UN Staff and Stress Counsellors’ Special Interest Group (SSCG)

Summary Report of the 10th Annual Meeting

Dubrovnik, Croatia 12-15 October 2009

Introduction

Twenty two members of the Staff and Stress Counsellors Special Interest Group (SSCG), two affiliated members and one guest speaker convened in Dubrovnik, Croatia, for the 10th annual meeting.

The meeting was planned by the Coordinating Committee1 with input from the Advisory Committee and other group members.

The structure of the meeting included plenary presentations and discussions and small group work sessions. Members presented on various topics relevant to the work of UN counsellors. At the end of the meeting, the participants prioritised key themes, recommendations and action steps.

Review SSCG Work of Previous Year

1. Update by Coordinating Committee on formalisation of the SSCG within the HR Network.
2. Confidentiality Guidelines for UN System Counsellors were presented in final version.
3. Guidelines and recommendations on Burnout for the UN Organisations were proposed.

Presentations and Discussions

- UN H1N1 Pandemic Psycho-social Preparations
- UN Globe
- UN Cares
- Prevention and Management of Secondary Trauma
- Building Resilience of Humanitarian Workers
- Bio-energetic Therapy
- Self- Help Groups
- Organisational Psychology
- SSCG Official Website
- Confidentiality Guidelines
- Critical Incident Stress Working Group
- Psychological Support to Staff in the Field or on Mission
- Psychological Support During and After a Hostage Situation
- Support to Those Left Behind Following the Death in Service of a Staff Member

1 See Attachment 1 to this document.
Closure and Next Steps
Action steps and recommendations from small group and plenary discussions:

1. Several working groups were continued or established with objectives for the coming year.

   Working Group on Confidentiality Guidelines
   - Collect case studies and demonstrate how the current guidelines could support them
   - Prepare a document on best practices for various situations

   Prevention and Management of Secondary Trauma
   - Prepare literature review on secondary trauma with a focus on humanitarian workers
   - Propose next steps

   Building Resilience
   - Review the model within the following parameters:
     - Assess needs of particular agencies, funds & programmes for such projects
     - Assess current tools available (if validated)
     - Identify target populations
   - Identify one tool to measure the impact of a project
   - Implement one pilot study and report on the outcome

   Guidance on UN counselling functions
   - Design and present a framework for Staff Counselling, to act as foundation for the Staff Counselling Units of UN Organisations.

   The document will include various programs that Staff Counselling Units can offer and their impact on staff well-being. The document will also define the roles and responsibilities of the counsellors, peer support volunteers and key staff members involved in supporting the well-being of staff. Suggestions will be made on policies for counselling functions.

   The Joint Working Group with the Medical Directors Group will no longer exist formally. The SSCG Coordinating Committee (Kamran Ahmad, Patience Gebauer, Dubravka Suzic) will take the lead in communicating with the Medical Directors Group and continue efforts to organise an overlapping meeting between the SSCG and the UN Medical Doctors.

2. The Coordinating Committee will consolidate feedback on the WGS HA paper (Support to Those Left Behind Following the Death in Service of a Staff Member) and forward to the HR Network.

3. The Committee will present the Confidentiality Guidelines to the HR Network.

4. The Committee will continue efforts on formalisation of the SSCG under the HR Network.

Attachments:
1. List of Participants
2. Guidelines on Confidentiality
UN Staff and Stress Counsellors Special Interest Group (SSCG)

10th Annual meeting
12-15 October 2009
Dubrovnik, Croatia

Coordinating Committee:
Dubravka Suzic, UNHCR
Kamran Ahmad, WFP
Patience Gebauer, IAEA/UNOV

Advisory Committee:
Penelope Curling, UNICEF
Dawn Straiton, UN, New York

List of Participants

1. Moussa Ba, CISMU, UNDSS
2. Ian Bates, WTO
3. Adeline Bertrand, ICC
4. Anabelle Borg, UNOG
5. Kevin Cullen, ICTY
6. Penelope Curling, UNICEF
7. Silvia Campo, UNAMA
8. Nathalie Casalis, WHO
9. Francis de Riba, UNHCHR
10. Henriette de Vries, WFP
11. Rebeccia Dempster, UNHCR
12. Flavia Donati, FAO, ICAO
13. Patience Gebauer, IAEA, UNOV
14. Peninah Irunu, UNEP
15. Brandy McNeill, UNMIS
16. Daniela Menes, UNHCR
17. Petra Miczaika, WFP
18. Vicky Owens, WFP
19. Angelika Radax, UNIDO
20. Christopher Raymond, UNHCR
21. Jim Striker, World Bank
22. Dubravka Suzic, UNHCR

Guest Counsellors
23. Adam Storey, Folke Bernadotteakademin, Sweden
24. Pamela Warnock el Baz, OECD

Guest Presenter
25. Xavier Orellana, UNAIDS
PROPOSAL

CONFIDENTIALITY GUIDELINES
for UN SYSTEM COUNSELLORS

Principle of Confidentiality in the Work of Professional Counsellors

Staff/Stress Counsellors in the UN System consult with clients about highly sensitive personal, family and workplace issues. Although from diverse professional backgrounds, the Counsellors share a common ethic respecting the privacy and confidentiality of client information.

The organization relationship is built on the trust accorded by the clients to the organization, who will maintain and respect their privacy and dignity. This trust depends on confidentiality as a fundamental principle of organization practice (and is indispensable to effective and successful organization).

This principle is upheld by the standards of relevant professional organization, international organization, and country specific laws.

Purpose of these Guidelines

It is recommended that these guidelines be used as minimum standards to inform the development and refinement of organization-specific confidentiality policies for organizations. They should also promote consistency of confidentiality policies for staff organization across the UN System, regardless of the work unit management that oversees the Counsellors’ work (e.g., Human Resources, Medical, Security, etc.)

Scope of Confidentiality and Disclosure of Counselling Information

- All consultations by the organizations with a client are confidential. The boundaries of confidentiality typically would include all organizations on the team when there is more than one.

- The organization must maintain confidentiality, even if the client or other parties may have shared any of this information with others.

- “Client” includes staff, managers, HR staff, or anyone who may reasonably expect that the consultation with the organization is professional and private in nature.

- The Counsellor shall not disclose any confidential information without the consent of the client. This includes verbal and written disclosures by the organization. Written consent of a client is the standard, but there may be some instances where, temporarily, only verbal consent is possible. In such a case, this should be documented by the organization and followed up where possible with written confirmation by the client.
• Exceptions to this required consent should be made when there is a threat or risk to the life of the client or a third party. However, even in such situations, only the minimum information needed to protect the safety of the client or others should be disclosed.

• Counsellors may also share confidential information with their clinical supervisors, as needed, to ensure appropriate care and quality assurance.

• Any action taken by the organization on behalf of a staff member is undertaken only with his or her consent.

• Informed consent: At the beginning of the organization contact, organizations should inform the client about the extent and limits of confidentiality.

**Documentation and Client Records**

• Counsellors may keep notes or records of client contacts according to their employing unit’s requirements. Such records should not be released to others without the consent of the client.

• Such records of client contacts should be secured and protected from unauthorized access. Specific guidelines for how records are to be protected should be developed by each organization’s employing unit.

• E-mail communications with or about clients should include only the minimum confidential information needed. Best practice for e-mails containing confidential information is for them to be marked ‘confidential’, encrypted when possible, and to have a brief statement at the end regarding confidentiality of the e-mail contents.

**Reports of Counselling Data**

• Counsellors may be required to share data or statistics with their own managers and others on utilization and trends in organization work. Such data should be reported only in aggregate form and should not include personal information, names of individual clients or other information that may identify a client.

**Accountability**

• The organization is accountable for maintaining confidentiality. In the event of an exception to this in order to protect the safety of the client or others, the organization should inform and consult with her/his supervisor as soon as possible before or after the event.

• Managers and clinical supervisors of organization are responsible for holding organization accountable to the principle of confidentiality. In the event of a breach of confidentiality by an organization, the manager/supervisor would address this with the organization and follow up according to the requirements or policies of their own organization.