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LEADERSHIP
in EMERGENCIES
TOOLKIT

Tool Kit for United Nations Leadership in Emergencies

As a manager, you may find yourself responsible for maintaining operations and supporting your staff members following disasters, kidnappings, escalating civil conflict, and other crises. While their primary needs will be tangible (i.e., for food, clothing, and safe shelter), understanding their psychosocial needs is also essential as it can help reduce distress and maintain functioning among personnel so they are able to participate in the recovery process. It can also prevent or minimize long-term stress reactions and suffering. And it is important to be aware of the stressors you yourself are likely to face as you lead your staff through a complex emergency, and how you can maintain your own personal and professional resilience.

This tool kit is intended to equip you to respond to your own needs and the needs of staff in times of extreme stress. It consists of eight tipsheets in three categories, each including a brief quiz for self-assessment of learning. Note that tipsheets in the categories of **Workforce Resilience** and **Reactions to Stress** include important background information on each topic to increase your understanding of the issues produced by disasters and complex emergencies. Those in the **Managing in Complex Emergencies** category focus entirely on what you can do to lead your staff through a crisis. It is recommended that you read all of the tipsheets in the order presented before disaster occurs so you can incorporate the information in your preparedness planning. You can then refer back to specific tipsheets as needed during an emergency response.

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Workforce Resilience:

1. Managing Personal and Staff Stress in Complex Emergencies

Purpose of this Tipsheet:

When disaster strikes and you and your staff are consumed with participating in the emergency response, providing continuation of services with less resources, and/or assisting those in need, you might overlook how essential it is to care for yourselves. It is important to remember: **The care that helpers provide others can only be as good as the care they provide themselves.** This is true whether staff are directly involved in the response; are supporting logistics and administrative requirements from the office, or are carrying on programmatic work from their office or home. Some staff may be directly affected by the emergency (injured or deceased) and other team members will need support. Depending on the extent and impact of the crisis all your unit/team members will need some sort of care to focus on what is required of them.

This tipsheet is an overview of the occupational risks and rewards of working in complex emergencies for United Nations managers and staff, including warning signs that workers are developing vicarious traumatization or other serious effects. Your goal as a manager should be to reduce the risks of these occupational hazards and enhance the potential for yourself and your staff to feel useful and successful in your roles. Through regular self-care practices (described in Tipsheet No. 2), staff can be prepared for handling emergency situations and the potential for their resilience in crisis can be increased.

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While working and helping in emergency/crisis situations may be stressful and in some cases potentially harmful, people have often cited the following rewards that come with working in such situations:
• Personal satisfaction and enjoyment of the work
• Relief from routine work; variety
• Feelings of empowerment during times of crisis and chaos
• Emotional connection with survivors, colleagues, and the community
• Sense of competence and mastery in overcoming unique challenges
• Sense of privilege and honour to serve during times of need
• Increased self-knowledge and self-awareness
• Promoting healing in unique and moving circumstances
• Personal growth
• Being part of a meaningful effort larger than oneself

As a manager, you can cultivate such rewards that can serve to sustain motivation during these times of increased stress and work demands through the self-care practices that are described in Tipsheet No. 2 as well as the management practices described in Tipsheets Nos. 6 and 7.

Occupational Hazards in Stressful Situations:
Managers should be aware of potential risks to persons, including themselves, working in highly stressful environments, such as experiencing acute stress, chronic stress, traumatic stress, or all three. This stress, if not managed, can result in a variety of conditions that are similar and not mutually exclusive. There are various terms that refer to the occupational hazards that can occur when providing supportive services to highly stressed or traumatized individuals, including **Burnout, Compassion Fatigue, Secondary Traumatic Stress, and Vicarious Traumatization**.

Perhaps the most serious occupational hazard is Burnout. In its fullest manifestation it involves a complete emotional and physical collapse, often accompanied by depression, suicidal thoughts, and the need to temporarily or permanently discontinue work in the field. Burnout develops gradually, sometimes over years, and can be prevented through early detection. One way to recognize advancing Burnout is simply by noticing that a person is neglecting his/her own needs. Other warning signs include:
• Emotional exhaustion (feeling drained from one's work)
• Depersonalization (worry that the job is hardening one emotionally)
• Diminished personal accomplishment (feeling one is not positively influencing other people's lives in one's work)

Compassion Fatigue is the general term used to describe the emotional exhaustion that comes from overextending yourself to aid others. It is a result of the stress caused by attempting to help others with their distress. Warning signs include:
• Sleep disruption (sleeping too much or too little)
• Social withdrawal (isolating oneself from others in order avoid interpersonal demands)
• Negative coping (eating or drinking too much, missing work)

Vicarious Traumatization or Secondary Traumatic Stress can occur if someone is exposed to intense or repeated stories of traumatic experiences and they begin to impact the person as if he or she suffered the traumatic event personally. This can take a serious emotional toll, changing one's beliefs about fairness, justice, or good and evil in the world. Warning signs include:
• Rumination (inability to put distressing stories out of one's mind)
• Hyperarousal (being on edge, watching for threats)

• Loss of trust or faith in others

All of these occupational hazards can not only cause misery but also limit people's ability to be effective managers or helpers. However, they can be prevented by practicing effective coping methods and good self-care that will be described in Tipsheet No. 2.

Risk Factors for Occupational Hazards:
Anyone who is committed to helping survivors may be vulnerable to these occupational hazards. That includes you yourself as well as staff members who are working directly or indirectly to respond to a stressful situation. However, people are more at risk if:
• They are exposed to multiple trauma and grief experiences
• The event causes injuries, death, or grotesque images or sounds
• The event impacts children
• There are many chronic (ongoing) or acute stressors or demands in your life
• They have their own unresolved trauma or grief reactions from current or past losses
• They feel helpless to assist others or to save lives
Additionally, especially in the event of large-scale disasters, staff often need to tolerate a great deal of ambiguity and uncertainty. In many cases you, as a manager, may not know the outcome of contact with those you are trying to help, which can add significantly to your stress level.

Risk factors can also be summarized according to personal characteristics as well as the characteristics of the disaster. All staff will be more at risk if the disaster is large in scope, high in intensity, and long in duration, and most staff members will need support if there are deaths and injuries. However, some individuals need little help even in dire circumstances, while some personnel need support with a small-scale event, especially if they are inexperienced or struggling with other life stressors. While all staff are at risk for occupational hazards, there are specific factors to consider in assessing the level of support and assistance different individuals may need to prevent advancing stress reactions:

<u>General Factors</u>	<u>Disaster-specificFactors</u>
• Personal history	• Size and scope of the disaster/event
• Defensive coping style	• Personal and direct connection to disaster/event
• Current life context	
• Training/career history and status	• Mass casualty event or events caused by intentional violence
• Lack of resources or social support (e.g., supervision)	• Disasters with many injuries
• Nature of clients served	• Grotesque images and sound
• Nature of work and workplace	• Witnessing impact of events upon children

Errors in Thinking that Put You at Risk:
As a manager, you face certain additional demands and responsibilities in responding to crises beyond those that challenge your staff members. The following are common misbeliefs that may increase your risk of Burnout or Compassion Fatigue during a response.

1. In an emergency there will not be petty bureaucratic obstacles.
There will be. Even in the most critical situations there may be forms that need to be filled out, equipment that is not functioning, or phone connections that don't work. In normal circumstances these frustrations can be bearable but in an emergency they can be much more frustrating.

> **What managers can do: Prepare as much as you can to have materials and personnel ready for an emergency and know that you cannot predict everything and will have to cope with small or perhaps significant bureaucratic problems.**

2. All tasks are essential.
They are not. If all tasks are viewed as 'essential' you and your staff will work through breaks and days off. If everything is considered essential, then nothing is.

> **What managers can do: Divide work into essential vs non-essential tasks – and then put staff self-care at the top of the essential list. Be sure that you and your staff are taking breaks, getting adequate sleep, and taking scheduled days off.**

3. You are irreplaceable.
You are not. Yes, at the beginning of an emergency, you may need to work long hours, but if you are not careful exhaustion and burnout will severely limit your capacity.

> **What managers can do: As part of your preparedness planning, you may need to plan for long and even 24-hour shifts. Select alternate persons who can stand in for you and other functions, and train them in the essential tasks they will need to know.**

Warning Signs for Occupational Hazards:
When you and your staff are under extreme stress, sometimes the warning signs emerge slowly and sometimes they can hit suddenly. It is important to remember that if staff are feeling really bad, having unexplained physical symptoms, are quick to conflict, or are showing up late to work, they could be experiencing symptoms of extreme stress. Stress reactions and warning signs of occupational hazards are individual. One person may over-eat, while another may under-eat. It is recommended that managers and staff become familiar with and have plans for monitoring and responding to one another's individual warning signs.

Warning Signs of Staff Stress

Emotional
Anxiety
Powerlessness
Sadness
Helplessness
Depression
Mood swings

Health
Headaches
Gastrointestinal distress
Fatigue or exhaustion
Increased susceptibility to illness
Muscular aches and pains

Behaviours
Sleep changes
Irritability
Hypervigilance
Appetite changes
Substance use

Workplace
Avoidance
Tardiness
Absenteeism

Relationships
Withdrawal/Isolation
Decreased intimacy
Mistrust
Misplaced anger
Over-protectiveness

Thoughts
Disorientation
Perfectionism
Problems concentrating
Thoughts of harm
Rigidity

Spirituality
Loss of purpose
Anger with your God
Loss of faith
Questioning meaning/purpose of life and beliefs

What managers can do:

• To effectively manage your staff you need to acknowledge the inevitability of work-related stress and prepare for emergencies by supporting self-care as a means of preventing the occupational hazards. Monitor and address the early warning signs by supporting your staff and reminding them of the importance of self-care as described in Tipsheet No. 2.

• Model good habits for your staff.

• Train staff in the cause and warning signs of these reactions, and create an environment for acknowledging the impact of high stress so this is accepted as an occupational hazard and is not viewed as a sign of weakness or lack of professionalism.

• During a particularly prolonged or intense crisis response, consider creating a 'buddy system' within your team/unit to help with monitoring each other for warning signs of Burnout, Compassion Fatigue, or Vicarious Traumatization.

• Arrange for awareness sessions for your unit/team to be conducted by the Staff Counsellor or available resources in your location.

Knowledge Self-Test: True or False?

_____ 1. Your goal as a manager is to reduce the risks of compassion fatigue and enhance compassion satisfaction for yourself and your staff.

_____ 2. People find many rewards in helping in times of crises and often experience personal satisfaction, growth and empowerment afterwards.

_____ 3. Vicarious Traumatization is the most serious occupational hazard.

_____ 4. All personnel will need support in any event.

_____ 5. Training yourself and your staff in recognizing risk factors and warning signs can help create an environment where stress reactions are not seen as a weakness.

Answers:

1. True

2. True

3. False: The most serious occupational hazard is Burnout.

4. False: Your staff will be affected by the event in different ways. Some may not be affected at all in a large scale disaster, while others may need support at a small event.

5. True

Workforce Resilience:

2. Self-Care: Effective Stress Management in Crisis

Purpose of this Tipsheet:

Managers and their staff (both essential and non-essential personnel) who have been affected by an emergency and/or must report to work during the emergencies all need to understand and practice self-care. This is necessary for their own and their families' well being. By paying attention to these needs they will be better placed to be of assistance to their families and to effectively perform any work functions required.

The principles and practices of self-care before, during, and after a complex emergency are presented in this tipsheet.

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When disaster strikes, especially if there is significant property damage or if lives are lost or threatened, it is understandable that managers put their own needs on hold while they attend to the crisis. However, no matter how dire the situation, the most dedicated managers cannot work 24-hour days, seven days a week, without compromising their health, wellbeing, and effectiveness. **Self-care has personal benefits but it is also essential for maintaining professional competence**. This is sometimes referred to as the self-care imperative. Competence is an ethical matter of protecting not only yourself, but your family members and assisting personnel under your supervision. Self-care is not selfish. It is an integral aspect of maintaining competence.

Tipsheet No. 1 covered some of the potential hazards of working in complex emergencies. What can you do to prevent the risks and to maximize the rewards? The core of self-care is effective stress management, which requires continuous attention. Good stress management activities both improve the way you feel and allow you to function more effectively. Ineffective activities (like eating or smoking too much, or bullying people around you) might make you feel better temporarily, but they do not help you function successfully in the long run.

Self-Care Before Disaster Strikes:

Stress management should be a part of your daily activities, not something that is practiced only once in a while, or postponed until you really need it. This means that good self-care strategies include activities that you will do every day, not unrealistic goals you cannot meet. It is nearly impossible to begin using new coping methods during the hubbub of a disaster, so developing good coping habits in advance will help you be more prepared for the challenges you will face in complex emergencies. This will allow you to adapt quickly to challenges and recover from their potentially negative effects.

> **What managers can do: Your first step should be to examine your current coping mechanisms and determine which are effective, which are not, and what you might do to increase the helpful ones. The following are some strategies that are often recommended, but it is most important to develop practices that you will actually use.**

Know what works for you, and when you are stressed, remember to do it or do more of it.

• Get sufficient sleep
• Take regular breaks
• Exercise
• Eat a balanced diet
• Connect with others
• Have some time alone
• Limit TV and internet exposure
• Pray or follow your other usual spiritual practices
• Take the time off that you are given
• Balance giving and receiving support
• Write about your experience in a journal
• Draw upon your personal self-care plan
• Pay attention to the early warning signs of stress
• Utilize a self-care 'buddy' system
• Balance work, play, and rest

Some of the strategies listed may not be realistic at certain times in an emergency, but could be used later. Other strategies might be used from the start. For example, in the early stages of a disaster, you should not go home after working and watch television covering the event. You need a break!

Many strategies can and must be adapted in order to utilize them in emergency settings. You may not be able to follow your usual exercise regimen, but perhaps you can do a few minutes of stretching or take a short walk.

It can also be helpful to discuss your plan with family, friends, and colleagues so they can support you, and to have a logistical plan for the practical issues that may arise during an event. For example, if you are called on to work long hours after a disaster, who will care for your children or attend to other needs? How will you modify established self-care practices that you enjoy so they can be maintained during periods of increased stress? Having a plan in place in advance will reduce your personal stress when something does happen, allowing you to function better professionally.

Stress Inoculation:
It is important to remember that the goal of effectively dealing with extreme stress is not to get rid of it, but rather to manage it. Stress Inoculation can help you to identify potential stressors and coping strategies. This process can serve a protective role when you are exposed to extreme stress. The goal of Stress Inoculation is to allow you to continue to work during the event and, ideally, to avoid occupational hazards like Burnout and Vicarious Traumatization so you remain able to respond during later crises and emergencies.

Identifying potential stressors can allow you to prepare for and have realistic expectations of your own response. Thinking about potential stressors allows for a sort of rehearsal and gives you a chance to predict what may happen and how you could most effectively respond. Stressors can be broken down into four categories, each of which can impact you differently. Consider a specific crisis that might occur while you are on the job. Then consider the following types of stressors you are likely to experience:
• **Environmental stressors** vary depending on the nature of the event and your level of exposure. Witnessing or hearing about extensive death or injuries during or after the event can be extremely difficult to handle, especially for someone who has never dealt with death or severe injuries before.
• **Organizational stressors** will also vary depending on the event; these factors will strain the entire operation. This can be especially true early in the emergency when staff is in short supply and the organizational structure is in formation. These stressors include working long hours, having more work than can be completed, and living in situations that are cramped and uncomfortable. Workers may have to deliver in the absence of normal support systems and outside of normal procedures: Operations may have to be done manually, there may be less staff available, processes must be shortened, etc. A chaotic and ineffective chain of command may add to difficulties especially in the early stages.
• **Personal stressors** depend on individual factors and can greatly impact each person's ability to manage stress. The sights, sounds, and smells of disaster may trigger past stress reactions which can interfere with effective functioning. Cultural differences between the responder and those impacted by the event can increase the stress level. There may be personal boundary and space violations that can greatly increase stress levels if not anticipated and managed.
• **Political stressors** can also be difficult to manage. Various stakeholders, ranging from different countries to different agencies, can have difficulty working together. Having to negotiate

these working relationships can put a strain on all responders, regardless of position within the organizational structure. You may also be working in an area of the country that has a different culture and different traditions from your home area.

Before you respond to a particular event, consider how each of these types of challenges will impact you. By anticipating the stressors and your reactions you can then think about your coping strategies.

Coping strategies can be **problem-focused** if action is helpful and **emotion-focused** if nothing much can be done to impact the situation.
• **Problem-focused coping:** When some aspect of the event or response can be changed, a coping strategy that focuses on making those changes is an effective method to employ. During these situations, taking large problems and breaking them down into manageable parts will allow for a sense of control and effectiveness. Problem-solving and brainstorming skills become important in generating multiple alternatives to consider.
• **Emotion-focused coping** is most appropriate when changes are not possible and there are aspects of the event or response that are out of your control (e.g., a staff member is injured and has been hospitalized). Emotion-focused coping strategies like relaxation techniques and emotional regulation (e.g., prayer or exercise) will allow for stress reduction in the face of unchangeably stressful circumstances. Anger management and distraction skills can also help people tolerate difficult situations.

Self-Care Strategies When the Danger has Passed:
Although the mind and body do need to relax after an intensely stressful period, this does not mean that you should stop the self-care practices that have kept mind and body going throughout the response. Now, more than ever, you need the routine of regular self-care practices. Returning to normal work responsibilities, devoid of the intense pressures but also perhaps of the intense purposefulness that characterized working in a crisis, can present unexpected challenges. Some people have reported feeling disoriented, and having difficulty focusing on what is important and adjusting to relationships that have changed at home and at work.

> **What managers can do:**
> Specific suggestions for effective post-disaster adjustment include:
> • If possible, take some time off
> • Engage in activities that are both enjoyable and feel restorative
> • Use positive coping mechanisms
> • Consider when to use problem-solving or emotion-focused coping
> • Write about your experiences
> • If you find that you are struggling, you do not have to be alone:
>   • Reach out to friends, family, colleagues, faith-based resources
>   • Use the Peer Support Network
>   • Professional help is available through the Staff Counsellor's Office
> • Do not underestimate the impact of your experience

Overcoming Barriers to Self-Care:
There are many barriers to self-care, and many managers are susceptible to neglecting their own needs while supporting others. In emergency situations, there may be a lack of resources, time, or adequate supervision. The needs of personnel can seem so great that your needs pale by comparison, and if others are suffering, you might feel guilty if you attend to your own needs. It is essential that you accept your own limits and do not see yourself as indispensible to the crisis response or relief operation as that can quickly lead to Burnout.

And remember: Caring for yourself while helping others does not make you selfish or needy. **The care that managers provide others can only be as good as the care they provide themselves**.

What managers can do:
- Educate staff members about the need to practice self-care as an ethical imperative, and foster an organizational climate that supports effective coping.
- Model good coping practices for your staff, both during normal work periods and throughout crisis response.
- Do what you can to protect your staff from organizational and political stressors, while recognizing that you may be limited in your power to do so.

Knowledge Self-Test: True or False?

_____ 1. The self-care imperative states that self-care is essential for maintaining professional competence.

_____ 2. Driving yourself to work long hours after an event will allow you to maximize your ability to help.

_____ 3. A problem-focused coping style is helpful if something about the stressor can be changed.

_____ 4. Stress Inoculation puts you at greater risk for occupational hazards.

_____ 5. The care that you provide others can only be as good as the care you provide yourself.

Answers:

1. True

2. False: Ensuring you or your staff get adequate rest will improve effectiveness.

3. True

4. False: Stress Inoculation allows you to have a better understanding of your stressors and coping methods.

5. True

Reactions to Stress:

3. How Managers Can Help Staff in Times of Crisis

Purpose of this Tipsheet:

Think about the vast range of damage that can be caused by disasters and complex emergencies: Loss of life, of health, of home and property, of important documents, of access to food and water – the list is endless. And accompanying those tangible losses are internal wounds that can be just as difficult for survivors to cope with, like the loss of one's basic feeling of safety or belief that the world makes sense. If a crisis or escalating conflict strikes your duty station you will need to be ready to help your staff deal with all of these losses and the resulting reactions, while also coping with your own experience and with the new challenges produced by the fluid situation. A first step to being an effective manager in times of crisis is to understand the personal challenges that are competing with staff members' professional demands, so this tipsheet focuses on typical psychosocial reactions to highly stressful events.

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Disasters and crises cause a range of reactions which vary not only from person to person, but within an individual over time as the affected staff begin to cope with their experiences and losses. Initially those staff directly affected by the crisis event may be in shock or generally anxious and hypervigilant, with a heightened startle response and problems sleeping. Staff who survived the event personally may re-experience it, especially when triggered by cues in the environment (for example, storm clouds after a typhoon, or loud noises after a bombing), while those who are absorbing news of a loved one's sudden death may think constantly about what that person might have suffered. Over time these reactions will start to fade for most people, becoming less frequent and less intense. The disaster becomes a 'normal' (if painful) memory that is accessed from time to time, but remembering the event does not cause the same distress as the original experience did. Still, initial stress reactions are painful and upsetting for those experiencing them, and people may feel like they will never feel secure again.

> **What managers can do:**
> • It is important to provide a sense of safety and a supportive recovery environment for your staff as quickly as possible, recognising that they may need time to take care of their family needs.
> • Be sure to pay attention to how the event may have impacted you personally so you can maintain your own resilience while you assist your staff. Your focus may need to be on addressing staff needs post-crisis, but you will not be able to do so indefinitely if you disregard your own needs.

Functional Realms of Reactions:
Reactions are typically grouped into five realms of functioning: physical, emotional, cognitive, behavioural, and spiritual. The presence of these common or typical reactions does not suggest that the individual is at risk for developing lasting emotional or psychological problems. Instead, **these reactions 'make sense' given the nature of disaster exposure, and some combination of symptoms should be expected in anyone who experiences extreme stress.** Of course, a staff member who has been affected is not likely to experience all of these reactions, and it is important to note that one's expression of distress may be influenced by gender and by culture.

TYPICAL REACTIONS TO STRESSFUL EVENTS

Physical:
• Jumpiness, edginess, agitation, increased startle response
• Appetite change (general increase or decrease, craving for sweets)
• Increased desire for caffeine, nicotine, alcohol
• Cardiovascular symptoms (palpitations, breathlessness, rapid and shallow breathing, light-headedness
• Gastrointestinal distress
• Sleep disruption (fatigue, exhaustion, insomnia)
• General somatic symptoms (muscle tension or pain, headache)
• Worsening of chronic health conditions

Cognitive:
• Disbelief, sense of unreality
• Worry, rumination, preoccupation with situation
• Difficulties with memory or concentration
• Reduced ability to focus, solve problems, or make decisions
• Confusion, slower processing speed
• Cognitive misappraisals (inappropriately blaming self or other, all-or-nothing thinking)

Behavioural:
• Avoidance of reminders of the disaster
• Change in sleep habits (sleeping too much or too little)
• Change in diet (eating too much or too little, seeking comfort in unhealthy foods)
• Hypervigilance, inability to relax
• Social withdrawal, isolating oneself
• Increased conflict with family, co-workers, outbursts of aggression
• Immersing oneself in activity to avoid thinking about event
• Crying easily
• Trying to over-control relationships
• Change in sex drive

Emotional:
• Depression, sadness, tearfulness
• Anxiety, fear, panic
• Guilt, shame, self-doubt
• Apathy, emotional numbing
• Feeling overwhelmed, hopeless, out of control
• Irritability, impatience
• Anger, hostility, rage, resentment
• Blaming (of self or others)
• Mood swings

Spiritual:
• Change in relationship with higher power (increase in faith, questioning of faith)
• Change in religious practices (increase or decrease in prayer or attending services)
• Questioning of belief in a just world
• Struggle with questions about reality, meaning, justice, fairness

What managers can do:
• Understand that extreme or ongoing stress often impairs people's ability to concentrate and to make good decisions. You may find that your staff members – and you yourself – are unable to function at your usual level, right at a time when extraordinary performance is needed. Addressing personnel's psychosocial needs to the extent possible is not merely a kindness, but an essential step that will help them recover their professional capacity.
• Survivors are often shocked at the strength and variety of negative reactions they experience in response to a highly stressful event, so it will be helpful to provide 'psychoeducation' – information (like the above table) about typical reactions so people understand they are not overreacting, being weak, or going crazy.
• Affected staff sometimes refer to 'normal reactions to abnormal events,' but these symptoms feel anything but normal to those experiencing them, and describing them as such may undermine a survivor's trust in your understanding. It may be more useful to:
• Describe reactions as painful but understandable under the circumstances;
• Explain that many people experience similar feelings and that most people feel better once some time has passed; and
• Provide a referral to a UN Staff Counsellor if they would like help now or do not start to feel better soon.

This approach acknowledges and validates the person's current suffering while creating an expectation of recovery.

Phases of Reactions:

Disasters and emergencies unfold over time, and understanding common patterns will help you plan how to address staff needs in upcoming stages. Note that these phases generally refer to those who were directly impacted by the event, but they also apply to staff who are involved in addressing the resulting needs. While you will most likely be managing affected staff during the post-impact stage, it is important to understand their experience in the pre-impact and impact stages as these will help shape their reactions.

Before Impact: Was a warning received in advance? Warnings help to activate coping mechanisms, allowing people to prepare cognitively and emotionally. If there was little or no warning, there may be more initial shock, disbelief, and fear as people to struggle to grasp what has occurred. If a warning was received but ignored, people often experience shame or self-blame.

During Impact: As the disaster unfolds, the fight, flight, or freeze response is triggered, leading to magnified arousal levels while the focus is on survival. Contrary to stereotype, panic is not a common response; purposeful and productive actions are more the norm. However, especially if the event was sudden and unexpected, people may be in shock, unable to function well until they absorb what has occurred. How competent or helpless people feel and act at this time can play a key role in how they will process the disaster experience later. They may experience guilt or shame over their actions (or lack thereof), and they often express unrealistic beliefs about what they could or should have done to help others, when in reality those fantasized actions would only have increased personal risk.

Beyond Impact: The recovery period following a crisis can be divided into several phases, each associated with a shift in staff emotions. The length of each stage varies depending on the scope, intensity, and duration of the catastrophe as well as the resources available for recovery. Not every person affected passes through all stages, and the progression may not be strictly linear as setbacks occur, anniversaries reawaken painful memories, and milestones are experienced in a new setting or without a lost loved one. Still, this model is useful to consider as it suggests what staff members may feel at the different points in the process of recovery, and allows you to anticipate what they are likely to need next.

• **Heroic:** In the immediate aftermath of disaster, those impacted respond to rescue and assist each other, often before outside aid has had time to arrive.

• **Honeymoon:** People feel unified by their involvement and optimistic about their ability to recover. There is often an influx of attention from colleagues and managers, and from the UN community to help those directly affected. Social barriers and other differences are minimized and a collective community spirit rules.

• **Disillusionment:** Realization of the full extent of losses and the barriers to recovery begin to sink in, and affected staff may feel abandoned by the system that had previously been helpful. The communal spirit begins to erode as time moves on. This phase is often the lowest emotional point for those directly affected, especially survivors as they come to terms with the permanent impact of the disaster, recognizing and accepting what they have lost. **People in this stage may express anger and blame at those who they believe are not providing adequate support. Some may express their emotions, yelling or complaining, while others may internalize them, withdrawing or becoming depressed.**

• **Reconstruction:** Those affected attempt to create a 'new normal.' Depending on the scope of the event and the resources available, this phase can last for a few months or extend to decades. Those who are recovering as expected may benefit from receiving ongoing psychoeducation and support, and those in need of clinical help should be identified and assisted.

What managers can do:
• Establish that families and loved ones are safe.
• Be able to recognize and make allowances to support personnel through the difficult disillusionment stage.
• Regularly check in and keep all staff informed about:
    • the emergency situation and work arrangements
    • what actions are being taken by the UN in response to the crisis
    • decisions affecting their entitlements and benefits (if any)
• Understand and know your staff vulnerabilities.
• Ensure that staff understand the obligation of the Organization to them and their families, and their own obligations and responsibilities.
• If possible, organize ceremonies where personnel can come together – first to acknowledge and mourn shared losses, and then to mark positive developments as the recovery continues. Even if progress is slow after a large-scale event, celebrating small milestones can help keep staff members focused on recovery rather than dwelling on what was lost.
• Some anger may be directed at the UN by staff and their loved ones. As a manager you can try to diffuse that anger by communicating what the organization is doing to support the recovery effort, and by informing your supervisor about valid needs that might be addressed. Be patient and do not take the anger personally.

Knowledge Self-Test: True or False?

_____ 1. After an event, your staff will need a safe and supportive environment.

_____ 2. Your staff may have reactions to an event in five areas: psychological, behavioural, cognitive, emotional and spiritual.

_____ 3. When trying to calm staff, it is helpful to describe the strong reactions as 'normal to an abnormal event.'

_____ 4. The most difficult part of an event for survivors is immediately after it has taken place, after that everything gradually gets better.

_____ 5. As a UN manager, you could end up as the target of survivors' blame and hostility.

Answers:

1. True

2. False: The five categories are physical, behavioural, cognitive, emotional and spiritual.

3. False: It may be more helpful to educate staff on the typical reactions they may experience, while being careful to validate their feelings as painful and difficult.

4. False: The disillusionment stage is typically the worst for survivors because it is when survivors typically feel abandoned and come to realize the full extent of their loss.

5. True.

Reactions to Stress:

4. Recognizing When Staff Require Professional Assistance

Purpose of this Tipsheet:

While for most people post-disaster stress symptoms improve over time, this natural recovery process does not occur for some individuals who will go on to develop serious conditions that can severely impair their functioning. Extreme reactions you may see in disaster survivors include posttraumatic stress disorder, complicated grief, and substance abuse.

These conditions will impair a staff member's natural recovery and often require professional assistance, so you should become familiar with indications that a staff member is in need of treatment. While it is not your role as a manager to diagnose these conditions, the purpose of this tipsheet is to familiarize you with them so you can try to connect at-risk staff with the appropriate professional care as quickly as possible, before the symptoms become more difficult to treat.

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Posttraumatic Stress Disorder (PTSD):
PTSD is one of the more serious clinical diagnoses after exposure to a disaster, but the label is often misapplied in popular use. At its most basic, PTSD is an inability to integrate an event of unusual intensity and meaning into one's memory. That means that rather than recognizing that an event is over and can cause no further harm, people with PTSD continue to feel threatened by the trauma and are unable to feel safe enough to begin to move on. Certain groups (including children, elderly people, people living in poverty, and those with serious mental illness, physical disabilities, or substance dependence) are recognized as more vulnerable, but anyone can potentially develop PTSD if their experience is sufficiently traumatic. On average around 5% of people who experience a natural disaster develop the disorder, but rates of PTSD tend to be much higher after human-caused events, especially for people who experience intentional violence like terrorist attacks, sexual violence, or torture.

PTSD can only be diagnosed after symptoms have been present for 30 days, and in some cases symptoms do not occur until some time has passed after the traumatic experience. The PTSD diagnosis requires all of these criteria:

1. Exposure to a traumatic stressor, with a reaction of intense fear, helplessness, or horror.

2. The presence of a specific number of symptoms in each of three groups:
• **Reexperiencing:** Someone with PTSD does not simply remember the traumatic event as something in the past, but they feel like it is happening again, with the same physiological fight-or-flight reaction and a return of the initial fear, helplessness, or horror. This can occur as nightmares, flashbacks, or rumination (an inability to think of anything else).
• **Avoidance:** In order to prevent the painful reexperiencing symptoms, the person stays away from any reminders of the traumatic experience – including places, conversations, media exposure, and anything else that may 'trigger' memories. This avoidance tends to become generalized beyond direct reminders, leading the person to limit participation in relationships, work, and other key aspects of life.
• **Hyperarousal:** A person with PTSD is constantly on guard, 'threat monitoring' for any signs of danger. It is as if their fight-or-flight response never turns off, leaving them agitated and prone to over-reacting to any perceived threat. Sleep is usually disrupted.

3. Clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Many people with PTSD also experience symptoms of serious depression and anxiety. Given the nature of the core symptoms, PTSD tends to become self-reinforcing and increasingly difficult to treat. Over time, individuals progressively narrow their lives to avoid exposure to triggers of the traumatic memory, resulting in a withdrawal from normal activities and relationships and a constant state of anxious arousal that many sufferers attempt to blunt with alcohol or drugs. It also can have a serious impact on personal relationships. To avoid this escalation of symptoms and the resulting impaired functioning, identifying and treating the condition as early as possible is essential before symptoms become entrenched and more difficult to reverse. The good news is that there are effective treatments that can fully cure PTSD when delivered by a trained professional.

Complicated Grief:
Grief is not a mental disorder, but a painful and expectable process in response to the death of a loved one or other significant loss. Usually grief is followed by a gradual return of the capacity for engaging in new interests, activities, and relationships, but if this process does not evolve

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over time, complicated grief may be indicated.

Complicated grief is marked by the presence of intrusive memories or fantasies related to the lost loved one and the relationship, with strong emotions characterized by intense longing, loneliness, and emptiness. Complicated grief can look like PTSD, but anxiety and heightened arousal are absent. Instead, the avoidance of activities in complicated grief is not fear-based but rather related to a wish to avoid people, activities, or places that evoke painful memories or reminders that the loved one is gone (for example, a widow may avoid social activities that remind her of her changed role). Loss of interest in activities and disrupted sleep are common, as are intense sadness and yearning for the loved one.

Complicated grief is not an official diagnosis so timing guidelines regarding how soon after a loss it should be considered are not established; a range between 6 and 14 months has been suggested by various researchers. That is not to suggest that survivors should be 'over' the loss entirely by that point, but that the intensity of their mourning should be lifting. If they are not progressing in their adjustment process, treatment for complicated grief should be considered.

Substance Abuse:
Sometimes people who have been through a traumatic experience turn to alcohol or drugs (either buying illegal drugs or misusing prescription medications) to help cope with their distress. New cases of substance abuse and dependence after disaster exposure appear to be rare, but those who had problems with alcohol or drugs before a disaster are at risk of having those problems recur or get worse afterwards. Therefore, it may be helpful to obtain a sense of substance use patterns among personnel and family members post-disaster and provide information on positive coping that steers those at risk away from overindulgence.

Indications Immediate Referral to a Professional is Needed:
While most extreme reactions that merit professional assistance take some time to develop, there may be individuals who are experiencing such strong acute stress reactions shortly after an event that they should be connected with mental health services immediately. Be on the lookout for behaviours that indicate problematic psychological responses, including people who are:
• threatening harm to self or others
• expressing irrational thoughts or beliefs
• experiencing significant cognitive impairment
• enacting ritualistic behaviors (for example, rocking back and forth incessantly, or speaking or writing something over and over)
• hysterical or panicking
• dissociating (seeming unaware of their surroundings, feeling numb or disconnected from reality)

Staff members who are displaying these behaviours should be referred to a UN Staff Counsellor or other qualified professional as they are at high risk of serious negative reactions.

> **What managers can do:**
> • Know your staff and their potential vulnerabilities, and plan in advance for how you would handle personnel with extreme reactions:
> • Know how to refer personnel to a UN Staff Counsellor
> • Assemble a list professional helpers (psychiatrists, psychologists, social workers, etc.) in your mission area to provide to personnel as needed.
> • Be aware that anyone who experiences extreme or ongoing trauma can develop PTSD or other serious reactions, but people often feel weak or ashamed if they do not 'bounce

back' on their own. Providing psychoeducation about these reactions and emphasizing that they are not an indication of weakness may help to reduce stigma about seeking assistance.

- Many distressed people prefer to talk to a spiritual leader or family/tribal elder rather than a mental health professional. These local leaders can be very effective at helping people with less extreme reactions, but treating PTSD in particular may require training in specialized interventions, so encourage staff in need to seek assistance from a UN counselling professional.

Knowledge Self-Test: True or False?

_____ 1. Traumatic reactions in the aftermath of a disaster typically indicate that one will develop Posttraumatic Stress Disorder.

_____ 2. You can distinguish Complicated Grief from PTSD by the absence of anxiety and hyper-arousal.

_____ 3. New cases of substance abuse and dependence often occur after a disaster as survivors struggle to find effective coping skills.

_____ 4. A staff member who is hysterical, seemingly dissociating and unaware of their surroundings, engaging in repetitive behaviours or threatening to harm themselves or someone else should be referred immediately to a UN Staff Counsellor.

_____ 5. Spiritual and tribal leaders cannot be effective in providing emotional support after a disaster.

Answers:

1. False: In most cases, reactions will improve over time.

2. True

3. False: New cases of substance abuse and dependence are rare, however people who have had problems with substances in the past are at a greater risk for developing these problems again.

4. True

5. False: These leaders can be extremely effective in reducing distress for people with less extreme reactions. However, treatment for clinical conditions like PTSD should be provided by a professional UN Counsellor.

Managing in Complex Emergencies:

5. Leadership in Crisis

Purpose of this Tipsheet:
Crises often intensify the extent and complexity of demands placed on leaders, so it is essential that you as a manager prepare for these potential demands in order to guide your staff effectively through an emergency. This tipsheet will examine leadership styles, qualities, and traits in effective leaders; how emotions relate to effective leadership; and how to be most effective at assessing information and making decisions in a crisis situation.

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A short lesson in leadership:
- Six most important words: 'I admit I made a mistake.'
- Five most important words: ' I am proud of you.'
- Four most important words: 'What is your opinion?'
- Three most important words: 'If you please.'
- Two most important words: 'Thank you.'
- One most important word: 'We.'
- Least important word: 'I.'

(From John Adair, "Effective Leadership")

During any airplane crash, earthquake, pandemic, terrorist act, or complex emergency involving extensive violence and loss of life, displacements of populations, and/or widespread damage to societies and economies, important decisions must be made quickly, despite the uncertainty and time pressure. There is often ambiguity in terms of cause, effect, and means of resolution as well as urgency to resolve the situation as quickly as possible. The stakes involved can also be extraordinarily high with the lives and welfare of personnel potentially at risk. Managers can play an essential role in minimizing harm and restoring calm, but leading during a crisis may require a different approach than managing under normal conditions. And leading during a new crisis may require a different style than what worked in the last one. There may be very different conditions and demands related to the nature of the threat, the type and amount of harm caused, whether lives were lost, if the event is short-term or ongoing, and so on, so flexibility and preparedness are essential.

You as a manager represent the leadership of the Organization, and define the manner in which it responds to a emergency/crisis. You as a manager are the gate-keeper of information so you must be prepared to provide direction and support to your staff. Staff will be looking to you for guidance even more than they do during normal operations.

Leadership Accountability:
Managers should be aware of the very clear core values established by the Organization to define the work ethics of staff at all levels. These values include Accountability; Transparency; Integrity; and Respect for Diversity. These values should be used as a baseline in your conduct and duty to the Organization.

Managerial accountability defines professionalism and is expected of managers at all levels regardless of the work environment and the prevailing situation. It is imperative that managers pay attention to the following basic elements of accountability which are not limited to:
- Awareness of the responsibility placed on all staff by the UN Charter to maintain the integrity and reputation of the Organization
- Achieving objectives and high-quality results in a timely and cost-effective manner
- Fully implementing and delivering on the mandates of your office and in compliance with all regulations, rules, and ethical standards
- Truthful, objective, accurate, and timely reporting
- Responsible stewardship of funds and resources

In practical terms, managers are responsible for the following:

Responsibility	Actions
Supporting and motivating staff in your teams/units.	Promote self care and encourage staff to prepare themselves and families for emergency events.
Sustaining productivity as far as possible within the given situation.	Be aware of the stressors and the impact of your own emotional intelligence on others; remain calm and composed and adapt your leadership style to fit the situation.
Maintaining an open and transparent work environment.	Encourage staff to speak openly about issues that affect them and support to their families, and about their work.
Compliance with the rules and regulations.	Be aware of delegated authority and ensure proper documented activities outside of the normal procedures.
Instilling a sense of accountability among staff under your responsibility to follow the rules and procedures.	Make sure that they 'do the right thing' as far as their obligations to the Organization. Do not turn a blind eye if they are exhibiting procedures and behaviours that are putting them and/or the Organization at risk.

While you must always strive to meet these responsibilities, a disaster or crisis is likely to alter and intensify the demands placed on you as a manager. As a result, you may need to alter your usual way of leading your staff, and it may fall on you to restore calm among staff so they can function throughout the response. The remainder of this tipsheet is intended to prepare you to adapt your management skills in order to be an effective leader in times of crisis.

Be Aware of Your Leadership Style:
Leaders demonstrate very different styles, and depending on circumstances and personalities one approach can be more effective than another. Consider the following styles and try to be aware of your effectiveness when using them and the impact you will have when working with your staff.

Are you an **autocratic** leader who keeps control over staff by following regulations, policies, and procedures faithfully? This type of leader goes 'by the book' and closely supervises staff.

Autocratic leaders who rely on punishment to control staff, allowing little or no participation, can create a climate that is both distressing and nonproductive.

Are you a laissez-faire leader who delegates tasks to staff with little or no direction? This approach can be effective when staff is highly educated, competent, and motivated to succeed on their own. This 'hands-off' approach is most successful when the leader provides direction, support, and guidance when staff asks for or needs it. A laissez-fare approach is least effective if the leader is too withdrawn from staff, which can lead to a lack of efficiency and satisfaction.

Are you a **democratic leader** who shares decision-making with staff members, encourages discussion, debate and sharing of ideas, and helps staff to feel good about their contributions? This leadership style appears to be most effective in generating better ideas and creative solutions from staff members. However, there may be circumstances where there is not sufficient time for discussion and debate. In such situations leaders may need to be more autocratic.

How can you use this information to prepare yourself for managing successfully in emergency/crisis situations?

Identify which style works best for the situation: It would appear that a flexible style – providing a democratic style when possible, a laissez-faire style with highly motivated staff, and a more autocratic style when there is little or no time to spare – may be most effective.

When there is an emergency or crisis situation , a common mistake is to be either too hands-off or over-controlling. If you are too laissez-faire, staff will be looking to you for further guidance. If you are too autocratic, staff will feel bullied, and if you are too democratic, there may not be time to accomplish goals that are extremely timely. Be flexible and adjust your leadership style according to circumstances.

Be aware of Authentic Leadership traits: The following describes a set of traits and abilities that are commonly mentioned when describing effective leaders.
• Effective leaders lead by example.
• They tend to be confident, hopeful, optimistic, resilient, transparent, moral, ethical, and future-oriented.
• They are aware of the circumstances and contexts of the situation.
• They give priority to developing staff to become leaders themselves.
• They are self-confident, genuine, reliable, and trustworthy, and they have a primary focus on building followers' strengths, broadening their thinking, and creating a positive and engaging work environment.
• Because people trust them, they are able to motivate others to high levels of performance.
• Rather than letting the expectations of other people guide them, they are prepared to act based on their own core beliefs.
• They engender trust and develop genuine connections with others and they are more concerned about serving others than they are about their own success or recognition.

Which combination of these traits will be most helpful for leading a team during a crisis will depend on the specific demands of the situation, so the ideal would be to strengthen all of them so you can draw on them as needed. While it is unlikely that you have mastered all of these traits, consider how you can work to develop them under normal conditions so you are best prepared to lead well during a crisis.

Creating Calm in Times of Chaos:
Emotions play a significant role in the workplace, but never more so than in high stress work environments and in times of emergency/crisis. Emotions are catching. When leaders are optimistic or resilient in the face of challenges, staff will be motivated. When leaders are distraught or worried, staff will experience similar feelings. Your staff will take cues from your facial expression. When leaders smile, staff will follow suit. This has been referred to as 'emotional contagion.' Leaders who convey that somehow they will get through difficult or crisis situations and remain hopeful during the most distressing events can transmit this attitude to their staff, thereby fostering staff resilience. Bear in mind, however, that overconfidence and bravado are not helpful. In fact, leaders who display humility have a positive impact on staff.

Effective leaders have the ability to recognize, express, understand, and evaluate their own emotions and the emotions of their staff. In order to accomplish this, leaders need to regulate their own emotions. Regulating emotions can involve displaying positive facial expressions (e.g., smiling) and masking negative ones (e.g., hiding disgust), calming yourself down, or refraining from argumentative behavior. It can also involve relieving stress by healthy coping (discussed in other tipsheets). If you can regulate your own emotions you are likely to have the capacity to demonstrate positive emotions and control negative ones such as disappointment, uncertainty, and annoyance. This creates a supportive and positive organizational climate. Effective leaders instill optimism, confidence, and faith in their staff by suggesting that they work together for a better future, although they may face challenges ahead. There is one caveat here: Faking positive emotions by feigning enthusiasm, interest, and calm is not helpful.

One aspect of emotional intelligence which should not be underestimated is empathy. In order to understand and respond effectively to the emotions of your staff, you must know what they are thinking and feeling. You can practice and work at being more empathic by attending to your staff members' reactions, thoughts, and emotions. Studies have shown that leaders who can empathize and read emotional expressions of their staff are rated as more effective, and followers are more satisfied with such managers.

Making Effective Decisions and Judgements in Crisis Situations:
A complex emergency is defined in part by its ambiguity and urgency. In such circumstances it can be very difficult for managers to assess information and make decisions effectively. In addition, because leaders in crisis situations are under severe time pressure, they often have less time to acquire and process information. Self-efficacy, meaning an individual's beliefs about his or her abilities to accomplish a specific task in a specific context, is one good predictor of competent leadership in a crisis. What may be most helpful in these circumstances is for you to have the confident belief that you have the knowledge, skill, and ability to lead others effectively. What is helpful in increasing this self-efficacy as you prepare to address the needs of the situation and your staff?
• Try to be more open-minded, exploratory, and adaptive when responding to difficult decisions.
• Think about your successful previous experiences in challenging circumstances. This can create a greater level of confidence.
• Recognize what you can and cannot control, and try not to become frustrated or angry about conditions or problems that are beyond your control.
• Your ability to think divergently – the ability to generate multiple alternative solutions to problems – can help you to be more creative in dealing with ambiguous and challenging crisis situations and decisions.
• If possible, try to get the formal authority you require to lead others in the crisis situation. Clarifying your role as an authority can increase confidence in your efficacy to lead. However,

you must also recognize the limits of your authority and abide by the rules and procedures of the Department of Safety and Security and other UN policies.
• Get as much experience as you can both in leadership and in dealing with crisis situations. Leaders with experience feel more confident.
• If you lack the experience or even if you have considerable experience, it is extremely helpful to practice crisis scenarios. The degree to which you have practiced and rehearsed crisis response protocols such as tabletop or actual live drills can increase your sense of self-efficacy.

Self-efficacy can be changed through practice and training. Consider the following set of statements that can allow you to consider and prepare for a complex emergency. If you feel prepared you are more likely to be confident, and to assess information and make decisions effectively as you deal with both the situation and your staff.
• I know who to call if I receive a report of an occurring or impending crisis.
• I am sure what my role and responsibilities would be in a crisis.
• I frequently review the crisis response plans that my unit has in place.
• I have adequately practiced my unit's crisis response plan.
• I keep others at work up to date on the best way to reach me in a crisis.
• I believe my unit's response plan is the best it can possibly be.
• I have a system in place that can rapidly and accurately account for the staff in my team/unit that fall under my scope of responsibility.
• I have established effective liaison relationships and mechanisms in advance.
• I am aware of any special needs my staff may require in case of emergencies.
• I have built a cross-functional team to deliver any services or continuity of work required in an emergency situation.

Research also shows that there are three main sources of potential stressors leaders and managers will encounter during emergencies. They are: **environmental** (e.g., time pressure, level of risk); **organizational** (e.g., bureaucracy, appropriateness of information, decision support and management systems); and **operational** (e.g., inter-agency liaison, decision making and media management) (Paton & Flin, 1999). Taking time to assess and reflect on these potential stressors and whether they can be controlled may result in better personal and professional preparedness.

Coping with Stress:
As this tipsheet has made clear, as a UN manager you have considerable impact on those you lead, especially in times of crises or disaster. Paying attention to your own emotions and the emotions of your staff, regulating your emotions, and empathizing with your staff does not only have an impact on emotional outcomes such as distress and burnout; it also leads to better task performance in an emergency situation. To maximize your ability to protect your staff members and help them recover after difficult events, remember the following keys to leadership in times of emergency.

During a Crisis:
• When disaster strikes, speak to your staff, ask for their support, and let them know your plans and intentions.
• Get as much information and advice as you can from as many sources as you can.
• Be open to viewing your staff and the crisis situation with new perspectives and flexibility.
• Lead by example. If you participate in menial tasks, staff members are more likely to take on whatever needs to be done.

After a Crisis:
• Be sure there is someone working for you who you trust enough to lead if you need a break

following the crisis.

At All Times:
• Think about your responsibility to and compassion for your staff.
• Create a positive and supportive work climate.
• Keep your staff informed and be sure they know that your door is open and that you are available for them.
• Be fair and impartial to your staff.
• Give every staff member something challenging and important to do. Everyone wants and needs to feel both valuable and appreciated for their contribution.
• Hold regular meetings to build teamwork and contribute to a positive atmosphere.
• Set reasonable expectations and be tolerant even and perhaps especially in crisis situations.
• Do not point out weaknesses in staff members in front of others.
• Empower and show confidence in those you give responsibility to.
• Do not be afraid to change course or change your mind if your approach to staff members is not working or your expected office response is not effective.
• Never forget to congratulate yourself and your staff for a job well done.

Knowledge Self-Test: True or False?

_____ 1. Effective leaders ensure staff do their job by closely following regulations and policies.

_____ 2. UN managers represent the leadership of the Organization and define the manner in which it responds to an emergency/crisis.

_____ 3. By regulating your own emotions and reactions, you can create a difference in your staff's emotions and reactions.

_____ 4. Having a strong sense of self-efficacy is not helpful during crisis situations.

_____ 5. Effective leaders lead by example, are empathetic towards their staff, and are confident, genuine, and trustworthy.

Answers:

1. False: While this leadership style may be useful in certain situations, it is important for leaders to be flexible in style.

2. True

3. True

4. False: Believing in your competence and ability to help and make good decisions in a crisis situation is crucial in a leader.

5. True

Managing in Complex Emergencies:

6. Maximizing Staff Resilience

Purpose of this Tipsheet:

The essential nature of the work performed by the United Nations means that some staff members are often exposed to great suffering in others, and they may be personally exposed to dangerous or demanding work conditions on a regular basis. Other personnel may work in physically safe conditions, but feel ongoing concern for the security of colleagues. Then, if a crisis occurs, staff may feel overwhelmed by the need to respond professionally to a disaster or emergency that has also impacted their family directly; they may feel the strain of being separated from loved ones during a trying time; or they may experience stress from trying to maintain operations during periods of organizational disruption. In addition to taking a toll personally, these acute and cumulative stressors can make staff less effective in their work, just as their efforts are most needed to respond to a crisis. This tipsheet is intended to help you understand the preparation and mitigation strategies that can be used before, during, and after crises to maximize resilience among staff members – and in yourself so you can continue to lead effectively.

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Defining Resilience:
There is no universal definition of resilience, but a 2009 World Health Organization report describes it as 'the capacity to cope with adversity and to avoid breakdown when confronted with stressors.' Note that this is different than an ability to recover quickly from post-disaster reactions: Resilient people are able to keep functioning throughout a crisis, so they not only experience less distress personally, but they also can continue to help others who are having trouble coping. In other words, **in times of crisis a resilient staff is an effective staff**, so doing what you can as a manager to foster resilience is not a luxury but a valuable investment of resources which will equip your staff to serve its mission more productively.

How can you accomplish that in advance of a crisis? The first step is to identify the personal and professional risk factors that can compromise staff resilience and to address them to the degree feasible. Consider the different groups within your staff: national and international, professional and general service, on-staff versus consultant or individual contractor. Each group will face specific role-related stressors in addition to the situational challenges shared by all, and personal traits or experiences also may impact resilience.

National staff vs. international staff: Natives of the region may be direct survivors of the humanitarian crisis the UN is there to address, giving them a history of disturbing experiences. They may feel they are treated (and paid) differently than international staff, and they may face hostility or violence in the community as a result of being associated with the Organization. Then when a specific disaster or emergency occurs, they may suffer the death or injury of family members, and loss or damage to home and community.

International staff whose families are not posted with them are likely to have fewer personal losses and concerns resulting from a disaster, but they are also separated from sources of emotional and social support, and may feel isolated in an unfamiliar culture. Of course they may also have a personal history of disturbing experiences that can be reawakened by the event even if it does not impact their own community or loved ones.

Professional vs. general service staff: Managers may be stressed by their responsibilities during and after a crisis, including the need to adapt their leadership style to the extraordinary circumstances (see Tipsheet No. 5 on Leadership in Crisis for more). Middle managers in particular may feel stretched thin as they try to aid their subordinates while answering to their superiors, often with few peers who can identify with their challenges. However, managers may feel some sense of control and validation from their ability to guide the recovery.

General service personnel may have even more professional responsibilities during the response to a crisis as they are most familiar with the local culture and available resources, yet they may have less financial resources to assist in coping with personal losses. They also may feel little power or control over their work, and little appreciation for their efforts. As a result, they may need extra support during the recovery period.

Staff vs. consultants/individual contractors: Consultants and individual contractors do not benefit from regular staff entitlements such as sick leave, special leave, medical insurance, pension, and other compensations that the Organization would provide to staff in the case of an emergency. This may make their recovery more difficult, and has the potential to cause resentment against staff members who do receive this support.

Personal Risk Factors: Regardless of their professional role, staff members' individual characteristics and experiences also influence their psychosocial reactions to crises. Resilience may be compromised by:
• Previous history of critical stress or conflict
• Direct exposure to the disaster
• Ongoing exposure to victims, or to gruesome sights and sounds
• Personal exposure to danger from recurring or ongoing events
• Fear of long-term health effects
Depending on the situation, individuals also may be at heightened risk due to their sex, race or ethnicity, nationality, religion, marital status, sexual orientation, or other trait. You may be limited in your ability to address these issues, but you should be aware of them as stressors.

Fostering Resilience Before Crisis:
Two important goals you can pursue as a manager pre-disaster are to instill a sense of unity and teamwork among staff members, and to train personnel to cope with stress.

Create a culture of teamwork: Your staff will be able to act most effectively if they function as a team, supporting each other as well as the response mission. Building this sense of unity requires positive interpersonal relationships among all members. Each person must have a chance to contribute, and to learn from and work with others. Members should feel they are acting together toward a common goal.

Ten characteristics of well-functioning teams:
• **Purpose**: Members proudly share a sense of why the team exists and are invested in accomplishing its mission and goals.
• **Priorities**: Members know what needs to be done next, by whom, and by when to achieve team goals.
• **Roles**: Members know their roles in getting tasks done and when to allow a more skillful member to do a certain task.
• **Decisions**: Authority and decision-making lines are clearly understood.
• **Conflict**: Conflict is dealt with openly and is considered important to decision-making and personal growth.
• **Personal traits**: Members feel their unique personalities are appreciated and well utilized.
• **Norms**: Group norms for working together are set and seen as standards for everyone in the group.
• **Effectiveness**: Members find team meetings efficient and productive and look forward to this time together.
• **Success**: Members know clearly when the team has met with success and share in this equally and proudly.

- **Training**: Opportunities for feedback and updating skills are provided and taken advantage of by team members.

Striving towards those characteristics during normal operations will facilitate resilient functioning during a disaster or emergency.

Training: One of the most effective ways to build resilience is to provide training in coping with stress so personnel have learned and practiced the necessary skills in advance of needing them. As is discussed in Tipsheet No. 7 on Psychological First Aid (PFA), staff can be trained to provide basic psychosocial support to each other as well as to disaster survivors. They can also be trained in Stress Inoculation (described in Tipsheet No. 2 on Self-Care) to encourage them to perceive difficult situations as a challenge rather than a threat. Making time for these psychosocial trainings can be difficult among daily operational demands, but it is a worthy investment of resources that will pay off if a crisis occurs.

Maintaining Resilience During an Emergency:
Even the most resilient person can reach a breaking point if pushed too far, so managers should remain attentive to the demands personnel face as they respond to a crisis. The following are goals to strive for, though of course during the most intense stages of rescue and recovery these goals may not be achievable:
- Match the individual's skills and strengths to the tasks assigned in order to maximize competency and confidence.
- Rotate personnel through the most demanding assignments to avoid burnout or excessive stress from exposure to others who are suffering.
- Monitor staff stress levels and encourage breaks if possible.
- Model self-care by taking breaks, eating well, and not overworking yourself.
- Provide opportunities to talk to a peer, spiritual care provider, or mental health professional if an individual wants to talk about their experience, but do not mandate that as it can reawaken distressing memories and impair functioning.

Maintaining Resilience Post-Crisis:
While the definition of resilience implies that people with this quality will not experience significant distress after a disturbing event, they still should be monitored over time for any stress reactions that merit attention. In some cases people are able to function well during the heat of a crisis, but once the intense demands recede, posttraumatic stress symptoms begin to emerge. Therefore, be sure not to assume that personnel who demonstrate resilience throughout the response are immune to later psychosocial issues.

Knowledge Self-Test: True or False?

_____ 1. Resilience is not the ability to recover quickly from stress symptoms, but the ability to keep functioning throughout the crisis.

_____ 2. Resilience cannot be taught; it is either naturally in your staff or not.

_____ 3. A well-functioning team is important to the resilience of all your staff members and their ability to work effectively.

_____ 4. Stress Inoculation would be a good example of a resilience-building training to offer your staff.

_____ 5. Once staff members are resilient they will be self-sufficient and will need no additional support.

Answers:

1. True

2. False: There are several things you can do to improve staff resilience, including trainings and creating a sense of teamwork with your staff.

3. True

4. True

5. False: You will need to take additional steps in order to maintain resilient personnel both during and after a crisis.

Managing in Complex Emergencies:

7. Psychological First Aid: Providing Basic Care

Purpose of this Tipsheet:

Helping UN staff during or after a complex emergency is challenging even for the most experienced managers. Survivors can display shock and extreme emotionality. The assistance that survivors might require could last for a few minutes or many months. Most of your staff will recover on their own, but your ability to help promote a positive recovery environment will be crucial to this recovery. In fact, **your ability to supply effective psychosocial support to your staff may be among your most important responsibilities and can contribute greatly to their long-term well-being**. In this tipsheet we present the principles and practices of Psychological First Aid. If you keep these principles and practices in mind during or after a crisis, you can provide effective assistance even if you are not a trained Staff Counsellor.

In fact, like any type of First Aid, PFA can be learned and practiced by non-professionals to prevent long-term problems and promote healing. This means that in addition to providing PFA yourself, it is advisable that you ensure that as many staff members as possible receive PFA training offered through the Staff Counsellor's Office in your location. This will foster a recovery environment that enhances resilience, helps survivors cope effectively with typical stress reactions, and helps prevent extreme negative reactions. This tipsheet provides an overview of Psychological First Aid, as well as references where you can learn more about it.

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Principles of Early Intervention:
The actions used to establish a positive recovery environment stem from principles that have received broad empirical support from research on stress, coping, and adapting after disasters and mass casualty events. There are five essential elements that should be included in any comprehensive psychosocial response to disaster or mass trauma. Put into action, these principles can improve the lives of survivors.

• **Promote Safety**: After a disaster, in order to reduce the physiological responses to fear and anxiety, you should do all you can to promote safety by removing actual or *perceived* threats by following the guidelines outlined by the UN Department of Safety and Security (DSS). If the threat is ongoing you should comply with DSS's efforts to reduce the danger and encourage safety.

• **Promote Calming**: Anxiety and distress are typical and understandable responses to disasters, but once the immediate danger has passed, heightened anxiety or arousal can become dysfunctional. You should promote calm by serving as a role model, and reassuring survivors that it is safe for them to relax or lower their arousal levels. Even if the danger is protracted, when there is relative peace, remind staff to relax.

• **Promote Efficacy**: Complex emergencies can cause survivors to feel helpless and powerless. Promoting self-efficacy can begin with restoring a survivor's ability to regulate negative emotions and solve practical problems. Efficacy is promoted by encouraging those impacted to take as much control as possible over their own actions and decision-making.

• **Promote Connectedness**: Your regular contact with your staff supplies one important connection. However, it is most important that you foster connections between survivors and their natural support system such as family members and neighbours. Remind your staff to talk with and stay connected to family and friends.

• **Promote Hope**: Hope could be the belief that one's actions can bring about a positive outcome. For some, hope involves a belief that luck or the government will address needs. For many, hope arises through a belief in God or a higher power. Your realistic hopefulness that the situation can improve or that recovery is possible provides an effective role model.

How can these principles be applied to assist survivors of disaster or catastrophe? In fact, they provide the theoretical basis of the most recommended early intervention, Psychological First Aid (PFA).

Psychological First Aid
According to the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), 'PFA is a description of a humane, supportive response to a fellow human being who is suffering and who may need support. PFA is very different from psychological debriefing in that it does not necessarily involve a discussion of the event that caused the distress.' Instead, PFA interventions are meant to address the interrelated practical, physical, and psychological needs of survivors, making it consistent with the principles described above.

PFA's premise is that attending to basic needs (i.e., providing food and water; restoring a sense of calm, safety, and hope; connecting survivors with a source of social support; providing information and psychoeducation) as quickly as possible after someone experiences a stressful event will help to lower their arousal level and prevent them from developing long-term negative emotional reactions, just as receiving prompt medical treatment for a wound can

prevent it from becoming infected.

PFA is not a process, but a toolkit of components to be used as needed, in any order appropriate. In fact, there are many different versions of PFA, though all share the same basic elements and goals. The World Health Organization, War Trauma Foundation, and World Vision International have a detailed guide to PFA for field workers that you can download here:

http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf

Reading and sharing that guide with your staff as well as attending the PFA training (conducted by the Staff Counsellor's Office) is highly recommended, but as a brief introduction to the intervention, core components of PFA include:

Be Calm: One core aim of PFA is to reduce the physical and emotional arousal level that is increased by the disaster. Because emotions are contagious you can reduce the arousal level by maintaining a calm presence. It is important to maintain calm without being emotionally distant and to remain steady in order to help survivors master or regulate their experiences. Remember to breathe.

Provide Warmth: Disasters can shake survivors' trust in humanity. You can help to restore that trust by being thoughtful, patient, and kind. Compassion and kindness are expressed in attentiveness, open posture, soothing tone of voice, and acceptance of anything the survivor says. Accepting and understanding survivors' feelings does not mean you should support inappropriate or unhelpful actions.

Provide Acknowledgement and Recognition: While you want your staff to remain calm, you should not minimize the gravity of the situation. Survivors require acknowledgement and validation that they are in a very difficult situation or that they have experienced something terrible and their stress reactions are understandable and to be expected. If the significance of the experience is downplayed, survivors may not take the necessary time to rest and recover

Express Empathy: *If* survivors want to describe what happened to them, be prepared to listen. Concentrate and attend to all aspects of the survivor's communication at both the emotional and cognitive levels. Respond by restating or reflecting on what the survivor said with statements such as "I hear you saying…" or "So you think that…." Such 'active listening' allows your staff to feel known and understood which can help them to cope with current stressors or to heal from one that passed.

Show Genuineness: It is not easy to be warm and empathic if you are exhausted or impatient. A fake smile is not helpful. Only *genuine* empathy and warmth are helpful for survivors. Genuineness does not mean being blunt or indiscreet. To be sincere in your caring for your staff requires attention to the occupational hazards discussed in earlier tipsheets and caring for yourself. Know your limits so you can stay *genuinely* empathically and warmly engaged.

Empower the Survivor: Here is another juggling act. At the same time that you acknowledge the fragility and vulnerability of staff members under stress or experiencing fear or loss, it is also important to support their resilience. Acknowledging and supporting a survivor's strength, competence, courage, and power – his or her resilience – can begin to restore a sense of control. Allow survivors to determine the kind of assistance they receive, the pace of any kind of self-disclosure, as much as possible. Ask 'How have you gotten through tough times before?' or 'What skills do you have that will allow you to get through this?' It may be helpful for staff to continue normal work routines so they feel useful even in difficult circumstances.

Attend to Safety Needs: Survivors will recover much more quickly if they feel safe. They also need to feel that their loved ones are safe and out of danger. You should do all that you can to ensure that survivors and their loved ones are as safe as they can be during or after a crisis or disaster. Protect survivors from any threat or danger from the ongoing disaster, especially those who may be so disoriented that they are not able to care for themselves. There are situations where it is impossible to provide this kind of safety, but it is reassuring to your staff to know that this is your highest priority.

Attend to Physiological Needs: If you hear or observe that staff or their family members are injured or ill you should do what you can to get them medical attention. You might provide assistance in problem solving as you help survivors to find basic necessities such as food, water, or shelter. If the crisis is a medical emergency such as a pandemic, while it is important to be empathetic and calm, it is more important to do all you can to ensure the physical health of survivors. This may involve finding out where to get vaccines or antiviral or antibiotic medication.

Provide Information and Orientation to Services: Accurate information is an important antidote for the uncertainty and anxiety that survivors experience during or following a complex emergency. One category of information has more urgency than any other: when survivors have missing loved ones. Family members in this category will want frequent updates about what happened and what is being done to search for the missing or abducted person. Even when there is little hope that a loved one will be found alive, relatives still may want details about the recovery process. Remember that whether the information you are providing is about a missing loved one or a more routine matter, it is important that all communication be framed in simple language. The stress of disaster can impair cognitive ability, so you need to be certain that the information you provide is received. You may need to summarize or review what is being said, or provide it in writing as well as verbally. Every effort should be made to communicate in the survivor's native language, especially since language skills are often impaired by stress.

Help Survivors Access Social Support: Social support can be expressed in different ways, but all can help a survivor to cope with the stress of disaster and tragedy. *Instrumental support* can be practical in nature, taking the form of money or help with tasks and chores. Survivors might need instrumental help repairing their homes, arranging travel, or doing needed paperwork. *Emotional support* provides a survivor with warmth, caring, understanding or acceptance, and a sense that survivors are valued and important. *Informational support* can include advice or guidance that is intended to help survivors cope with difficult circumstances. While you may be able to provide all three forms of support directly, you should also encourage survivors to seek it from neighbours, friends, and family members. These personal connections can be valuable resources in providing accurate information on local conditions (such as where to obtain medical care, which roads are closed, where to obtain fuel or other supplies, if business hours have changed, and so on), as well as sources of comfort and solidarity. One caveat: Don't make the mistake of urging survivors to contact family and friends without being sure that these contacts will be trustworthy and helpful. Remember that not all relationships are supportive – in fact, some family members are significant sources of stress and misery.

Assist Survivors with Grief: For some managers, being with a staff member who has just lost a loved one is the most challenging experience they ever face. Often there are practical problems. You might help your staff with tasks such as identifying remains, making funeral arrangements, repatriation, and legal, financial, and benefit issues. EPST members receive specific training on how to provide this kind of assistance elsewhere (see the *Death in Service Handbook*). Although this assistance is logistical it is also psychosocial, in that accurate information and practical resources are consoling. Psychosocial support for those who are grieving often involves little

problem solving. You might say 'I am so sorry for your loss,' 'Is there anything I can do for you now?', 'Is there someone you would like me to call?', or 'Do you need me to notify anyone?' As a supportive presence you can offer much comfort. You might be called upon to provide assistance at memorials, which could be held soon or sometime after the disaster. The bereaved are often very thankful if you simply provide a visible but unobtrusive compassionate presence.

Remember to be kind, be calm, be informed and be present.

Knowledge Self-Test: True or False?

_____ 1. One of your most important responsibilities is to ensure your staff has psychosocial support.

_____ 2. You should always encourage your staff to stay connected with their family.

_____ 3. PFA does not require you to discuss the event with an individual.

_____ 4. You should empower and express empathy to your staff member, even if you don't mean it.

_____ 5. You can help survivors by providing accurate information.

Answers:

1. True

2. False: While you want to promote your staff's connectedness with their support system, recognize that not all relationships are helpful.

3. True

4. False: While you want to empower and empathize with your staff, it is important for you to be genuine and sincere.

5. True

Managing in Complex Emergencies:

8. Other Ways to Assist Staff Post-Crisis

Purpose of this Tipsheet:
While Tipsheet No. 7 on Psychological First Aid describes essential basic tools for supporting your staff, this one presents additional actions that can be used to assist staff members during or after a complex emergency, including psychoeducation, correcting self-cognitions, rumour control, assessment, and referral. Note that this tipsheet often refers to you, the manager, providing these various types of assistance, but especially in times of crisis these actions may be better handled by a UN Staff Counsellor. **It is important to understand these tools yourself, but also to use your judgement about when to bring in a professional to address your staff's psychosocial needs.**

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Psychoeducation:
As the name implies, psychoeducation involves educating people about psychological aspects of their experience. Two of the most helpful forms of psychoeducation in the early aftermath of disasters are providing information about predictable stress reactions and providing information on effective and ineffective means of coping with stress.

Anticipating and normalizing stress reactions: Some staff members may be concerned about their own intense emotions. Others might be troubled that while everyone around them is very emotional, they are feeling numb. Survivors with typical stress reactions sometimes think that they are 'going crazy' or are weak. These reactions, such as having trouble concentrating or being easily startled, are real and should not be minimized, but are typical responses to atypical events and almost always subside over time. Hearing this can be reassuring to personnel who are experiencing unfamiliar emotions.

Effective and ineffective coping: Caution your staff about the use of self-defeating coping mechanisms that might provide fleeting relief from acute stress, but will ultimately cause additional problems. Encourage them to find effective ways to cope with stress. Remember that everyone has different strategies and that what works for one staff member may not work for another. One survivor might relax by watching football, another through prayer, and yet another by speaking with family members. Perhaps the best approach to helping your staff to reduce stress is to ask how they have always sought peace or reduced stress and, if it is not self-destructive or counter-productive, encourage them to continue to do this or do more of it.

Correcting Distorted Self-Cognitions and Appraisals:
As they try to process their experience, those who have been through an ordeal often think in ways that are distorted and not helpful. Some appraisals, especially those regarding blaming and punishment, may be influenced by a person's culture or religious beliefs. Any of the following thoughts or beliefs may be detected when speaking with someone who has been through a harrowing experience:
• It was my fault; I cannot trust anybody; I want to get revenge
• I am in danger; I will never be safe; I never get over this
• I am shameful, stupid, weak, or inferior; I cannot protect myself or my family
When you listen to your staff, you may discover one or more of these distorted and unhelpful thoughts. The first group indicates excessive blame towards self or others. As survivors struggle to find a cause for what may have been a random act of nature or a senseless act of human violence, they may try to make sense of it by blaming themselves. You could attempt to help them find a more helpful perspective that is also consistent with reality. Then there are those who excessively blame others. A disaster caused by malfeasance or malevolence can lead to appropriate blame and a desire for justice. However, for some survivors the desire for vengeance can blind them to their own needs and those of loved ones. Over time you may be able to assist survivors with finding a way to balance these needs.

The second group of statements illustrates how survivors continue to feel unsafe when there is little danger. If they appraise the environment as less safe than it is, their recovery will be protracted. You might help a survivor to restructure the thought to 'The danger has passed' or 'It is over, I am safe now.' As survivors begin to more accurately appraise their environment, they will resume normal activities, which aids in healing.

The helplessness, weakness, and loss of control that are seen in the final statements are a result of how extreme stress can overwhelm coping mechanisms and lead to strong feelings or thoughts of inadequacy. Help your staff to take actions so they feel that they can have some

impact on the environment. By doing so, they can begin to regain a sense of adequacy.

Rumour Control:
Rumours are common in disasters, wars, public health emergencies, and other times of uncertainty. Remember that in times of extreme stress, people do not always think clearly and critically, which may cause them to pass along the most questionable tales – and this applies to your staff members as well as community members. Rumours can be perilous. They can create a false sense of danger, causing some survivors to flee what is a safe place. They can also feed the desire to find someone to blame for a disaster, leading to animosity and potentially even violence against members of certain religions, ethnic groups, or others selected as scapegoats. Rumours may be spread more easily today through cell phones, text messages, the Internet, Twitter, or other forms of social media.

Remember to caution your staff about the probability of rumours and misinformation. You should take a proactive position, directly addressing any rumours you become aware of and explaining why they are untrue, and urge colleagues and team members to take a similar stance on rumour control. If there is dire but confirmed information, you should provide it, since failing to do so will undermine trust and open the door for rumours to fill in the information vacuum. You might even display a list clearly labelled 'Current Rumours.' It is also important to plan for how you will monitor and address rumours that are spread through social media, including learning in advance (or assigning this task to a reliable staff member) how to use Facebook, Twitter, and/or whatever systems are commonly used in your region so you will be able to respond quickly when a crisis occurs.

Group-Level Assessment:
As you assess your staff during or after a complex emergency, keep their psychological and emotional well-being in mind. Regularly evaluate the characteristics of the recovery environment, including whether your staff's needs are being adequately addressed. You should be asking yourself if the environment is suitable for psychological recovery. Is it physically safe? Is it unnecessarily noisy or chaotic? Is information being provided regularly? Making sure that staff are getting food appropriate to their cultural and dietary preferences can also provide comfort. Ask yourself 'What is needed and where are the gaps in care?' As the relief operation proceeds, there should be ongoing monitoring of the stress level of survivors as well as your own and your team members' stress.

Individual Assessment:
In addition to the more general needs assessment, you should monitor the emotional and behavioural functioning of your staff members at the individual level in order to identify anyone who is in need of more intensive support. Over time, the natural resilience of most people allows them to recover on their own. However, some people may need more than the basic help. How can you best identify these 'at risk' survivors and ensure that they get the additional help they need?

Since the emotional reactions of those impacted can be intense, but normal and transient, you may have a difficult time sorting out *who is **showing** the most distress from who **needs** the most help*. Here are some evidence-based risk factors you can consider in deciding who needs to be more carefully monitored or given more support or attention. You do not need to ask these questions directly, but through conversation, you may discover answers that could demonstrate the need for more support or referral.

Did or does the staff member:
• Feel extreme panic?

• Feel a direct threat to their own life of the life of a family member?

• See or hear of the death or serious injury of a family member?

• Lose a loved pet? [if culturally relevant]

• Sustain a significant illness or injury to themselves or to a family member?

• Become trapped or experience a delayed evacuation?

• Have a family member missing or unaccounted for?

• Have a home that is not liveable?

• Become separated from their family during the event?

• Have a prior history of mental health care?

If a staff member has any of these risk factors, you should provide additional support and monitoring or referral to a UN Staff Counsellor. This need increases if the staff member has multiple risk factors.

The most important risk factor is a positive answer to the following question:

• Is the staff member a danger to self or others?

If you have reason to believe a staff member will injure himself or others, get help immediately! If there is a UN Staff Counsellor or UN medical personnel, contact him or her at once. It may be difficult for you to accurately assess how serious a threat someone poses, so it is generally better to err on the side of caution and bring in a professional rather than risk underreacting.

Be alert for behaviours that indicate other serious problems. If you notice significant cognitive impairment such as psychotic symptoms (for example, someone who is hallucinating or acting irrationally), major memory disturbance, an inability to make simple decisions, or obsessive thoughts or acts, a referral to a Staff Counsellor is indicated. If you notice serious withdrawal or repetition of ritualistic behaviours, or aggressive behaviour (screaming, slander, threats), a referral would be in order as these are *not* typical reactions. Although very intense reactions such as hysteria or panic are not uncommon following highly distressing experiences, be sure to get support and assistance for a staff member who is in significant psychological pain.

Also note that there are certain populations considered to be more in danger than others for developing long-term problems during or after a complex emergency. Of course not every member of these groups is vulnerable, but it may be helpful to familiarize yourself with the populations that are under the care of your supervisees so you understand the stressors they are facing. These groups include:

• Children (especially those missing parents or whose parents were injured or died)

• Medically frail adults and children

• Those with physical disability or illness (including mental illness)

• Mothers with small children

• Adolescents and adults with substance abuse problems

• Those exposed to grotesque scenes or who thought their life was threatened

• Groups traditionally marginalized or economically disadvantaged, or those with few or dwindling resources

Making a Referral to a UN Staff Counsellor:

Weeks or months after the disaster, some survivors may tell you that that they are suffering or not functioning well and want more intensive assistance. However, you should be sensitive to the fact that those who need long-term treatment may feel ashamed and embarrassed about needing help. Many survivors of harrowing events are reluctant because there is often a stigma associated with such help-seeking. You may need to sensitively encourage a staff member to get more help. As part of preparing to respond to an emergency, you should know where and how to make a referral for follow-up mental health care. As part of this planning, you should be able

to let a staff member know what services are covered and what benefits are available for such treatment.

Some Things *Not* To Do:
• Do not force or pressure people to share their stories with you. Do allow people to self-disclose at their own pace and in their own way. This is why Critical Incident Stress Debriefings are not recommended as they can increase stress at a time when the goal should be to decrease it.
• Do not provide naïve reassurance such as saying 'Although you are badly injured, you are still alive' or 'At least some of your family survived' or 'I am sure everything will be alright.'
• Do not tell survivors how you think they should feel or what they should have done differently.
• Do not explain to survivors why you think they experienced this disaster based on your opinions or beliefs.
• Do not make promises that you cannot keep. For example, do not confidently reassure survivors that assistance or resources will soon arrive or that you will be available to help them over a long period of time if you do not know for sure.
• Do not criticize relief workers and agencies that are offering assistance as survivors may be depending on their services.

Do remember to take care of yourself when you are assisting your staff.

Knowledge Self-Test: True or False?

_____ 1. Coping mechanisms such as exercise, praying, and talking with friends are effective for everyone.

_____ 2. To protect against rumours you should proactively provide confirmed information and address rumours as they come about.

_____ 3. The person who is showing the most distress is always the person who needs the most help.

_____ 4. You should allow people to talk about the events at their own pace.

_____ 5. Do not tell survivors what they should have done differently or why you think they experienced this event.

Answers:
1. False: Coping mechanisms will vary by the individual.

2. True

3. False: Since emotional reactions differ you may need to touch base with each staff member to determine how much support they need.

4. True

5. True