Postmission Altruistic Identity Disruption Questionnaire (PostAID/Q): Reliability and validity in measuring distress during reintegration following International Humanitarian Aid Work.

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Abstract

Psychological care of humanitarian personnel exposed to high risk environments is not standardized across the sector. Particularly, returnees experiencing re-integration distress specific to prior aid deployment, is randomly addressed. The Postmission Altruistic Identity Disruption Questionnaire (PostAID/Q), an 18-item self-report screening tool, attempts to standardize assessment of re-integration/specific distress in returnees from humanitarian deployment. When individuals, high in *altruistic identity (AI),* perceive invalidation or lack of support from organization, family, or society following a difficult deployment, they may experience *altruistic identity disruption (AID)* manifest by interrelated feelings of isolation, doubt, and self-blame. Paradoxically, *AID* distress can precipitate attempts to redeploy prematurely leaving any prior adverse/traumatic responses unresolved. This study compared the discriminant validity of PostAID/Q with standardized measures of distress and social support (IES-R;GHQ-12;SPS). The construct demonstrated significant predictive value, high internal consistency and significant variance over and above the other constructs. Promisingly, PostAID/Q shows utility in predicting re-integration/specific distress postmission.

Keywords: PostAID/Q; Altruistic Identity/Altruistic Identity Disruption (AI/AID); standardized assessment; humanitarian aid personnel; postmission reintegration.

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Introduction

Organizational postmission care for international humanitarian personnel is not standardized across the sector. In fact, a lack of uniformity persists in the recruitment, selection, training, field support, and follow up processes between various humanitarian organizations (McCall & Salama, 1999; McCormack & Joseph, 2013). Critically, there are inherent personal risks to safety from humanitarian work. That safety will be impacted by the psychological wellbeing of the individual aid worker: their mental wellbeing at time of deployment, their ability to read situations and cope accordingly, their willingness to abide by safety mandates, and their interpersonal/intrapersonal skills when working in teams. On return, the individual's ability to positively reintegrate will provide a platform for healthy redeployment in the future (McCormack & Joseph, 2012).

Although preparation for deployment is paramount, perhaps the single most important cross-sector practice for ensuring best humanitarian practice and safety for staff and those they serve, is providing humanitarian–specific psychological care postmission that: a) validates efforts during deployment, b) addresses individual distress from mission experiences, and, c) assists in re-integration processes particularly connection with pre-deployment life. An aid worker who reintegrates well on homecoming, is psychologically more robust for redeployment (McCormack, Joseph & Hagger, 2009).

By prioritizing psychological wellbeing and individualizing support following return, organizations can contribute to retention of personnel, and individual readiness for redeployment. In seeking to provide a cross-sector tool for assessing post-mission

humanitarian- specific wellbeing, McCormack and Joseph (2012) developed the PostAID questionnaire. Participants were aid personnel sought from across the humanitarian sector worldwide. This current study seeks to further test the reliability and validity of the PostAID/Q so that deploying organizations can utilize a reliable humanitarian aid-specific tool for testing psychological wellbeing post-mission. The PostAID/Q is designed to alert organizations to any individual in need of ongoing support in the early stages postmission related to experiencing distressing events in-field, that have not had the opportunity to be heard and validated, and which are interfering with wellbeing and sense of personal value post mission.

Humanitarian Aid Risks

International humanitarian aid personnel often work in unstable and high risk environments. Some have experienced imprisonment, beatings, tortured, and harassment. Others have disappeared (Omidian, 2001). Understandably, many threatened individuals have reported feelings of intense fear, frustration, a lack of hope, flashbacks, intrusive thoughts, and depression (Lopes Cardozo, Holtz, Kaiser, Gotway Crawford, et al., 2005). In war torn countries where genocide has occurred, the dual risk of both primary and vicarious traumatic response is probable from personal threat to self and witnessing horrific events such as evisceration, kidnappings, and beheadings (De Torrente, 2004; McCormack & Joseph, 2012). As such, high levels of primary and vicarious trauma, burnout, and psychological distress are commonly reported in local and international humanitarian personnel (Musa & Hamid, 2008). In many current conflicts a blurring of political, military, and humanitarian boundaries can leave humanitarian personnel perceived as targets (Donini, Minear, & Walker, 2004). This can produce challenges to intrinsic moral codes especially when caught up in situations not of their own choosing. Many experience intrinsic shame, uncertainty, and moral conflict feeling torn between personal sense of responsibility, organizational requirements, and humanitarian

principles such as impartiality, independence, and humanity (De Torrente, 2004; Donini, et al., 2004; McCormack & Joseph, 2013).

Not all humanitarian work is carried out in high risk environments. However, even in low risk humanitarian situations, a lack of social support from family, friends, and the sending organization have been linked with high levels of stress, burnout, feelings of inadequacy and invalidation (Ager, Pasha, Yu, Duke, et al., 2012; Lopes Cardozo et al., 2005; De Torrente, 2004; Donini et al., 2004; Eriksson, Bjorck, Larson, Walling, et al, 2009; Gregor, 2004; McCormack & Joseph, 2012, 2013; Omidian, 2001). Thus, it is conceivable that the process of transitioning from these roles and environments will provide unique challenges for humanitarian aid personnel when reintegrating with family, work and society post-mission.

Organizations play a unique and important role in reducing reintegration psychosocial risks through the way they manage the reintegration process (McCormack et al, 2009; McCormack & Joseph, 2012). Apart from possible emergence of posttrauma stress responses related to exposure to traumatic events in-field, the three to six month period after deployment is a time of increased risk of anxiety, burnout, and low levels of life satisfaction compared to pre-deployment functioning (Lopes Cardozo, Crawford, Eriksson et al., 2012). Organizational screening importantly can limit post deployment debility. Any prior history of stressful event, current mental ill-health, pre-deployment exposure to personal abuse or domestic violence, or serious physical illness, may predispose an individual to post deployment psychological distress and need of intensive support on return (Lopes Cardozo et al., 2012). Similarly, participants with strong social support networks prior to deployment are likely to be more robust in their post deployment reintegration and experience higher levels of life satisfaction from their humanitarian experience (Lopes Cardozo et al., 2012). Recruitment protocols, individualized support pre, during, and post deployment, are all important mental health

considerations for organizations. However, the springboard for future successful re-deployment is full and healthy reintegration from a previous deployment.

Despite the significant issues faced by humanitarian personnel during and postmission, humanitarian organizations, until recently, were ill-informed about the subjective individual psychological wellbeing of their personnel (McCormack, Joseph, & Hagger, 2009). As such, resources towards supporting the mental health of their personnel were not prioritized (Ager et al., 2012; Lopes Cardozo et al., 2005; McCall & Salama, 1999; McCormack et al., 2009). In a study commissioned by the UK's arm of the Red Cross, Save the Children Fund, Registered Engineers for Disaster Relief, and International Health Exchange, around 30% of humanitarian workers reported feelings of disorientation postmission and 17% felt as though people did not understand what they had experienced (Macnair & Británica, 1995). Lack of support or negative support from the sending organization, that was felt as antagonistic and hindered coping, accounted for the greatest amount of stress (between 40-46% of respondents) while approximately 50% of humanitarian aid personnel have some level of work impairment because of stress (Kaur, 1996). These figures were damning on organizational responsibility towards their personnel and went some way to begin duty of care practices. More is needed with organizational preparation of personnel and their families both prior to deployment and in the post mission reintegration phase playing an integral role in mission satisfaction, a sense of validation, and a healthy altruistic identity (Macdonald, Chamberlain, Long, & Mirfin, 1999; McCormack & Joseph, 2012).

Importantly, researchers are seeking to synthesize subjective knowledge and theories of distress relevant to the humanitarian experience for clinical utility (McCall & Salama, 1999; McCormack & Joseph, 2012). For over a decade there have been calls on the humanitarian field to develop an academic discipline that focuses on producing scientifically valid theories and procedures for individual psychological wellbeing in the selection, training,

and postmission support of their aid personnel (McCall & Salama, 1999; Musa & Hamid, 2008). Indeed, managers in humanitarian organizations surveyed by McCall and Salama (1999) lamented the lack of a sensitive instrument for determining individual personnel's vulnerability to traumatic stress specific to humanitarian exposure. Similarly, it is difficult for humanitarian organizations to provide effective care for their personnel if no aid-specific tool exists to identify those vulnerable to post-mission distress and in need of individualized support.

Postmission Altruistic Identity Disruption Questionnaire

The Postmission Altruistic Identity Disruption Questionnaire (PostAID/Q) aims to assist in identifying *altruistic identity disruption* in returnees from humanitarian work as well as subsequent readiness for redeployment. As such, it is an 18-item questionnaire designed to identify complex psychosocial challenges specific to returnees from humanitarian aid work. Importantly, it recognizes the duality of the humanitarian context where risks to wellbeing from primary and vicarious traumatization may occur from complex environmental factors. Specifically, the construct of Altruistic Identity/Altruistic Identity Disruption (AI/AID; McCormack et al., 2009) recognizes that unresolved initial responses from humanitarian experiences, may create vulnerability to chronic dislocation and psychological morbidity in returning aid personnel, particularly when there is an absence of validating organizational support structures in place both in the field and postmission. When altruistic identity is disrupted (AID) it is best characterized as: a) inter-related feelings of isolation, doubt and self-blame; b) questioning personal role in humanitarian work and its value; and, c) engaging in self-blame; impacting on healthy reintegration with family, career and society postmission. This array of responses may occur when the individual perceives that the organization is unsupportive or invalidating of distressing mission experiences. Resultant feelings of alienation from the sending organization, family, and friends may precipitate attempts to

prematurely redeploy and gain support from other aid personnel. Premature redeployment prior to lack of psychological readiness and while still vulnerable, may compound existing psychosocial distress and risk ongoing psychological wellbeing (McCormack & Joseph, 2012).

The PostAID/Q was designed with the aim of guiding humanitarian organizations in the postmission psychosocial care of their aid personnel, particularly regarding reintegration within their families, workplaces, and society. It has three clear functions:

- Guide organizations in the psychosocial support of individual aid personnel in the reintegration period postmission.
- Assist humanitarian aid personnel to identify intra/interpersonal, environmental, and organizational influences on their psychosocial wellbeing postmission.
- Assist organizations in assessing redeployment readiness.

The PostAID/Q was developed from qualitative studies that sought subjective interpretations of the phenomenon of humanitarian aid work (McCormack et al., 2009; McCormack & Joseph, 2012; 2013). A preliminary list of 79 items was initially created. This was followed by a Principal Components Analysis (PCA) of the 79 items (McCormack & Joseph, 2012). The PCA used a forced one-component solution to select 18 items for the final tool (see Appendix 1). The PostAID/Q is a promising clinical tool for use with humanitarian aid personnel. On the basis of face validity, the authors suggest that scores greater than 72 indicate further clinical exploration is required. Therefore, the aim of this study was to establish the construct validity of AID, the incremental validity and internal consistency reliability of the PostAID/Q. It aims to provide further empirical research on the psychometric properties of the PostAID/Q.

The study tests the internal consistency reliability of the PostAID/Q, its convergent validity and finally its incremental validity by accounting for additional variance in the

measurement of trauma-related distress and social functioning and compared to the General Health Questionnaire-12 (GHQ-12). The GHQ-12 is currently the most widely used measure in humanitarian work to assess functioning so any new measure must be able to show that it is associated with variables of interest over and above the GHQ-12.

Method

Participants were recruited through an online humanitarian sector website, DEVEX, which links humanitarian professionals with global development agencies, companies, and Non-Government Organizations; and via email and newsletters of various humanitarian aid organizations e.g. (Red Cross, World Vision etc.). Interested parties were asked to contact the researchers via email. Potential participants who were fluent in English were chosen for the study. Additionally, as critical times for increased psychological distress and security problems including the first three months following deployment have been reported, only potential participants who had spent greater than three months in the field were included in the study (McKenzie, Ikin, McFarlane, Creamer, et al, 2004). Participants who met the selection criteria were sent a link to Survey Monkey and asked to complete the full questionnaire and five demographic questions (99 questions in total) on-line. Participants were able to use the back button to amend any answers they had previously given. A type 1 error rate of alpha = .05 was used for all statistical tests in the analyses. A power analysis revealed that 60 participants were required for power of π=0.80. Questionnaires could be answered in their own time and at their own pace.

Measures

In order to test convergent validity, participants next completed three other questionnaires; the General Health Questionnaire (GHQ-12), the Revised Impact of Event Scale (IES-R), and the Social Provisions Survey (SPS).

The GHQ-12 (Goldberg, 1972) is a well-known 12-item instrument for measuring psychological distress (Goldberg, 1985; Goldberg & Hillier, 1979; Pevalin, 2000). It is particularly useful in the work context providing a general indicating of distress and/or potential problems (Lesage, Martens-Resende, Deschamps, & Berjot, 2011). Additionally, the GHQ-12 is frequently used in traumatic stress research (Joseph, Yule, & Williams, 1993), as well as large community surveys (Goldberg, 1972; McKenzie et al., 2004; Montazeri, Baradaran, Omidvari, Azin, et al., 2005). It is generally found to have good reliability although its factor structure remains under debate, with inconsistent findings partly due to differing statistical methods. Two scoring methods can be used for the GHQ-12, the traditional method in which weights of 0-0-1-1 are applied to the four response alternatives, and the Likert method which assigns weights of 0-1-2-3 so that total scores have a potential range of 0-36. The traditional method allows estimates of psychological morbidity caseness to be calculated while the Likert method provides a continuous measure. In the present study we used the Likert method.

Weiss and Marmar's (1997) revised version of the Impact of Event Scale (IES-R) is a 22-item questionnaire that measures subjective response to a traumatic event. It was adapted from the IES developed by Horowitz, Wilner, & Alvarez (1979) to include six additional hyperarousal items: anger, irritability, hypervigilance, difficulty concentrating, and heightened startle in order to provide a measure compatible with the then criteria for PTSD. Minimal changes were made to the two original subscales, intrusion and avoidance, with one additional question added to the intrusion subscale to identify flashbacks, and the sleep item expanded to two questions, one on the intrusion subscale and one on the hyperarousal subscale. Creamer, Bell, Failla (2003) found a cut-off score of 33 for the total IES-R accurately diagnosed against the PTSD Checklist (PCL; Weathers, Litz, Herman, Huska, et al., 1993). The IES-R Items are rated 0-4 on a five point Likert scale. Items are summated to

produce three subscale scores: hyperarousal (six items), intrusion (eight items), and avoidance (eight items). In the present study we used the total scores for analyzing convergent and incremental validity and factor scores for exploring the theoretical architecture of the PostAID/Q.

The Social Provisions Scale (SPS; Cutrona & Russell, 1987) is a 24-item measure consisting of six subscales to measure the availability of social support: emotional support/attachment, social integration, reassurance of worth, tangible help, orientation and opportunity for nurturance. It is regarded as a reliable and valid instrument for measuring social support availability (Caron, Bloom, Johnston & Sabiston, 2013). Items are scored on a five point Likert scale from 0-4. The total scale has a potential range of 0-96. Higher scores indicate high levels of perceived social support. Each of the subscales consists of 4 items and has a range of 0-16.

Results

The online survey was sent to 93 expatriate humanitarian aid personnel who had initially expressed interest in the survey, with 62 starting the survey. Two participants did not complete all questionnaires. There were 60 participants who completed all the surveys (response rate of 67%). There were 36 females and 24 males ranging from 27-76 years old (M=25.10, SD=13.55). The length of their last mission ranged from three months to 30 years (M=37 months, SD = 62.74). The participants were required to have worked internationally for longer than three months and be able to speak English fluently. They had worked in the Middle East (n = 11), Africa (n = 20), Asia (n = 15), South America (n = 3), Australasia (n = 11). Participants worked for a variety of organisations from NGO's both religious (n=17) and non-religious (n=22), the UN (n=6), private organisations (n=5), and government organisations (n=10). Forty-one (66%) participants identified as belonging to a religious denomination. Of these participants, 26 identified as protestant Christian, seven as Catholic

Christian, two as Muslim, one as Jewish, three as Humanist, and one as an atheist (22 non responses). Participant roles included frontline (n = 29) and non-frontline roles (n = 31).

Internal consistency reliability was analysed using Cronbach alpha scores. Convergent and discriminant validity was analysed by correlations between the PostAID/Q and the GHQ-12, IES-R, SPS. Hierarchical regressions were used to analyse the incremental validity of the PostAID/Q. This was done with two hierarchical regressions. The first compared the PostAID/Q to the GHQ-12 in the measurement of trauma related psychological distress accounted for by the IES-R. The second compared the PostAID/Q and the GHQ-12 in the measurement of social distress accounted for by the SPS. The SPS is a measure of social support so we assumed that low SPS scores indicated social distress. A stepwise regression was done to explore the latent factor structure in the PostAID/Q (Field, 2009). This involved using the three factors of the IES-R and the six factors of the SPS to see which factors contributed to the most PostAID/Q variance.

Internal Consistency Reliability

The internal consistency reliability for the PostAID/Q was high (Cronbach's $\alpha = .82$). Further, test removal of any single item did not result in a Cronbach's alpha below .80. The internal consistency reliability for the GHQ-12 (Cronbach's $\alpha = .85$) and the three IES-R factors (Intrusion $\alpha = .90$, Avoidance $\alpha = .87$, and Hyperarousal $\alpha = .82$) was high. The internal consistency for the six SPS factors was variable. For the tangible help (Cronbach's $\alpha = .81$) and orientation (Cronbach's $\alpha = .80$) internal consistency was high. It was adequate for opportunities for nurturance (Cronbach's $\alpha = .78$) and emotional support/attachment (Cronbach's $\alpha = .71$). However, for social integration (Cronbach's $\alpha = .54$) and reassurance of worth (Cronbach's $\alpha = .59$), the internal consistency was poor.

Convergent Validity

Scores on the PostAID/Q were negatively associated with scores on the SPS ($r = -.43$, $p < .001$), and positively associated with scores on the IES-R ($r = .38$, $p = .003$). Scores on the PostAID/Q were not significantly associated with scores on the GHQ-12 ($r = .21$, $p = .09$). That the PostAID/Q was significantly associated with the IES-R and not the GHQ-12 suggests that the PostAID/Q measures trauma related psychological distress.

As we found that the PostAID/Q was associated with the IES-R, negatively associated with the SPS, and approaching significance with the GHQ-12, we decided to conduct a more detailed analysis of the associations between their subscales and the PostAID/Q in order to identify any unique associations.

The IES-I, IES-A, and IES-H factors combined accounted for 17.4% of the variance measured by the PostAID/Q ($R = .417$, $r^2 = .174$, $F(3, 56) = 3.94$, $p = .01$). When examining the semi-partial correlations, the IES-I factor accounted for the unique variance ($r = .26$, $p = .04$) and the other two factors were non-significant contributing factors.

The six SPS factors accounted for 25% of the PostAID/Q variance ($R = .50$, $r^2 = .25$, $F(6, 54) = 3.61$, $p < .01$). The Social Integration (SPS_SocInt) and Reassurance of Worth (SPS_WorthReass) factors combined in a model accounted for 22% of the variance ($R = .47$, $r^2 = .22$, $F(2, 58) = 8.26$, $p = .001$). The semi-partial correlation coefficients were significant for the SPS_SocInt ($R = -.26$, $p = .02$) and SPS_WorthReass factors ($R = -.24$, $p = .05$).

Having identified the unique predictors from each of the scales we then entered these together in a single regression to predict scores on the PostAID/Q. When IES-I, SPS_SocInt, and SPS_WorthReass were combined in a model, they accounted for 38% of the PostAID/Q variance. The semi-partial coefficients were significant for the SPS_SocInt ($R = -.27$, $p = .01$) and IES-I factors ($R = .39$, $p = .001$). SPS_WorthReass was trending to significance $R = -.2$, $p = .06$). The improvement in the model that includes Reassurance of Worth was only slight. For this reason, it was excluded from the model of the theoretical architecture of AI/AID.

A model with only the IES-I and SPS SocInt factors accounted for 34% of the PostAID/Q variance ($R = .58$, $r^2 = .34$, $F(2,58) = 14.14$, $p < .001$). Both semi-partial correlations were significant (IES-R $R = .42$, $p < .001$; SPS_SocInt $R = -.41$, $p < .001$). This result demonstrates that both factors are significant and unique contributors to the measurement of PostAID/Q variance, the IES-I being the most significant psychological distress factor and the SPS_SocInt the most significant social distress factor.

Incremental Validity

In the first hierarchical regression, the GHQ-12 scores alone accounted for 13% of the variance in IES-R ($r^2 = .13$, $p = .004$). Adding the PostAID/Q to the model explained an additional 10% of the variation. This was a statistically significant improvement ($r^2 = .23$, r^2 change = .10, $p = .01$). In the second hierarchical regression, GHQ-12 accounted for 6% of the variation in SPS ($r^2 = .06$, $p = .05$) When PostAID/Q was added to the model, there was a significant improvement (15%) in the measurement of SPS variance ($r^2 = .21$, r^2 change = .15, $p = .002$).

Insert Table 1

Discussion

Until the development of the PostAID/Q (McCormack & Joseph, 2012), there were no standardized tools for measuring humanitarian-specific distress. The PostAID/Q (McCormack & Joseph, 2012) was developed in an effort to standardize assessment of humanitarian-specific distress related to post deployment reintegration difficulties. In an attempt to further validate this measure, this study compared the discriminant validity of PostAID/Q with standardized measures of distress and social support (IES-R; GHQ-12; SPS). The construct demonstrated significant predictive value, high internal consistency and significant variance over and above the other constructs. Promisingly, PostAID/Q

shows utility in predicting postmission AID distress. Scores greater than 72 are suggestive of levels of aid-specific distress needing further clinical exploration.

This 18-item self-report screening tool assesses perceptions of invalidation or lack of support from organization, family, or society following a difficult deployment, and interrelated feelings of isolation, doubt, and self-blame. The *AI/AID* construct highlights changes to an individual's altruistic identity through complex psychosocial challenges that if not adequately supported may complicate healthy psychological adjustment in returnees from the humanitarian context. Importantly, that support must recognise the duality of the humanitarian context: 1) the humanitarian is at risk of vicarious traumatization through witnessing trauma to others, while; 2) personally at risk of primary traumatization from complex environmental factors. Thus, the PostAID/Q focuses on the returnee's early responses from humanitarian experiences that if left unsupported may leave the individual vulnerable to chronic dislocation and psychological morbidity. Paradoxically, in the earlier study, *AID* distress was found to precipitate attempts to redeploy prematurely leaving any prior adverse/traumatic responses unresolved.

In this study, the PostAID/Q demonstrated incremental validity in that it can account for additional measurement of psychological distress compared to the GHQ-12. An important component of incremental validity is cost and time considerations (Hunsley & Meyer, 2003). In assessing returnees psychosocial wellbeing on return from deployment the PostAID/Q would be easier to complete and score than completing both the IES-R and SPS because it has fewer questions and scoring requirements. Similarly, unlike other measures, it is readily accessible for aid organizations because it does not require permission or purchase to use. As well as demonstrating incremental validity, the PostAID/Q demonstrated incremental validity when considering statistical, time, and cost issues. This is important because it suggests that

the PostAID/Q is currently the most humanitarian aid-specific questionnaire for measuring psychosocial distress in the reintegration period related to recent, prior deployment.

Further, results in this current study revealed that the Intrusion factor from the IES-R (IES-I) accounted for 17% of the variance the PostAID/Q measures. The clinical implication of this is that personnel who have high PostAID/Q scores have an increased chance of having intrusive thoughts or memories due to a trauma reaction. The social integration factor of the SPS (SPS_SocInt) also accounted for another17% of PostAID/Q variance, which indicated that personnel with high PostAID/Q scores are likely to experience difficulty with social integration. Together, the intrusion factor and the social integration factor account for 34% of PostAID/Q variance. In other words, one third of what the PostAID/Q measures is due to intrusion and a lack of social integration. These findings are consistent with the theoretical framework of AI/AID, in that personnel are likely to go through psychological and social distress.

Through the construct of *Altruistic Identity/Altruistic Identity Disruption* (AI/AID) the PostAID/Q provides an understanding of the specific difficulties humanitarian individuals experience postmission. In particular its utility is in identifying the returnee's current sense of worth as a humanitarian, and any specific distress related to invalidation by organizations, family, work and society. It recognizes that complex psychosocial challenges may complicate healthy psychological adjustment if the right support is not forthcoming by deploying organizations.

Recognising that humanitarian personnel face unique challenges leading to increased risk of AID, provides a platform for deploying organizations to tailor support structures specific to humanitarian experiential distress. Importantly, working with the returnee and their loved ones to provide collaborative care around reintegration, allows the returnee to make sense of any negative experience experienced while on mission, feel valued by the

organization, and begin the sometimes difficult reintegration process with family members while supported by the organization. Organizational efforts that provide the platform for returnees to discuss, evaluate and assess reintegration difficulties promote a healthy altruistic identity that is essential for high functioning delegates in future redeployment.

Limitations

Although the PostAID/Q offers a humanitarian aid-specific measure of reintegration for humanitarian aid personnel, using other psychosocial evaluation measures in conjunction with PostAID/Q is recommended until further validity and reliability studies are conducted. Similarly, in both the original study and this paper, there was a trend towards a statistically significant difference between males and females with females scoring higher than males. Larger sample sizes would inform group comparisons in future studies.

All of the participants were treated independently. However, there were three couples (total of six participants) that were in long-term relationships. No attempt was made in accounting for clustering effects such as participants coming from the same family, country or aid organization. The participants were deployed non-national humanitarian aid personnel from a variety of countries, organizations, and backgrounds who were fluent in written and spoken English. As remediation of AID is likely to be culturally specific future research could consider organizational support that considers differing reintegration needs.

The SPS items; Social Integration and Reassurance of Worth, had poor internal consistency indicating that rather than single factors, multiple constructs are more likely to have been measured. It is, therefore, difficult to draw valid conclusions on the clinical implications of the PostAID/Q due to these two factors.

Future Research

This study has provided evidence for the internal consistency reliability of the PostAID/Q. Future research should compare different samples in accordance with existing

methods of establishing reliability (Conybeare, Behar, Solomon, Newman et al., 2012; Hunsley & Meyer, 2003; Joseph, Maltby, Wood et al; 2012). Similarly, for clinical relevance, inter-rater and test-retest reliability of the PostAID/Q is a future consideration.

One risk of establishing the validity of a psychometric measure using only questionnaire data is that any significant effects found could be due to similar items between the questionnaires. This creates a false impression of validity (Garb, 2003; Haynes & Lench, 2003; Hunsley, 2003; Hunsley & Meyer, 2003; Johnston & Murray, 2003). Future research would benefit from comparing the questionnaire data with other types of data, for example, clinician assessment and qualitative interviews. Larger studies would also offer a broader range of distress by humanitarian aid workers and show the usefulness of the tool in terms of predictive validity. In the current study, no participant reported significant disruption impacting on mental health and functioning.

With further research, the theoretical architecture of the AI/AID construct will be better established. Currently, Altruistic Identity Disruption (AID) would appear to occur in returning humanitarian aid personnel who experience: a) interrelated feelings of isolation; b) question their personal role in humanitarian work and its value, and; c) engage in self-blame; when the returnee's deploying organization is not perceived to validate their efforts and support intimate family reintegration post-mission. Similar to young soldiers and children who experience betrayal trauma, returning aid personnel may be troubled by a sense of moral injury/self-blame on return from difficult humanitarian missions. Without validating support from deploying organizations, unresolved AID may leave individuals at risk of developing more intransigent psychosocial distress, psychopathology, and possible premature return to the field. It is possible that future development of the PostAID/Q may assist in postmission reintegration wellbeing of other altruistic groups whose career asks that they also be deployed to high risk environments.

Conclusion

This study has provided further evidence of the psychometric properties of the PostAID/Q. That is, the PostAID/Q has demonstrated internal consistency reliability, construct validity, and incremental validity. Given these results, humanitarian organizations can use the PostAID/Q as part of the existing support structures for postmission reintegration for their returning personnel. It is recommended that other non-aid specific distress measures are used conjunctly. The PostAID/Q is not designed to be diagnostic of psychological morbidity. Instead it was developed to provide an indication to organizations and personnel that returnees may have experienced troubling, possibly traumatic events on mission that are impacting on personal doubt with mission outcomes, and/or dissatisfaction with existing organizational support structures in the field and during the re-integration phase. Consequently, interrelated behaviors, thoughts, and emotions, impacting on their altruistic identity may be hindering reintegration with families, careers and society. Identifying AID is paramount to guard against early redeployment during any vulnerable postmission phase. We suggest that the PostAID/Q be used to facilitate a collaborative integration process between personnel and their organization to: (a) validate psychosocial responses to their work experiences; (b) value feedback from humanitarian aid personnel experiences; (c) inform and assist family on the psychosocial processes of reintegration postmission, and (d) monitor and support personnel during the reintegration and redeployment stages.

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Table 1

Summary of Means Bivariate Relationships between Demographic Variables and Questionnaires (Standard Deviation in Parentheses)

Demographic Question		PostAID/Q	GHQ-12	IES-R	SPS
Gender	Male	54.71 (14.31)	10.63 (6.02)	21.63 (17.51)	80.71 (8.52)
	female	61.25 (12.19)	12.19 (4.84)	24.11 (16.53)	76.50 (11.40)
Role	Frontline	58.34 (12.88)	12.14 (5.97)	24.31 (16.35)	77.90 (10.60)
	Non-Frontline	58.90 (5.25)	11.03 (5.25)	22.00 (17.84)	78.45 (10.53)
Religious	Yes	58.41 (14.38)	10.80 (4.59)*	22.85 (16.92)	78.93 (11.30)
	No	61.00 (13.05)	14.06 (6.89)*	23.86 (17.09)	75.29 (7.95)
Age Category	Young	57.84 (14.38)	13.21 (5.93)	24.05 (17.53)	78.21 (12.50)
	Middle Aged	57.54 (16.28)	9.92 (4.64)	21.85 (17.40)	80.27 (8.61)
	Experienced	61.53 (9.86)	12.33 (6.22)	24.13 (16.75)	74.53 (10.25)

Notes. * = $p < .05$

Appendix

PostAID/Q ©
(McCormack & Joseph, 2012)

Below are some statements made by humanitarian personnel following experiences in the field. Think about your own aid experiences and how they have impacted on you in regard to the following statements ***over the last month***.

Please indicate how much you ***disagree/agree*** with each of the statements.

Place a CROSS in the box beside the question that describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Some-what	Disagree Slightly	Agree Slightly	Agree Some-What	Strongly Agree
1. I was quite badly affected by some of the things I experienced while in the field						
2. I tend to block out all sorts of aid experience						
3. I have been left with a lot of internal doubts from my aid work						
4. On mission I found there were times when I seemed to be going off the rails						
5. I felt a sense of being personally eroded while on mission						
6. Sometimes I feel that I just achieved nothing on mission						
7. I feel angry with people in aid organizations who think there are easy solutions						
8. I don't think aid work makes people more happy						
9. Back home, if I start talking about events that happened in the field, I find people are desperate to get away from me						
10. I find it difficult to share my aid stories with family and friends back home						
11. I find it hard to feel the same about my relationships back home since aid work						
12. I found it self-reassuring when I had an emotional reaction to events in the field						
13. I feel undervalued by the organization that sent me on aid work						
14. I tend to blame myself if things go wrong on mission						
15. I feel very satisfied with the way my work has gone for me in the aid world						
16. While on mission sometimes I have felt shocked by my lack of empathy						
17. I feel family members are not interested in what I did on mission						
18. I have ended up with feelings of loss and sadness from aid work						