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**THE OVERSEAS ADJUSTMENT OF DEPARTMENT OF
STATE, USIA, AND AID PERSONNEL**

A Research Study

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THE OVERSEAS ADJUSTMENT OF DEPARTMENT OF
STATE, USIA, AND AID PERSONNEL

A Research Study

I Purpose of Study

With its greater involvement in foreign affairs since World War II the U.S. Government has been assigning increasing numbers of employees to duties in foreign countries. Concern has been frequently expressed about the adjustment of these employees to foreign conditions from the point of the job to be done, the effect on other members of the work group, the direct costs to the government when maladjustment occurs, and the costs to the individual.

The work effectiveness of an employee serving abroad inevitably is influenced by his off duty activities. To some extent every employee is an "ambassador" of his country and behavior which would have no significance on his job in this country might be of decisive importance when he is serving abroad. Also, when there is trouble of a personal nature the family and community supports which are available in this country are absent for the most part at a foreign post and therefore must be supplied by co-workers or directly by the employing agency. This obviously puts a much greater burden both on the other members of the work group and on the government resulting in considerable expense and loss of productivity. Because of the distances involved and other considerations it takes time to send a replacement when an employee is unable to continue in his job and this results in additional losses in productivity. From the point of view of the individual, not having help when he needs it and experiencing failure because of exposure to situations with which he cannot cope may have long range after effects.

For all of these reasons it is desirable that selection, assignment, and personnel management policies and practices be designed to keep maladjustment problems to a minimum.

In its recent report "Personnel for the New Diplomacy" the Committee on Foreign Affairs Personnel gave recognition to this need by listing the following as a suggested research study:

What are the kinds and frequency of emotional and nervous difficulties among overseas employees and their families? At what kinds of posts and countries do they most frequently occur, and among what types of persons and what stages in their careers? To what extent can individuals susceptible to such difficulties be identified in advance and by what means?

While there has been considerable discussion of these problems, there has been almost no systematic research. The present study was designed to provide factual data with respect to the extent of the problem and the variables which appear to be significant.

There were two parts to the study which are being reported separately.

--Matched Group Study

Matched groups of secretaries and junior officers in the Foreign Service of the State Department and USIA were followed over a period of time to determine if the groups screened psychiatrically had fewer problems than those not screened.

--Four Year Study

A net was established to identify all adjustment problems occurring among the overseas employees of State, USIA, and AID over a four year period which resulted in a significant cost to the employing agency.

The findings from these studies were reviewed by a group of consultants and certain conclusions were reached and recommendations were made.

II Matched Group Study

Background

Starting January, 1959, the United States Information Agency screened all applicants for overseas positions through psychiatric and psychological tests. Each examination consisted of an initial interview with a psychiatrist, a battery of psychological tests, and a second interview with the psychiatrist. The cost per examination was \$110. This program was continued until June, 1961, at a total cost of \$211,423, at which time 539 applicants had been cleared for appointment. As of July, 1962, 413 of these had been appointed. The following table shows the action taken on the approved candidates:

Table I

Disposition of Approved USIA Candidates Screened Psychiatrically

<u>Category</u>	<u>Cleared</u>	<u>Withdrawn or not selected</u>	<u>Failed Medical</u>	<u>Pending</u>	<u>Ready Reserve</u>	<u>Appointed</u>
Junior Officer Trainees	160	10	--	42	--	108
Other FSR	80	7	--	7	15	51
Secretaries	100	25	3	--	--	72
Other FSS	96	16	--	1	--	79
Bi-National Center	<u>103</u>	<u>--</u>	<u>--</u>	<u>--</u>	<u>--</u>	<u>103</u>
Total	539	58	3	50	15	413

Research Method

Since secretaries and junior officers serve under roughly equivalent circumstances in the Foreign Service of USIA and State Department, it was decided to compare matched groups in the two agencies. State Department does not use any routine psychological or psychiatric screening of applicants, and in other respects the selection policies and procedures of the

two agencies are similar. It was found that 108 junior officer trainees and 72 secretaries included in the program had actually been appointed. The median length of service was 21 months for the junior officer trainees and 25 months for the secretaries. Individuals in the State Department were selected who were the same sex and had the same marital status and were as similar as possible with respect to date of entrance on duty and age. Table II shows the characteristics of the sample as of July, 1962.

Table II
Characteristics of the Sample

<u>Age</u>	<u>State</u>		<u>USIA</u>	
	<u>FSO-8</u> (N=108)	<u>Secretary</u> (N=72)	<u>JOT</u> (N=108)	<u>Secretary</u> (N=72)
Range, in years	21-36	21-46	21-38	21-48
Median, " "	26	26	26	26
Mean, " "	26.5	28.8	28.2	29.6
<u>Length of Service</u>				
Range, in months	5-40	1-36	5-40	1-36
Median, " "	22	24	21	25
Mean, " "	19.3	21.7	18.9	20.8

Medical files for all the 360 individuals and their dependents were studied for evidence of illnesses incurred since EOD which resulted in expense to the Government. These are summarized in Table III. Table IV summarizes the resignations and separations.

Table III

Summary of Illnesses in Matched Sample of State-USIA Employees

<u>Disease Category</u>	<u>State Department</u>			<u>USIA</u>		
	<u>FSO</u>	<u>Steno.</u>	<u>Hosp. Days</u>	<u>JOT</u>	<u>Steno.</u>	<u>Hosp. Days</u>
<u>Class I: Infections and Parasitic Diseases</u>	4	0	78	7	0	64
<u>Class II: Neoplastic Diseases</u>	1	1	20	0	0	0
<u>Class III: Allergic, Endocrine, Metabolic Diseases</u>	2	0	12	0	0	0
<u>Class V: Mental, Psychoneurotic, Personality Disorders</u>	1	0	150	2	0	18
<u>Class IX: Acute Respiratory</u>	0	1	3	0	0	0
<u>Class XI: Diseases of the Circulatory System</u>	2	0	30	2	0	45
<u>Class XIII: Diseases of the Digestive System & Hernia</u>	1	0	3	5	2	71
<u>Class XIV: Urinary System and Male Genital System</u>	2	0	5	3	1	32
<u>Class XV: Breast and Female Genital System</u>	0	1	10	2	1	12
<u>Class XVII: Skin Diseases</u>	0	1	0	0	0	0
<u>Class XXI: Symptoms and Ill-Defined Conditions</u>	0	0	0	0	1	14
<u>Class XXIII: Accidents, Violence, Poisonings</u>	0	2	17	3	2	23
<u>Surgery</u>	<u>4</u>	<u>4</u>	<u>56</u>	<u>2</u>	<u>2</u>	<u>38</u>
Total	17	10	384	26	9	317
Individuals Involved	11	8		21	9	

Nineteen State Department and thirty USIA employees contracted illnesses. However, more State Department employees contracted multiple illnesses, (8 State Department as compared to 5 USIA), and the single most severe illness requiring 150 days of hospitalization was incurred by a State Department employee.

Table IV

Summary of Resignations of Matched Groups

<u>Reason</u>	<u>State</u>		<u>USIA</u>	
	<u>FSO</u>	<u>Steno</u>	<u>JOT</u>	<u>Steno</u>
Marriage	1	4	1	6
Other employment	1	-	2	-
Continue education	-	-	1	-
Live in U.S.	-	4	-	-
Not interested in F.S.	-	4	-	-
Family	-	1	-	-
Disliked assignment offered	-	-	-	3
Dissatisfaction	1	-	-	3
Personal or not ascertainable	-	3	3	2
Total	3	12	7	15
Average Service (Months)	27.0	15.0	18.7	13.7

Table IV lists separations for all reasons. It should be noted that 15 State Department resigned as compared to 22 USIA employees. Also, the average length of service before resignation was longer for the State Department employees than it was for the USIA employees.

Tentative Conclusions

The data developed so far do not indicate that the psychiatrically screened employees have fewer adjustment problems than the non psychiatrically screened. It should be noted, however, that the employee with the most serious psychiatric problem was not given psychiatric screening.

Each year for the next five years it is planned to review the medical files of all personnel included in the sample to determine whether the results will be any different over a longer period of time.

III Four Year Study

Background

While there has been a great deal of concern about the costs to the individual and to the government when employees or their dependents are unable to adjust to overseas conditions, no accurate statistics are available showing the extent of the problem as related to job category, age, length of service, post and other variables. Estimates have been made based on personal observations and experiences but only limited confidence can be placed in them. The Four Year Study was designed to supply more dependable data by making an intensive study of a pre selected four year period.

Research Design

A net was created in an attempt to identify significant adjustment problems occurring among employees or dependents of the Department of State, the United States Information Agency and the International Cooperation Administration, (now the Agency for International Development), and other civilian agencies such as the Department of Agriculture serving overseas during the period January 1, 1958 to December 31, 1961. An adjustment problem was considered to be significant when there was an appreciable loss of productivity through absence from the job, limitation on assignability, or a lowering of efficiency attributed by the Medical Division to psychological factors. The following types of problems were not included in the sample:

(a) Specific medical problems such as infectious diseases, cancer, accidents, etc.

(b) Performance problems relating to lack of specific job qualifications. The secretary who cannot spell was not included in the sample.

(c) Specific behavioral problems handled through non medical channels, such as security violations, criminal actions, sexual deviations, etc.

(d) Medical judgments that the employee or dependent who so far had not had any difficulty would be an adjustment risk at some future time.

The following sources of information were reviewed:

(a) The chronological files of the Medical Division psychiatrists during the four year period being studied.

(b) The files of individuals hospitalized in the United States during the four year period.

(c) Problem cases provided by the personnel offices of State and AID, but not USIA.

(d) A list of resignations because of health or dissatisfaction available from State but not from USIA and AID.

It should be kept in mind that there were undoubtedly some cases which were not picked up through the above procedure. Dependents, in particular, may have had problems overseas which never became a matter of official record. With respect to employees, particularly those in the Department of State, there can be considerably more confidence that very few serious problems were overlooked.

Table V estimates the total overseas population of the agencies being studied.

Table V

Distribution of Total Population for Four Year Study^{1/}

<u>Category</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other Agencies</u>	<u>Total</u>
Chief of Mission	79				79
FSO 1-3	744				744
FSO 4-6	1,143				1,143
FSO 7-8	405				405
FSR 1-3	184	1,058	117		1,359
FSR 4-6	513	1,978	15		2,506
FSR 7-8	119	98			217
FSS 1-6	100	23	693		822
FSS 7-10	962	139	205		1,306
FSS 11-13	1,133	547	103		1,783
Other				478	478
Total Employees	5,388	3,843	1,133	478	10,842

^{1/} Estimated number of employees serving overseas during 1960.

Results

It was found that 308 employees or dependents met the criteria for classification as a "casualty." Because of the difficulty in obtaining retired files it was not possible to review 25 files and it is estimated that 10 of these would also have met the criteria. Of the 308 "casualties" 242 were employees and 66 dependents. The results for employees and dependents are being reported separately.

1. Results For Employees

The 242 casualties over a four year period is at the rate of 60.5 per year, or approximately 6 casualties per 1,000 employees per year. Since relatively trivial as well as serious casualties are included, this appears to be a relatively low incidence. The rate for different agencies was 6 per 1,000 for State and 5 per 1,000 for both USIA and AID. Since

the available records were somewhat more complete for State Department employees, and, therefore, there was less chance of a casualty being missed, it seems reasonable to conclude that there were no differences among the agencies.

Table VI shows the degree of seriousness of the employee casualties. The casualties were classified on a scale of 5 and the various steps are described in the Appendix. Category 1 was called "Least"; Category 2, "Medium"; and Categories 3, 4, and 5, were combined for "Most".

Table VI

Seriousness of Employee Casualties by Agency

<u>Degree of Seriousness</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Least	42	16	6	1	65
Medium	54	37	10	-	100
Most	<u>42</u>	<u>27</u>	<u>6</u>	<u>1</u>	<u>76</u>
Total	138	80	22	2	241

Table VII shows the type of casualty as defined in the Appendix.

Table VII

Types of Employee Casualties by Agency

<u>Type</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Alcoholism	15	18	1	-	34
Somatic Complaints	36	15	6	-	57
Psychological Disorders	78	43	13	2	136
Suicide Attempts	4	4	2	-	10
Behavioral Problems	<u>5</u>	<u>--</u>	<u>-</u>	<u>-</u>	<u>5</u>
Total	138	80	22	2	242

The major difference among the various agencies is the somewhat higher incidence of alcoholism among AID personnel. This finding may be related to the fact that the AID has many more employees in the older age brackets.

Table VIII shows the nature of the action taken at the time the casualty first occurred.

Table VIII

Nature of Action Taken on Employee Casualties

<u>Nature of Action</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Brought to Washington immediately	52	26	7	--	85
Brought to Washington with attendant	12	10	3	1	26
Treated Locally	7	5	4	--	16
Reaction Postponed until Subject came to Washington on Rotation	22	16	--	---	38
Kept in Department for Evaluation	30	17	7	1	55
Assignment interrupted because of Dependent	2	1	--	--	3
Sent to Regional Medical Center	11	5	--	--	16
Reassigned to U.S.	<u>2</u>	<u>--</u>	<u>1</u>	<u>--</u>	<u>3</u>
Total	138	80	22	2	242

Table IX. shows the distribution of casualties by job category.

Table IX

Distribution of Employee Casualties by Job Categories

<u>Category</u>	<u>Casualties</u>		<u>Total Population</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Wriston FSO's	31	13	794	7
Other FSO's	2	9	1,412	13
State FSR	3	1	816	8
State FSS Officers	14	6	356	3
AID Officers	59	24	3,212	30
USIA Officers	21	9	980	9
Clerical	90	37	2,794	26
Other Agencies	<u>2</u>	<u>1</u>	<u>478</u>	<u>4</u>
Total	242	100	10,842	100

The highest percentage of casualties in relation to their proportion of the total population came from the Wriston FSO's and the clerical personnel. When the clerical personnel is limited to those in the lower classes, (FSS 11-13), the difference becomes even greater, (32% of the casualties and only 16% of the population).

Table X shows the distribution of casualties by degree of hardship of the post. For State Department 43% of the casualties occurred at hardship posts while only 33% of the personnel are assigned to such posts. The relationship may be greater than the figures show because employees are usually not sent to hardship posts if there is already any evidence of a problem. It should also be noted that there does not appear to be any increase in the proportion of casualties as the degree of hardship increases.

Table X

Distribution of Casualties by Degree of Hardship of Post Assignment

<u>Degree of Hardship</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
0%	59	16	7	-	82
10	17	13	1	1	32
15	7	11	1	-	19
20	13	11	4	-	28
25	8	8	2	-	18
Not at post	<u>34</u>	<u>21</u>	<u>7</u>	<u>1</u>	<u>63</u>
Total	138	80	22	2	242

Table XI lists all posts with more than four casualties during the four year period. While hardship posts are more frequent, there are also a number of non-hardship posts included on the list. It should be noted that no iron curtain post is listed.

Table XI

Posts with Four Casualties or More

<u>Name of Post</u>	<u>% of Hardship</u>	<u>Casualties</u>		
		<u>Employees</u>	<u>Dependents</u>	<u>Total</u>
Manila	10	7	1	8
Teheran	10	6	2	8
Seoul	20	3	4	7
Saigon	25	6	1	7
San Salvador	0	4	3	7
Bangkok	15	5	2	7
New Delhi	10	5	2	7
Buenos Aires	0	6	0	6
Tokyo	0	5	1	6
Paris	0	4	2	6
Panama	0	5	0	5
Baghdad	25	4	1	5
Belgrade	10	4	0	4
Amman	15	4	0	4
Accra	20	4	0	4
Quito	15	2	2	4
Bonn	0	3	1	4
Rome	0	3	1	4
Rangoon	20	3	1	4
Tripoli	0	3	1	4
Tunis	0	1	3	4

Table XII reports the seriousness of the casualty as related to geographic region. Europe and the Far East have the highest number of the most serious casualties.

Table XII

Seriousness of Employee Casualties by Geographic Region

<u>Seriousness</u>	<u>ARA</u>	<u>EUR</u>	<u>FE</u>	<u>NEA</u>	<u>AF</u>	<u>Not Determined</u>	<u>Total</u>
Least	8	11	4	5	1	36	65
Medium	17	17	14	19	12	21	100
Most	<u>9</u>	<u>18</u>	<u>18</u>	<u>15</u>	<u>9</u>	<u>8</u>	<u>77</u>
Total	34	46	36	39	22	65	242

Table XIII shows some striking relationships between years overseas and casualty incidence.

Table XIII

Distribution of Employee Casualties by Years Overseas

<u>Years Overseas</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Less than 2	26	17	3	0	46
2 - 3	34	26	6	0	66
4 - 5	20	17	3	0	40
6 - 7	7	11	6	2	26
8 - 9	5	4	3	0	12
10 - 11	17	4	1	0	22
12 - 13	14	1	-	0	15
14+	<u>15</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>15</u>
Total	130	80	22	2	242

For the State Department population 44% of the casualties occur during the first four years of service, 12% for the four year period of six to nine years overseas, and 46% of the cases occur after ten years of service. There

is thus a clear bimodal relationship. The first peak occurs during the third year and the second peak after the tenth year. This pattern is not true for other agencies probably because they do not have as large a proportion of employees with ten years or more of overseas service. They do, however, show the first peak at the third or fourth year. The overall average time overseas for employee casualties was 5.9 years.

Table XIV shows the age of employees at the time of the casualty.

Table XIV

Distribution of Employee Casualties by Age

<u>Age</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Under 25	3	0	1	0	4
25 - 29	18	0	1	0	19
30 - 34	29	9	3	0	41
35 - 39	24	14	4	1	43
40 - 44	26	20	3	1	50
45 - 49	19	15	5	0	39
50 - 54	13	11	4	0	28
55 - 59	3	8	1	0	12
60 and above	<u>3</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>6</u>
Total	138	80	22	2	242

The average age of employees at the time of the casualty was

41.3. The mode was 40 - 44.

2. Results for Dependents

The greatest number of casualties among dependents was the dependents of AID officers: 54% compared to only 23% for Foreign Service officers and 9% for USIA officers. Thus it would appear that the AID officer dependent proportionately is a greater risk than the officer himself.

There were four dependent children casualties identified. Two were under 18 years of age and two were over. It seems likely that there were other problems with children which were not reported. The average age of the wife casualty was 40.8 years and there was no clear cut mode.

Table XV reports the type of dependent casualty by agency.

Table XV

Dependent Casualties by Type and Agency

<u>Type</u>	<u>State</u>	<u>AID</u>	<u>USIA</u>	<u>Other</u>	<u>Total</u>
Alcoholism	2	2	1	-	5
Somatic Complaints	3	6	1	-	10
Psychological Disorders	15	25	4	1	45
Suicide Attempts	3	2	-	-	5
Behavioral Problems	-	<u>1</u>	-	-	<u>1</u>
Total	23	36	6	1	60

IV Discussion

There were several striking findings emerging from this study. The first was the relatively small number of cases identified in the Four Year Study. Three hundred and eight over a four year period is at the rate of 77 a year. Although some cases which meet the criteria were undoubtedly missed, it seems unlikely that such cases would come to more than 20% of the total. This means that the yearly casualty rate is less than 1%, even including the large number of fairly trivial casualties included in the study.

A second significant finding was that there appears to be a complex relationship between length of service overseas and incidence of casualties. The incidence during the first year is surprisingly low. It then rises to a peak around the third year, stays relatively high until the end of the fifth year, then falls off and then rises to a new peak after the tenth year. With respect to the first peak, there may be a parallel to the Air Force experience that it usually takes a number of flights under stressful conditions before the airplane crew starts to show lowered efficiency. The second peak is consistent with other studies which have shown that job tension tends to peak during middle age and to be lower in the younger and older age groups.

The third significant finding was that the groups given psychiatric screening did not appear to present any fewer problems to the employer, (turnover, medical adjustment), during the first two years of service than the groups which had not been screened. This may be due to the relatively low incidence of problems during the first two years for all groups. However, the Peace Corps has similar data. In the beginning all

Peace Corps candidates were given psychiatric screening, but it was found that the serious problems were picked up also by the selection, training, and medical officers. It is now the policy of the Peace Corps to limit psychiatric screening to cases referred because some indication of trouble is noticed or a special placement problem is being considered.

There appears to be some relationship between hardship conditions and the frequency of casualties, but the relationship appears to be much less than might have been assumed. Perhaps the "hardship" criteria used for determining post differentials may often have little relationship to "psychological hardship." Interpersonal factors are likely to be as important and sometimes more important than climate, dangers of injury or disease, adequacy of medical or educational facilities, attitude of local population, etc.

Clerical personnel had greater difficulties than officer personnel. This suggests that job adjustment and job satisfaction may be important variables. This is consistent with national survey data which showed that next to unskilled workers or farmers, clerical workers were least likely to report themselves as being "very happy."

Dependents of AID officers had more difficulty than other dependents while the AID officer himself did not appear to have an exceptional amount of difficulty. Perhaps the dependent wife does not get returns from the foreign assignment equivalent to that which her husband gets from his job.

Miscellaneous observations.

--Alcoholism was much more frequent among men than among women. This may be partly because the men are older on

the average.

- Alcoholism tended to occur after a much longer period of service than other categories.
- Somatic complaints tended to result in less serious casualties than other categories.

V Critique by Consultants

The list of consultants who reviewed the data is attached as an appendix. They met as a group, May 10, 1963, and agreed that the data demonstrated that the overseas adjustment problem is a serious one, but that the present study should be considered only exploratory. The net in the Four Year Study was not broad enough to identify all the significant problems and the analysis of the "casualties" in both the Matched Group and the Four Year Study was not intensive enough to tease out the significant variables. There are undoubtedly many serious problems which are handled by the post, or, in the case of the dependents, by the family and thus never become a part of the official record. Also, sociological, job related, and individual psychological aspects of the casualties were not included within the research design.

A number of questions were suggested for exploration. What characteristics are needed in the person to be able to perform specific jobs in specific environments? Are cultural interests, educational background, early environmental factors, (small town, big city, family interests), language facility, etc., of any significance? What is the relevance of size of post, staffing patterns, friendship patterns, supervision, length of time post has been in existence, social climate, etc.? How important are the cross-cultural factors?

It was recommended that the study be continued and that the sample groups be expanded to include other groups such as AID secretaries and technicians which should be followed over a period of time. Then a great

deal more information should be obtained regarding conditions at the posts, job conditions, reasons for drop outs, personal history of casualties, etc. It would also be desirable to compare high casualty posts with low casualty posts and perhaps specific symptomatology could be investigated to identify clues as to the dynamics of particular stresses in the environment or in the job.

VI Summary and Recommendations

This study was designed to answer the following questions:

"What are the kinds and frequency of emotional and nervous difficulties among overseas employees and their families?"

"At what kinds of posts and countries do they most frequently occur, and among what types of persons and at what stages in their careers?"

"To what extent can individuals susceptible to such difficulties be identified in advance and by what means?"

Two different approaches were made:

- (a) Matched groups of secretaries and junior officers were followed over a period of time to determine if the groups screened psychiatrically have fewer problems than those not screened.
- (b) A net was established to identify all adjustment problems occurring among overseas employees of State, USIA and AID which resulted in a significant cost to the employing agency.

The significant findings were:

- (a) That a relatively small number of cases were picked up in the net.
- (b) That the crisis typically does not come during the first year overseas, but after about three years and then again after ten years.

- (c) That the groups given psychiatric screening did not appear to present any fewer problems than the groups which had not been screened, although they may after a longer period of service.

Other findings were:

- (a) That there was a slight relationship between hardship conditions and frequency of casualties, but it was less than might have been expected.
- (b) That dependents of AID officers had more difficulty than other dependents.
- (c) That clerical personnel had more difficulty than officer personnel.

The major recommendation is that routine psychiatric screening does not appear to be a useful selection technique. It is possible, but it does not appear likely, that further follow-up over a longer period of time will reverse this recommendation.

The other recommendation is that variables relating to adjustment are much more complex than the ones included in this study and it is, therefore, necessary to study more subtle factors relating to the person, his job, and his post. One way to do this is to add additional samples to the Matched Group Study and follow them over a much longer period of time and then to investigate each serious casualty in depth right after it occurs.

Appendix A

Guide for Coding "Casualties"

Personal Data

All personal data was recorded as of the date of the casualty which was considered to be the first mention of the problem in the medical files. This data included age, sex, marital status, agency, type of work, number of posts, casualty location, and years overseas.

The Casualty

The type of casualty was identified as (1) alcoholism, (2) somatic complaints, (where it was indicated that no organic basis for the complaint had been identified and the medical records mentioned its psychogenic origin), (3) psychological disorder, which included a wide range from a report by the employee or dependent of nervousness which caused a delay in his overseas assignment to an acute anxiety attack, to a frank psychotic episode, (4) suicide attempt, (5) behavioral disorder, including homosexuality, indecent exposure, misconduct but only in cases where such disorders had been handled by the Medical Division as psychological problems.

Social effects were recorded whenever they were noted in the medical files and included marital strain, family friction, interpersonal difficulties with post staff, difficulties with foreign nationals and reduced production.

Casualty action applied to the steps taken by the Department when the problem came to its attention. Among the actions taken were (1) assignment interrupted, subject ordered to Washington, (medical evacuation), (2) evacuation to Washington with an attendant, (3) subject hospitalized in private institution abroad, (4) subject hospitalized in government hospital, (5) assignment not interrupted, reaction postponed until subject returned to Washington in normal career pattern, (home leave), (6) subject kept in Department for evaluation, etc.

Seriousness was measured on a five point scale, from (1) which was a brief delay in overseas clearance for a few months for observation or treatment during which time he may have been assigned to Washington and performing adequately, (2) brief hospitalization up to a month, (3) somewhat longer hospitalization, (4) more serious effects, (5) service terminated because of casualty, often by medical retirement.

Expense related to funds expended in the action; i.e. travel expense of evacuation orders, including an attendant when there was an indication that such an attendant had been required. The source of the original mention of the problem as found in the medical file was recorded as the activating agent. This could be post personnel, medical or non-medical; departmental personnel, medical or non-medical; private medical, domestic or overseas; subject's family or the subject himself.

Prior Indications

Prior indications ranged from material included in the medical file explicitly pointing to the type of disability which ultimately resulted in the casualty but which did not result in administrative action at the time, to a mention at the date of casualty of earlier psychotherapy which had not earlier appeared in the file, to an earlier casualty before January 1958, in which action had been taken and after which the employee had been cleared.

Treatment

In psychotherapy, (outside of a hospital), we noted interviews only by the Department psychiatrist, test or interviews by an outside psychiatrist or psychologist, including psychiatric consultants in other government facilities such as USPHS hospitals or outpatient clinics. It was noted when psychotherapy was recommended and there was no information in the medical files that the recommendation had been accepted. Also the duration of therapy was indicated when there was a record of this. In some cases, there was an indication of therapy, but duration was unknown. This also was noted.

The length of hospitalization for treatment of the casualty was recorded. In the case of somatic complaints, this related only to the hospitalizations when the medical records specifically stated an unidentifiable organic basis for the complaint and psychogenic origin was mentioned. The expense of this hospitalization was recorded whenever available.

Resolution

Administrative resolution of the casualty might be assignment to duty in U.S., (most often in the Department while being treated or observed). This was considered an "open" case in terms of case status since no casualty can be considered resolved in Foreign Service until or unless there is full clearance for overseas service. Some cases were given full clearance for this service and others limited clearance, (most often somatic cases, limited to a post with adequate medical facilities). Termination of service could take the form of medical

retirement, (voluntary or mandatory), resignation, expiration of appointment, separation, or transfer to Civil Service status.

Duration of the casualty was measured from the date the problem first appeared in the medical file to the date of resolution. In all cases in which the employee did not terminate his foreign service assignment in one of the above named processes, or was still on assignment to the Department, (indicating no full clearance for world wide duty), the case was considered pending and the case status open.

The sheet used for coding purposes is attached.

Foreign Service Casualties

Identification _____

Personal Data

Age ___ Sex ___ Marital Status ___ Agency ___ Grade ___ Work ___

No. of Posts ___ Casualty Location ___ Relation ___ Years Overseas ___

The Casualty

Type ___ Social Effects ___ Action ___ Seriousness ___ Expense ___ Agent ___

Prior Indications

Number ___ Source ___ Interval ___

Treatment

Psychotherapy ___ Hospitalization ___ Expense to Government ___

Resolution

Action ___ Basis ___ Medical Waiver ___ Duration ___ Case Status ___

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Identification _____ Subject

Posts Date Posted Birthday

1. EOD (date)

2. Casualty (date)

3. Resolution (date)

4.

5.

6.

7.

8.

9.

10.

Appendix B

List of Participants in May 10, 1963 Meeting

State Department

George Mishtowt, Acting Chief, Medical Division
Lester Sawyer, Clinical Director
Dorotha Campbell, Assistant Chief, Employees Relations Branch

United States Information Agency

Anthony Covins, Assistant Director of Personnel
Alvin Schlossman, Personnel Officer

Agency for International Development

Abraham Lerner, Assistant Director for Employee Relations
Helen O'Connell, Personnel Relations Officer

Peace Corps

Joseph Colmen, Director of Research
Joseph English, Chief Psychiatrist

Central Intelligence Agency

Charles Bohrer, Staff Psychiatrist

Navy Department

Luigi Petrullo, Head, Group Psychology Branch

Department of Air Force

Henry Duel, Chief, Personnel Research
Thomas Lisle, Overseas Affairs Officer

National Institute of Mental Health

Leonard Duhl, Psychiatrist, Professional Services Branch

Foundation for Research on Human Behavior

Hollis Peter, Director

E. I. du Pont de Nemours Company

W. R. Bender, Manager, Personnel Relations Section

City University of New York

Mottram Torre, Acting Chairman, Department of Student Services

Research Staff

Regis Walther, Research Program Officer

Jean Intermaggio, Psychologist

Vera Vinogradoff, Psychologist

Catherine Bachman, Research Assistant