

Staff Reintegration Following High-Risk Missions

Good Practices in Supporting International Development and Aid Workers

Abstract

International development activities are operating in a context of increasing complexity, and this context exposes humanitarian workers to high levels of risk. In addition to physical risks, prolonged exposure of aid workers to human suffering and violence can have a severe psychological impact. Many stressors manifest most clearly at the end of a worker's term as they prepare to return to their home country. Despite this, many aid workers say that they do not feel adequately supported by their employers throughout their time overseas, and most especially during reintegration. This lack of support (actual or perceived) can compound a worker's anxiety and increase his or her risk of serious psychosocial difficulties.

"Humanitarian aid workers ... often suffer from some of the same emotional effects as those directly impacted by the disaster, both as a result of the stresses of work in the field and as a result of constant exposure to traumatized people." i

This paper examines current practices among international development and humanitarian aid agencies for supporting their workers during post-mission reintegration, and addresses particular stresses on workers posted in conflict areas.

Complex environments and worker health

It is widely recognized and generally expected that humanitarian workers will be exposed to risk in their work, and that international development activities are operating in a context of increasing complexity. In addition to physical risks and cumulative stressors that are inherent in development work, there is evidence that prolonged exposure of aid workers to extreme human suffering, and exposure to violence towards themselves, their co-workers, or the communities they are attempting to assist, can have a severe psychological impact on workers¹. Blurred lines between development and military assistance missions may contribute to this stressful and complex environment. Anecdotal information suggests that, in some circumstances, aid workers may no longer be considered neutral parties and may be subject to antagonism and hostility from the intended beneficiaries of their work.

The intensity of direct and indirect stressors is amplified in conflict areas. Given the increased risks to aid workers, there is a growing recognition of the need to provide support services to staff during and after postings to lessen the impact of these risks on their physical and psychosocial well-being.

"RES is a problem because it is associated with a number of negative consequences. Some people will turn to drugs or alcohol to 'cope' with the feelings of frustration and isolation and some will indulge in risk taking behaviour that may affect their health, career and family." ii

1. Guy, J. Humanitarian Aid Personnel & Chronic Traumatic Stress. Headington Institute. www.headington-institute.org/Default.aspx?tabid=1331.



Stresses of Reintegration

Many stressors manifest most clearly at the end of a worker's term, as they prepare to return to home and after arrival back home. While a minority of aid workers will comfortably adjust to life in their home country and exhibit minimal psychosocial problems, literature focused in this area indicates that up to 60% of these workers experience stress responses during the reintegration phase². Re-entry Stress or Re-entry Syndrome (RES)³, also known as reverse culture shock, is a psychological response to a return from international fieldwork. Stress may have a negative impact on physical, emotional, behavioural and philosophical aspects of a person, and may create disruptions to thought processes, such as indecisiveness and extreme negativity. Stress reactions range from malaise, irritability and mild anxiety to depression, substance abuse, and post-traumatic stress disorders. On return to his or her home country, a humanitarian worker may experience feelings of helplessness, and they may find themselves working through deep ethical dilemmas encountered during their mission. Workers may feel a loss of commitment to their organization, to their mission, or to development activities in general. Guilt related to uncompleted work, and a lack of resolution or sense of accomplishment, may produce negative stress responses. Humanitarian workers who develop serious physical or mental health problems have been described as 'secondary victims' of aid work⁴.

Re-entry Syndrome may also be described as a change shock, reflecting the understanding that even generally positive change (such as the completion of a program or a return to family) can induce negative stress reactions. This period of transition comes with risk of psychosocial difficulties, including feelings of isolation and depression; these difficulties are compounded in cases where the worker has been exposed to cumulative and critical incident stressors, particularly if the effects of these stressors were not addressed at the time, or in the case of a sudden project termination and repatriation. In many cases, the re-entry period includes feelings of loss, guilt, and frustration. These feelings may stem from a perceived lack of understanding of their experience on the part of friends and family, separation from their colleagues, and loss of purpose. Family and social support has been identified as an important factor in helping aid workers adjust to re-entry, yet alienation from friends and family members is a hallmark of this time; many workers feel that family members can not fully appreciate the dynamics of their experience or the impact it has had on them. A feeling of isolation from social networks is both an indicator of RES and a contributor to reintegration difficulties. The worker faces many other life-stressors at this time including a change of employment, change of home, and change of family circumstances; they may also be dealing with physical health concerns.

Caring for the needs of humanitarian workers is not an indulgence ... maintaining the ability of caretakers to function efficiently and effectively is an essential part of providing humanitarian services. ⁱⁱⁱ

It is evident that individual coping mechanisms, resilience and psychological preparedness are all important factors in determining the reactions of development and aid workers to the stressors associated with a high-risk assignment. Effective policies and practices at the organizational level, however, also play a critical role in preventing or reducing the impacts of stress throughout a project and in assisting the worker to reintegrate at the end of the assignment. A worker's ability to successfully reintegrate and readapt is affected, and in some cases predicted, by support or interventions at all stages of the assignment cycle: having a clear understanding of risk, context and conditions; implementation of a pre-departure psychological screening; thorough pre-assignment preparation including training in the areas of stress management, intercultural effectiveness and

2. McCreesh, M. *Re-Entry Syndrome*, 2003 www.aidworkers.net/?q=node/263

3. McCreesh, *ibid*

4. Centre for Humanitarian Psychology: *Compassion Fatigue of Relief Workers*. www.humanitarian-psy.org/pages/fiches_details.asp?id=18



intercultural conflict management; availability of critical incident debriefing support during the mission; thorough handover practices prior to return and a complete debriefing post return⁵. Post-mission support and monitoring have also been identified as critical contributors to stress reduction, and this is particularly important in the case of return from conflict areas. It is clear that the long-term success of any efforts in conflict areas is dependent upon competent and healthy field personnel; successful reintegration is a critically important factor in achieving this.

There is consensus on the need for organizations to take a systemic health promotion approach rather than a crisis management approach that addresses stress only when it has had negative impacts.

Impacts and Implications

It has been noted that humanitarian agencies do not always apply their humanitarian ideals to staff members and that the debriefing and reintegration process is often seen by workers as being a low priority for their employing organizations. One survey of aid workers from major development agencies indicated that only 22.5% of expatriate workers were offered post-mission psychological debriefing, and only 9.5% were offered pre-mission stress management training⁶. The survey results indicated that stress manifestations in workers were related to the degree and helpfulness of support services offered by the sponsoring agency. A survey of aid agencies confirmed that organizations dedicated few resources to helping staff manage stress⁷.

Many aid workers say that they do not feel adequately supported by their employers throughout their time overseas, and especially during reintegration. This lack of support (actual or perceived) can compound a worker's anxiety and increase their risk of serious psychosocial difficulties. Helpful staff support systems are shown to lead to positive health outcomes for staff members and facilitate work effectiveness, and organizations have an important role in limiting the sources and effects of worker stress⁸. While it is acknowledged that aid work is inherently stressful, aid workers do not have a special ability to repel these stressors. Nor does the expectation of stress relieve the employer's ethical responsibility to ensure the health and safety of their employees; this ethical responsibility does not end at the termination of a contract since the employer continues to be responsible for injuries, whether physical or psychological, incurred on the job. Aid workers who are not returning to work with the agency may be unemployed during the critical period at the end of their contract and are in particular need of employer-paid health support services.

In addition to the ethical responsibilities of aid agencies to address worker health and safety, there are organizational benefits to effective handling of reintegration issues. Recruitment and retention of skilled staff has been identified

"Organizations who pride themselves on how their workers risk their lives to fulfill their missions must support them in building their lives after relief work. It should be seen as a moral obligation." iv

5. www.antareshfoundation.org

6. Lopes Cardozo, B. & Salama, P. (2002). *Mental health of humanitarian aid workers in complex emergencies*. In Y. Danieli (Ed.), *Sharing the front line and the back hills: Peacekeepers, humanitarian aid workers and the media in the midst of crisis* (pp.242-255). Amityville, NY:Baywood.

7. Ehrenreich, J.; Elliott T. *Managing Stress in Humanitarian Aid Workers: A Survey of Humanitarian Aid Agencies' Psychosocial Training and Support of Staff*. *Peace and Conflict: Journal of Peace Psychology*, Volume 10, Issue 1 March 2004, pages 53 - 66

8. Antares Foundation. *Managing stress in humanitarian workers: Guidelines for good practice* (Second edition), 2006. www.antareshfoundation.org/documents/antaresh_guidelines2.pdf



as an emerging issue within the international development sector⁹ yet few organizations keep accurate records of turnover rates¹⁰. Recruitment of new staff may be affected by the positive or negative representations of experienced employees. Effective staff support improves aid worker morale, thereby increasing retention and reducing the disruption and expense of aborted contracts.

Providing sound and supportive assistance to workers can positively affect their commitment to the organization and the mission, increasing the likelihood that the employee will re-engage for future deployments.^v

An organization's ability or inability to address staff reintegration issues has implications for the success of programs where an employee is redeployed. There is evidence that repeated exposure to stressors through multiple missions and extended periods in the field may lead to increased mental health problems¹¹. If health problems are not addressed during re-entry they may continue into

a new posting, introducing the possibility of compounding injury to the worker and negatively affecting the outcome of the mission. Experienced employees hold a great deal of knowledge about organizations and projects; a returning employee with serious psychosocial problems may be unable to transfer their learning to the organization, resulting in a loss of important program knowledge. And while it is beyond the scope of this paper to address legal issues, there may be liability concerns for employers who do not adequately address the post-mission health and safety of staff.

Key Agencies and Organizations

Various development agencies and NGOs have taken incremental steps over the past decade to address issues of staff care and reintegration support. There has also been a concerted effort by several umbrella organizations and foundations to coordinate activities and establish guidelines for best practices that may be adopted or refined by individual organizations. The following international groups have been working to address human resource concerns of aid and development agencies and to specifically identify issues around health and safety issues for humanitarian workers.

People In Aid (PIA)¹² is a UK-based network of development and aid agencies, funded in part by the UK Department for International Development (DFID). Its 139 member organizations are primarily from Europe, Australia and the US with expanding involvement from other regions. PIA has produced a "Code of Practice" that guides organizational human resource policies. The Code includes information on best practices in staff care, including considerations for the reintegration process.

The Antares Foundation¹³, with offices in the Netherlands and Australia, has also contributed to the discourse on human resource policy and practice for development agencies and NGOs. They have partnered with the American Centers for Disease Control and Prevention to examine issues around staff stress and health, and have produced 'good practice' guidelines for addressing stress in aid workers. The foundation is also in the process of developing a model for implementation of stress management processes within NGOs.

9. www.peopleinaid.org/pool/files/publications/turnover-and-retention-lit-review-jan-2006.pdf;

10. [http://reliefweb.int/rw/lib.nsf/db900sid/AMMF-6RKCY6/\\$file/hpn-gen-jun06.pdf?openelement](http://reliefweb.int/rw/lib.nsf/db900sid/AMMF-6RKCY6/$file/hpn-gen-jun06.pdf?openelement)

11. Melles, R. Cumulative Stress in your Expatriate Population, 2003.

www.fgiworld.com/eng/articles/AddressingStress-Dec03.pdf (no longer available online)

12. www.peopleinaid.org/

13. www.antaresfoundation.org/



The Headington Institute¹⁴ is a privately-funded American organization that offers information, support and guidance to address aid worker stress. The foundation takes an individual rather than organizational approach to resolving stress issues. Their website offers a collection of self-study resources on re-entry stress.

Good Practices

It is essential to understand that the issues facing international aid staff at re-entry are part of a chain that begins before the time of recruitment; as a result, the actions required by employers must begin at the project planning stage, carry through recruitment and deployment, and continue beyond the end of the mission into reintegration. Addressing stress at the end point of a mission is really closing the barn door after the horse has escaped; effective stress management needs to occur through a systematic policy of support and stress mediation.

The following graphic from the Antares Foundation demonstrates some good practices of organizations in the prevention, mediation and remediation of employee stress through each stage of a mission, beginning with pre-mission policy development and planning and concluding with end-of-assignment and post-assignment support.



Source: www.antaresfoundation.org/download/antares_grap.pdf

14. www.headington-institute.org/



The “Guidelines for Good Practice”¹⁵ of the Antares Foundation can assist organizations in managing worker stress. These guidelines have been tested and refined over several years by the Foundation and their partners, and are informed by the PIA Code of Practice¹⁶. This table highlights some of the guidelines and associated indicators that relate specifically to the agency’s responsibility for staff reintegration:

Principle 7	Principle 8
<p>The agency provides practical, emotional and culturally appropriate support for staff at the end of an assignment or contract. This includes a personal stress review and an operational debriefing. Leaving an assignment, returning home or transferring to a new assignment can often be an underestimated and challenging experience and staff members need to be adequately prepared for it.</p>	<p>The agency has clear written policies with respect to the ongoing support they will provide to staff members who have been adversely impacted by exposure to stress and trauma during their assignment. While laws in effect in many countries may provide a minimal level of protection or support for disabled workers, the agency itself evaluates what support it owes its staff.</p>
<p>Indicators:</p> <ol style="list-style-type: none"> 1. The agency has a program for assisting staff members who are completing an assignment to prepare for the stresses involved in leaving a project and returning home (or taking on another assignment). 2. All staff members are offered an exit operational debriefing at the end of their assignment or contract. 3. All staff members have access to a personal stress assessment and review at the end of their assignment or on an annual basis. <ol style="list-style-type: none"> a. the assessment is conducted by someone who is not associated with human resources management within the agency; b. the agency agrees that the staff member’s confidentiality is maintained with respect to stress assessments and reviews. 4. The agency has standing arrangements to make psychosocial services available for staff members in the wake of an evacuation or other premature or unexpected termination of a project or contract. 5. The agency has an explicit commitment to provide practical support to help employees make necessary arrangements associated with relocation after an evacuation or other premature or otherwise unexpected termination. 	<p>Indicators:</p> <ol style="list-style-type: none"> 1. The agency has a clear policy aimed at monitoring and supporting employees who have job stress-related disabilities such as burnout, severe stress, compassion fatigue or post-trauma symptoms. 2. The agency has developed policies for employees who are unable to continue working for the agency due to job-related stress or injury. This addresses issues such as continuation of salary and benefits and provision (or financing) of medical and/or psychosocial support services.

15. www.antaresfoundation.org/Guidelines.htm

16. www.peopleinaid.org/code/



The following is a sampling of published reintegration practices of other development and aid organizations:

1. The United Nations Development Program offers the “Programme for Staff Assistance”(PSA)¹⁷, a free and confidential counseling centre for staff and families. The PSA provides information, assessment counseling, and referral services for staff during and after their missions. The UNDP believes that both organizational and personal debriefings are important for staff reintegration and health.
2. The United States Peace Corps¹⁸ brings volunteers together at the end of service for group and individual debriefings and offers training sessions on successful reintegration. They have also created an Office of Returned Volunteer Services to provide re-entry assistance, including employment services, and have established returned volunteer associations to maintain peer support and collegiality over the long term.
3. The International Committee of the Red Cross¹⁹ employs psychologists and psychiatrists to work with staff in the field and at re-entry, and additional psychological support is provided in cases of sudden evacuations or critical incidents. The organization offers support services for staff in their country of origin. Members of the “Psychological Support Team” (PST) meet with each delegate before and after their mission to assess their psychological preparedness and end of mission mental health. The Red Cross takes a variety of educational approaches to assist delegates in self-care; they offer workshops on workplace stress, produce staff handbooks on maintaining psychosocial health, and educate delegates about common stress reactions on re-entry. Program evaluations identified the need for training of management staff and desk officers whose response to staff concerns may mediate or exacerbate staff stress. The Red Cross recognizes that their efforts have shifted the organizational culture from one where discussion of staff health was taboo to one that understands and values psychological support for staff. The Red Cross has recently initiated a program to offer services to families of field staff.
4. MSF Holland²⁰ took action to address their organizational culture of invincibility and the increasing psychosocial problems encountered by field staff. The organization had previously worked under the assumption that pre-assignment screening processes effectively identified high-risk individuals but they now understand that even staff with considerable psychosocial resources can be at risk under very challenging working conditions. They have concluded that debriefing and psychosocial care needs to be a normal part of organizational culture and have created a psychosocial care unit to assist staff with re-entry; services offered include short-term counseling (up to 16 sessions) and referrals for longer-term care. They have identified a cadre of psychologists who are available to support staff on re-entry. In the case of critical incidents, immediate help is dispatched to the field to offer psychosocial assistance. Where possible, MSF will refer staff to support services in their country of origin.

“Both management and staff are in need of professional tools to handle work-related stress and cope with chaotic and life threatening situations.” vi

17. United Nations Development Programme http://74.125.47.132/search?q=cache:rMtp3yzE4dYJ:www.sas.undp.org/documents/Programme_for_Staff_Assistance_Brochure.doc+%22Programme+for+Staff+Assistance%22&cd=1&hl=en&ct=clnk&client=safari

18. www.peacecorps.gov/ and O’Neill, M and Kramer, E. “The Peace Corps Volunteer Safety Support System”, in *Sharing the front line and the back hills: International protectors and providers: Peacekeepers, humanitarian aid workers and the media in the midst of crisis*. Y. Danielli (Ed.) (2002) Amityville, NY: Baywood Publishing Co.

19. www.icrc.org/

20. www.artsenzondergrenzen.nl/ and van Gelder, P. and van den Berkhof, R., “Psychosocial Care for Humanitarian Aid Workers” in *Sharing the front line and the back hills: International protectors and providers: Peacekeepers, humanitarian aid workers and the media in the midst of crisis*. Y. Danielli (Ed.) (2002) Amityville, NY: Baywood Publishing Co.



Many MSF offices also offer a formal support network of staff or volunteers; in the case of MSF Holland, it was found that returning staff members were reluctant to use services provided by colleagues who were in a position to influence future placements, and volunteer networks were preferred. The volunteer peer support system has been helpful in assisting staff with reintegration; while the network is financed by MSF, it is administratively independent of the organization.

5. The Interagency Standing Committee (IASC)²¹ prepared guidelines on psychosocial support that include recommendations for the care of emergency aid workers. These guidelines include: developing a concrete plan to proactively assist staff; fully preparing staff for their jobs and the employment context; training HQ staff in stress identification and stress management; making available information on organizational policy and psychosocial supports; facilitating a healthy work environment, including R&R provisions; and addressing potential work-related stressors. The guidelines also encourage agencies to provide peer and professional psychosocial supports, and psychological assistance for critical incidents at one and three months post-incident. During the reintegration period, the guidelines promote the following: a technical debriefing and job evaluation from senior staff; a health check-up that includes a stress assessment; provision of stress management materials; and provision of a list of mental health professionals and peer supporters. The guidelines also recommend that support mechanisms should be made available to former staff on request, however no time frame is specified.
6. People in Aid (PIA)²² recommends a comprehensive organizational process to address staff resilience including pre-departure training in resilience factors, reintegration concerns, and psychosocial support resources. They also make recommendations on systematizing briefing processes to maximize understanding of roles, build commitment, and ensure that the worker has realistic expectations of the working conditions and risks. PIA also reinforces the necessity of defusing stress during the mission through improving organizational processes that may add to worker stress. At the end of a contract, PIA focuses on a debriefing process that acknowledges the work completed and allows feedback to be shared with the agency. While acknowledging that there is some debate on the effectiveness of psychological debriefing, PIA recommends that workers be made aware of confidential psychological debriefing resources that are available to them. Finally, PIA acknowledges that post-mission support has been limited, but promotes the ideal of workers and employers collaborating to develop effective reintegration strategies. They also suggest that organizations be aware of the time needed for effective recovery from challenging postings, and avoid penalizing staff who require additional time between assignments.
7. Other practices noted anecdotally or in the literature include:
 - Provision of manuals with resources for stress reduction and information on common responses to reintegration. The Headington Institute is a leader in this area; their Website offers a number of accessible stress management resources. A list of recommended stress management and self-care resources is provided at the end of this document.
 - Provision of a rotational deployment system or a preferential posting system for permanent staff that helps build staff resiliency through reduced exposure to stressors and allows time for employees to address physical and psychosocial concerns. Rotation of deployments may help prevent staff burnout and may allow an employee to reconnect with family and friends if based in their home country. Position rotations also provide professional development opportunities and serve as a motivational incentive²³.

21. IASC Guidelines on Mental Health and Psychosocial support in Emergency settings

www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

22. www.peopleinaid.org/

23. www.peopleinaid.org/pool/files/publications/motivating-staff-and-volunteers-working-in-ngos-in-the-south.pdf



- Provision of time and resources allowing staff an opportunity to travel away from hardship postings. The United Nations High Commission for Refugees²⁴ has offered a ‘mental health travel scheme’ that allowed staff to leave high-risk areas on a regular basis. Other organizations offer ‘rest and relaxation’ programs that fund, or partially fund, rest time away from the work site.
- Provision of extended Employee Assistance Plans using external and confidential psychological support staff.
- Provision of support and materials sensitive to personal and cultural differences in how people react to stress and how they would prefer to address reintegration and stress issues. People who carry out aid work come from a variety of cultural backgrounds; for some of these workers, western or individual models of psychosocial support may not be appropriate. As an example, in some cultures stress is more likely to manifest itself in physical rather than emotional symptoms²⁵. Few resources on this topic are publicly available, and development of these materials should include consultation with returning field staff. Staff should be trained to recognize the different manifestations of, and responses to, stress.

A number of agencies and NGOs are recognizing the role of the organization in increasing staff resilience and building a culture that respects and encourages health promotion. Many of the practices listed above help to legitimize psychosocial care as an important part of the organizational culture, increasing the probability that staff will seek support when it is needed. Most organizations now acknowledge that they must offer thorough preparation for the considerable professional and emotional tasks demanded from work in this field.

In addition to the external and organizational factors that affect workers’ abilities to cope with stress, individual traits, experience and personal circumstances must be considered when assessing a potential employee or assigning an employee to an especially challenging mission.

Many organizations attempt to assess a worker’s risk factors before an assignment. The Antares Foundation recommends implementation of a pre-hiring general screening process followed by a focused stress assessment that addresses the requirements of a specific assignment²⁶. The latter assessment would not necessarily exclude a candidate from an assignment but may help outline the training and support requirements an employee would require in order to perform successfully in the job.

Risk assessment is an inexact science: as MSF Holland has learned, it is not safe to assume that even those workers who pass a pre-assignment screening will be able to cope under the most difficult conditions²⁷. Yet the literature has identified some of the pre-existing factors that may contribute to a worker’s resilience in the face of extreme stress, as well as the aspects of a worker’s history and psychological makeup that affect an individual’s inability to cope under these same conditions.

24. www.unhcr.org and Jessen-Peterson, S. Caring for Staff in UNHCR, 2002, in Danieli, Y. (ed). Sharing the front line and the back hills: International protectors and providers: Peacekeepers, humanitarian aid workers and the media in the midst of crisis, 2002. Amityville, NY: Baywood Publishing Co.

25. Ryder, A. G., Yang, J., & Heini, S. (2002). Somatization vs. psychologization of emotional distress: A paradigmatic example for cultural psychopathology. In W. J. Lonner, D. L. Dinnel, S. A. Hayes, & D. N. Sattler (Eds.), *Online Readings in Psychology and Culture* (Unit 9, Chapter 3), (www.wvu.edu/~culture), Center for Cross-Cultural Research, Western Washington University, Bellingham, Washington USA.

26. www.antaressfoundation.org

27. van Gelder, P., and van den Berkhof, R. Psychosocial care for humanitarian aid workers: The Medecins Sans Frontieres Holland Experience, 2002. In Danieli, *ibid*.



The Antares Foundation’s ‘Guidelines for Good Practice’²⁸ spell out some of the recommended components of a pre-assignment risk assessment, including:

- assessment of past and current physical and mental health
- assessment of personal resiliency, coping mechanisms, and motives
- assessment of training and support needs relating to the assignment
- review of history and experience in dealing with personal and professional challenges
- evidence of successful experience in working as a member of a team

PIA endorses the need to assess resiliency factors, coping experience and teamwork skills in the screening process²⁹. They also suggest screening for evidence of security in the prospective employee’s professional and personal life, and evidence of a secure social network.

The Headington Institute identifies the following risk and protective factors that may assist the pre-assignment screening process:

Risk Factors	Protective Factors
<ul style="list-style-type: none"> • A certain nature and intensity characterizing traumatic events experienced in the past • Nature and intensity of the traumatic or stressful events that trigger the current reactions • Number of stressors experienced • Length of exposure to stressful situations • Organizational factors • History of previous psychiatric illness • Lack of social support • Pronounced introversion • Negativity and pessimism 	<ul style="list-style-type: none"> • Social support • Optimism and healthy self-esteem • Spirituality • Adaptability • Tendency to find meaning • Curiosity and openness to experience • Aptitude

Source: Headington Institute, www.headington-institute.org/Default.aspx?tabid=1790

The list above suggests that workers who have experienced repeated exposure to traumatic stress, especially if not addressed at the time of the event, are at higher risk for negative reactions to stress in the field; rotation of assignments may be an effective organizational response in such cases. Several of the risk factors, such as introversion, negativity and psychiatric illness may be inherent in the worker or they may arise from particularly stressful work experiences. The availability of social support is indicated here and elsewhere as an important factor in risk reduction, reinforcing the need for organizations to ensure that the worker is able to maintain regular communications with family and friends.

28. Managing Stress in Humanitarian Workers: Guidelines for Good Practice (second edition). www.antaresfoundation.org
 29. www.peopleinaid.org/pool/files/publications/resilience-of-aid-workers-article.pdf



While many of the factors indicated here may inform decisions about assignments (either for self-selection by employees or for placement by the agency), it is advised that aid organizations consult a professional psychologist in developing or employing tools for risk assessment and for training staff in implementing the screening process. The Headington Institute, for example, offers a consulting service on staff risk assessment for hiring and placement purposes. An ethical and legal review should be completed by the organization before the implementation of an assessment policy to ensure transparency, legitimacy, and compliance with labour laws.

“... relief and development workers alike find themselves confronted with the assumption that hardship and risk... come with the territory”^{vii}

Professional guidance, as well as staff consultation, is also recommended for the development of systems and protocols to assess employee stress during and after assignment. Such assessments can enable early intervention and reduce the possibility of compounding psychosocial injuries. Worker stress may be monitored through regular reviews by trained supervisors and by reviews after a critical incident. Other

methods include distribution of self-assessment questionnaires, or informal observation by supervisors and colleagues. Again, care must be taken to understand the different ways that stress may manifest across cultures and to have these different manifestations acknowledged throughout stress assessment processes.

The Antares Foundation notes the importance of establishing a stress assessment policy with an emphasis on supportive response rather than punitively responding to staff reports of stress³⁰. This type of policy will encourage staff self-assessment and reporting and make effective intervention more likely. Establishment of a positive organizational culture and approach is key in building trust and enabling workers to voice their concerns before they reach a critical stage.

The People in Aid “Code of Good Practice” notes that staff support policies must comply with national legislation, but it urges agencies to look beyond the minimum legal requirements to standards that build workforce health and morale³¹. Training and preparation of staff for self-care is one component of best practices, but there are organizational actions and responsibilities as well. A singular focus on self-care, rather than organizational and systemic changes to support staff in their work, is counterproductive and comes with the risk of pathologising staff members who are experiencing reintegration difficulties. PIA recommends that agencies work with field staff to develop appropriate support programs, and suggests that agencies examine field and head office policy implementation for inconsistencies. Policies and processes can improve and evolve over time by soliciting and using the feedback of returning workers.

Many international NGOs and development agencies note that identification of human and financial resources continues to be a barrier to implementation of needed staff support programs; however, an increasing number of organizations now recognize that these services are essential to maintaining a high functioning organization. The implementation of best practices identifies staff support as the foundation of development and aid work and helps ensure that staff continue to function at their optimal levels. While practices of other development agencies and NGOs are useful for guidance, it must be recognized that ‘best practices’ are constantly shifting with changes in legislation and environment; established best practices need to be regularly assessed and updated.

30. www.antareshfoundation.org/Guidelines.htm

31. www.peopleinaid.org/code/

Finally, it has been noted that aid worker stress and the current practices to mediate this stress have not been the subject of serious research³²; in most cases, the best practices noted above, while laudable, have not been systematically evaluated or studied. The phrase ‘assumed best practices’ may be the best terminology under the circumstances: reports of successes are generally anecdotal rather than scientific. Further research is necessary to delineate the scope of the problem, confirm best practices, and ensure that the most efficient and effective means of addressing re-entry and other development and humanitarian aid staff stresses are identified.



Recommendations for International Aid & Development Organizations

Policy and Planning	
1. Policy Review	<ul style="list-style-type: none"> • Work with Antares or a similar organization to review organizational policy, conduct an organizational needs assessment, and make recommendations for the development of a systematic health-promotion approach, including the development of agency-specific guidelines and identification of concomitant resource requirements. • Identify issues that may contribute to staff stress and adjust policies and practices as required (for example, improve communication processes from the field to families and HQ; set standards for rest periods between assignments).
2. Culture Change	<ul style="list-style-type: none"> • Make staff care a priority and take steps to build staff care into organizational culture and policy. • Adopt/Adapt the People-In-Aid 'Code of Good Practice' and/or the Antares Foundation's 'Guidelines for Good Practice'.
3. Collaboration & Research	<ul style="list-style-type: none"> • Participate in international staff care and human resource initiatives. • Establish a collaborative network for implementation of systems. • Work with other groups to support research on the effectiveness of reintegration strategies. • Ensure that field worker perspectives are included in research and evaluation activities. • Establish an evaluation framework for your organization, and collect data on staff turnover, rates of use for support services and other non-identifying information. Develop protocols for sharing this information with other organizations.
4. Consultation	<ul style="list-style-type: none"> • Establish a working group on staff reintegration, including current and previous staff members, to adapt best practices and create an implementation and evaluation strategy. • Establish focus groups with returning workers to solicit feedback on organizational contributors to staff stress and gather recommendations for improvement.
5. Human and Financial Resources	<ul style="list-style-type: none"> • Train managers and staff to understand stresses, identify stress in field staff, and support staff through reintegration. • Make adequate financial and human resources available for post-mission support and follow-up.



Briefing, Debriefing and Training

1. Pre-departure preparation	<ul style="list-style-type: none"> • Ensure that all staff members receive comprehensive pre-departure training. • Include a thorough briefing on the project environment, a realistic portrayal of the risks, reintegration concerns, and stress management. • Review personal, environmental, and organizational factors affecting resilience (see PIA process).
2. Post-return	<ul style="list-style-type: none"> • Ensure that all staff members are offered a debriefing or exit interview at the end of their assignment. • In the case of long-term staff, offer additional reintegration training six months after end of contract. • Ensure that debriefing processes follow current best practices. • Make operational and personal debriefings a paid but optional component of the workers contract.
3. Critical Incidents	<ul style="list-style-type: none"> • Ensure that sound critical incident debriefing practices are used and that these practices are systematically applied. • Establish systems for immediate critical incident debriefing, follow-up debriefing on re-entry, and referral as required.
4. Training and Resources	<ul style="list-style-type: none"> • Use training materials and workbooks from sector leaders, including the Antares Foundation, PIA, and the Headington Institute as a basis for redevelopment of existing programs where necessary. • Ensure that trainers and debriefing staff are equipped with the skills to prepare workers, and that they can convey the normalcy of stress reactions. Consider personal preferences and cultural factors in planning training activities. • Provide resources for self-care, including Web-based documents and tools on reintegration. • Establish independent peer support and Web-based 'community of practice' networks. • Ensure transparency in establishing and communicating objectives of training and debriefing; advise incoming staff that psycho-education is a part of the training program. • Evaluate the duration and content of existing pre-departure training and debriefing processes and revise as necessary to maximize staff understanding of re-entry issues.



Operational Definitions	
Compassion Fatigue	A result of extreme exposure to conflict and suffering, it is a form of burnout or stress that affects aid workers who ‘absorb’ the suffering of the population they work with.
Critical Incident	Typically, a single incident that poses a significant threat to the physical or mental health of the worker, including mass disasters, wars, sexual or physical assaults, and death or injury of someone close to the worker, including a colleague. Critical incident stress debriefing needs to happen as soon as possible after the incident in the field.
Handover	The process of exchanging project information with incoming replacement personnel or supervisor at the end of a placement. Also called operational debriefing, it can include evaluation of the program and discussion of the work environment.
Indicator	A measurement of how an agency or an individual is performing; may be used to compare within and between agencies.
Personal Debriefing	An intervention to assist workers in processing their experience from the field. It may be done in groups, or as an individual process and may or may not involve professional psychosocial assistance. It is believed to reduce risk of stress after a mission.
Post-Traumatic Stress Disorder	A psychological condition characterized by heightened anxiety and dysfunction, generally caused by exposure to extreme physically or emotionally distressing incidents.
Monitoring	In the context of this paper, tracking stressors and stress responses of workers while they are in the field and after their return.
Re-entry	Period of return to the home country at the end of an international mission. This period may last six months or more.
Re-entry Stress/Syndrome	Also known as reverse culture shock, it is a psychological response to a return from fieldwork. This period of transition comes with risk of psychosocial difficulties, including feelings of isolation and depression.
Reintegration	In the context of this paper, reintegration refers to the process for an aid worker to successfully re-engage in work, social, and family environments following return to their home country from a mission.
Repatriation	Return of a worker to their home country, often before the planned end of their term (emergency repatriation).
Resilience	The psychological strength of a worker that enables them to endure stressful experiences and to successfully recover and grow from them.
Risk Assessment	The process of assessing security-related risks from internal and external threats to an organization, its personnel or assets.
Stress Assessment	A review of a worker’s level of stress, generally taken during or at the end of a project.



Staff Reintegration Following High-Risk Missions

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