

# Managing stress in humanitarian workers

Guidelines for good practice

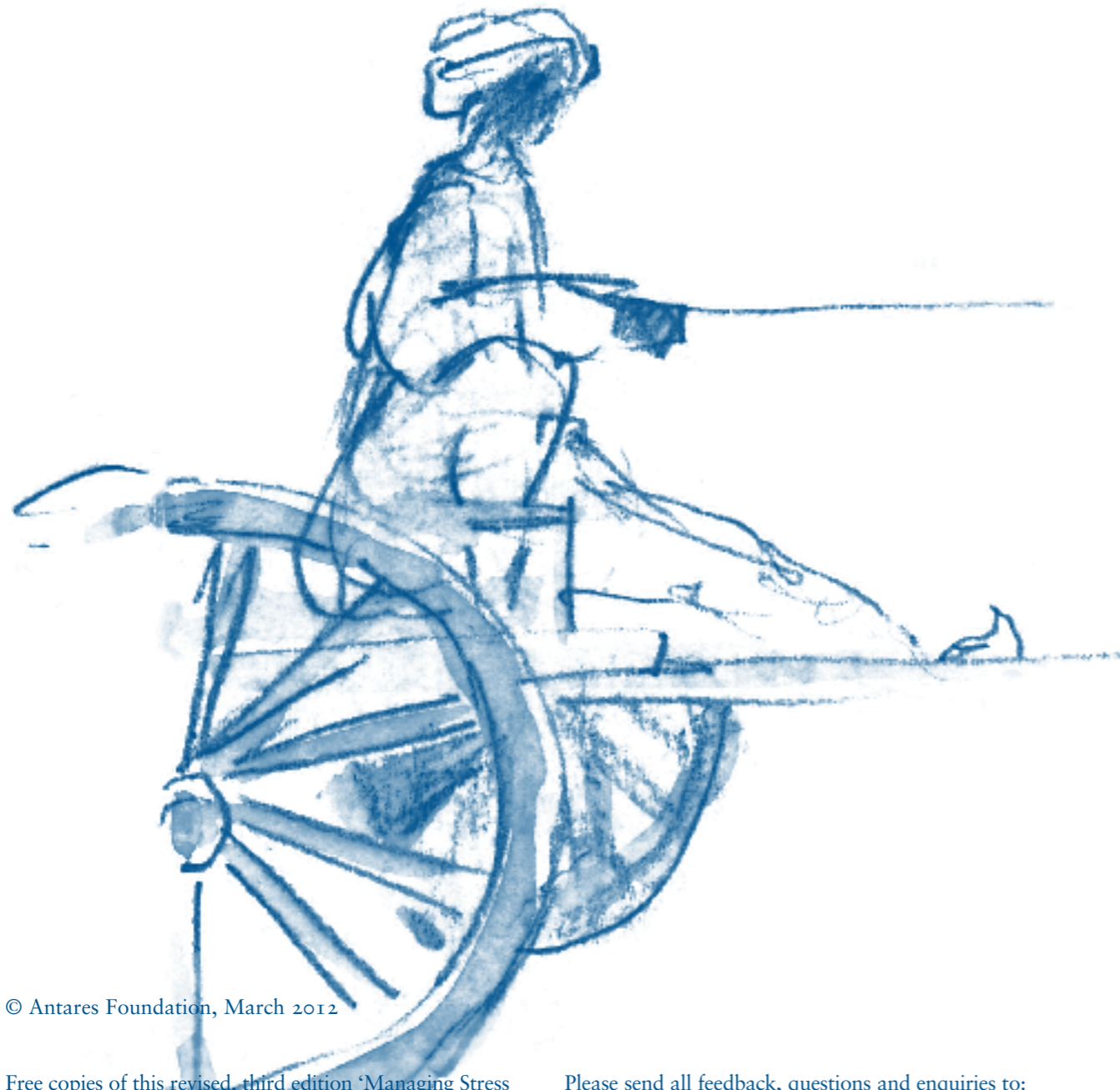
Third edition



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# Managing stress in humanitarian workers

## Guidelines for good practice



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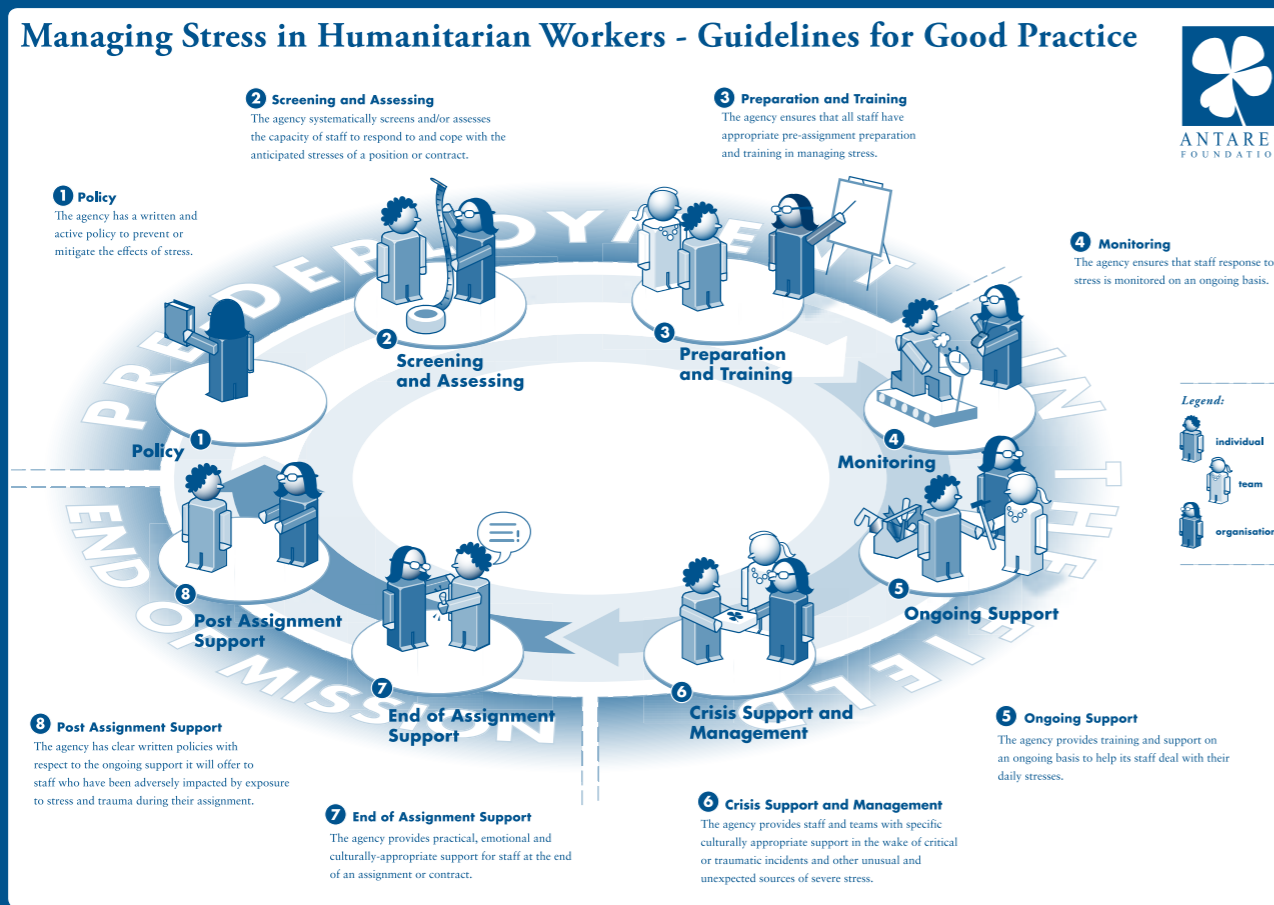
Please send all feedback, questions and enquiries to:

Antares Foundation  
Wg-Plein 357  
1054 SG Amsterdam  
The Netherlands  
tel: + 31 20 330 83 40  
fax: + 31 20 422 13 20  
e-mail: [antaress@antaressfoundation.org](mailto:antaress@antaressfoundation.org)  
[www.antaressfoundation.org](http://www.antaressfoundation.org)

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# Visual Representation of the Guidelines



# Foreword

## Background

Humanitarian work has developed from small-scale assistance by individuals, missionaries, charities, communities and foundations to a wide variety of programs organized by large and small international and national NGOs (non-governmental organizations), national governments, and transnational organizations such as the United Nations. Humanitarian organizations today are more professionally managed and better equipped and prepared than years ago. However direct exposure to misery, the ever-growing numbers of people affected by humanitarian crises, deteriorating safety and security conditions, and limited available resources mean that humanitarian workers remain exposed to a wide variety of sources of stress.

Good staff care and psychosocial care have proven to be an important asset in stress management and the prevention and treatment of traumatic and post-traumatic stress. However, although there is awareness of these issues in most organizations, adequate care systems for national and international staff are often underdeveloped and lack attention and resources.

Having wide experience of both national and international humanitarian agencies worldwide, the Antares Foundation has seen the importance of addressing stress on all levels in many organizations. Requests for information, ideas and strategies for developing a stress program for humanitarian workers led to the development and implementation of these *Guidelines for Good Practice*.

## Objectives of the Guidelines

The *Guidelines for Good Practice* are intended to help organizations define their own needs in relation to stress management and develop their own staff care system. The process will be different for each organization. National and international agencies, big and small organizations, will have to find the process and policies that work for them. The eight principles suggested in the Guidelines can be universally applied, but they will be implemented using indicators based on the specific context and culture of the organization. Protocols and policies for stress management may vary from just one page to a fully worked, comprehensive document. In all cases, however, the managers of the organizations will need to feel responsible for the implementation. We hope these principles will assist them in this task.

## The origins of the Guidelines

For the past nine years, the Antares Foundation has been collaborating with the Centers for Disease Control and Prevention, Atlanta, USA (CDC). Through this unique

partnership, practical experience and theoretical knowledge have been combined and researchers, NGO managers, and mental health specialists have been brought together to develop an integrated approach for mitigating stress in humanitarian workers. The *Guidelines for Good Practice: Managing Stress in Humanitarian Workers* (2004; revised 2006, 2012) is one of the major products of the Antares - CDC collaboration. Without the financial contribution of CDC, these publications could not have been produced.

The *Guidelines* were conceptualized as a comprehensive, systematic presentation of the 'state of the art' in managing stress in humanitarian workers. The earlier editions were the result of several years work by an international working group of experts, assembled by the Antares Foundation. The working group included national and international NGO officials (including Human Resources Directors, Safety and Security Directors and Country Directors), academic and clinical experts in stress and in managing 'normal' and post-traumatic stress, and NGO psychosocial staff with responsibility for staff support.

Once the *Guidelines* had been developed, French, Spanish, Swahili, Albanian and Arabic translations were prepared. Various ancillary materials were also developed. These included training materials (including a graphical representation of the Guidelines, podcast presentations on stress management, PowerPoint presentations on the Guidelines and on stress management practices for staff and for managers, workshop outlines, and ancillary materials for trainees) and a facilitator's training guide. Other available supporting materials include an interactive web-based version of the *Guidelines* that contains a glossary and explanations of key concepts and additional resources; a 'risk reduction' document that explains the evidence and principles on which the *Guidelines* were based; and materials to assist agencies in analyzing their own stress management practices and in setting priorities for developing further activities to reduce the risks to their staff.

In the years since the *Guidelines* appeared, the understanding that humanitarian agencies have a responsibility to reduce the risks faced by their staff and to provide staff with support has become widespread. An Action Sheet on psychosocial support for staff was included in the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Inter-Agency Standing Committee (2007)\*, and People in Aid has published an extensive report on *Approaches to Staff Care in International NGOs* (2009), as well as other materials in support of staff wellbeing. Presentations on managing staff stress have become a commonplace at international conferences on humanitarian issues (e.g., the annual conference of the International Society for Traumatic Stress Studies, the European Conference on Traumatic Stress,

the InterAction Forum). Several international conferences (South Bend, Indiana, 2004; Denver, Colorado, 2008; Melbourne, Australia 2009) and the various international Antares/CDC Conferences in Amsterdam between 2002-2011, have been entirely devoted to this issue. Several large agencies in the United States, Australia, and Europe have created staff positions for specialists in staff care. The growing consensus on the importance of staff care is clearly stated in the ‘European Consensus on Humanitarian Aid’, signed in 2007 by the European Council, Parliament and Commission: ‘Good practice in managing and supporting staff is a key management function, whereby staff safety, well-being, rights, dignity and effectiveness are priorities’.

*\* The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of organizations exposing staff to extremes. For organizations to be effective, managers need to keep their staff healthy. A systemic and integrated approach to staff care is required at all phases of employment - including in emergencies - and at all levels of the organization to maintain staff well-being and organizational efficiency (IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007, p. 87).*

## Revision of the Guidelines

Several developments have indicated the need for a third edition of the *Guidelines*.

First, there have been significant changes in the humanitarian workforce itself:

- The numbers of people engaged in humanitarian work has expanded dramatically.
- The composition of the humanitarian workforce has changed. Even in international NGOs, staff are overwhelmingly national rather than international (e.g., European, North American) workers.
- Direct attacks on humanitarian staff have become commonplace in many regions, and the idea of a ‘neutral humanitarian space’ has come under attack.
- Humanitarian assistance has been increasingly entangled with the foreign policy and military policy of major powers.

Second, our knowledge about the psychosocial needs of staff and about factors that affect staff wellbeing has increased dramatically. In part this reflects an increase in formal studies of staff stress - its sources, its consequences, and risk and protective factors. The Antares/CDC collaboration has carried out a major longitudinal research project on stress in international humanitarian workers, together with surveys of stress among national staff in Uganda, Jordan, and Sri Lanka (see Boxes 1, 3, 4). Other individuals and institutions have added studies of the staff of aid and development agencies, initial responders, rescue and relief workers, and staff of human rights agencies (see Box 3). With the increase in interest in staff wellbeing,

too, has come an increase in direct experience of working in the field (often using the Antares *Guidelines for Good Practice*) to provide for the psychosocial needs of staff.

To address these issues, an extensive round of consultations and meetings with a diverse group of researchers, NGO staff, and people with direct experience in providing psychosocial support was initiated. The third edition of the *Guidelines* is based on these consultations and is broadly consistent with earlier editions. However, readers of previous editions may notice several additions, changes in emphasis, and changes in language:

- The *Guidelines* have been revised to better reflect the experience and needs of national staff and national organizations. For example, the significance of stress in daily life is acknowledged along with that of the workplace.
- The *Guidelines* have been broadened to better address the needs of first responders, human rights workers, and staff of development agencies, as well as humanitarian workers.
- Recent research findings are incorporated (e.g., the importance of depression as a response to stress is emphasized, and the needs of several groups of staff who are at relatively high risk, including middle managers, non-professional staff, and women, are explicitly addressed).
- The role of the team, team leads, and agency in reducing risk is reemphasized.
- The language of the *Guidelines* has been simplified, wherever possible.
- Ancillary materials that were developed to support the earlier versions of the *Guidelines* (e.g., an explanation of the principles underlying the *Guidelines*, a glossary to help people interpret the text, additional resources) have been included in the *Guidelines* document itself.

This third edition of the *Guidelines*, like the older ones, is a ‘work in progress’. We hope these *Guidelines* will assist you in developing programs to reduce the risks from stress for staff in your organization. We continue to seek your comments, your experiences using the *Guidelines*, and your ideas.

My thanks to Winnifred Simon and Tineke van Pietersom, Directors of the Antares Foundation, for their work in conceptualizing and initiating the *Guidelines* project and their countless contributions to bringing it to fruition; to Cynthia Eriksson (Fuller Theological Seminary) and Barbara Lopes Cardozo (CDC), for contributing the findings and wisdom of the CDC-Antares Research group to the *Guidelines*; and to John Ehrenreich (State University of New York, College at Old Westbury) and Wendy Ager (consultant and editor, New York City) for their work in editing and preparing the *Guidelines* as you see them here.

Hans Grootendorst  
*Chairman, Antares Foundation*

# Introduction

## Why manage staff stress?

Managing stress in staff of humanitarian organizations is crucial in two ways. First, managing stress is an important management priority in enabling the organization to fulfil its field objectives. Second it is necessary to protect the wellbeing of individual staff members, their teams and the communities they work with.

Humanitarian work is stressful. Staff\* of humanitarian agencies respond to the human costs of disasters such as wars, floods, earthquakes, famines, or refugee crises, or respond to longer term issues such as poverty, hunger, and disease. Some work as rescue or relief workers in the days immediately following a disaster. Others work over longer periods providing humanitarian aid. Still others work in longer term development roles.

*\* Throughout these Guidelines, the word ‘staff’ is used to include fulltime and part time staff, both paid and volunteer; national and international staff; both professional and technical staff and non-professional and clerical staff. In designing and implementing stress management programs, the agency should systematically think about the distinct needs of each group.*

Regardless of their specific role, in the field, staff are repeatedly exposed to tales of terror and personal tragedy and they may themselves witness gruesome scenes, have horrific experiences, or be chronically exposed to serious danger. Staff often live and work in physically demanding and/or unpleasant conditions, characterized by heavy workloads, long hours and chronic fatigue, and lack of privacy and personal space. They experience moral anguish over the choices they often have to make. Even having opportunities for learning and growth while carrying out new assignments can be stressful for staff.

Both in the field and back at headquarters, staff of humanitarian agencies also experience stresses common to work in other sectors. However these workplace stresses are often made worse by the emergency conditions and funding constraints under which much humanitarian work is carried out. Staff may lack adequate training or have insufficient time, resources, and support to do the job asked of them. Their job descriptions may be unclear. They may experience inadequate management or supervision or communication difficulties with colleagues and team members or not enough time away from work.

Humanitarian workers, like everyone else, also experience the stresses of everyday life. Some experience separation from family and friends. Others have families nearby and must deal with the demands of daily life in highly stressed

communities. Many staff may themselves be survivors of the same events as the people they are helping. These family and community stresses cannot be separated out from work-related stresses.

While stress can be a source of growth and although many humanitarian workers withstand the difficulties of their work without adverse effects, many others do not. Both anecdotal reports and research studies have demonstrated the negative emotional consequences of exposure to these stresses on various groups of humanitarian workers. These adverse consequences may include depression and anxiety, psychosomatic complaints, over-involvement with beneficiaries, callousness, apathy, self destructive behaviours such as drinking and dangerous driving, interpersonal conflicts, or post-traumatic syndromes (see Boxes 1 and 2, page 8).

Staff stress is not just the problem of the individual staff member, however. The stress experienced by individuals has a negative effect on the functioning of their team or work group and agency. Staff who are ‘stressed out’ have higher accident rates and higher rates of illness. They are absent more often and use more health services. They show less commitment to their employing agency and have higher rates of turnover. The result is a loss of skilled, experienced staff in the field and increased recruitment and training costs.

Under conditions of chronic stress, staff may be poor decision-makers and may behave in ways that place themselves or others at risk or disrupt the effective functioning of the team. Their own safety and security and that of beneficiaries may be put at risk, and their team may experience internal conflict and scapegoating. ‘Stressed out’ staff members are less efficient and less effective in carrying out their assigned tasks. Stress fundamentally interferes with the ability of the agency to provide services to its supposed beneficiaries.

Although stress among humanitarian workers is unavoidable, some stress can be prevented or reduced and the effects of stress on individual staff members, on their team, and on their agency can be lessened. This requires actions undertaken by individual staff members, by managers and supervisors, by teams, or by the agency as a whole. These *Guidelines* are intended to enable the agency to act in ways that reduce the risk of adverse consequences for its staff members.

### Stress in Humanitarian Aid Workers

*The Antares Foundation and the Centers for Disease Control collaborated on a series of research studies examining stress and adjustment among a large group of expatriate humanitarian aid workers and among three separate groups of national staff (in Jordan, Uganda, and Sri Lanka). High percentages of both expatriates and national staff showed signs of significant emotional distress.*

**Expatriate Aid Workers:** European, British, and American expatriate staff of moderate-to-large sized NGOs were assessed prior to their deployment, at the end of their deployment, and three to six months after returning home. Approximately twenty per cent reported clinically significant levels of depression at the end of their deployment, twice the pre-deployment rate. Levels of post-deployment anxiety were also high, with almost twelve per cent reporting clinically significant levels, a significant increase over the course of their work. There were only a few cases of clinically significant Post Traumatic Stress Disorder, but one fifth reported feeling emotionally exhausted due to their work and nearly half reported that they felt a lack of personal accomplishment throughout their work. Remarkably, the level of depression did not fall over the several months following the end of their deployment. Three to six months post deployment twenty percent were still depressed. Anxiety levels fell somewhat, but not to their pre-deployment level; and reduced satisfaction with life as compared to pre-deployment also persisted.

**National Aid Workers:** Jordanian and Iraqi aid workers working with Iraqi refugees in Jordan and aid workers in Uganda, and Sri Lanka completed a survey similar to that used in the expatriate study, but only at one time-point. 376 staff completed the survey in Uganda, 258 in Jordan, and 398 in Sri Lanka. Although we only measured the workers' experiences at one time-point, the reports of emotional distress are an eye-opening picture of the challenges for national staff. Between half and two-thirds of the staff in all three countries showed clinically significant levels of depression, and about half in all three countries showed clinically significant signs of anxiety. Between one-fifth and one-quarter of the staff showed prominent signs of PTSD.

References can be found on the Antares Foundation website ([www.antaresfoundation.org](http://www.antaresfoundation.org)).

### Box 2: The Effects of Stress on Humanitarian Workers

There are many kinds of humanitarian agencies and many kinds of humanitarian work. Each particular context creates a particular set of sources of stress, and the risks to individual staff and the resources they use can vary, as well. Yet a broad range of research suggests that staff in all of these situations face common challenges. What follows is a sample of such studies.

#### *First responders and rescue/recovery workers:*

Studies have documented a PTSD prevalence of 25% among search and rescue personnel responding to events such as earthquakes, airplane crashes, and bomb explosions, and a prevalence of 21% among firefighters (compared to 4% for the general population). After Hurricane Katrina, the prevalence of PTSD among New Orleans police officers was 19 percent. Elevated levels of depression, anxiety, and other psychological distress have also been reported. Several studies have shown that volunteers working in disasters have even higher levels of distress than those for who disaster response is part of their regular job.

#### *Humanitarian aid and development workers:*

Approximately 30% of international staff of five humanitarian aid and development agencies surveyed after their return from their assignments reported significant symptoms of PTSD. High levels of burnout and distress among national and international aid staff working in Darfur and high levels of PTSD symptoms and burnout among Guatemalan aid workers have been documented. Another study found that about half of national and international staff working in Darfur reported a high level of physical and emotional stress. Fifteen percent of both national and international aid workers surveyed in Kosovo in 2000 reported high levels of depression and 10-15% reported high levels of anxiety. More than 15% of the expatriate workers also reported drinking alcohol at a dangerous level.

#### *Human rights workers:*

Seventeen percent of Albanian and international human rights workers collecting human rights data in Kosovo in 2000 showed elevated levels of anxiety. Another 8.6% showed elevated levels of depression.

**Journalists:** Among war journalists, a lifetime prevalence of over 28% for PTSD, 21% for major depression, and 14% for substance abuse has been reported, rates far higher than those for non-war journalists.

#### *Health and human services workers:*

Several studies suggest that social workers may experience higher levels of stress and resulting burnout than comparable occupational groups. Burnout is common among practicing physicians. In various samples, 46% to 80% reported moderate to high levels of emotional exhaustion, 22% to 93% reported moderate to high levels of depersonalization, and 16% to 79% reported low to moderate levels of personal achievement.

References can be found on [www.antaresfoundation.org](http://www.antaresfoundation.org).

### What are the Guidelines based on?

The interventions suggested in these *Guidelines* address sources of stress on humanitarian workers (see Boxes 1-4, page 8 and 10). They seek to reduce the sources of individual vulnerability and to increase and strengthen the sources of individual resilience that have been identified by research and by field experience. They also address aspects of team functioning, of managerial practices, and of organizational policies and practices that have been found to affect staff stress.

The *Guidelines'* approaches to managing stress-related risk are based on generally accepted models of the stress response and on interventions used in many other sectors. Stress occurs when individuals are faced with a challenge. The challenge can be a threat to their well-being or an opportunity to carry out new and demanding tasks. They must determine the nature of the challenge, how much of a threat it is, and whether or not they have the skills and resources to respond effectively. Based on this appraisal, they then try to 'cope' with the stress. They may take an action that directly deals with the challenge or they may act to protect themselves from physical or emotional harm. Following this model, we can (1) seek to reduce the number or intensity of the stresses a staff member faces; (2) seek to increase the individual's resilience and 'stress fitness' (i.e., their ability to experience the source of stress as less threatening); and (3) help individuals cope more effectively with the stress. Since chronic stress, even if dealt with well, can lead to longer term consequences (e.g., burnout, depression), we must also act to prevent the long term effects.

As discussed earlier, inability to manage stress on the part of the individual staff member has negative consequences for their team, their managers, and the agency. But the effects go both ways: The behavior of the team, manager, and agency has a powerful effect on the stress experienced by the individual staff member. A cohesive team, a supportive manager, and a stress-conscious agency can significantly reduce the amount of stress experienced by individual staff members. Conversely, a conflict-ridden team, an inept manager, or an agency whose policies or practices are hostile to the needs of staff can themselves be major sources of stress on individuals. The approach to stress management described in these *Guidelines* involves not just the individual, but also their team, their manager, and the agency as a whole.



### Box 3: The Antares - CDC Research Project

#### Sources of Stress

The Antares - CDC research projects examined key sources of traumatic and chronic stress for both expatriate staff and national staff. Exposure to traumatic stress was common for both groups. National staff reported especially staggering histories of trauma, often, but not always, associated with the humanitarian crises in their home countries. The chronic stressors experienced by expatriate staff centered on the stress of the deployment and work, while national staff emphasized, in addition, the day-to-day stress of financial strain and of living in highly stressed communities.

**Expatriate Aid Workers:** The expatriate staff participants reported the following chronic sources of substantial to extreme stress: restrictions on movement due to security concerns; housing problems; conflicts with team members; lack of direction from management; and an excessive workload. The typical expatriate also experienced at least one or two traumatic events. At least one participant experienced eleven separate traumatic events during his deployment. The most common traumatic experiences were having gunfire nearby, being chased by a group or individual, being caught in a riot, having one's home broken into, life-threatening illness and a lack of access to medical care, and the unexpected or premature death of a colleague.

**National Aid Workers:** While national staff also reported stresses resulting from their work assignments, they reported important additional sources of stress. These stemmed from living in highly stressed societies and often from themselves being survivors of the events that led to the humanitarian intervention. In all three national staff surveys, the most frequently reported source of chronic stress was economic or financial problems (64% in Sri Lanka, 86% in Uganda, and 94% in Jordan). About half of the Ugandan and Sri Lankan staff also reported tensions due to unequal treatment of national and expatriate staff. Over-high workload, separation from family, travel restrictions and difficulties, and a lack of recognition from the beneficiary community for work accomplished were also reported by large majorities of participants. The national staff also brought their history of exposure from the national crisis to the work they were doing. Over half of the national staff participants in Uganda and one quarter of the Jordanian and Iraqi participants reported experiencing five or more traumatic events. The majority of participants in Sri Lanka reported having lost property or needing to flee suddenly, and over one-third also reported having to live in an IDP camp, going without food and water, or experiencing the murder of a family member or friend.

References can be found on [www.antareshfoundation.org](http://www.antareshfoundation.org).

### Box 4: The Antares - CDC Research Project

#### Risk and Protective Factors

Each of the CDC-Antares research projects offers a glimpse at the ways that personal, relational, and organizational factors can contribute to risk of or protection from emotional distress. Although there was no consistent relationship across all sites between particular risk or protective factors and particular forms of emotional distress, there were consistent relationships between specific risk and protective factors and emotional distress in general.

For both expatriates and national staff, higher exposure to chronic stressors was associated with higher levels of distress (depression and burnout among expatriates, anxiety among Ugandans). Higher exposure to traumatic events, either prior to deployment or during deployment also led to distress (depression among expatriates, depression, anxiety, and PTSD among Jordanians and Iraqis). Conversely, social support and/or team cohesion were protective (against depression and burnout for expatriates and against anxiety for Ugandans, Jordanians, and Iraqis).

Other risk factors among expatriates were a prior history of mental illness and, surprisingly, a higher positive evaluation of their employer. Higher initial motivation levels protected expatriate staff from components of burnout.

For national staff in both Uganda and Jordan, women were at somewhat higher risk of distress than men. Those with less education (many non-professional workers) were at risk of distress in both Uganda and Jordan, and at the other end of the staff spectrum, managers were at higher risk than non-managers in Jordan. In Uganda, staff working for national NGOs were more at risk for depression than those working for International NGOs or UN agencies. The variation in findings between the Ugandan and Jordanian sites underlines the importance of analyzing specific stressors, cultural factors, and organizational factors in particular locales as a prerequisite for an effective program of stress reduction and management.

References can be found on [www.antareshfoundation.org](http://www.antareshfoundation.org).

There is no single approach to stress management that works for everyone and in all situations. The recommendations in these *Guidelines* are not intended to be universal and prescriptive. They should be seen as a flexible framework that can be shaped to suit organizations in different settings and cultures and of different sizes and missions. Interventions (at all levels) must be based on a careful analysis of the specific situation. Different humanitarian contexts and agency characteristics (e.g., national and international; emergency and development; responding to a natural disaster, war and poverty) may require different approaches.

Even within an agency, the needs of different kinds of staff members may vary. (Consider their age, sex, marital status, educational level, experience, religious values, nationality, etc). All staff should be treated fairly and with respect, regardless of gender, sexual orientation, ethnicity, religion, caste, etc. Work plans should be culturally sensitive (for example, giving time for culturally expected rituals). Safety and security briefings should take into account the varying needs within a team, bearing in mind that staff of a particular race, ethnicity, caste, gender or sexual orientation may be especially vulnerable to threat. Harassment, whether based on sex, race or ethnicity, or sexual orientation, should be clearly prohibited. It is essential for managers to organize work in the light of the specific risk factors for stress within their teams. A code of conduct should set out guidance to agency staff on fair treatment, setting out rights and responsibilities for staff in working in a respectful and productive work environment.

National staff may face stress not shared by international staff. For example, they may have been directly affected by war or emergency or may themselves be refugees. They and their families may share with other refugees unusually difficult living conditions, legal prohibitions on working or on sending their children to local schools, and uncertainty about the future. Community and family may be sources of stress, a burden as well as a source of support. Differences in pay and benefits or promotion between national staff and international staff or perceptions of lack of respect from international staff may also be sources of stress.

Women staff members and volunteers also may face challenges that men do not. They are more vulnerable than men with respect to safety and security issues. They are more likely to experience sexual harassment at work or in the community. They may face inequality in task assignments or in promotional opportunities or in pay. Women managers and professionals working in traditionally male-dominant cultures may have trouble gaining respect from other workers or from recipients. Women staff may leave the stresses of the work place and go home to child care and home care responsibilities not equally shared with their partners. Gay and bisexual staff also may face harassment or the need to hide their sexual orientation in cultures in which homosexuality is strongly stigmatized or penalized.

Finally, different groups of workers (e.g., middle managers and the staff they supervise, professional or technical workers and clerical or non-professional workers) may have different needs (See Box 5, page 12).

The *Guidelines* also reflect the 'Core Principles' described in the IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Geneva, 2007, p. 9). While these principles were developed to guide programs primarily for populations directly affected by emergencies, they also apply to staff working in the broad range of humanitarian situations.

The IASC principles and their present application are:

1. **Human rights and equity:** Humanitarian actors should promote the human rights of all affected persons. Humanitarian organizations bear a double responsibility. They must carry out their primary mission and, at the same time, they must protect the wellbeing of their staff, even in emergency settings. The latter role goes beyond the duty to shield staff from harm and ensure that they are 'good workers', however. The agency has a responsibility, consistent with their humanitarian objectives, to foster resilience and strengthen human capacity. The agency should be committed to encouraging staff to develop their own skills and knowledge and expertise which will, in turn, increase the likelihood of the agency achieving its field-based objectives.
2. **Participation:** Humanitarian action should maximize the participation of local affected populations in the humanitarian response. Agency policies should be determined to the maximum extent possible in collaboration with all stakeholders, including affected staff. This is especially important since lack of communication and meaningful participation is one of the major sources of stress reported by staff. Moreover, participation is essential if the agency is to understand the diverse needs of staff (national and international, professional and non-professional, etc.)
3. **Do no harm:** Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm. Certain organizational practices can actually do harm to staff. These include discriminatory policies, policies that place unnecessary burdens on staff, and inept management practices at any level. In addition, some types of support (e.g., personal stress assessments, support after critical incidents) require specific skills and should only be carried out by appropriately trained and experienced professionals. The *Guidelines* indicate the circumstances when this is necessary.
4. **Building on available resources and capacities:** All affected groups have assets or resources that support mental health and psychosocial well-being. Most agencies already have a variety of practices

Box 5:

### The Varieties of Humanitarian Worker

Although the Guidelines are broadly applicable to all kinds of humanitarian workers, several types of staff deserve special mention:

- *Middle managers* (e.g., team leads, project managers) are especially vulnerable to stress. They experience the same on-the-job and community-based stresses as other staff. They are responsible both for ensuring that the work of their staff is accomplished and for providing support for their staff. They also experience pressures from their own supervisors. Yet unlike the staff they supervise, they may not have peer support close at hand.
- *'Non-professional' staff* (e.g., office workers, drivers, cleaners) are often overlooked. They, too, experience workplace and non-workplace stresses, and their jobs, though less visible than that of the field worker, are essential for enabling the agency to fulfill its mission.
- *Volunteers* may be seen as not being as closely tied to the agency as paid staff, despite the importance of their jobs, and their needs may be neglected. Volunteers often are themselves survivors of the humanitarian emergency. They are often selected based on the urgent needs created by a disaster and on their immediate availability rather than based on experience, training, and skills. Yet their experience in the field and their needs are similar to those of other humanitarian workers.



in place that support staff. Individual staff members also have support systems in place, including family members (even if they are at a distance) and colleagues. For national staff who live in their own communities, a variety of local sources of support may be available. Identifying agency, individual, and community resources and supporting staff in the use of these resources is an essential starting point in implementing a stress management policy.

5. *Integrated support systems: Activities and programming should be integrated as far as possible.* Stress management does not consist simply of encouraging individual staff members to engage in practices to manage their own stress. While this is an essential ingredient of effective stress management, policies and practices initiated and maintained by the team, by managers at all levels, and by the agency as a whole are equally essential.

### The organization of the Guidelines

The *Guidelines* are organized around eight key **Principles** corresponding to the course of a staff member's contract. The accompanying diagram represents the principles visually. Each principle has supporting **Indicators** and **Comments** and **Case Studies** designed to assist the reader to more fully understand the concepts that the principles are based on and how they can be translated into practice. The principles and indicators are intended to apply to both international and national staff and to both office and field staff, recognizing that adjustments may be necessary to take account of the unique needs and characteristics of each group and of the organization. They constitute a tool for learning, reflection and planning rather than a set of rigid rules or solutions that are applicable under all conditions.

Additional information and material can be found in two Annexes:

- Annex 1 (Glossary) explains key terms used in the *Guidelines*.
- Annex 2 (Additional Resources) provides references to a number of Internet sites that provide further information on topics discussed in the *Guidelines*.

### Next steps: How to use this document

The *Guidelines* represent a comprehensive and systemic approach to stress management and seeking to apply them to your agency may seem overwhelming. But the *Guidelines* are intended to help your agency relieve stress, not to cause more stress!

The place to start is to think about what your agency is already doing. Most agencies (and most individuals), are already doing a lot of things to reduce stress, even if they do not label their activities as 'stress management.'

Identifying current stress management policies and practices is both a way to begin to create a consciousness about stress management and is essential in setting priorities and goals for further implementation of the *Guidelines*. A second step is to work to build support for a stress management program among the various stakeholders of an agency. A commitment to risk reduction from top management and from middle managers and team managers and from individual staff is essential for stress management to work and helps spread the burden of implementing stress management policies. Finally, while a comprehensive program is ideal, it is not necessary to respond to all elements of the *Guidelines*, in order to get started. The agency must determine what the most essential elements of a risk reduction program are for them, what the obstacles to implementing them are, and how to proceed. A variety of tools to assist in this process are available through the Antares Foundation.



## Principle 1

### The agency has a written and active policy to prevent or mitigate the effects of stress.

The policy reflects the agency's understanding of the impact of stress on its staff and on the agency's ability to serve its beneficiaries. It integrates staff support into the organization's operational framework. It describes specific policies, programs, and practices to create a comprehensive supportive environment for all staff. It carries a commitment to examine all aspects of the agency's operations with respect to their effect on managing and mitigating stress in staff.

#### Indicators

1. The agency integrates staff support into its operational framework.
2. The stress management policy is contextually and culturally appropriate.
3. The agency's policy includes plans both for response to routine sources of stress and to unexpected stressful circumstances that affect both national and international staff (such as forced evacuations or critical incidents).
4. The agency recognizes that the support needs of various types of staff (local, national and international, paid and volunteer; male and female; professional, clerical, and non-professional) staff are likely to be different. Stress management policies and supportive practices are designed to respond to the distinct needs of different types of staff.
5. The agency promotes a culture of stress awareness throughout the organization, and an understanding that it will respond supportively to staff concerns about stress.
6. The agency has a specific strategy for reducing risks for each individual project. This should address for example, safety and security risks; physical health risks; risk of exposure to trauma, death, suffering and destruction, as well as more routine sources of stress.
7. The policy is regularly evaluated and updated.
  - a. Outcome indicators are defined with respect to staff wellbeing.
  - b. When new policies and practices in other areas of agency function are introduced, they are routinely reviewed with respect to their potential impact on staff stress and appropriate actions are taken to reduce this risk.
8. The agency educates all potential staff members about the general risks of their work (e.g., the specific risks of the project(s) they will be assigned to and any individual risks they may face as a result of their gender, sexual orientation, race, ethnicity, nationality, or other predisposing personal factors).
9. The agency asks its staff members to comply with agency policy and procedures aimed at reducing stress. It encourages individual staff members to hold the agency to its commitment to actively mitigate the effects of stress.

#### Comments

##### Indicators 1-9:

It would be easy to imagine that stress is something that happens to staff in the field solely as a result of traumatic or very stressful field experiences. If this were the case, then stress management would consist merely of intervening when something goes wrong, for example, when a critical incident occurs or a staff member shows signs of burnout. In reality, staff experience stress from a variety of 'routine' work-related experiences, as well as experiences outside of work. These various stresses combine and can negatively affect the wellbeing of staff and their ability to carry out the agency's mission.



Stress management does not consist only of policies specifically addressing stress. Many aspects of an agency's functioning can have an impact on the stress experienced by staff. Although human resources policies and practices may not explicitly address stress management, they should be reviewed to ensure that they reduce stress on staff. For example:

- a. The agency has policies prohibiting discrimination against staff based on gender, race, nationality or sexual orientation, and prohibiting bullying or sexual, racial, and emotional harassment of any individual or group of staff members.
- b. The agency's policies with respect to benefits, procedures for decision-making, and rules regarding work load and other bureaucratic issues are designed to reduce sources of stress.
- c. The agency has policies for training managers and team leaders and evaluating their current capacity to ensure that they have the competencies to lead teams. Since poor management can be a major source of stress on staff, this includes ensuring that managers have appropriate managerial and administrative skills.

Poorly designed hiring and pre-contract procedures and other factors such as contract terms, staff benefits, procedures for decision-making, grievance procedures and administrative efficiency can also be sources of stress for staff. Policies about communication and information sharing within the organization as well as provisions for supervision and support of field workers; rules and regulations concerning vacations; policies regarding work hours and policies for communicating with home all have the potential to add to stress in humanitarian work.

#### Case study

A Tanzanian NGO working in the field of HIV/AIDS wished to ensure that both volunteers and staff who are daily confronted with sources of stress in their work and home life recognize the impact that stress poses on their functioning and wellbeing. There was a desire to establish a comprehensive supportive environment for staff and volunteers that would reduce the effects of stress. The organization developed three key documents governing policy in staff support:

- A Human Resources Policy Manual and Staff Regulations
- A Workplace HIV/AIDS Policy
- A Code of Conduct

A key to implementing the policy on staff support was the appointment of persons with responsibility for each of the eight principles of the Antares Guidelines. These people have been active in applying and integrating these principles within the NGO.



# Screening and Assessing

## Principle 2

The agency systematically screens and/or assesses the capacity of staff to respond to and cope with the anticipated stresses of a position or contract.

Screening of all staff is recommended prior to hiring to ensure that they have the appropriate skills and personal capacities needed for work with the organization. A more thorough assessment, aimed at designing appropriate training, making appropriate assignments, and planning for individual support needs, should be carried out prior to assignment to a specific job or project.

### Indicators

1. The agency and its managers have an understanding of the minimum health and resiliency requirements for high risk and high stress assignments.
  2. Both prospective staff and continuing staff seeking new assignments are screened and/or assessed both with respect to their strengths and to the likelihood of negative responses to the risks and stresses of work with the agency. Appropriately trained interviewers are used for screening and assessing staff.
  3. The individual seeking employment or assignment is held responsible for disclosing information that may be relevant to assessing the risks involved in an assignment. The agency is held responsible for maintaining the confidentiality of the results of screenings and assessments.
- The results of such screenings/assessments are used to suitably match staff members to specific assignments and to ensure that they have the support they need.

### Comments

#### Indicator 1:

Screening or assessing new and ongoing staff is done to address both the risks and stresses of humanitarian work in general and the risks and stresses specific to the particular project to which the worker will be assigned. It also considers factors relevant to creating an effective team. When the agency screens staff, however, it must recognize that there is a lack of research on and a lack of clear understanding of just what the ‘minimum health and resiliency requirements’ are for most humanitarian tasks. (See Box 4, page 10, for more on risk factors).

In the course of screening and assessment, the agency follows legal and ethical requirements as to what can be asked and what should not be asked. It recognizes, however, that, if performing a job requires certain psychological or physical characteristics, then inquiry into these characteristics (and the consequent hiring or assignment decisions) is generally considered ethically and legally legitimate.

#### Indicator 2:

In screening or assessing staff, the agency must walk a fine line. It is appropriate for the agency to try to ensure that it does not hire staff who will be disruptive or a burden to their team. The agency also has a legitimate concern to assign staff to tasks for which they have the appropriate skills (including the ability to handle the emotional and interpersonal demands of the position), to maintain team effectiveness and efficiency, and to reduce turnover. At the same time, the agency also bears responsibilities to the prospective staff member. Just as it uses safety and security procedures to reduce the risks of physical injury to staff, it must seek to reduce the risks of adverse effects from chronic and traumatic stress.

The agency should not understand ‘screening and assessment’ as simply a way of screening out possibly inappropriate prospective staff. It should understand that there is evidence that almost everyone can function successfully, even under conditions of high stress, if they have adequate support from the agency and from managers and peers. The desire of the agency to protect itself by screening staff carries with it a responsibility to accept the obligation of care.

Agencies often ask how to carry out screening and assessment. There is no one universally applicable set of procedures or tools. The approach and methods must be tailored to the particular agency and the specific context. In general, screening and assessment include an evaluation of:

- a. Physical and psychological health (including any history of previous mental illness and of ongoing treatment for emotional disorders). Note that mental illness and mental health treatment may be strongly stigmatized in some communities and staff may be reluctant to be

self-revealing. Also note that prior mental illness or ongoing treatment does not in itself preclude hiring or assignment. What is necessary is that appropriate support and continuity of care (e.g., an adequate supply of medications; access to psychological support, if not active treatment) be available to the staff member while he or she is in the field.

- b. The awareness of the staff member about the possible risks of their potential assignment with respect to their emotional and physical wellbeing, and with respect to the kinds and levels of support the agency is able to provide.
- c. The ability of the staff member to work in a team that may include people of varying race, ethnicity, nationality, caste, or religion and that may include both men and women.
- d. Personal characteristics such as how the individual deals with stress (e.g., resiliency, coping mechanisms) and what their motives are for undertaking humanitarian work.\*
- e. How past difficulties in personal and professional life (including past exposures to traumatic events) have been dealt with. It may be useful to assess how the staff member has responded to previous traumatic exposure and whether they continue to experience adverse effects from that exposure. Note that although research suggests that prior exposure to trauma may be a risk factor for later adverse consequences of stress, prior exposure to trauma should not be considered an absolute barrier to further assignments. This is especially the case when hiring staff from environments in which extensive history of traumatic exposure is the rule, not the exception (e.g., when hiring staff from a refugee population).\*\*
- f. The staff member’s needs with respect to training and/or support if they are to carry out their assignment effectively and with minimal adverse effects from the stresses of the assignment.

Formal self report questionnaires, in which the staff member responds ‘yes’ or ‘no’ (or ‘agree’ or ‘disagree’) to a series of statements about themselves can be useful for monitoring stress (see Principle 4) but they are less useful in initial screening and assessment. They tend to be unreliable (e.g., giving different results when administered at several different times) and their ability to predict a person’s responses in specific kinds of situations is poor. Under no circumstances should hiring or assignment decisions be made solely on the basis of such a test.

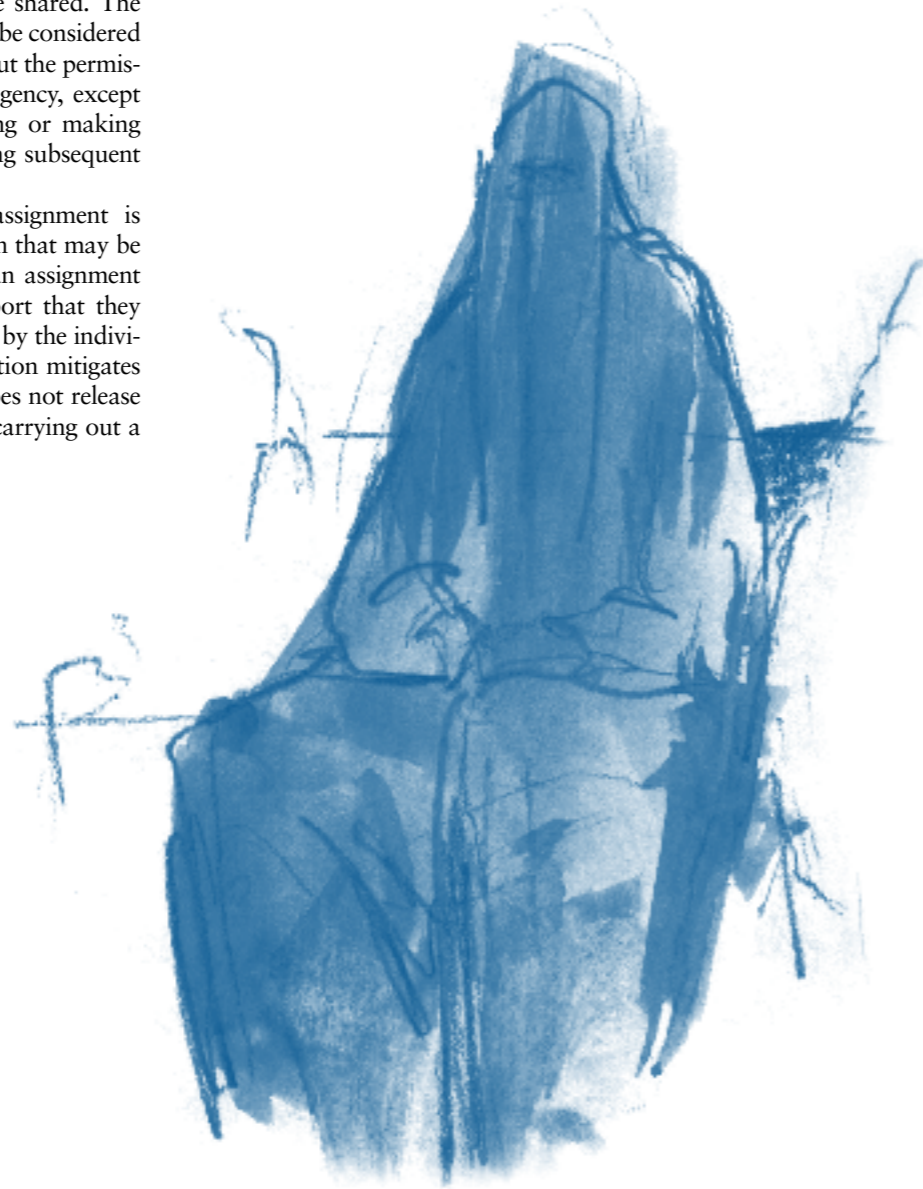
\*In the Antares/CDC research project, high motivation was a protective factor against burnout for the expatriates.

\*\* It is common for national staff to work with aid organizations after themselves experiencing a high number of traumatic events. For example, over half of Ugandan staff participants in the Antares/CDC study reported five or more traumatic events in their history.

*Indicator 3:*

The agency reveals to the prospective or actual staff member what will be done with the results of the screening or assessment and with whom they will be shared. The results of screenings and assessments should be considered confidential and should not be shared without the permission of the staff member even within the agency, except to those who are directly involved in hiring or making assignments or directly involved in providing subsequent support to the staff member.

The individual seeking employment or assignment is equally responsible for revealing information that may be relevant to assessing the risks involved in an assignment for that person and the training and support that they would need to handle it successfully. Failure by the individual staff member to disclose such information mitigates the responsibility of the organization but does not release the organization from the responsibility of carrying out a thorough assessment.



**Case study**

An experienced staff member applied to work in a field management role in Iraq, a country that she worked in three years ago. She had had a difficult 12 month assignment in Afghanistan prior to applying for this one, but decided against a vacation because of financial constraints. The region of the assignment was on high security alert and the political and social culture of the region had changed substantially.

The hiring NGO acknowledged the competency and capacity of the applicant but considered her current level of fatigue and accumulated stress over time to be a risk factor to fulfilling the leadership roles of the job. The NGO was however interested in employing the applicant but insisted that she take a paid vacation before beginning her assignment.

# Preparation and Training

## Principle 3

The agency ensures that all staff have appropriate pre-assignment preparation and training in managing stress.

The preparation includes education about stress and about how to reduce the effects of stress as well as a briefing on the stress factors anticipated in the specific job or assignment.

**Indicators**

1. All staff members have received training on:
  - a. the sources of stress that can be anticipated in humanitarian work at individual, team, and organizational levels;
  - b. how to recognize the signs and effects of stress on themselves, their colleagues, and their teams;
  - c. skills in working with a team;
  - d. how to manage and cope with stress.
2. All staff receive updated briefing and training in stress management and in any necessary operational skills before a new assignment and when an assignment changes.
3. Managers are adequately trained and evaluated in stress management skills and capacities. They are able:
  - a. to recognize and monitor signs of stress in themselves and in those working under them;
  - b. to recognize the signs of stress at the team level;
  - c. to promote activities that help reduce stress in individuals, manage conflict in teams, and promote team cohesion;
  - d. to arrange support for individual staff (including psychological first aid; see Box 5, page 12) as and when required.
4. The agency ensures that managers receive any necessary training in managerial and leadership skills and that they have available mentoring and a system of peer support.

## Comments

### Indicators 1-2:

Training about stress and emotional self care before an assignment begins should include:

- a. education about the anticipated stresses of humanitarian work (being as specific as possible about the particular assignment and about risks faced by particular groups of staff);
- b. education about the mechanisms of stress response and about how to recognize signs of stress, burnout, critical incident stress, and vicarious traumatization in oneself and colleagues;
- c. training in specific stress management techniques and coping skills, (e.g., relaxation techniques, anger management techniques, self care, the value of sharing experiences with colleagues);
- d. development of skills needed for working with a team that may include people of varying nationalities and both men and women;
- e. education about the risks of common behaviors that are ineffective in coping with stress (e.g. heavy drinking);
- f. preparation\* for dealing with the emotional responses of people (including other staff and members of the community) who have experienced traumatic events; and
- g. detailed concrete information about actual conditions in the field.

*\*Adequate preparation with respect to the operational demands of a position and understanding safety and security, self care (health care), and cross-cultural issues that may affect work also reduces stress on staff.*

*Thus, although not specifically addressing stress management, briefing and training should include:*

- a. *An operational orientation and specific preparation for the operational requirements of the project;*
- b. *Training with respect to safety and security in the field (including training with regard to risks common to all humanitarian assignments and detailed specific information about the risks to be expected in the particular assignment and training in responding to those specific risks);*
- c. *Education about physical (health) self-care in the field (including provision of information about pre-deployment immunizations and malaria prophylaxis, HIV-AIDS prevention, infectious disease prevention, food and water safety, nutrition, physical exercise, rest and sleep); and*
- d. *Education about cultural and political awareness issues related to the area of deployment, tailored to the assignment and the specific needs and characteristics of the individual staff member.*

### Indicators 3-4:

Managers are central to the stress management process. First, managers play a key role in supporting stress management efforts by the staff they supervise. They educate staff about stress and train them in stress management techniques; monitor the impact of stress on their staff; are alert to signs that stress may be having a negative effect on individuals or teams; work to resolve frictions in the team; and provide a good role model for those working under them. Research also suggests that middle managers are themselves at especially great risk of suffering the adverse effects of stress.\*\* Agencies should provide specific and culturally sensitive training in stress and stress management techniques for project leaders or managers. This should include development of the skills needed to monitor staff stress and help staff manage their own stress, as well as skills in personal stress management for managers themselves.

In addition, managers who have good managerial skills and provide good leadership reduce the stress experienced by staff from all sources. Conversely, poor management practices add to the stress staff experience. Ensuring that managers have good, culturally appropriate managerial skills helps reduce stress on the staff they supervise. Specific training, mentoring, and peer support can all be used to accomplish this.

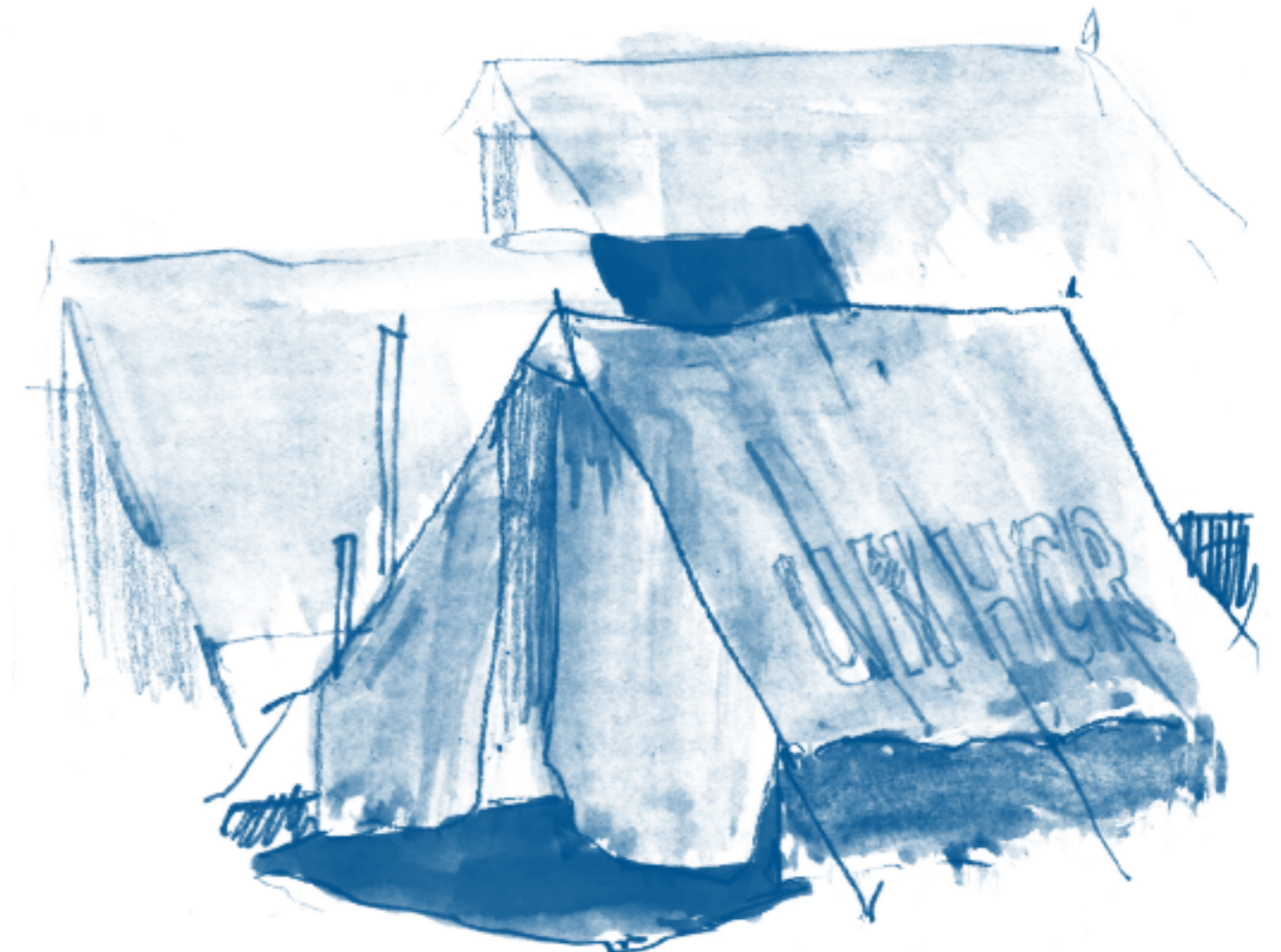
*\*\* For example, in the Antares/CDC study of national aid workers in Jordan, managers were five times more likely than non-managers to report significant levels of emotional exhaustion.*



### Case study

Due to funding constraints, a INGO downsized their full time staff support staff program, several months before the earthquake occurred in Haiti in January 2010. In response to the major devastation caused by the earthquake, many new staff members were recruited and security and operational briefings were given. However these briefings did not deal with staff wellness and stress management. Recognizing this lapse, consultants were hired to develop a staff support program, which included provision of staff support training and mentoring for the newly hired, locally-based team.

From the security and operational training materials, the consultants also developed staff wellness and stress management briefing materials. Initially provided by the consultants, after two months the wellness and stress management briefing was integrated into the work of the human resources department. A permanent staff member - a Haitian national - was hired to take responsibility for the orientation of international staff, including a staff support and stress management training module.



# Monitoring

## Principle 4

The agency ensures that staff response to stress is monitored on an ongoing basis.

Monitoring can be done through informal observation and periodic routine inquiry by managers, routine administration of questionnaires to staff, or periodic informal or formal group stress evaluation sessions.

### Indicators

1. Individual staff members are monitoring (and, if appropriate, reporting) signs of stress in themselves.
2. Team managers are monitoring staff members for signs of stress on a regular, routine basis.
3. Team managers are monitoring staff members closely for signs of stress during and after a critical incident or traumatic event.
4. Team managers are monitoring the functioning of their team for signs of conflict, scapegoating, or other evidence of stress.
5. Team managers report back to the agency on a regular basis with respect to stress-related issues.

### Comments

#### Indicators 2-3:

Most stress in humanitarian work results from the ongoing, everyday pressures of work (e.g., physically difficult living and working conditions, long and irregular hours, repeated exposure to danger, intra-team conflict). Poor administrative or managerial abilities on the part of team leaders and conflict within the team are also potentially major sources of stress. Stress may also result from non job-related experiences (e.g. financial pressures, marital conflict, sickness or death in a staff member's family). Many staff members develop a façade of toughness and believe that they shouldn't complain. Others may not recognize the signs of stress in themselves. Managers should monitor stress on a routine basis, not only when some unusual stress occurs or when a staff member complains. They should also be aware that responses to stress may take hidden forms, such as depression, anxiety, somatic complaints (e.g., aches and pains, frequent sickness), as well as more obvious patterns of being 'stressed out'.

The purpose of monitoring stress is to provide a more caring and enabling environment for staff. At the same time, there is a risk that monitoring stress (and the stress reduction programs that may then be introduced) will be seen by staff as intrusive or as means to evaluate or control them. To ensure staff participation and cooperation, the agency must explicitly recognize this potential problem and must seek to design policies and procedures that protect staff members from misuse of the process.

#### Indicator 4:

Team conflict, scapegoating or harassment of individual team members, ethnic or political tensions among staff members, unusually high staff turnover, or reduced work effectiveness may reflect stress in individual team members or may reflect whole team dynamics. In such instances, it is recommended that systemic causes of stress be evaluated including the efficacy of team leadership and management.

#### Indicator 5:

Team managers report on trends in stress-related issues on a regular basis. The confidentiality of staff is maintained in reporting mechanisms. No individuals are identified in reporting unless it is essential to protect the health and wellbeing of the staff member and /or colleagues and /or beneficiaries.



### Case study

A staff member in Uganda was often observed by colleagues to be working long hours but never getting work done. He yelled and screamed when team members tried to ask him if he was okay. He was agitated and seemed to jump if there was any sudden noise. His colleagues mentioned their concern to their team manager who then arranged a meeting with the staff member, checking on his workload and other circumstances that might be causing stress.

He asked how the staff member was now feeling about a serious event that had occurred three months before and checked if this was still causing worry and distress. They made a plan aimed at reducing and managing sources of stress and agreed to review it in a couple of weeks.

# Ongoing Support

## Principle 5

The agency provides training and support on an ongoing basis to help its staff deal with their daily stresses.

The agency holds managers accountable for creating a pro-active culture of stress reduction. Team building, resolution of team conflict, organizational practices that reduce stress, as well as encouragement of individual staff members' stress management activities are valued and given concrete support. Managers are also aware that staff may experience stress or other forms of emotional distress (e.g., depression) arising from outside the workplace and that this stress also requires support.

### Indicators

1. Staff members and managers are encouraged to engage in good practices of self care and collegial support with respect to their own health, to safety and security, and to stress reduction. Staff members are encouraged to use existing community and family sources of support.
2. The agency provides ongoing training and support for staff with respect to safety and security and with respect to physical and emotional self-care.
3. Organization-wide and local management practices are periodically reviewed with respect to their impact on staff stress, including their likelihood of reducing stress and strengthening team cohesion. The agency seeks feedback from staff as to the overall performance of their managers, both in general and with respect to stress management.
4. Agencies provide support for managers at all levels in dealing with their own stress.

### Comments

#### Indicator 1:

Staff members should seek to reduce the likelihood of adverse effects of stress. This includes following routine safety and security and health self care guidelines and participating in stress reduction activities (such as regulating their own work schedule, taking breaks, taking time off, participating in agency stress reduction activities, and engaging in personal stress reduction activities).

Managers should be role models for staff under their supervision. They should conduct themselves in ways that mitigate stress (e.g., taking appropriate work breaks, carrying out stress reduction procedures such as relaxation exercises). The agency should provide periodic refresher training in these areas for field managers and supervisors.

Staff may experience stress not only from their work but from their non-work life. International staff and some national staff must deal with separations from and sometimes lack of communication with loved ones back home. Evidence suggests that social supports are the most important protective factor supporting workers in dealing with stress. The agency should therefore provide regular access to communication between staff members and their families.

National staff may themselves be survivors of the war or other disaster that gave rise to the humanitarian intervention. They may return home each night to deal with the financial, emotional, and other problems of their own family. As part of the local community, political or inter-ethnic tensions may be significant. Differences in pay and benefits or advancement possibilities between national staff and international staff or perceptions of lack of respect from international staff may also be sources of stress. More positively, they may have support systems and access to family and community resources not shared by international staff. Staff should be encouraged to seek out and use such resources.



#### Indicator 2:

Psychological support for staff is driven by the understanding that a high level of stressful experiences is inevitable in most humanitarian work and that, over time, most staff will feel the effects of this chronic stress. Providing pro-active support should be routine and should not be dependent on demands or concerns expressed by the staff members themselves or by observations that an individual is 'under stress'.

Local managers bear major responsibility for helping staff deal with stress. To enable them to do so, the agency ensures that managers are regularly updated regarding:

- safety and security practices and procedures;
- practices promoting physical health in the field;
- the potential impact of organizational culture, policies, and practices on staff stress;
- techniques of team building, including facilitating communication and conflict management;
- the signs of stress, burnout, and vicarious traumatization;
- skills in stress management and psychological first aid.

#### Indicator 3:

Many routine management practices can be sources of stress or can provide respite from stress. Although staff members sometimes inappropriately blame the agency management style or the behavior of a particular supervisor for creating stress, agencies still need to carefully analyze and correct agency or managerial practices that may, in fact, increase stress.

The agency should have clear, written policies that specify maximum shift time (except in emergencies), maximum work load, time for required rest and recreation, and requirements that staff use leave or vacation time. The agency should have a clear written policy that establishes procedures to implement these standards and hold field managers and supervisors accountable for implementing these standards.

#### Indicator 4:

The agency should be aware that middle managers are themselves especially vulnerable to stress. They experience the same on-the-job and community-based stresses as other staff. They are responsible both for ensuring that the work of their staff is completed and for providing support for their staff. They also experience pressures from their own supervisors. Yet unlike the staff they supervise, they may not have peer supports close at hand.

# Crisis Support and Management

## Principle 6

The agency provides staff with specific and culturally appropriate support in the wake of critical or traumatic incidents\* and other unusual and unexpected sources of severe stress.

Experiencing a critical or traumatic event very commonly causes lasting distress in those who experience them. Typical responses include, but are not limited to, anxiety, somatic complaints, depression, post-traumatic stress disorder, destructive or self-destructive behavior, and difficulties in interpersonal functioning (e.g., within the team). Even in the absence of direct exposure to a specific horrific experience, repeated exposure to accounts of the gruesome or terrifying experiences of others may cause secondary or vicarious traumatization, which has effects much like those of direct traumatization. In addition, multiple stresses can 'add up'; the effect of experiencing several directly and indirectly traumatic events and other stresses over the course of their service can have an impact on staff greater than that of any individual incident.

Both in the wake of critical incidents and in the context of other sources of severe or repeated stress, a well-implemented organizational response as well as the provision of individual psychosocial support is central. The agency ensures it is promptly informed about any extremely traumatic experience or other severe stressful incident that happens to one or more staff members and it is prepared to respond immediately.

\* Critical incidents or traumatic events are events that are extremely threatening to the life or physical wellbeing of those involved and are accompanied by feelings of powerlessness, horror, or terror. Sometimes the term 'critical incident' is used more broadly to describe any especially severe stressful event that has an unusually great impact on the individual and team.

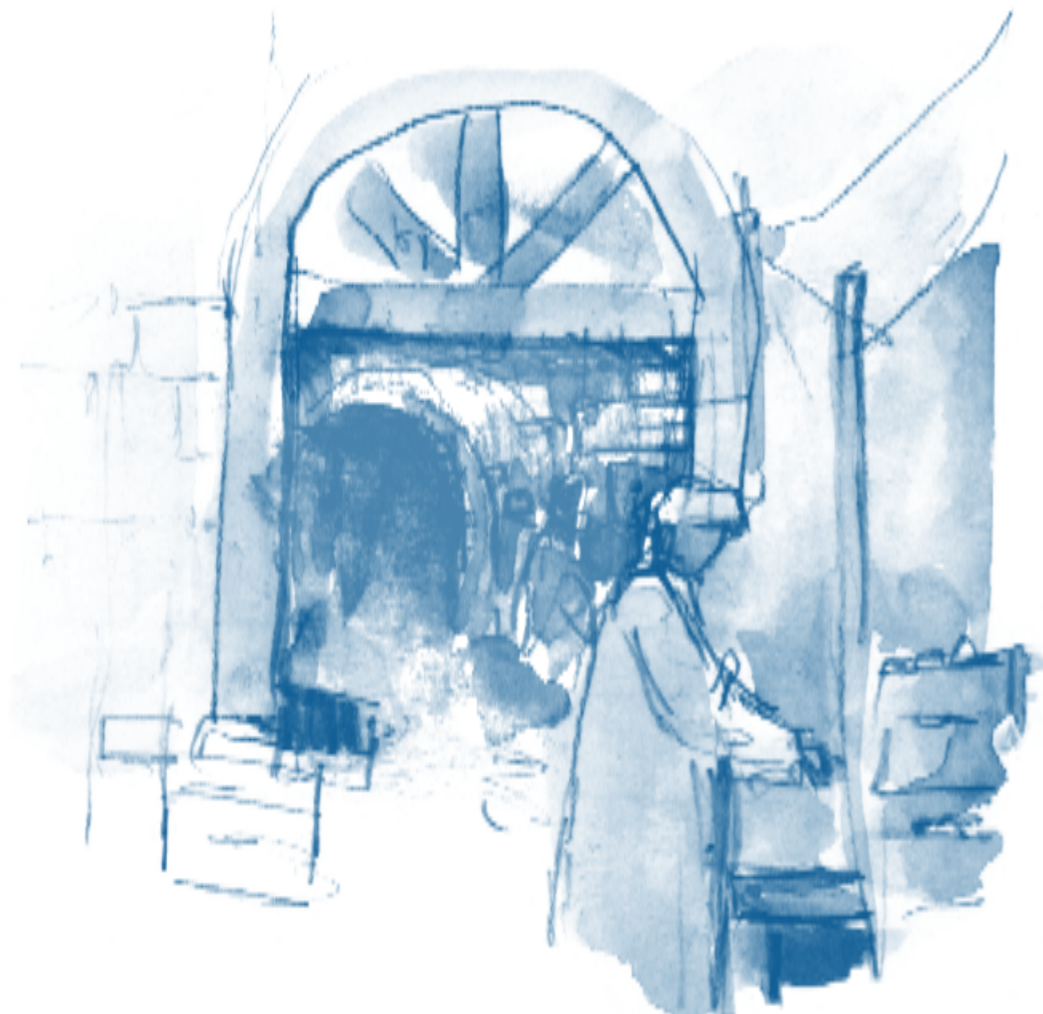
### Case study

A medium sized development International NGO had been working in a setting for a number of years before a major natural disaster occurred. Suddenly the organization shifted into emergency mode, causing substantial difficulties in team working and individual relationships. Frequent changes in the Head of Mission, projects not materializing, and unresolved team conflicts all placed a huge strain on the organization.

The current Head of Mission became aware of the situation and decided on a number of actions: He informed Headquarters about the chronic stress and about the team problems that were emerging. He began to meet regularly with individual staff members about their personal and professional wellbeing and held regular team meetings to discuss issues and encourage interaction.

After two months he noted that these interventions had not been sufficient. He asked Headquarters for external support in relation to the individual and team issues and requested advice on how to handle the ongoing situation. Having conducted individual support sessions and a stress management training, an external consultant made the following recommendations:

- Two members of staff were seriously distressed and needed immediate 'R and R' (rest and recuperation).
- One member of staff showed signs of burnout and would benefit from reduced work-related sources of stress (but should remain in the team in order to re-establish his balance).
- The organization needs a formal written staff support policy. A workshop to begin to draft the policy should be organized. This should include a mechanism to facilitate communication between international and national staff.
- Psychosocial wellness officers should be formally recognized and trained.



## Indicators

1. All staff members are provided with explicit guidelines as to the kinds of traumatic, critical or potentially severely stressful incidents that must be reported to management.
2. All team managers and supervisors are trained in appropriate immediate responses to traumatic incidents, including when to seek back-up support and specialized resources.
3. The agency has arranged for staff with specific training in psychological first aid to be available on an 'as needed' basis to consult with staff members after traumatic incidents or other sources of acute stress in staff.
4. The agency has standing arrangements with local, regional or international specialists during a crisis period to provide culturally relevant trauma assistance as required.
5. The agency has standing evacuation plans, which include their obligations to national staff if evacuations are required.

## Comments

### Indicator 1:

Sources of extreme stress may include events such as being caught in a natural disaster, being the victim of a sexual assault, being kidnapped or taken hostage, being in a serious motor vehicle accident, having one's life threatened, or witnessing someone else being killed or injured. Other sources of unusually severe stress may include emergency evacuations or personally traumatic events such as an unexpected death in the family.

### Indicators 2-3:

Front line managers and supervisors necessarily provide the immediate responses to critical incidents, both for the staff members directly affected and for the team as a whole. This may include arranging for psychological first aid\* (if the manager has not himself or herself been trained), psycho-education about the effects of extreme stress, and assessing individual and team responses.

*\* Psychological First Aid is an approach to helping people in the immediate aftermath of a critical incident. It consists of care delivered during the first few weeks after the incident to those individuals who are showing acute stress reactions or who appear to be at risk of long term effects. It seeks to establish a sense of safety, reduce extreme acute stress-related reactions, strengthen coping mechanisms and social support, and connect individuals to resources that help them address their problems through more in-depth services. A detailed manual of psychological first aid techniques can be found online at: [http://whqlibdoc.who.int/publications/2011/9789241548205\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf)*

Responses to a critical incident may be evident immediately after the event or only after some delay, and may vary in form and degree. The incident itself may not necessarily affect all staff who experience it, and even team members who did not directly experience the traumatic event may be affected. The culture of humanitarian work often leads to staff denying or minimizing the distress they are experiencing or resisting efforts at providing them support. The response of the agency should be based on the occurrence of the event, not the expressed distress of team members. At the same time, the agency should understand that for many staff who have been involved in a critical incident, no specific interventions other than general support are necessary. Monitoring of responses and using principles of psychological first aid where needed is appropriate.

### Indicators 3-4:

When response to traumatic stress is especially severe or prolonged, appropriate responses require specific training and specialist knowledge. Neither field managers nor psychosocial workers normally have such training. The agency should employ or contract with specialists in such interventions to provide assistance when it is needed. The agency itself should be prepared to provide guidance to managers in responding to critical incidents, as well as advising them as to the need for more specialized assistance.

## Case study

About three months after a major earthquake, a car transporting staff of an international NGO was crossing a river that was swollen with rain - unusual for the time of year. The car got caught up in the river, floated and overturned several times. The staff were terrified, as most of them did not know how to swim, and they likened the movement of the car to the earthquake. Everyone was rescued but the team lead notified headquarters that the team was 'traumatized'.

A crisis support team for national staff had been previously recruited and trained within the agency.

The team included an educator and four staff members with psychology, health, and management backgrounds. They were trained by a staff support consultant in basic crisis intervention skills and principles of psychosocial support. Three of the staff support team members visited the team and spent three days using a number of intervention methods, including de-escalation, Psychological First Aid, and referrals for additional assistance for a few staff members whose distress did not diminish.



# End of Assignment Support

## Principle 7

The agency provides practical, emotional and culturally-appropriate support for staff at the end of an assignment or contract.

Leaving an assignment, ending employment with an agency, returning home, or transferring to a new assignment can often be an underestimated and challenging experience. Staff members need to be adequately prepared. In some cases, the end of an assignment or contract can be anticipated. In other cases (e.g., after an emergency evacuation) it is completely unexpected. Uncertainties about funding and other operational issues can cause stress, even when, for example, contracts are renewed or projects continue.

### Indicators

1. The agency has a program for assisting staff members who are completing an assignment, leaving a project, or leaving the agency for any reason, to prepare for the stresses involved.
2. All staff members are offered an exit operational debriefing at the end of their assignment or contract or project.
3. All staff members have access to a personal stress assessment and review at the end of their assignment or contract or on an annual basis.
  - 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 provides opportunities for ongoing staff, including office and non-professional staff, to evaluate projects when they end and to address feelings that may have been aroused.
5. The agency provides adequate notice to staff when a project or assignment will end for reasons other than emergencies.
6. 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 or job. It has an explicit commitment to provide staff with practical support to make necessary arrangements associated with the evacuation or termination.

### Comments

#### Indicator 1:

It is easy to recognize the stresses of humanitarian work itself. The stresses associated with ending a contract and/or returning home are more subtle, but can nevertheless be problematic. They include the pain of saying goodbye to people you have worked with closely and the practical, interpersonal, and cultural difficulties in readjusting to life 'back home' or in a new assignment or new job. Ending an assignment (whether in a planned or unplanned way) involves the need to attend to many practical tasks. These may include completing reports, conducting handovers, and finding a new job or identifying a new assignment.

For international staff other concerns appear, such as dealing with professional issues (e.g., updating credentials and licenses), dealing with health issues and insurance, finding housing, coping with reverse culture shock, and reconnecting with family members back home who have not shared similar experiences. National staff, too, face end of contract stresses, even though they may already be 'back home'. Financial pressures and the need to find new work in an economy that provides relatively few opportunities may be central, but previously suppressed feelings about inequalities in pay and security between national and international staff and other issues may also appear. Staff members should be encouraged to plan for the transition and should be provided assistance in this planning.

#### Indicator 2:

An operational debriefing focuses on what the staff member observed, experienced and learned during their contract, and how potentially the organization could benefit from this experience. Although an operational debriefing is not explicitly concerned with stress management, the experience of feeling listened to about field experience and reviewing agency practices can also reduce stress in the individual staff member.



#### Indicator 3:

A personal stress assessment and review focuses on how staff have responded to the stresses they experienced during their contract. It may explore what their experiences were, what their thoughts and feelings about these experiences are, and how they are dealing with those thoughts and feelings. It focuses especially on their current emotional state and any needs they may have for ongoing support or other interventions. It includes further education about the possible delayed impact of stressful experiences on an individual.

Stress assessments and reviews should not be dependent on the staff member having experienced unusual stresses on the job. At the same time, no staff member should be required to undergo a stress assessment and review if he or she is unwilling to do so.

In a stress assessment and review, a staff member is asked to be open about personal feelings about their work. This can only be done in an atmosphere of confidentiality, in which the person feels assured that their reactions will not affect their possible ongoing employment by the agency. They should always be conducted by someone appropriately trained.

#### Indicator 4:

Office staff and non-professional staff often have a strong emotional investment in agency projects and may have strong personal bonds with field staff. Their needs, too, should be addressed.

#### Indicator 6:

Unplanned endings whether the result of evacuation, an unanticipated termination of a program, or a staff member's personal needs can present special problems. After an unplanned ending it is usually helpful for staff members to be given support in assessing their own needs and creating a personal management plan.



# Post Assignment Support

## Principle 8

The agency has clear written policies with respect to the ongoing support it will offer to staff who have been adversely impacted by exposure to stress and trauma during their assignment.

The effects of stress encountered during an assignment do not magically disappear when the staff member ends the assignment.\* Follow-up by the agency, with referrals to services and development of peer support networks, may reduce the ongoing stress. While laws 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.

*\* In the Antares/CDC study of expatriate aid workers, one fifth of the staff reported clinically significant levels of depression three to six months after the end of their assignment (roughly the same level as at the end of the assignment). High anxiety levels also persisted, though not to the same degree.*

### Indicators

1. The agency has a clear policy aimed at supporting staff who have job stress-related disabilities such as burnout, severe stress, depression, anxiety, compassion fatigue or post-trauma symptoms.
2. The agency has developed policies for dealing with staff who are unable to continue working for the agency due to job-related stress or injury. Policies address issues such as continuation of salary and benefits and provision (or financing) of medical and/or psychosocial support services.
3. The agency has a policy for follow-up with respect to on-going adjustment or emotional or family problems several weeks after the end of an assignment or contract and offers services or referrals to services if needed.

### Case study

#### *About International staff*

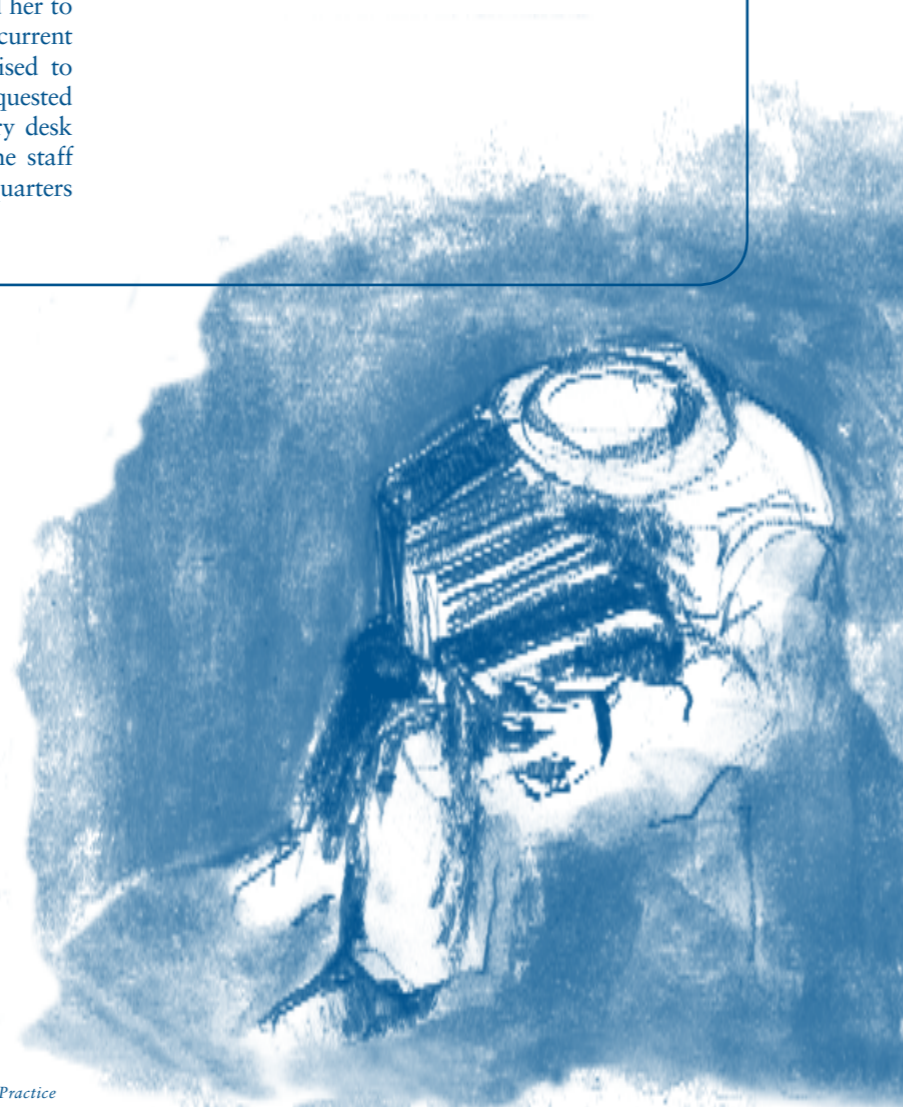
After two years in the field, a staff member had her exit operational debriefing. This was the first time she had received or given any feedback about her work with the agency. She reported that she had felt absolutely swamped with work but had had very little organizational support in implementing her project. She said that there had been a lack of transparency in decision-making and she often had had no idea about important strategic changes in the project from Headquarters. She was then completely shocked to hear that Headquarters staff felt she hadn't communicated very well; they thought her reporting had usually been late and incomplete and that basically 'she did her own thing'. She left the session angry and frustrated, feeling again totally misheard.

The staff member decided to arrange a personal stress assessment and review. She talked about her sense of disappointment in the organization and wondered if she was still fit for this type of work. She needs a job and income but now had terrible insomnia and chronic headaches and felt really lonely. The counselor confirmed that she had work-related stress and recommended they continue to meet for additional individual consultations. The counselor also referred her to a peer support group composed of former and current employees of the organization. She was advised to return to the organization, but the counselor requested that the organization place her in a temporary desk position. He also arranged a meeting with the staff member and an appropriate member of Headquarters staff to address some of the issues raised.

#### *About National staff*

After four years a project working in a conflict area in Eastern Democratic Republic of Congo came to a close. Fifty national staff had been employed on the project. The majority of the staff had had traumatic experiences themselves prior to working for the agency. The agency set out to offer the following to all the teams:

- One to three months salary, in accordance with local labor laws and in accordance with the organization's own HR policy.
- Letters of recommendations and active guidance to find jobs with other NGOs.
- An operational debriefing to all staff.
- A confidential personal stress assessment and review to all (by someone external but perceived trustworthy and appropriate). As a result one staff member reported that he has had serious PTSD symptoms that have not diminished during his work. The organization feels a moral responsibility to provide ongoing support to him.



## Comments

### Indicator 1-2:

Humanitarian agencies' activities place their workers at significant risk of physical injury, stress and fatigue or adverse psychological effects. On occasion, these may make continued work in the field problematic.

National laws vary in the requirements they place on employers in such circumstances and in the practical supports (e.g., income, health care) provided by the government itself. Regardless of national law, agencies should make all efforts to ensure that staff members who are physically or psychologically disabled as a result of their work for the agency can continue in employment. This may require assigning the staff member to a position in which they are less exposed to significant stress or trauma, for whatever time is required for recovery. Because of the many different national laws applying to agency staffing various countries, the agency gives especially careful attention to the impact of these issues with regard to national staff.

Agencies' duty to provide humanitarian aid to those in need extends to their own workers. In some cases, the extent of disability may make it impossible to offer ongoing employment. Agencies may provide disability insurance (to fill in gaps in governmental support programs) and health insurance, including adequate coverage for mental health services, with provisions to maintain coverage when staff are no longer employed by the agency.



### Case study

A manager completed her assignment and returned home, but a couple of months later she was still very emotional. She couldn't stop thinking about returning to the town where she had been working with 'her' staff and community. The agency arranged for her to meet with a mental health and trauma specialist who also had knowledge of working in a humanitarian context.

As a result, the manager got paid leave for a three-month period and ongoing confidential counselling. The Human Resources manager regularly contacted the manager to check how things were going and a more comprehensive review was arranged at the end of the three month period.

# Annex 1 Glossary

**Assessment:** Gathering and evaluating the behaviors, symptoms, or emotional state of staff members, to determine their reactions to routine sources of stress and/or unusual events or experiences.

**Burnout:** An emotional state resulting from long-lasting exposure to stress at work, characterized by emotional exhaustion, tiredness and a lack of energy (even when you have had enough sleep), little enthusiasm and motivation to work, decreasing work efficiency, a reduced sense of personal accomplishment, and pessimism and cynicism.

**Compassion Fatigue:** Fatigue, emotional distress, or apathy resulting from constant exposure to the miseries of others or from constant demands to care for others. Sometimes also used in place of *Vicarious Traumatization* or *Secondary Traumatization* (see elsewhere in this list).

**Coping:** The thoughts and actions used to deal with stressful situations. Coping may include acting to solve the problem that is creating stress or it may involve acting to protect oneself from adverse emotional or physical consequences of stress.

**Critical Incident:** Often used as a synonym for a *Traumatic Event* (see elsewhere in this list). Sometimes the term 'critical incident' is used more broadly to describe any especially severe stressful event that has an unusually great impact on the individual and team.

**Culturally appropriate:** What events or experiences are stressful, what the symptoms of stress are, and the ways people have of dealing with stress differ from one culture to another as well as from one individual to another.

**Culture of Stress Awareness:** The atmosphere in an organization with respect to stress issues. In some organizations, it is understood that staff experience stress and that the agency has a responsibility to help reduce stress. In others, staff are assumed to be 'tough' and the organization provides little assistance and may even discourage constructive responses to staff stress.

**Humanitarian organization:** Includes organizations employing or deploying staff who provide rescue and relief after natural and man-made disasters, provide humanitarian aid, monitor human rights, assist in development, or provide a wide range of other human services.

**Mitigate:** To reduce the severity or probability of significant risk, for example by actions anticipating sources of stress and acting to prevent them.

**Monitor:** Repeated observation of staff over a period of time, using informal observation and conversation and possibly more formal questioning or questionnaires to determine levels of stress and to identify support needs.

**Operational debriefing:** A formal process focusing on what the staff member did, observed, experienced, and learned during their assignment, and how the organization could potentially benefit from this experience. It is not the same as a *Personal Stress Review* (see elsewhere in this list).

**Personal stress review (or Personal stress assessment)** is a formal process focusing on how the staff member has responded to the stresses they experienced during his or her period of service. It is not the same as 'Critical Incident Stress Debriefing'.

**Policy:** An explicit set of principles (usually written) intended to guide decision making. Typically, a policy describes actions or responses within an organization and assigns responsibility for carrying them out.

**Post-traumatic syndromes:** People do not respond in a uniform way to traumatic events and symptoms of distress may last for a long time after the events. Responses may include flashbacks, nightmares, an exaggerated startle response, difficulty sleeping, feelings of numbness, depression, anxiety, guilt, protracted grief, dissociative disorders, irritability and interpersonal conflict, and somatic disorders (such as disturbed sleep, appetite changes, lack of energy, aches/pains).

**Proactive:** A proactive manager *anticipates* potential sources of stress and *plans ahead* to reduce their number or intensity. They help individual staff members and the team as a whole be better prepared to deal with more routine sources of stress.

**Protocols:** Formal, written procedures providing detailed guidelines for carrying out specific management functions, such as training new staff or responding to critical incidents.

**Psychosocial services:** Services addressing both psychological and social needs which help staff to manage stress, e.g. referral to housing providers, debt counseling, psychological counseling.

**Resilience:** The capacity of people to cope positively with stress and catastrophe. It can be contrasted with 'vulnerability.'

**Scapegoating:** Blaming an individual or a group of individuals for difficulties experienced at work, even though the difficulties are not particularly due to them.

**Screening** is a brief process designed to quickly identify individuals who may be at increased risk of not coping well with stress.

**Secondary traumatization:** Repeatedly hearing first hand accounts about traumatization may itself cause effects much like direct exposure to the events. Also sometimes used in place of *Vicarious Traumatization* or *Compassion Fatigue* (see elsewhere in this list).

**Self-care:** Taking care of oneself physically and emotionally, for example getting enough sleep, eating properly, getting exercise, taking care of one's health, making time for self-reflection, engaging in spiritual rituals.

**Somatic (or psychosomatic) disorders:** Disorders of the body (e.g., colds, stomach aches, headaches, dizziness), as opposed to disorders of the mind (e.g., depression, anxiety).

**Stress:** The word 'stress' is used in two ways. It can mean either a difficulty or challenge that causes emotional tension (sometimes also called a 'stressor') or the actual state of mental or emotional strain or distress it creates in the individual (sometimes called 'strain'). Stress is a normal response to a physical or emotional challenge, and occurs when the demands or a situation are out of balance with resources for coping.

**Stress Fitness:** A person is better able to deal with stress if they are rested, if they eat properly, if they exercise, if they maintain a good network of friends and family to provide support. Parallel to the term, 'physical fitness', this ability to withstand stress can be called 'stress fitness'.

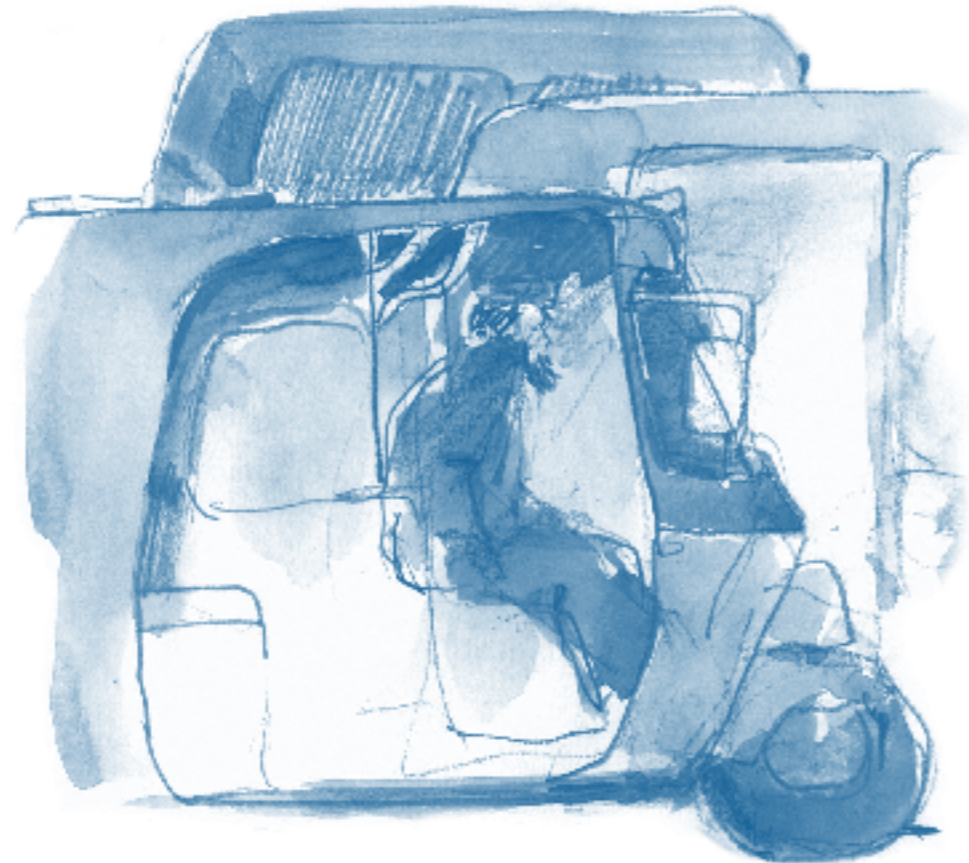
**Social Support:** The physical and emotional comfort and support given us by our family, friends, and co-workers. Many studies show that social support protects against the negative effects of stress, and that lack of social support can itself be a source of stress.

**Team cohesion:** The ability of their work team to stick together and support each other. For humanitarian workers, this is probably the single most important protection against the potentially negative effects of stress. Conversely, conflict within the team or isolation of a staff member from other team members is a major source of stress.

**Traumatic Event:** (Also see *Critical Incident*) An event that is extremely threatening to the life or physical well-being of those involved and is accompanied by feelings of powerlessness, horror, or terror.

**Traumatic Stress:** The response of people to traumatic events (critical events) is not just a more severe version of their response to 'ordinary' stress. See also *Stress* and *Post-traumatic syndromes*.

**Vicarious Traumatization:** The cumulative effect of responding with empathy to those who have directly experienced traumatic events may lead to symptoms much like those of the primary victims. Symptoms may include depression, anxiety, irritability, somatic complaints, symptoms like those of PTSD (also often used in place of *Compassion Fatigue* or *Secondary Traumatization*; see elsewhere in this list).



## Annex 2 Additional resources

### ORGANIZATIONS PRIMARILY CONCERNED WITH STAFF CARE

**Antares Foundation** (Amsterdam, Netherlands)  
[www.antaresfoundation.org](http://www.antaresfoundation.org)

**Centre for Humanitarian Psychology** (Geneva, Switzerland)  
<http://humanitarian-psy.org>

**Headington Institute** (Pasadena, California, USA)  
<http://headington-institute.org>

**Mandala Foundation** (Melbourne, Australia)  
[www.mandalafoundation.org.au](http://www.mandalafoundation.org.au)

### OTHER ORGANIZATIONS CONCERNED WITH HUMANITARIAN PRACTICE

**Humanitarian Practice Network**  
[www.odihpn.org](http://www.odihpn.org)

**InterAction** (Staff Care Resources)  
[www.interaction.org/staff-care-resources](http://www.interaction.org/staff-care-resources)

**People in Aid**  
[www.peopleinaid.org](http://www.peopleinaid.org)

### MATERIALS ADDRESSING SPECIFIC STAFF CARE ISSUES

**Aid Workers Network**  
Interactive Workshop - Building Resilience Under and Managing Others in High Stress Environments  
[www.aidworkers.net/?q=node/2266](http://www.aidworkers.net/?q=node/2266)

**American Psychological Association**  
The Road to Resilience  
[www.apa.org/helpcenter/road-resilience.aspx](http://www.apa.org/helpcenter/road-resilience.aspx)

**Emergency Capacity Building Project**  
Building Trust in Diverse Teams: The Toolkit for Emergency Response  
[www.ecbproject.org/resources/library/17-building-trust-in-diverse-teams-the-toolkit-for-emergency-response](http://www.ecbproject.org/resources/library/17-building-trust-in-diverse-teams-the-toolkit-for-emergency-response)

**Inter Agency Standing Committee**  
Guidelines on Mental Health and Psychosocial Support in Emergency Settings, pp. 71-92 ('Human Resources')  
[www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)

**World Health Organization**  
Psychological First Aid  
[http://whqlibdoc.who.int/publications/2011/9789241548205\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf), pp. 71-92



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DIRECTORS ANTARES - CDC COOPERATIVE AGREEMENT  
Tineke van Pietersom, *Antares Foundation, Netherlands*  
Winnifred Simon, *Antares Foundation, Netherlands*  
Barbara Lopes Cardozo, *CDC, USA*

PREPARED AND EDITED BY  
Wendy Ager, *Consultant / Editor, USA*  
John Ehrenreich, *State University of New York, College at Old Westbury, USA*

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CONTRIBUTORS AND REVIEWERS  
This list includes individuals who contributed to the development of the earlier editions of the guidelines on which this current edition is based. Institutional affiliations may have changed.

Alastair Ager, *Columbia University, USA*  
Wendy Ager, *Consultant / Editor, USA*  
Amanda Allen, *Antares Foundation, Australia*  
Ashraf Alqudah, *University of Jordan, Jordan*  
Ton Berg, *Antares Foundation, Netherlands*  
Annemiek Buskens, *Antares Foundation, Netherlands*  
Ali Chahine, *Management Trainer / Consultant, Lebanon*  
Marilyn Disirio, *CDC, USA*  
Allen Dyer, *IMC, USA*  
John Ehrenreich, *State University of New York, College at Old Westbury, USA*  
Ben Emmens, *People in Aid, UK*  
Cynthia Eriksson, *Fuller Theological Seminary, USA*  
Jelly van Essen, *Centrum '45, Netherlands*  
John Fawcett, *consultant, New Zealand*  
Erik Flapper, *Antares Foundation, Netherlands*  
David Foy, *Fuller Theological Seminary, USA / Pepperdine University, USA*  
Mike Gerber, *CDC, USA*  
Frida Ghitis, *International Insights Inc., USA*  
Max Glaser, *Consultant, Netherlands*  
Carol Gotway Crawford, *CDC, USA*  
Hans Grootendorst, *HealthNet TPO, Netherlands*  
Derk de Haan, *Consultant, Netherlands*  
Ton Haans, *Consultant, Netherlands*  
Michèle de Haas, *Antares Foundation, Netherlands*  
Maarten Hoejenbos, *Antares Foundation, Netherlands*  
Hanneke Hoogstrate, *Graphic Designer, Netherlands*  
Dafrosa Itemba, *Kiwakkuki, Tanzania*  
Jan Janssen, *Eleos, Netherlands*  
Jana Javakhishvili, *FDHR, Georgia*  
Kaz de Jong, *MSF, Netherlands*

Reinhard Kaiser, *CDC, Kenya*  
Lieke Kraut, *GGZ Rijnmond, Netherlands*  
Barbara Lopes Cardozo, *CDC, USA*  
Priya Machado, *Antares Foundation, Netherlands*  
Iris van der Mark, *Antares Foundation, Netherlands*  
Ken Miller, *Antares Foundation, Netherlands*  
Erik Mispelblom Beyer, *Antares Foundation, Netherlands*  
Verynice Monyo, *Kiwakkuki, Tanzania*  
Antipas Mtalo, *Kiwakkuki, Tanzania*  
Viola Mukasa, *Consultant, Uganda*  
Orso Muneghina, *Antares Foundation, Netherlands*  
Miranda Olf, *AMC University of Amsterdam, Netherlands*  
Mark van Ommeren, *WHO, Switzerland*  
Pilar Petit, *Consultant / Translator, Spain*  
Tineke van Pietersom, *Antares Foundation, Netherlands*  
Jonathan Potter, *People in Aid, UK*  
Rawisht Rasheed, *Saladdin University, Erbil, Iraq*  
Reem Rawdha, *Antares Foundation, Jordan*  
Bert van Ruitenbeek, *Cordaid, Netherlands*  
Feride Rushiti, *KRCT, Kosovo*  
Miriam Sabin, *WHO, Switzerland*  
Nodar Sarjeladze, *FDHR, Georgia*  
Jack Saul, *International Trauma Studies Program, USA*  
Pim Scholte, *Equator Foundation / AMC UvA, Netherlands*  
Rolf Schwarz, *De Geestgronden, Netherlands*  
Mohammed Shaheen, *Al-Quds University, WestBank, Palestine*  
Liz Sime, *Care, USA*  
Winnifred Simon, *Antares Foundation, Netherlands*  
Leslie Snider, *Tulane University / War Trauma Foundation, USA / Netherlands*  
Hans van Steen, *Dutch Red Cross, Netherlands*  
Jasminka Tadic-Husanovic, *UHD Prijateljice, Bosnia and Herzegovina*  
Sigridur Thormar, *AMC University of Amsterdam, Netherlands*  
Iris Trapman, *Trainer / Consultant, Indonesia*  
Albertien van der Veen, *MSF / Consultant, Netherlands*  
Jan Vorisek, *GIP, Georgia*  
Jos Weerts, *Dutch Veteran Institute, Netherlands*  
Frans Wierema, *Cordaid, Netherlands*  
Holly Young, *Antares Foundation, Netherlands*  
Julia Zhu, *CDC, USA*

ARTWORK  
Guus Bayards, *www.bayards.biz, Netherlands*  
Hanneke Hoogstrate, *Blagoworks, Netherlands*

ILLUSTRATIONS  
From the Diaries of Jan Henk de Vree, *Social Psychiatrist, Netherlands: Tanzania (1989), Sudan (2007), Pakistan (2011) and South America (2011)*



Antares Foundation: advice • support • training

GENERAL INFORMATION ON THE ANTARES FOUNDATION:

## Mission statement

The mission of the Antares Foundation is to improve the quality of humanitarian assistance and overseas development through advice, training and support.

## Antares' areas of work

### Training & Support

- Assistance with designing staff care and psychosocial support systems within humanitarian organizations for international and national staff.
- Stress & security briefing and debriefing for field staff.
- Training and coaching in stress management to national and international NGOs.
- Direct psychosocial support after critical incidents and prolonged severe stress in teams.

### Management support

To the managers of humanitarian organizations the Antares Foundation offers project-analysis and evaluation, tools for project management and direct coaching and support in the field.

### Consultancies

- Assessments of management systems, HRM systems, psychosocial support systems or any particular issues related to project management.
- Project evaluations: management and staff care issues and of mental health projects.

### Conferences

Antares organises international conferences or workshops in Amsterdam on a yearly basis on Managing Stress of the Humanitarian Aid Worker.

### Research & Publications

The Antares Foundation cooperates with academic institutions in research projects and in developing psycho-social systems and professional management tools.

### Advocacy & Lobby

To raise awareness of the urgency of her mission the Antares Foundation develops guidelines, models, education modules and raises awareness amongst NGOs and donors.

For further information, please look at our website [www.ataresfoundation.org](http://www.ataresfoundation.org) or contact the Antares Foundation, see address below.

Wg-Plein 357, 1054 SG Amsterdam, The Netherlands  
e-mail: [atares@ataresfoundation.org](mailto:atares@ataresfoundation.org)  
[www.ataresfoundation.org](http://www.ataresfoundation.org)  
telephone +31(0)20 330 83 40 | fax +31(0)20 422 13 20  
Bank account: 39.38.16.966 | IBAN no.: NL80RABO0393816966 | BIC-code: RABO2U  
Chamber of commerce Amsterdam number: 34115815



ANTARES  
FOUNDATION

ANTARES FOUNDATION | WG-PLEIN 357 | 1054 SG AMSTERDAM | THE NETHERLANDS

TELEPHONE +31 20 330 83 40 | FAX +31 20 422 13 20

WWW.ANTARESFOUNDATION.ORG | ANTARES@ANTARESFOUNDATION.ORG

BANK 39.38.16.966 | CHAMBER OF COMMERCE AMSTERDAM NR. 34115815