggressive toward other people when the situation calls for it | 1 | 2 | 3 | 4 | 5 |
| 7. | socialize with other people | 1 | 2 | 3 | 4 | 5 |
| 8. | show affection to people | 1 | 2 | 3 | 4 | 5 |
| 9. | feel comfortable around other people | 1 | 2 | 3 | 4 | 5 |

Not at All = 1 **Moderately = 3** **Extremely = 5**
A Little Bit = 2 **Quite a Bit = 4**

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 10. | tell personal things to other people | 1 | 2 | 3 | 4 | 5 |
| 11. | be firm when I need to be | 1 | 2 | 3 | 4 | 5 |
| 12. | experience a feeling of love for another person | 1 | 2 | 3 | 4 | 5 |
| 13. | be supportive of another person's goals in life | 1 | 2 | 3 | 4 | 5 |
| 14. | really care about other people's problems | 1 | 2 | 3 | 4 | 5 |
| 15. | put somebody else's needs before my own | 1 | 2 | 3 | 4 | 5 |
| 16. | take instructions from people who have authority over me | 1 | 2 | 3 | 4 | 5 |
| 17. | open up and tell my feelings to another person | 1 | 2 | 3 | 4 | 5 |
| 18. | attend to my own welfare when somebody else is needy | 1 | 2 | 3 | 4 | 5 |
| 19. | be involved with another person without feeling trapped | 1 | 2 | 3 | 4 | 5 |

Part II. The following things are things that some people feel that they do too much. To what extent do they apply to you.

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 20. | I fight with other people too much | 1 | 2 | 3 | 4 | 5 |
| 21. | I get irritated or annoyed too easily | 1 | 2 | 3 | 4 | 5 |
| 22. | I want people to admire me too much | 1 | 2 | 3 | 4 | 5 |
| 23. | I am too dependent on other people | 1 | 2 | 3 | 4 | 5 |
| 24. | I open up to people too much | 1 | 2 | 3 | 4 | 5 |
| 25. | I put other people's needs before my own too much | 1 | 2 | 3 | 4 | 5 |
| 26. | I am overly generous to other people | 1 | 2 | 3 | 4 | 5 |

Not at All = 1 **Moderately = 3** **Extremely = 5**
A Little Bit = 2 **Quite a Bit = 4**

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 27. | I worry too much about other people's reactions to me | 1 | 2 | 3 | 4 | 5 |
| 28. | I lose my temper too easily | 1 | 2 | 3 | 4 | 5 |
| 29. | I tell personal things to other people too much | 1 | 2 | 3 | 4 | 5 |
| 30. | I argue with other people too much | 1 | 2 | 3 | 4 | 5 |
| 31. | I am too envious and jealous of other people | 1 | 2 | 3 | 4 | 5 |
| 32. | I am affected by another person's misery too much | 1 | 2 | 3 | 4 | 5 |

SECTION 7: DEALING WITH PRESSURE AT WORK

How you cope with the stress you experience.

Whilst there are variations in the ways individuals react to sources of pressure and the effects of stress, generally speaking we all make some attempt at coping with these difficulties-consciously or subconsciously. This questionnaire lists a number of potential coping strategies which you are required to rate in terms of the extent to which you actually use them as ways of coping with stress.

Please answer by circling the number of your answer on the scale shown.

Very Extensively Used by Me	= 1
Extensively Used by Me	= 2
On Balance Used by Me	= 3
On Balance Not Used by Me	= 4
Seldom Used by Me	= 5
Never Used by Me	= 6

- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 1. | Deal with the problems immediately as they occur | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Try to recognise my own limitations | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | 'Buy time' and try and stall the issue | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Look for ways to make the work more interesting | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Reorganise my work | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Seek support and advice from my superiors | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Resort to hobbies and pastimes | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Try to deal with the situation objectively in an unemotional way | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | Effective time management | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | Suppress emotions and try not to let the stress show | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | Having a home that is a 'refuge' | 1 | 2 | 3 | 4 | 5 | 6 |

Very Extensively Used by Me	= 1	Extensively Used by Me	= 2
On Balance Used by Me	= 3	On Balance Not Used by Me	= 4
Seldom Used by Me	= 5	Never Used by Me	= 6

12.	Talk to understanding friends	1	2	3	4	5	6
13.	Deliberately separate 'home' and 'work'	1	2	3	4	5	6
14.	'Stay busy'	1	2	3	4	5	6
15.	Plan ahead	1	2	3	4	5	6
16.	Not 'bottling things up' and being able to release energy	1	2	3	4	5	6
17.	Expand interests and activities outside of work	1	2	3	4	5	6
18.	Have stable relationships	1	2	3	4	5	6
19.	Use selective attention (concentrating on specific problems)	1	2	3	4	5	6
20.	Use distractions (to take your mind off things)	1	2	3	4	5	6
21.	Set priorities and deal with problems accordingly	1	2	3	4	5	6
22.	Try to 'stand aside' and think through the situation	1	2	3	4	5	6
23.	Resort to rules and regulations	1	2	3	4	5	6
24.	Delegation	1	2	3	4	5	6
25.	Force one's behaviour and lifestyle to slow down	1	2	3	4	5	6
26.	Accept the situation and learn to live with it	1	2	3	4	5	6
27.	Try to avoid the situation	1	2	3	4	5	6
28.	Seek as much social support as possible	1	2	3	4	5	6

SECTION 8: OTHER COMMENTS

If you have any comments you would like to make concerning the counselling service at XXXXXXX and XXX XXX XXX and the XXX XXX-XXX XXX XXX, particularly ways of improving the service, would you please write them down on this page.

If another survey, like the one above, are there any other topics that should be included?

Would you please check the details given in section one.

THANK YOU FOR PARTICIPATING.

Appendix 5.3:

Letter to Pilot Study Sample from the Site One Counsellors [RETROSPECTIVE STUDY]

The Staff Counselling and Stress Management Service has invited the MRC/ESRC Social and Applied Psychology Unit at the University of Sheffield to undertake a study to evaluate the effectiveness of staff counselling.

Staff counselling is a relatively new idea, although a lot is known about counselling more generally. Very little research has been undertaken so far on counselling at work. To improve such services, we need to know more about what brings people to counselling, how they experience the counselling process, and the changes in well-being and effectiveness that go with participation in counselling.

The more clients take part in this research, the more useful the results will be. If you are willing to participate, this will involve filling in a number of questionnaires that should take no more than 25 minutes of your time. It will also involve your giving the researcher permission to copy your absence records from personnel files.

To get a fuller picture of your experience of counselling, we may make a separate request that you meet the researcher, Mark Cheesman, to tell him about this. With your permission, we would like to record these talks for research purposes. However, filling in the questionnaires does not commit you to meeting the researcher, and you may terminate your involvement with the research at any time.

Apart from the researchers at SAPU you will be the only person to see your answers to these questions. Nobody either at the Postgraduate Medical School, or at the Special Health Authority will have access to any of the information that you give us, nor will anyone other than one researcher know that your absence records have selected for examination or what they contain. This includes the service counsellors and staff of the personnel department. Confidentiality will be maintained throughout and beyond the end of the study. Information you provide will be identified only by a number. The counsellors will only see your questionnaires before you complete them, and the only other person to know your code number will be the researcher in Sheffield. All accounts of the research will be prepared so as to protect the anonymity of all participants. Once the study has been completed all research tools, questionnaires and tapes will be shredded and erased.

There is no risk to you as a person from this study. The only inconvenience for you will be the time spent filling in measures, and (if you accept an invitation at a later date) a meeting with the researcher Mark Cheesman.

The Hospital/ Medical School Research Ethics Committee has approved the above statement:

Signed.....(Chairman) Date.....

THIS INFORMATION SHEET IS VALID FOR USE UNTIL.

Appendix 5.4:
Permission Form: To be Contacted by SAPU
[RETROSPECTIVE STUDY]

PERMISSION FORM

Note: You are under no obligation to give your permission.

I, _____ give my permission to allow my
counsellor at 'Contact' to look at my files with the aim of using the information
contained within for research purposes only. I understand that all efforts will be
made to ensure my anonymity.

Signed:

Name (in capitals):

I look forward to your reply and hope that you will be interested in taking part
in this study.

Yours sincerely,

Mark Cheesman.

Appendix 5.5:

Permission Form: Longitudinal Study.

SAPU address

STAFF COUNSELLING SERVICE EVALUATION STUDY

PERMISSION FROM

As part of the procedure for this study I need your permission for the following:

1. Your agreement to participate in this study.
2. Your agreement for the data collected, through completion of the study questionnaires to be analysed.

In addition, I also need you to give me an address of your choice, to which study materials can be sent to you as part of the project outlined in the information that you have received about this study.

Please note the following:

1. Your involvement is voluntary throughout the course of this project.
2. Your present, and future entitlement to counselling will NOT be affected if you decline to participate in this study.

Name: _____

Address:

Having read the information provided about the evaluation of the Staff Counselling Service I hereby agree to participate in the study, and to allow the questionnaires that I complete to be used for purposes of analysis.

Name: _____

Signed: _____ Date: _____

Appendix 5.6:

SAPU Address

INTERVIEWING PERMISSION FORM

I, am willing to discuss my
experiences both of counselling and of the 'Contact' service with the researcher
Mark Cheesman.

Signed:

Name (in capitals):

I look forward to your reply and hope that you will be interested in taking part
in this study.

Yours sincerely,

Mark Cheesman.

Appendix 5.7:

PERMISSION FORM: PRE-START OF THE INTERVIEW

SAPU Address

I, _____ give my consent for the following:

- **To be interviewed about my experiences of staff counselling and of the service itself**
- **That the interview can be taped**
- **That the tapes can be used for analysis**

I understand that only the researcher, Mark Cheesman, will have access to these tapes, that the information on the tape will only be used for the purpose of research and that the tapes, and any transcripts made from the tapes, will be destroyed at the end of the period of analysis.

Signed:

Name (in capitals):

Date:

Appendix 5.8:

Interview Schedule

RETROSPECTIVE INTERVIEW SCHEDULE

First of all thank you for your participation in this study, and your completion of the questionnaire that was sent to you.

You have already completed a questionnaire. I would like this discussion to cover some of the same topics as the questionnaire. I am interested in here are your own words, the words that you would normally use to describe your feelings about, and your experiences of the counselling that you went to. In effect, what I am interested in is your 'story', how you came to use the counselling service at XXXX, what the process of service use was, what you expected, what you wanted, the good 'bits', the bad 'bits', and how counselling has affected you since.

With your permission, I would like to tape this discussion. This is to ensure that I am able to record what you say as accurately as possible. I am also making notes as well but these are just to help me guide the discussion.

Once again everything that you talk about will be treated with the strictest confidentiality. Nobody apart from myself, and XXXXXX David XXXX, and XXXX XXX will have access to this recording. Nobody else, including the counsellors will have access to the tape.

All collected data is securely stored. At the end of analysis questionnaires will be shredded, and the tapes will be wiped clean.

Once the analysis has been completed a number of reports will be made. These will be summaries of the findings from both the questionnaires, and the interviews. Since they are summaries, nobody will be identifiable from them.

Have you any questions? If you have any during the interview, then please do not hesitate to ask.

The interview is divided up into a number of sections.

THE PROBLEM: I am interested in, first of all, taking you back to before you started going to counselling with the aim of exploring how the issue that you took to the counselling service was affecting you, both at work, and out of work. So;

1. What was the issue that was affecting you before you went to the counselling service?
2. How was it affecting you? How did you feel about it?
3. Overall, were the origins of how you were feeling mainly from home, or from work?
 - 3a. What causes the most problems for you, home or work?

KEY WORDS: HOME; WORK; RELATIONSHIPS; FEELINGS; ABILITY TO CONCENTRATE; PHYSICAL SYMPTOMS; ABILITY TO COPE

4. Looking back were there any other factors, at work or at home, that might have added to the problem?

5. Initially, how did you try and cope with the problem? How did you try and resolve the problem?

6. How successful were these attempts to cope with or resolve the problem?

7. Did you discuss the problem with anyone else?

GOING TO COUNSELLING: I would now like to move onto the next stage of your 'story'. Having looked back to the time prior to your attendance at the Staff Counselling Service, I would like to ask you a number of questions about how you came to use the service at XXXXXXXXXXXX/XXXX.

8. What factors influenced your decision to seek help with the problem?

9. Was anybody else involved in this decision to go?

10. What, for you, were the advantages of going to counselling?

11. How were you first made aware of the existence of the Staff Counselling Service?

12. Did you consider seeking help from sources other than the Staff Counselling Service?

13. What attracted you to the XXX/XXXX service?

14. Was there anything about the service that tended to put you off it?

15. Were there any problems in gaining access to the service?

16. Could the service be made easier to use? How?

17. Did anyone at work know about your decision to attend counselling?

How did they react?

18. Did anyone from outside of work know about your decision to attend counselling?

How did they react?

19. From your experience of working at the XXX/XXXX does the culture, or the atmosphere at work encourage, or discourage people from seeking help when they need it?

20. With respect to this part of your 'story', how you came to use the service at XXXXXXX is there anything else that you want to bring up here to talk about how you got to counselling? Anything that I have overlooked but which you may find important?

THE COUNSELLING ITSELF: Having discussed the process, the story of how you got to counselling itself, the next stage, or chapter of this story is the very experience of counselling itself. So moving on:

21. First of all casting your mind back to when you decided to use the service, and were about to go to your first session, what did you expect from counselling?

22. What did you want from counselling? What benefits, for you were you hoping for? How did you think that you would benefit?

23. Apart from the issue that you took to counselling, did you move onto discuss any other problems or issues?

24. Could you describe, in your own words, your experience of counselling, what you thought of it etc? Please feel free to be as explicit and as frank as you wish. It is important for both the evaluation of the service, and to increase our understanding of what is going on, for you to be frank as possible.

25. What were the good bits?

26. What were the bits, of counselling, that you would have changed?

IMPACT OF COUNSELLING: Thank you for those insights into your experiences of counselling. The next stage, in the story, is how going to counselling has affected you, your relationships, and life in general. So I am asking you to think back, and to compare how you were before counselling and how you are now?

27. What do you now think about counselling?

28. What have you learnt about yourself directly, or indirectly as a result of attending counselling?

29. Now that you have experienced counselling, have you any thoughts or comments about what you now think of counselling? What is your impression of counselling?
30. What new things have you learnt about other individuals, or people as a whole?
31. Has counselling affected, in any way, the ways in which you attempt to cope with situations either at work, or out of work?
32. How do you now feel about the issue that you originally took to counselling?
33. Overall, what impact did counselling have upon the issue that you initially took to counselling?
34. In what ways has going to counselling affected your relationships?
35. In what ways has going to counselling affected how you view yourself?
36. In what ways has counselling affected the ways in which you look at your job?
37. In what ways has counselling affected your commitment to your career, or job?
38. Overall, where has counselling had the biggest impact, on your life at home, or your life at work?
39. What would you use the Staff Counselling Service for in the future?
40. How would you change the Staff Counselling Service?
41. Is there anything else that you would like to discuss, anything that we have overlooked, or any comments or questions that you would like to make, or have answered?

THE END

Once again thank you for your participation. I must finally ask you for your written permission to use the data on the tapes. So if you agree to their use could you please sign this piece of paper, which is an information release form.

At this point, have you got any further questions to ask?

Appendix 5.9:

Release Form for Taped Interviews

TAPE RECORDINGS PERMISSION FORM

You have completed an interview with the researcher, Mark Cheesman.

In order to meet the ethical constraints with respect to this part of the
XXXXXXXXXX Staff Counselling Service evaluation I need to seek your
permission to use the data recorded for research purposes.

PART B: Use of recorded information for data analysis

I _____

agree to allow the interview that

has just been recorded to be used for research purposes.

Date:

**Appendix 5.10:
Permission Form for Main Study**

SAPU address

**STAFF COUNSELLING SERVICE EVALUATION STUDY
PERMISSION FROM**

As part of the procedure for this study I need your permission for the following:

1. Your agreement to participate in this study.
2. Your agreement for the data collected, through completion of the study questionnaires to be analysed.

In addition, I also need you to give me an address of your choice, to which study materials can be sent to you as part of the project outlined in the information that you have received about this study.

Please note the following:

1. Your involvement is voluntary throughout the course of this project.
2. Your present, and future entitlement to counselling will NOT be affected if you decline to participate in this study.

Name: _____

Address:

Having read the information provided about the evaluation of the Staff Counselling Service I hereby agree to participate in the study, and to allow the questionnaires that I complete to be used for purposes of analysis.

Name: _____

Signed: _____ Date: _____

Appendix 5.11:
Longitudinal Study Questionnaire

UNIVERSITY OF SHEFFIELD/SOCIAL & APPLIED PSYCHOLOGY UNIT

COUNSELLING SERVICE QUESTIONNAIRE

I am a member of an independent research team engaged in a program of research into counselling at work. I am not employed by either the XXXX and XXX XXX XXX XXX XXX, the XXX XX-XXX XXX XXXI or any other part of the the NHS. I am interested, in collecting data that will help to answer a number of important questions about counselling at work, and would appreciate your help in so doing.

Please note that any information that you provide in the questionnaire will be treated in the strictest confidence and will not be divulged to anyone. No individual will be identified in connection with any of the research findings. I am are primairily concerned with the information obtained from groups of clients of staff counselling services.

Although I am working in collaboration, for this questionnaire, with the counsellors at XXX, they will not have access to any information. Nor will any other employee of the XXX XXX XXX, or the XXX XXX-XXX XXX XXX.

It is possible that completion of this questionnaire may focus your attention on some aspects of your health and well-being that you have not previously considered. If so, I suggest you discuss these with your counsellor.

In addition to these questionnaires, I am interested in meeting people, directly, to discuss their experiences of the counselling service.

INSTRUCTIONS

The questionnaire is divided up into 7 main sections. Section 1 asks about your background details concerning yourself, your department and your job. This is particularly important so we can analyse the data.

Sections 2 to 7 are concerned with your opinions about your job, how you are feeling at the moment, and about your expectations of counselling. Each section consists of a number of statements and a response scale.

For each statement you are asked to tick one response which best fits your views. For example the question below asks about the extent to which you are involved in training people at work. If you are involved in training people at work then you would answer this question in the following way:

	Not at all	Just a bit	A moderate amount	Quite a bit	A Great deal
Do you help train other people?	1	2	3	4	5

Please mark only one space clearly for each statement.

In the last section, you are given the opportunity to write down any suggestions or comments you would like to make concerning the counselling service at XXX/XXX XXX-XXX XXX XXX, or the any other issues.

Once you have completed the questionnaire could you please place it into the pre-paid envelope, provided, seal the envelope, and then post it back to the University of Sheffield.

Thank You

SECTION 1. YOUR GENERAL BIOGRAPHICAL INFORMATION

Please answer the following questions as accurately as possible. Please note that the information you give will be treated in strictest confidence.

SOME DETAILS ABOUT YOU

1. Your name: _____ 2. Today's Date: _____
3. Age: _____
4. Sex: Male Female
5. Are you (a) Married/ living with a partner []
 (b) Seperated/ divorced []
 (c) Widowed []
 (d) Not in a current relationship []
 (e) In a relationship, but living apart []
6. What is your present career? _____
7. For how long have you been in this career? _____
8. How long have you worked at XXXXX for? _____
9. What is the title of your present post? _____
10. How long have you been in post for? _____
11. In which team, department or ward do you work? _____
12. On average what are you're basic hours of work? _____
13. Do you work shifts? Yes No

14. For each of the shifts that you normally work, at what time do they start and finish? (Please use 24 hr time, e.g. 21.30 or clearly specify whether they are am or pm shifts).

	START	FINISH
(a) Morning (or early) shift	[]	[]
(b) Afternoon (or late, evening) shift	[]	[]
(c) Half-day shift	[]	[]
(d) Night shift	[]	[]
(e) Other (please specify)	[]	[]

15. Have you ever gone to counselling before? Yes No

16. Have you ever used a telephone based help-line? Yes No

17. Have you ever undertaken any kind of counselling training? Yes No

18. Do you use counselling skills at work? Yes No

19. If yes, for what?

SECTION 2: ABOUT COUNSELLING

The following questions are about your expectations of counselling.

Please tick which of the following items best describes your expectation of the counselling that you are about to start. Please tick only one item.

I feel that counselling will be:

- | | |
|--|-----|
| (a) Greatly hindering | [] |
| (b) Moderately hindering | [] |
| (c) Slightly hindering | [] |
| (d) Neither helpful nor hindering; neutral | [] |
| (e) Slightly helpful | [] |
| (f) Moderately helpful | [] |
| (g) Greatly helpful | [] |
| (h) Extremely helpful | [] |

Please take a minute to think about how counselling has affected you. Keeping your thoughts about counselling in mind, try to match the descriptions in each of the following items with the expectations that you have about counselling. Rate on the basis of the descriptions which best match your expectaions.

Not at All = 1 Somewhat = 3 Very Much = 5
Slightly = 2 Pretty Much = 4

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 1. | I will understand something new about myself | 1 | 2 | 3 | 4 | 5 |
| 2. | I will understand something new about someone else | 1 | 2 | 3 | 4 | 5 |
| 3. | I will feel more aware of, or clearer about my feelings | 1 | 2 | 3 | 4 | 5 |
| 4. | I feel that I will have a clearer definition of problem(s) to work on | 1 | 2 | 3 | 4 | 5 |
| 5. | I will make progress about knowing what to do about my problem | 1 | 2 | 3 | 4 | 5 |
| 6. | I will feel more bothered by unpleasent thoughts or I will be more likely to push them away | 1 | 2 | 3 | 4 | 5 |
| 7. | I feel that there is too much pressure or not enough direction from the therapist | 1 | 2 | 3 | 4 | 5 |
| 8. | I feel impatient, I doubt the use of therapy | 1 | 2 | 3 | 4 | 5 |
| 9. | I feel relieved, more comfortable | 1 | 2 | 3 | 4 | 5 |
| 10. | I feel attacked, and I do not think that the counsellor cares | 1 | 2 | 3 | 4 | 5 |
| 11. | I feel confused and/ or distracted | 1 | 2 | 3 | 4 | 5 |
| 12. | I know I will feel more supported or discouraged | 1 | 2 | 3 | 4 | 5 |
| 13. | Other important impacts: Please describe and rate any other impact which may have occurred as a result of this session | | | | | |

	1	2	3	4	5
--	---	---	---	---	---

SECTION 3: YOUR HEALTH IN GENERAL

Below are some questions which deal with your health in general and in particular the amount of stress you may have felt within the past month. Please tick the box below the answer which most nearly applies to you.

Have you recently:

- | | | | | | |
|----|---|--------------------|--------------------|------------------------|----------------------|
| 1. | Been able to concentrate on whatever you're doing? | Better than usual | Same as usual | Less than usual | Much less than usual |
| 2. | Lost much sleep over worry? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 3. | Felt that you are playing a useful part in things? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| 4. | Felt capable of making decisions about things? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| 5 | Felt constantly under strain? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 6 | Felt that you couldn't overcome your difficulties? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 7 | Been able to enjoy your normal day-to-day activities? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| 8 | Been able to face up to your problems? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| 9 | Been feeling happy and depressed | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 10 | Been losing confidence in yourself? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 11 | Been thinking of yourself as a worthless person? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 12 | Been feeling reasonably happy all things considered? | More so than usual | Same as usual | Less useful than usual | Much less useful |

SECTION 5: YOUR FEELINGS

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please circle one of the numbers to the right that best describes how much that problem has bothered or distressed you during the past two weeks, including today.

Not a Bit = 1 A Little Bit = 2 Extremely = 5
 Moderately = 3 Quite a Bit = 4

In the last two weeks how much were you bothered by:

- | | | | | | | |
|----|--|---|---|---|---|---|
| 1. | Trouble remembering things | 1 | 2 | 3 | 4 | 5 |
| 2. | Feeling annoyed or irritated | 1 | 2 | 3 | 4 | 5 |
| 3. | Pains in heart or chest | 1 | 2 | 3 | 4 | 5 |
| 4. | Feeling afraid in open spaces or on the streets | 1 | 2 | 3 | 4 | 5 |
| 5. | Feeling that most people cannot be trusted | 1 | 2 | 3 | 4 | 5 |
| 6. | Temper outburst that you cannot control | 1 | 2 | 3 | 4 | 5 |
| 7. | Feeling blue | 1 | 2 | 3 | 4 | 5 |
| 8. | Feeling afraid to travel on buses, or trains, or the underground | 1 | 2 | 3 | 4 | 5 |

Not a Bit = 1 A Little Bit = 2 Extremely = 5
 Moderately = 3 Quite a Bit = 4

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 9. | Trouble getting your breath | 1 | 2 | 3 | 4 | 5 |
| 10. | Your mind going blank | 1 | 2 | 3 | 4 | 5 |
| 11. | Numbness or tingling in parts of your body | 1 | 2 | 3 | 4 | 5 |
| 12. | Feeling hopeless about the future | 1 | 2 | 3 | 4 | 5 |
| 13. | Trouble concentrating | 1 | 2 | 3 | 4 | 5 |
| 14. | Having urges to break and smash things | 1 | 2 | 3 | 4 | 5 |
| 15. | Feeling uneasy in crowds, such as shopping, or at the cinema | 1 | 2 | 3 | 4 | 5 |

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 16. | Others not giving you proper credit for your achievements | 1 | 2 | 3 | 4 | 5 |
| 17. | Feelings of worthlessness | 1 | 2 | 3 | 4 | 5 |
| 18. | Feeling that people will take advantage of you if you let them down | 1 | 2 | 3 | 4 | 5 |

SECTION 6: YOUR RELATIONSHIPS WITH OTHERS IN AND OUT OF WORK

Here is a list of problems that people report in relating to other people both in out of work. Please read the list below, and for each item, select the number that describes how distressing that problem has been for you. Then circle that number. Please use the key below:

Not at All	= 1	A Little Bit	= 2	Extremely	= 5
Moderately	= 3	Quite a Bit	= 4		

Part I. The following are things you find hard to do with other people.

It is hard for me to:

- | | | | | | | |
|----|----------------------------------|---|---|---|---|---|
| 1. | join in on groups | 1 | 2 | 3 | 4 | 5 |
| 2. | be assertive with another person | 1 | 2 | 3 | 4 | 5 |
| 3. | make friends | 1 | 2 | 3 | 4 | 5 |
| 4. | disagree with other people | 1 | 2 | 3 | 4 | 5 |

It is hard for me to:

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 5. | make a long-term commitment to another person | 1 | 2 | 3 | 4 | 5 |
| 6. | be aggressive toward other people when the situation calls for it | 1 | 2 | 3 | 4 | 5 |
| 7. | socialize with other people | 1 | 2 | 3 | 4 | 5 |
| 8. | show affection to people | 1 | 2 | 3 | 4 | 5 |
| 9. | feel comfortable around other people | 1 | 2 | 3 | 4 | 5 |
| 10. | tell personal things to other people | 1 | 2 | 3 | 4 | 5 |
| 11. | be firm when I need to be | 1 | 2 | 3 | 4 | 5 |

12.	experience a feeling of love for another person	1	2	3	4	5
13.	be supportive of another person's goals in life	1	2	3	4	5
14.	really care about other people's problems	1	2	3	4	5
15.	put somebody else's needs before my own	1	2	3	4	5
16.	take instructions from people who have authority over me	1	2	3	4	5
17.	open up and tell my feelings to another person	1	2	3	4	5
18.	attend to my own welfare when somebody else is needy	1	2	3	4	5
19.	be involved with another person without feeling trapped	1	2	3	4	5

Part II. The following things are things that some people feel that they do too much. To what extent do they apply to you.

20.	I fight with other people too much	1	2	3	4	5
21.	I get irritated or annoyed too easily	1	2	3	4	5
22.	I want people to admire me too much	1	2	3	4	5
23.	I am too dependent on other people	1	2	3	4	5
24.	I open up to people too much	1	2	3	4	5

Not at All = 1 A Little Bit = 2 Extremely = 5
Moderately = 3 Quite a Bit = 4

It is hard for me to:

25.	I put other people's needs before my own too much	1	2	3	4	5
26.	I am overly generous to other people	1	2	3	4	5
27.	I worry too much about other people's reactions to me	1	2	3	4	5
28.	I lose my temper too easily	1	2	3	4	5
29.	I tell personal things to other people too much	1	2	3	4	5

30.	I argue with other people too much	1	2	3	4	5
31.	I am too envious and jealous of other people	1	2	3	4	5
32.	I am affected by another person's misery too much	1	2	3	4	5

SECTION 7: DEALING WITH PRESSURE AT WORK

How you cope with the stress you experience.

Whilst there are variations in the ways individuals react to sources of pressure and the effects of stress, generally speaking we all make some attempt at coping with these difficulties-consciously or subconsciously. This questionnaire lists a number of potential coping strategies which you are required to rate in terms of the extent to which you actually use them as ways of coping with stress.

Please answer by circling the number of your answer on the scale shown.

Very Extensively Used by Me	= 1	Extensively Used by Me	= 2
On Balance Used by Me	= 3	On Balance Not Used by Me	= 4
Seldom Used by Me	= 5	Never Used by Me	= 6

1.	Deal with the problems immediately as they occur	1	2	3	4	5	6
2.	Try to recognise my own limitations	1	2	3	4	5	6
3.	'Buy time' and try and stall the issue	1	2	3	4	5	6
4.	Look for ways to make the work more interesting	1	2	3	4	5	6
5.	Reorganise my work	1	2	3	4	5	6
6.	Seek support and advice from my superiors	1	2	3	4	5	6
7.	Resort to hobbies and pastimes	1	2	3	4	5	6
8.	Try to deal with the situation objectively in an unemotional way	1	2	3	4	5	6
9.	Effective time management	1	2	3	4	5	6

Very Extensively Used by Me	= 1	Extensively Used by Me	= 2
On Balance Used by Me	= 3	On Balance Not Used by Me	= 4
Seldom Used by Me	= 5	Never Used by Me	= 6

10.	Suppress emotions and try not to let the stress show	1	2	3	4	5	6
11.	Having a home that is a 'refuge'	1	2	3	4	5	6
12.	Talk to understanding friends	1	2	3	4	5	6
13.	Deliberately separate 'home' and 'work'	1	2	3	4	5	6
14.	'Stay busy'	1	2	3	4	5	6
15.	Plan ahead	1	2	3	4	5	6
16.	Not 'bottling things up' and being able to release energy	1	2	3	4	5	6
17.	Expand interests and activities outside of work	1	2	3	4	5	6
18.	Have stable relationships	1	2	3	4	5	6
19.	Use selective attention (concentrating on specific problems)	1	2	3	4	5	6
20.	Use distractions (to take your mind off things)	1	2	3	4	5	6
21.	Set priorities and deal with problems accordingly	1	2	3	4	5	6
22.	Try to 'stand aside' and think through the situation	1	2	3	4	5	6
23.	Resort to rules and regulations	1	2	3	4	5	6
24.	Delegation	1	2	3	4	5	6
25.	Force one's behaviour and lifestyle to slow down	1	2	3	4	5	6
26.	Accept the situation and learn to live with it	1	2	3	4	5	6
27.	Try to avoid the situation	1	2	3	4	5	6
28.	Seek as much social support as possible	1	2	3	4	5	6

SECTION 8: OTHER COMMENTS

If you have any comments you would like to make concerning the counselling service at XXX and XXX XXX XXX and the XXX XXX-XXX XXX XXX, particularly ways of improving the service, would you please write them down on this page.

If another survey, like the one above, are there any other topics that should be included?

Would you please check the details given in section one.

THANK YOU FOR PARTICIPATING.

Appendix 5.12: Pre- and Post-Session Measures
Pre-Session Questionnaire

Name: ----- Date: ----- Session
 Number -----

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please circle one of the numbers to the right that best describes how much that problem has bothered or distressed you during the past two weeks, including today.

In the last two weeks how much were you bothered by:

	Not a bit	A little bit	Moder- ately	Quite a bit	Extremely				
1.				1	2	3	4	5	
2.				1	2	3	4	5	
3.				1	2	3	4	5	
4.				1	2	3	4	5	
5.				1	2	3	4	5	
6.				1	2	3	4	5	
7.				1	2	3	4	5	
8.				1	2	3	4	5	
9.				1	2	3	4	5	
10.				1	2	3	4	5	
11.				1	2	3	4	5	
12.				1	2	3	4	5	
13.				1	2	3	4	5	

	Not at all	Slightly	Somewhat	Pretty much	Very much
14. Having urges to break and smash things	1	2	3	4	5
15. Feeling uneasy in crowds, such as shopping, or at the cinema	1	2	3	4	5
16. Others not giving you proper credit for your achievements	1	2	3	4	5
17. Feelings of worthlessness	1	2	3	4	5
18. Feeling that people will take advantage of you if you let them down	1	2	3	4	5

Appendix 5.12 continued: Pre- and Post-Session Measures

Post-Session Questionnaire

Name: ----- Date: -----

Session Number: -----

The following questions are about your experiences of counselling.

Please tick which of the following items best describes your experiences of the counselling that you have just completed. Please tick only one item.

I feel that counselling was:

- | | | |
|-----|--|-----|
| (a) | Greatly Hindering | [] |
| (b) | Moderately Hindering | [] |
| (c) | Slightly Hindering | [] |
| (d) | Neither Helpful not Hindering: Neutral | [] |
| (e) | Slightly Helpful | [] |
| (f) | Moderately Helpful | [] |
| (g) | Greatly Helpful | [] |
| (h) | Extremely Helpful | [] |

Please take a minute to think about how counselling has affected you. Keeping your thoughts about counselling in mind, try to match the descriptions in each of the following items with the expectations that you have about counselling. Rate on the basis of the descriptions which best match your expectations.

		Not at all	Slightly	Somewhat	Pretty much	Very much		
1.	I now understand something new about myself	1	2	3	4	5		
2.	I now understand something new about someone else	1	2	3	4	5		
3.	I now feel more aware of, or clearer about my feelings	1	2	3	4	5		
4.	I now feel that I have a clearer definition of problem(s) to work on	1	2	3	4	5		
5.	I made progress about knowing what to do about my problem	1	2	3	4	5		
6.	I felt more bothered by unpleasant thoughts or I felt more likely to push them away	1	2	3	4	5		

	Not at all	Slightly	Somewhat	Pretty much	Very much				
7.	I felt that there was too much pressure or not enough direction from the therapist			1	2	3	4	5	
8.	I felt impatient, I doubt the use of therapy			1	2	3	4	5	
9.	I felt relieved, more comfortable			1	2	3	4	5	
10.	I felt attacked, and I do not think that the counsellor cared			1	2	3	4	5	
11.	I felt confused and/ or distracted			1	2	3	4	5	
12.	I felt more supported or encouraged			1	2	3	4	5	
13.	Other important impacts: Please describe and rate any other impact which may have occurred as a result of this session								
<hr/>									
<hr/>				1	2	3	4	5	

Appendix 5.13. Counsellor Session Measures

THERAPIST POST-SESSION QUESTIONNAIRE

(CLIENT -----)
(SESSION -----)

(Complete immediately after session)

Your Client's Initials -----

Your Initials -----

Session Number -----

Date of Session -----

Part A: OVERALL SESSION RATING

Please rate how helpful or hindering to your client you think this session was overall:

THIS SESSION WAS:

- 1. Extremely hindering
- 2. Greatly hindering
- 3. Moderately hindering
- 4. Slightly hindering
- 5. Neither helpful nor hindering: Neutral
- 6. Slightly helpful
- 7. Moderately helpful
- 8. Greatly helpful
- 9. Extremely helpful

Therapist Post-Session Questionnaire

PART B: THERAPIST SESSION INTENTIONS

Please rate the extent to which you were carrying out or working toward the following activities or goals generally in this session. Rate each item on the basis of the descriptor which fits your intentions best (not every descriptor needs to fit). Use the following rating scale:

- | | Not at
all
1 | Slightly
2 | Somewhat
3 | Pretty
Much
4 | Very
Much
5 |
|-----------|---|---------------|---------------|---------------------|-------------------|
| 1 2 3 4 5 | 1. <u>SET LIMITS</u> To structure, make arrangements, establish goals and objectives of treatment, outline method to attain goals, correct expectations about treatment, or establish rules or parameters of relationship (e.g. time, fees, cancellation policies, homework). | | | | |
| 1 2 3 4 5 | 2. <u>GET INFORMATION</u> To find out specific facts about history, client functioning, future plans etc.) | | | | |
| 1 2 3 4 5 | 3. <u>GIVE INFORMATION</u> To educate, give facts, correct misperceptions or misinformation, give reasons for therapist's behaviour or procedures. | | | | |
| 1 2 3 4 5 | 4. <u>SUPPORT</u> To provide a warm, supportive, empathic environment; to increase trust and rapport and build relationship; to help client feel accepted, understood; comfortable, reassured, and less anxious; to help establish a person-to-person relationship. | | | | |
| 1 2 3 4 5 | 5. <u>FOCUS</u> To help client get back on the track; to change subject of channel/structure the discussion if he/she was unable to begin or was being diffuse or rambling. | | | | |
| 1 2 3 4 5 | 6. <u>CLARIFY</u> To provide or solicit more elaboration, emphasis, or specification when client or I was being vague, incomplete, confusing, contradictory, or inaudible. | | | | |
| 1 2 3 4 5 | 7. <u>HOPE</u> To convey the expectation that change is possible and likely to occur; that I will be able to help the client; to restore morale; to build up the client's confidence to make changes. | | | | |
| 1 2 3 4 5 | 8. <u>CATHART</u> To promote relief from tension or unhappy feelings, to allow the client a chance to let go or talk through feelings and problems. | | | | |
| 1 2 3 4 5 | 9. <u>COGNITIONS</u> To identify maladaptive, illogical or irrational thoughts or attitudes (e.g. "I must be perfect") | | | | |
| 1 2 3 4 5 | 10. <u>BEHAVIOURS</u> To identify and give feedback about the client's inappropriate or maladaptive behaviours and/or their consequences; to do a behavioural analysis; to point out games. | | | | |
| 1 2 3 4 5 | 11. <u>SELF-CONTROL</u> To encourage the client to own or gain a sense of mastery or control over his/her own thoughts, feelings, behaviours, or impulses; to help the client to become more appropriately responsible for his/her own role. | | | | |

Not at all 1	Slightly 2	Somewhat 3	Pretty Much 4	Very Much 5
--------------------	---------------	---------------	---------------------	-------------------

- 1 2 3 4 5 **12. FEELINGS - AWARENESS** To identify, intensify, and/or enable acceptance of feelings, to encourage or provoke the client to become aware of or deepen underlying or hidden feelings or affect or to experience feelings at a deeper level.
- 1 2 3 4 5 **13. INSIGHT** To encourage understanding of the underlying reasons, dynamics, assumptions, or unconscious motivations for cognitions, behaviours, attitudes, or feelings. May include an understanding of client's reactions to others' behaviours.
- 1 2 3 4 5 **14. CHANGE** To build and develop new and more adaptive skills, behaviours or cognitions in dealing with self and others. May include instilling new, more adaptive assumptive models, frameworks, explanations, or conceptualisations. May include to give an assessment or opinion about client functioning that will help clients see self in a new way.
- 1 2 3 4 5 **15. REINFORCE CHANGE** To give positive reinforcement or feedback about behavioural, cognitive, or affective attempts at change in order to enhance the probability that the change will be continued or maintained; to encourage risk-taking and new ways of behaving.
- 1 2 3 4 5 **16. RESISTANCE** To overcome obstacles to change or progress. May include dealing with client's failure to adhere to therapeutic procedures, either in past or preventing possible relapse in future.
- 1 2 3 4 5 **17. CHALLENGE** To jolt the client out of a present state; to shake up current beliefs or standards; to test validity, adequacy reality, or appropriateness of beliefs, thoughts, feelings, or behaviours; to help client question the necessity of maintaining old patterns.
- 1 2 3 4 5 **18. RELATIONSHIP** To resolve problems as they arise in the relationship in order to build or maintain a smooth working alliance; to heal ruptures in the alliance; to deal with dependency issues appropriate to stage in treatment; to uncover and resolve distortions in client's thinking about the relationship which are based on past experiences rather than current reality.
- 1 2 3 4 5 **19. THERAPIST NEEDS** To protect, relieve, or defend the therapist; to alleviate anxiety. May include unduly attempting to persuade, argue, or feel good or superior at the expense of the client.

Part C: SESSION EVALUATION QUESTIONNAIRE -- Form 4

Please circle the appropriate number to show how you feel about this session.

Today I was:

Skilful	1	2	3	4	5	6	7	Unskilful
Cold	1	2	3	4	5	6	7	Warm
Trustworthy	1	2	3	4	5	6	7	Untrustworthy

This session was

Bad	1	2	3	4	5	6	7	Good
Safe	1	2	3	4	5	6	7	Dangerous
Difficult	1	2	3	4	5	6	7	Easy
Valuable	1	2	3	4	5	6	7	Worthless
Shallow	1	2	3	4	5	6	7	Deep
Relaxed	1	2	3	4	5	6	7	Tense
Unpleasant	1	2	3	4	5	6	7	Pleasant
Full	1	2	3	4	5	6	7	Empty
Weak	1	2	3	4	5	6	7	Powerful
Special	1	2	3	4	5	6	7	Ordinary
Rough	1	2	3	4	5	6	7	Smooth
Comfortable	1	2	3	4	5	6	7	Uncomfortable

Right now I feel:

Happy	1	2	3	4	5	6	7	Sad
Angry	1	2	3	4	5	6	7	Pleased
Moving	1	2	3	4	5	6	7	Still
Uncertain	1	2	3	4	5	6	7	Definite
Calm	1	2	3	4	5	6	7	Excited
Confident	1	2	3	4	5	6	7	Afraid
Wakeful	1	2	3	4	5	6	7	Sleepy
Friendly	1	2	3	4	5	6	7	Unfriendly

Right now I feel:

Slow	1	2	3	4	5	6	7	Fast
Energetic	1	2	3	4	5	6	7	Peaceful
Involved	1	2	3	4	5	6	7	Detached
Quiet	1	2	3	4	5	6	7	Aroused

Client - Therapist Relationship: Therapist's Scale

Your Initials:

Your Client's Initials:

Date:

Thinking about today's meeting, please indicate how strongly you agreed or disagreed with each statement by circling the appropriate number.

Strongly disagree	Moderately disagree	Slightly disagree	Neutral	Slightly agree	Moderately agree	Strongly agree
1	2	3	4	5	6	7

- | | | | | | |
|---|---|---|---|---|---|
| 1. My client feels free to express things that worry him/her | 1 | 2 | 3 | 4 | 5 |
| 2. My client is friendly towards me | 1 | 2 | 3 | 4 | 5 |
| 3. My client is worried an=bout embarrassing her/himself with me | 1 | 2 | 3 | 4 | 5 |
| 4. My client takes the lead when she/he is with me | 1 | 2 | 3 | 4 | 5 |
| 5. My client keeps some important things to her/himself, not sharing them with me | 1 | 2 | 3 | 4 | 5 |
| 6. My client has confidence in me and my mistakes | 1 | 2 | 3 | 4 | 5 |
| 7. My client feels optimistic about his/her progress | 1 | 2 | 3 | 4 | 5 |
| 8. My client feels she/he can openly express his/her thoughts and feelings to me | 1 | 2 | 3 | 4 | 5 |
| 9. My client is critical or disappointed in me | 1 | 2 | 3 | 4 | 5 |
| 10. My client can discuss personal matters she/he is ordinarily ashamed or afraid to reveal | 1 | 2 | 3 | 4 | 5 |
| 11. My client looks to me for solutions to her/his problems | 1 | 2 | 3 | 4 | 5 |
| 12. My professional skills are impressive to my client | 1 | 2 | 3 | 4 | 5 |
| 13. I accept my client no matter what she/he does | 1 | 2 | 3 | 4 | 5 |
| 14. I try to influence my client in ways that re not beneficial to her/him | 1 | 2 | 3 | 4 | 5 |
| 15. I find it hard to understand my client | 1 | 2 | 3 | 4 | 5 |
| 16. I feel warm and friendly with my client | 1 | 2 | 3 | 4 | 5 |
| 17. I do not give my client the guidance she/he would like | 1 | 2 | 3 | 4 | 5 |
| 18. I feel a persuasive person | 1 | 2 | 3 | 4 | 5 |
| 19. I feel supportive | 1 | 2 | 3 | 4 | 5 |
| 20. I follow my own plans, ignoring my clients view of how to proceed | 1 | 2 | 3 | 4 | 5 |
| 21. I feel confident in myself and my techniques | 1 | 2 | 3 | 4 | 5 |
| 22. I feel bored or impatient with my client | 1 | 2 | 3 | 4 | 5 |
| 23. I expect my client to take responsibility rather than be dependent on me | 1 | 2 | 3 | 4 | 5 |
| 24. My client and I are willing to work hard together | 1 | 2 | 3 | 4 | 5 |
| 25. My client takes the lead and I expect it of him/her | 1 | 2 | 3 | 4 | 5 |
| 26. My client and I agree about how to work together | 1 | 2 | 3 | 4 | 5 |
| 27. My client and I have difficulty working jointly as a partnership | 1 | 2 | 3 | 4 | 5 |
| 28. My client and I are clear about our roles and responsibilities when we meet | 1 | 2 | 3 | 4 | 5 |

Appendix 5.14 Longitudinal Study Evaluation Questionnaire

THE COUNSELLING SERVICE EVALUATION QUESTIONNAIRE

The following questions are about the counselling service, how you came to use it, the advantages and disadvantages in using a service at work and the ways in which you think the service might be improved. A final section gives you the opportunity to expand on any of the answers that you have given to the questions below, as well as allowing you to comment on any aspect of the service, or your experiences with it not covered by this questionnaire.

1. Name: ----- 2. Today's Date: -----

a. Prior Experience of Counselling

1. Have you ever used any of the following, or gone to see any of the following before? Please tick the appropriate box. Thank you.

	YES	NO
(a) The counselling service at work?	[]	[]
(b) Another counselling service?	[]	[]
(c) A telephone based help or counselling line?	[]	[]
(d) A psychotherapist?	[]	[]
(e) Your G.P.?	[]	[]
(f) A psychiatrist?	[]	[]
(g) Other (please describe)?	[]	[]

2. Have you undertaken any kind of training in counselling skills? YES NO

3. If yes, could you briefly describe the training/course(s) that you have had?

4. Do you use counselling skills at work? YES NO

5. If yes, for what?

b. Going to Counselling

6. Did anybody refer you to or send you to counselling service? YES NO

7. If yes, were any of the following involved in either:

	Referring you to counselling		Suggesting you go to counselling	
	YES	NO	YES	NO
Your line manager	[]	[]	[]	[]
Occupational Health Personnel/Human Resources	[]	[]	[]	[]
Other Manager	[]	[]	[]	[]
Other (please describe)	[]	[]	[]	[]
My partner	[]	[]	[]	[]
A friend at work	[]	[]	[]	[]
A family member	[]	[]	[]	[]
Non-work Friends	[]	[]	[]	[]

8. To what extent did you felt under pressure to attend counselling? Please use the scale below.

Under a lot of pressure at all							Under no pressure
1	2	3	4	5	6	7	

9. Using the scale illustrated below, could you please indicate the extent to which other people gave you support for your decision to go to and use the counselling service (if they knew)?

	Did not know 1	Totally Supportive 2	Supportive 3	Neutral 4	Unsupportive 5	Totally Unsupportive 6
Your line manager	[]	[]	[]	[]	[]	[]
Occupational Health Personnel/Human Resources	[]	[]	[]	[]	[]	[]
Other Manager	[]	[]	[]	[]	[]	[]
Other (please describe)	[]	[]	[]	[]	[]	[]
My partner	[]	[]	[]	[]	[]	[]
A friend at work	[]	[]	[]	[]	[]	[]
A family member	[]	[]	[]	[]	[]	[]
Non-work Friends	[]	[]	[]	[]	[]	[]

10. For what reasons did you decide to go to counselling? -----

c. The Service

11. How did you find out about the service at work?

- Through seeing posters for the service []
- Through the staff newspaper []
- Through word of mouth []
- Via Occupational Health []
- Via Personnel/Human Resources []
- Through reading a leaflet []
- Via my line-manager []
- Other (please describe) []

12. Is there enough publicity for the service? YES NO

13. If no, how could publicity be improved?

14. What are the advantages, or attractions, of using the counselling service at work?

15. What are the disadvantages of using a counselling service at work?

16. Were there any problems in gaining access to the service? YES NO

17. If yes, what were they?

d. In the future

18. Would you use the counselling service again? YES
NO

19. Would you use a counselling service other than the one at work? YES
NO

20. If any of the following had problems, or difficulties, would you suggest that they should go and see somebody?

	YES	NO
A colleague, or friend, at work?	[]	[]
A non-work friend?	[]	[]
A member of your family?	[]	[]

21. Have you encouraged anybody else to go to counselling? YES NO

22. Have you got any other comments that you would like to make about the Staff Counselling Service? If you have, then please write these below.

Thank you for your involvement in this project and for your completion of this questionnaire. Please return it to Mark Cheesman, using the envelope provided, at the MRC/ESRC Social and Applied Psychology Unit, Department of Psychology, University of Sheffield, Sheffield S10 2TN.

Appendix 5.15: Longitudinal Study Information Letter

INFORMATION SHEET FOR PATIENTS AND HEALTHY VOLUNTEERS

You are being asked to participate in a research project. The statement below explains in ordinary language what will happen to you if you agree to take part; it describes any risks or discomfort that you may experience, and it also explains what we hope to learn as a result of your taking part.

You should not take part if you do not wish to do. If you do decide to take part, you should tell the counsellor about any other research projects that you have volunteered for in the last 12 months. If you decide not to take part and you are receiving counselling, this will not be affected by your decision.

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET.

Brief Title of Project

The effects of staff counselling

Explanation

The Staff Counselling and Stress Management Service has invited the MRC/ESRC Social and Applied Psychology Unit at the University of Sheffield to undertake a study to evaluate the effectiveness of staff counselling.

Staff counselling is a relatively new idea, although a lot is known about counselling more generally. Very little research has been undertaken so far on counselling at work. To improve such services, we need to know more about what brings people to counselling, how they experience the counselling process, and the changes in well-being and effectiveness that go with participation in counselling.

The more clients take part in this research, the more useful the results will be. If you are willing to participate, this will involve filling in a number of questionnaires on each of five occasions, and a brief form each time you attend for counselling. On no occasion should this require more than 25 minutes of your time. It will also involve your giving the researcher permission to copy your absence records from personnel files.

To get a fuller picture of your experience of counselling, we may make a separate request that you meet the researcher, Mark Cheesman, to tell him about this. With your permission, we would like to record these talks for research purposes. However, filling in the questionnaires does not commit you to meeting the researcher, and you may terminate your involvement with the research at any time.

Apart from the researchers at SAPU you will be the only person to see your answers to these questions. Nobody either at the Postgraduate Medical School, or at the Special Health Authority will have access to any of the information that you give us, nor will anyone other than one researcher know that your absence records have selected for examination or what they contain. This includes the service counsellors and staff of the personnel department. Confidentiality will be maintained throughout and beyond the end of the study. Information you provide will be identified only by a number. The counsellors will only see your questionnaires before you complete them, and the only other person to know your code number will be the researcher in Sheffield. All accounts of the research will be prepared so as to protect the anonymity of all participants. Once the study has been completed all research tools, questionnaires and tapes will be shredded and erased.

There is no risk to you as a person from this study. The only inconvenience for you will be the time spent filling in measures, and (if you accept an invitation at a later date) a meeting with the researcher Mark Cheesman.

Appendix 7: Additional Tables for Chapter Six

Table	Participants and non-participants at Site One
7a:	A chi-square comparing the number of junior and middle level study participants and non-participants at Site One.
7b:	A chi-square comparing the occupational status of study participants and non-participants at Site One.
7c:	A chi-square comparing the presenting problems of study participants and non-participants at Site One.
7d:	A chi-square comparing the reasons for terminating counselling for study participants and non-participants at Site One.
7e:	A chi-square comparing the sources of information about the counselling service between study participants and non-participants at Site One.
7f:	A chi-square comparing the number of men and women study participants and non-participants at Site One.
7g:	A chi-square comparing the ethnic breakdown of study participants and non-participants at Site One.
7h:	An independent t-test comparing the number of years of service at Site One between study participants and non-participants.
7i	Comparisons between Pre-Post and Pre-Only Clients
7j	Independent t-tests between pre-only and pre-post clients at pre-counselling.
7k	A chi-square comparing the number of male and female pre-only and pre-post clients at pre-counselling.
7l	A chi-square comparing the relationship status of pre-only and pre-post clients at pre-counselling.
7m	A chi-square comparing the number of shift-working and non-shift working pre-post and pre-only clients at pre-counselling.
7n	A chi-square comparing the number of pre-only and pre-post clients groups at each counselling site.

Table	
7o	A chi-square comparing the occupational status of the pre-only and pre-post client groups.
7p	The Number of Returned EOC & Follow-up Questionnaires
7q	One way ANOVAs comparing pre-post clients categorised in terms of the number of returned EOC and follow-up questionnaires.
7r	Within-Group Differences in the Pre-Post Sample
7s	Independent t-tests comparing pre-post male and female clients at pre-counselling.
7t	Independent t-tests comparing pre-post shift and non-shift workers at pre-counselling.
7u	Independent t-tests comparing pre-post site one and site two clients at pre-counselling.
7v	Independent t-tests comparing, at pre-counselling, those pre-post clients who had and those who did not have prior experience of counselling.
7w	One way ANOVAs comparing the pre-post group, differentiated on the basis of relationship status, at pre-counselling.
7x	One way ANOVAs comparing the pre-post group, differentiated on the basis of occupation, at pre-counselling.

Table 7a. Employee seniority and study participation at Site One.				
Group	Level of seniority		Chi-square	
	Junior	Middle	x²	df
Participants	41	13		
Non-participants	33	3	3.66*	1

* p < .05.

Table 7b. Occupational status and study participation at Site One.						
Group	Occupational category				Chi-square	
	HP	MAC	S & T	Others	x²	df
Participants	22	15	8	7		
Non-participants	7	11	6	8	2.23	3

Note: The original series of categories employed by service counsellors was collapsed to allow analyses to take place. HP = Health professionals, MAC = Management, Administrative and Clerical, S & T = Scientific and Technical. Other = porters, cleaners and catering staff.

Table 7c. Issues presenting at counselling: A chi-square comparing study participants and non-participants at Site One						
Group	Presenting problem				Chi-square	
	Rela	Pers	Bere	W & S	x²	df
Participants	23	7	10	14		
Non-participants	12	8	9	7	2.41	3

Note: The original series of categories employed by service counsellors was collapsed to allow analyses to take place. Rela = Relationships, Pers = Personal, Bere = Bereavement, W & S = Work & stress

Table 7d. A chi-square comparing the reasons for terminating counselling for study participants and non-participants at Site One.				
Group	Reasons for ending counselling		Chi-square	
	Client termination	Completion	x²	df
Participants	14	19		
Non-participants	13	14	1.00	2

Client = The client made the decision not to continue with counselling. Client completion: Client completed the agreed number of counselling sessions.

Table 7e. Finding out about the service: Sources of publicity between study participants and non-participants at Site One.

Group	Sources of information.					x^2	df
	Media	Retur	Man	Recc	Other		
Participants	16	5	5	17	9		
Non-participants	8	8	6	7	6	5.09	4

Media = Leaflets/Staff newspaper/meetings. Retur = Client returning to use the service. Man = Manager. Recc = Recommendation from colleagues.

Table 7f. Gender and study participation: A chi-square comparing male and female participants and non-participants at Site One.

Group	Gender.		x^2	df
	Women	Men		
Participants	42	12		
Non-participants	29	7	0.10	1

Table 7g. The ethnic breakdown of study participants and non-participants at Site One.

Group	Ethnic Background		x^2	df
	Caucasian	Non-Caucasian		
Participants	44	10		
Non-participants	27	9	.54	1

Note: The original categorisation system had to be collapsed.

Table 7h. Years of service at Site One: Study participants and non-participants.

	Participants	Non-participants			
	Mean (sd)	Mean (sd)	t	df	ES
Years of Service	5.5 (5.6)	3.5 (4.2)	1.64	48.43	0.20

Table 7i. Pre-only and pre-post clients at pre-counselling: A series of independent t-tests.

Scales	Pre-only			Pre-post			Independent t-tests		
	M	SD	N	M	SD	N	t	ES	df
SCL-18	1.44	0.51	16	2.43	0.70	58	0.07	0.05	32.8
GHQ-12 L	2.08	0.51	16	1.92	0.66	58	1.03	0.21	30.3
GHQ-12 C	9.38	3.44	16	8.38	3.81	58	1.00	0.27	26.1
IIP-32	1.76	0.81	16	1.28	0.62	58	2.24*	0.67	20.1
Hindering	6.50	1.03	16	6.64	1.21	58	0.46	0.48	27.5
SIS ¹	3.69	0.45	15	3.92	0.52	58	1.60	0.47	71.0
Hinder E	1.92	0.67	15	1.63	0.54	58	1.53	0.48	19.1
Relate E	3.50	0.87	15	3.84	0.84	58	1.40	0.39	71.0
Task E	3.38	0.65	15	3.51	0.81	58	0.65	0.20	26.3
Soc Supp	3.51	0.89	14	3.38	0.78	58	0.52	0.15	70.0
Logic	3.62	1.27	13	3.61	0.85	57	0.00	0.07	18.1
H.Assertive	2.02	1.28	16	1.70	1.18	58	0.95	0.26	72.0
H.Sociable	1.67	1.51	16	1.20	1.10	58	1.16	0.58	19.6
H.Supportive	1.23	1.61	16	0.66	0.79	58	1.37	0.48	17.1
T.Dependent	1.45	0.90	16	1.41	0.98	58	0.19	0.04	25.9
T.Caring	2.52	1.16	16	1.59	0.90	58	2.96**	0.94	20.2
T.Aggressive	1.42	1.20	16	1.23	1.25	58	0.55	0.18	72.0
H.Involved	2.13	1.32	16	1.22	1.12	58	2.51*	0.88	21.3
T.Open	1.54	0.69	14	1.89	0.91	55	1.55	0.28	25.6
Age	29.40	9.40	14	34.6	8.9	57	1.9	0.60	69.0
Career	7.60	9.50	14	9.9	7.1	57	0.8	0.30	16.8
Hospital	3.60	6.30	13	4.0	3.8	46	0.3	0.10	57.0
Post	2.40	3.70	14	2.9	2.7	55	0.7	0.20	67.0
Hours	38.30	5.30	14	36.6	10.7	57	0.8	0.20	42.1

Note: SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. SIS = Session Impact Scale. OSI = Occupational Stress Indicator. H = Hard to. Ass = Assertive., Higher scores on the SCL-18, IIP-32, its sub-scales and the GHQ-12 are associated with higher levels of reported distress and interpersonal problem. Higher scores on Hindering, the Session Impact Scale and its Relationship and Task sub-scales are associated with more positive counselling impacts. A higher score on the SIS Hindering sub-scale is associated with a negative evaluation of counselling impact. Higher scores on the OSI Social Support and Logic sub-scales are associated with the more frequent use of these coping strategies. Ns: ¹ = 30, ² = 32, ³ = 31. * p < .05, ** p < .01.

Table 7j. Gender and pre-only and pre-post clients at pre-counselling: A chi-square.

Group	Gender		Chi-square	
	Women	Men	χ^2	df
Pre-only	11	5		
Pre-post	50	8	2.639 ns	1

Pre-only: Clients who only returned the pre-counselling questionnaire. Pre-post: Clients who returned the pre-counselling and at least one of the end of counselling and follow-up questionnaires.

Table 7k. Relationship status and pre-only and pre-post clients at pre-counselling: A chi square.

Group	Relationship status		Chi-square	
	Married / Cohabiting	Living alone	χ^2	df
Pre-only	7	6		
Pre-post	26	31	0.29	1

The category 'Living alone' includes those who were divorced / separated, single, widowed and in a relationship but living apart at pre-counselling. Categories were collapsed to allow analyses. Pre-only: Clients who only returned the pre-counselling questionnaire. Pre-post: Clients who returned the pre-counselling and at least one of the end of counselling and follow-up questionnaires.

Table 7l. Shift-working and pre-only and pre-post clients at pre-counselling: A chi-square.

Group	Shift-working		Chi-square		
	Shifts	No shifts	χ^2	df	p
Pre-only	6	6			
Pre-post	24	33	0.251	1	ns

Pre-only: Clients who only returned the pre-counselling questionnaire. Pre-post: Clients who returned the pre-counselling and at least one of the end of counselling and follow-up questionnaires.

Table 7m. Site Location and Pre-only and Pre-post Clients at pre-counselling: A Chi-square.

Group	Site location		Chi-square		
	Site One	Site Two	χ^2	df	p
Pre-only	15	1			
Pre-post	39	19	4.86	1	.028

Note: Site One: London. Site Two: North Midlands. Pre-only: Clients who only returned the pre-counselling questionnaire. Pre-post: Clients who returned the pre-counselling and at least one of the end of counselling and follow-up questionnaires.

Table 7n. Occupational status at pre-counselling and pre-only and pre-post clients.

Group	Career			Chi-square		
	HP	MAC	Others	χ^2	df	p
Pre-only	9	4	1			
Pre-post	32	15	10	0.94	2	ns

Note: HP = Health Professionals. MAC = Management, Administrative and Clerical. Others = Ancillary & Scientific & Technical. Pre-only: Clients who only returned the pre-counselling questionnaire. Pre-post: Clients who returned the pre-counselling and at least one of the end of counselling and follow-up questionnaires.

Table 7o. The number of returned EOC and follow-up measures: A series of one way ANOVAs comparing pre-post clients.

Indicator	The number of returned questionnaires.				One way ANOVA		
	One	Two	Three	Four	F	df	p
	Mean	Mean	Mean	Mean			
SCL-18	1.58	2.30	2.35	2.43	0.487	3,54	ns
GHQ-12 L	2.06	1.83	2.06	1.76	0.837	3,54	ns
GHQ-12 C	8.78	8.07	9.27	7.53	0.531	3,54	ns
IIP-32	2.20	2.13	2.24	2.29	0.194	3,54	ns

Note: SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. L = Likert. C = Case. EOC = End of Counselling. Higher scores on the SCL-18, IIP-32 and the GHQ-12 are associated with higher levels of reported distress and interpersonal problem. The number of clients who returned the following number of questionnaires. One, n=18, two, n = 14, three n = 11 and all four, n = 15.

Table 7p. Pre-post clients at pre-counselling and gender: A series of independent t-tests.

Measure	Women (n=50)		Men (n=8)		Independent t-test		
	M	sd	M	sd	t	df	ES
SCL-18	1.39	0.67	1.65	0.93	0.75	8.2	0.33
GHQ-12 Likert	1.95	0.63	1.76	0.88	0.58	8.2	0.25
GHQ-12 Case	8.53	3.58	7.13	5.25	0.73	8.1	0.32
IIP-32	1.28	0.61	1.76	0.81	2.24*	20.07	0.68
Hindering Expectations	6.70	1.17	6.25	1.49	0.82	8.43	0.38
Hindering SIS	3.96	0.52	3.76	0.49	1.03	55.0	0.39
Relate SIS..	1.65	0.57	1.53	0.41	0.77	11.8	0.12
Task SIS.	3.93	0.84	3.38	0.79	1.82	9.7	0.67
Too Caring	3.59	0.78	3.26	0.78	1.32	55.0	0.42
H.Supportive	1.57	0.92	1.72	0.83	0.48	9.95	0.06
Too Involved	0.52	0.65	1.53	1.06	2.61*	7.86	1.17
Too Dependent	1.11	1.05	1.91	1.33	1.61	8.46	1.16
Too Socialise	1.35	1.01	1.78	0.70	1.53	12.29	0.50
H.Assertive	1.12	1.08	1.72	1.11	1.45	56	0.55
Too Aggressive	1.62	1.20	2.16	0.97	1.39	10.73	0.49
Too Open	1.14	1.24	1.78	1.20	1.36	56	0.52
OSI Social Supp	1.87	0.92	1.97	0.90	0.28	9.63	0.11
OSI Logic	3.43	0.79	3.12	0.78	106	9.51	0.39
Age	3.70	0.81	2.90	0.79	2.49*	7.95	1.00
Career length	35.30	9.30	30.10	3.90	2.70*	23.20	0.79
Hosp length	10.20	7.40	7.90	4.60	1.19	13.90	0.38
Post length	4.10	4.10	3.40	2.70	0.65	14.50	0.21
Hours	3.00	2.80	2.50	1.50	0.74	17.00	0.23
	35.80	11.00	41.50	8.00	1.77	11.80	0.60

Note: SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. SIS = Session Impact Scale. OSI = Occupational Stress Indicator. Supp = Support. T = Too. H = Hard to. * p < .05.

Table 7q. Pre-post clients, at pre-counselling, and shift-work. A series of independent t-tests.

Measure	Shifts (n=24)		No shifts (n=33) ¹		Independent t-test		
	Mean	sd	Mean	sd	t	ES	df
SCL-18	1.67	0.84	1.25	0.54	2.14*	0.64	36.9
GHQ-12 L	2.07	0.73	1.82	0.61	1.35	0.37	44.0
GHQ-12 Case	9.04	3.51	7.82	4.02	1.22	0.32	53.1
IIP-32	1.38	0.69	1.19	0.56	1.12	0.30	43.5
Hindering	6.92	1.18	6.48	1.20	1.36	0.37	50.3
Expectations	4.03	0.45	3.87	0.55	1.22	0.32	54.3
Hindering SIS	1.68	0.65	1.60	0.46	0.54	0.14	39.3
Relate SIS.	3.98	0.83	3.76	0.86	0.98	0.26	50.7
Task SIS.	3.76	0.68	3.38	0.82	1.92	0.51	54.1
Age	32.90	10.5	35.80	7.40	1.18	0.32	38.9
Career	10.80	6.80	9.20	7.30	0.88	0.23	55.0
¹ Hosp length	3.70	3.80	4.20	3.90	0.39	0.13	37.5
² Post length	2.80	2.60	3.00	2.80	0.34	0.08	53.0
Hours	39.50	11.70	34.50	9.60	1.76	0.47	55.0

Note: SCL = Symptom Checklist. GHQ = General Health Questionnaire. L = Likert. IIP = Inventory of Interpersonal Problems. SIS = Session Impact Scale. E = Expectations. Relate = Relationship. Hosp Length = Length of time working at current hospital. ¹.n = 23 & 32. ². n = 18 & 28. * p < .05.

Table 7r. Pre-post clients, at pre-counselling, and Site Location: A series of independent t-tests.

Measure	Site 1		Site 2		Independent t-test		
	Mean	sd	Mean	sd	t	ES	df
SCL-18	1.32	0.66	1.66	0.75	1.80*	0.48	56.0
GHQ-12 Likert	7.59	4.01	10.00	2.81	2.65**	0.71	48.8
GHQ-12 Case	1.78	0.68	2.21	0.52	2.63**	0.72	45.6
IIP-32	1.28	0.66	1.26	0.54	0.13	0.03	42.6
Hindering	6.62	1.12	6.68	1.42	0.19	0.04	29.3
Expectations	3.90	0.50	3.97	0.56	0.52	0.13	56.0
Hindering SIS	1.59	0.55	1.72	0.54	0.83	0.24	56.0
Relate SIS.	3.82	0.85	3.89	0.84	0.31	0.08	56.0
Task SIS.	3.42	0.71	3.69	0.97	1.12	0.32	27.8
OSI Social Support	3.31	0.78	3.53	0.78	0.98	0.28	56.0
OSI Logic	3.48	0.90	3.88	0.67	1.86*	0.51	46.7
Age	33.20	7.7	37.50	10.7	1.53	0.47	25.5
¹ Career	9.60	7.8	10.40	5.6	0.47	0.12	44.4
² Hospital length	3.70	3.9	5.90	2.7	1.81*	0.67	11.1
³ Post length	2.40	2.4	4.30	3.0	2.20*	0.70	22.8
¹ Hours	38.50	5.9	32.60	16.5	1.47	0.50	19.0

Note: Site One, n = 39. Site Two, n = 19. SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. SIS = Session Impact Scale. OSI = Occupational Stress Indicator. strategies. ¹.n = 39 & 18. ². n = 39 & 7. ³.n = 39 & 16. * p < .05, ** P < .01.

Table 7s. Pre-post clients at pre-counselling and prior experience of counselling: A series of independent t-tests.

Measure	No prior use.		Prior use.		Independent t-test		
	Mean	sd	Mean	sd	t	ES	df
SCL-18	1.16	0.66	1.63	0.81	2.05*	0.64	36.6
GHQ-12 Likert	1.61	0.56	2.12	0.74	2.51*	0.78	38.3
GHQ-12 Case	7.25	4.03	9.00	4.03	1.37	0.43	40
IIP-32	1.12	0.69	1.39	0.65	1.30	0.40	40
Hindering	6.32	1.14	6.73	1.19	1.13	0.44	40
Expectations	3.85	0.50	3.96	0.51	0.69	0.22	40
Hindering SIS.	1.48	0.40	1.73	0.65	1.58	0.47	40
Relate SIS.	3.81	0.81	3.85	0.73	0.14	0.05	29.3
Task SIS	3.20	0.96	3.71	0.75	1.81*	0.56	26.1
H.Assertive	1.22	1.08	2.23	1.20	2.82**	0.89	34.3
H.Supportive	0.36	0.63	0.91	0.88	2.38*	0.73	39.0
H.Sociable	0.89	1.08	1.40	1.27	1.35	0.43	40
Too.Aggressive	1.31	1.40	0.95	0.94	0.91	0.31	23.5
Too.Dependent	1.17	0.83	1.52	1.08	1.17	0.36	37.9
Hard to be Involved	1.06	0.99	1.44	1.23	1.12	0.34	37
Too.Open	2.22	0.93	1.91	0.94	1.03	0.33	38
Too.Caring	1.59	0.98	1.60	0.88	0.01	0.01	40
OSI Social Support	3.12	0.74	3.43	0.86	1.23	0.39	25.5
¹ OSI Logic	3.13	0.88	3.67	0.85	1.91	0.62	39
¹ Age	35.3	8.3	35.1	11.0	0.06	0.02	36
¹ Career	10.3	6.6	10.0	8.0	0.15	0.03	39
² Hosp length	4.6	4.3	4.4	4.2	0.17	0.04	33
³ Post length	3.5	3.6	3.1	2.5	0.47	0.13	38
⁴ Hours	38.1	8.0	37.2	13.2	0.28	0.08	38.9

Note: SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. H = Hard to be. SIS = Session Impact Scale. OSI = Occupational Stress Indicator. Relate=Relationship. ¹. N=26 & 15. ². N=22 & 13. ³. N=25 & 15. ⁴. N=26 & 15. * p < .05, ** p < .01

Table 7t. Pre-post clients and relationship status at pre-counselling: A series of one way ANOVAs.

Measure	Relationship status					One way ANOVA	
	M/C	D/Se	Wid	Rela	Sin	df	F
SCL-18	1.57	1.48	1.36	1.32	1.19	4,52	0.66
GHQ-12 Likert	2.00	2.08	1.33	1.88	1.67	4,52	1.21
GHQ-12 Case	9.19	9.17	5.00	7.55	7.33	4,52	1.11
IIP-32	1.33	1.02	1.35	1.52	1.01	4,52	1.31
Hindering	6.77	7.17	6.00	6.64	6.33	4,52	0.45
Expectations	3.96	4.10	3.58	4.00	3.80	4,52	0.64
Hindering SIS.	1.61	1.57	2.00	1.73	1.58	4,52	0.35
Relationship SIS	3.88	3.92	3.50	4.00	3.67	4,52	0.32
Task SIS	3.55	3.83	3.20	3.73	3.23	4,52	0.92
H.Assertive	1.80	1.17	0.00	2.21	1.52	4,52	2.10
H.Supportive	0.99	1.17	1.38	1.80	1.12	4,52	1.03
H.Sociable	1.18	0.54	1.63	1.66	0.96	4,52	1.29
T.Aggressive	1.74	0.88	0.38	0.91	0.77	4,52	2.18
T.Dependent	1.37	1.42	1.88	1.89	0.98	4,52	1.36
H.Involved	0.99	1.17	1.38	1.80	1.12	4,52	1.04
T.Open	1.72	2.67	2.75	1.93	1.88	4,49	1.67
T.Caring	1.64	1.67	3.13	1.34	1.33	4,52	2.08
OSI Soc Supp	3.54	3.17	3.80	3.30	3.18	4,52	0.74
OSI Logic	3.72	3.44	4.17	3.73	3.22	4,52	1.07
Age	35.60	39.30	44.00	33.20	29.8	4,52	2.22
Career	11.00	8.80	24.50	8.60	6.6	4,52	3.60*
¹ Hosp length	4.90	6.70	4.50	3.60	1.7	4,41	1.64
² Post length	2.80	5.00	4.50	2.40	2.3	4,50	1.38
¹ Hours	35.40	32.70	38.00	40.50	37.3	4,52	0.65

Note: N = 58. SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. SIS = Session Impact Scale. OSI = Occupational Stress Indicator. M/Co = Married/Cohabiting (n = 26), D/Se = Divorced/Separated (n = 6), Wid = Widowed (n = 2), Rela = In a relationship but living apart (n = 11), Sin = Single (n = 12). H. = Hard to. T. = Too.

¹. N = 21, 3, 2, 10 & 10. ². N = 24, 6, 2, 11, 12. * p < .05.

Table 7u. Pre-post clients and occupational status at pre-counselling: A series of one way ANOVAs.

Measure	Occupation.				One way ANOVA	
	HP n = 32	MAC n = 15	S & T n = 6	Anc n = 4	df	F
SCL-18	1.47	1.23	1.52	1.65	3,53	0.57
GHQ-12 Likert	2.08	1.78	1.56	2.06	3,53	1.25
GHQ-12 Case	9.22	7.60	4.83	9.25	3,53	2.74*
IIP-32	1.32	0.96	1.64	1.38	3,53	2.24
Hindering.	6.63	6.87	5.83	7.50	3,53	0.41
Expectations	3.88	4.00	3.76	4.17	3,53	0.92
Hindering SIS	1.74	1.36	1.73	1.70	3,53	1.80
Relationships SIS	3.78	4.00	3.58	4.25	3,53	0.72
Task SIS	3.53	3.51	3.33	4.00	3,53	0.60
OSI Social Support	3.47	3.24	3.37	3.33	3,53	0.29
OSI Logic	3.63	3.44	4.00	3.33	3,53	0.71
H.Assertive	1.76	1.20	2.50	1.77	3,53	1.91
H.Supportive	0.64	0.68	0.83	0.44	3,53	0.20
H.Sociable	1.29	0.63	1.75	1.44	3,53	2.12
Too Aggressive	1.34	0.97	1.21	1.50	3,53	0.35
Too Dependent	1.42	1.17	2.00	1.31	3,53	1.03
H.Involved	1.37	0.72	1.46	1.31	3,53	1.33
Too Open	1.81	2.30	1.35	1.94	3,53	1.83
Too Caring	1.55	1.30	1.71	2.63	3,53	2.51
Age	33.00	36.80	39.80	31.00	3,53	1.63
Career	9.80	10.50	11.80	4.80	3,53	0.87
¹ Hosp length	3.80	3.70	5.80	2.50	3,42	0.58
² Post length	3.00	2.90	2.70	2.00	3,51	0.11
Hours	37.20	33.40	38.30	41.00	3,53	0.75

Note: N = 58. SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. SIS = Session Impact Scale. OSI = Occupational Stress Indicator. * p < .05.

Appendix 8: Additional tables for Chapter Seven

Table	
8a	Shift-Working and Pre-Post Change: Differences between Shift and Non-Shift Workers: A Series of Repeated Measure MANOVAs.
8b	Relationship Status and Pre-Post Change: Differences Between Groups. A Series of Repeated Measure MANOVAs.
8c	Gender and Change from Pre-Counselling to Follow-up: Differences Between Men and Women. A Series of Repeated Measure MANOVAs.
8d	Prior Experience of Help-Seeking: Differences Between Experienced and Inexperienced Help-Seekers. A Series of Repeated Measure MANOVAs.
8e	Site Location and Change from Pre-Counselling to Follow-up: Differences Between Sites One and Two. A Series of Repeated Measure MANOVAs
8f	Relationship Status at Pre-Counselling and Change from Pre-Counselling to Follow-up: A Series of Repeated Measure MANOVAs.
8g	Gender and Change from Pre-Counselling to Six Months: Differences Between Men and Women: A Series of Repeated Measure MANOVAs.
8h	Shift-Working and Change from Pre-Counselling to Six Months: Differences Between Shift-Workers and Non-Shift Workers. A Series of Repeated Measure MANOVAs
8i	Relationship Status at Pre-Counselling and Change from Pre-Counselling to Six Months: A Series of Repeated Measures MANOVAs.
8j	Age and Change Across Occasions: A Series of Partial Correlations Between Age and Change across Occasions Controlling for Scores at Pre-Counselling.

Table 8a. Shift-Working and Pre-Post Change: Differences between Shift and Non-Shift Workers: A Series of Repeated Measure MANOVAs.

Shift-working	Pre-Counselling						Post-Counselling						MANOVA		
	Yes			No			Yes			No					
	Mean	sd		Mean	sd		Mean	sd		Mean	sd			F	p
SCL-18	1.73	0.80		1.25	0.54		0.83	0.62		0.53	0.50		1.21	0.276	1,1,54
GHQ-12L	2.07	0.73		1.82	0.61		0.99	0.52		0.83	0.59		0.22	0.642	1,1,55
GHQ-12C	9.04	3.51		7.82	4.02		2.97	3.41		2.36	3.21		0.31	0.581	1,1,55
IIP-32	1.43	0.65		1.19	0.56		0.97	0.57		0.89	0.57		1.81	0.293	1,1,54

SCL=Symptom Checklist; GHQ=General Health Questionnaire; IIP=Inventory of Interpersonal problems. Higher scores are associated with higher levels of distress and interpersonal problems. Post-Counselling=The mean of the four EOC, one, three and six month measures. Ns. SCL-18/IIP-32, Work Shifts, n=23 and Not Shift-working, n=33 and GHQ-12, Work Shifts, n=24 and Not Shift-working, n=33. Post-Counselling = The mean of EOC, one, three and six months.

Table 8b. Relationship Status and Pre-Post Change: Differences Between Groups. A Series of Repeated Measure MANOVAs.

Relationship Status		Pre-Counselling				Post-Counselling				MANOVA		
		Married/ Cohabiting		Not living together/ Single		Married/ Cohabiting		Not living together/ Single		F	p	df
Scale	Mean	sd	Mean	sd	Mean	sd	Mean	sd				
SCL-18	1.57	0.73	1.34	0.66	0.76	0.62	0.57	0.50	0.06	0.576	1,1,54	
GHQ-12L	2.06	0.54	1.80	0.75	0.95	0.57	0.85	0.56	0.75	0.212	1,1,55	
GHQ-12C	9.19	3.19	7.61	4.21	2.85	3.56	2.42	3.07	1.09	0.457	1,1,55	
IIP-32	1.33	0.59	1.25	0.63	0.94	0.63	0.91	0.57	0.15	0.476	1,1,54	

SCL=Symptom Checklist; GHQ=General health Questionnaire; IIP-Inventory of Interpersonal Problems. Higher scores are associated with higher levels of distress and interpersonal problems. Post-Counselling, the mean of the four EOC, one, three and six month measures. Ns: Married/Cohabiting, n=28 Not living together/single, n=30. Post-Counselling = The mean of EOC, one, three and six months.

Table 8.c. Gender and Change from Pre-Counselling to Follow-up: Differences Between Men and Women. A Series of Repeated Measure MANOVAs.

Gender	Pre-Counselling						End of Counselling						Follow-up						MANOVA		
	Female			Male			Female			Male			Female			Male					
	M	sd		M	sd		M	sd		M	sd		M	sd		M	sd			F	p
SCL-18	1.34	0.71		1.44	0.00		0.63	0.60		0.06	0.00		0.49	0.45		0.11	0.00		0.68	0.493	2,2,5
GHQ-12L	1.83	0.59		1.38	1.47		1.14	0.75		0.75	0.35		1.48	0.44		1.38	0.37		0.24	0.792	2,2,5
GHQ-12c	8.07	3.74		5.00	7.07		4.11	4.48		0.00	0.00		1.82	2.68		0.67	0.94		0.44	0.646	2,2,5
IIP-32	1.21	0.60		1.58	0.16		1.04	0.55		1.10	0.45		0.78	0.52		0.88	0.16		0.58	0.563	2,2,5

Follow-up = The mean of one, three and six months.

Table 8.d. Prior Experience of Help-Seeking: Differences Between Experienced and Inexperienced Help-Seekers. A Series of Repeated Measure MANOVAs.

Scale	Prior Experience of Counselling						End of Counselling						Follow-up						MANOVA
	Pre-Counselling			No			Yes			No			Yes			No			
	M	sd	M	M	sd	M	M	sd	M	M	sd	M	M	sd	M	M	sd	F	
SCL-18	1.10	0.50	1.67	0.83	0.30	0.44	0.30	0.78	0.88	0.78	0.37	0.29	0.29	0.59	0.59	0.98			2,2,4
GHQ-12L	1.66	0.50	2.01	0.77	0.66	0.96	0.66	0.76	1.43	0.76	1.37	0.29	0.29	1.60	0.56	0.33	0.723		2,2,4
GHQ-12c	8.00	3.72	8.50	4.27	4.58	3.00	4.58	4.50	5.50	4.50	0.89	1.50	3.28	2.57	3.28	0.60	0.554		2,2,4
IIP-32	1.10	0.62	1.46	0.56	0.50	1.00	0.50	0.48	1.25	0.48	0.62	0.37	0.37	0.97	0.53	0.21	0.853		2,2,4

SCL=Symptom Checklist; GHQ=General health Questionnaire; IIP-Inventory of Interpersonal Problems. Higher scores are associated with higher levels of distress and interpersonal problems. Follow-up = The mean of one, three and six months.

Table 8.e. Site Location and Change from Pre-Counselling to Follow-up: Differences Between Sites One and Two. A Series of Repeated Measure MANOVAs

Site Location	Pre-Counselling						End of Counselling						Follow-up						MANOVA		
	Site One			Site Two			Site One			Site Two			Site One			Site Two					
	M	sd		M	sd		M	sd		M	sd		M	sd		M	sd			F	p
SCL-18	1.36	0.60		1.58	0.87		0.70	0.73		0.77	0.32		0.65	0.60		0.61	0.33		0.91	0.407	2,2,6
GHQ-12L	1.75	0.69		1.97	0.43		1.09	0.74		1.35	0.64		1.00	0.54		1.00	0.46		0.69	0.530	2,2,6
GHQ-12c	7.46	3.99		9.18	3.31		3.67	4.35		4.73	4.54		2.91	3.22		2.54	2.49		1.08	0.345	2,2,6
IIP-32	1.31	0.60		1.25	0.56		1.07	0.63		1.20	0.59		0.96	0.60		0.95	0.51		0.69	0.508	2,2,6

SCL=Symptom Checklist; GHQ=General health Questionnaire; IIP-Inventory of Interpersonal Problems. Higher scores are associated with higher levels of distress and interpersonal problems. Follow-up = The mean of one, three and six months. Ns: SCL-18, Site One, n=19, Site Two, n=10; GHQ-12/IIP-32, Site One, n=21, Site Two, n=10.

Table 8.f. Relationship Status at Pre-Counselling and Change from Pre-Counselling to Follow-up: A Series of Repeated Measure MANOVAs.

Relationship Status	Pre-Counselling						End of Counselling						Follow-up								
	Marr/Coh			Not/Sin			Marr/Coh			Not/Sin			Marr/Coh			Not/Sin			MANOVA		
	M	sd		M	sd		M	sd		M	sd		M	sd		M	sd		F	p	df
SCL-18	1.35	0.83		1.35	0.61		0.59	0.50		0.63	0.68		0.52	0.62		0.43	0.28		0.17	0.979	2,2,5
GHQ-12L	1.78	0.46		1.82	0.77		0.95	0.54		1.24	0.84		0.52	0.59		0.45	0.28		0.99	0.224	2,2,5
GHQ-12C	7.92	3.40		7.82	7.38		2.69	3.45		4.71	5.00		2.17	3.35		1.42	1.90		1.68	0.449	2,2,5
IIP-32	1.23	0.54		1.21	0.64		0.96	0.52		1.07	0.56		0.74	0.58		0.79	0.46		0.30	0.469	2,2,5

SCL = Symptom Checklist; GHQ = General health Questionnaire; IIP = Inventory of Interpersonal Problems. Higher scores are associated with higher levels of distress and interpersonal problems. Follow-up = The mean of one, three and six months. Marr/Coh = Married/Cohabiting; Not/Sin = Not living with partner/Single. Ns: Married/Cohabiting = 13; Not living together/Single = 17.

Table 8.g. Gender and Change from Pre-Counselling to Six Months: Differences Between Men and Women: A Series of Repeated Measure MANOVAs.

Scale	pre		EOC		One		Three		Six		MANOVA		
	Fem	Male	Fem	Male	Fem	Male	Fem	Male	Fem	Male	F	p	
	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd		df	
SCL-18	1.50 0.93	1.44 0.00	0.67 0.49	0.06 0.00	0.50 0.51	0.06 0.00	0.56 0.83	0.22 0.00	0.47 0.55	0.06 0.00	0.21	0.930	4,4, 48
GHQ-12	1.83 0.67	1.38 1.47	1.21 0.61	0.75 0.35	0.85 0.62	0.75 0.24	0.81 0.73	0.83 0.35	0.96 0.79	0.88 0.18	0.27	0.896	4,4, 52
GHQ-12 Case	7.92 4.07	5.00 7.07	4.85 4.10	0.00 0.00	2.00 3.32	0.50 0.71	1.54 3.84	0.50 0.71	3.15 4.60	1.00 1.41	0.35	0.840	4,4, 52
IIP-32	2.50 0.93	2.44 0.00	1.67 0.49	1.06 0.00	1.50 0.51	1.06 0.00	1.56 0.83	1.22 0.00	1.47 0.55	1.06 0.00	0.21	0.338	4,4, 48

SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. Fem = Female. Higher scores for measures are associated with higher levels of psychological distress and inter-personal problems. EOC = End of Counselling. Ns: SCL-18: Female (n = 13), Male (n = 1). GHQ-12 and IIP-32: Female (n = 13), Male (n = 2).

Table 8.g. Shift-Working and Change from Pre-Counselling to Six Months: Differences Between Shift-Workers and Non-Shift Workers. A Series of Repeated Measure MANOVAs

Scale	Pre		EOC		One		Three		Six		MANOVA		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	F	p	
	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd	Mean sd		df	
SCL-18	1.67 1.17	1.37 0.68	0.61 0.30	0.64 0.63	0.35 0.15	0.56 0.66	0.37 0.30	0.66 1.05	0.48 0.51	0.40 0.60	1.11	0.362	4,4,4 8
GHQ-12 Likert	1.62 0.87	1.88 0.67	1.18 0.70	1.16 0.52	0.61 0.45	1.03 0.64	0.68 0.26	0.94 0.92	0.99 0.71	0.91 0.79	0.60	0.663	4,4,5 2
GHQ-12 Case	7.00 4.76	8.00 4.21	4.43 5.32	4.00 3.21	0.71 1.11	2.75 4.03	0.14 0.38	2.50 4.75	2.71 4.27	3.00 4.69	0.47	0.758	4,4,5 2
IIP-32	1.35 0.57	1.38 0.54	1.39 0.53	1.16 0.35	0.84 0.37	0.95 0.50	0.68 0.53	0.93 0.81	0.92 0.62	0.86 0.42	1.17	0.342	4,4,5 2

SCL = Symptom Checklist. GHQ = General Health Questionnaire. IIP = Inventory of Interpersonal Problems. Higher scores for measures are associated with higher levels of psychological distress and inter-personal problems. EOC=End of Counselling. No=No shifts. Ns: SCL-18: Shifts (n=6). No (n=8). GHQ-12 and IIP-32: Shifts (n=7), No (n=8).

Table 8.h. Relationship Status at Pre-Counselling and Change from Pre-Counselling to Six Months: A Series of Repeated Measures MANOVAs.

Relationship status		Pre		EOC		One		Three		Six		MANOVA				
		Mar /Co	Single/ Not	Mean	sd	Mar /Co	Single/ Not	Mean	sd	Mar /Co	Single/ Not	Mean	sd	F	p	df
Scale																
SCL-18		1.65	1.38	0.79	0.51	0.67	0.32	0.82	0.33	0.44	0.43	0.48	0.58	0.990	4,4,4	8
GHQ-12		1.82	1.71	1.33	1.02	0.92	0.78	1.19	0.57	1.15	0.81	0.58	0.51	0.519	4,4,5	2
Likert		0.52	0.90	0.46	0.66	0.87	0.32	0.96	0.25	0.94	0.58	0.58	0.17	0.786	4,4,5	2
GHQ-12 Case		8.33	7.00	5.17	3.56	3.00	1.00	3.33	0.11	4.00	2.11	3.55	0.17	0.786	4,4,5	2
IIP-32		1.37	1.37	1.20	1.31	0.92	0.88	0.94	0.73	0.72	1.00	0.58	1.15	0.261	4,4,5	2
		0.49	0.59	0.41	0.48	0.60	0.32	0.92	0.50	0.35	0.58	0.58	1.15	0.261	4,4,5	2

SCL=Symptom Checklist. GHQ=General Health Questionnaire. IIP=Inventory of Interpersonal Problems. Mar/Co=Married or cohabiting, n=6. Single/Living apart from current partner, n=9. Higher scores for measures are associated with higher levels of psychological distress and inter-personal problems. EOC=End of Counselling.

Table 8.i. Age and Change Across Occasions: A Series of Partial Correlations Between Age and Change across Occasions Controlling for Scores at Pre-Counselling.

	Post	One	Three	Six	Follow-up	Post
SCL-18	-0.19 29	0.19 18	0.23 34	-0.17 41	0.03 49	-0.04 53
GHQ-Likert	-0.04 31	0.08 18	0.23 34	0.12 42	0.14 50	0.09 54
GHQ-Case	0.01 31	0.31 18	0.23 34	0.14 42	0.19 50	0.14 54
IIP-32	-0.01 31	0.15 18	0.03 33	-0.11 41	-0.05 49	-0.03 53

SCL=Symptom Checklist. GHQ=General Health Questionnaire. IIP=Inventory of Interpersonal Problems. Follow-up=the mean of the three one, three and six month follow-up measures. Post=the mean of the four EOC, one, three & six month post-counselling measures.