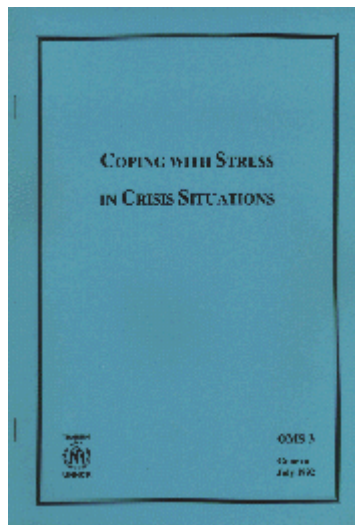

Coping With Stress In Crisis Situations (OMS 3)



**Geneva
July 1992**

Foreword

The contents of this brief guide draw extensively on the work of Ms. Sheila Platt, a mental health specialist who has provided her professional expertise to UNHCR staff in a number of field locations, particularly in South-East Asia.

It is intended to assist staff, particularly those with supervisory responsibilities, in times of emergency or crisis. Although the subject touches on a sensitive area of emotional reactions, the advice it contains is of a practical nature, expressed in a language that is accessible to all.

Attention is drawn to the sample guidelines on crisis scenarios that were produced in training sessions that also took place in South-East Asia (OMS 2). These provide practical suggestions worked out by staff in the region as a recommended response to such situations.

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Introduction

The Risk of Stress in UNHCR Staff in Emergency Situations

UNHCR work in the field can sometimes be routine, but it often becomes crisis work. Staff at all levels in UNHCR tend to be highly-motivated individuals who are deeply committed to humanitarian work. However, although they may be technically proficient in various specialized skills, they often have little preparation for the effects of an emergency situation or, as in some camps, a continuous crisis atmosphere.

Accumulated stress affects not only personal morale and individual performance, but also organizational effectiveness. When the effects of stress are unrecognized and become negative, work suffers. Not only is there loss of productivity, but the staff member may become so frustrated that he/she will leave the field, embittered and critical of the organization and filled with a sense of personal failure.

This type of reaction is often referred to as "burnout" and the main purpose of this guide is to help you, as a team manager:

- to be aware of the potential stress risks;
- to learn how to help your staff work through a crisis in order to avoid breakdowns in functioning at both personal and organizational levels.

A disaster situation is an overwhelming experience for all involved and victims are not limited to those who are immediately recognisable as refugees. The latter are, of course, the *direct* victims of the situation; families left behind and others close to the refugees being *indirect* victims. UNHCR staff, because of the stress they absorb, fall into a third category of "*hidden* victims".

ROLE OF UNHCR TEAM LEADERS

Bearing this in mind, **it is thus vital for UNHCR team leaders – at all levels – to be well informed and prepared on how to help staff function before, during and after a crisis situation. These guidelines will provide you with an outline of the main stress factors associated with critical incidents and some advice on how to anticipate, recognize and deal with their effects. Each situation has its own specific problems; however, it is possible to identify the areas of crisis staff vulnerability that are common to all critical incidents.**

The greater your awareness of these risk factors, the more you can reassure your staff and provide them with the support they need to function at both individual and team levels.

Factors Affecting Stress Amongst Staff

This table gives examples of various positive and negative factors which can affect stress in a staff member at individual, interpersonal and community levels:

INDIVIDUAL LEVEL

Positive Factors:

- Good health.
- Successful previous crisis experience development of "survival skills".
- Crisis seen as a challenge.

Negative Factors:

- Health problems.
- Unresolved emotional reactions from previous traumatic experience.
- High self expectations.
- Crisis seen as a threat to personal competence.

INTERPERSONAL LEVEL

Positive Factors:

- Supportive family/ friends/colleagues no additional outside demands.
- Well-balanced personality + able to accept + give support within team.

Negative Factors:

- Personal/family problems additional demands/stress.
- Personality problems unable to accept available support.

COMMUNITY LEVEL

Positive Factors:

- Existence of:
 - strong leadership
 - good communication
 - well-planned emergency procedures.

Negative Factors:

- Personal contacts/ties with disaster victims.
- Situations where work is under close scrutiny by others (e.g. media, observers).

It is also important to be aware that certain types of crisis may have a more severe impact on staff than others, e.g.:

- Sudden and unexpected disasters for which no preparation has been possible are highly stressful.
- Man-made incidents (e.g. riots), which could have been prevented, often cause longer-lasting anger than natural disasters like hurricanes.
- Unseen dangers with unpredictable consequences (e.g. epidemics) may cause great anxiety and insecurity amongst staff members.
- Critical incidents that occur at night cause increased disorientation and make work coordination harder.

Sources of Stress

In any crisis situation, there are three primary sources of stress: the event itself; the job that the staff member is responsible for performing; and the way in which the organisation functions.

- **Event stress** may be caused by emotional reactions to:
 - **PERSONAL LOSS**
 - injury to self or family;
 - survival when other have been killed.
 - **TRAUMA**
 - horrific experiences;
 - witnessing death and suffering;
 - caring for distraught survivors;
 - responsibility for life and death decisions;
 - work in physically dangerous or psychologically hazardous conditions.
 - **MISSION FAILURE**
 - loss of lives;
 - failure to resolve incidents or find durable solutions.
 - **HUMAN ERROR**
 - sense of guilt towards self;
 - loss of confidence in team colleagues.
 - **MEDIA COVERAGE**
 - having to show a "good performance";
 - outsider observation/criticism of team work;
 - inaccurate reporting of situation.
 - **OUTRAGE**
 - anger at those perceived as responsible for the crisis;
 - frustration at being the target for refugee victims' anger and despair.
- **Job stress** may be caused by:
 - **PRESSURE**
 - need to find solutions urgently;
 - over-heavy workload with difficult and often unfamiliar tasks;
 - responsibility overload.
 - **DEMANDS ON STAFF**
 - long working hours often in a state of fatigue;

- uncomfortable/dangerous working conditions; need to demonstrate good judgement and rapid clear-thinking;
- decision-making and priority-setting in highly unstable conditions;
- need to keep emotions under control in order to function and respond to needs of others in situations where anxiety, fear and frustration are often present.

- **ROLE RESPONSIBILITIES**

- new/unfamiliar tasks due to emergency conditions may cause feelings of inadequacy;
- risk of confusion/frustration if responsibilities are not clearly defined by team leader;
- risk of conflict within team if role limitations and lines of authority are not clearly defined to all involved;
- concern about neglecting families may add a burden of guilt to the crisis worker;
- responsibility of supervisors to deal with both human needs of staff and get the operational work done;
- provision of public information weighed up against operational and security considerations (often a source of conflict and frustration for crisis staff).

Organization stress often arises when staff over-identify with the work of the organization. This is difficult to avoid in severe crisis situations due in part to the above-mentioned stress factors, but also to the fact that such situations are usually cut off from the rest of the world. The intensity of the emergency environment is artificial and creates a risk of staff wrongly identifying personal ability and value with performance, i.e. if he/she does not successfully accomplish the mission, this is a reflection of personal inadequacy.

- Common problem areas for the team manager to watch for are:

- **CONFLICTING MESSAGES**

Communication is highly vulnerable to the effects of stress. At the individual level, most people are aware of their own basic personal communication style (quiet, talkative or alternating) and of the tendency for these characteristics to intensify during stressful periods.

In cross-cultural teams, the need to communicate through differences in language and customs provides an added source of stress during emergency work.

There is, therefore, a vital need for a clear, pre-established emergency chain of command from HQ through to the field (who is responsible for what?) covering all levels of the organizational hierarchy, otherwise staff risk receiving conflicting instructions and becoming confused.

- **NEED FOR RECOGNITION**

If staff perceive that they are receiving no acknowledgement of their efforts and performance, and there are no arrangements for physical support (e.g. rest and recuperation periods), cumulative stress, or "burnout" may develop.

How can you, the crisis situation manager, help cut down the stress and risks involved in emergency work for your staff?

Advance knowledge of some of the factors involved will enable you to plan for emergency action.

This entails:

- recognizing the **causes and symptoms of stress** in individual team members;
- becoming aware of **techniques for dealing with the different types of stress** during a crisis;
- planning **strategies for defusing stress** after critical incidents in order to maintain a healthy and effective team.

Recognizing and Responding to Stress Symptoms

- It is important to remember that:
 - no one sees a disaster and remains unaffected by it; and
 - disaster and crisis stress reactions are normal responses to an abnormal situation.

Once out of the crisis environment and given some time to rest, people usually recover their normal equilibrium, but information about normal reactions, education on ways to handle these, and early attention to symptoms can speed recovery and prevent long-term problems.

If negative reactions are not attended to, staff may be unable to participate fully in future crisis work. This is why supervisors and team leaders have such an important role to play in maintaining the effective functioning of all team members.

Crisis Phases

Research on emergency work has identified a series of emotional phases which staff dealing with a crisis go through:

- The **impact** phase, covering:
 - a) *initial alarm* – when information on crisis is first received and staff have to gear themselves up to respond;

- b) *mobilization* – when staff move into action, often with a certain degree of disorganization and disorientation;
 - c) *action* (the heroic stage) – often with highly intense activity and stress. This is the time when total exhaustion or "flameout" can occur.
- The **aftermath** phase – when staff move from the emergency operation back to a normal routine of work and family life. This can be an intensely emotional period if feelings suppressed during the impact phase now come to the surface.
 - The **recovery** phase – how an individual becomes reconciled with the experiences he/she has lived through, and recovers from these to pursue life in a normally balanced way, depends, in part, on the kind of support that is made available from the organization.

Most reactions that are perceivable during these phases are predictable and quite normal. They become problematic only if they interfere with the staff member's ability to perform his/her job or other normal functions.

Identifying Stress Symptoms

Although there is no clear-cut guide to knowing how and when staff members are experiencing excessively high stress levels, one fact is clear: **individuals in crisis work are not the best judges of their own performance**. People working on a crisis team tend to become closely involved in the operation and often do not want to leave the action scene. Unfortunately, once fatigue sets in, efficiency, judgement and effectiveness all suffer. One very useful, team-spirited approach to dealing with this risk is the "buddy-system" whereby staff members agree in advance to monitor each other's reactions. Team leaders need to be particularly observant of individual reactions and ways of functioning during the **action** stage of a crisis. The following lists of symptoms are provided to help you become familiar with common stress effects and to recognize when these begin to reach danger level. Remember that experiencing a few of the listed symptoms generally does not constitute a problem. On the other hand, the presence of several symptoms in each category may mean that a person's resistance is diminishing and work performance is being affected.

Impact Phase Reactions

- **Physical** symptoms are often the first to occur in acute stress reactions:
 - increased heartbeat, breathing, blood pressure;
 - trouble getting breath (N.B. medical check-up advisable if accompanied by chest pain);
 - nausea, upset stomach, diarrhoea, loss of appetite;
 - sweating or shivering, hot or cold spells, clammy skin;
 - faintness or dizziness;
 - exaggerated startle reaction, dulled hearing, difficulty in focusing eyes;
 - headaches, soreness in muscles and lower back;
 - feeling a "lump in the throat";
 - intense fatigue.

The **thinking process** is often affected in the initial stages of stress and these symptoms tend to be the next to appear after physical reactions in acute stress situations. They may be transitory, or longer-lasting:

- disorientation and confusion;
- slow thinking, difficulty comprehending;
- mind racing;
- difficulty calculating, using logic, making judgements and decisions, problem solving and naming objects;
- loss of ability to assess alternatives or set priorities, loss of objectivity;
- poor concentration, limited attention span and short-term memory problems.

□ **Psychological and emotional** symptoms:

- feeling exhilarated, heroic, invulnerable;
- denial or constriction of feelings, numbness;
- anxiety, fear, guilt (wanting to do more to help);
- strong preoccupation and identification with victims;
- sadness, grief, depression, moodiness;
- anger, need to attribute blame;
- irritability, restlessness, hyper-excitability;
- feelings of isolation, detachment, estrangement.

□ **Behavioural** symptoms:

- difficulty expressing oneself verbally or in writing;
- hyperactivity;
- decreased activity or efficiency;
- outbursts of anger, frequent arguments;
- inability to rest or let go;
- periods of crying;
- social withdrawal, limiting contacts with others.

Flameout can occur if the need for periodic rest, food and exercise is overlooked or ignored.

"Flameout" is a preventable and treatable condition also referred to as "rapid onset burnout".

In this case, severe exhaustion is caused by working in an extremely stressful situation to the point where personal resources and coping ability are almost entirely depleted. Because of the effects on the thinking process, the person experiencing "flameout" is not usually aware of declining work performance and must be instructed to leave the scene temporarily.

Aftermath Phase Reactions

Some of the residual symptoms experienced in this phase – comparable to a form of grieving – are listed below. The ability of the staff member to overcome these depends not only on his/her individual capacity, but also on the kind of support available from the organization.

- **Physical** symptoms:
 - persistent fatigue;
 - sleep disturbances or nightmares;
 - appetite and digestive changes;
 - aches and pains, particularly in the head, neck and back;
 - allergy or skin problems;
 - lowered resistance to colds and infection.

- **Thinking** process symptoms:
 - difficulty in concentrating and sticking to tasks;
 - thinking again and again about the event;
 - flashbacks – intensive, vivid mental images of the crisis accompanied by anxiety and other feelings.

- **Psychological** and **emotional** symptoms:
 - depression, tears;
 - feeling lost or empty;
 - mood swings and feeling unstable;
 - fear that the event will reoccur;
 - feeling flat, numb or disconnected;
 - irritability, impatience, anger close to surface;
 - guilt, self-critical attitude.

- **Behavioural** symptoms:
 - restlessness;
 - exaggerated startle response to noise or any reminder of event;
 - constant talking, or avoidance of talking, about the event;
 - avoidance of places reminding of the event;
 - need for constant company;
 - avoidance of social events;
 - increased use of drugs, alcohol (self-medication for anxiety and depression).

Burnout is characteristic of the **aftermath** phase.

Burnout is a state of total mental, emotional and physical exhaustion, characterised by changed attitudes towards work, colleagues and crisis victims.

A person suffering from burnout will either avoid work or become totally immersed in it, to the exclusion of other aspects of life. He/she may become bitter and cynical towards colleagues and even victims. Self-confidence and self-esteem are lost and work performance suffers.

Unlike "flameout" (which can be treated on the spot), burnout usually requires a change of environment and is costly to both the organization and the individual.

Recovery Phase Reactions

After a crisis of any length, it is not unusual for a staff member to experience contradictory impulses. These may include:

- difficulty in letting go, attachment to crisis "high";
- sadness and depression;
- feelings of restlessness, inability to get involved with regular work responsibilities;
- annoyance at routine work tasks;
- estrangement from colleagues, family and friends who were not part of the operation, feeling that they cannot understand;
- lack of feeling that the event is really over (especially if no debriefing is provided);
- anger if feeling frustrated/disillusioned by official response to the event or if no recognition is given for performance.

Part of the recovery process involves identifying and recognizing the positive aspects of the experience; however, it is also most important to accept the grieving phase as a necessary process.

Negative feelings must be allowed to come out, for only when the individual has discarded the "stiff upper lip" attitude, and allowed him/herself to acknowledge the full range of feelings associated with the process, will a gradual refocusing on the future – and new prospects in life beyond the crisis – take place.

Techniques for Dealing with On-Going Crisis Stress

Individual "Inward Coping"

People have many ways of getting themselves through difficult periods and events. Anything that an individual does, feels or thinks in a negative situation which helps even temporarily to lower stress constitutes "coping".

Emergency situations tend to require a high degree of problem solving which obliges staff to focus efforts outwards. However, the experience of crisis veterans indicates that "inward coping" – how people working in a crisis relate their own performance to the stressful situation – is equally important.

When a person performs difficult work in physically or emotionally threatening conditions, **internal dialogue** can add to the stress if it is highly negative and self-critical.

People who need to remain focused on a task avoid unhelpful internal dialogue such as, "I'm no good at this. Everything I'm doing is making things worse." Instead, they use a number of self-encouragement techniques (examples of these are given in Annex) to help them carry on until the task is completed.

Leadership Support Techniques

- **SETTING AN EXAMPLE**

Supervisors have a major and formal role to play in providing support for the crisis team.

How you, the team leader, set an example by the way in which you handle your own personal stress, is as important as the arrangements you make for your staff.

- **SHOWING CONCERN AND SUPPORT**

In general, people do well in difficult situations if they feel others care about them. Leaders can communicate their concern in a number of ways through careful planning for the work of the crisis team.

- **THE BUDDY SYSTEM**

As mentioned earlier, one highly important element of successful team functioning is the "**buddy system**". Crisis team members need to discuss how severe fatigue and lack of food affect judgement and job effectiveness. They also need to be reminded that an exhausted person is not the best judge of his/her own efficiency.

People at all levels of the organization should agree to keep an eye on each other's stress and fatigue levels. Supervisors and junior staff alike need to allow themselves to trust a colleague in this respect. The team leader who tells a

colleague, *"Remind me to eat, and get me out of here at midnight; I'm no good after a sixteen-hour stretch."* is setting a positive example for the staff.

- **GIVING PERMISSION TO GO OFF DUTY**

Many staff seem to need to be given permission to take care of themselves, even in the most fundamental way. Team leaders thus have a major responsibility in clearly giving such permission to themselves and their staff, and in checking that this approach is followed throughout the crisis.

CHECKLIST FOR SUPERVISORS DURING THE **IMPACT** PHASE

- Institute shifts with breaks and rotation of staff. Give the example by rotating tasks, eating and resting, and check that members of the team do likewise.
- Set up and maintain the "buddy system" to strengthen individual and team morale.
- Encourage and support staff with comments on their work, avoiding criticism where possible.
- Plan in advance for crisis work. Make out a list that includes "hard" tasks requiring efficiency and skill, and a separate list of "soft" tasks which can be performed by people whose ability has been temporarily impaired by shock, fear and stress.
- Get information quickly and regularly to team members about the well-being of their families and vice-versa.
- Make sure staff are properly briefed as they come on duty. People cope better if they know what they will be facing. Any effort supervisors can make to prepare staff for the most difficult or traumatic aspects of the crisis scene will be helpful.

CHECKLIST FOR **KEEPING THE CRISIS TEAM HEALTHY**

- Assign the task of health monitor to a team member, giving that person authority to oversee food provision, and to monitor rest and refreshment breaks for the crisis team.
- Instruct team members to eat and take the periodic breaks recommended.
- Set an example yourself by agreeing to be reminded about breaks for food, rest and sleep.
- Ensure the work area has toilet facilities, first aid kit, drinking water, appropriate snack foods and drinks (see list of suggestions below).
- Provide a rest area apart from the work area with blankets, pillows, food, drink and first aid kit with analgesics.
- Encourage no smoking in the work area, but do allow smoking in some designated room or area.

FOOD/MEALS

Remember that emergency stress places great demands on the body. Certain levels of food and fluid intake are needed more when the body is under stress. If crisis team members cannot leave the work area for meals, then every attempt must be made to have hot food brought in to supplement snacks.

SNACKS

Provision of frequent small meals or snacks containing the kind of nonperishable items on the list below should be prepared in advance and kept on hand, e.g.:

- fruit (fresh and/or dried);
- high protein snacks: cereal bars, nuts, etc.;
- decaffeinated tea and coffee, Ovaltine, etc.;
- mineral water (N.B. chlorinated water interferes with the absorption of Vitamin E);
- fruit juices;
- milk.

EXERCISE

Crisis teams who are fit, and used to exercising regularly, need exercise sessions during the crisis period. Any sort of movement or exercise (at least 20 minutes per day is recommended), during a break or after a shift, releases tension and helps to maintain stamina and general good health.

CHECKLIST FOR SUPERVISORS IN THE AFTERMATH PHASE

- Assist in re-establishing work routines as soon as possible.
- Set an example for fellow staff through self-care, recognizing limits and getting necessary sleep. Make time for regular recreational or "time-out" activities and encourage others to do so to help overcome post-event reactions.
- Arrange for R&R or re-assignment if a staff member's health and future functioning are at risk.
- Provide opportunities for people at all levels to discuss, evaluate and analyse procedures and performance and plan for future crises in lessons-learned, constructive criticism sessions.
- Give recognition of work performed at all levels to help the recovery process.
- Encourage team members to reintegrate with families and friends. Trauma is isolating, but accounts of what happened and some information about normal stress reactions will help families both during the crisis and after it is over.

Strategies for Defusing Stress after Critical Incidents

The nature of humanitarian work requires that staff adopt a calm, efficient, methodical approach to their work, suppressing feelings in order to respond to a crisis. However, most people will have particularly strong internal reactions to critical incidents such as:

- injury or death of a camp staff member;
- deaths of children;
- severe personal risk or exposure to threat;
- loss of life after prolonged effort to prevent such loss;
- intense media coverage of their work in a tragic event (especially when inaccurate);
- breakdown in team functioning because of another team member.

- **SUFFERING IN SILENCE**

Many people have tended to interpret physical and emotional stress responses to incidents such as these as "something is wrong with me". In many cases, they have suffered in silence, partly from lack of knowledge about the normality of their reactions, and partly from having no-one to share them with. This may even be compounded by self-criticism.

- **KEEPING A STIFF UPPER LIP**

In order to spare families and friends from being upset at their grief and anger, many develop the "stiff upper lip" attitude and, instead of working through the recovery pattern, their suppressed feelings cause prolonged suffering at physical and/or mental levels.

Stress debriefings, both formal and informal, have been developed as a way of protecting the health and performance of staff after a crisis. These sessions provide an opportunity to modify stress reactions both in the immediate aftermath of a difficult event and in the longer term. Personal and group tension is reduced; the team becomes more supportive of its members and functions better as a result.

Informal Debriefing

- This can take one of several forms according to circumstances.

Those most easy to implement are:

- a friendly chat at the end of the day, preferably face-to-face, or by telephone if this is not possible;
- informal after-work gatherings.

□ Try to ensure that such events are:

- **TIMELY AND FOCUSED ON THE PRESENT**

24/48 hours after the event is an ideal time to hold an informal discussion. Short defusing sessions between shifts will help until there is time for a more relaxed meeting in order to discuss what has happened and is happening in people's personal experience.

- **CONFIDENTIAL**

The rule of "what is said in the group stays within the group" is extremely important. Expression of strong emotions makes people feel vulnerable and the crisis group must be explicitly protective of its members.

- **SUPPORTIVE**

The group should be small enough so that everyone present has a chance to speak and be listened to. Angry feelings should be recognised as a normal response to a violent, upsetting event, and staff should be able to "let off steam" about these. However, this is not the time or place for criticism of professional performance which should be dealt with a separate meeting.

- **EDUCATIONAL**

Discussion of the different physical, emotional, cognitive and behavioural reactions that may be experienced in the circumstances should emphasise how normal these are and team leaders can offer suggestions on how to anticipate and cope with these.

It is up to the team leader to decide who should participate in informal debriefing sessions, bearing in mind that each critical incident is unique and involves people at many different levels.

Critical Incident Stress Debriefing (CISD)

In cases where staff have had to confront situations of intense violence or distress, especially those involving loss of life, informal debriefing may be inadequate. The need for professional assistance should then be considered.

This can be provided through CISD using a mental health specialist with appropriate training in debriefing techniques. It is an approach that has already been applied in a number of field locations.

Sessions are normally held for groups of staff having undergone intense stress. The aim is to provide information and a context for managing personal reactions. Participants are given an opportunity to share their experience in a confidential setting, and then receive information about the variety of reactions they, their families and their colleagues might expect – both in the present and also later on.

Practical suggestions are provided for immediate, basic stress management at work, home and community settings, including strategies for future security situations.

In surviving a crisis, the key to recovery is an ability to communicate on an emotional level. The timing of coming to terms with the emotional aspects of a severe event will vary depending on the individual, as do the emotions themselves.

The more that relevant information, and acceptance of the need for this grief process, can be communicated to staff concerned, the lower the rate of "hidden victims" will become.

Your role in building stress management techniques and strategies into UNHCR's work in crisis situations will contribute, in a very real sense, to your team's ability to cope and function efficiently..

Annex: Examples of Self-Encouragement Techniques

People who need to avoid panic and get on with distressing crisis work use various positive thinking techniques to encourage themselves to carry on. Some examples of these are:

- Making positive helpful statements to talk oneself through difficult moments, e.g.:**
"I don't feel like dealing with this angry person right now, but I've done it before, so I can do it again. "
- Re-defining a distressing task to make it more manageable, usually by removing the emotional element, e.g.:**
"In spite of what has happened to this woman, her first need is for a calm, sympathetic support person. I am good at that. "
- Reducing the stress by narrowing the focus, e.g.:**
"All I have to do is keep pressure on this wound until the medic gets to us."
- Rationalizing the event, or one's reactions to it, e.g.:**
"Hunger strikers upset everyone. I'm no exception. "
- Addressing stress symptoms, e.g.:**
"I'm feeling weak because I'm anxious or maybe because I haven't eaten. I'd better take a break. "
- Recognizing that everyone has different ways of coping with stress, e.g.:**
"These office jokes are driving me crazy, but I guess it's one way of letting off steam."
- Self-acceptance and awareness of outside pressures that may limit performance, e.g.:**
"Considering how long we have been doing this, and how exhausted we are, I did OK today. I finished all but one report and took a twenty minute walk outside."
- Talking oneself into a helpful response, e.g.:**
"I don't feel calm, but I can look that way by taking a deep breath, relaxing my shoulders and speaking more slowly. "