



USAID
FROM THE AMERICAN PEOPLE

SURVEY ANNEX

Stress and Resilience Issues Affecting USAID Personnel in High Operational Stress Environments

September 2015

This publication was produced at the request of the United States Agency for International Development. It was prepared independently by Greenleaf Integrative Strategies, represented by Lee R. Briggs, Siddharth Ashvin Shah, Mary-Katherine Howell, Deepak Shenoy, Marci Moberg and Kate Burke.

ASSESSMENT OF STRESS AND RESILIENCE ISSUES AFFECTING USAID PERSONNEL IN HIGH OPERATIONAL STRESS ENVIRONMENTS

September 2015

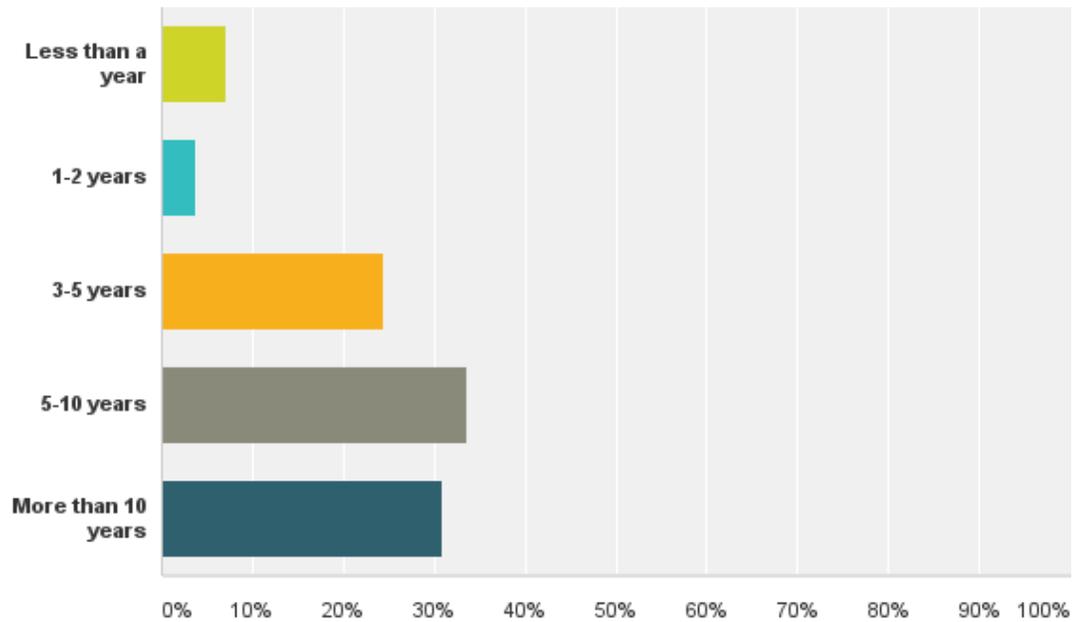
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DISCLAIMER

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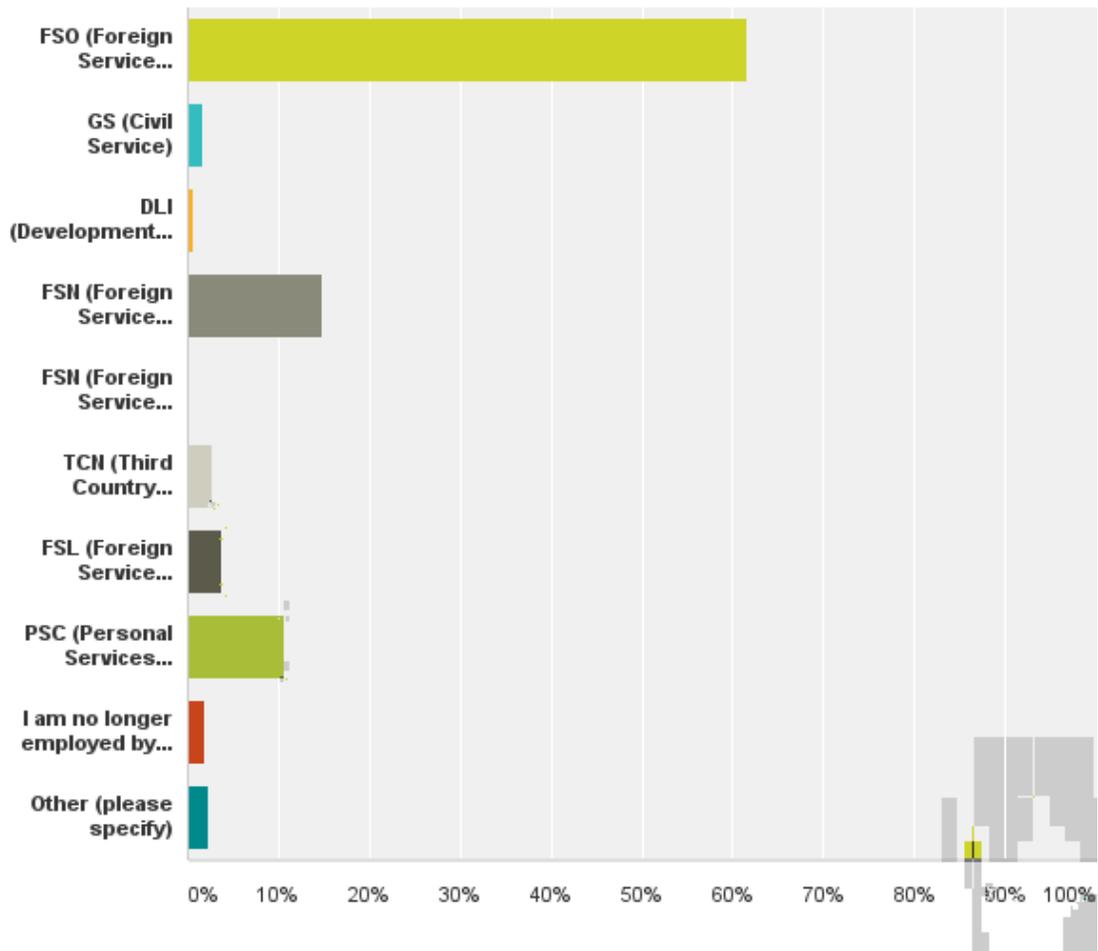
Cover photography by Morgan Wingard for USAID.

Q1: How many years have you been (or were you) employed by USAID?



Answer Choices	Responses
Less than a year	7.19% (40)
1-2 years	3.78% (21)
3-5 years	24.46% (136)
5-10 years	33.63% (187)
More than 10 years	30.94% (172)
Total	556

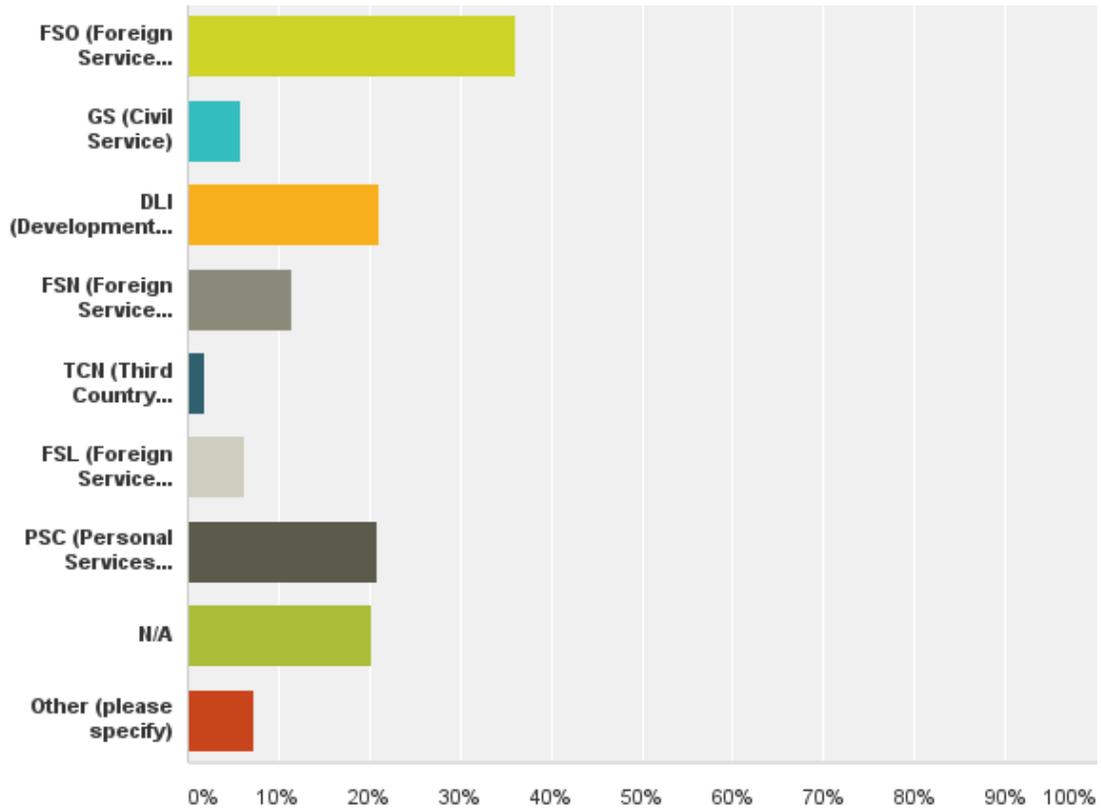
Q2: Check your current designation with USAID.



Answer Choices	Responses
FSO (Foreign Service Officer)	61.51% 342
GS (Civil Service)	1.62% 9
DLI (Development Leadership Initiative)	0.72% 4
FSN (Foreign Service National)	14.75% 82
FSN (Foreign Service National)	0.00% 0
TCN (Third Country National)	2.70% 15
FSL (Foreign Service Limited)	3.78% 21
PSC (Personal Services Contractor)	10.61% 59
I am no longer employed by USAID.	1.98% 11
Other (please specify)	2.34% 13
Total	556

#	Other (please specify)
1	Institutional Contractor
2	AD
3	Institutional Contractor
4	Intermittent USPSC
5	EFM - state employee assigned to USAID
6	EFM
7	Intermittent consulting work
8	thirty years - on STAR roster
9	EFM
10	Purchase Order
11	Retired FSO (2012)
12	FSO Retired
13	FSO retired - 38 years

Q3: Check all of the following that describe any past designation with USAID.

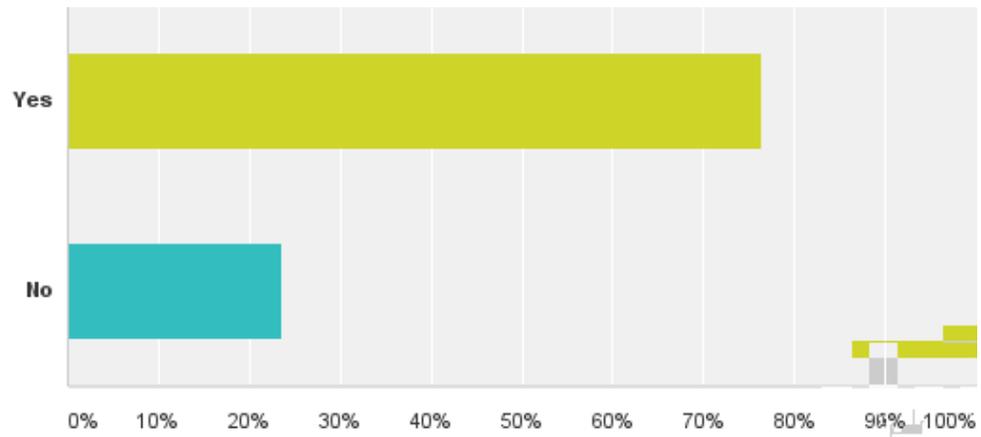


Answer Choices	Responses
FSO (Foreign Service Officer)	36.15% 201
GS (Civil Service)	5.76% 32
DLI (Development Leadership Initiative)	21.04% 117
FSN (Foreign Service National)	11.51% 64
TCN (Third Country National)	1.98% 11
FSL (Foreign Service Limited, term-limited appointment)	6.29% 35
PSC (Personal Services Contractor)	20.86% 116
N/A	20.32% 113
Other (please specify)	7.37% 41
Total Respondents: 556	

#	Other (please specify)
1	TDY
2	institutional contractor
3	fellowship
4	GHFP intern
5	Institutional Contractor
6	USDA PASA
7	PASA
8	Institutional Contractor
9	institutional contractor
10	IC (Institutional Contractor), glad to see it's not even on there.
11	Competitive FSL
12	Global Health Fellow
13	USAID IPs
14	Mid-level Attrition Hire
15	usaid contractor working for implementing partner
16	None
17	JHU Fellow
18	RASA - Schedule B - USDA
19	Child Survival Fellow
20	Purchase Order, Institutional Contractor, Intern
21	Competitive FSL
22	IDI International Development Intern
23	Partner contractor
24	Global Health Fellow
25	GH Fellow > 10 years ago
26	NEP
27	Institutional contractor
28	Institutional contractor (placed in USAID/W offices)
29	RSSA, PASA, AAAS Fellow
30	RASA/PASA
31	Fellow
32	Eligible Family Member (EFM)
33	Intern
34	AAAS Fellow, USDA USDH PASA, intern
35	Fellow
36	Fellow (JHU)
37	PASA assigned to USAID
38	RASA

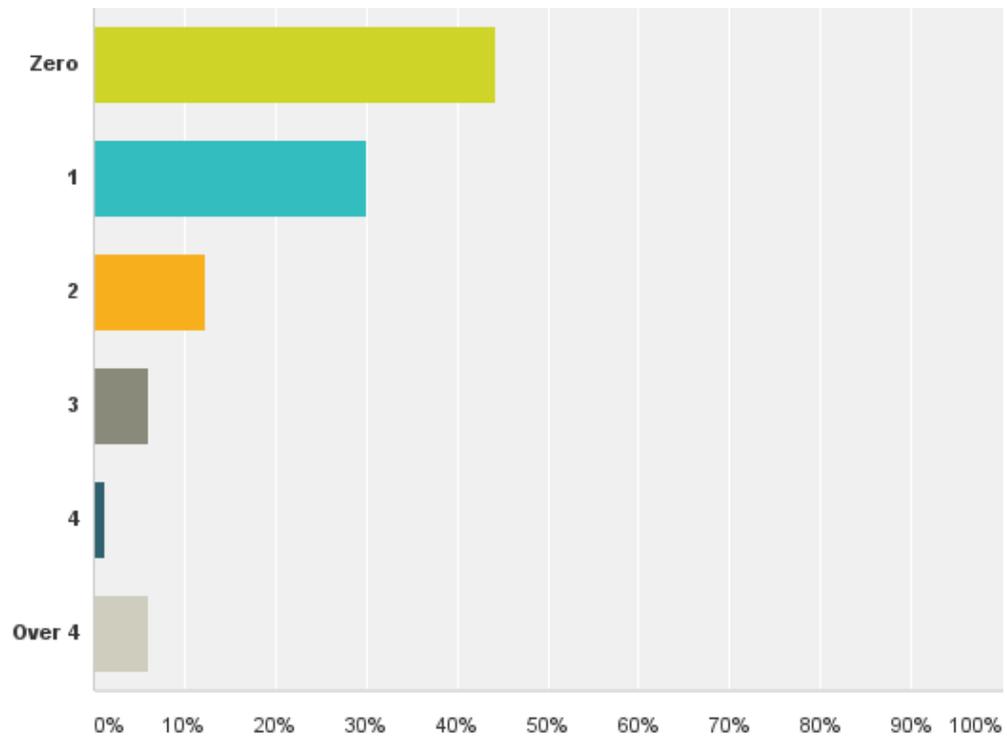
39	Democracy Fellow
40	PASA
41	USPSC

Q4: Have you ever been assigned a post in a location designated a critical priority country (CPC), non-permissive environment (NPE), or high-threat environment (HTE)?



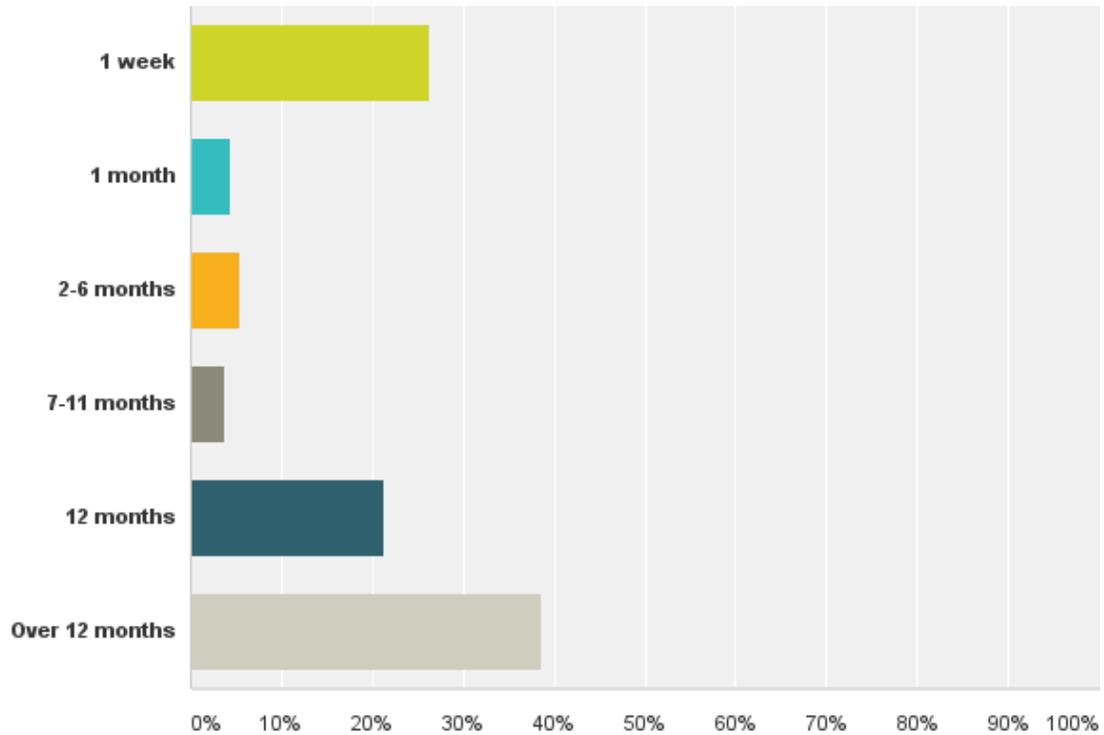
Answer Choices	Responses	Count
Yes	76.44%	425
No	23.56%	131
Total		556

Q6: In how many USAID assignments have you operated in high threat settings "outside the wire" with an armed escort for operational support?



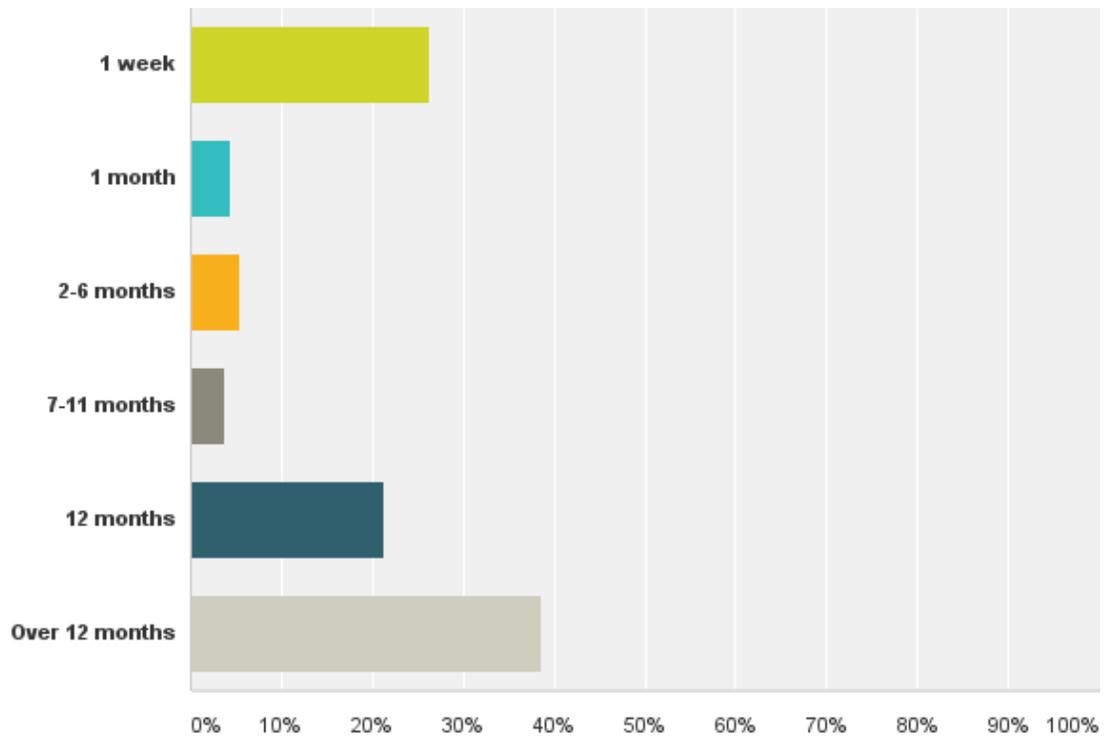
Answer Choices	Responses	
Zero	44.24%	242
1	30.16%	165
2	12.25%	67
3	6.03%	33
4	1.28%	7
Over 4	6.03%	33
Total		547

Q7: What is the frequency at which you have operated in high threat settings "outside the wire" with an armed escort for operational support?



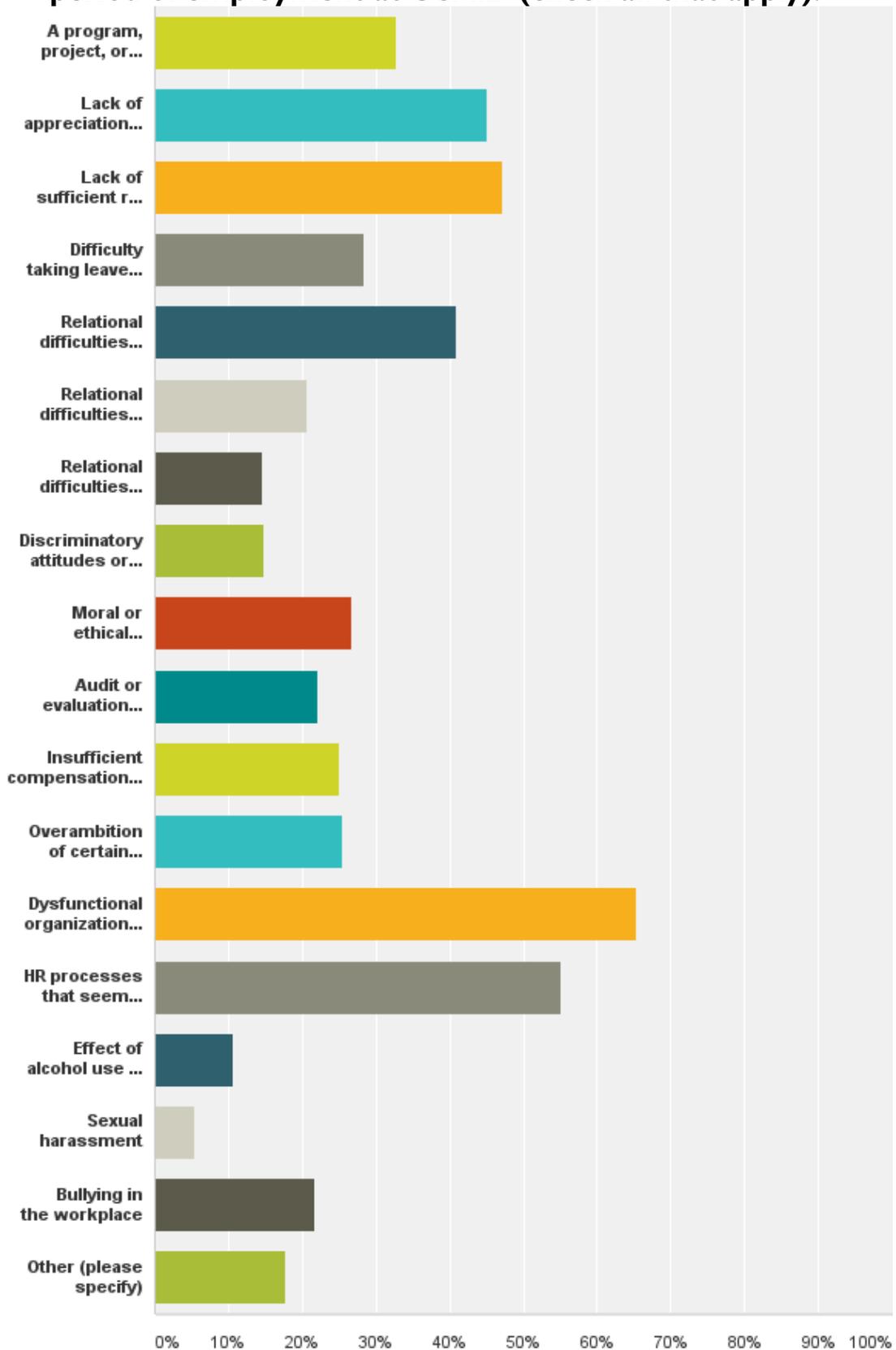
Answer Choices	Responses
1 week	26.37% 77
1 month	4.45% 13
2-6 months	5.48% 16
7-11 months	3.77% 11
12 months	21.23% 62
Over 12 months	38.70% 113
Total	292

Q8: What was the longest assignment during which you operated for USAID in high threat settings “outside the wire” with an armed escort for operational support?



Answer Choices	Responses
1 week	26.37% 37
1 month	4.45% 13
2-6 months	5.48% 16
7-11 months	3.77% 11
12 months	21.23% 62
Over 12 months	38.70% 113
Total	292

Q9: Please indicate which of the following general work context stressors has affected you negatively during your period of employment at USAID (check all that apply).



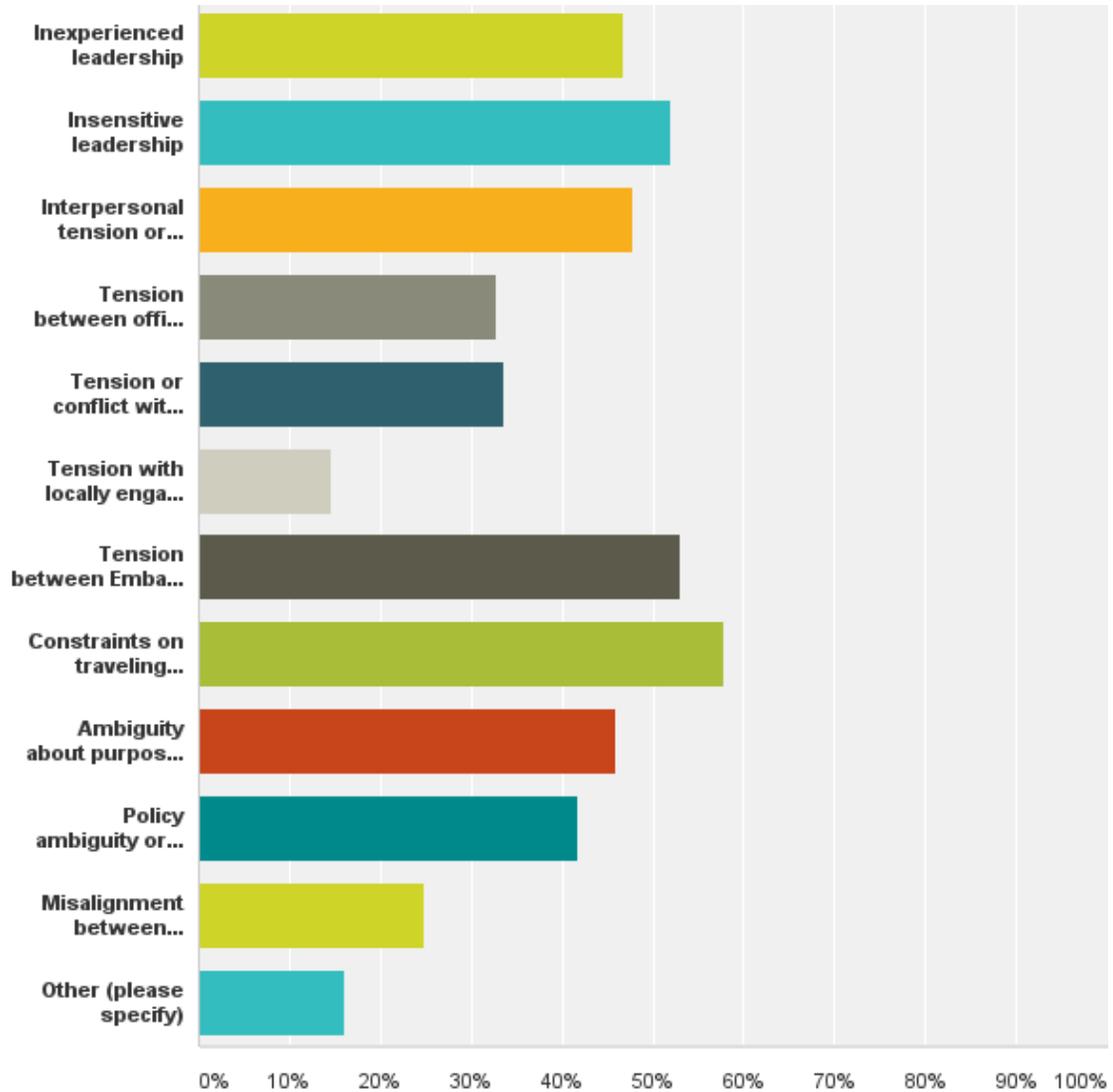
Answer Choices	Responses
A program, project, or initiative that did not perform as intended	32.77% 156
Lack of appreciation of my work	45.17% 215
Lack of sufficient rest due to heavy workload	47.27% 225
Difficulty taking leave or R&R	28.36% 135
Relational difficulties with supervisors	40.97% 195
Relational difficulties with co-workers	20.59% 98
Relational difficulties with those I supervised	14.71% 70
Discriminatory attitudes or intolerance of diversity	14.92% 71
Moral or ethical dilemmas related to my work	26.68% 127
Audit or evaluation processes	22.06% 105
Insufficient compensation and/or benefits	25.00% 119
Overambition of certain colleagues	25.42% 121
Dysfunctional organizational policies or procedures	65.34% 311
HR processes that seem unsupportive of personal needs	55.04% 262
Effect of alcohol use on my colleagues or on the mission climate	10.71% 51
Sexual harassment	5.46% 26
Bullying in the workplace	21.64% 103
Other (please specify)	17.65% 84
Total Respondents: 476	

#	Other (please specify)
1	demoralizing management practices by senior FSOs (MD, DMDs, etc.)
2	Dealing with death and extreme violence; attending or representing civilian leadership in fallen comrade ceremonies (when soldiers are killed, bodies are loaded onto aircraft in solemn ceremony) and being present at presentation of Purple Hearts in hospitals to wounded soldiers; Hearing military units under attack; hearing details on violence/to civilians, military; being contact during kidnapping/rescue attempt for USAID contractor; comforting colleagues who were crying; Noise (air base so constant noise at night especially); little quiet/alone time (eat with hundreds, shower with dozens, work with 50 in a room (these seem minor, or tolerable, compared to first ones I listed)
3	Lack of family and work balance.
4	Terrorist Attack
5	Biggest stressor was the constant threat of violence
6	Anger outbursts by subordinate USPSC employee and his verbal denigration of FSN staff
7	Mission management's non standard operating rules. Faulty annual evaluation process.
8	Very poor operational capacity at OAA

9	Incompetent colleagues. The mission appears to prefer "warm bodies" to those who can do the jobs. Also, particularly with FLSs, it seems like "sweetheart deals" are made for people in assignments. A number of FSLs are not qualified for the positions they hold. They wreak havoc by making ignorant decisions that the rest of the mission must clean up. There are distinct groups of employees here. Those that add value (and burn out after 6 months), those who try but are ignorant, and those who just skate by doing nothing.
10	confinement to embassy compound transportation restrictions.
11	Non supportive attitude/policies of State Management and Front Office
12	Bad Management, Poor Leadership, inefficiencies
13	Very poor management, a culture of putting personal ambition above Mission needs, which the Agency frequently rewards
14	People with severe mental or emotional issues that do not receive help/support
15	State department direction of programming
16	lack of security, personal and project regions
17	Long-term and repeated short-term workload increase due to inability to recruit to office/mission
18	Ineffective US Foreign Policy making our lives on the wire more hellish
19	too much State Dept interference
20	MD and DMD micromanaged and lacked confidence in the staff
21	PEPFAR
23	Embassy and Agency leadership not taking a hard position with host governments that are not issuing required visas all while billions of dollars of aid continue to go into the host country.
24	ROle of Agency in relation to State Dept and Mllitary
25	The Pakistan Embassy does a terrible time communicating basic security guidance and rules, creating unreasonable burdens on personnel
26	State Department's double standards when dealing with USAID
27	My boss is a bully, has said horrible things to myself and my colleagues, and if there was a graceful way to leave post I'd do it in a heartbeat
28	Creation of a hostile environment in the mission
29	Unstable or disruptive supervisors and colleagues
30	inadequate staffing levels and skills mix for demands on the Mission resulting in longer work hours and less satisfying work (for example, technical and management staff performing secretarial and editing functions due to inadequate support for these roles)
31	Necessary care and job/assignment as per qualification/experience/knowledge
32	Hierarchy within USAID hiring mechanisms: If you are not FSO then you are not valued.
33	Nothing so severe that it went to the level of "stressor".
34	Inability of supervisors to take corrective action with staff
35	current MD and DMD are trying to run the mission as if it was their own small private law firm
36	US Military Ethics and USG Senior (Ambassador level) Leadership - "no bad news allowed" = "No Truth" allowed to pass up the chain of command
37	Incompetent bureaucracy
38	State's heavy-handed micromanagement of USAID's work
39	Difference of opinion and operational procedures of State and USAID; condescending attitude from State towards USAID
40	Policy issues related to my work
41	Bosses want what they want and don't believe no is an answer. Even when it means circumventing rules are good judgement.
42	interagency tension
43	some of my colleagues were nuts
44	Lack of respect and inclusion, unconscious gender bias
45	Major disaster declared at post

46	Biggest stressors have had to do with the nature of family needs and foreign service. Very little flexibility on USG part but requires the utmost flexibility from the employee.
47	lack of family-friendly policies - for example allowing a one-year extension so a child can graduate with their peers from high school.
48	Poor leadership from and inappropriate direction from State
49	Supervisor blatantly expressing preference over a few employees based on friendship
50	There is little/no opportunity to provide feedback from mission staff to AAs or Ambassadors on Mission Directors' performance; Many MDs manage up well, but have little interest in managing down (and there is no reason for them to spend time on this, as it is not reflected in their evaluation).
51	General low capacity of FSN staff makes workload heavier for FSOs, especially in terms of the administrative burden than other posts.
52	AEF process in general
53	General atmosphere unsupportive for work
54	Poor supervisors.
55	Mission Mismanagement
57	Supervisor threatening career, AEF, denying leave.
58	Always unprofessional behavior of American co-worker, not familiar with USAID policies/procedures, does everything on his own way, ignoring FSNs formal/official role,
60	Not enough annual leave
61	security screening each day entering to the compound and polygraph tests after each two years
62	lack of mandatory trainings
63	Unrealistic Expectations of what can be accomplished within a given time frame
64	I use to work on the military base and they did not treated Afghans very well and had discrimination.
65	Have not encountered any
66	interference from non-development agencies (military and civilian)--then blamed when their bad decisions negatively impacted needed outcomes.
67	Lack of training in core functions of my position--have been required to learn through self-study of regulations and on the job, but have little confidence I have mastered the subject areas.
69	TCNs in Afghanistan are facing a lot of discrimination. The class system in this Mission is horrible and its difficult to live in this environment 24/7 treated
70	Arguing for things that I was told were requirements for my job (such as training)
72	Bullying is also an institutional stressor when it is integrated from the supervisor to the MD
74	Unrealistic expectations from Washington
75	unclear mandate in relation to State/Assist
76	Lack of support for family left behind (inequitable benefits: ISMA versus safehavening)
77	Poor management and leadership skills of senior leaders
78	the continuous change whenever a new FSO joins
79	Lack of support to colleagues experiencing difficulties
80	Sever sexism and bullying at USAID/Pakistan (2012-15); I survived three years of it. Horrendous stories to tell
81	lack of freedom of movement
82	Personal Relationships
83	US Embassy oversight was excessive
84	Incompetence and lack of commitment/understanding of development and program requirements to succeed

Q10: Please indicate which of the following USAID or institutional stressors have affected you negatively (check all that apply)



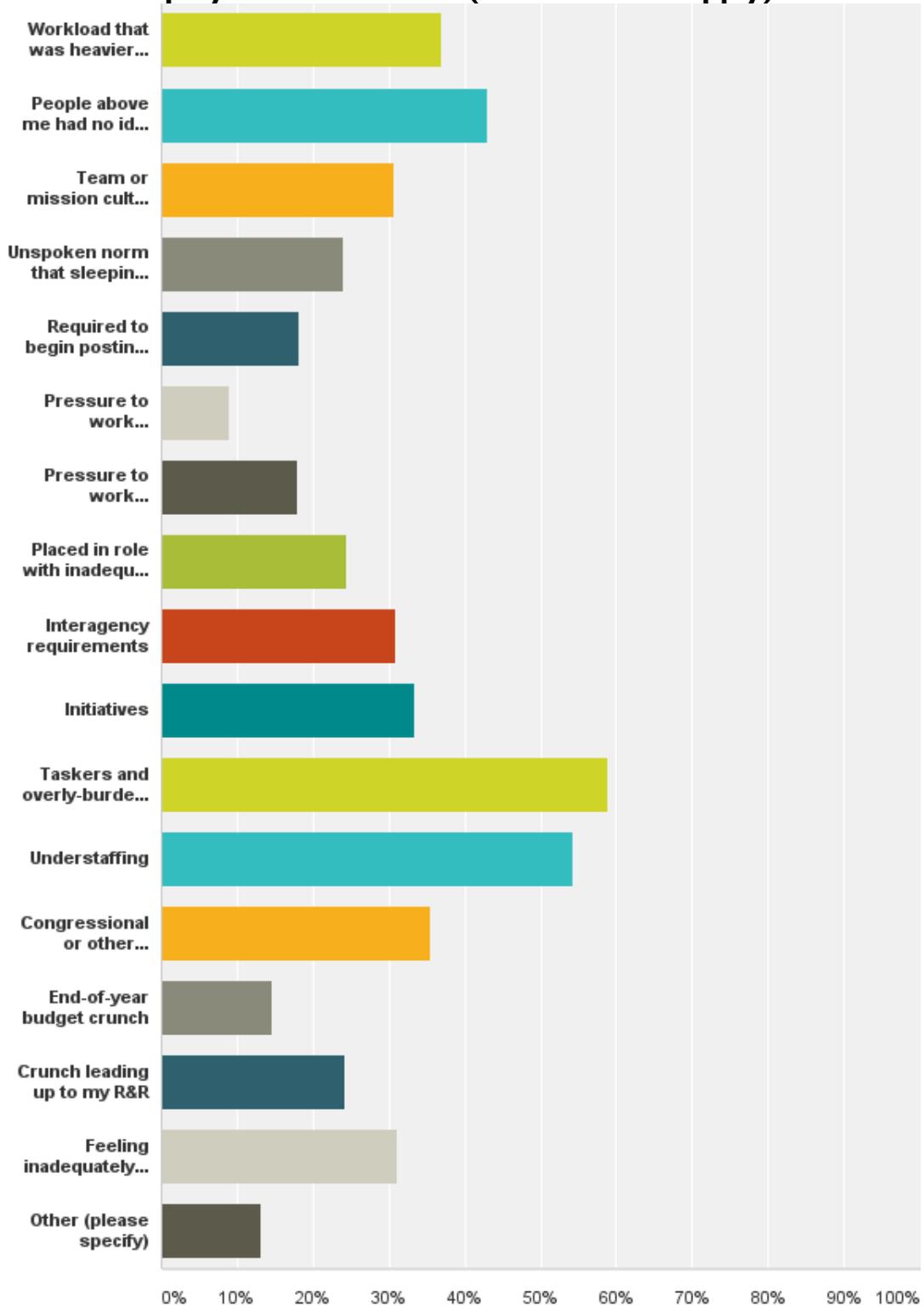
Answer Choices	Responses
Inexperienced leadership	46.85% 223
Insensitive leadership	51.89% 247
Interpersonal tension or conflict within the Mission	47.90% 228
Tension between offices (e.g., over resources)	32.77% 156
Tension or conflict with USAID/Washington	33.61% 160
Tension with locally engaged staff	14.71% 70
Tension between Embassy and USAID about priorities	52.94% 252
Constraints on traveling freely within country (e.g., Regional Security Officer's warnings, protocols, or requirements)	51.77% 275
Ambiguity about purpose or effectiveness of the mission (e.g., "Are we really doing any good here?")	46.01% 219
Policy ambiguity or contradictions	41.81% 199
Misalignment between expectations prior to deployment and the reality experienced once deployed	24.79% 118
Other (please specify)	16.18% 77
Total Respondents: 476	

#	Other (please specify)
1	Manager unable to resolve simple conflict, facilitated escalation
2	Too many inexperienced FSLs or FSOs working for too long in CPC environments. What may be viewed as career-enhancing for the employee often times comes at the expense of the Agency and accomplishment of mission goals/objectives.
3	Lack of understanding by mission on field difficulties (lack of internet to do webTA for example); mission staff not understanding policies on R&R; mission staff not seeing (?) or reading OT requests so not approved/paid
4	Leadership accountability takes WAY too long- MD don't get removed, even after 1/3 the mission has curtailed (ie. Jordan).
5	length of time in one country of certain staff that negatively affected "cliques" and bullying in the workplace

6	Post-attack support
7	Evacuation requested by Mission but denied by Dept. of State
8	Evacuation processes (or lack thereof)
9	Divergent treatment at post of USAID and State staff in the availability of housing and other facilities.
10	Procurement delays due to poor mgmt capacity
11	Lack of EFM support at Post
12	USAID Afghanistan may be doing good work, but our systems are not currently set up to help us provide evidence to that effect. Leadership allows the staffing bumbles I addressed in Question 7. The motivation for many people to be here is greed or career salvation (or a career change).
13	conflict with GoA and shifting priorities and fractured communication
14	People not being held to consistent standards of conduct or performance; HR non performance
16	Bad Management, Poor Leadership, Inefficiencies
17	State department direction of programming
18	Lack of sufficient support personnel -OAA
19	PEPFAR
20	Exclusion of backstop from strategy and policy participation. Its a dead end backstop.
22	Tension between mission and State/W
23	Lingo, including terms like CPC and Priority Country, which do not reflect the human resource needs of countries that have significant HR needs required to move a high priority program; An incredible amount of documentation that is now required to plan programs; Revision of policies that dis empowered Missions from responding to host country program needs, and moving such authorities to Washington; Assigned to an important region with no training at all.
24	Tension with other Agencies
25	There is a real lack of decision making authority at senior and manager levels. So few have any sense of leadership.
26	un justified changes by USAID administrator to programs. Arbitrary, possibly motivated by personal animosity towards IP (Yemen)
27	Lack of support by HR for onward assignments
28	Ego-driven mission management
29	tension due to inter-Agency atmosphere
30	"Leadership" is nonexistent. Even basic management skills are completely lacking.
31	Lack of support from management
32	front office and support offices (program, contracting) viewing health office negatively and not appreciating the unique pressures (for example, from PEPFAR)
33	Lack of a challenging and learning job/assignment so far. Also issues with traveling in capacity of FSNs in personal life
34	Hierarchy within USAID hiring mechanisms: If you are not FSO then you are not valued.
35	State Department erosion of USAID administrative independence.
36	I have not felt negatively affected by any of the listed stressors.
37	leadership focused on other important priorities rather than focus on dysfunction within the mission
38	Unethical demands and decisions by leadership

39	inability for the MD to decide what we should be doing, what program areas we should work in
40	dubious and drawn-out processes
41	not stressed
42	Difference of opinion and operational procedures of State and USAID; condescending attitude from State towards USAID
43	Dysfunctional supervisory leadership in the field and without sound understanding and professional behavioral practice to coordinate field staff, support field staff, constructively engage field staff
44	it is more important to smooze than get the work done.
45	interagency tension with PEPFAR portfolio
46	HR gross incompetence which permeates every facet of USAID
47	Reduction in Force
48	Tension or conflict with State/W bureaus, such as INL
49	Tension between U.S. military and USAID, particularly around timelines for results
50	Difficulty balancing need to work with the host government and understanding the government is highly corrupt and illegitimate
51	lack of separation between work and not-work (emails, phone calls, always having to be "on call" evenings and weekends)
52	The AEF process takes weeks of employee input
53	Working in Washington.
54	Dysfunctional leadership; PEPFAR; USAID processes
55	Poor management
56	Inconsistent leadership, decisionmaking
57	No quick response by RSO when an incident outside embassy happens if LES/FSN is impacted, is very discouraging,
60	High level of turnover of staff leading to people trying to provide guidance about things they don't know and feeling threatened when suggestions are made to go back and check the guidance from Washington. This is a major problem.
61	tensions with US Military about how to do our job and misunderstanding on their part about how development and humanitarian assistance needs to be done to be effective and not make things worse.
62	Since I am in a support backstop, the continual wrangling with Embassy over ICASS/consolidation issues--has been a major factor discouraging me about my work. The lack of clarity about my role and purpose in the organization makes it unlikely I will remain in this position much longer.
64	Because of high turnover, there is lack of clarity on the standard procedures. Communication between different offices is really bad.
65	Political projects that required our team to fund corrupt organizations and warlords, with USAID knowledge.
66	Issues with working (or not) with Government of Uganda
67	haven't experienced such
68	Cancellation of posting due to reduced footprint and the limbo of Washington DC, needing an apartment but not knowing how long I will be there and bidding over again...both financially and emotionally stressful
69	No accountability. Bad managers/leaders are just moved - not disciplined or removed
71	SRAP dominance has no value for professionalism in development
72	Sometime not having the opportunities to fully utilize our capabilities
73	Sexist leadership (Nepotism of the old white boy's club)

Q11: Please indicate which of the following operational tempo stressors have affected you negatively during your period of employment at USAID (check all that apply).



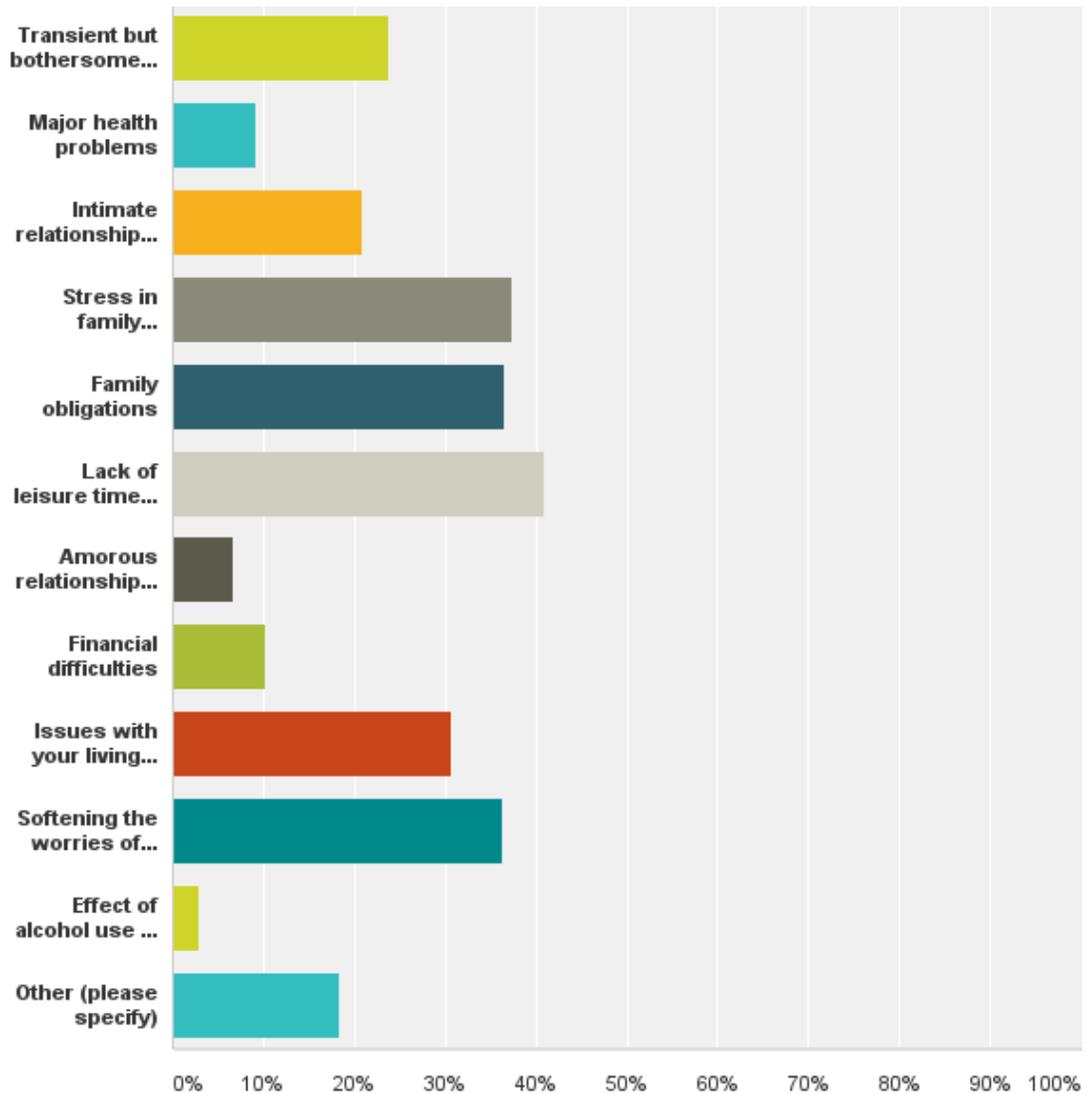
Answer Choices	Responses
Workload that was heavier than I could have imagined	36.97% 176
People above me had no idea of how taxing their requirements were	43.07% 205
Team or mission culture of "work till you drop"	30.67% 148
Unspoken norm that sleeping well, regular exercise, or hobbies are for "people who do not work hard enough"	23.95% 114
Required to begin posting before adequately rested from previous work assignment	18.07% 86
Pressure to work immediately following "Duck and Covers"	9.03% 43
Pressure to work immediately following severely stressful incidents	17.86% 85
Placed in role with inadequate training, mentorship, and experience	24.37% 116
Interagency requirements	30.88% 147
Initiatives	33.40% 159
Taskers and overly-burdensome reporting requirements	58.82% 280
Understaffing	54.20% 259
Congressional or other high-level USG delegations visiting	35.50% 169
End-of-year budget crunch	14.71% 70
Crunch leading up to my R&R	24.16% 115
Feeling inadequately rested even after R&R	31.09% 148
Other (please specify)	13.24% 63
Total Respondents: 475	

#	Other (please specify)
1	Lack of empowerment by the front office for team leaders

2	Poor internet but being required to use webTA...disconnected constantly when trying to file
3	power/control/micromanagement /bullying of supervisors that led to discord within office and between office
4	Note: Mentorship programs are NOT a substitute for your supervisor having/making time to mentor you
5	Insensitive Mission leadership especially during periods such as evacuation and other high threat security situation. Inadequate HR rules to deal with problem staff.
6	Poor oversight of line managers by office directors
7	the turnover season leaves offices incredibly short staffed and people commit to positions and then never arrive. This means those left are covering for far more than they should. I myself covered a HUGE portfolio for my first 4 months and completely burnt myself out, but it was the only choice I had.. the next 8 months were miserable.
8	unreasonably short work delivery times in combination with faulty prolonged admin processes and tools.
9	Because of revolution and war, Ukraine became an intense, high stress environment and increased pressure to respond to Washington taskers, reporting, cables, updates, requests for information and regular CODELS and VIP visits with more than 100 members of congress and 3 VPOTUS visits in 1 year . Need to limit the number of VIP visitors: even USAID AA and other Bureau visitors create excessive workload to support while trying to support the Government with an ambitious reform agenda, during times of war.
10	No recognition of non CPC, high stress posts; also transfer from DC to post means no home leave, no matter how stressful the job or the need to put affairs in order.
11	RR usually requires consultations in DC, this blows your RR
12	Agency culture rewards duplicity
15	Lack of respect and understanding of processes from management
16	While the agency and the Mission appear to be making strides to improve employment for spouses, there is still a lot that needs to be done.
17	There is NOT ENOUGH VACATION TIME! It is ridiculous that CPC countries do not have a minimum of 60 days of vacation per calendar year.
18	Complete lack of organization and strategy, leading to wasted effort
19	Washington DC's focus on WDC and making WDC look good-- what happen to the field being the priority
20	Disrespectful mercurial mission director
21	complete disconnect between USAID/W and field
22	leave that has been earned not approved in spite of adequate office coverage
23	Pressure to never admit fear or anxiety in high stress environments.
24	Hierarchy within USAID hiring mechanisms: If you are not FSO then you are not valued.
25	Mostly annoyed on behalf of others stuck with taskers, reports and CoDels.
26	I have not felt negatively affected by any of the listed stressors.
27	Expectation of 24/7 availability.
29	Front office expecting 24/7 immediate response
30	False reporting at the military level. Denial of what was truly going on the ground. Spend money even if it will put civilians in danger.
31	Poor leadership with no sense of mission who buried staff with meaningless nit-picking, editing and other demands that did not improve the quality of the work. Their inability to make decisions bogged down the entire mission.
32	my counterparts in OAA are overstretched
33	Auditors

34	supervisors were not professional to manage and coordinate human capital in the field - wrongly selected leadership to oversee high stressed and inadequately prepared field personnel
35	Could be manageable if we could work without everything being a consensus decision
36	lack of work to do
37	Pressure to arrive at Post alone, four months after parent's death
38	Expectation that my pace would match military pace
39	have a have generally found the work demands challenging but rewarding. They were what I expected.
40	chronic mental health issues
41	expectation of being "up to speed" within a few days of arrival at post; anti-mentorship attitude of letting people sink or
42	stress of trying to get out of the CPC to take R&R (uncertainty of being able to get out)
43	No one to replace me when I am on R&R or Home Leave so I work remotely during my vacation
44	Micromanagement from Washington
46	Audits
47	Leadership stating all leave was provisional and that employees must be available during leave.
48	Security situation for LES/FSN and family members outside compound,
50	Not enough annual leave
52	Focus on reporting to Washington and others instead of on getting the work we need to do on the ground well. Lack of access to partners due to budget limitations and security constraints.
54	overstaffing with seriously inexperienced staff and no time to mentor them.
59	Horrible management in FO / Program results in inefficient bureacratc processes
61	None of these . . . Pakistan as a whole has been relaxing and enjoyable. Outside of the USAID building I am stress-free and have an active lifestyle. It's the bullying and sexism over the last 36 months that have been shocking and apalling
63	Requirements to rewrite and re-edit documents over and over by overbearing editors - and then rewrite again for

Q12: Please indicate which of the following personal stressors has affected you negatively during your period of employment at USAID (check all that apply).



Answer Choices	Responses
Transient but bothersome illnesses	23.74% 113
Major health problems	9.24% 44
Intimate relationship problems	20.80% 99
Stress in family relations	37.39% 178
Family obligations	36.55% 174
Lack of leisure time or social opportunities	40.97% 195
Amorous relationships or sexual milieu present on post	6.72% 32
Financial difficulties	10.29% 49
Issues with your living situation or housing	30.67% 146
Softening the worries of family due to news of violence or other events in country	36.34% 173
Effect of alcohol use on me personally	2.94% 14
Other (please specify)	18.28% 87
Total Respondents: 476	

#	Other (please specify)
1	no employment for spouse
2	Significantly more smoking
3	Injury during terrorist attack (torn ACL)
4	mother, stepfather, both in-laws died while I was overseas
5	My service in Afghanistan was the proximate cause of my divorce.
6	Effect of alcohol use on spouse
7	Loss of control during evacuation
8	Minor health issues from minor wounds suffered from RPG attack on my vehicle while on a mission. I had suffered worse injuries playing rugby and ranching accidents so that kept things relative.
9	Disruption on planned vacations due to deteriorating security situation at post.
10	Somehow, I managed to keep it together
11	Placing burden on spouse to take care of home and family without ability to assist
12	There was no escaping compound life. There are little to no boundaries so you can't escape stressful or toxic people. Drama ensues and is also inescapable when questionable characters carry on relationships, even when a person is not directly involved. This is compounded by horrible air quality and idiots who do not wash their hands after going to the bathroom and then touch all the serving utensils in the Dining Facility. This place is a disaster.
13	Lights and constant, loud noise from motors in hooches at night - makes sleep difficult.
14	elder care issues

15	If the spouse does not have a job, life sucks; school inadequate
16	long term separation from family
17	unanticipated revolution and war in the the country where I'm serving
18	None. All my stress came from work.
19	Elderly parents...one with a terminal disease.
20	related to "Financial difficulties" above, when hired as DLI, my salary offer ("take it or leave it!") was SIGNIFICANTLY below what I was earning. This led to initial financial stress.
21	divorce from first wife due to hardships at post
22	family illness
23	separation from partner; lack of adequate telecommunication infrastructure to communicate to loved ones easily; major illness in family (non-dependents), lack of control over leave time so that miss important events such as weddings, births, surgeries of friends/family, the closest post I served at had a 24-hour commute back to US; the furthest is Iraq with 36 hours to visit my husband. In far-away posts, you use 2 days of personal leave in transit for R&R; lack of adequate health facilities at post, so you have to seek care on R&R/leave for anything that cannot be handled by med unit but doesn't warrant medevac; traffic in country - including having rocks beaten onto the car by street children who hang on while you are driving everyday; no local travel in-country unless on mission (so limited outlets for long weekends or time away); long work hours at the equator mean no daylight for post-work walks or else having to rise two hours early.
24	I lie to my family about how dangerous things actually are frequently, I live like a hermit to avoid all the drinking and indiscriminate screwing that goes on, because isolating oneself is the only way to stay healthy unless you are lucky enough to have a good battle buddy or two. I have been lucky sometimes with a good healthy friend at post.
26	Lack of healthy food options to control weight
28	Little diversity to the daily life which promotes more work (what else is there to do?).
29	Inability to date
30	Work situation at post-CPC assignment
31	Feeling like you live in a screwed up boarding school
32	Horrible and constant food poisoning. More should have been done by the Embassy to address the problems with the food.
33	Trying to soften the worries of family due to stressors from work
34	being single in a high stress environment with little understand or support
35	As for 'amorous relationships' please read 'complete lack thereof'. The people that I know that are having relationships are having affairs.
36	Began smoking after many years of not
37	illness and deaths in the family when very far from home
38	being at post without my children
39	traumatic delivery, son died during birth and i was injured
40	inadequate time to spend with family; lack of flexible workplace policies (such as teleworking, alternative work schedules) which are available at HQ but not in the field
41	Fortunately very few.
42	N/A
43	none
44	The daily violence in Kenya was very wearing. I was afraid for my personal safety and the safety of my family the entire time.

45	Lack of trust in colleagues. Leadership encouraged the poorest behavior possible, resulting in colleagues who would throw their own mother under the bus to get "in" with the boss.
46	not stressed
47	family illness and illness/death of friends
48	Odd emphasis on the fact that I am single (highlighted overseas in which inquiry about family status is considered appropriate), being treated as if I don't have a family because I don't have a spouse or children, being pressured to work after hours more than colleagues who have children because it is assumed that my personal time is somehow less valuable/not as valid
49	none of the above
50	Women treated as sexual objects, illness and passing of family member
51	Spouse unable to find employment while posted overseas.
52	too many chiefs and fiefdoms
53	Discriminatory federal policies against homosexuals most of my career
54	No guidance on how to help my staff who were suffering from PTSD
55	Family issues / School and employment for spouse
56	Inability to spend time with family - unauthorized to leave country and fly unauthorized to visit
57	These were not my issues.
58	high anxiety
59	separation from EFM's due to postconditions
60	Preparing AEF
61	Lack of opportunities for single personnel to meet others/form relationships
62	Sexual harassment; colleagues and managers excessive use of alcohol at functions and events
63	Divorce
64	We are now called spy of the USG by our locals know about our work, very stressful for all my family members,
65	Withdrawal of separated family travel benefits for TCNs
66	Security outside of workplace
67	Stress ensuring family move is handled, schools are adequate for children (MAJOR STRESS AT USAID), adequate employment for spouse, lack of time at post due to work pressure to help family address these issues. Slow payment of vouchers leading to financial difficulties. At one post, my travel vouchers did not get paid for several months and I was expected to travel regionally and front costs. I ended up with \$500 in my bank account at Christmas. Vouchers were being held up for issues of less than \$10. The cost of home leave can also be prohibitive if your immediate family is not in US and you need to find a place to stay for that amount of time. Non- payment of benefits or lack of clarity on when they will be paid or not is an ongoing major issue that affects many people.
68	basic things like a good mattress in the hooches (Kabul) would have made a world of difference.
71	family health problems, bidding
73	Issues with housing in DC is not a personal stressor so much as a USAID process stressor
74	A complete lack of information provided by RSO. I learn more on TV or online than from my own security. Ordered to travel down a road which experienced a car bomb that killed 10 contractors only hours after the event.
75	Its not the work, its the "everything else" that gets you...
76	Major health problems of spouse and child

78	Threatening communication during the bidding process that indicated that individuals, regardless of their personal circumstances, would be directed to CPCs and PCs
80	Lack of resources for my children's educational needs
81	Unpredictable security situation and job security due to employee politics
83	None. Happy in Pakistan; far easier assignments here (2012-15), then what I experienced in Liberia 2010-12 when we were understaffed and worked our fingers to the bone
86	Benghazi effect on DCM and RSO causing excessive restrictions
87	No consideration of PTSD after a deadly car accident in Zambia in which I was a passenger.

Q13: Please indicate which of the following security stressors apply to you (check all modes that apply).

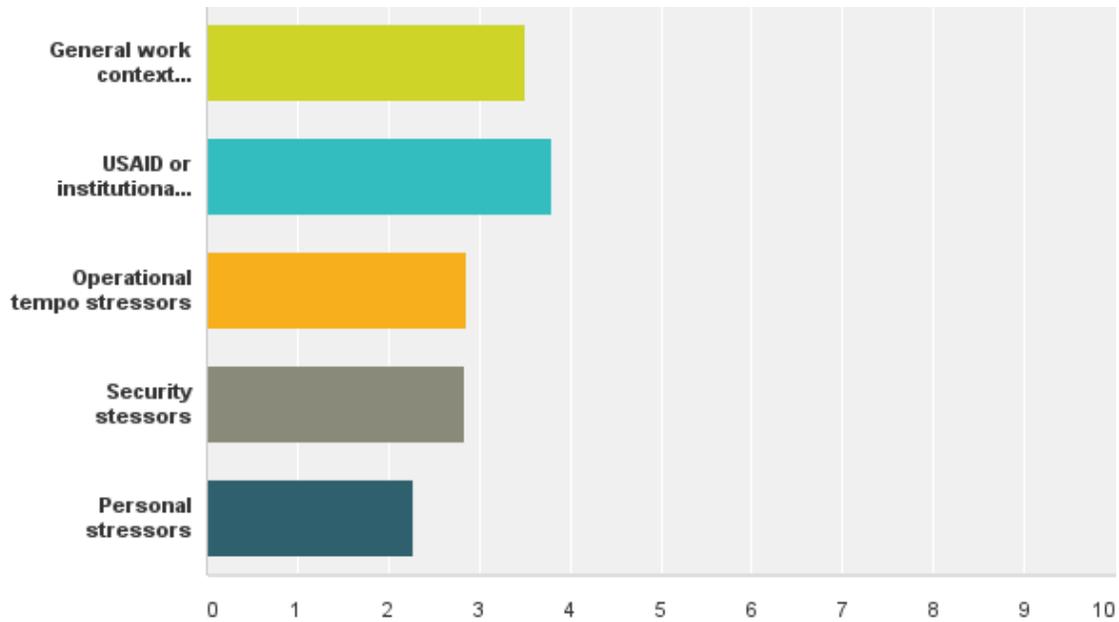
Security Stressors			
Natural disaster (for example, flood, hurricane, tornado, or earthquake)	47.95%	77.40%	43.18%
Combat related bomb, IED, fire, or explosion	53.73%	42.55%	52.48%
Non-combat related fire or explosion	48.74%	33.68%	47.74%
Caught in civil unrest or political violence	58.93%	30.17%	45.77%
Caught in armed conflict or active combat operations	59.51%	45.05%	35.12%
Maneuvers (e.g. "Duck & Cover") intended to preserve life	35.77%	26.57%	81.92%
Captivity (e.g. being kidnapped, abducted, held hostage, prisoner of war)	78%	34.50%	2.50%
Transportation accident (e.g. car accident, boat accident, train wreck, plane crash)	66.55%	47.84%	70.50%
Exposure to endemic diseases, environmental pathogens, or toxic substances	60.09%	35.62%	45.86%
Physical assault (e.g. being attacked, hit/kick, beaten up)	64.98%	54.84%	9.22%
Assault with a weapon (e.g. being shot, stabbed, threatened with a knife, gun)	71.98%	44.93%	11.59%
Sexual assault (e.g. rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	72.26%	36.50%	4.38%
Criminal victimization, not specified above	67.55%	43.71%	17.88%
Life-threatening illness or injury without adequate medical facilities	67.80%	44.88%	13.17%
Sudden, intentional/violent death (i.e. homicide, suicide)	54%	52.67%	13.33%
Sudden unexpected, death of someone close (e.g. family member)	46.67%	33.85%	43.59%
Serious injury, harm, or death you caused to someone else (e.g. accidental, combat-related)	68.42%	35.77%	9.47%
	Felt there was a risk of...	Occurred to someone known to me during my deployment...	Personally experienced during my deployment...

	Felt there was a risk of...	Occurred to someone known to me during my deployment...	Personally experienced during my deployment...	Total Respondents
Natural disaster (for example, flood, hurricane, tornado, or earthquake)	47.95% 105	27.40% 60	43.38% 95	219
Combat related bomb, IED, fire, or explosion	53.73% 173	42.55% 137	52.48% 169	302
Non-combat related fire or explosion	48.74% 97	35.68% 71	47.74% 95	199
Caught in civil unrest or political violence	58.93% 168	30.72% 96	45.77% 146	319
Caught in armed conflict or active combat operations	59.51% 122	45.85% 94	35.12% 72	205
Maneuvers (e.g. "Duck & Cover") intended to preserve life	35.77% 93	26.54% 69	81.92% 213	260
Captivity (e.g. being kidnapped, abducted, held hostage, prisoner of war)	78.00% 156	34.50% 69	2.50% 5	200
Transportation accident (e.g. car accident, boat accident, train wreck, plane crash)	66.55% 165	47.84% 123	20.50% 57	278
Exposure to endemic diseases, environmental pathogens, or toxic substances	60.09% 140	35.62% 83	45.06% 105	233
Physical assault (e.g. being attacked, hit/kick, beaten up)	64.98% 141	54.84% 119	9.22% 20	217
Assault with a weapon (e.g. being shot, stabbed, threatened with a knife, gun)	71.98% 149	44.93% 93	11.59% 24	207
Sexual assault (e.g. rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	72.26% 99	36.50% 50	4.38% 6	137
Criminal victimization, not specified above	67.55% 102	43.71% 66	17.88% 27	151
Life-threatening illness or injury without adequate medical facilities	67.80% 139	44.88% 92	13.17% 27	205
Sudden, intentional/violent death (i.e. homicide, suicide)	54.00% 81	52.67% 79	13.33% 20	150
Sudden unexpected, death of someone close (e.g. family member)	46.67% 91	33.85% 66	43.59% 85	195
Serious injury, harm, or death you caused to someone else (e.g. accidental, combat-related)	68.42% 65	35.79% 34	9.47% 9	195

#	Other (please specify)
1	Unknown terror threat
2	Violent death of a co-worker as the result of a suicide bomber
3	Home Invasion
4	arbitrary revocation of priviledges by controller despite precedence for someone else that was not her doing.
5	The coworker who was abducted was abducted immediately before I arrived; my first duty call was an abducted, then murdered 12-year-old; a coworker was assassinated immediately before I arrived, another coworker died from injuries sustained in a car accident, another coworker was shot and paralyzed, another coworker was robbed at gunpoint, several people I know have been mugged, and another coworker is being stalked by the perpetrators of the one who was shot and paralyzed.
6	Psychological stress due to heavy and constant surveillance
7	1) financial theft/identity stolen 2) personally targeted by security services (vandalizing apartment/ posting negative propoganda about me online to discredit the US Embassy as part of Russian electronic "troll army"
8	Caught in a mob around an event
10	Work facility blown up
11	high levels of counter-intelligence (spying, bugging, home invasions, etc.) at my current post
13	Being bitten by a rat
14	Ebola, Al-Qaida related terrorists, separatists, horrible traffic, crime, pollution
15	risk of being targeted by terrorists or victim to a terrorist attack in a public place; also the stress of having to bid on a CPC country raises concerns around personal security and possible separation from family during the uncertain period where you are bidding and awaiting results
18	There were a number of near misses including a gun fight outside my daughter's school, frequent threats of evacuation, the bombing of a mall that I frequented with my family.
19	Far too many elderly people carrying weapons on the compound.
20	House break in or car theft
21	Sexual Harassment and Gender Discrimination
22	Looting of homes and vehicles
23	The constant, maddening and intensely limiting threat of terrorism
24	Sexual harassment by a colleague; workplace bullying
25	A colleague was arrested and interrogated by the intelligence service and I was locked in a building by the police and intelligence services for at least an hour, surrounded by armed police. The DRC is a very large country, so I do not know how to fill out most of these questions. Not clear if they only apply if they are targeted events in Kinshasa near USG facilities or if I should count more general threats, such as the government firing on unarmed protestors in January and blocking access to the airport, and ongoing violence and rape in the east. Several FSN colleagues have died or lost children due to the lack of adequate medical care during my stay.
26	Terrorist attack--happened while at Post--was not personally present at the scene
27	colleagues murdered by terrorists
28	Theft of personal property during USAID training
29	Any type of security incident can happen, at any point of time, and at any location in this country where I work for USG, LES/FSNs are target,
30	Polygraph process for and security

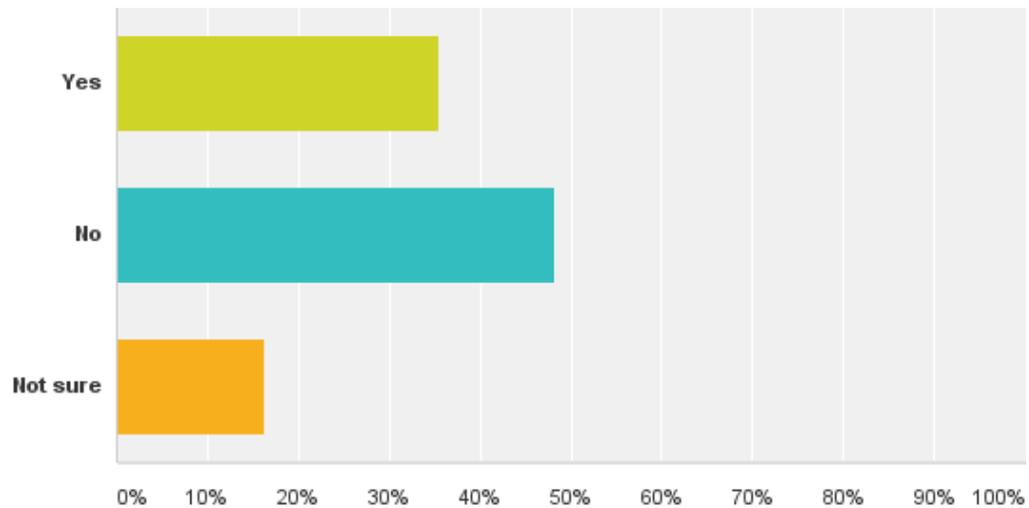
31	security physical screening/check at post and polygraph test
32	Home invasion by local authorities while on TDY, minor child in home with responsible adult
34	Security stressor: lack of information; lack of appreciation for security stresses
35	Death of family member - not unexpected
37	Egypt has a high level of sexual harassment that significantly limits the comfortable movement of female employees. Also a major security stressor in Cairo has been the safety of children at the school. At times there has been a real risk of the school being targeted.
39	Victimization by the co-workers to a level where a plan was plotted to sabotage me

Q14: Of the above types of stressors, which bother(ed) you the most during your period of employment at USAID? Please rank your choices, with a ranking of "1" meaning that it bothered you the most. If a type of stressor did not bother you, please select "N/A" for "not applicable."



	1	2	3	4	5	N/A	Total	Score
General work context stressors	23.74% 113	28.57% 136	18.91% 90	15.55% 74	6.72% 32	6.51% 31	476	3.50
USAID or institutional stressors	36.76% 175	24.37% 116	17.86% 85	11.34% 54	5.04% 24	4.62% 22	476	3.80
Operational tempo stressors	11.34% 54	16.81% 80	29.20% 139	17.44% 83	17.02% 81	8.19% 39	476	2.87
Security stressors	17.23% 82	14.92% 71	15.76% 75	30.25% 144	17.65% 84	4.20% 20	476	2.83
Personal stressors	9.45% 45	11.76% 56	13.24% 63	16.81% 80	40.55% 193	8.19% 39	476	2.27

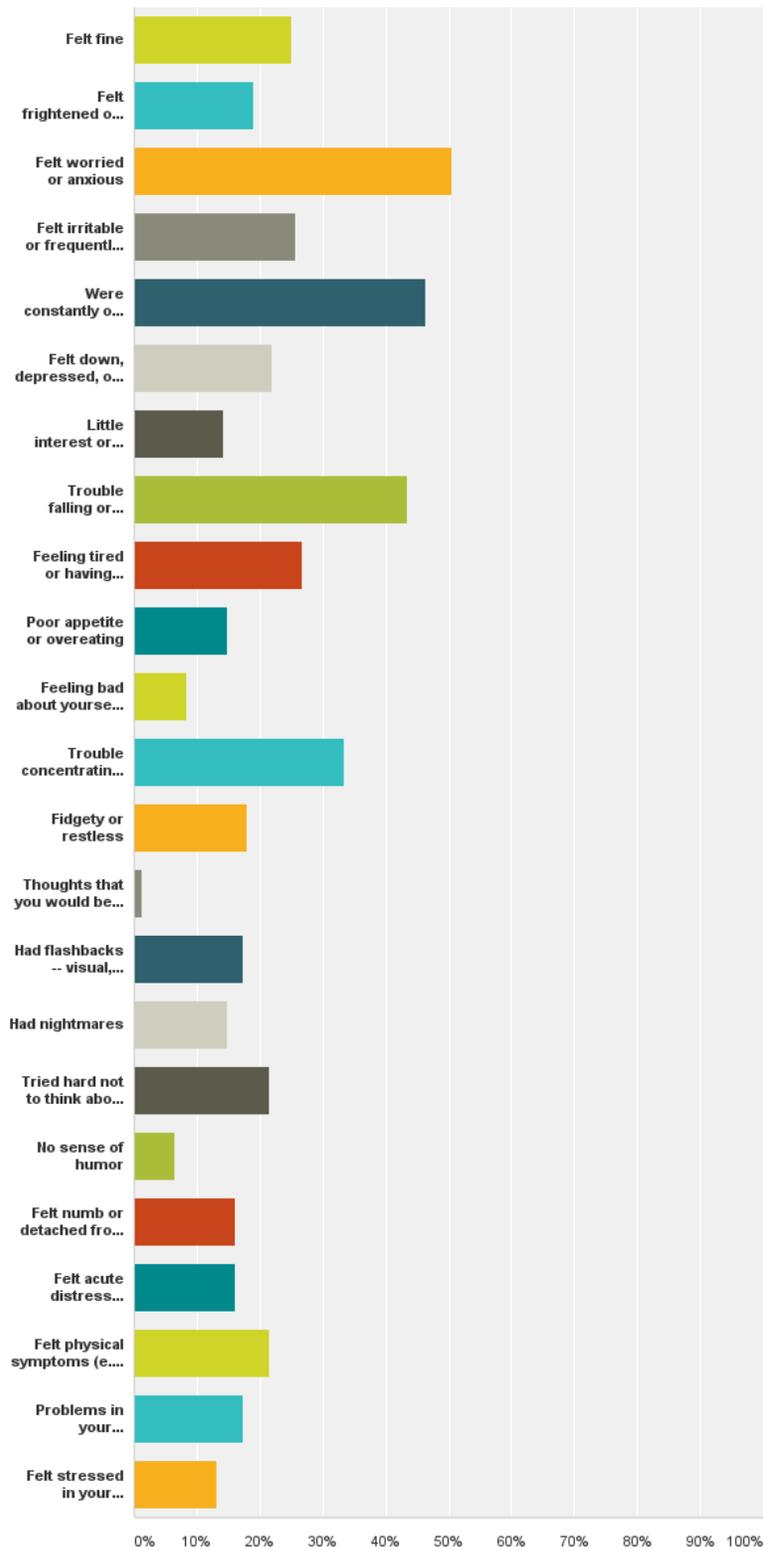
Q15: Have you ever experienced a Critical Incident while serving with USAID? (Note: a 'critical incident' is defined as any event or series of events that seriously threatens the welfare of personnel, potentially resulting in life-threatening illness or injury, or death. A 'critical incident' is any incident so unusually stressful to an individual as to cause an immediate or delayed emotional reaction that surpasses available coping mechanisms.)



Answer Choices	Responses	Count
Yes	35.58%	189
No	48.21%	229
Not sure	16.21%	77
Total		475

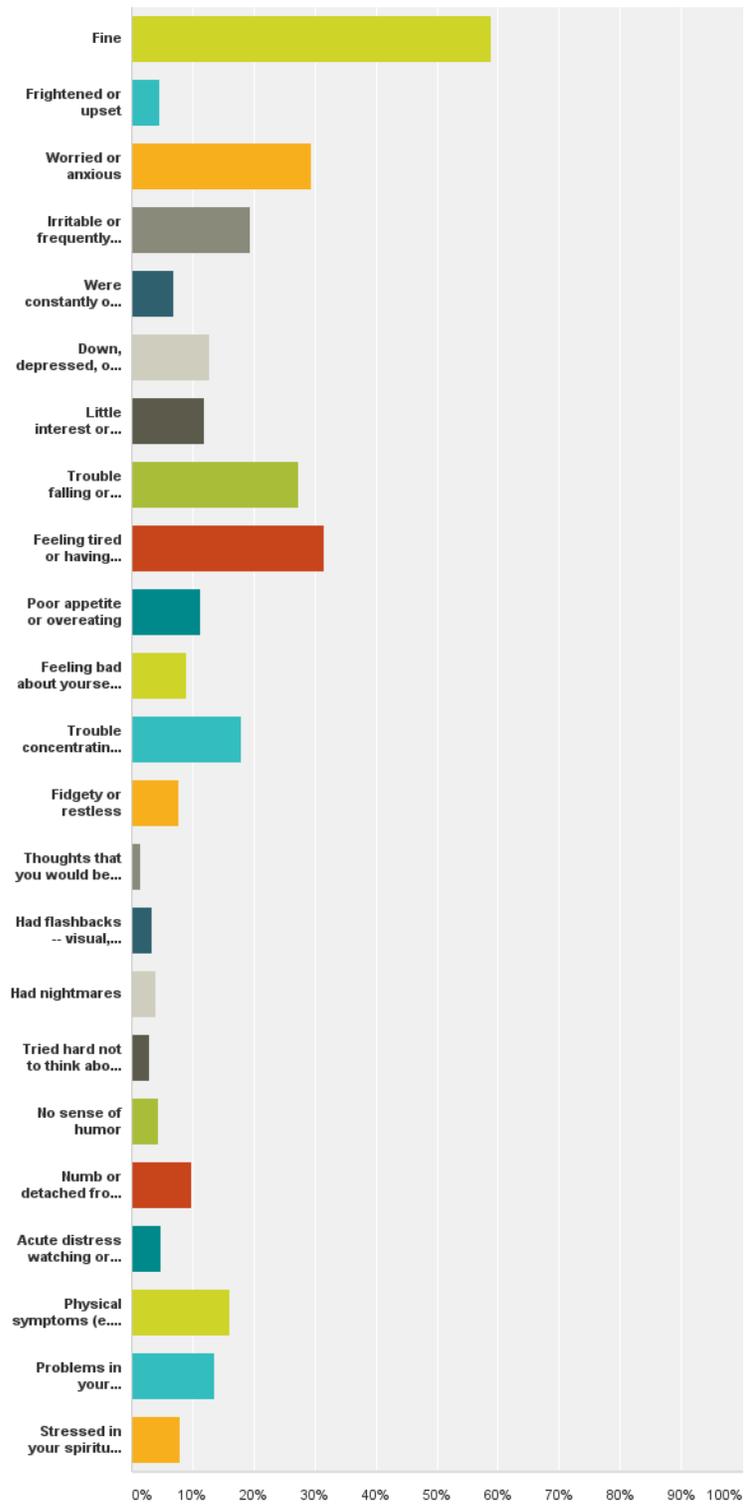
If answered “No”, skip to question 17.

Q16: What was your reaction in the month following that critical incident? (check all that apply)



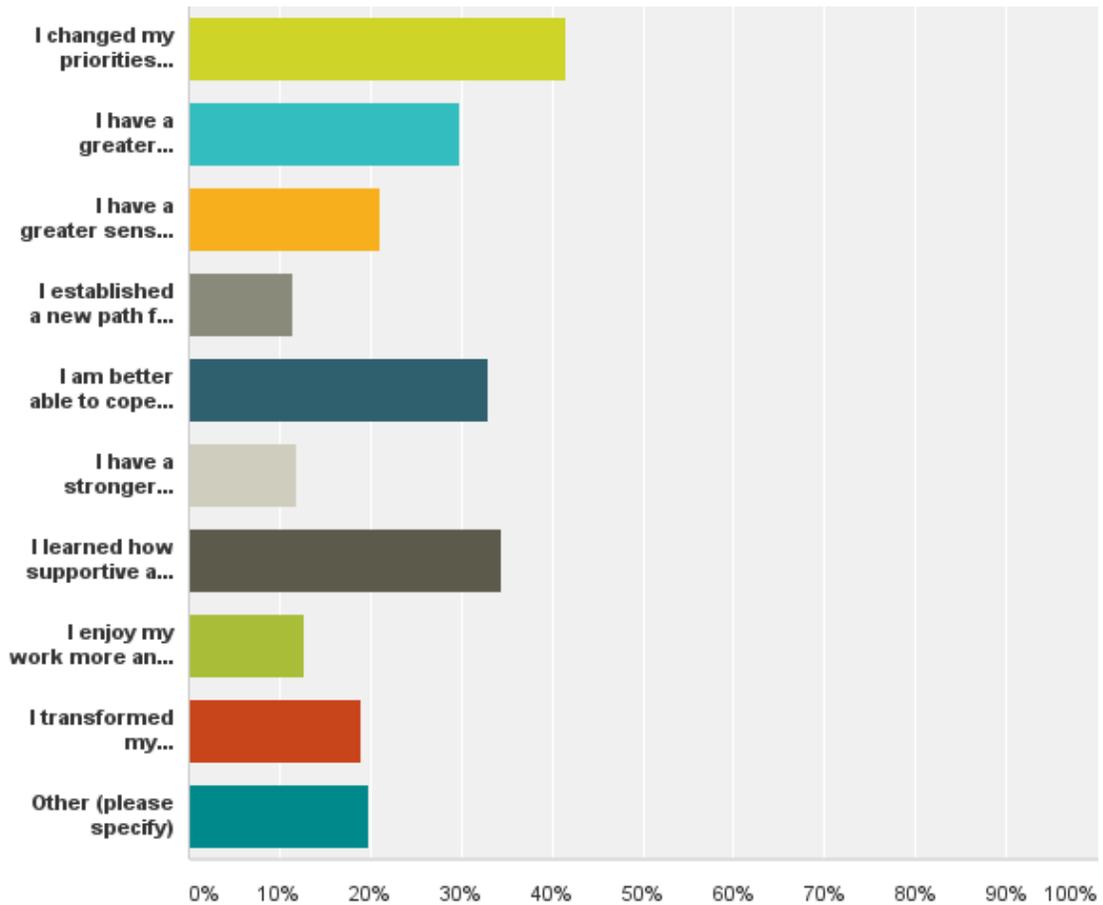
Answer Choices	Responses
Felt fine	25.00% 42
Felt frightened or upset	19.05% 32
Felt worried or anxious	50.60% 85
Felt irritable or frequently agitated	25.60% 43
Were constantly on guard, watchful, or easily startled	46.43% 78
Felt down, depressed, or hopeless	22.02% 37
Little interest or pleasure in doing things	14.29% 24
Trouble falling or staying asleep	43.45% 73
Feeling tired or having little energy	26.79% 45
Poor appetite or overeating	14.88% 25
Feeling bad about yourself, blaming yourself for having let yourself or others down	8.33% 14
Trouble concentrating on things	33.33% 56
Fidgety or restless	17.86% 30
Thoughts that you would be better off dead or of hurting yourself in some way	1.19% 2
Had flashbacks -- visual, auditory, taste/smell, tactile or otherwise physical memories that pop up	17.26% 29
Had nightmares	14.88% 25
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it	21.43% 36
No sense of humor	6.55% 11
Felt numb or detached from others, activities, or your surroundings	16.07% 27
Felt acute distress watching or hearing stories about tragedy, violence, or suffering	16.07% 27
Felt physical symptoms (e.g., headaches, tense muscles, or upset stomach)	21.43% 36
Problems in your relationships (due to being withdrawn, overwhelmed by people, lonely, heightened interpersonal conflicts)	17.26% 29
Felt stressed in your spiritual life (e.g. feeling "empty;" sense of losing a sense of purpose, meaning, hope, or connection; questioning or doubting core beliefs)	13.10% 22
Total Respondents: 168	

Q17: Currently, in the past two weeks, how have you been feeling? (check all that apply)



Answer Choices	Responses
Fine	58.94% 277
Frightened or upset	4.68% 22
Worried or anxious	29.36% 138
Irritable or frequently agitated	19.36% 91
Were constantly on guard, watchful, or easily startled	6.81% 32
Down, depressed, or hopeless	12.77% 60
Little interest or pleasure in doing things	11.91% 56
Trouble falling or staying asleep	27.45% 129
Feeling tired or having little energy	31.49% 148
Poor appetite or overeating	11.28% 53
Feeling bad about yourself; blaming yourself for having let yourself or others down	8.94% 42
Trouble concentrating on things	17.87% 84
Fidgety or restless	7.66% 36
Thoughts that you would be better off dead or of hurting yourself in some way	1.49% 7
Had flashbacks -- visual, auditory, taste/smell, tactile or otherwise physical memories that pop up	3.40% 16
Had nightmares	4.04% 19
Tried hard not to think about scary situations or went out of your way to avoid situations that stimulated fear	2.98% 14
No sense of humor	4.47% 21
Numb or detached from others, activities, or your surroundings	9.79% 46
Acute distress watching or hearing stories about tragedy, violence, or suffering	4.89% 23
Physical symptoms (e.g. headaches, tense muscles, or upset stomach)	16.17% 76
Problems in your relationships (due to being withdrawn, overwhelmed by people, lonely, heightened interpersonal conflicts)	13.62% 64
Stressed in your spiritual life (e.g., feeling "empty," feeling that you have lost a sense of purpose, meaning, hope, or connection, questioning or doubting core beliefs)	7.87% 37
Total Respondents: 470	

**Q18: People often report benefits associated with stress exposure. In your case, have stressful experiences with USAID resulted in any of the following?
(check all that apply)**

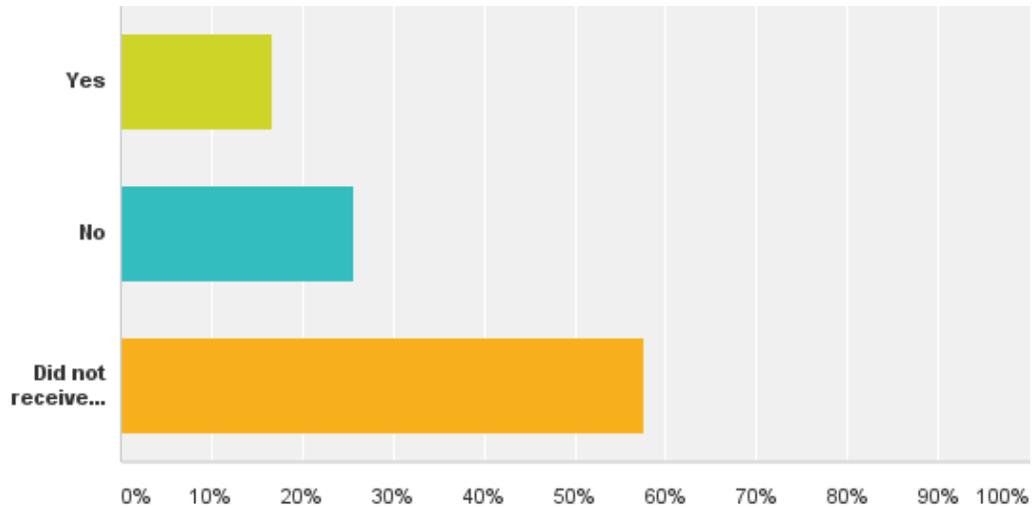


Answer Choices	Responses
I changed my priorities about what is important in life.	41.51% 193
I have a greater appreciation for the value of my own life.	29.89% 139
I have a greater sense of closeness with others.	21.08% 98
I established a new path for my life.	11.40% 53
I am better able to cope with difficulties.	32.90% 153
I have a stronger spiritual or religious faith.	11.83% 55
I learned how supportive and helpful other people can be in adverse circumstances.	34.41% 160
I enjoy my work more and am performing better.	12.69% 59
I transformed my understanding of life difficulties.	18.92% 88
Other (please specify)	19.78% 92
Total Respondents: 465	

#	Other (please specify)
1	Stressful experiences with USAID, especially given they are most often unnecessary, DO NOT provide benefits!
2	I feel the desire to make one of the changes, but don't know that it can be done within the USAID context. It would necessitate leaving the Agency.
3	i appreciate more the opportunities and choices I have in life that others don't
5	General increased awareness
6	I do not believe in luck or a gods plan for me. Somethings just happen and I will never know why. Thats just living and dying. I am comfortable not having answers for these type of issues.
7	I resent this question
8	Questioned if this job was right for me.
9	no change
10	I have a greater appreciation for very simple things - like phones and computers that work, lack of guards, and quiet sleeping quarters.
12	I was evacuated out of the Burundi genocide in 1993. I'm pretty resilient. These benefits are not applicable to the major frustrations of my work here, which have come as a result of management's pathological conflict
13	desire to seek other employment
17	meditation and more yoga; let things roll off my back more
18	I am trying to establish a new path but I can't fully because all my TDYs and work are in unstable countries. I finally have a fiance but he is asking me to quit my job when we are married because it is too stressful. The doctor tells me I will be a high risk pregnancy if I get pregnant.
19	I changed my priorities to a small extent about what is important in life.

23	I curtailed and took a domestic assignment to leave an unhealthy work environment.
27	Bonds between friends form more quickly under stress.
32	Priority is no longer doing good work, it is surviving with some shred of sanity the next 2.5 years with my boss
33	I strive to help others who are facing difficulties
34	support of partner and close friends
35	I find that, at times when the terrorist threat has felt high, I have had a greater appreciation for time that I have with family. I see the time I am able to spend with them as a gift and don't take it for granted.
36	New experience and environment, and way of life
39	Placed a higher priority on my family
40	Gained confidence in what I do and how I do it. Redefined my concept of leadership.
41	I question whether the USAID work/office culture is right for me.
45	I am stronger, bolder and not afraid to speak up and take action.
48	I learned how to support others through extremely stressful events.
51	I place more attention on the importance of self-care.
52	Greater appreciation for having been born and raised in a developed country where I have been afforded many opportunities.
54	I have a greater appreciation of personal health and wellness despite my chronic illness.
58	I realized that I can cope with a lot and need to keep issues in context.
59	I have not felt any positive impacts of stress exposure
61	I am using negative experience to better understand myself (my strengths, needs, limits)
62	I have learned that one has to actively accept, it takes work.
64	I learned how to ignore bad managers.
65	new skills
66	Is this a joke? No benefits at all.
71	I Love My Job
73	People recognize the level and quality of work that I do
76	thought seriously of quitting...
78	Become complacent about dangerous situations; bombings are normal
81	these choices have degrees of intensity and vary
82	there are things that you can not change and you have to live with them
84	Major stress has not been a factor in my career
85	Feeling the Mission higher management more supportive and blessed to have a few very supportive team members
87	Bitter and resentful that USAID as an agency saw, witnessed, and had corroborated reports of a hostile work environment towards women at USAID/Pakistan. . . and ignored them.
89	better fitness as an outlet
90	If I had to die tomorrow, I'd feel like I've lived well and was satisfied
91	My experiences with USAID has never slowed me down from enjoying life.

Q19: Prior to your postings, was your training in psychological wellness or stress management useful?



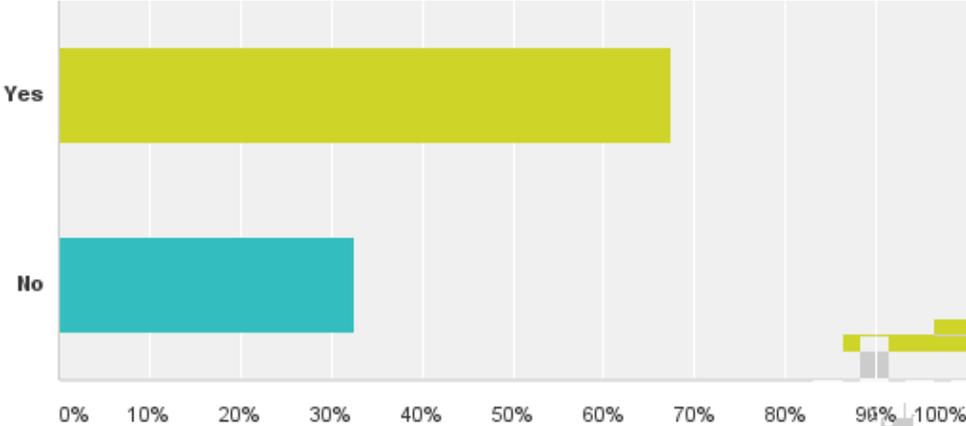
Answer Choices	Responses
Yes	16.63% 77
No	25.70% 119
Did not receive training	57.67% 267
Total	463

#	If yes, then how? If no, then why?
1	The parts of training which focused on teaching us what we can do to prevent problems.
2	do not recall specific training
3	I was not aware of such training.
4	Training was informative and helpful but not provided by AID. It was pre-employment.
5	FSL workshop/Briefing for leaving high stress posts was not only worthless but made me angry. Push by Mission to have me not go to Washington for this was annoying at first (I felt the mission didn't want to pay for it/didn't value FSL) but then, after sitting through it, I wished I hadn't gone as it only made me angry. It was a 'check the box' session, it completed focused on FSO not someone leaving and thus denegated our service even more.
6	Not prior to leaving, but after Westgate the 12 hours of first aid training was excellent
7	I practice yoga.
8	but I had trouble calling up the resources to use them
9	Post was not considered high threat at the time

10	USAID training
11	I have been through hardships in life and consider myself stoic and able to withstand difficulties. A couple of days training does not provide fortitude or add anything of value.
12	Served as a reminder of services available
13	I think there was general mention of stress management, but I can't remember anything useful.
14	to know a little about what it would be like
15	They tried to give us tools for coping.
16	Did not have any before Iraq but did before Kabul. Talking to Staff Care and understanding what it offered was very helpful.
18	Coping with stress with Staff care was helpful in knowing how to identify the signs that I was stressed and dial it back a bit.
19	I do all the right things, but stress still bothers me.
20	Tdy to CPC and high threat did not include such training
21	Due to situation njust did not apply it
22	Communicate, communicate, communicate
23	Important to be cognizant of these things.
24	I was already familiar with the content of the training and had been using the approaches for years.
25	absolutely useless. too general, not focused, and no follow-up or assistance available in case of difficulties. And if there was, we still knew we wouldn't get credit for serving in a CPC if curtailed so had to try to complete tour and make it work. HORRIBLE.
26	Received from People in Aid while working for a NGO.
27	exercising and finding someone I trusted to speak with helped a lot
28	Its not a bad one-day training but its only one day
29	The training assumed there would be sustained support at post, which was not the case
30	Wasn't offered to contractor staff
31	Because senior officials don't care about non-military personnel in stressful environments.
32	As I recall, training was targeted toward things I didn't relate to: alcohol abuse, sexual harassment, etc. I recall little on mindfulness or specific techniques to address resilience.
33	instructors were clueless
35	Suggested methods were well known. The training was a waste of taxpayer money.
36	I'm 99% sure we received some kind of training, but frankly I don't remember anything about it. So it seems not very useful.
37	It was of general nature - Had these training before in other equally difficult assignments and therefore already informed and sensitized
38	It didn't really focus on stress management. The professional who gave one training seemed emotionally unstable herself.
39	It was difficult to carry out techniques within the constraints of security and the Embassy culture. For example, taking breaks (lunch or otherwise) during the work day felt frowned upon. And it always felt too busy to make time for myself to take breaks. Social networks were hit or miss.
40	Do not recall
41	Not sure why we were not better prepared. I spent 13 months with a Brigade Combat Team in a high stress and dangerous situation. The was after care, but not much on the preparation prior to the tour.
42	USAID training did not focus on how to deal with internalized USAID institutional stressors.

43	Stress management training is very generic and focuses on things that people already know.
44	Reinforcing knowledge about exercise, need to care for oneself and others.
45	Wasn't offered that I know of.
46	meaningless, i appreciated some of the breathing exercises but the constant repetition of how stressful it would be just served to prime everyone to react strongly, in my opinion. and then telling everyone how stressful it is and then not staffing appropriately the people to help you deal with stress (the psychiatrist/social worker) seems irresponsible to me. You primed people to freak out, told them they would be constantly stressed, and then do not respond to handle that stress.
47	It was helpful to acknowledge stressors and coping techniques, though they didn't always work for me.
48	No, because I was already aware of most of the techniques. Also, the training was offered in a generic setting. It would have been more useful to have one-on-one counseling.
49	I'm not clear where such training is included. The HTE post I served at was designated as such after I arrived, and I never took the Crash/Bang course. The HTE posts I've on TDY to, I took the online training, but not the crash/bang, so again, I never received any sort of psychological wellness or stress management trainings.
50	Too bland and anodyne. Meditation and long walks mean nothing when you are working 16 hours a day and have nowhere to walk to or from on a compound.
51	I used to work for UN in war zones. Have had this type of training a lot.
52	wasn't aware that is doable?
53	You need to focus on people who undertake multiple tours. My supervisor was on her third year in Afghanistan and she would randomly explode. My CPC stress was mainly about working for her.
54	The training enabled me to cope better in challenging environments.
55	I have found escape outlets through social interactions (poker and bridge)
56	Moderately useful
57	I thought the Agency did a satisfactory job in the course that was provided.
58	Nothing prepared me for the hostility and abuse from Old White Boy Club
59	never receive any.
60	Helped to stay safe and be vigilant because of the environment

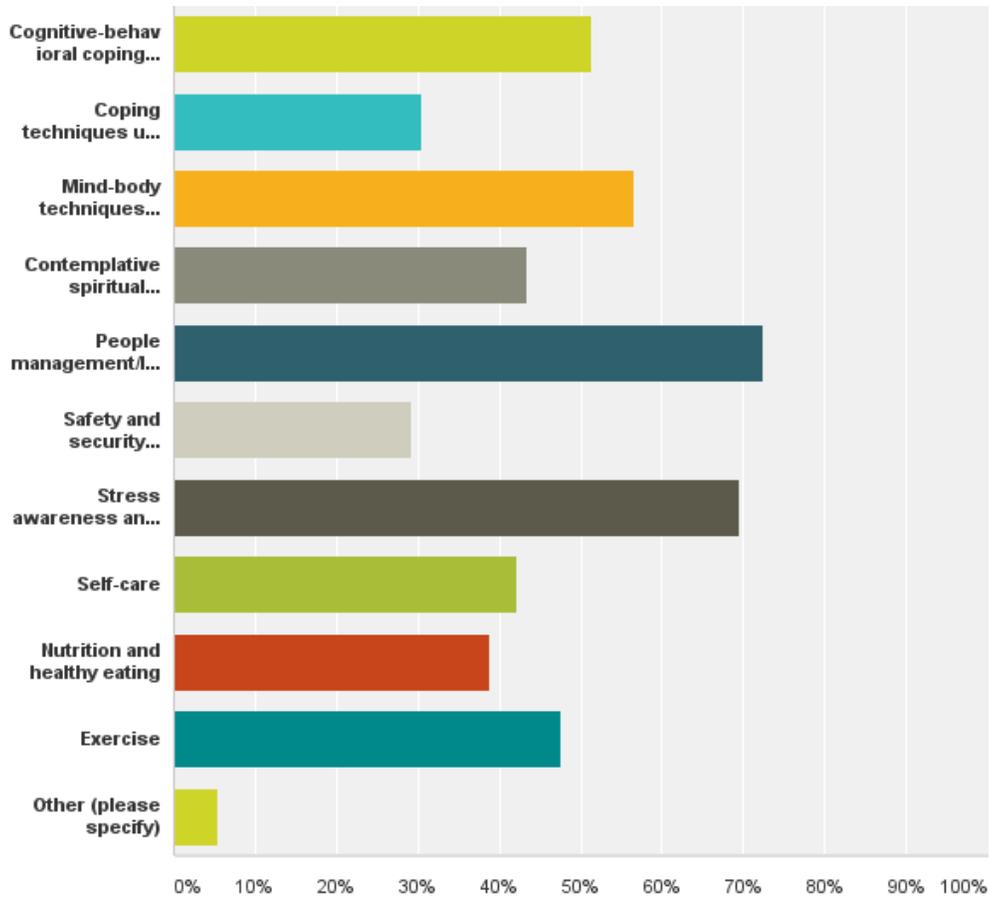
Q20: Do you believe you could personally benefit from further training or coaching in stress management or psychological wellness techniques?



Answer Choices	Responses	
Yes	67.53%	312
No	32.47%	150
Total		462

If answered "No", skip to question 22.

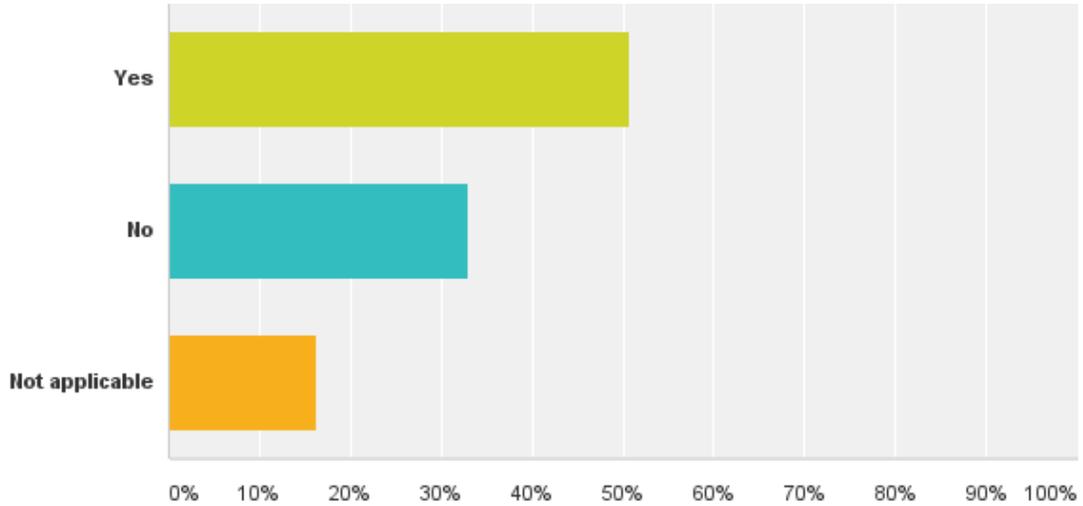
Q21: What topics for training or coaching would you be interested in receiving? (check all that apply)



Answer Choices	Responses	
Cognitive-behavioral coping techniques	51.46%	159
Coping techniques used by the US Military	30.42%	94
Mind-body techniques (such as yoga, progressive relaxation, or breath control)	56.63%	175
Contemplative spiritual techniques (such as mindfulness or meditation)	43.37%	134
People management/leadership skills	72.49%	224
Safety and security awareness	29.13%	90
Stress awareness and management	69.58%	215
Self-care	42.07%	130
Nutrition and healthy eating	38.83%	120
Exercise	47.57%	147
Other (please specify)	5.50%	17
Total Respondents: 309		

#	Other (please specify)
1	Integrative therapy
2	I do yoga 4-5 times a week and some meditation. No religious practice by my own chose.
3	although i know these and use them, additional training may be useful. On the other hand, I think no since I already know these things.
4	How to deal with difficult personalities
5	Managing supervisors that aren't coping well with CPC/NPE assignments
6	self-defense
7	Family Issues - dealing with negatively affected children
8	interpersonal conflict resolution, learning to be aware of personal triggers if stress gets to be too much
9	None of this makes any difference if the organizational leadership doesn't support an environment where one can do these things.
10	Time with my kids
11	I have already obtained services for myself.
12	How to help others
13	I think we can all continue to benefit from such refreshers and learning opportunities, with or without exposure to CPCs.
14	How to effectively deal with bad managers and bad supervisors.
15	No more fluff
16	none of these are helpful if the organizational culture does not support it

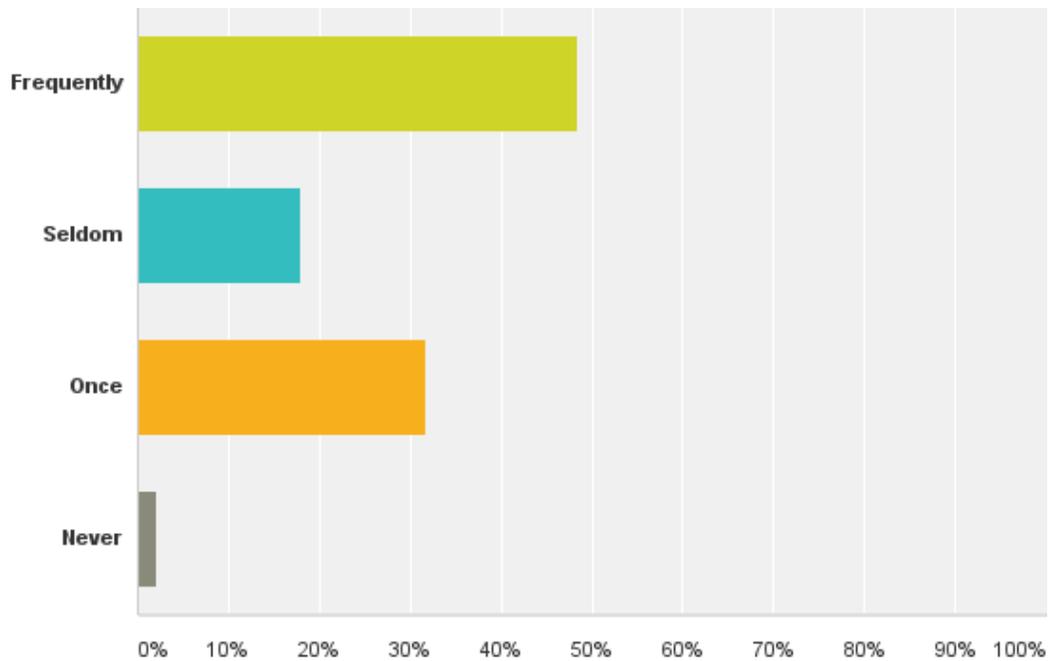
Q22: If you have had multiple USAID assignments, have you had sufficient time to recover from your previous assignment before you were expected to start another?



Answer Choices	Responses	Count
Yes	50.76%	233
No	32.90%	151
Not applicable	16.34%	75
Total		459

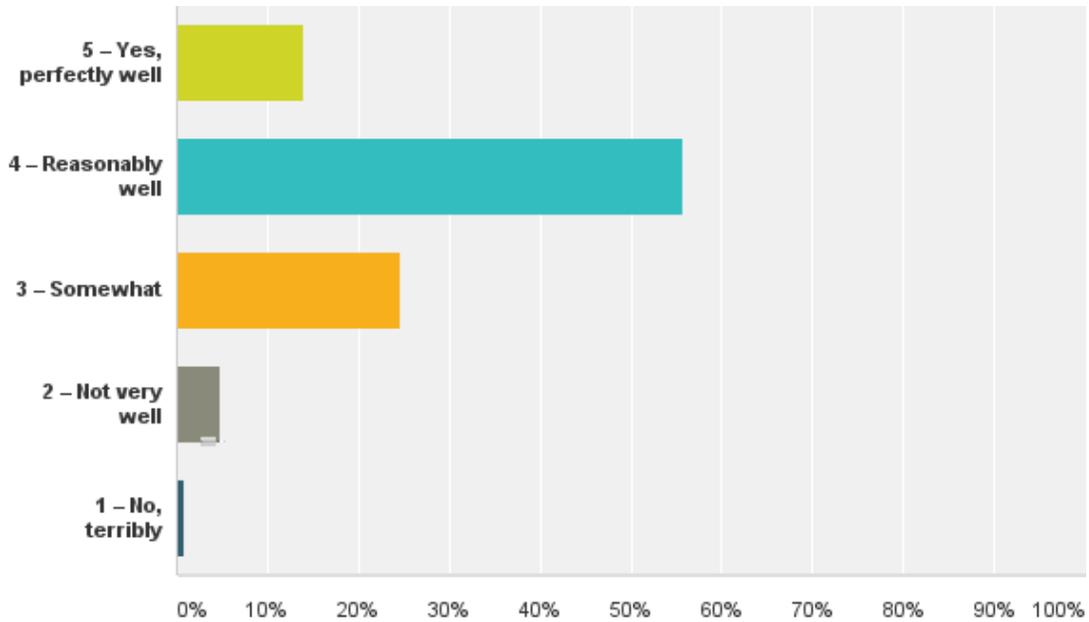
If answered “No”, skip to question 24.

Q23: How often did you not have sufficient time to recover from an assignment before you were required to start another?



Answer Choices	Responses	Count
Frequently	48.34%	73
Seldom	17.88%	27
Once	31.79%	48
Never	1.99%	3
Total		151

Q24: Overall, did you feel personally able to cope with the stressors you encountered in your work with USAID?

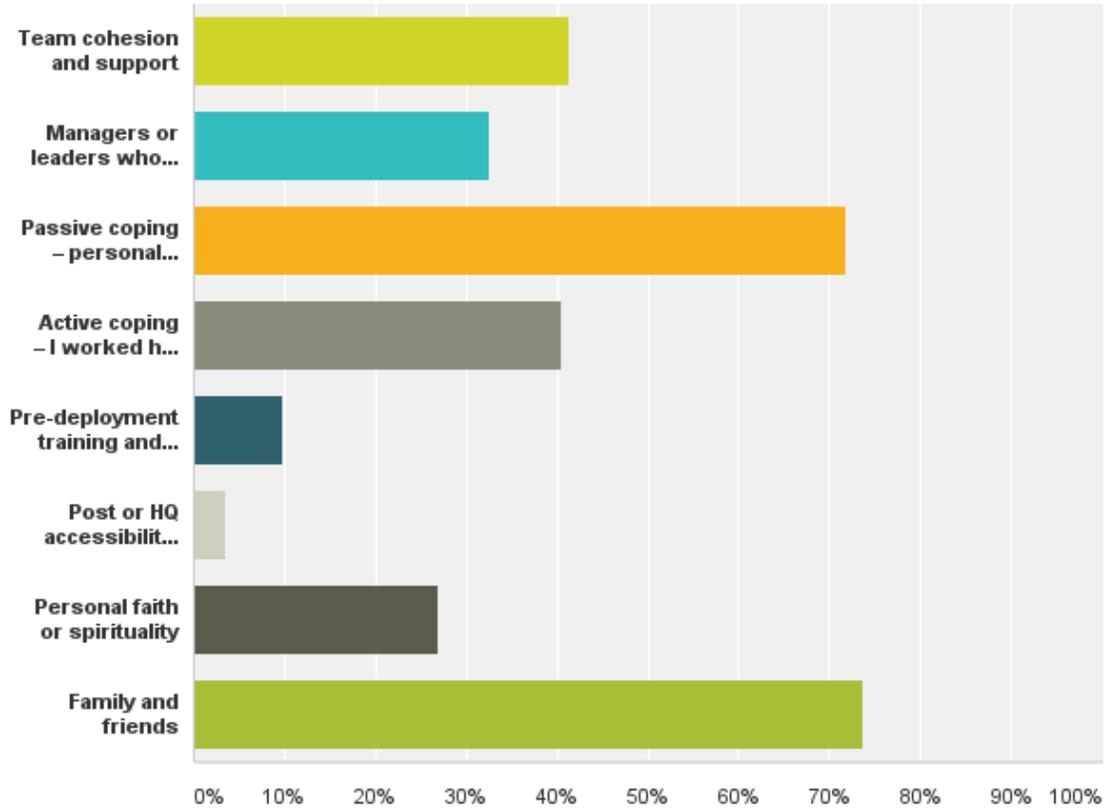


Answer Choices	Responses
5 – Yes, perfectly well	13.97% (64)
4 – Reasonably well	55.68% (255)
3 – Somewhat	24.67% (113)
2 – Not very well	4.80% (22)
1 – No, terribly	0.87% (4)
Total	458

If answered “5- Yes, perfectly well” or “4- Reasonably well” move on to question 25 but skip question 26.

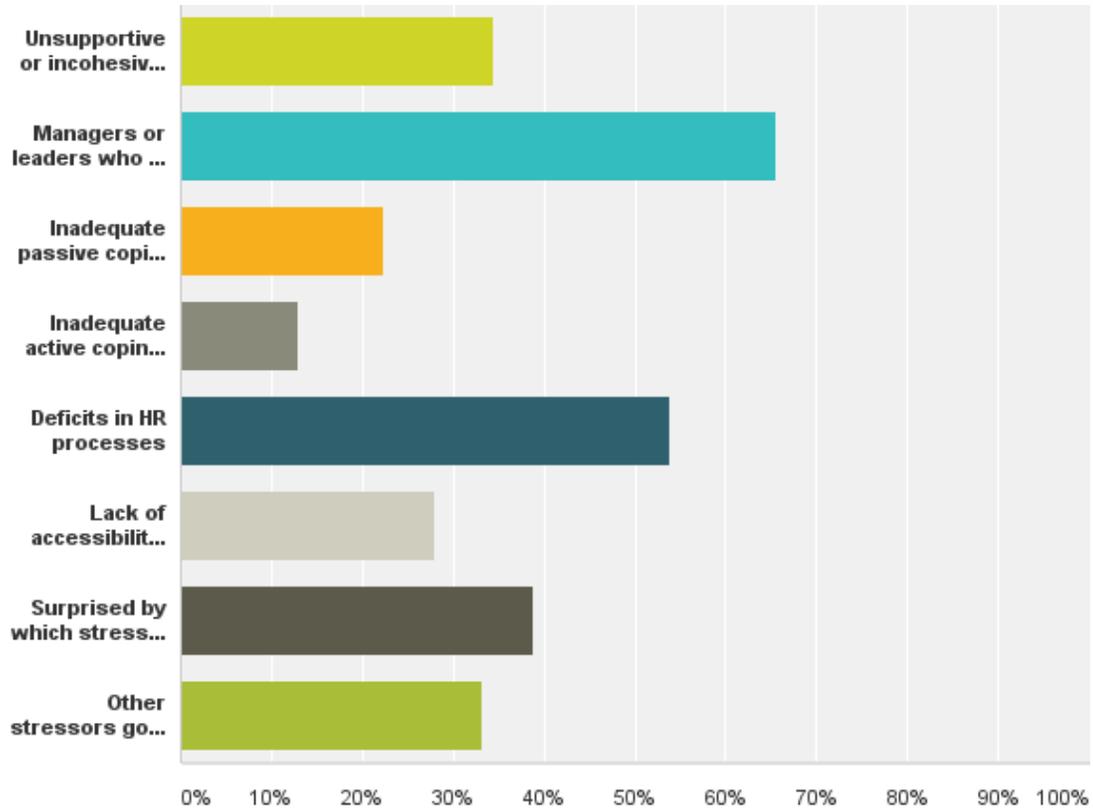
If answered “3 – Somewhat”, “2 – Not very well”, or “1 – No, terribly” skip question 25.

Q25: To what do you attribute your ability to successfully cope with the stressors you encountered in your work with USAID? (check all that apply)



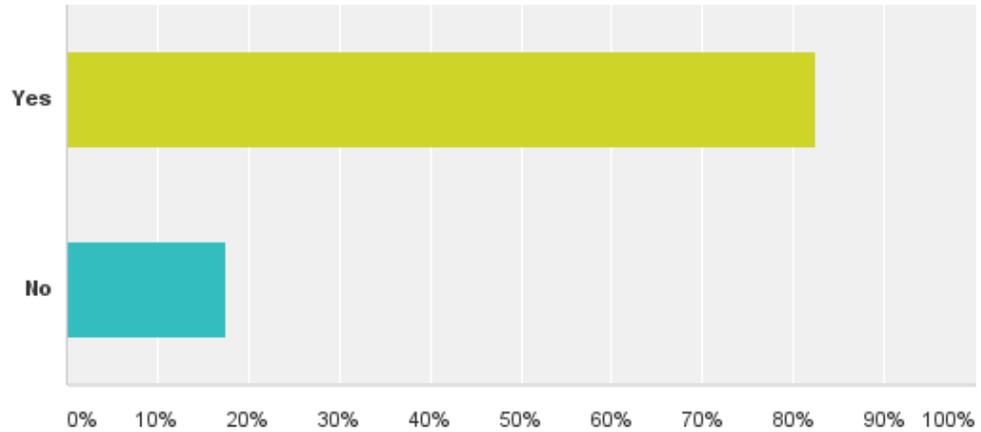
Answer Choices	Responses
Team cohesion and support	41.38% 132
Managers or leaders who supported my needs	32.60% 104
Passive coping – personal resilience, personal coping style, part of my character	71.79% 229
Active coping – I worked hard to make sure I coped well	40.44% 129
Pre-deployment training and overall professional development that has taught me how to cope	9.72% 31
Post or HQ accessibility to tools and resources	3.45% 11
Personal faith or spirituality	26.96% 86
Family and friends	73.67% 235
Total Respondents: 319	

Q26: To what do you attribute any struggle to cope with the stressors you encountered in your work with USAID? (check all that apply)



Answer Choices	Responses
Unsupportive or incohesive teams	34.53% 48
Managers or leaders who did not support my needs	65.47% 91
Inadequate passive coping – Personal resilience, personal coping style, part of my character	22.30% 31
Inadequate active coping – I did not work hard to make sure I coped well	12.95% 18
Deficits in HR processes	53.96% 75
Lack of accessibility to tools & resources	28.06% 39
Surprised by which stressors were present at post	38.85% 54
Other stressors going on in my life that affected me adversely	33.09% 46
Total Respondents: 139	

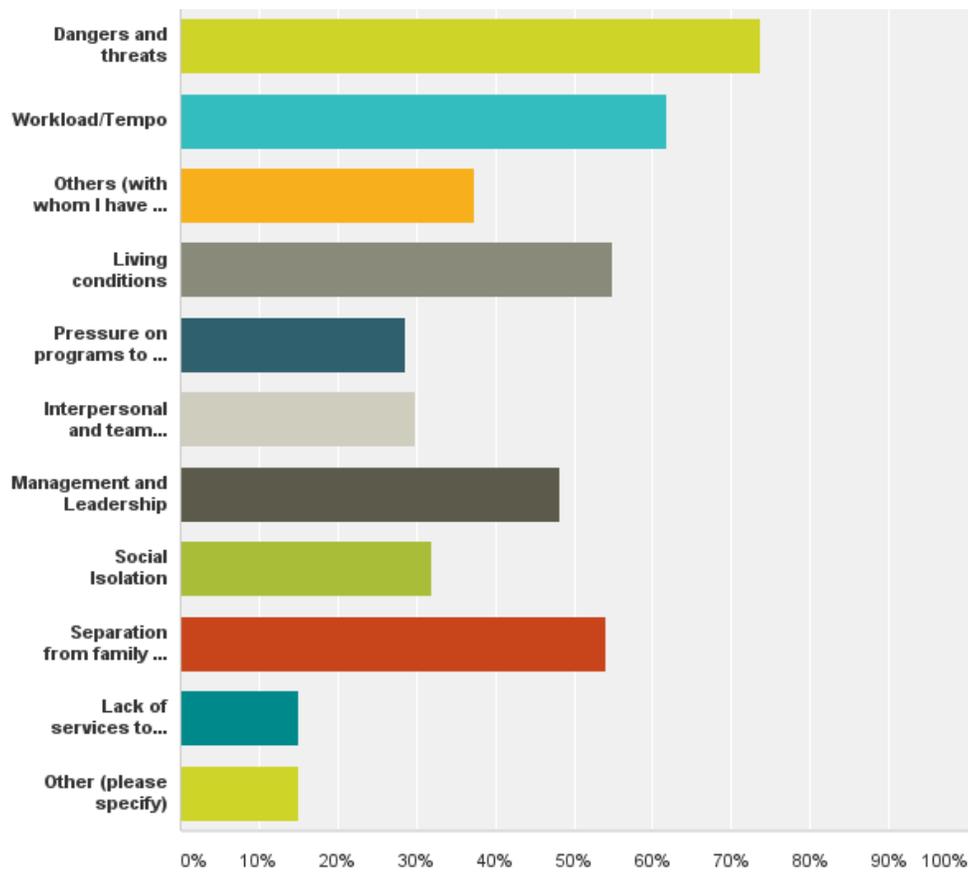
Q27: From your perspective, are CPC/NPE/High Threat posts more stressful than other USAID posts?



Answer Choices	Responses	
Yes	82.46%	376
No	17.54%	80
Total		456

If answered “No”, skip question 28.

Q28: What makes CPC/NPE/High Threat posts particularly stressful for you? (check all that apply)

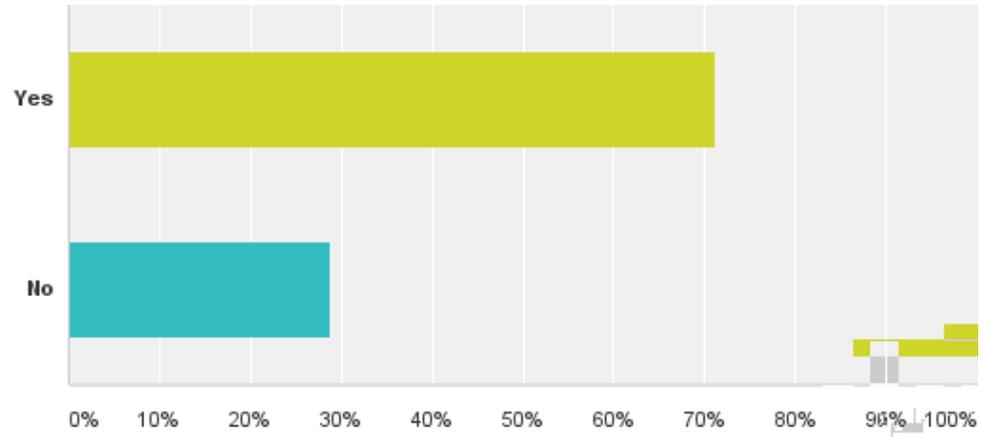


Answer Choices	Responses
Dangers and threats	73.60% 276
Workload/Tempo	61.87% 232
Others (with whom I have to work) not coping well with stress	37.33% 140
Living conditions	54.93% 206
Pressure on programs to be effective	28.53% 107
Interpersonal and team factors	29.87% 112
Management and Leadership	48.27% 181
Social Isolation	32.00% 120
Separation from family or social support	54.13% 203
Lack of services to help me cope with stress	14.93% 56
Other (please specify)	14.93% 56
Total Respondents: 375	

#	Other (please specify)
1	lack of privacy and personal space
2	Lousy food.
3	Lack of mental health care on-site.
4	general situation of violence (and awareness of what is happening), especially when on military base so getting daily briefings/experiences that relate to the extreme violence)
5	Living and working with the same people is exhausting.
6	It's not that I lack services to help me cope with stress, it's that State and USAID leadership are not always doing everything they can and should to give me real time information or honestly hear feedback from employees at post.
7	Lack of counseling available at CPCs
8	Politics of the country including US. Processes to get something done is overkill
9	Unpredictable environment
10	Lack of "we're one team in it to win it" attitude
11	Lack of EFM support at post
12	no experience but potential for physical harm is stressful
13	colds and flu which frequently sweep through the embassy.
14	The biggest stressor here has been poor management and unfair treatment. This isn't related to the high threat, but it's an institutional failure and it's been the most difficult part of my posting.
15	Those posts with high surveillance and not necessarily physical violence are not recognized by others as difficult posts, so you feel somewhat alone and crazy for feeling stressed about them when you come back.
16	Ridiculous security restrictions in many instances that other foreign Diplomats are not subjected to. We make ourselves targets by doing these things.
17	Trying to get things done at a faster tempo while still having to stick by the traditional USAID procedures and not supported by Washington at the pace required
18	Bad foreign policy causing you to ask yourself why you are once again away from your family in the same shitty country dealing with another shitty militia checkpoint while the lawmakers on the Hill just sit around and bicker and do fuck all to resolve all the problems we, the little people of the government who walk the line every day, get to stare across a table at our local national counterparts judging faces and try to explain why the monkeys on the Hill can't figure a damn thing out, move money, or even remember historical precedents that should have been memorized in college/grad school.
19	Confinement to the compound
20	Top down, control-oriented directives by Dept of State personnel on daily matters.
21	no support from HR/Washington
22	Being "imprisoned" due to security issues
23	Lack of services for overseas staff--DC has lots of them but you can't participate very easily
24	Lack of mobility (i.e. Living conditions and Dangers and threats)
25	pets that need to be placed elsewhere for the duration of the assignment

27	The grey area of the political aspect of the programs versus the reality of what one finds on the ground: there is a total disconnect. For example, being locked down for days with no concrete information to support the decision was unnecessary, particularly when compared to other diplomatic missions that did not take similar hard measures.
28	many people are very weird -- like only the worst people go
29	Not just that. CPC posts affect the experience officers have at their next assignment. Notice the number of people leaving the agency since serving in CPCs... they say "I'll give it one more try". No one cares about what you went through at the CPC and life is just supposed to return to normal, just like that. That's not how it works!!!
30	Health risks
31	lack of ability to interact with locals
32	Everyone is constantly on RR/RRB, no continuity to work team
33	concern that you are negatively affecting your children by not being there for them at impressionable times in their development
34	FSNs also have restricted movements and opportunities. No critical institutional measure to mitigate to what I know
35	General waste of USG resources for political purposes.
37	environmental conditions poor air quality poor food
38	Inability of those in normal social support network to fully grasp what you're going through
39	regular ridiculousness of this agency plus the dangers found in other HT posts
40	Very difficult, long retained teammembers
41	The fact that people around me were regularly (e.g. weekly) getting killed.
42	This agency has many personnel in positions as office directors and deputy mission directors who are weak ethically and absent of the most basic leadership skills. When you place these folks in stressful situations they bully or disrespect people. This goes for colleagues as well. As a retired military officer, it amazes me the poor skills many AID managers possess. They are incapable of being responsible for themselves let alone junior USDH or FSNs. They yelling and disrespect toward other staff is what has made the USAID mission in my country without credibility. It's shameful.
43	Difficulty in socializing with people unrelated to work means it's all work, all the time, and work problems bleed into personal life and vice versa.
44	sexual harassment
45	PLEASE make some space for people to just be... green space, open space, living room space, etc. There is no where to just socialize and relax especially when there is bad weather, other than a bed or a bar
46	Inability to travel outside the compound even for work. Living and working with colleagues - no separation of work/social life.
47	more restrictions from RSO. daily security screening and polygraph test
48	too many cooks--and too many folks who can't boil water trying to decide how USAID should do its job.
49	bad USG policy
50	Political interference and oversight
52	I feel these kinds of posts are not conducive to successful development work at all and little, if anything, truly beneficial in the long term is achieved.
54	Overly restrictive security policies controlled by one person (DCM)
56	Management is quick to recommend external stress relievers, but does not want to recognize its own contributions to stress.

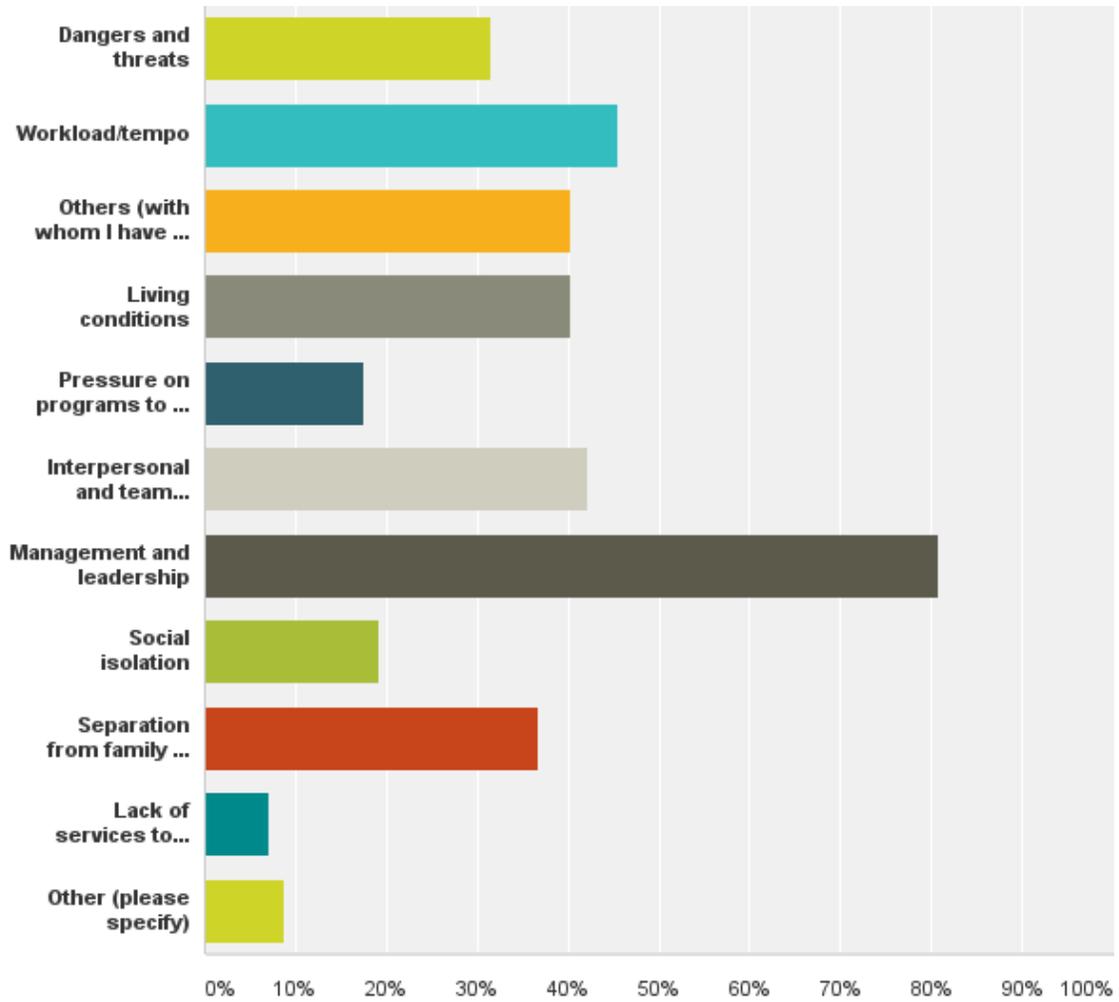
Q29: Are all USAID posts equally high stress, but just different stresses in different posts?



Answer Choices	Responses	
Yes	71.25%	57
No	28.75%	23
Total		80

If answered “No”, skip question 30.

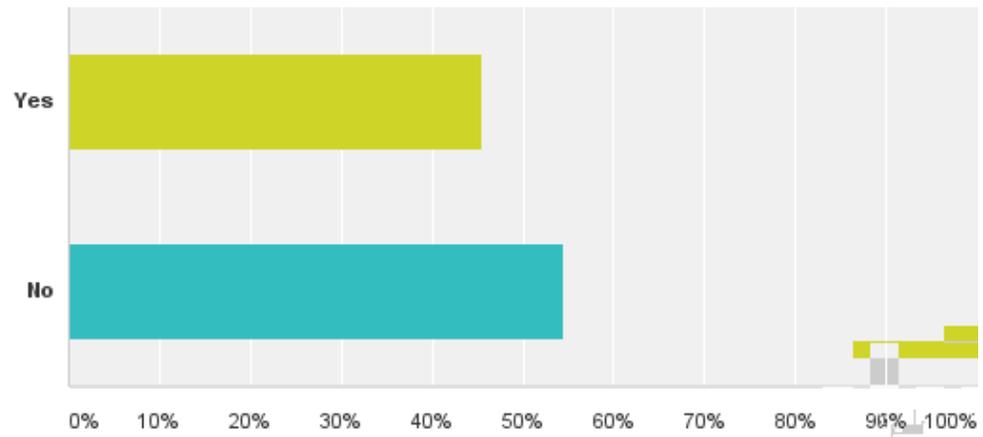
Q30: What makes any post particularly stressful for you? (check all that apply)



Answer Choices	Responses
Dangers and threats	31.58% 18
Workload/tempo	45.61% 26
Others (with whom I have to work) not coping well with stress	40.35% 23
Living conditions	40.35% 23
Pressure on programs to be effective	17.54% 10
Interpersonal and team factors	42.11% 24
Management and leadership	80.70% 46
Social isolation	19.30% 11
Separation from family or social support	36.84% 21
Lack of services to help me cope with stress	7.02% 4
Other (please specify)	8.77% 5
Total Respondents: 57	

#	Other (please specify)
1	corporate politics, favoritism, lack of leadership and knowledge
2	Lack of HR support during initial and final transitions- you start out excited about your next post, but quickly feel like you get shafted because the system does not care about individuals.
3	Exposure to illnesses and lack of medical care that is adequate
4	Congressional, NEA scrutiny and additional taskers; dysfunction of processes; lack of a database so that there is huge effort to respond on numbers b/c they are not in a data collection system
5	Hostility and bullying

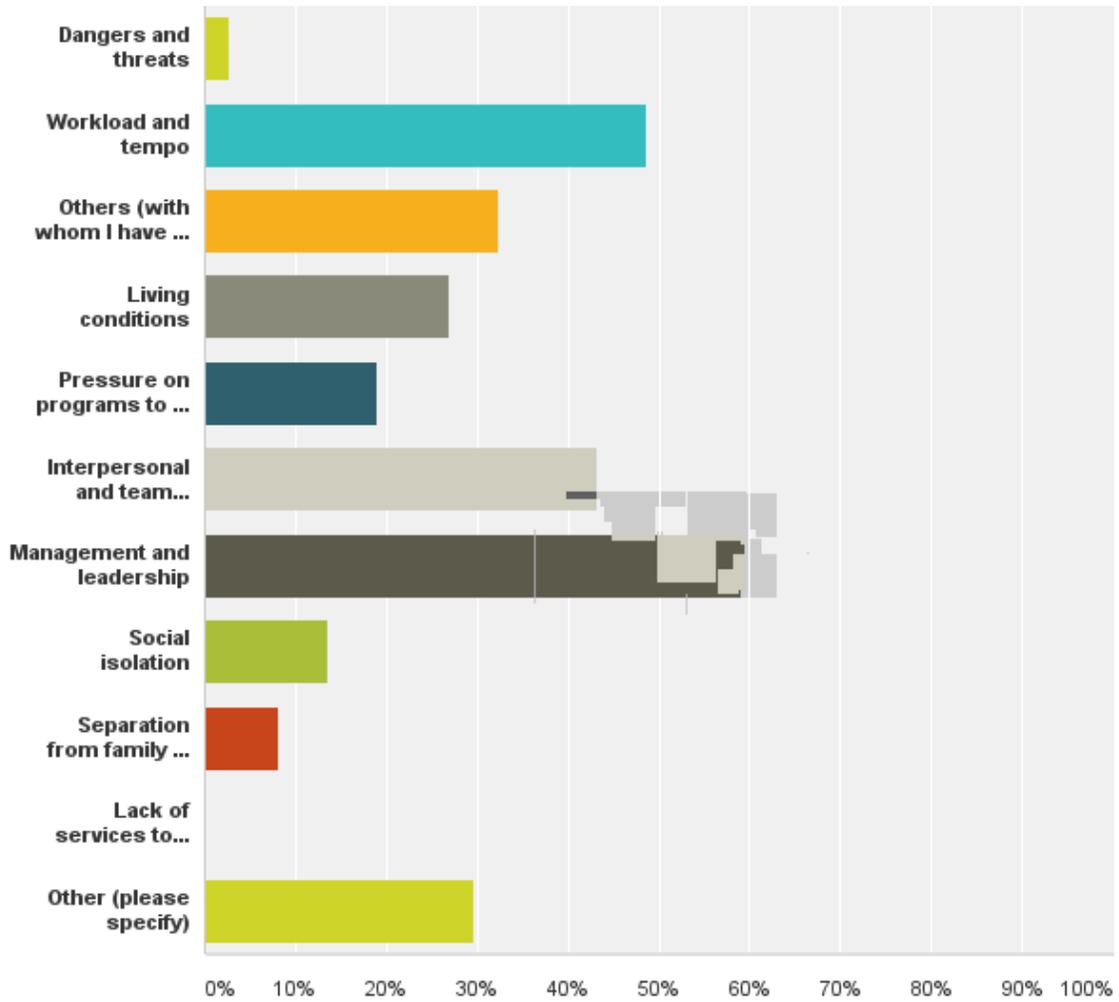
Q31: Is Washington, DC, a high stress "post"?



Answer Choices	Responses
Yes	45.57% 36
No	54.43% 43
Total	79

If answered "No", skip question 32.

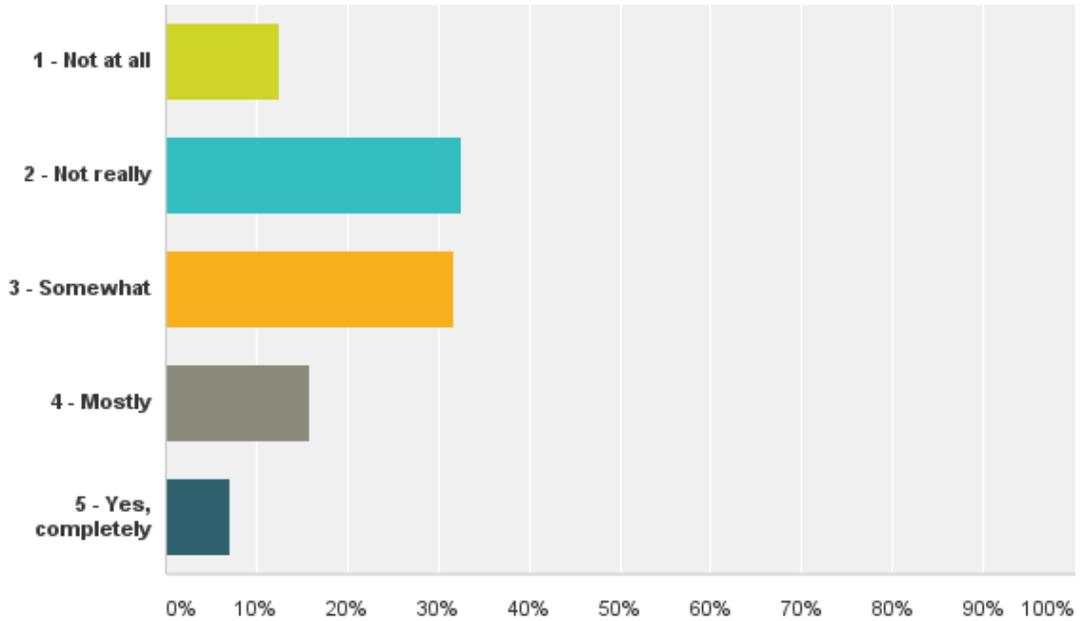
Q32: Why is Washington, DC particularly stressful for you? (check all that apply)



Answer Choices	Responses
Dangers and threats	2.70% 1
Workload and tempo	48.65% 18
Others (with whom I have to work) not coping well with stress	32.43% 12
Living conditions	27.03% 10
Pressure on programs to be effective	18.92% 7
Interpersonal and team factors	43.24% 16
Management and leadership	59.46% 22
Social isolation	13.51% 5
Separation from family or social support	8.11% 3
Lack of services to help me cope with stress	0.00% 0
Other (please specify)	29.73% 11
Total Respondents: 37	

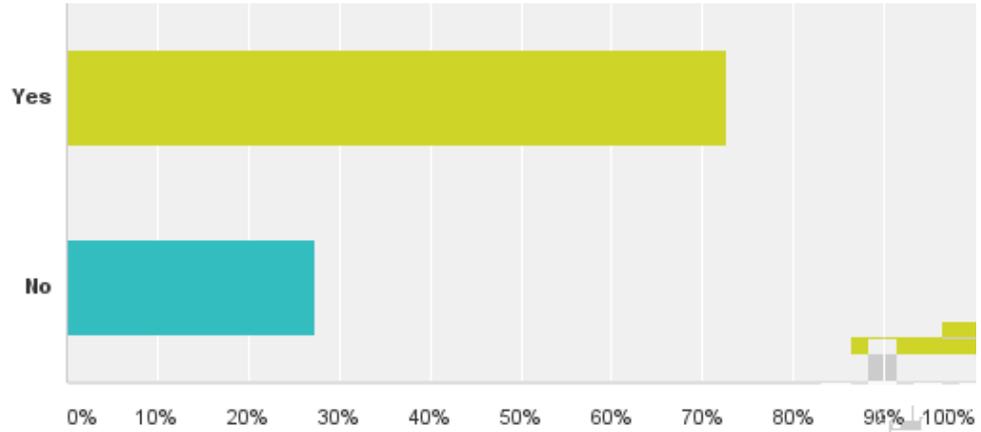
#	Other (please specify)
1	financial
2	Political leadership
3	Lack of appreciation--difficulty in trusting people---not sure if they have your back
4	Financial stressors
5	Financial issues
6	lack of community and people to connect with
7	Low pay makes it hard to afford to live in DC.
8	Cost of living
9	High cost of living and lack of a performing/dedicated staff
10	Financial difficulties
11	Daily commute, excessive bureaucracy, lack of time for enjoying life due to commute, work, and normal life tasks that exceed situations at most USAID posts.

Q33: Do you feel USAID has programs to support staff that have been continuously accessible to you?



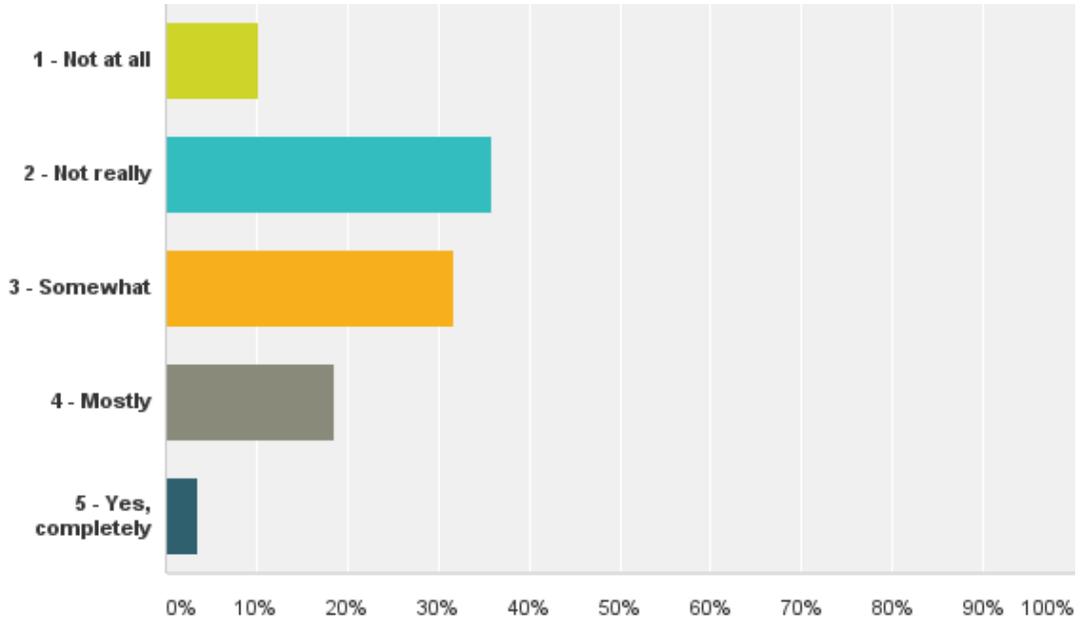
Answer Choices	Responses
1 - Not at all	12.58% 37
2 - Not really	32.67% 148
3 - Somewhat	31.79% 144
4 - Mostly	15.89% 72
5 - Yes, completely	7.06% 32
Total	453

Q34: Are you aware that you have access to USAID Staff Care Center support on demand in DC or remotely by hotline/VTC?



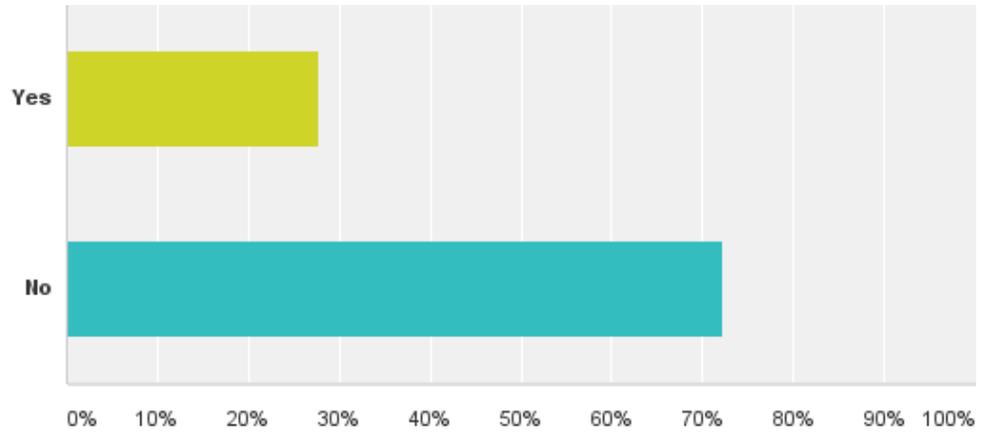
Answer Choices	Responses	
Yes	72.63%	329
No	27.37%	124
Total		453

Q35: In general, do you feel USAID has adequate policies and programs in place to support staff?



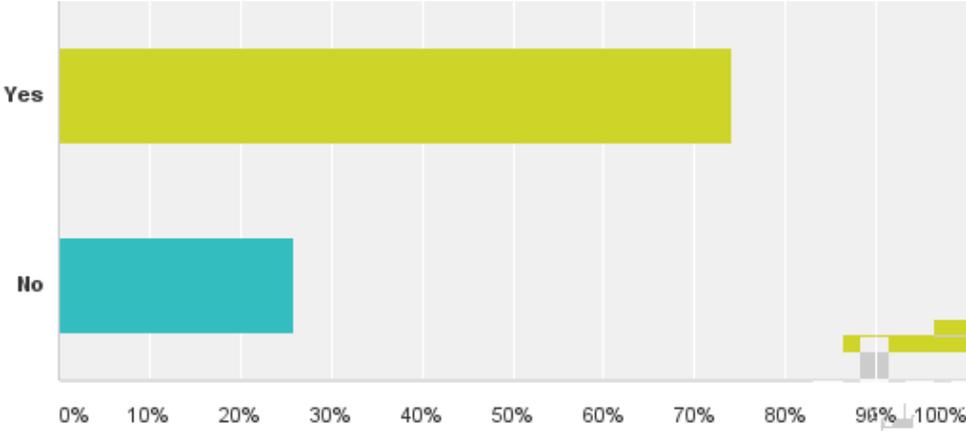
Answer Choices	Responses
1 - Not at all	10.15% 46
2 - Not really	35.98% 183
3 - Somewhat	31.79% 144
4 - Mostly	18.54% 84
5 - Yes, completely	3.53% 16
Total	453

Q36: Have you ever accessed any USAID Staff Care Center support for personal stress, coping, or psychosocial difficulties?



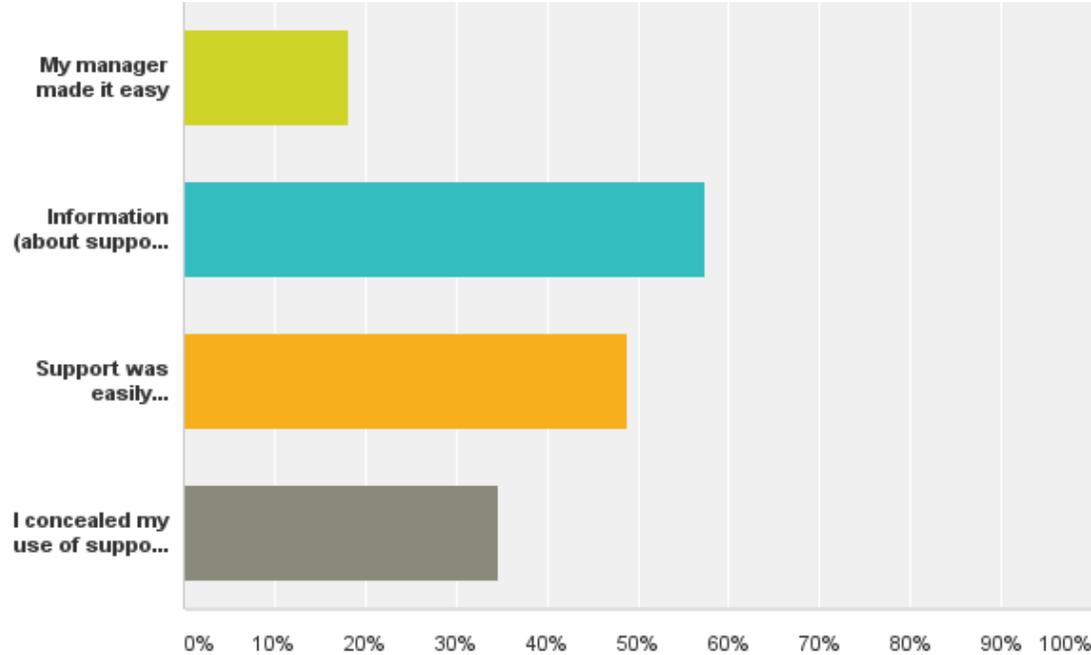
Answer Choices	Responses	
Yes	27.81%	126
No	72.19%	327
Total		453

Q37: Did you find the Staff Care Center support to be helpful?



Answer Choices	Responses	
Yes	74.02%	94
No	25.98%	33
Total		127

Q38: Check all of the following that describe your experience accessing the Staff Care Center support.

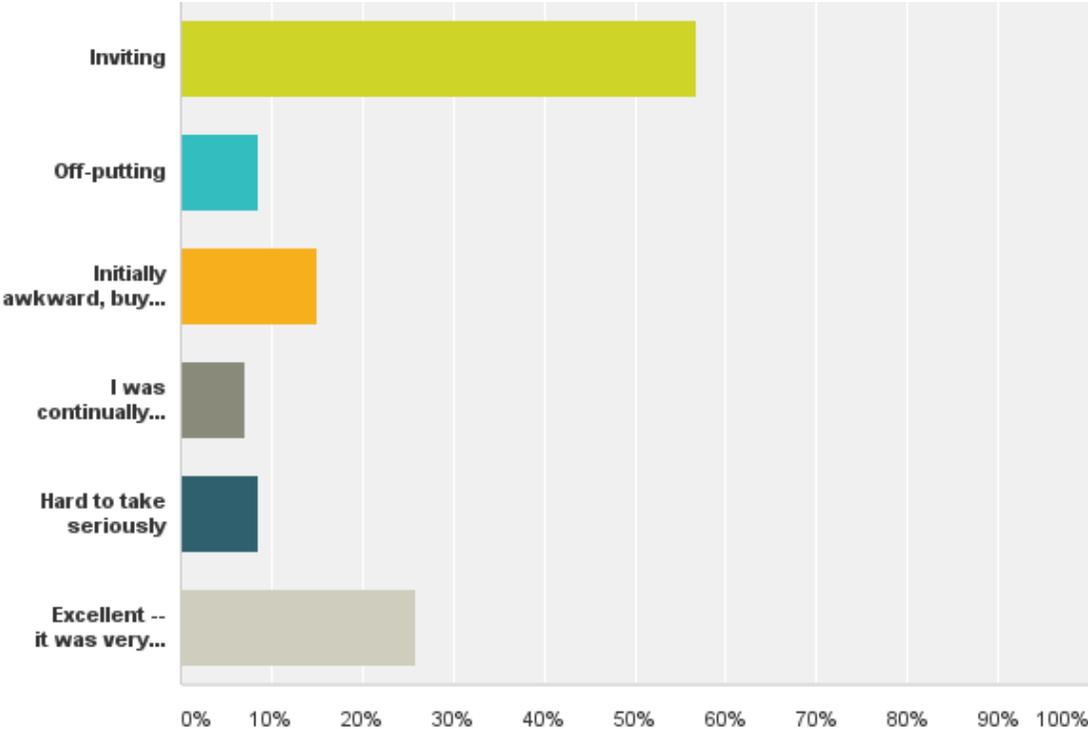


Answer Choices	Responses
My manager made it easy	18.11% (23)
Information (about support resources) was easily obtainable	57.48% (73)
Support was easily available as I needed it	48.82% (62)
I concealed my use of support from others around me	34.65% (44)
Total Respondents: 127	

Q39: Why did you conceal your use of support from others?

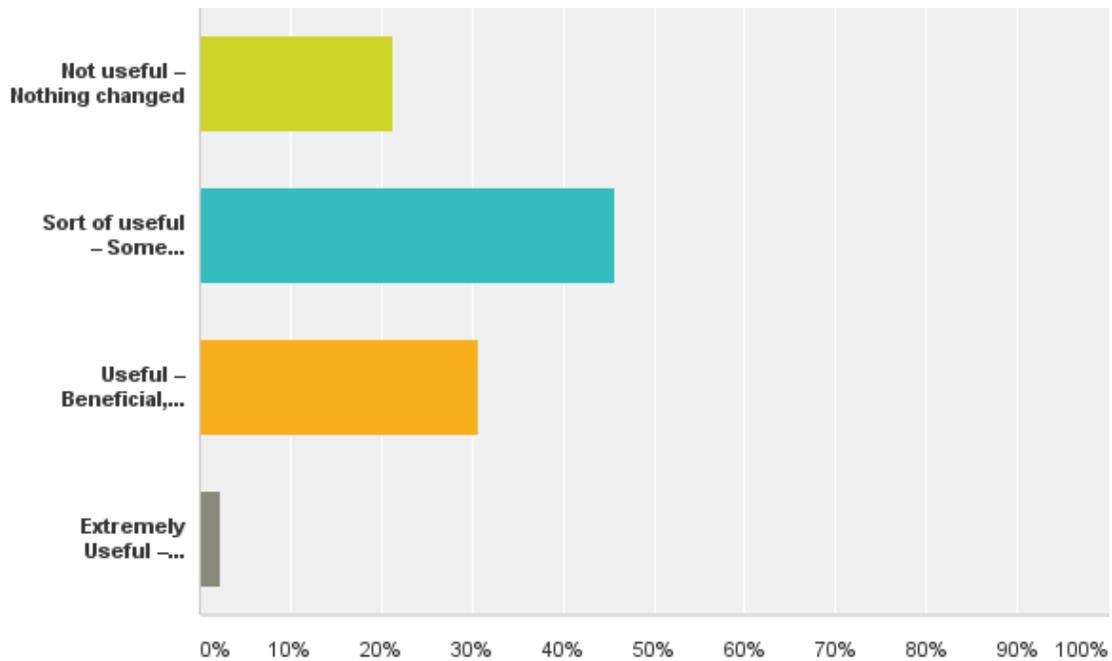
#	Responses
1	Because it was a personal matter.
2	Did not want to be stigmatized for having accessed Staff Care.
3	Personal
4	People judge and use fact of needing support as a character flaw. Stigma associated w Mental health issues (that medical issues don't have.)
5	Didn't want others to think I was "weak".
6	Because it was personal.
7	It was a personal decision and it was frankly, nobody else's business as to what I do outside of the office.
8	I didn't want people to judge me or pity me.
9	It is my business and I think colleagues and Supervisors would use the information against me.
10	xyz
11	Ultimately the information given was not useful - no need to advertise that it was a bad experience.
12	It could adversely impact my career
13	We are not a supportive environment
14	Embarrassment and bullying
15	Others were the source of my stress
16	I didn't think it was necessary to share my personal situation.
17	It's none of their business. I would tell a friend, but not my co-workers.
18	none of their business
19	It didn't seem like something anyone else would understand.
20	They didn't care about my problems and made that clear to me.
21	It's no one's business.
22	stigma, lack of empathy
23	That was the only answer I could check. I reached out to staffcare and never received any answer on several occasions. Will never reach out again.

Q40: Overall, what was the nature of the Staff Care Center support you were able to access? (check all that apply)



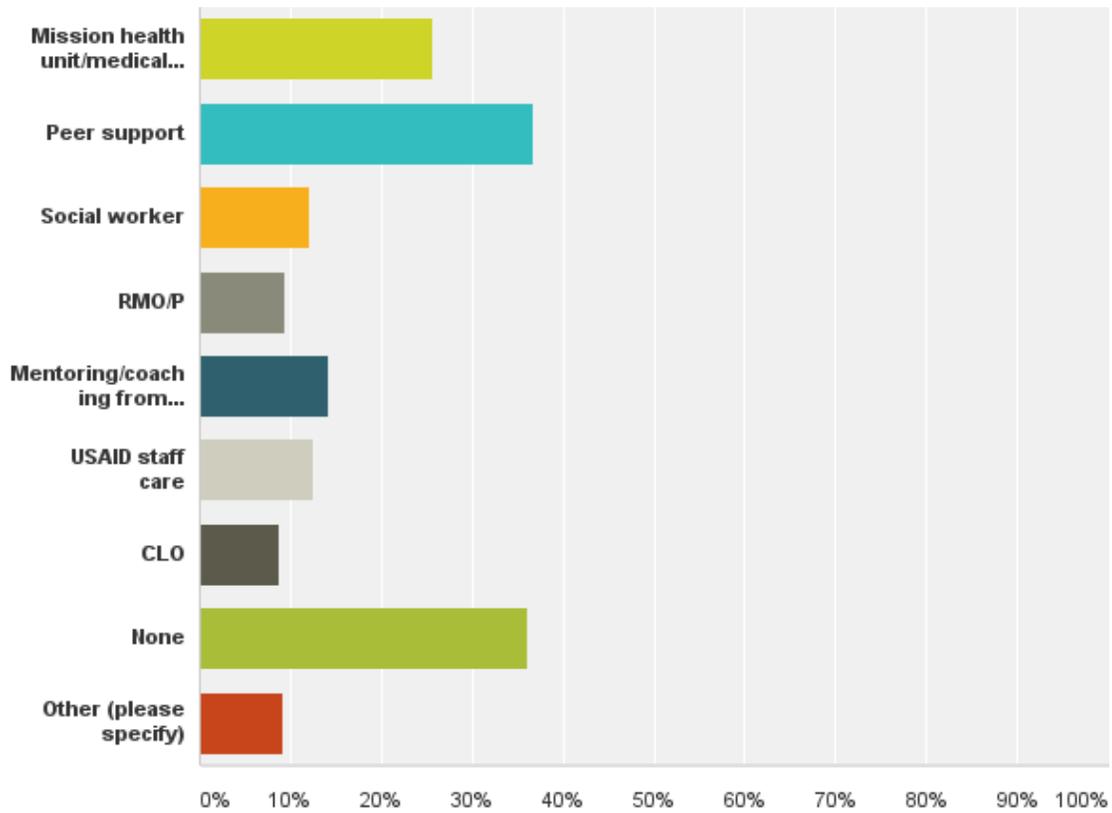
Answer Choices	Responses
Inviting	56.69% 72
Off-putting	8.66% 11
Initially awkward, buy ultimately engaging	14.96% 19
I was continually uncomfortable with the process	7.09% 9
Hard to take seriously	8.66% 11
Excellent -- it was very helpful throughout	25.98% 33
Total Respondents: 127	

Q41: How useful was the Staff Care Center support to you in coping with stress and reducing the effects of stress in your life?



Answer Choices	Responses
Not useful – Nothing changed	21.26% 37
Sort of useful – Some benefits, but not as much as I wanted	45.67% 58
Useful – Beneficial, such that I cope well now	30.71% 39
Extremely Useful – Definitive, I no longer suffer such stress effects	2.36% 3
Total	127

Q42: What psychosocial support did you personally access during your deployment? (check all that apply)

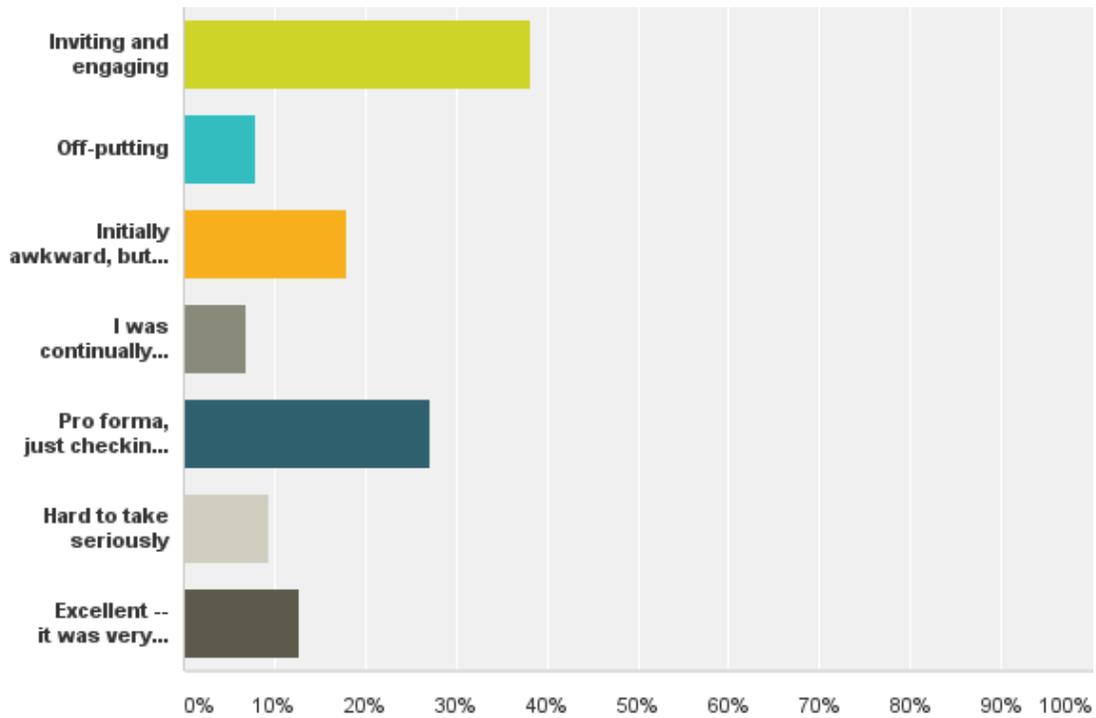


Answer Choices	Responses
Mission health unit/medical staff	25.61% (115)
Peer support	36.64% (165)
Social worker	12.14% (55)
RMO/P	9.49% (43)
Mentoring/coaching from seasoned manager	14.13% (64)
USAID staff care	12.58% (57)
CLO	8.83% (40)
None	36.20% (164)
Other (please specify)	9.27% (42)
Total Respondents: 453	

#	Other (please specify)
1	When needed a therapist in the states
2	talked to family and friends. Learned to try listen to myself and accept my belief that there is no difference between fate or luck. Why did I survive an attack I should not have? 2 1/2 years ago I suffered a cardiac arrest that only 7 to 9 % of people survive I know why I survived that. People helped me with a defibrillator and CPR. Is that fate or luck... it does not matter it happened and I have learned to deal with it.
3	Staff care never responded to me email inquiry
4	There is a private mental health practitioner here.
5	Stress management and coping workshop came to post
6	psychiatrist
7	husband communication
8	I have a personal therapist/life coach that I do via skype.
9	Personal yoga regimen
11	Local gym
12	There wasn't much available.
13	Live music performances
14	Speaking with trusted friends
15	Friends. I have really good friends.
16	APC
17	I am a local hire PSC, not on deployment, and ineligible for any benefits.
19	Exercise and diet
20	Spouse at post
21	The ambassador made a point to be very supportive of all staff
22	above was limited to grief counseling and was unrelated to any work stressors
23	Social worker was Martha Rees who was excellent and trustworthy.
24	Running, lots of running
25	Had USAID staff care facilitate a Mission-wide retreat
26	Outside psychologist
27	family, friends outside of USAID
28	Spouse at post
29	USAID's previous social worker Martha Rees provided me with much needed counseling and support. I have not used the current staff care center.
30	Family support. Began a romantic relationship for support.
31	External counselors
33	Aged parent
35	Mission counselor
36	Church group
37	Self motivation and family's moral support

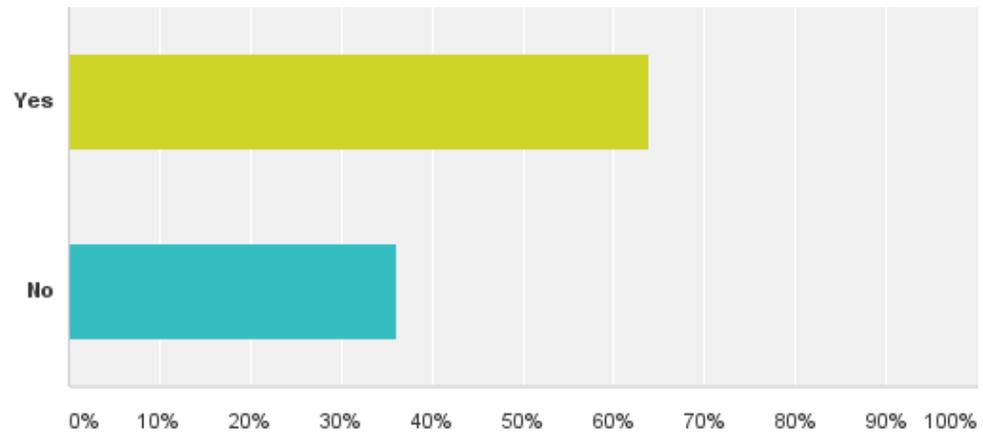
38	I found USAID Staff Care to be totally useless. Instead, I see the counselor at the US Embassy Med Unit once a week; far more effective.
41	Personal (family and inner strength)
42	USAID-supported military training for forward deployment

Q43: Overall, what was the nature of the support you were able to access during deployment? (check all that apply)



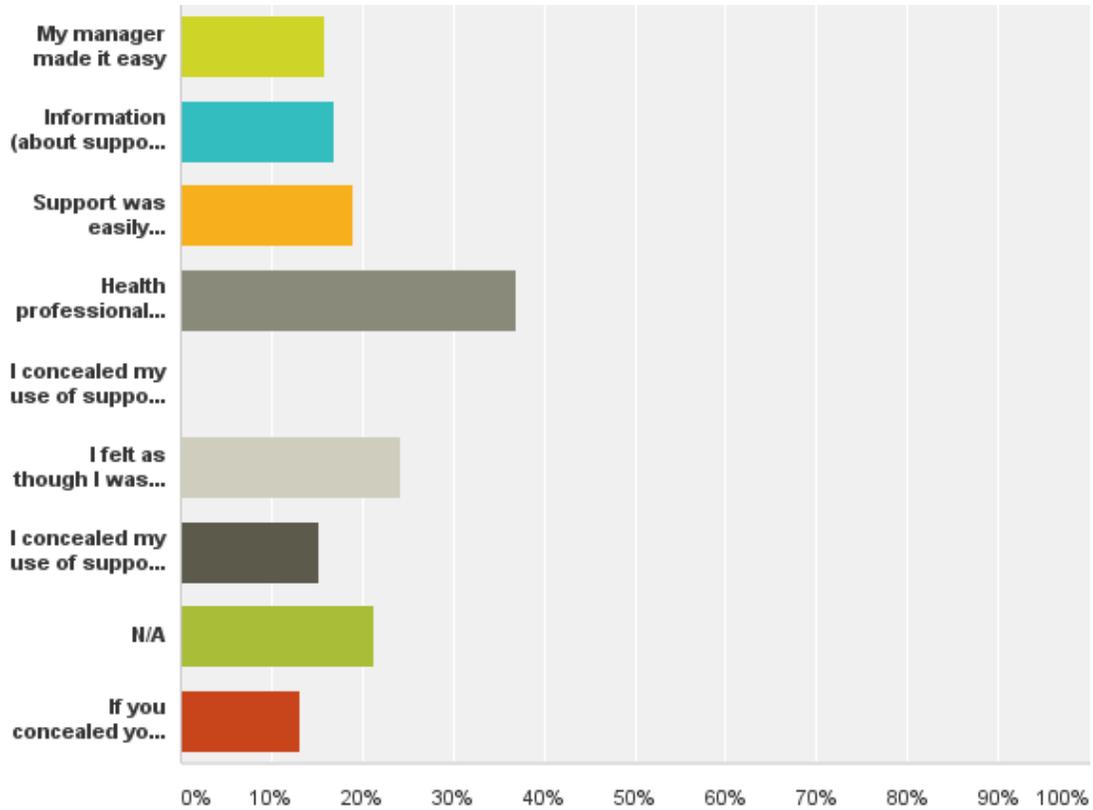
Answer Choices	Responses
Inviting and engaging	38.28% (111)
Off-putting	7.93% (23)
Initially awkward, but ultimately engaging	17.93% (52)
I was continually uncomfortable with the process	6.90% (20)
Pro forma, just checking a box	27.24% (79)
Hard to take seriously	9.31% (27)
Excellent -- it was very helpful throughout	12.76% (37)
Total Respondents: 290	

Q44: Did you find the support during deployment to be helpful?



Answer Choices	Responses	
Yes	63.79%	185
No	36.21%	105
Total		290

Q45: Check all of the following that described your experience accessing the support during deployment.

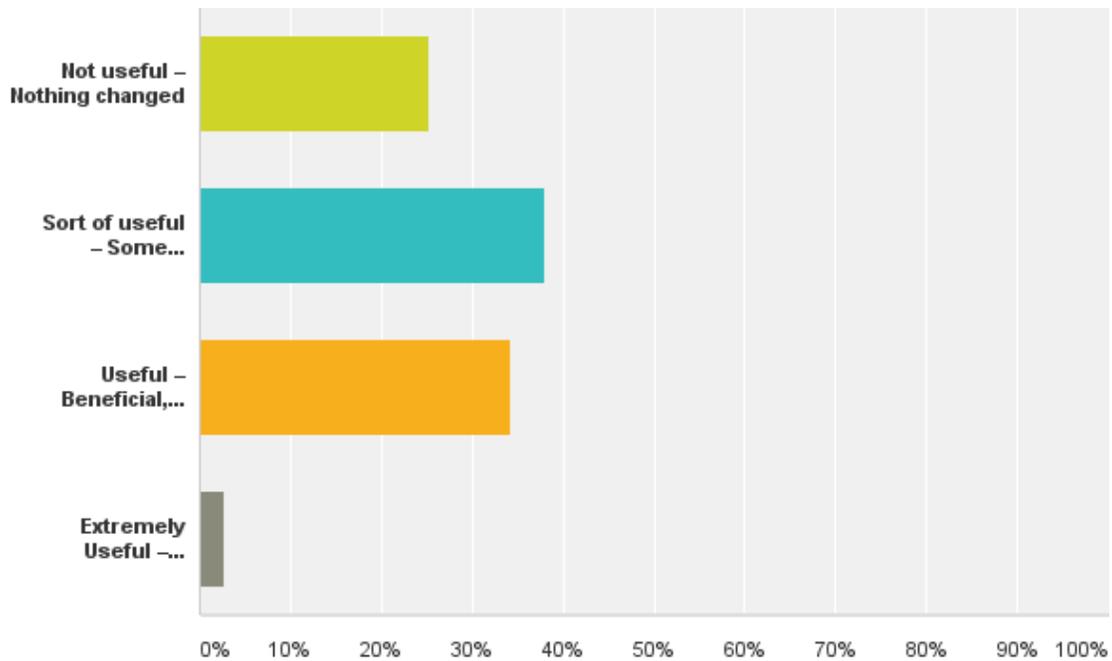


Answer Choices	Responses
My manager made it easy	15.86% 46
Information (about support resources) was easily obtainable	16.90% 49
Support was easily available as I needed it	18.97% 55
Health professionals at post were supportive	36.90% 107
I concealed my use of support from others around me	0.00% 0
I felt as though I was on my own	24.14% 70
I concealed my use of support from others around me	15.17% 44
N/A	21.38% 62
If you concealed your use of support, why?	13.10% 38
Total Respondents: 290	

#	If you concealed your use of support, why?
1	USAID culture expects stoicism and punishes problems coping in informal, indirect ways
2	I am a private person and much of what I was dealing with at work was exacerbated by personal problems (marital stress)
3	(other) RMOP good but only occasionally on TDY
4	sign of weakness; only medication was offered
5	Mission Front Office worked to prevent access to RMO/P
6	There is professional stigma on using support. It is not possible to access USAID or State support without doing so publicly, as the place and method of reserving times is public. And we know that our security clearances rely on not having used mental health services.
7	Afraid of it going on your record. I found that there are notes from the RMO/P in my files, so now I wish that I hadn't gone.
8	Stigma
9	It's very hard to access support overseas. I didn't want my colleagues to think I was weak or wasn't able to cope like they were--which many weren't either. There is an unwritten code that you must work 24/7 and be at the top of your game constantly.
10	It was for a very personal matter that I didn't want the office to know about.
11	did not want most of my coworkers to know that I was doing weekly counseling sessions with the post social worker
12	It's a personal matter and I didn't wish it to be known.
13	Perceptions that use of care resources indicated weakness or illness
14	I was posted to a field assignment and thus did not have much in the way of access to services in Kabul.
15	I didn't want to explain why I needed it.
16	Career
17	That is the work culture. You try and keep as much of your life personal as you can within the constraints of the bubble.
18	Stigma; sign of weakness; fear of losing medical clearance
19	My issue isn't with the staff care center itself, but with the problems I had accessing staff care center support for my own staff; trying to negotiate support was the single most stressful thing I had to navigate during my tour in a CPC.
20	Supervisor disapproved
21	lack of trust in USAID that such support won't hurt my career. If I can't trust the Agency to get small things right, I can't trust it on the bigger issues.
22	It was a private issue.
23	(All of the questions on this page require an answer, but I have not sought out support, so there is a flaw in the survey)
24	Did not want to be treated differently or have anyone feel sorry for me
25	There's still a stigma associated with mental health support.
26	It seems to be a taboo subject. Also, not sure how this would affect security clearance.
27	Sometimes counselling is not the appropriate form of support, so I did not seek it out during deployment.
28	Didn't need anyone else to know I was meeting with the RMO/P or a social worker.
29	Personal issue.
30	Privacy concerns.

31	Apparently most managers think it is a joke or don't take the need for it seriously. I was being bullied and it helped me validate my feelings about it and have it addressed (even if partially).
32	privacy
33	Just want to protect my privacy
34	I had three different bosses for my three different year-long tours in Pakistan. Each was different in how he/she made support accessible
35	Why should I share this with coworkers?
36	fear of labeling
37	Feel it would be viewed negatively by supervisors and colleagues (seen as weak) and hurt my chance for advancement
38	Managers are suck it up types and don't like to see anyone not fully producing like a robot

Q46: How useful during deployment was the support to you in coping with stress and reducing the effects of stress in your life?

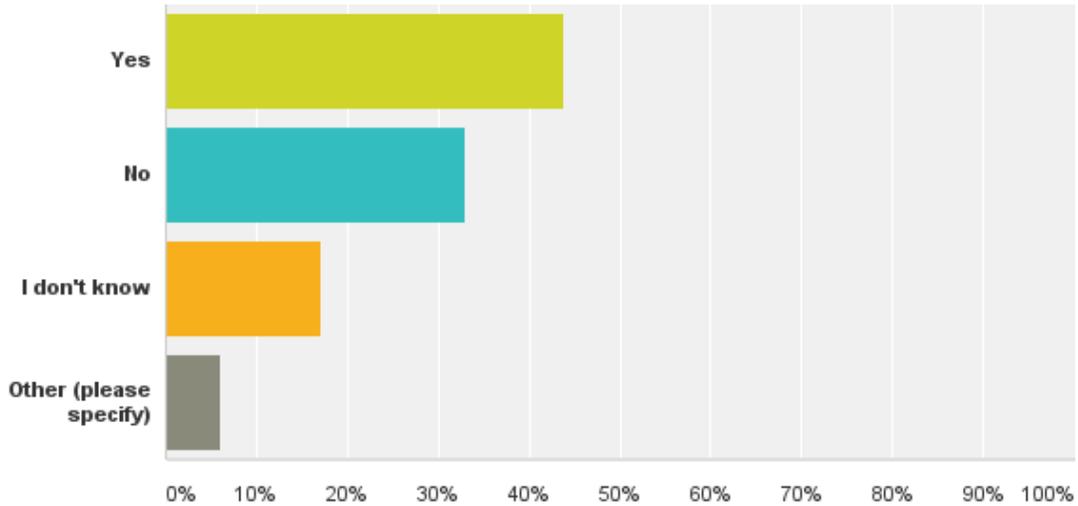


Answer Choices	Responses
Not useful – Nothing changed	25.17% 73
Sort of useful – Some benefits, but not as much as I wanted	37.93% 110
Useful – Beneficial, such that I could sustain the coping	34.14% 99
Extremely Useful – Definitive, I no longer suffer such stress	2.76% 8
Total	290

Q47: What psychosocial support would you have accessed during your deployment that was not available?

#	Responses
1	women's only support groups, information about STD screening
2	more counseling
4	psychiatric counseling that was truly confidential and provided treatment that would taint my current work or future prospects. The reality in USAID is that one's promotions, assignments, even security clearance can be affected negatively by admitting vulnerabilities.
5	If there had been a psychosocial professional as part of the med unit I probably would have signed up for weekly sessions.
6	peer/family/friends
7	social worker, counselor sessions
8	marriage counseling
9	career advice, coaching, how to handle difficult relationships
10	The bigger issues is our corporate culture which does not support people utilizing stress relieving practices such as exercise, time off, regular work hours, realistic work demands, etc. Having someone to talk to doesn't address those issues.
11	Social worker -- seems to be a dearth of them at o/s missions. State/MED ought to have one (seamless coverage) at each CPC location at least.
12	A large amount of stress comes from HCTM and their lack of customer care (non-responsive to questions/calls etc.) I'm not sure how staff care could help, but, to be honest, that was my main source of stress.
13	counseling
14	more regular RMOP visits
16	I don't want psychosocial support, I want my leadership not to increase the difficulties inherent at an NPE post. I expect them to be communicative and transparent.
17	Post-attack follow-up and services
18	short term counseling
19	Marriage counseling at the CPC post
20	Sustained counseling for my child
22	More frequent RMO/P, social workers, yoga and mindfulness resources in English
23	Talking to people who have been thru similar experiences. Most of which are military. USAID management have not been much help but then that is what I expected. Most USAID managers are terrible from the top down.
24	online books
25	Psychologist
26	work and life balance management during high threat and family emergency situations.

Q48: During any deployment, have you been provided with the name(s) or contact information for anyone with whom you could speak to for psychosocial support related to your work experiences?

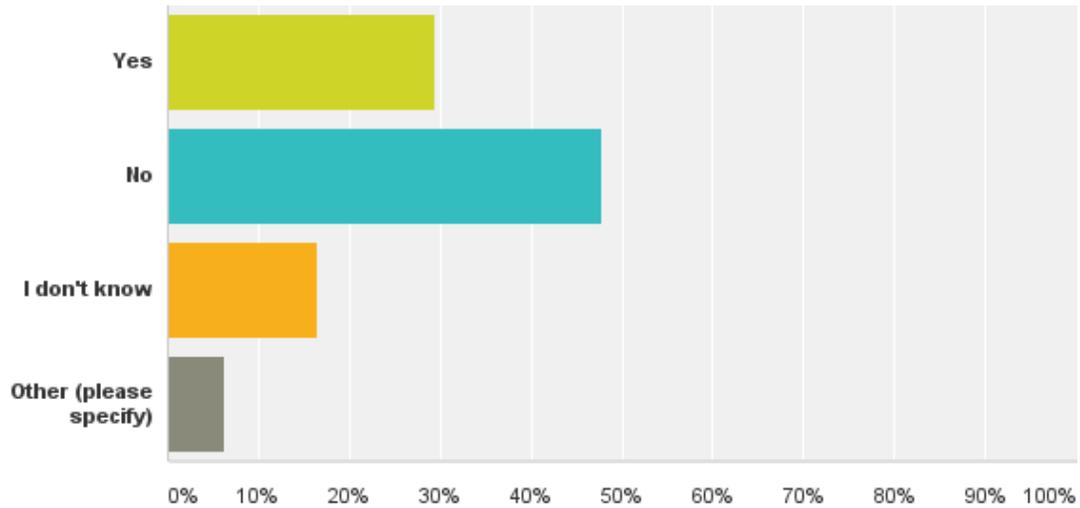


Answer Choices	Responses	
Yes	43.90%	198
No	33.04%	149
I don't know	17.07%	77
Other (please specify)	5.99%	27
Total		451

#	Other (please specify)
1	med unit
2	Don't recall if name was provided but access to support was available if needed.
3	CLO/Med
4	Through a private advertisement, not through anything provided by USAID or State.
5	I was only put in touch with the RMO/P but he was extremely unhelpful and talked about himself the entire time.
6	Yes, Staff Care
7	i never asked
8	When the Agency counselor came to our mission and described a supervisor as "abusive," he left the Mission, but remained with the Agency. I find this to be a poor showing of support for overall employee wellness.

9	Names are available to all mission staff
10	yes, but these are counselors and cannot deal with clinical issues.
11	Only by Post, not by USAID
13	Martha Rees
14	easier in Washington, very difficult at post.
15	Yes, the regional psychologist, but he is based in Nairobi, making it not very practical to access.
16	A counsellor can't correct management and discrimination issues, only my ability to cope with the on-going issues.
17	Yes, but didn't feel free to avail myself of the services.
18	yes when in nairobi and their was a regional psychiatrist
19	not me personally but given that generic list of services
20	if you count the med office counsellor...
21	mentoring program was offered at mission but went nowhere
22	We have a Psychologist at the Med Unit
23	Only in Iraq, but felt the psychologist was a joke in her stilettos.
24	Never asked for it
25	Yes, but its not easy to have them when needed and then not sure if they can help the way I need
26	Again, see note above. Therapists at Med Unit vs USAID Staff Cares

Q49: At the conclusion of any deployment, have you ever been provided with the name(s) or contact information for anyone with whom you could speak to for psychosocial support related to your work experiences?

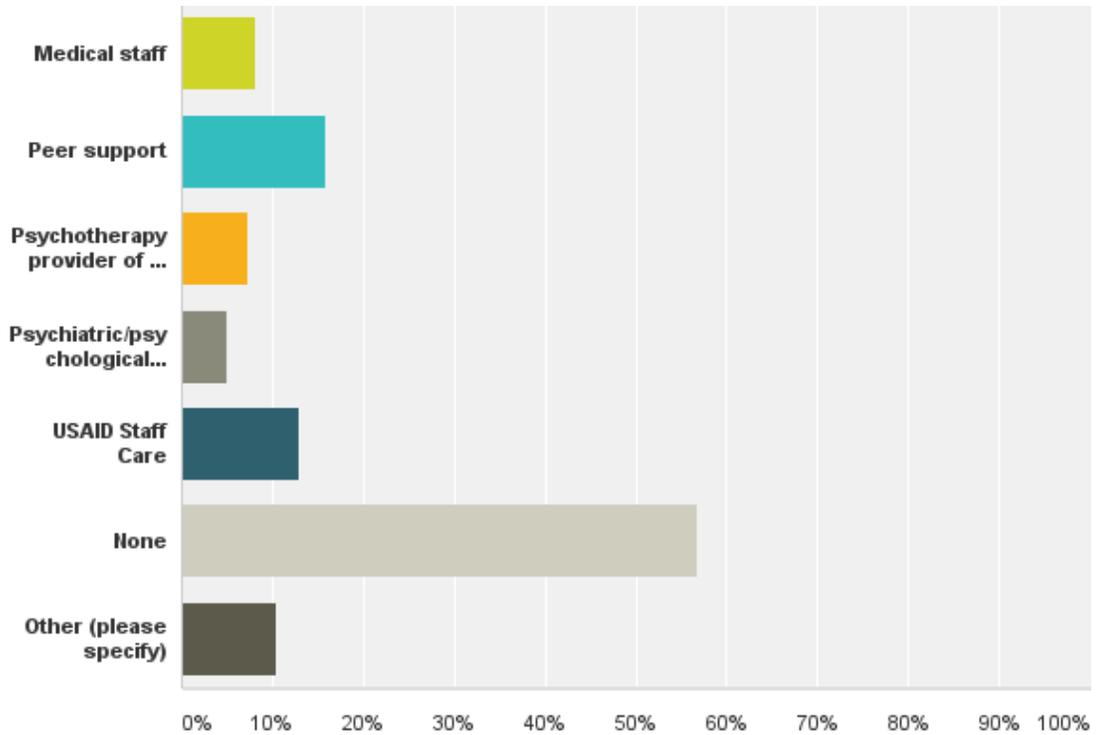


Answer Choices	Responses
Yes	29.49% 133
No	47.89% 216
I don't know	16.41% 74
Other (please specify)	6.21% 28
Total	451

#	Other (please specify)
1	Haven't finished yet
2	yes high threat de-brief was 2 hours
3	3 hours of presentations at conclusion of deployment in Pakistan
4	still in high threat tour
5	I cannot recall but I believe yes
9	Sort of, but it was definitely a check the box exercise. Felt like more to protect Agency Liability than employees
10	We need a list of vetted psychiatrists, clinical psychologists and psycho-pharmacologists specialized in trauma

12	I did the high stress out brief--does that count?
14	high stress out briefing
15	We got a number for staff care
16	I think this question is not applicable to FSNs.
17	names are available and provided to all mission staff
19	I went to Staff Care to help me with my elderly mother's care - not stress from Iraq.
20	Haven't concluded deployment
21	Had a high stress out brief which was useless.
22	still deployed. will attend Mandatory High-Stress Out briefing.
26	Again, only in Iraq, but the psychologist was completely out of touch. She walked around the post dress like someone going out for the evening and used to council us to eliminate our stress by simply deleting all of our emails, which was unrealistic and not useful. The support was laughable.

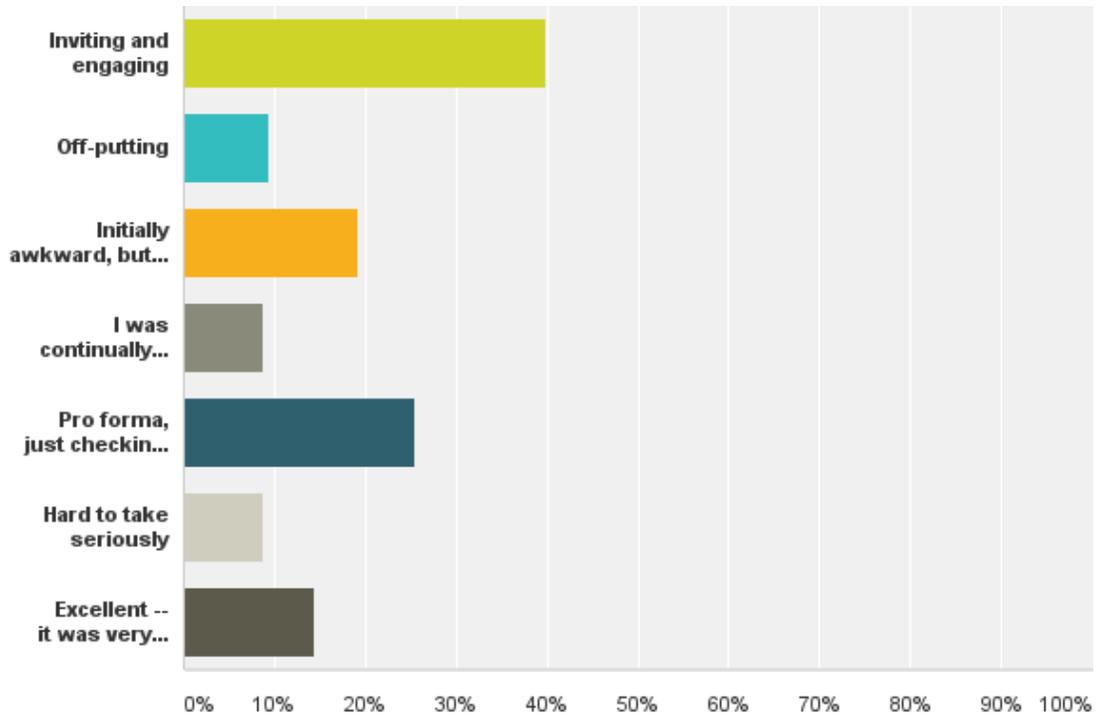
Q50: What psychosocial support have you personally accessed after a deployment? (check all that apply)



Answer Choices	Responses
Medical staff	8.20% 30
Peer support	15.96% 72
Psychotherapy provider of my own choice	7.32% 33
Psychiatric/psychological consultation, not psychotherapy	5.10% 23
USAID Staff Care	12.86% 58
None	56.76% 256
Other (please specify)	10.42% 47
Total Respondents: 451	

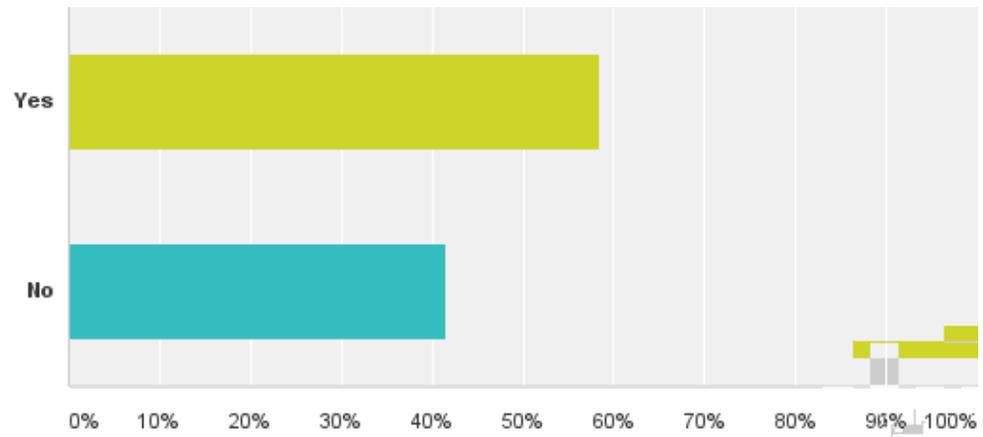
#	Other (please specify)
2	talking to close friends about my experiences
7	Mandatory high stress outbrief at FSI
8	Discussion with OTI Staff Support Coordinator
9	went to Med at State to talk to an excellent LCSW but needed more.
10	agency social worker
11	USAID staff counselor
12	family
13	CPC out brief at FSI
15	I wish there was some sort of follow up to the high stress out brief. I did it right before going on home leave, but should have spent more time (on the spot!) accessing the resources provided. Instead, I ended up going on home leave later that day and not using resources that I probably needed to help me adjust. This would have been very helpful to have BEFORE I deployed.
16	yoga
17	mandatory high-stress outbrief at FSI
19	State required debrief
20	Mandatory post-deployment training
21	Again, not FSN specific question
22	Out brief at FSI for those transitioning from high stress posts.
24	State Dept offers a post deployment seminar which was excellent and accessible to USAID staff as well
25	Emergency hotline (not sure if this is staff care or not)
26	Friends.
27	Disease-specific Support Group in the USA
28	Required post assignment half day at FSI
29	coach
30	post-CPC debrief session at FSI
31	required outbrief at FSI
33	Required debrief session.
34	Contacted Staff care but the COR never approved my coaching
35	High stress outbrief at State... mandatory
37	I was told that TCNs are not eligible for this support.
38	sleep/hormone specialist in Bangkok--hormonal treatment for extremely high cortisol levels (stress hormone)
39	mandatory debriefing at FSI
40	Post Afghanistan debriefing at FSI
42	Outside sources - church
44	high stress outbrief
47	A PTSD outbrief after Iraq

Q5 I: Overall, what was the nature of the support you were able to access after deployment? (check all that apply)



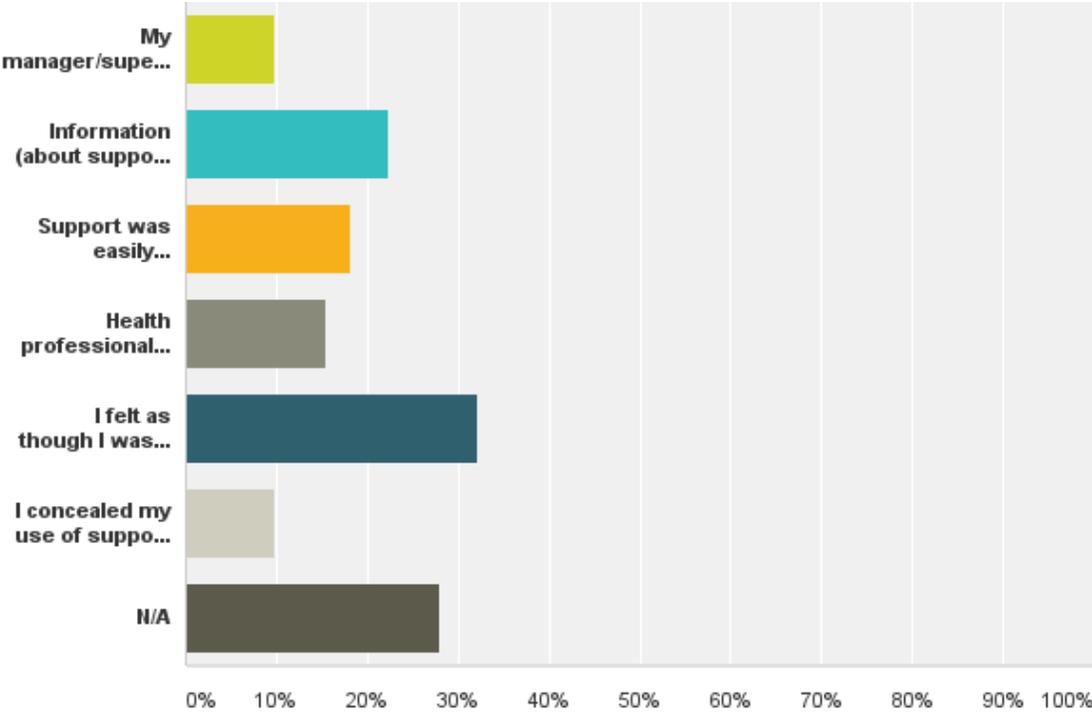
Answer Choices	Responses
Inviting and engaging	39.90% 77
Off-putting	9.33% 18
Initially awkward, but ultimately engaging	19.17% 37
I was continually uncomfortable with the process	8.81% 17
Pro forma, just checking a box	25.39% 49
Hard to take seriously	8.81% 17
Excellent -- it was very helpful throughout	14.51% 28
Total Respondents: 193	

Q52: Did you find the support after deployment to be helpful?



Answer Choices	Responses	
Yes	58.55%	113
No	41.45%	80
Total		193

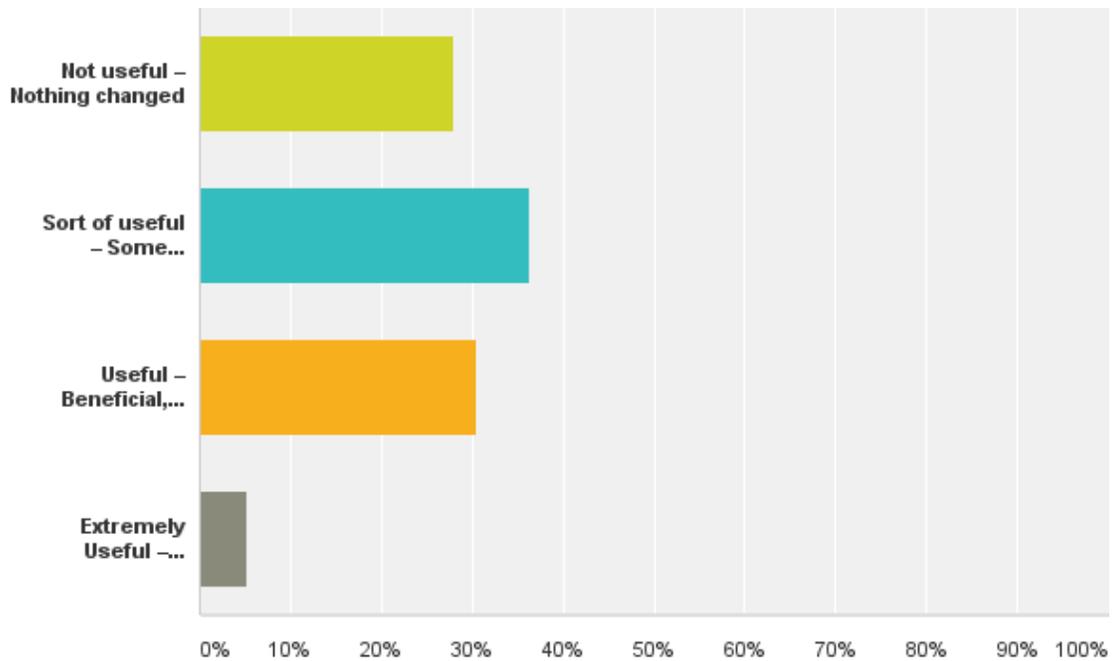
Q53: Check all of the following that describe your experience accessing the support after deployment?



Answer Choices	Responses
My manager/supervisor made it easy	9.84% 19
Information (about support resources) was easily obtainable	22.28% 43
Support was easily available as I needed it	18.13% 35
Health professionals at post were supportive	15.54% 30
I felt as though I was on my own	32.12% 62
I concealed my use of support from others around me	9.84% 19
N/A	27.98% 54
Total Respondents: 193	

#	If you concealed your use of support, Why?
1	potential negative consequences
2	My post-employment support has been 99% of my own doing -- seeking courses and help available at my current post. Medical support (prescription) was the only 'official' USG support I received.
3	medication only, no offer of counseling at all
4	My support was what I could find on my own. USAID offered next to zero support. What little support I received while deployed came from State Med but I had to pursue it. USAID did not really help much.
5	I did not want to be stigmatized by accessing Staff Care.
6	I didn't get help right after because I didn't realize that I needed it until later but I knew it was available
7	Other than my manager knowing, I did not want to share. It was after 7 years in Iraq and I skipped out on the head shrinker bit you are supposed to do. Once this was known I had to complete the required hours of post Iraq head shrinking. It was actually useful.
8	Stigma
9	I have heard differing opinion about how accessing services affects security clearance. which is really unfair.
10	Manager of post CPC assignment made it uncomfortable and once brought me to their office to ask if I had PTSD
11	I was not using support, I was complying with a requirement.
12	I was told I would be fine in 2 or 3 years and to carry on. Ridiculous
13	DOS-FSI provided great support; the service provider was an expert. I heard from others who had a different facilitator they were less skilled. I was lucky, but it shouldn't be about luck.
14	Stigma associated with the mental health aspects of my chronic illness
15	Not a trustful or supportive environment in terms of management
16	Stigma
17	Registering for the High-Stress Outbriefing is cumbersome and HR is not helpful in the process.
18	Staff care was inviting but COR never approved coaching
19	Not acceptable in this environment. Was not something manager would have considered acceptable and would have created more problems for me.
20	privacy

Q54: How useful after deployment was the support to you in coping with stress and reducing the effects of stress in your life?

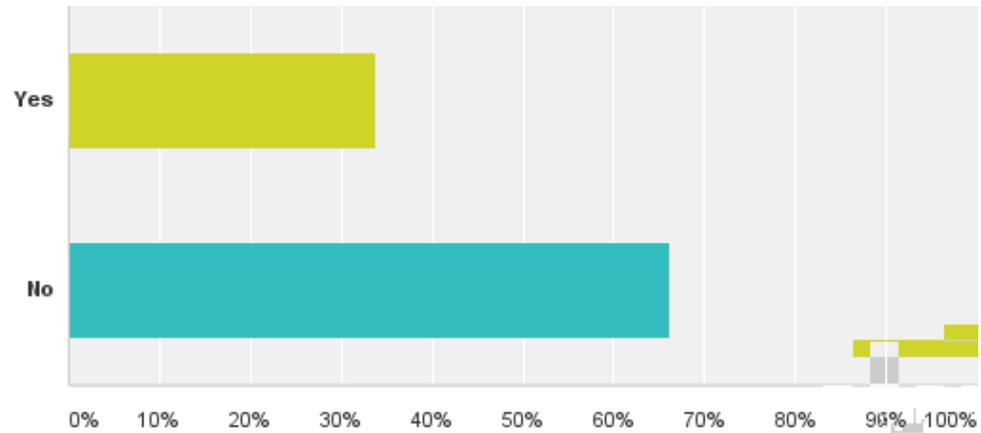


Answer Choices	Responses
Not useful – Nothing changed	27.98% 54
Sort of useful – Some benefits, but not as much as I wanted	36.27% 70
Useful – Beneficial, such that I could sustain the coping	30.57% 59
Extremely Useful – Definitive, I no longer suffer such stress	5.18% 10
Total	193

Q55: What psychosocial support would you have accessed after your deployment that was not available?

#	Responses
1	logistics/HR help in navigating home leave, communicating with my onward assignment, etc
2	Administrative support for leave,
4	answered earlier - psychiatric counseling that was truly confidential and not threatening to my career.
5	A psychosocial specialist who is an expert at dealing with staff in high stress environments.
7	Social worker/counselor sessions.
8	life coach
9	Social workers who have actually been to one (or more) of the CPCs would be a big plus for the agency.
10	High-stress posts outbriefing should be cancelled. Worthless to me, and made me angry at State.
11	More time off. TDYs are long and there is no time factored in to provide a break.
12	always at next post, nothing available
13	stress management reduction/ break from work
14	There is no psychosocial support that makes up for having been through a poor leadership experience at post, I just hope that the next will be better.
16	HR/Administrative, Medical, stress
17	short term counseling
18	Continued counseling for my daughter
19	Social worker, mindfulness/yoga, licensed therapist
20	I would have like to reach out more to military support as they have a better understanding of working in combat related environments.
21	I sought help on my insurance not through USAID
23	Stress management
24	Would have been good to discuss my CPC experience with my new Mission Director and Office Director, neither showed any interest
25	probably nothing related or connected to USAID
27	Peer group; place to share thoughts and ideas.
28	Counselor/social worker.

Q56: Do you have any ideas or suggestions for making post-deployment support more relevant/beneficial?



Answer Choices	Responses
Yes	33.78% (151)
No	66.22% (296)
Total	447

#	Other (please specify)
1	have pre-departure, home-leave and pre-arrival procedures that are standardized. HR and post staff are often difficult to work with when you're PSCing.
3	Weekly chats, intervention with manager
4	More rigorous evaluation of individuals before they are placed in NPEs. Improve training. Change the perception of NPEs/CPCs as "check the box" requirements. Provide a specialized track for NPEs.
5	Make it an explicit part of post-deployment support.
6	It would help if there were more mental health professionals available. and if leadership/managers/AID as a whole incorporated this into the standard pre and post deployments - as a healthy step not just to address problems/illness. In addition, yoga was offered but not in HQ building. This in turn made it even harder to access.
7	List of names of people who you can approach via skype or in the DC area. Also, assurances that it will be confidential. This is a challenge to approaching State med officials at post.
8	Perhaps a peer contact list that indicates who else (currently assigned to AID/W) has served in

9	Drop high-stress outbriefing. Or re-do. Or provide separate sessions for FSO who have an onward assignment to FSL or PSC who do not. Peer talking would be better. Smaller group better. Keep agencies separate potentially (DOS attitudes were worse to USAID). Have paid home leave for people who are PSC turning to FSL from post to post (current ADS covers home leave for PSC to PSC, mission to mission, but not PSC going to another mission as FSL); also allow/support paid home leave for those leaving high-stress if FSL or PSC (these people have to immediately start job hunting and have no time to rest)
10	be mindful of consecutive deployments to stressful posts/jobs, time between posts or stressful posts and language training needed,
11	I was hospitalized in DC due to a complication with my pregnancy and had no family or close friends to help me. I reached out to Staff Care and received ZERO help and no visits in the hospital.
12	Post-deployment is too late. It would have been great to have had a counselor at Post in Kabul.
13	Debrief all returning employees; stress that it won't affect security clearance
14	Dont make it so everyone has to report back for security and medical clearance. I sought help and got demoted to Class 2 Medical because of it
15	Anyone coming in from a CPC should have a mandatory meeting with mission leadership on their experience in the CPC and advice on "easing" into their new role in a "normal" post
16	The end of this tour has been a nightmare because HC/TM is so so so slow to respond, and when they do respond it is riddled with errors. A CPC is hard enough, but to then deal with people who do not try or care at all when you're trying to arrange for your next post or language training...its an immense and pretty silly stressor. I have been trying to be in contact for my HR specialist for 3 months. Only after getting my current and future EXOs, and the CPC ombudsman involved was there actually any movement. OAPA HR is very slow and late to the game as well. I am disgusted.
17	I have no experience with post-deployment support for a CPC.
18	I've talked to other people that have used Staff Care for marital counseling, and it is clear that the mission of Staff Care is to get employees out and working. Their mission is not to provide necessary support or to help keep couples together. They should be clear about that and provide referrals for marital counseling, since it is not their mandate. They should be honest about that.
19	families need time and structure to be put back together after separation. there seems to be no acknowledgement of this issue
20	Borrow dogs or cats to personally play with for an afternoon or evening
21	Be familiar with country context and stressors that staff encounter. Also management training to help staff cope with stressors
22	The most beneficial step USAID could take is to prevent the stresses all employees feel due to institutional dysfunction. When priority consideration for assignments is promised by HR to those that serve in CPCs, that promise should be honored, for example. Employees, especially those that are relatively new to the Agency, should not be left at the mercy of abusive and unprofessional managers. This is a huge issue that is not being addressed. Managers overseas have too much power over their employees and there are no visible consequences for egregious behavior. We have a very talented workforce, but a lot of that talent is stymied due to controlling, cowardly, self-aggrandizing managers who are constantly looking to boost their careers, at the expense of USG goals, USAID's Mission, and the development of other employees.
23	Mandatory counseling. I see a lot of people who served in CPCs and they are not seeking help. The ones who need it are the last to look for it. There are no tools for managers to suggest support should they witness erratic behavior. They just have to deal with it or minimize exposure to others.

24	I think it needs to be required at some level even for non-CPCs. I needed to be forced to consider issues that I had been subduing during my time because i had to be focused on my program and felt I couldn't afford to confront things I was feeling
25	tailor each package for individual needs
26	Have a list of vetted MDs and PhD clinical psychologists who take insurance!
27	Make sure that USAID staff have USAID-sponsored support services. STATE Dept psychiatrists don't understand USAID work.
28	Not just allow but encourage longer breaks between posts.
29	It is mandatory that you see the therapist, which is good.
30	Check in with folks about 3-6 months after returning from a CPC.
31	People need to know that accessing support will not affect their medical and security clearances and how they should answer questions related to support on those forms. Also putting the Staff Care info into the HTSOS training will help
32	After places like Iraq/Afghanistan, staff care aggressively comes after you to check in. But for all the other high threat places where you may have TDYs (some are long term TDYs) and such, there is no aggressive staff care
33	It seems like staff care is only provided lip service. The number of initiatives or other burdens on a stretched workforce seems to only increase.
34	force it on people to see a social worker or similar
35	it will be helpful to have continued support, i felt that it was just checking the box on the part of USAID
36	have a meaningful transition class following deployment
37	Do pre-deployment briefs.
38	include family members
39	Encourage supervisors (in DC and field) to encourage support
40	the mandatory high-stress outbriefing at FSI is so badly done, it is actually detrimental; USAID Staff Care would do a much better job
41	I accessed StaffCare after two deployments. When I reached out after the second time, they had no record that I had been there before. Since I was heading to another post, there was little follow-up after I left DC.
42	It's very difficult to reach out to Staff Care post-deployment because one is travelling. Also, it is not clear the privacy factor is unclear.
43	Encourage breaks and unplugging from work. Supervisors should strongly encourage this.
44	Provide psychosocial support that does not go on the medical record

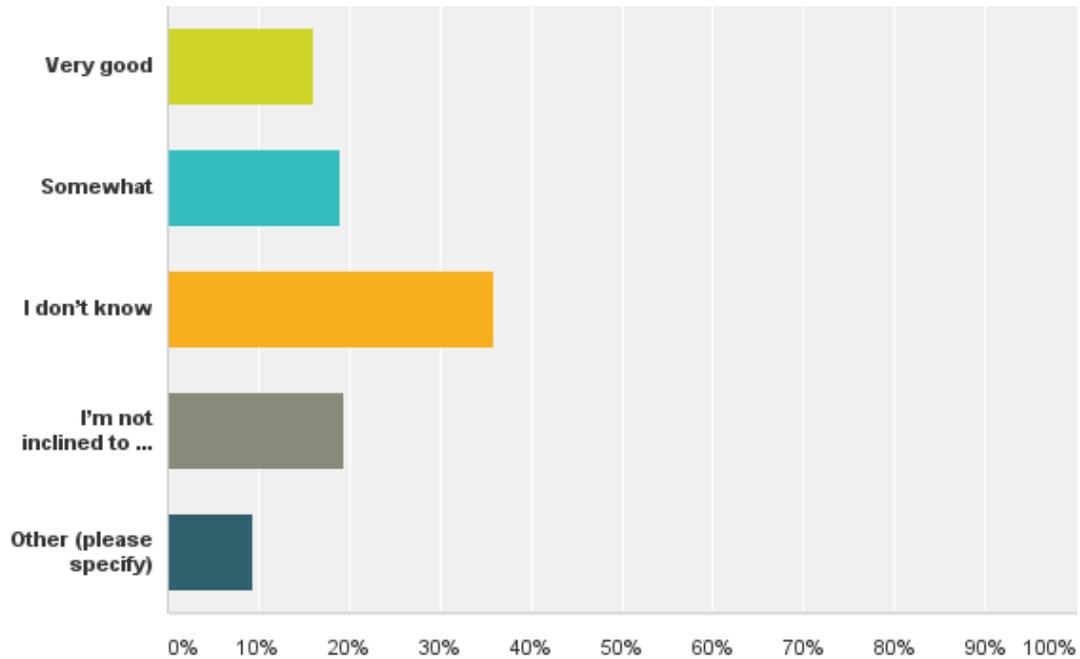
45	Make it continuously available. Have that support engage with HR (HCTM) as sometimes it is important that HR understand how staff are doing and why they need to curtail on change posts, and they've become less and less willing to listen or help. It's either face the facts or leave the agency.... so, so dissapointing. No one likes HR or thinks they are helpful. After a CPC, it makes me feel so lonely and without options.
46	twice a year visits by the regional psychiatrist is not enough - we need more regular opportunities to talk with someone who is skilled and knowledgeable about our difficult work environments and experiences
47	The pre-deployment trainings are painfully perfunctory, patronizing, and seem like a CYA exercise for the Agency.
48	I did find the required course before Iraq helpful to help people prepare for contingencies, like preparing a will. The truth is that this is good practice at any time, before any deployment. Also, the post-CPC training at FSI was interesting, but I felt a
49	Consider safe havening for all CPCs, especially South Sudan.
50	Ensuring those seeking help are not stigmatized or penalized - particularly when it comes to security clearance renewal.
51	Support centers or staff care could be more proactive and engaging making sure to keep in contact even with those who say they are fine for at least 6 months or more after deployment.
52	Emails can be sent to staff who serve in high threat posts with information.
53	I think everyone should be required to have 2-3 one on one sessions. Also, I think the Agency should do more to prepare Missions for incoming personnel coming out of CPCs and some of the issues they may have such as
54	A caseworker should be assigned to staff to follow through on support that may be needed well after the deployment has ended. Also, more info on how support can be provided by Staff Care and APCs is important.
55	Make therapists more available at overseas posts. Telemedicine is not all that helpful and RMO/Ps are rarely available. Also, isolation is part of the problem--talking to someone far away only amplifies it.
56	easier to access
57	FSN specifics coverage/support need to be introduced
58	I disagree with this program
59	Yes, do not nickel and dime employees who are working hard and sacrificing so much. Either get rid of or find a way to coach HR staff who make you feel like a criminal every time you ask for something. Make accommodations to support families during separations.
60	make psychiatrists/psychologists available, not counselors. They cannot handle the psychological trauma we are experiencing.
61	Psychotherapist at post
62	Stop providing "check-box" support. Everyone involved is doin' it just for the sake of doin' it, and not in support of staff that actually need such services.
63	It needs to be less pro forma and the stigma needs to be removed.
64	High Stress Debriefing is a waste of time....I felt like I was there to provide data points for OAPA, not for my personal health. The facilitator actually asked us to discuss our PTSD symptoms in a group setting - entirely inappropriate.
65	It should be mandatory for all staff to seek care after deployment from a CPC.

66	Provide better training to supervisors and Mission leadership on how to recognize signs of PTSD in staff coming out of CPCs, and how to be sensitive to their needs in the workplace and how to guide them towards assistance in an appropriate way.
67	As noted above, the bulk of our workforce has now served in high threat posts, and while many are fine, many others are not or may be fine now but could have problems in a few years. USAID needs to develop some kind of internal structure that will enable its staff (no matter what "flavor") to seek consistent help and develop a trusting relationship with mental health professionals. It took me probably 2 - 3 years to start feeling "normal" after nearly 4 years in war zones. And I'm still not there. It may also be helpful to create a space in which folks can create support groups based on gender, where folks served, experiences they went through, etc. I have found a lot of support in random trainings where I found others who were experiencing the same stressors I was, but we didn't stay in touch. If that was encouraged somehow it would be great.
68	Regular check-in in the weeks and months following. Outreach.
69	I was on an 11 month TDY to Afghanistan but because I was in TDY status and not assigned, I was offered NO resources when I left. There was not even a check out process with the health unit.
70	First you have to tell people it exists. Then, ensure confidentiality and that it won't become a part of sec or med clearances, then ensure that usaid is not in charge of providing it, an most especially that hr is not involved. Give people some TIME between tours and especially after a difficult tour. Do NOT allow direct transfers after a difficult tour. I did this under pressure from a mission director, and it was a huge mistake.
71	Come to Kenya and do a mission assessment and support program for staff.
72	references to support providers in various locations of the U.S. who have experience with FS or military post- deployment
73	Must have trained professionals; those who have never served in a war zone can be well meaning, but they just don't get it.
74	How to de-program yourself from expecting terrorism at every corner/mall/restaurant/moment outside the house.
75	Listen to us. In one of my CPC tours, we pointed out repeatedly to Washington a challenge with an employee who was drinking and was a threat to self and staff. Yet Washington did not listen and sent that employee back, only to have to have us pull that employee out again which made the Embassy mad at me for letting the employee back, even though I had repeatedly told DC not to do it. You need to get State med to stop being scared of being sued and start listening to those of us in the field.
76	Ensure that people feel it will not complicate their career if the agency learns about it
77	Mentoring
78	peer discussions; public deliberations
79	Keep workplace flexible (ie permit telework. LWOP) which allows employees some time to be with loved ones and de-stress before returning to the job.
80	Counseling related to the above.
81	Look at what our peer agencies do. ALL of our allied countries and other development agencies work a six weeks on two weeks off schedule for example, and were required to complete counseling following exposure to
82	There is way too much drinking that goes on. As civilians, we should be held to the same standard as the military, who are not allowed to drink while in a war zone.
83	I took a 2 month home leave and felt normal by the time I arrived at my next post. Minimum required break after a stressful assignment is advised.
84	Since my provider is out of network, the cost is difficult to sustain.

85	Haven't finished deployment yet
86	Bring resilience training to the field
87	make it easy to access and ensure staff are sensitive
88	Periodic emails and/or General Notices reminding staff about availability of Staff Care for all...
89	not sure
90	Make the environment safe/anonymous contact/list to access independently
91	having people who already served in a place available to talk with those about to go (organized) would be very helpful
92	A one hour post-deployment briefing at FSI is inadequate--a joke even. People need serious and sustained support to process their cpc experience and transition back into their lives. A CPC assignment changes people. That should be incorporated into the way USAID treats these assignments.
93	have an actual professional do the outbrief, someone who will focus more on you than on telling their own "similar" stories, a system that actually changes and responds to the concerns expressed rather than the person saying that they've heard these same complaints a million times before. it's not just about stopping the next suicide, its about listening to people who have been there and evaluating what changes could be made to make life there easier and better, people have suggestions, listen and take them into account, it could go a long way towards making these posts places that normal people would consider returning to
94	Have briefings at the incoming posts for next managers to know how to deal with employees that are coming from high-stress posts, what to expect, irritability, insomnia, low energy, etc.
95	Hard to do on-going counseling when we move so much--not always useful to try and see people while on HL-- although for a trauma (not my experience), it would be
96	Full debriefing in Washington, which includes information on how to access support services, right before Home Leave.
97	Get the Staff care AOR to approve people access services
98	More time between high-threat / high-stress posts; more innovative stress coping mechanisms ("meditate" and "read a book" are not too helpful), actually do something about a stressful situation (like fire bad workers) instead of just cope with it.
99	get rid of the mandatory group High-Stress Outbriefs
100	Active programs to de-stigmatize seeking psychological support/ decrease fears of losing your security clearance if you seek psychological support.
101	Need to have some level of flexibility with staff
102	Group therapy. Support and actively encourage staff to participate in wellness initiatives. Incentivize managers to encourage staff to use facilities.
103	do not use high stress out-brief as focus group on how to get more folks to deply. That was really off-putting.
104	The danger isn't nearly as stressful as the workload. The constant expectation to work unpaid hours beyond the approved 35 hours of overtime per pay period needs to change to ensure the health of employees.
105	make the USDH assignments at least two years.
106	I don't need support. I just need them to reduce the work load so that I can get enough sleep so that I can manage my own stress.
107	maybe to make mandatory support prior and after the assignment

108	Mandatory counseling for people on multi-year assignments (eg. once a month session after year-1)
109	Provide post deployment support to TCN/TDYers e.g. home missions should allow TCN/TDYers to take leave before resuming duties at the home mission. Home missions should give the TCN/TDYers ample time to re- integrate before giving him or her taskers.
110	spend more than 10 minutes with a counselor that only provided brochures and just general recommendations
111	helpful if it wasn't with the same people from post who are departing
112	more time off after CPC/NPE assignments
113	Periodic focus groups with both active and retired FSOs
114	There should be a mandatory amount of time off. I had 2 weeks after a CPC
115	Having a 1/2 day debriefing session is not sufficient. There should be multiple days of out-processing that everyone should do.
116	We don't have enough access to information about how to ensure our children are properly supported. We have families in HT posts and need to take their needs into consideration.
117	Classes/informational sessions for staff
118	Debriefing course needs to be more than a half day to allow employees to begin to understand how they have been traumatized.
119	mandatory cognitive behavior therapy sessions and follow-up engagement for the first year post deployment
120	Take it seriously. Several of my colleagues coming out of CPCs have PTSD that has been very damaging.
121	There need to be psychologist who confidentially mentor/support and also keep the management updated on what kind of issues are stressing staff (without disclosing any name)
122	It should be at posts receiving CPC officers, not just in DC.
124	Require it.
125	Per the above, managers should recommend counseling to employees soon after a stressful event occurs, no matter what country they're in.
126	Let it apply to PSCs too
127	It took me a year to realize how much I had been stressed and was reacting all the time. Only saw this as I began to lose those reactions and enjoy life more.
128	Make it more available. I worked in many dangerous situations before this kind of support was the norm.

Q57: How adequate is your current access to ongoing mental health services, if needed?



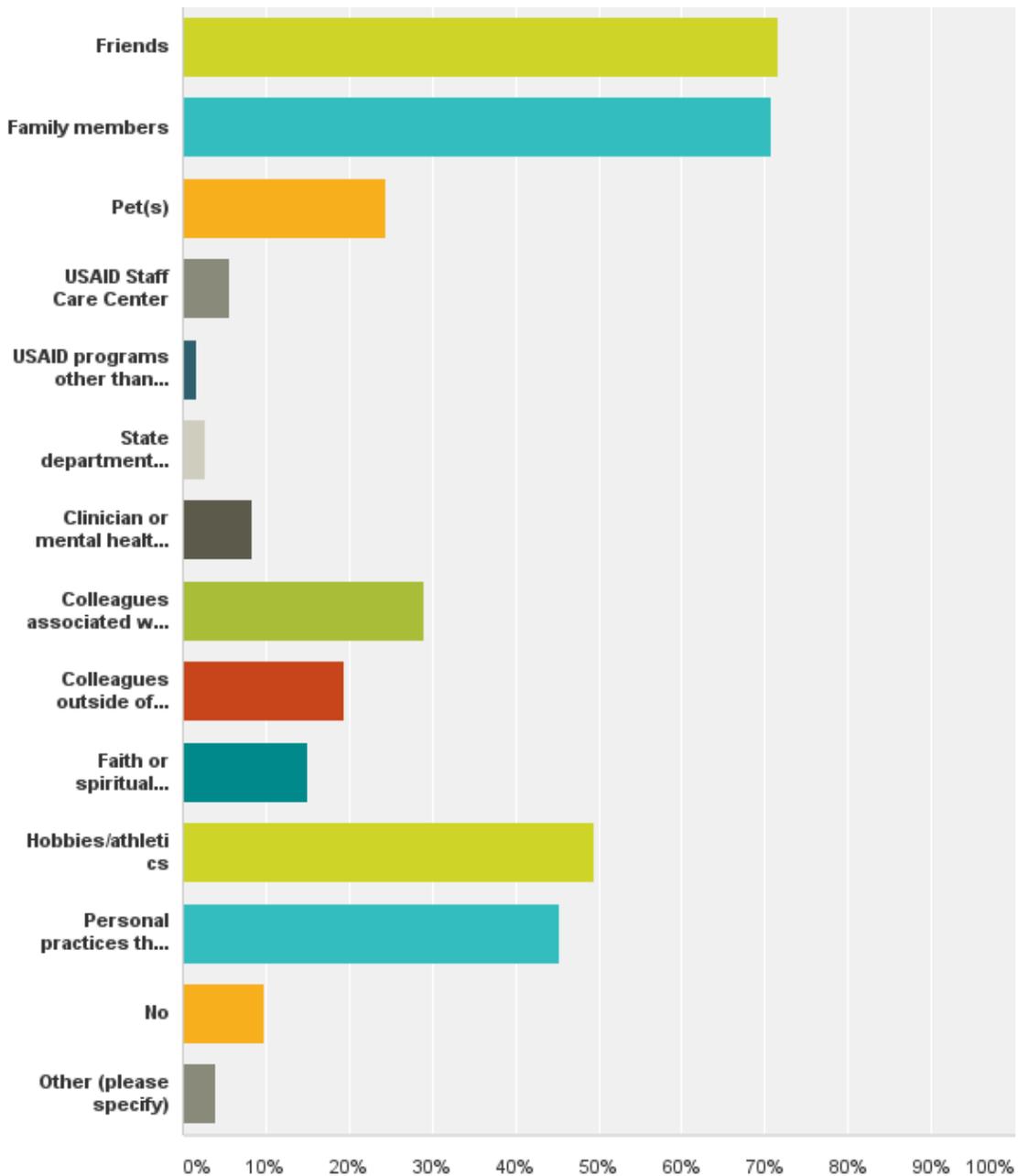
Answer Choices	Responses
Very good	16.14% (72)
Somewhat	19.06% (85)
I don't know	35.87% (160)
I'm not inclined to use mental health services	19.51% (87)
Other (please specify)	9.42% (42)
Total	446

#	Other (please specify)
1	limited (this and "not good" should be options for this Q)
2	given negative experience with high-stress post out-briefing, I would never trust the care/content to be appropriate
3	Somewhat -- there is a limit on sessions.
5	available but not using, no need
6	It is fine but I look for it on my own not from USAID.

7	I don't trust USAID to provide confidential and professional mental health services. If I access these services, I will access them out of USAID's sphere, since the mandate of Staff Care is focus on the job, not the family.
8	It is excellent, but I am very fortunate to have a US licensed psychotherapist who just happens to live in the country where I am assigned.
9	poor - live in rural south carolina
10	MED is useless in this regard. No referrals, as they don't know any English-speaking therapists.
11	there are no outside providers vetted for us
12	I went to see a counselor at Staff Care and it was slightly helpful. It doesn't help that they are contractors who are unfamiliar with the Foreign Service. That does a disservice to us all. While my counselor was nice and gave me some good tips on personal care, it was difficult for her to really understand where I was coming from and she openly admitted, "I don't know much about the foreign service. Tell me about it...you work overseas?" I mean, really?
13	My access is good, but the services themselves are too basic to be useful.
14	I'm in a remote place where it's hard to access services of this type.
15	Not very good. The Regional Psychologist only comes out to post every quarter.
16	Limited therapists in country, time change makes it difficult to connect with someone over phone in another country
18	To my knowledge, no access
19	As a local hire PSC, I do not have access.
20	terrible--no one at post, have to call another country and "make appointment" really helpful when feeling suicidal!
21	My family is using private sector support
22	Good, currently psychologist at post
23	Good but not needed at this point.
24	There should be an RMO/P at every CPC, all the time. Not just on TDY.
25	From Staff Care responsiveness, it seems pretty poor.
26	very limited
27	i live in a country where English is not the first language so access does feel available.
28	Excellent from private healthcare providers under my health insurance
29	not eligible as local PSC
30	not very good
31	As noted before there is only a regional psychiatrist, which is not practical.
32	the regional psychologist is a joke at our post. Unqualified, off-putting, and bad.
33	What online through staffcare?
34	No RMOP at post
35	AOR still hasn't approved my coaching request
37	Don't feel the need. RMO occasional visits

38	I'm fully retired and would rely on the facilities where I live
39	The counselors at post are prettybad.
42	It's terrible. Insurance won't pay. Overpriced and underinsured.

Q58: Do you presently gain wellness or receive support from the following sources? (check all that apply)



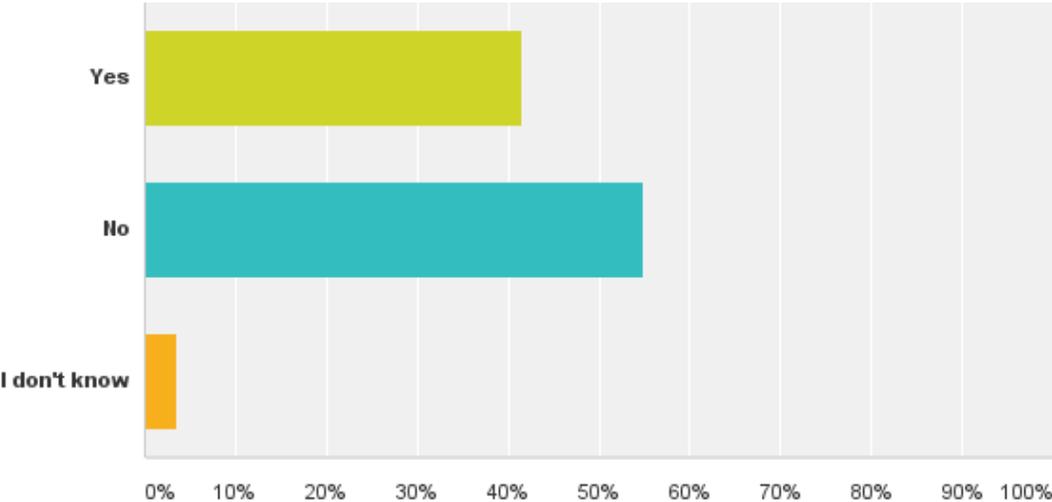
Answer Choices	Responses
Friends	71.52% 319
Family members	70.85% 316
Pet(s)	24.44% 109
USAID Staff Care Center	5.61% 25
USAID programs other than Staff Care	1.57% 7
State department programs	2.69% 12
Clinician or mental health professional	8.30% 37
Colleagues associated with USAID	28.92% 129
Colleagues outside of USAID	19.51% 87
Faith or spiritual community	15.02% 67
Hobbies/athletics	49.55% 221
Personal practices that promote wellness	45.29% 202
No	9.87% 44
Other (please specify)	4.04% 18
Total Respondents: 446	

#	Other (please specify)
1	OTI Staff Support Coordinator
2	My Military colleagues are exceptional friends who understand trauma
3	Social Worker at post
4	Being with my son makes me happy
5	I take an anti-depressant that helps, but would like to have access to counseling as well
6	Children
7	I do a lot of exercises and engaged with my child care and family; education and social things
8	meditation
9	massage
10	Medically-endorsed mindfulness program not reimbursable by my health insurance
11	I am retired but available for short term assignments. I live outside Washington.
12	Severely lacking at times
13	Since StaffCare AOR never approved coaching, getting it through GHPro
14	shopping!
15	...the challenge is having energy to reachout....
17	meds
18	Humor - I look for every opportunity to bring it into the work place.

Q59: Do you have any recommendations (general or specific) that you would like to provide regarding the support provided to USAID staff working in high-threat, high-stress environments?

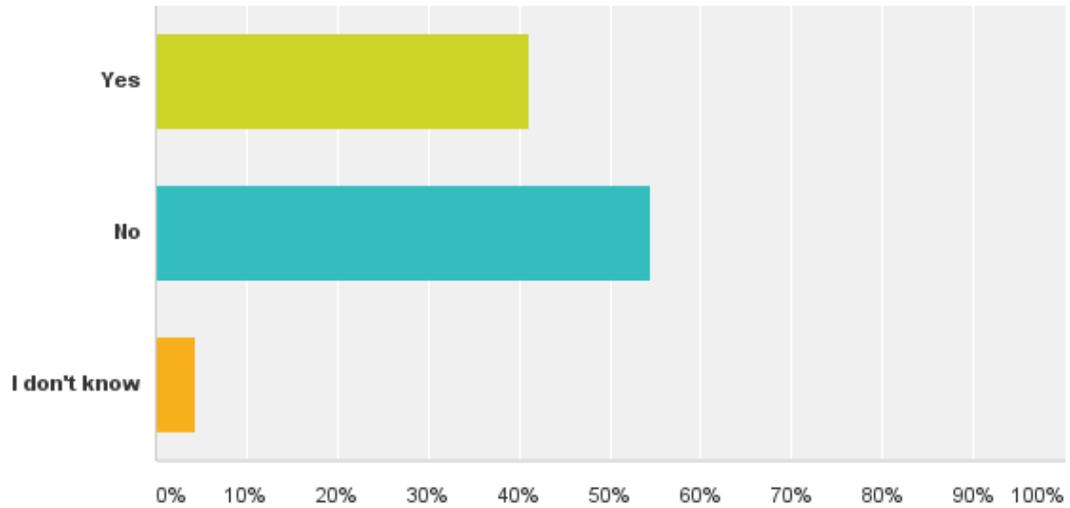
#	Responses
1	consideration in promotions
2	See earlier comment.
3	Staff our embassies with social workers/ mental health workers that staff can easily access on a daily or weekly basis.
5	I think it's important that AID has mental health professionals available at Missions as a standard. This is an important but unique aspect of health. It's important for staff to have access to systems of care and this should not be limited to nurses or CLO that do not have the training. It is helpful that AID has addresses psychosocial factors before and after deployment to dangerous locations but more is needed. Often it seems to be a box- checking exercise rather than a quality support system. The recent addition of a mental health professional at HQ was a welcome news....until it became clear that there was way too much demand for this to meet the need. Hopefully additional resources will be available soon as the # of high threat/stress work environments increase.
6	The biggest problem I find with dealing with high-stress environments at USAID is not the lack of resources or knowledge on how to deal with the situation, but the lack of corporate culture at USAID to allow or encourage people to prioritize their personal well-being. There is a lot of talk about personal health, but in practice the Agency does not reward managers for taking care of their staff. Instead they are rewarded for programmatic or bureaucratic results. Until that culture changes, it doesn't matter how many resources are made available.
7	Tie promotions at the FS-I and SFS levels to CPC service. It shouldn't be hard to add such service as a promotion precept. There are far too many FSOs in the field and in the RRB who have never truly 'stepped-up', and from what some of our senior colleagues have said they have no intention of ever taking a CPC/HTP assignment. Interestingly, it hasn't slowed down their ascent to SFS status, nor affected their ability to land plum jobs in cushy missions or headquarters.
9	More collaboration with managers to provide more time off if needed to individuals -- within the rules and regs -- in particular when people are leaving a high threat post and don't receive home leave.
10	understanding that long term chronic stress has negative consequences for many months after tour; I was diagnosed with what will now be a life long illness attributed by doctors to long term chronic
11	Staff Care needs to be more proactive and involved!
12	Don't let those injured in an attack fall off USAID's radar when they transition to DOL/Workers Compensation. Remain engaged with them. MEDVAC procedures need to be re-examined as well.
13	help needs to be prior and concurrent
15	Sometimes you don't realize how high-stress it is in the moment, so staff should be well-vised of options before deployment.
16	Keep working on the support... there are a lot of countries that are not thought to be high stress but are. South Africa for example
17	Help in informal peer counseling/stress management might be useful since many people turn to peers first. Support with healthy lifestyles on compound would have been much appreciated too.

Q60: Previous to USAID work, has any employment, volunteer work or academic work exposed you to life events or circumstances that you experienced as intensely adverse or traumatic?



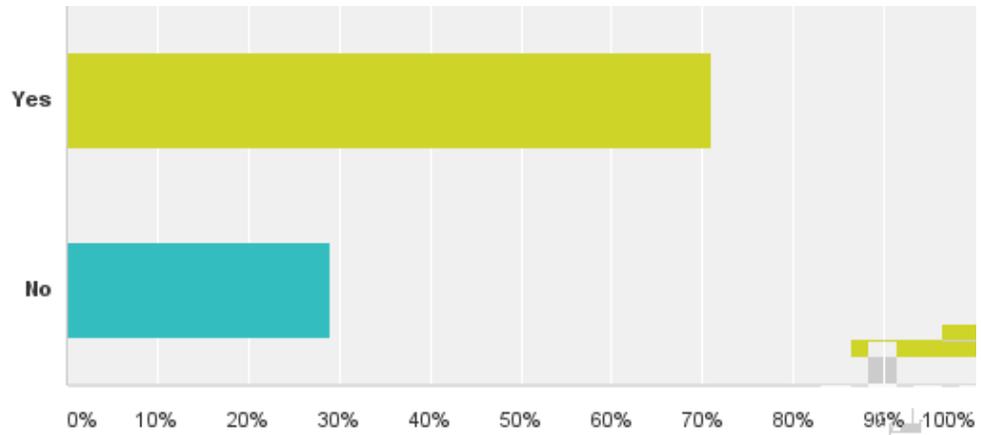
Answer Choices	Responses	Count
Yes	41.48%	185
No	54.93%	245
I don't know	3.59%	16
Total		446

Q61: Other than work-related, have you been exposed to life events or circumstances that you experienced as intensely adverse or traumatic?



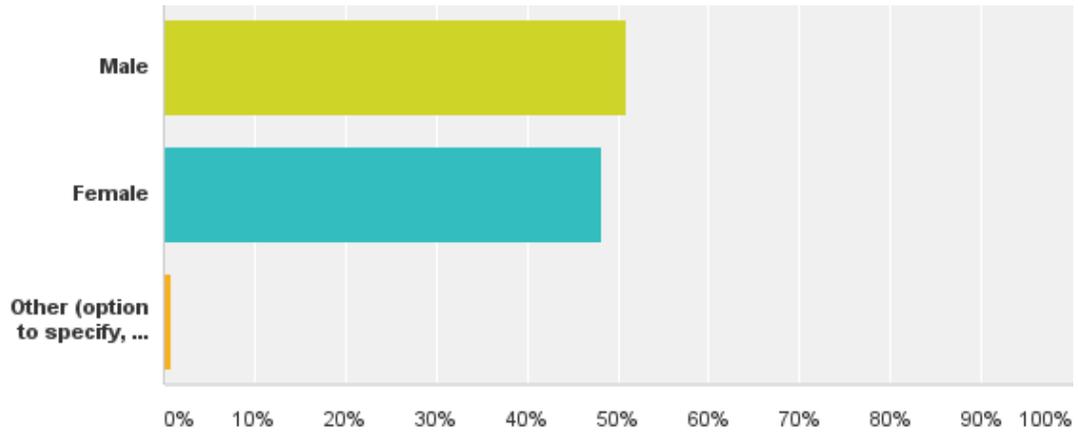
Answer Choices	Responses	Count
Yes	41.03%	163
No	54.48%	243
I don't know	4.48%	20
Total		446

Q62: Have you been based internationally for any organization other than USAID?



Answer Choices	Responses	
Yes	71.08%	317
No	28.92%	129
Total		446

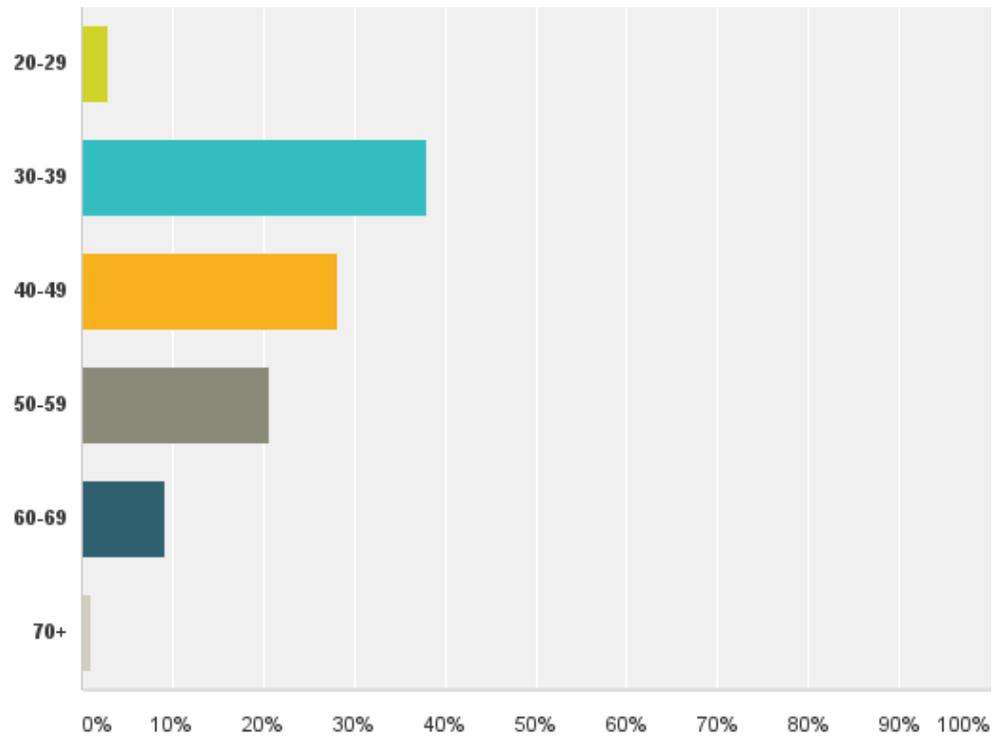
Q63: Gender



Answer Choices	Responses
Male	50.90% 227
Female	48.21% 215
Other (option to specify, but not required)	0.90% 4
Total	446

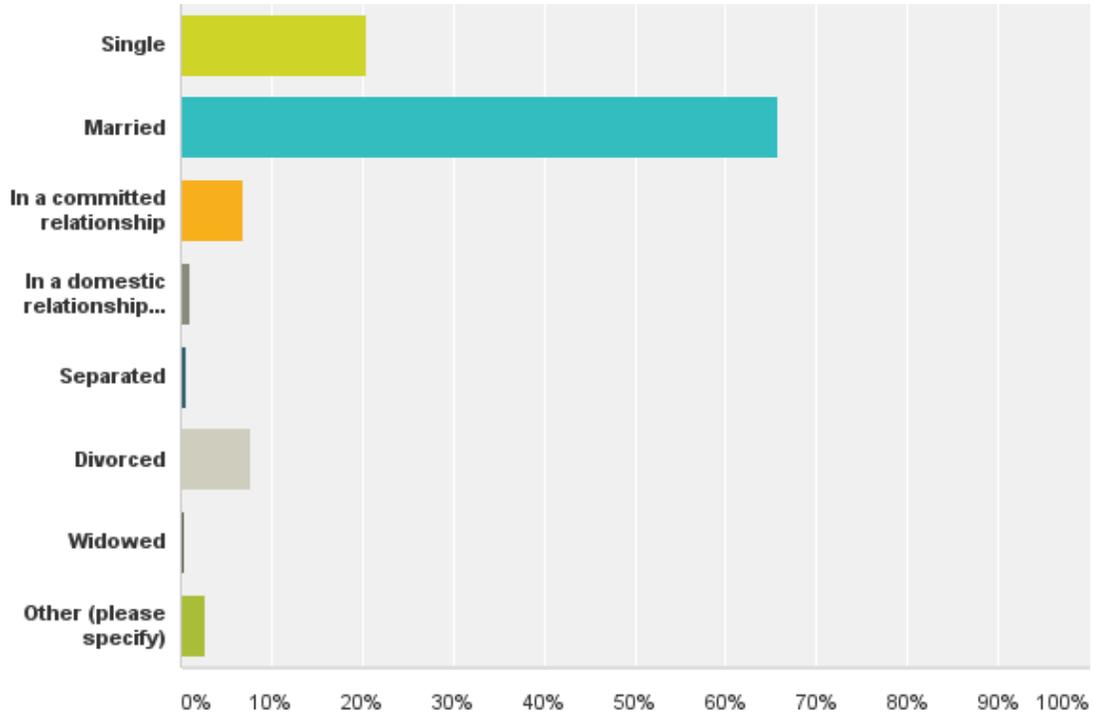
#	Other (option to specify, but not required)
1	Other
2	Does gender really matter?
3	N/A
4	none

Q64: Age



Answer Choices	Responses	
20-29	2.91%	13
30-39	37.89%	169
40-49	28.25%	126
50-59	20.63%	92
60-69	9.19%	41
70+	1.12%	5
Total		446

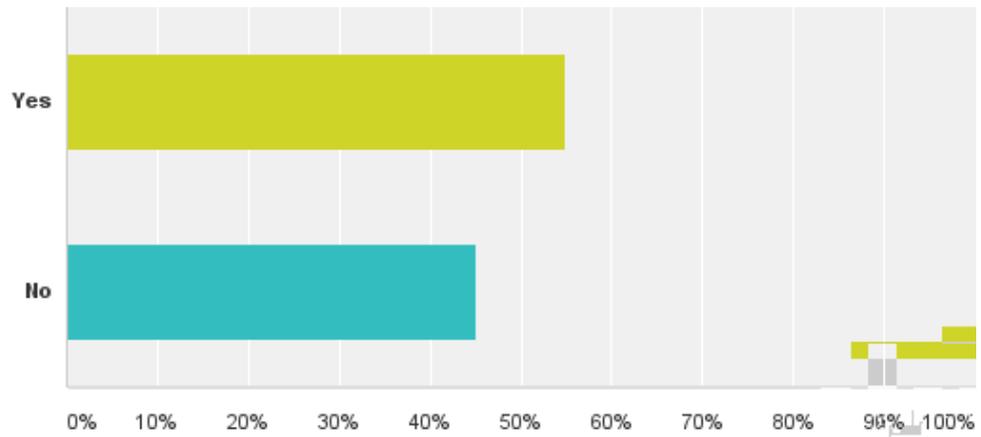
Q65: Which of the following best describes your current relationship status? (check all that apply)



Answer Choices	Responses
Single	20.40% (91)
Married	65.70% (293)
In a committed relationship	6.95% (31)
In a domestic relationship or civil union	1.12% (5)
Separated	0.67% (3)
Divorced	7.62% (34)
Widowed	0.45% (2)
Other (please specify)	2.69% (12)
Total Respondents: 446	

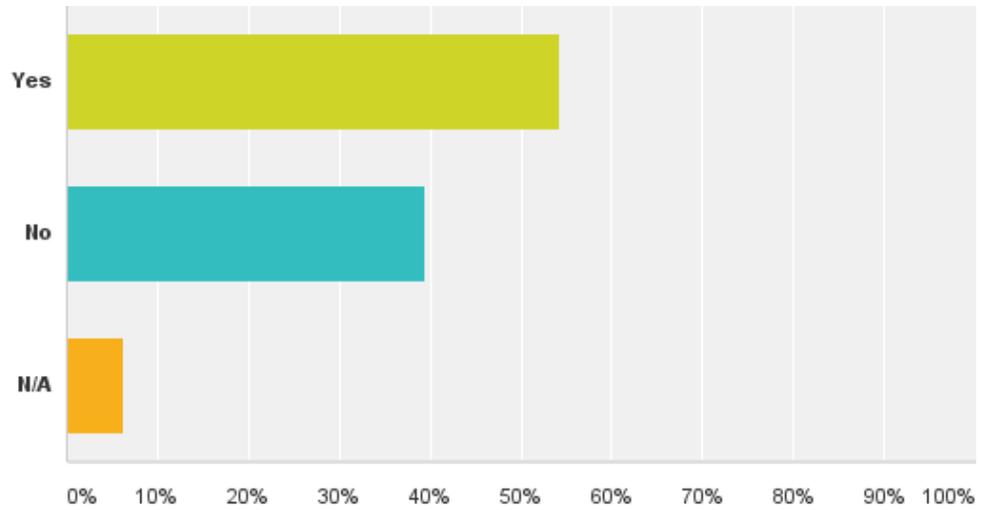
#	Other (please specify)
1	Other
2	Does this really matter?
3	Dysfunctional marriage of convenience . Stay in it to protect son.
4	Engaged
5	trying to start a family on my own.
6	Happily married with a supportive spouse serving with me (makes a tremendous difference) and supportive family and friends in the states
7	Years in unaccompanied posts have contributed to a marriage that is but a convenient address.
8	Engaged and getting married in August.
9	Began relationship at high-stress post.
10	Wife posted overseas. Me in DC.
11	I got engaged
12	Got divorced after my Afghanistan tour

Q66: Do you have any children?



Answer Choices	Responses	
Yes	54.93%	245
No	45.07%	201
Total		446

Q67: During any of your deployments, did you have family members who were dependent on you for care?



Answer Choices	Responses	
Yes	54.26%	242
No	39.46%	176
N/A	6.28%	28
Total		446