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United States Department of State
and the Broadcasting Board of Governors
Office of Inspector General

Report of Inspection

Review of Support for Employees Who Are Serving or Have Served in High Stress, High Threat, Unaccompanied Posts

Report Number ISP-I-10-44, July 2010

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PURPOSE, SCOPE AND METHODOLOGY OF THE INSPECTION

This review was conducted in accordance with the Quality Standards for Inspections, as issued by the President's Council on Integrity and Efficiency, and the Inspector's Handbook, as issued by the Office of Inspector General for the U.S. Department of State (Department) and the Broadcasting Board of Governors.

PURPOSE

The Office of Inspections provides the Secretary of State, the Chairman of the BBG, and Congress with systematic and independent evaluations of the operations of the Department and the BBG. Inspections cover three broad areas, consistent with Section 209 of the Foreign Service Act of 1980:

- **Policy Implementation:** whether policy goals and objectives are being effectively achieved; whether U.S. interests are being accurately and effectively represented; and whether all elements of an office or mission are being adequately coordinated.
- **Resource Management:** whether resources are being used and managed with maximum efficiency, effectiveness, and economy and whether financial transactions and accounts are properly conducted, maintained, and reported.
- **Management Controls:** whether the administration of activities and operations meets the requirements of applicable laws and regulations; whether internal management controls have been instituted to ensure quality of performance and reduce the likelihood of mismanagement; whether instance of fraud, waste, or abuse exist; and whether adequate steps for detection, correction, and prevention have been taken.

METHODOLOGY

In conducting this review, the inspectors: examined pertinent records; as appropriate, circulated, reviewed, and compiled the results of survey instruments; conducted interviews; and reviewed the substance of the report and its findings and recommendations with offices, individuals, organizations, and activities affected by this review.



**United States Department of State
and the Broadcasting Board of Governors**

Office of Inspector General

PREFACE

This report was prepared by the Office of Inspector General (OIG) pursuant to the Inspector General Act of 1978, as amended, and Section 209 of the Foreign Service Act of 1980, as amended. It is one of a series of audit, inspection, investigative, and special reports prepared by OIG periodically as part of its responsibility to promote effective management, accountability and positive change in the Department of State and the Broadcasting Board of Governors.

This report is the result of an assessment of the strengths and weaknesses of the office, post, or function under review. It is based on interviews with employees and officials of relevant agencies and institutions, direct observation, and a review of applicable documents.

The recommendations therein have been developed on the basis of the best knowledge available to the OIG and, as appropriate, have been discussed in draft with those responsible for implementation. It is my hope that these recommendations will result in more effective, efficient, and/or economical operations.

I express my appreciation to all of those who contributed to the preparation of this report.

A handwritten signature in black ink, appearing to read "H. W. Geisel".

Harold W. Geisel
Deputy Inspector General

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KEY JUDGMENTS

- The Department has made considerable progress in its effort to support employees who are serving or have served in high stress, high threat, unaccompanied posts.
- The creation of a Deployment Stress Management Program (DSMP) in the Office of Medical Services (MED) to address mental health issues, coupled with an increase in the number of mental health care professionals, has made the Department better able to identify, counsel, and treat its employees for mental health problems.
- Employees believe there is still a significant stigma attached to seeking mental health assistance. The Department needs to issue a clear and persuasive high-level statement informing employees that seeking mental health assistance is a positive step and a normal part of a person's health care.
- The High Stress Assignment Outbrief is generally helpful to employees, but fewer than 60 percent of returnees from Iraq and Afghanistan for whom it is mandatory attend it, and very few from other high stress posts for whom it is voluntary take it. If efforts to increase attendance fail, the Department will need to adopt stronger measures and a follow-up mechanism.
- Many returnees experience problems adjusting to their follow-on assignments, and the support they receive varies widely among embassies and offices. The Department needs to task leadership of all posts and bureaus to assist employees coming from high stress posts.
- The Department has assigned social workers to Embassies Baghdad and Kabul and doubled the number of regional psychiatrists. More counseling services may be needed. The Department should survey employees in 2011 to determine whether counseling services are adequate.
- Leadership problems can be a significant cause of stress at any post but are particularly damaging at high threat posts. The Department needs to conduct regular assessments of senior and mid-level leadership, using surveys of staff among other measures, and take necessary remedial actions, including counseling and training.
- The Family Liaison Office (FLO), Foreign Service Institute (FSI), and MED have created a number of programs to provide information, networking, and counseling to families and employees serving in unaccompanied posts. FLO is surveying employees to assess the effectiveness of its programs.

- Employees cite administrative hurdles in getting to and from high stress posts as an unnecessary burden. The Department has done much to facilitate assignments to and from Iraq and Afghanistan but could use additional mechanisms, such as an ombudsman or similar entity, to help employees when normal procedures are not sufficient.
- Some returnees felt a lack of recognition for their service. The Department could consider such steps as certificates of recognition from the Secretary or more meetings between returnees and senior officials at the Department and posts.

The review took place in Washington, DC, between September 2009 and March 2010.

BACKGROUND

The Foreign Service has seen a significant change in its deployment abroad. Currently over 800 members of the Foreign and Civil Service are assigned to posts that are designated as high stress or high threat and thus unaccompanied (some allow spouses but not children). This number is increasing as embassies in Afghanistan and Pakistan expand. A large percentage of these assignments are for one year, which, while generally warranted by a difficult and dangerous environment, results in a lack of continuity and experience at these posts.

The Department has tried to address the challenges posed by staffing such positions, including by offering training, logistical and other administrative support, incentives, physical and mental medical care, and support for families. Generally, the Department has done an admirable job, adopting policies and programs that are innovative and well focused. Much progress has been made, especially in the past few years. FSI, MED, and FLO have formed an excellent working relationship and have reached out to counterparts in other agencies. However, there is more to be done, both in the short term and in the longer term, to help employees adjust to operations in this changing global environment.

Danger and hardship are by no means new to the Foreign Service. For decades, Foreign Service personnel have had to live with the threats of terrorism and violence. The 1998 bombings of the U.S. embassies in Nairobi and Dar es Salaam were dramatic demonstrations that no embassy is safe. Similarly, the fact that in the 1980s, Foreign Service personnel in France suffered a number of high profile attacks showed even then that it was not just embassies in places like Lebanon, Yemen, and Iran that could be targeted. Criminal activity also has always been a threat, but like terrorism, it has become an increasingly serious problem around the world. Car hijackings, home invasions, and robberies among other crimes have become an all too common factor in the lives of our personnel abroad. While this report focuses on posts designated as high stress, high threat, and unaccompanied, one must keep in mind that there are numerous other posts where conditions are dangerous and difficult and employees may be subject to similar stress and disruptions in their working and living environments.

An OIG survey conducted for this report showed that employees are generally very proud of their service in high threat posts. They appreciate the opportunity to make a meaningful contribution to an important, high profile part of U.S. foreign

policy, to have a high level of responsibility, to form strong relationships with their colleagues, and to strengthen their professional skills. However, these are indeed difficult assignments. Over 90 percent of respondents reported an unusual amount of stress, with danger being the most cited cause followed by separation from families, workload, leadership, and management support. (Other causes included inadequate, overcrowded facilities and limited ability to leave the compound.)

This review grew out of the OIG inspection of Embassy Baghdad in February/March of 2009. Its coverage, however, is broader than Iraq, including personnel who have served in Afghanistan, Pakistan, Saudi Arabia, Lebanon, Sudan, Yemen, Chad, and other high stress posts. The review is based in part on a survey of Foreign Service and Civil Service personnel who have served in these posts since September 2007 (see annex); the survey was sent to about 1,200 people of whom about 400 replied (75 percent of the respondents had served in Iraq, Afghanistan, or Pakistan). The review team interviewed representatives of the Bureau of Human Resources (HR), MED, the Bureau of Diplomatic Security (DS), FLO, FSI, and the Bureaus of Near Eastern Affairs (NEA), South and Central Asian Affairs (SCA), and African Affairs (AF), as well as the American Foreign Service Association. The review team also interviewed medical and mental health personnel in the Department of Defense, Department of Veterans Affairs, and This review also draws upon the results of recent inspections, including those of U.S. embassies in Iraq, Afghanistan, Saudi Arabia, Pakistan, and Yemen.

MENTAL HEALTH SUPPORT

In 2007, MED and FLO conducted a survey of Department employees who had completed tours in high stress, high threat, unaccompanied tours of duty between 2002 and 2007. About a third of the employees surveyed responded, of whom, 355 had served in Iraq, 206 in Afghanistan, and 404 in other posts. About 17 percent indicated some symptoms similar to those of post traumatic stress disorder (PTSD).¹ About 2 percent likely had PTSD. In the past five years, 18 employees have been formally diagnosed with PTSD. Of these, 10 had served in posts other than Iraq or Afghanistan. While the incidence of PTSD in the Foreign Service will not be as large as in the military, it is a threat and, together with the more commonly occurring PTSD-like symptoms, can have a negative impact on employees' professional and personal lives and impair the Department's ability to carry out its mission.

DEPLOYMENT STRESS MANAGEMENT PROGRAM

The Department established the DSMP in 2007 to address prevention, early detection, and treatment of psychological health issues before, during, and after deployment to high stress, high threat, unaccompanied tours of duty. Its primary purpose is to develop "resiliency," which it defines as "the ability of a person to withstand psychological stress, tolerate and control any subjective sensation of distress, maintain function during stressful periods, and return rapidly to an optimal state of psychological health after resolution of the stress."

The DSMP draws upon a number of previously existing programs as well as some new initiatives. They include:

- The High Stress Assignment Outbrief. This program was launched in 2004 by FSI and MED. It is mandatory for employees who have served in Iraq and Afghanistan and is recommended for those who have served in other

¹ Post Traumatic Stress Disorder is diagnosed when a person has experienced a traumatic event causing intense emotional reaction and leading to specific symptoms in three clusters:

- Persistent reexperiencing of the trauma (nightmares, intrusive recollections)
- Persistent avoiding of stimuli associated with the trauma (includes physical and emotional numbness)
- Persistent increased arousal (hyper-vigilance, insomnia, irritability, inability to concentrate, jumpiness)

Many returnees report some of these symptoms, but not the full range that would lead to a clinical diagnosis of PTSD.

high threat assignments. It is designed to inform the Department about problems encountered in these assignments, to help the employees identify symptoms of psychological reactions to such service (including PTSD, anxiety, and depression among other problems), and to facilitate their adjustment to their families and their next assignments. It is usually given to groups of returnees, though it can also be given individually, when necessary.

- A presentation on “resilience in high threat environments” as part of a required FSI course for employees going to assignments in Iraq and Afghanistan.
- Additional training on topics relating to psychological health as part of courses for DS agents, members of provincial reconstruction teams (PRTs), and consular personnel.
- Assistance to the DS Service Peer Support Group.
- A Coping with Stress Support Group.
- The assignment of mental health personnel to the health units in Embassies Baghdad and Kabul.
- An increase in the total number of regional medical officer/psychiatrists (RMO/Ps) from 12 to 24 and an expansion of “telehealth” services.
- Voluntary mental health screenings (brief questionnaires) to aid in early detection of PTSD symptoms. These were offered initially at embassies in Iraq and Afghanistan and now are offered in all embassies, as well as in Washington. Over 800 employees in Iraq and Afghanistan have completed the questionnaires. MED follows up with diagnosis and treatment for PTSD. Evaluation by RMO/Ps is available to locally employed staff who were assigned to Iraq from third countries if adequate resources are not available in their home countries.
- Training for consular officers on how to deal with the stress of identifying remains of Americans who have died overseas and dealing with their families.

SHOULD THERE BE MANDATORY MENTAL HEALTH CONSULTATIONS?

The DSMP offers employees the possibility of identifying mental health concerns and choosing among options for diagnosis and treatment. It does not, however, require mental health consultations before or after service in high stress, high threat assignments. MED supports strengthening the psychological health of em-

ployees as an important part of overall medical care but is reluctant to make mental health consultations mandatory. One reason is that such consultations require a willing party who will discuss personal issues with a medical professional. Forcing people into such an encounter can cause resentment, be unproductive, and thus waste time and resources. On the other hand, one can make the argument that mandatory consultations will result in helping some employees who would not have voluntarily sought consultations because of the stigma attached to mental health care. (If mental health consultations are required, there is less of a stigma.) Also, mandatory consultations can serve to build acceptance of mental health consultations as an integral part of normal health care.

The Department of Defense has run pilot projects involving mandatory mental health screenings or consultations of soldiers returning from combat zones with considerable success. They are now required of all military returning from combat zones.

The OIG team considered recommending that the Department revisit this issue in light of the experience of other government agencies. However, it did not do so because the Department is working with other agencies on legislation for a personnel policy for civilians deployed to war zones that would address this issue. OIG supports this effort.

In the absence of such a policy, concerns have been raised about mandating consultations/screenings. (The military is exempt from the Americans with Disabilities Act so it has more flexibility in its screening process; the Department of Defense does not have a mandatory mental health consultation/screening process for its civilian employees.) Even if mandatory screenings or consultations cannot be used to determine who should be cleared to go to a post, they could still serve a very important function in helping employees develop the resilience to be more effective in their onward assignments and make their own decisions as to whether they are suited for a high stress assignment. Depending on the results of the policy review and possible legislation, the Department may wish to revisit the question of mandatory consultations.

WHAT CAN BE DONE ABOUT THE STIGMA?

Whether justified or not, Department employees believe there is still a strong stigma attached to seeking mental health care. Because they fear losing security or medical clearances or of appearing weak or unreliable in the eyes of their colleagues, they hesitate to seek such care. This hurts the Department because employees will not be as effective either at a high stress post or in future assignments if their mental health care issues have not been addressed.

The Department of Defense, led by the Secretary of Defense, has undertaken a campaign to reduce or eliminate this stigma. The Department also has made an effort in the past but can do more. The Department, as have the Department of Defense and other federal government agencies, now exempts mental health consultations relating to service in a military combat environment (i.e., Iraq and Afghanistan) from being reported on employees' security clearance forms (it still has to be reported on medical clearance forms). That is just one, though important, step.

There is still a lack of clarity as to what employees must report on the security clearance form. For example, does a discussion between an employee and a health professional on how to manage stress have to be reported even if it does not involve diagnosis and treatment of a mental disorder? Opinions differ on that point. However, if such "preclinical" discussions have to be reported, that will ensure that fewer will take place, even if the Department is more successful than in the past in reducing the stigma. This would undercut the Department's efforts to build resiliency among its employees.

The Department needs to address the overall issue of the stigma. The next step should be a message from the Department's leadership to all employees making some of the following points (which have been made to the OIG team by MED and DS):

- The Department encourages its employees to seek mental health care. It is a positive act and a normal part of maintaining one's health and preparedness.
- Employees could be more likely to put at risk their clearances and job performance when they do not seek such care.
- Only two employees have lost their security clearances over the past five years because of mental health issues (which did not involve PTSD).
- Of the 517 cases concerning mental health issues that DS referred to MED during 2009, not one resulted in denial of a security clearance for mental health reasons.

Recommendation 1: The Bureau of Human Resources, in coordination with the Office of Medical Services and the Bureau of Diplomatic Security, should issue a high level message that encourages employees to seek consultations with mental health professionals, notes the very low probability that this would have any negative impact on security clearances, explains the roles of the Bureau of Diplomatic Security and the Office of Medical Services in this process, and gives guidance as to what types of mental health consultations should be reported. (Action: HR, in coordination with MED and DS)

A few people indicated to the OIG team an uneasiness with discussing personal mental health issues with a DS investigator. Such people are thus more reluctant to report or even seek such consultations. In addition, some employees at posts overseas may be reluctant to explain the details of a mental health consultation to the regional security officer (RSO) who is conducting their security update because the RSO is part of the community and, in the case of the Ambassador, Principal Officer, and deputy chief of mission (DCM), may be in the RSO's chain of command. The OIG team suggested that DS address these problems by, for example, setting up an alternative reporting mechanism through a confidential network to allow employees to provide such information directly to an office in DS staffed by personnel knowledgeable about mental health issues.

The Department could explore additional means to encourage employees to improve their resiliency and that of their colleagues. One possibility, which came up during discussions at FSI and MED, is to create a course on improving resiliency. This could be part of leadership and management training or preparation for assignments to difficult posts, or it could be an on-line course. Besides presentations and group exercises, the course could include an opportunity for a one-on-one consultation with a mental health professional. Some participants could also become peer counselors, which would then help them demonstrate a commitment to community service, which is a factor in performance evaluations. The OIG team therefore suggested that, if resources permit, FSI develop additional resiliency training as a separate course, or for use as modules in current courses or for online courses.

The Department could also pursue the possibility of offering employees the opportunity to do self screening through a Web-based program similar to one that is available to the military. Employees could describe their symptoms and concerns, learn of possible implications and how the symptoms could be addressed, and receive options for further consultations and treatment. This is an anonymous interaction and thus gets around the perceptions associated with clearances and stigma. The OIG team suggested that the Department establish a Web-based program.

The Employee Consultation Service (ECS) is also available to employees who wish a confidential conversation with a social worker. The OIG team suggested that the Department publicize this service more broadly and clarify whether conversations with ECS social workers need to be reported on security clearance forms.

The OIG team also suggested that the Department consider using coaches to promote resilience. Coaches could help employees manage workloads, people, and their careers. Working with a coach is a way to deal with symptoms of stress while avoiding the stigma that can be attached to mental health services. With more resources, coaches could be used more broadly in the Department and abroad.

In sum, the DSMP provides a promising framework for MED, FSI, and HR to continue to expand the program to strengthen the resilience of Department employees. In addition to the current elements of the DSMP, the Department should explore increasing resilience training opportunities and incentives for taking such training, developing self-assessment mechanisms, and, depending on the legal environment, introducing mandatory mental health consultations for people going to and coming from particularly difficult posts or for people taking on leadership positions. At the same time, these bureaus and DS should aggressively and creatively attack the problem of stigma through more effective communication, flexibility, and use of alternative methods of counseling and coaching.

ARE EMPLOYEES TAKING FULL ADVANTAGE OF PROGRAMS TO HELP THEM?

Apart from the issue of stigma, many employees are not willing or able to take advantage of the briefing opportunities the Department offers. The High Stress Assignment Outbrief is a key part of the DSMP and FSI program to help employees adjust to their follow-on assignments. While formally mandatory for employees returning from Iraq and Afghanistan, fewer than 60 percent actually take it, and very few returnees from other high stress assignments take it. Often the cause is inadequate time for consultations in Washington before going to the next assignment. In that case, the RMO/Ps are supposed to offer this debriefing to employees at their follow-on posts.

The Department (MED, FSI, HR) has taken steps to increase enrollment. A cable now goes out annually to all Department employees in Iraq and Afghanistan reminding them of the requirement to take the course. HR tries to provide enough time in Washington for employees to take the course between assignments. RMO/Ps

are supposed to encourage people to take it at their follow-on posts if they missed it in Washington. HR is reluctant to force people to attend because the value of the course depends in part on the willingness of the employees to participate rather than resent being there. Also, the logistics and travel entailed in reassignment make it too difficult to tie attendance to the issuance of travel orders or the approval of travel vouchers. What would help is putting responsibility on the leadership of embassies and bureaus to actively encourage their employees to attend the Outbrief and for MED to ensure that the regional psychiatrists are available to offer it. HR, MED, and FSI should institute a follow-up mechanism to keep track of those employees who have and have not attended.

Recommendation 2: The Bureau of Human Resources, in coordination with the Office of Medical Services and the Foreign Service Institute, should assign more returnees to the High Stress Briefing in Washington before they proceed to their onward assignments; task regional medical officers/psychiatrists to offer the training overseas for any employees who miss Washington training; and implement a follow-up mechanism to ensure all returnees who are required to take the course do so, and that more employees for whom it is voluntary, take it as well. (Action: HR, in coordination with MED and FSI)

THE RESPONSIBILITIES OF ONWARD ASSIGNMENT POSTS AND BUREAUS

Many employees have some difficulty adjusting to their onward assignments in more “normal” posts abroad or in Washington. According to interviews and the OIG survey, problems include, depending on the post, adapting to a regular workflow rather than a high pressure, high intensity workplace where everything has to be done immediately; feeling like a cog in a more hierarchical structure; missing a tight-knit community that banded together in a dangerous environment; working on issues that, while important, may not be as exciting or prominent as those at a high threat post; focusing on what’s happening in their previous assignments (“not letting go”); experiencing difficulty in concentrating, relating to colleagues who have not shared their experience, and reintegrating with their families.

Depending on the resilience of the employees and what they have experienced in their high threat post, many can overcome these adjustment problems with time. However, their adjustment can be enhanced by the actions of their supervisors and colleagues at their new place of assignment. The OIG survey indicated very few posts where management paid special attention to those employees coming from high stress assignments, to say nothing of creating a program to smooth their transition. One exception is Embassy Rome where the previous leadership helped returnees develop a program that brought them together for discussions. The group set its own agenda focused on their experiences at their high stress posts and their adjustment to life and work in Rome.

FSI has developed a very useful web-based seminar on “working with returnees from high stress posts” based in large part on what they have heard from returnees who have attended the Outbrief. It opens by noting that the greatest single predictor of who develops PTSD and who does not is the social support network people have after they experience a traumatic event. It points out that if you make returnees feel valued, appreciated, respected, and included, their readjustment process will be much easier for them and for the post. It draws upon the 2007 survey to indicate that while about 80 percent of returnees found their high stress tours to have been professionally rewarding and two-thirds would consider volunteering again, more than half reported some issues in readjusting. (The five most common were problems with significant others, jumpiness, insomnia, irritability, and being socially withdrawn.)

The FSI seminar provides excellent advice for dealing with returnees, including such points as: acknowledge the returnees' experience and thank them for serving; tell them you would like to hear about their experience when they are ready; insist that they attend the mandatory Outbrief and if overseas, ensure that it is offered by the regional psychiatrist (and encourage returnees from high stress posts other than Iraq and Afghanistan to take it as well); don't expect returnees to be top performers right away and be somewhat flexible about breaks and time off; encourage returnees to seek counseling; and reduce isolation by helping them get together with their colleagues, particularly those who have had similar experiences. FSI and HR have also developed guidance for posts on how to assist LE staff who have served in Iraq and Afghanistan.

The FSI seminar has been offered at the DCM course over the past two years, but more DCMs, ambassadors, and mid-level managers need to take it. This, plus the absence of programs to help returnees and the less than adequate attendance at the Outbrief even when it is formally mandatory, indicate the need for the Department to assign managers at overseas posts and in Washington responsibility for facilitating the adjustment of employees from high stress posts to their new working environment. There is no standard program that will fit all posts. Flexibility is necessary, but the issue must be addressed in a comprehensive manner. This responsibility could be carried out in the same manner as that for the development and implementation of mentoring and other programs for entry-level officers.

Recommendation 3: The Bureau of Human Resources should task the leadership at overseas posts and in the Department of State with responsibility for facilitating the adjustment of employees coming from high stress, high threat posts. This would include, among other things, facilitating returnees' attendance at the mandatory Outbrief and requiring supervisors to take the Foreign Service Institute's web-based seminar on working with employees from high stress posts and implement its suggestions. (Action: HR)

LEADERSHIP AND STRESS

In practically any conversation about the causes of stress and inefficiency in the Department or at overseas posts, the issue of inadequate leadership/management comes up. For some employees, this is a greater problem than danger and hardship. Good leadership can do a great deal to create high morale and effectiveness at difficult posts. Poor leadership, of course, can be a problem at any post or bureau, but it can be especially harmful at a high stress, high threat post. In the OIG survey, leadership problems were cited by 45 percent of the respondents as a source of stress for them or their colleagues. As noted above, this was less than the percentage citing danger, workload, and separation from families, but leadership problems generated more passionate comments than any other issue. That is probably because, unlike danger and separation, employees feel that something can and should be done about leadership. The shortcomings cited by respondents include failure to recognize the stress employees are under and to provide time for them to take a break, exercise, or even see the regional psychiatrist when he or she is at post. Some leaders are seen to do too much unnecessary tasking, demanding work that really does not need to be done—often form over substance. Also, some leaders fail to give positive feedback, or much feedback at all, to develop a sense of community or to share information or even convey clear objectives. In most cases, leaders are under substantial pressure themselves and are working from early morning until late at night. Some convey the impression that in a crisis zone, employees should just “suck it up” and work day and night without breaks or without much attention. This undermines morale and productivity and thus reduces the effectiveness of the post.

The Department or interagency community often exacerbates the workload problem in high profile posts such as those in Iraq, Afghanistan, and Pakistan by scheduling video conferences without regard to the working or sleeping hours at the posts and by tasking these posts with work that could be done in Washington at less expense and disruption. This problem was identified in recent OIG inspections of Embassies Kabul, Baghdad, and Islamabad. Washington must also exert more control of the frequency, duration, and scope of visiting delegations, which take up a great deal of time of already busy staff.

This is not to say that poor management is widespread at high stress or more “normal” posts. In fact, OIG inspections have found that at a substantial majority of posts, the top leadership is doing fairly to very well. Also, inspections have found that inexperienced personnel have put an additional burden on top leadership as well as

middle managers. (See section below on whether the right people are being assigned.) However, recent inspections have found too many cases of managers at the top and middle levels who cause unnecessary stress and inefficiency and thus impair the morale and smooth functioning of their post, bureau, office, or section.

What can be done to improve the quality of leadership/management? The Department has increased its emphasis on leadership training and runs courses for all new ambassadors and DCMs. The performance evaluation system is designed to focus on leadership/management as well as policy skills, but inspections have shown that employee evaluation reports too often skate over shortcomings. Apart from an OIG inspection every five to eight years, there is no structured, objective process of evaluation of the leadership/management of overseas posts and of bureaus in the Department. There are, apart from inspections, generally not even regular surveys of members of the staff, let alone the “customers” of an embassy’s or bureau’s work.

Some companies and organizations conduct regular reviews of the leadership and performance of their major units or of the organization itself. For example, at one major corporation, there is a survey every other year of the employees and customers of its major divisions focusing both on leadership and performance. The survey is assessed by the central human resources office, which then arranges for appropriate counseling and training to address any problems that are identified.

This is a fairly simple concept, made easier to implement through on-line surveys. However, it has to be done in a way that ensures confidentiality, protects employees from retaliation, results in corrective action, and is fair to all parties. In the Department, either the regional bureaus or HR could conduct such reviews. HR could likely provide greater assurance of confidentiality, particularly if this function were performed by a specially selected, dedicated unit that could also undertake the management consultant and counseling roles necessary to correct deficiencies. It could be assisted by MED, through RMO/Ps, and FSI, which could play a key role in providing training, utilizing, among other resources, its certified leadership coaches/trainers. A team, drawing on personnel from HR, the regional bureaus, and possibly FSI and MED, could be dispatched to posts that are found to be suffering significant problems. The team would interview staff, pinpoint the problems, provide counseling and a program for improvement, and recommend to the Department any further remedial action. The regional bureaus need to be involved in this process, particularly as it would provide important input into their evaluation of ambassadors and DCMs and could help bureaus address weaknesses through the assignment process. AF has, in response to OIG recommendations, already introduced a system to survey staff

members to help the bureau more effectively evaluate post leadership. The Department can determine what system would work best and which bureau or entity should take the lead. The important factor from the perspective of OIG is that an effective system be developed and implemented.

Reviews of posts and bureaus could be conducted annually or every other year, but in the case of high stress posts with one year tours of duty, they should be conducted annually.

A possible barrier to implementation of such an assessment and remediation process would be cost. But that has to be weighed against the substantial costs imposed by inadequate management, and as noted above, on-line surveys make such assessments cheaper as well as more comprehensive. This is a particularly favorable time to establish this assessment process since the Department is currently expanding its staff.

Since this is an issue that would affect all posts and bureaus, this report, which focuses on high stress, high threat posts, will not include a formal recommendation. That will be done in a separate channel.

EXPANDING OPTIONS FOR COUNSELING

During this review, a mental health professional with experience at the Department of Defense and the Department of State pointed out the important role that chaplains play in providing counseling and other support to the U.S. military stationed overseas. They provide advice, but often just the fact that they are there to listen helps people work through their personal and work related problems. Department employees abroad often do not have anyone to turn to for counseling short of the regional psychiatrist who usually is not at post and also may, to some employees, carry the stigma attached to more formal mental health care. Since a chaplain corps is not practical for Department employees overseas, the OIG team looked into the possibility that social workers could provide this type of pre-clinical care. A number of people interviewed were quite supportive of this concept. Currently, ECS provides counseling to employees by telephone with occasional visits overseas. Social workers also are assigned to embassies in Baghdad and Afghanistan, and the Department is in the process of recruiting a social worker for the U.S. Mission in Pakistan. Their role is to be actively engaged in the life and work of the embassy and PRTs to identify problems, both individual and general, and help employees address them.

The OIG team raised with MED whether the Department should employ more social workers/counselors to serve both overseas and in the Department where they could be called upon to pay lengthy visits to posts, particularly where there are problems or difficult conditions. MED's position is that with the doubling of their number, the RMO/Ps could play this role. They could provide the pre-clinical advice and counseling, get out of their offices and go around the mission to meet with individuals and groups informally, and spend considerably more time at posts that are having problems. Also, regional medical officers (RMO) and Foreign Service health practitioners could help play this broader counseling role and often do. If resources were available, MED would prefer to hire psychiatrists rather than social workers for overseas service as the cost difference is not large and psychiatrists offer additional capabilities in the areas of diagnosis and treatment. The OIG team concluded that MED's approach should be tested, and that a reassessment should be made after a year to see whether this broader mission is being carried out effectively. Also, MED should consider providing training in counseling to those RMOs and practitioners who have not already had it.

Two other possible counseling resources are (1) a peer support program such as those developed by DS and (2) FSI. In the peer support program, volunteers receive training in counseling and are present both abroad and in the United States. Their names are on a central list and they will help any of their colleagues who contact them. Their advantages are that they have experienced many of the same challenges and problems as their peers and they are neither in the chain of command nor involved in clearances. Their disadvantage, of course, is that they do not have the extensive training and experience in counseling that social workers have. As noted above, FSI has certified leadership coaches who could provide advice to troubled posts and, more generally, has in the past played a counseling/training role in helping embassy staff, both direct hire and locally employed, manage serious stress and disruption because of attacks (e.g., Kenya and Yemen) or other causes.

With the increasing number of people serving in high threat, high stress assignments, the Department needs to build resiliency among its employees, including by expanding counseling opportunities. All of the above could be elements of an overall program to enhance the resiliency of Department employees and identify broader problems which need to be addressed. Counseling could be done in person, by telephone, or on-line and could utilize support groups such as those set up by DSMP and peer counselor programs such as that created in DS.

Recommendation 4: The Office of Medical Services should continue to expand the counseling services it offers employees and establish a schedule for a 2011 survey of employees and health providers to determine the effectiveness of its programs. (Action: MED)

IS THE DEPARTMENT SENDING THE RIGHT PEOPLE TO HIGH STRESS POSTS?

The OIG survey asked whether the Department generally was assigning employees with the necessary skills, experience, and temperament to high stress, high threat posts. Over 60 percent of respondents said no. In their comments, those who served in Iraq and Afghanistan and answered in the negative made observations such as: there are too many people who are there just for the money, their next assignment, or to save a failing career. There are people who do not have the necessary experience or the mental and physical resiliency to be effective; such people make work more difficult for the others. There was a feeling that taking virtually anyone who volunteers has a negative impact on the post.

This is a complex issue where a number of difficult considerations are at play, including a commitment to a volunteer-based assignment system and difficulties in screening employees for physical and mental capabilities in a way that is legally defensible. Ideally people should have appropriate substantive skills, regional expertise and language capability, good interpersonal and teamwork skills, and the physical capacity and mental resilience to excel or at least function effectively in such a demanding environment. But given the number of people needed and one-year tours, the ideal cannot be reached for even a majority of the employees. What, then, could be done?

Care should be taken in setting numerical staffing targets. A smaller, higher quality staff can usually do a better job. The OIG inspection of Embassy Baghdad found that many employees thought that staffing levels were too high as a result of the “civilian surge,” even taking into account the need to compensate for the absence of staff because of rest and recuperation leave (R&R) and other factors. The OIG inspection of Embassy Kabul found that the Baghdad experience was being repeated, with staff added before functions were identified and job descriptions developed.

The regular process of selection of candidates for positions should be as rigorous as possible. Fortunately, the regional bureaus and HR have been somewhat more able to choose among bidders to select those who have the stronger skills and experience as they would for any post, rather than take anyone who volunteers. Active recruitment and persuasion are key elements in this process.

Though some respondents to the OIG survey seemed very positive about the performance of entry-level officers, the more common view was that first-tour officers, at least, should not be sent to such posts. This opinion was shared by those the OIG team interviewed.

The incentive structure should be reviewed regularly, and HR is now doing so. As noted above, a number of survey respondents were critical of the performance of their colleagues who, they thought, were just there for the money or to save a sinking career. In some cases, this may well be true. But monetary incentives and the need to “punch tickets,” including to fulfill a hardship post obligation, can also bring capable employees to a high threat, high stress, unaccompanied post, people who without such incentives would have pursued a different career path. Even granting an extra year of time in class can bring some qualified people to a high stress post. It depends on the individuals and that puts a premium on a full assessment of a bidder’s skills and experience. Some jobs may have to go unfilled if an appropriate person cannot be found.

Some employees should be encouraged to volunteer for assignments longer than one year. This was a recommendation of the OIG inspection of Embassy Baghdad. HR is doing this through additional incentives, employing spouses at post, or simply acceding to the employees’ desires. Two-year tours are the easiest to implement, but 18-month tours could also be accommodated using six months at the front end for training (including language) or service on the desk, and six months at the back end for language training for the next assignment, for serving as a trainer for those going out to a high threat post, or working on the desk. Here again, care should be taken in determining which individuals should be allowed to serve more than a year. Ideally, only those with proven capabilities and resilience should be selected.

During this review as well as in other inspections, a number of people, including high ranking officials, raised the problem of employees serving too many tours, or back-to-back tours in high stress posts. While some individuals are well suited to such service, there was a general consensus that people should not be assigned to two such tours in a row, with, of course, some carefully determined exceptions.

Care should also be taken in reviewing the skills and experience of employees hired under the 3161 authority for Iraq and Afghanistan, both for first-time hires and re-hires. A number of people in the OIG survey expressed concern that 3161 employees² who did not do very well in Iraq were being hired to go to Afghanistan, and many more thought that 3161 personnel in general needed greater knowledge of the objectives and operations of the Department and other government agencies to be effective in their jobs.

² Subject matter experts hired under Title 5, Section 3161 of the U.S. Code

A number of respondents to the OIG survey, as well as persons interviewed, stressed the importance of selecting employees who can handle the physical and psychological rigors of jobs in these demanding, high stress posts. Evidently, some cannot. Ideally, the Department should be able to screen people for their physical capacity and mental resilience. That ability seems to be diminishing at the same time that the physical and psychological demands of many jobs overseas are increasing. Employees in a war zone may have to be able to jump in and out of helicopters wearing 40 pounds of protective equipment. Many have to be able to live under constant threat of rocket or bomb attacks. They have to withstand great workload pressure and remain productive as well as civil in their dealings with their staff and colleagues. Medical emergencies not only endanger the afflicted employee, but also colleagues who depend on them or risk their lives to provide care or evacuation. The increasing incidence of service in high stress, high threat posts calls for a stronger, not a weaker screening of employees. OIG would support the Department's developing a stronger "fitness for duty" policy that would be fair not just to the individual, but also to his or her colleagues, and that would maintain the effectiveness of a high stress, high threat post. Administrative and legal barriers, however, limit the Department's options. In a recent review of the issue of physical fitness for high threat posts, the Department concluded that providing employees with the information to make an intelligent self-assessment of their capabilities was the best available means of handling this problem.

LEAPING ADMINISTRATIVE HURDLES

A number of respondents to the OIG survey described what seemed to them to be unnecessary hurdles they had to overcome to transfer to and from high stress assignments, including taking care of their families. While some of these were ultimately resolved, this took hours and days of valuable time. Some examples include an employee who was at a PRT and whose onward assignment was in the United States. His family, who had been abroad during his assignment, moved to the United States, but could not get their household effects delivered because at the last minute the employee agreed (at the Department's request) to extend his stay at the PRT to ensure no staffing gap with his successor. Employees with families who stayed abroad during an unaccompanied assignment wanted to skip or postpone mandatory home leave back to the United States before they go to another overseas assignment because they have to pay for their family's travel or have to get to the new post to put their children into school. An employee who was assigned from a high stress post where she could not drive to another post where she needed a car, could only get reimbursed for shipping a car between the two posts, rather than from the United States to that post, a much longer distance. In some cases, the Department ultimately finds a solution, but that may take a lot of time and effort on the part of the employee.

The Department has done a great deal and has shown considerable creativity and flexibility in facilitating employees taking assignments in Iraq and Afghanistan. Certain benefits, such as the ability to keep one's family overseas, have resulted in conflicts with some existing practices or regulations. While the Department has taken care of many of these problems, there are still rules and policies that may become roadblocks and may need to be adjusted either on an individual or generic basis.

To the Department's credit, the Director General has created a working group to determine how to facilitate the resolution of administrative problems faced by employees going to, serving in, and coming from high stress, high threat posts. There are a number of additional mechanisms that could be considered. One would be an ombudsman or other entity who could be contacted by employees in cases where the normal channels are not working. When problems cannot be resolved at a working level, senior officials in HR and the regional bureaus have to devote too much time to resolving them. An ombudsman or other entity could take over that responsibility. If it works well, it could be extended to cover all posts.

Recommendation 5: The Bureau of Human Resources should establish an entity to help resolve administrative problems for employees going to, serving in, or coming from high stress posts when those problems cannot be resolved through normal procedures. (Action: HR)

SUPPORT FOR FAMILIES

FLO has increased substantially its support for employees and their families who are serving in unaccompanied posts. It created two and a half positions to handle these programs and established good coordination with the Department of Defense and other agencies whose employees are in similar situations. It offers to families and employees a series of information, counseling, and networking programs as well as medals and certificates of recognition for children. It tries to reach out to families who are remaining overseas or are not in the Washington area. In its training of community liaison office coordinators, FLO emphasizes the importance of supporting the families of those serving in or coming from unaccompanied assignments. The formal assignment of responsibility to post leadership for assisting people coming from high stress posts (Recommendation 3 above) should help the coordinators perform this function effectively.

Only a relatively small number of respondents to the OIG survey indicated that they or their families have taken advantage of the FLO programs, but their assessment of them was generally positive. A number of respondents said that they did not seek help from FLO because they were single. This is a misunderstanding of FLO's role as it provides services to all employees and FLO may wish to stress that point to employees heading off to unaccompanied posts. FLO itself is conducting its own, more extensive survey that will provide a more complete assessment of its programs. This report will not make any recommendations on how FLO programs could be improved in view of the pending FLO survey.

RECOGNITION FOR SERVICE

Another issue that was raised by some employees during this review is the perceived lack of thanks or recognition by senior Department officials for employees' service in stressful and dangerous posts or situations. Other U.S. Government agencies, including the U.S. military, have various ways—including ceremonial events and awards/medals—to acknowledge and thank their employees for this service. The Department could do more of this. Recognition need not be just in the form of a certificate or award, though these are important, particularly if the certificate comes from the Secretary of State. Also important is senior management showing an interest in these employees' experiences and views. A good example of this was a meeting organized by the Director General between returnees and the Under Secretary for Political Affairs. The leadership of regional bureaus could do more of this.

Recommendation 6: The Bureau of Human Resources, in coordination with the Bureaus of Near Eastern Affairs, South and Central Asian Affairs, and African Affairs, should establish programs to offer thanks and recognition to employees who have served in certain dangerous and stressful assignments. (Action: HR, in coordination with NEA, SCA, and AF)

LIST OF RECOMMENDATIONS

Recommendation 1: The Bureau of Human Resources, in coordination with the Office of Medical Services and the Bureau of Diplomatic Security, should issue a high level message that encourages employees to seek consultations with mental health professionals, notes the very low probability that this would have any negative impact on security clearances, explains the roles of the Bureau of Diplomatic Security and the Office of Medical Services in this process, and gives guidance as to what types of mental health consultations should be reported. (Action: HR, in coordination with MED and DS)

Recommendation 2: The Bureau of Human Resources, in coordination with the Office of Medical Services and the Foreign Service Institute, should assign more returnees to the High Stress Briefing in Washington before they proceed to their onward assignments; task regional medical officers/psychiatrists to offer the training overseas for any employees who miss Washington training; and implement a follow-up mechanism to ensure all returnees who are required to take the course do so, and that more employees for whom it is voluntary, take it as well. (Action: HR, in coordination with MED and FSI)

Recommendation 3: The Bureau of Human Resources should task the leadership at overseas posts and in the Department of State with responsibility for facilitating the adjustment of employees coming from high stress, high threat posts. This would include, among other things, facilitating returnees' attendance at the mandatory Outbrief and requiring supervisors to take the Foreign Service Institute's web-based seminar on working with employees from high stress posts and implement its suggestions. (Action: HR)

Recommendation 4: The Office of Medical Services should continue to expand the counseling services it offers employees and establish a schedule for a 2011 survey of employees and health providers to determine the effectiveness of its programs. (Action: MED)

Recommendation 5: The Bureau of Human Resources should establish an entity to help resolve administrative problems for employees going to, serving in, or coming from high stress posts when those problems cannot be resolved through normal procedures. (Action: HR)

Recommendation 6: The Bureau of Human Resources, in coordination with the Bureaus of Near Eastern Affairs, South and Central Asian Affairs, and African Affairs, should establish programs to offer thanks and recognition to employees who have served in certain dangerous and stressful assignments. (Action: HR, in coordination with NEA, SCA, and AF)

ABBREVIATIONS

AF	Bureau of African Affairs
DCM	Deputy chief of mission
DS	Bureau of Diplomatic Security
DSMP	Deployment Stress Management Program
Department	U.S. Department of State
ECS	Employee Consultation Service
FLO	Family Liaison Office
FSI	Foreign Service Institute
HR	Bureau of Human Resources
MED	Office of Medical Services
NEA	Bureau of Near Eastern Affairs
OIG	Office of Inspector General
PTSD	Post traumatic stress disorder
PRT	Provincial reconstruction team
R&R	Rest and recuperation
RMO	Regional medical officer
RMO/P	Regional medical officer/psychiatrist
RSO	Regional security officer
SCA	Bureau of South and Central Asian Affairs

APPENDIX I: OIG QUESTIONNAIRE WITH COMMENTS

1. A. Please specify in which of the high stress/high threat/unaccompanied missions you served since 2007.

- Afghanistan
- Algeria
- Central African Republic
- Chad
- Cote d'Ivoire
- Iraq
- Kosovo
- Lebanon
- Pakistan
- Republic of Congo (Brazzaville)
- Saudi Arabia
- Sudan
- Yemen

B. In which post in that mission did you serve and when did you serve there?

385 employees responded to the questionnaire. Some respondents have served in multiple high stress/high threat/unaccompanied posts since 2007. The total number of respondents from each mission were: Afghanistan – 86; Algeria – 17; Central African Republic – 2; Chad – 2; Cote d'Ivoire – 5; Iraq – 137; Kosovo – 13; Lebanon – 22; Pakistan – 86; Republic of Congo – 3; Saudi Arabia – 45; Sudan – 2; Yemen – 19.

2. A. What training did you receive to prepare you for the assignment?

B. How useful was the training?

- 1 (poor)
- 2
- 3
- 4
- 5 (excellent)
- N/A

C. How could it be improved?

338 employees took some form of training before departing for the high stress/high threat/unaccompanied post. The average rating given to training was 3.1.

3. A. During your assignment, did you and/or your colleagues experience an unusual amount of stress?

Yes

No

B. If so, what are the primary factors causing stress?

Danger (including terrorism, hostilities, and crime)

Separation from family

Workload

Leadership problems at post

Management support issues

Other

C. Please comment on your answer.

357 respondents reported that they experienced an unusual amount of stress. The factors causing stress were: Danger – reported by 72 percent of respondents; Workload – 69 percent; Separation from family – 49 percent; Leadership issues – 45 percent; Management issues – 39 percent.

4. What steps, if any, did the post take to alleviate stress for you and your colleagues while you were serving in the assignment?

The most common answer to this question, with 95 respondents, was that post did nothing to alleviate stress. For 81 respondents, CLO-organized activities or post facilities helped relieve stress. These included clubs and bars, group get-togethers, sports games and gyms, and the availability of healthy food. R&Rs helped 63 respondents de-stress, and many emphasized the importance of management that supports breaks from work. For 33 respondents, finding close friends or an atmosphere of camaraderie helped alleviate stress. The availability of mental health professionals or social workers alleviated stress for 22 respondents. A number of respondents, on the other hand, noted that they would have liked to take advantage of health professionals, but they could not fit the time to meet into their schedule.

5. What were the most positive professional and personal aspects of your assignment?

The most common answers to this question were: the rewarding, challenging, interesting, and important nature of the work; the camaraderie that employees experienced both with Americans and with LE staff; and, the growth and learning opportunities a high stress/high threat/unaccompanied post provided. A small number of people responded that the onward assignment preference and financial rewards were the most positive aspects of the assignment.

6. What were the most negative aspects?

The most common responses mirrored the factors of stress. These included: poor management support at post, poor leadership at post, poor administrative support in Washington, limited options for stress-relief and leisure activities, danger, excessive workload, separation from family, and negative work-place relations.

7. A. Do you believe that the Department is generally assigning employees with the necessary skills and experience to high stress/high threat/unaccompanied posts?

Yes

No

- B. Please elaborate on your answer.

245 respondents, 64 percent, think the Department is assigning employees without the necessary skills and experience to high stress/high threat/unaccompanied posts. The most common reasons for responding “no” include: some employees choose to serve in high stress/high threat/unaccompanied posts mainly for the money or to save a failing career; some employees do not have enough experience – with the Department (in the case of 3161s or entry-level officers), with the specific region, or with hardship posts; other hardship posts suffer because of the personnel demands of Afghanistan and Iraq; some employees are not physically or psychologically qualified to serve in Iraq or Afghanistan.

8. A. Did you consult with any of the following about issues related to your assignment?

- The Department's Office of Medical/Mental Health Services in Washington
- The Employee Consultation Service
- The Regional Medical Officer for your post
- The Regional Medical Officer/Psychiatrist for your post
- A Foreign Service Health Practitioner
- A Licensed Clinical Social Worker at post
- The DS Peer Support Group
- MHN Support Services
- A private doctor and/or psychiatrist

B. If so, please comment on the quality of the assistance you received.

The number of respondents who consulted with the various groups were: The Department's Office of Medical/Mental Health Services in Washington – 39; The Employee Consultation Service – 14; The Regional Medical Officer for post – 74; The Regional Medical Officer/Psychiatrist for post – 70; A Foreign Service Health Practitioner – 47; A Licensed Clinical Social Worker at post – 12; The DS Peer Support Group – 6; MHN Support Services – 4; A private doctor and/or psychiatrist – 17. In general, respondents commented on their appreciation for the services when they were able to take advantage of them. A significant number of respondents, however, noted their frustration that the services were not readily available at their post. Some expressed frustration that RMO/P visits were too infrequent or short, or commented on the need for a psychiatrist or social worker at post full time.

9. Before you departed post, were you notified by the Department about the High Stress Assignment Outbrief given at FSI or at your next post? (Note: This outbrief is mandatory for those coming out of Iraq or Afghanistan and voluntary for those coming out of other unaccompanied posts.)

- Yes
- No

263 respondents, or 67 percent, were notified of the High Stress Assignment Out-Brief.

10. A. Did you attend the outbrief?

Yes

No

B. If so, how would you evaluate it?

1 (poor)

2

3

4

5 (excellent)

N/A

C. If you did not attend the outbrief, please state the reason why.

129 total respondents attended the outbrief. Of those, 108 had served in Iraq or Afghanistan. 42 survey respondents are still serving in Iraq or Afghanistan, and so haven't had a chance to take the outbrief. 69 respondents left Iraq or Afghanistan and did not to take the outbrief. The main reasons cited for not taking the outbrief include: choosing not to, being unable to fit it into one's schedule, and being unaware of it. From those who did take it, the average rating for the outbrief was 3.23.

11. A. Have there been any factors that have inhibited you or your colleagues from seeking support on stress and other issues?

Yes

No

B. If so, please comment.

103 respondents, 26 percent, reported there have been or are factors that inhibit themselves or colleagues from seeking support on stress and other issues.

12. A. Did you go to another overseas assignment after serving in a high stress/high threat/unaccompanied tour?

Yes

No

B. If so, state where and comment on the support provided by that post for those who were coming out of high stress/high threat/unaccompanied tours.

213 respondents, 54 percent, went to another overseas assignment after serving in a high stress/high threat/unaccompanied tour. 25 respondents commented that they had support at their subsequent assignment. 46 respondents commented that their subsequent overseas post did not have any support. A number of respondents noted the importance of a community of employees who had served in high stress/high threat/unaccompanied posts that could offer support to one another. 30 respondents commented they did not need or did not seek support.

13. A. Have you observed whether people returning from high stress/high threat/unaccompanied tours have difficulty adjusting to their more “normal” follow-on assignments?

Yes

No

B. If so, what do you see as the most common adjustment problems?

177 respondents, 45 percent, reported observing that people returning from high stress/high threat/unaccompanied tours have difficulty adjusting to their more “normal” follow-on assignments. The most common problem cited was difficulty becoming accustomed to the slower pace of work and life outside of a high stress/high threat/unaccompanied post. Respondents described feelings of boredom, impatience, and a lack of purpose in work. A number of respondents noted PTSD symptoms in people returning from high stress/high threat/unaccompanied posts, including trouble sleeping, inability to concentrate, irritability, and trouble controlling anger. Some respondents cited rusty social skills, particularly in “normal” work situations. Some cited difficulty relating to friends and family, or missing a sense of community.

14. A. Were you aware of the Department support for employees and their families through the Unaccompanied Tours Program of the Family Liaison Office?

Yes

No

B. Did you utilize the services of that program?

Yes

No

C. If so, how would you assess the program?

1 (poor)

2

3

4

5 (excellent)

N/A

D. Please comment on your answer, including any suggestions you may have for how the Department could improve its support for the families.

324 respondents reported they were aware of Department support through the Unaccompanied Tours Program of the Family Liaison Office. 46 of those respondents, or 14 percent, utilized the services of the program. A number of respondents who did not utilize the program commented that they felt it was not applicable to their personal situation – for example, they are single, or their families lived somewhere outside DC. From those who did utilize the services, the average rating was 3.14.

15. A. Are you aware of the Department of State's Deployment Stress Management Program?

Yes

No

B. If so, what is your opinion of the effectiveness of the program?

131 respondents, 33 percent, were aware of the Deployment Stress Management Program. Note: Since the name of the program is relatively new, it is not surprising that only a third of respondents were aware of it. Awareness of the components of the program is likely higher.

16. Do you have suggestions for how the Department could improve its support of employees assigned to high stress/high threat/unaccompanied tours?

The most common suggestion to improve Department support of employees was to send the right people to high stress/high threat/unaccompanied tours. Specifically, respondents called for screening for mental and physical health, officers with more experience and fewer contractors at these posts, reducing the number of employees just serving for incentives, and limiting sequential tours in high stress/high threat/unaccompanied posts. The second most common suggestion was to improve leadership at these posts. Respondents mentioned a need to be more selective in choosing leaders for high stress/high threat/unaccompanied posts, offering more leadership training, and monitoring the leadership in these posts. Respondents also suggested more, and more relevant, training and preparation for all employees before a high stress/high threat/unaccompanied post. A number called for more training from employees who have previously served in a high stress/high threat/unaccompanied post. A few suggested the need for improvements in flexibility in the training course for their next assignment and the out-brief. A significant number of respondents suggested increased mental health care – both at post, and after departure. Some noted the need for clarity on the impact of mental health consultations on security clearances. Others noted the need to reduce stigma within the Department for seeking mental health help. A significant number of respondents commented on the need for decreased administrative hurdles, and some suggested creating an ombudsman position to assist employees. Other suggestions included increased Department support for families, decreased workload, better advertising for Department mental health programs, more recognition of employees who have served in these hardship posts, Department emphasis that Afghanistan and Iraq aren't the only high stress/high threat/unaccompanied posts, and allowing a few pets to live on compound at these posts.

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