



SPANISH MILITARY PSYCHOLOGY IN INTERNATIONAL OPERATIONS. LESSONS LEARNED IN AFGHANISTAN

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En el marco de la Fuerza Internacional de Asistencia para la Seguridad (International Security Assistance Force, ISAF) de la OTAN, España mantuvo desplegado desde 2005 a 2014 en Herat (Afganistán) un Hospital Militar de Campaña (Role 2 Enhanced, en terminología OTAN) dotado, entre otras especialidades, de un Servicio de Psicología. Durante casi diez años de misión, los psicólogos militares allí comisionados han ejercido diversas funciones, incluyendo la clínica-asistencial, asesora, preventiva y pericial, cuyo objetivo ha sido mejorar el bienestar y la salud psicológica de nuestro personal desplegado en zona de operaciones. En el presente trabajo se expone, a modo de lecciones aprendidas, una serie de reflexiones y propuestas al objeto de contribuir al mejor funcionamiento del Servicio de Psicología Militar en operaciones internacionales en el exterior y, por ende, a la mejora de la adaptación a las mismas de los contingentes que participan en ellas.

Palabras claves: Psicología Militar, Psicología Operativa, Operaciones militares en el exterior, ISAF (International Security Assistance Force), Afganistán.

Within the framework of the International Security Assistance Force (ISAF), a NATO-led mission, Spain deployed from 2005 to 2014 in Herat, Afghanistan, a military field hospital (Role 2 Enhanced) endowed with, among other health specialties, a psychology service. During almost ten years of mission, military psychologists commissioned there performed various functions and tasks, including clinical-assistance, support to commanders, preventive and expert duties, the goal of which was to improve the well-being and psychological health of our personnel deployed in the area of operations. Lessons learned from this experience are presented in this paper. In this respect, several reflections and proposals are presented, the objective of which is to contribute to a better functioning of the military psychology service in international operations abroad and, therefore, to the improvement of the adaptation of our contingents engaged in these operations.

Key words: Military Psychology, Operational Psychology, Military operations abroad, ISAF (International Security Assistance Force), Afghanistan.

Although still unknown to many mental health professionals, military psychology is a discipline with wide recognition in the scientific community since the founding in 1945 of the Society for Military Psychology as the 19th section of the American Psychological Association (APA, 2018). Military psychology has been defined as the application of theories, principles and methods of psychology to the military sphere (Gal & Mangelsdorff, 1991), with the aim of contributing to the greater efficiency and performance of armies (Núñez, 1997).

In Spain, military psychology has a long tradition, although it was not until 1977 when the psychology service of the Spanish Armed Forces (SAF, hereinafter) was officially created. In 1999

military psychology became part of the Military Healthcare Corps as a fundamental specialty (Government of Spain, 1999); and two years later the recently repealed Ministerial Order 141/2001 (Ministry of Defense of Spain, 2001) was enacted, which established the functions and structure of military psychology and identified its main fields of intervention, namely: 1) organizational psychology and human resources; 2) operational military psychology; 3) preventive and expert psychology; 4) clinical psychology; 5) educational psychology; and 6) social psychology: behaviors of individuals and military groups.

SPANISH MILITARY PSYCHOLOGY IN OPERATIONS

The intervention of Spanish military psychologists on international missions and operations is framed by diverse legal regulations, among which we note Law 39/2007 of the Military Career, which assigns to Military Healthcare—within which military psychology is integrated—the function of “providing health care to Spanish military contingents stationed in international missions” (Gobierno de España [Government of Spain], 2007, p.47368). In the same way, Ministerial Order 141/2001 highlighted the importance of preventive and assistance intervention for military personnel and of the assistance that military psychologists perform before, during

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and after military operations (Ministerio de Defensa de España [Spanish Ministry of Defense], 2001). Psychological intervention in international operations is therefore one of the main areas of work of military psychologists (Albarraçín, 2008) which, among other functions, provide psychological assistance to military personnel, prevention, technical and psychological counseling to the command, and support for the adaptation of deployed personnel (Donoso, 2008).

The psychology service of Herat FSB (Afghanistan)

On December 27, 2001, the Council of Ministers authorized the participation of Spanish troops in the ISAF, pursuant to Resolution 1386/2001 of the UN Security Council, which established the objective of this mission to provide a secure environment that would allow the Afghan government to develop its activities and contribute in this way to the reconstruction and socio-economic development of the country. During the twelve years of the Spanish intervention in the ISAF mission (January 2002 to November 2014), twenty thousand Spanish soldiers were deployed in the Afghan provinces of Badghis and Herat. In the latter location, the "Camp Arena" Forward Support Base (FSB) was installed, command of which was taken over by the Air Force in 2005 and which housed military contingents belonging to several NATO countries as well as Spain, among them United States, Italy, Albania, and Slovenia.

Among the main Spanish units stationed at the FSB was the Role 2E military field hospital, which included, among other services and capabilities, patient classification (triage), stabilization cell, surgery, intensive care, resuscitation, medical evacuation, radiodiagnosis, laboratory analysis, hospital pharmacy, dentistry service, and psychology service.

The psychology service of Herat FSB began its journey in mid-May 2005, performing various functions and tasks, including clinical care, technical advice to the command, prevention and expert, all with the aim of improving the well-being and psychological health of our staff deployed in the area of operations (Martínez-Sánchez & Pery, 2012).

LESSONS LEARNED IN THE ISAF OPERATION

The experience accumulated during the participation of Spanish military psychologists in the ISAF forces, reflected in the end of mission reports prepared by each individual (Servicio de Psicología del Role 2 de la FSB de Herat [Psychology Service of Role 2 of Herat FSB], 2005-2014), has allowed us to identify a series of lessons learned and aspects to be improved, both at the institutional level and with regard to the model of psychological intervention in military operations and the performance of the military psychologist him/herself in the area of operations.

Psychological support in international operations, a fundamental task of military psychology

The attention and care of the mental health of our military is an essential aspect for the success of the missions they carry out, becoming of decisive importance when they are far from

national territory, in hostile environments characterized by the presence of multiple stressors that hinder their psychological adaptation. As we have indicated previously, the laws that regulate the operation of military psychology in Spain emphasize the importance of psychological support and assistance for the welfare of our personnel deployed on military operations abroad. In the land and air forces, the participation of military psychologists in international operations is widely consolidated and institutionalized – which is not the case with the navy, so that, as noted by Mas (2003, p.635) fifteen years ago, "until now, we have barely any experience of on-board psychologists or psychological interventions on real missions". Although naval operations involve a high stress load, fundamentally related to the duration of the missions, the distance from family, the hostility of the marine environment and the difficulty of life on board, to date, the embarkation of psychologist officers on voyages has not been contemplated. In the absence of a psychologist on board, the mental health care of the crews of our ships, when they participate in international missions, often falls to the military doctor or nurse and, not in a few cases, to the military chaplain. This deprives the on-board personnel of specialized psychological support and assistance, essential for their better adaptation to the mission.

The creation of the specialty of military operational psychology, an urgent need

One of the main demands of the psychologist officers stationed in Afghanistan has been the need for specific training prior to deployment on matters related to the tasks to be carried out in the area of operations, especially with regards to intervention in situations of crisis and mass casualties, communication of bad news, stress management, and bereavement, etc. (Servicio de Psicología del Role 2 de la FSB de Herat [Psychology Service of Role 2 of Herat FSB], 2005-2014). This training could be facilitated by the provision, in the field of military training, of specific courses on the subject which should meet certain requirements, including being of an eminently practical nature and comprising a process of selecting and assigning attendees according to the availability and willingness of the applicant to participate in missions rather than just seniority.

This demand for specific training leads to the need for the creation of the complementary specialty of military operational psychology, currently considered only as a field of activity of military psychology in Spain (Ministry of Defense, 2001). This proposal has been defended firmly by the psychology unit of the General Inspectorate of Health of Defense (IGESANDEF in Spanish), but was not finally considered in Order DEF/2892/2015 establishing the complementary specialties of the Military Healthcare Corps (Ministry of Defense of Spain, 2015). Paradoxically, this Order does include the complementary specialty of emergency medicine and emergency operations (MUE in Spanish) within the fundamental specialty of medicine; and medical-surgical nursing in operations (EMQ in Spanish) for the fundamental specialty of nursing. One of the reasons traditionally used to reject the



creation of certain complementary specialties of psychology in the field of Spanish military healthcare, beyond that of clinical psychology (PSC in Spanish), is the absence of a homologous degree or equivalent in the Spanish education or healthcare system, so it would not be appropriate to consider the creation of the specialty of military operational psychology. However, it is necessary to clarify that certain complementary specialties of the fundamental specialty of medicine recognized in the field of military healthcare (aerospace medicine, undersea and hyperbaric medicine, or indeed emergency medicine in operations) do not exist in the civil arena or they are not recognized by the Spanish Ministry of Health. In the same way, other complementary specialties of military medicine that are recognized by the Spanish healthcare system (cardiovascular surgery, intensive medicine or medical oncology) are not, however, in the European Education Area of the European Union (Consejo General de Colegios Médicos de España [General Council of Medical Colleges of Spain], 2018).

There are several reasons that justify the creation of the complementary specialty of military operational psychology:

- a) The existence of high demand among military psychologists, derived from our increasing participation in international operations.
- b) The current recognition of operational military psychology as a subdiscipline of military psychology widely consolidated within the armies of other countries, thanks to the development of a body of theoretical-practical scientific knowledge (Staal & Stephenson, 2006).
- c) The extensive experience accumulated by Spanish military psychology in military operations abroad, the result of 25 years of participation and intervention in these operations.
- d) The creation of this specialty would have positive results for the quality of service that we military psychologists offer and, consequently, for the health and psychological well-being of our personnel as well as greater effectiveness and operability for the SAF.
- e) The official recognition of the complementary specialty of operational military psychology would open new fields of action for Spanish military psychologists, already consolidated in other armies of our environment, such as counseling and participation in the fight against terrorism or the development and application of psychological techniques of interrogation. Similarly, it would allow us to strengthen and promote work in areas such as the control of combat and operational stress, the selection of personnel for special military units, the creation of psychological profiles, psychological operations (PSYOPS) and intelligence and survival, evasion, resistance, and escape operations (SERE) (Kennedy & Zillmer, 2006; Staal & Stephenson, 2006).

Preventive model versus healthcare assistance model

The type of mission or operation in which our troops participate (humanitarian, establishing or maintaining peace, or imposing force) is a factor that conditions the work of the psychologist in the area (Martínez-Sánchez, 2014). This is

reflected in the orientation of the psychological intervention model used, a distinction being able to be made in this respect between the advisory/preventive model used in missions such as UNPROFOR, IFOR or SFOR in the former Yugoslavia, and the mainly healthcare assistance model that defined the psychological intervention in Afghanistan. It is necessary to remember that, although the main mission of the ISAF was to contribute to the reconstruction of Afghanistan, the country was immersed in a serious internal situation, marked by violent armed confrontations between the Army and the Afghan National Police and the Taliban insurgency. In addition, the ISAF overlapped in time and space with Operation Enduring Freedom, led by the United States, the goal of which was military combat against the Taliban regime. In this context of war, our military was continually exposed to attacks, ambushes and confrontations with the Afghan insurgency, which caused sixteen deaths among the Spanish troops, including two interpreters in the service of our country, as well as a higher number of individuals that were seriously injured. This war environment, characterized by the dangerousness and risk of the tasks performed by our troops in Afghanistan, is at the origin of multiple psychological pathologies that appeared during the course of the mission, which meant that clinical work was one of the main functions of the military psychologist in operations (Martínez-Sánchez & Pery, 2012).

Related to the above, we note the conditioning involved in assigning the military psychologist to a health unit and their subsequent organic dependence on the chief medical officer of this unit. In the majority of operations abroad involving military psychologists, they are integrated into command support teams, directly dependent on the contingent chief. In the case of Afghanistan, the assignment of the military psychologist to a health unit such as a Role 2 implied that their work was mainly of a clinical-healthcare nature (Martín, 2010).

Therefore, regardless of the characteristics of the mission and their affiliation to the Role, we emphasize the need for the military psychologist deployed in the area of operations not to be exclusively limited to clinical or care tasks but also to perform other types of preventive functions, aimed at improving the adaptation and psychological well-being of our troops. Some areas to be strengthened in military operations are the promotion of motivation, morale, cohesion and group spirit, social and communication skills, and the management and resolution of labor disputes. Another possible field of action in operations such as the ISAF, which requires the support of the local population to guarantee its success, is the collaboration in the planning, development, and execution of psychological operations (PSYOP) and civil-military cooperation projects (CIMIC).

The psychologist's affiliation to Role 2: a legal question to be solved?

The affiliation of military psychology within the Military Healthcare Corps provided for by Law 17/1999 of the Military Personnel Regime (Gobierno de España [Government of Spain], 1999) allowed the integration of Spanish military psychologists



into this corps, thus acquiring the condition of healthcare personnel. Law 39/2007 of the Military Career, which repealed and replaced the previous one, endorsed this situation, entrusting to military psychology the care of the health of our military in all fields related to psychology (Gobierno de España [Government of Spain], 2007). This healthcare character of military psychologists poses several contradictions with current legal regulations.

On the one hand, the regulations governing the practice of healthcare psychology establish as an indispensable requirement to be in possession of the qualification of specialty in clinical psychology or an official master's degree in general health psychology (Gobierno de España [Government of Spain], 2011). However, access to the status of military psychologist in the armed forces is given with the only academic requirement of having a BSc or BSc (Hons) in psychology, not requiring possession of a master's degree in general health psychology or the specialty in clinical psychology (Consejo General de Colegios Oficiales de Psicólogos [Spanish Psychological Association, 2017]). This situation is aggravated when, in the area of operations, the military psychology service is assigned to a military healthcare unit such as Role 2, so that the military psychologists stationed there perform mainly healthcare and/or clinical tasks and functions. Given this problem, several solutions can be considered. In the first place, it could be decided to commission exclusively those military psychologists who are in possession of the complementary specialty in clinical psychology, a solution that is not efficient from the logistical-operative point of view. Secondly, the psychologist in military operations could be assigned to the command support team, under direct dependence to the contingent chief and with functions beyond those exclusively clinical or assistance. A complementary measure to the previous ones would be to facilitate the access of the military psychologists who are not in possession of the specialty in clinical psychology to the master's degree in general healthcare psychology, by means of the signing of agreements with universities and the granting of facilities for this.

On the other hand, behind this issue there hides another fundamental problem to be solved, which is the consideration or not of the military psychologist as a healthcare worker for the purposes of International Humanitarian Law and Armed Conflict. According to Protocol I of the Geneva Conventions of 1949, all personnel, military or civilian, performing functions such as the search, collection, transport, *diagnosis* or *treatment* of the wounded, sick and shipwrecked, and *prevention* of diseases, are considered to be health workers (Comité Internacional de la Cruz Roja [International Committee of the Red Cross], 2012). This Protocol I establishes as an obligation of the healthcare personnel to remain neutral with respect to the conflict in which they render services, abstaining from committing acts of hostility. This prevents the Spanish military psychologist from carrying out certain tasks of a non-healthcare or welfare nature, such as counseling in matters related to morale, motivation and leadership, or participation in the creation and application of psychological interrogation

techniques, psychological and intelligence operations, at the risk of losing their status as healthcare personnel (Otero, 2013).

"Prevention is better than cure"

In order to adapt adequately the personnel deployed abroad, the prevention and control of operational stress is essential. The military should be aware that stress is an inherent phenomenon in military operations that can affect all personnel participating in them, regardless of their employment or the position they occupy. The aim is to increase the resilience and stress management of our personnel through previous preparation and training that includes measures such as conducting training (maneuvers, simulations, etc.) that is as realistic as possible, maintaining high levels of morale and cohesion of the units and the promotion of an environment of respect and individual support. It is also fundamental to provide information on the mechanisms of action of stress, its symptomatology, the main stressors in operations, as well as on the different techniques available for dealing with it in a positive way.

Although many of the armies in our environment already have resilience training programs, the effectiveness of which is now unquestionable, there are still a number of barriers to their implementation in our SAF, such as the lack of acceptance and support from the Command, logistical problems or the lack of time to carry out these programs in the pre-deployment phases (García-Silgo, 2013). This has meant that, despite the willingness and availability on the part of the psychology service of the Armed Forces, this type of program has not yet been able to be established in our country.

Pay special attention to certain groups of greater vulnerability

There are certain units in the area of operations whose staff is subject to greater stress conditions and has a greater incidence of psychological alterations (Martínez-Sánchez, 2012). In the case of the Spanish contingents stationed in Afghanistan, we can mention Role 2, the helicopter units of the air force (HELISAF) and the army (ASPUHEL), the Quick Reaction Force (QRF), the Force Protection (FP), the Logistics Unit of the Army (ULOG) and the group of translators at the service of the Spanish troops. Among the stressors that especially affect these units, we can note the particular danger, risk, hardship, or responsibility of the tasks performed, the excessive duration of the shifts in the area of certain units, the continuous handling of casualties (injured and deceased), and the working conditions (long hours, shifts, lack of rest, etc.).

From a preventive point of view, greater attention must be paid to these groups, both in the pre-deployment selection and, fundamentally, during their time in the area of operations. On the other hand, we must bear in mind that currently our troops may be deployed abroad for more than six months. For this reason, we consider it of great interest to carry out empirical studies on the psychological effects on our personnel of prolonged deployments in international land and naval operations, similar to current practice in other armies in our context (Adler, Huffman, Bliese, & Castro, 2005).



Consider the previous psychological background

A high percentage of the Spanish military attended by the psychology service in Afghanistan, due to difficulties in adaptation, have previously manifested this type of behavior in national territory (Martínez-Sánchez, 2012). The presence of psychological antecedents is a factor to consider when assessing the ability of the military to adapt in the area of operations. Consequently, it is necessary to refine pre-mission psychophysical checks, directly investigating the existence of previous psychological disorders and leave of absence, consumption of alcohol and psychoactive substances, and the existence of serious family or conjugal problems. From the psychological point of view, the presence of these types of antecedents should be considered sufficient reason to consider a subject unsuitable for a mission. Not subjecting them to the multiple stressors of international operations would impact their psychological health, and at the same time it would avoid a significant percentage of subsequent repatriations to national territory.

The role of previous expectations in adapting to the mission

Adequate and adjusted expectations about the mission (the duration, danger, role to perform, tasks and activities to be carried out, economic rewards, leave to be enjoyed during and after the mission, etc.) favor the psychological adaptation of the personnel deployed in military operations abroad (Martínez-Sánchez, 2014). By contrast, the dissonance between expectations held by the military employee on the mission and the reality that he/she finds in the operations zone is a potential source of stress and maladjustment. Therefore, it is important that all personnel participating in international operations have realistic expectations, being provided with clear, complete and truthful information about the mission, functions and tasks to be carried out, and the main risks and threats that will be encountered during the deployment. Military psychologists can participate in this work, which must be done in the phase prior to deployment and falls primarily to the units' commands, as they collaborate in the design and development of instruments (conferences, posters, leaflets, etc.) to disseminate advice and information of general interest (Escribano, 1998).

Facilitate accessibility to the psychology service

The main routes of referral of personnel attended by the psychology service of Herat were through commands, on their own initiative and derived by the admission service of Role 2 (Martínez-Sánchez, 2012). Based on this, the need is stressed for the whole contingent in general and the commands of the units in particular to know the work carried out by the psychology service. Therefore, the participation of the military psychologist in the training sessions of orientation to the area of operations (in-processing) that are imparted to all the personnel who join is essential. Other recommendations in this regard are:

- ✓ To facilitate direct access to the psychology service of all personnel who request it, minimizing administrative and bureaucratic procedures and avoiding potential "filters" by the units' commands.

- ✓ To maintain an adequate integration and cooperation with the rest of the healthcare personnel of the Role (doctors, nurses, pharmacists, veterinarians, etc.). Coordination with the triage doctor is essential, not only because this is the first filter for detecting the presence of psychopathological symptoms in the staff that go to medical consultation, but also because of the importance in certain cases of psychopharmacology as a complement to psychological treatments (Gómez & Salgueiro, 2007).

Coordination with other Centers and Psychology Units

In the context of current interoperability of our SAF, troops belonging to the three armies and the Civil Guard participated in the ISAF. This requires the psychologist deployed in the area of operations to have access to the psychological records of all personnel for whose psychological care they are responsible, regardless of the army to which they belong. It is therefore necessary to develop the corresponding procedures and channels of coordination and communication with the psychology services of other armies and the Civil Guard, for the purpose of accessing and consulting information and data on psychophysical aptitude, previous psychological checks and the existence of psychological or personal antecedents. These coordination and communication procedures must be established at the level of the psychology units of the health directorates of the corresponding armies and the Civil Guard.

Attention to the families of our military

The adaptation and well-being of military personnel during missions is closely related to the well-being of their families (Gómez Escarda, 2009). Therefore, the psychological support to the families of our personnel that participate in operations abroad is fundamental, for two reasons. Firstly, because the deployment of the military employee usually causes negative consequences for the psychological health of their families. Secondly, because anyone who participates in international operations may experience concern and anxiety related mainly to the situation of their family during the course of the mission.

This psychological support to the family should cover the three phases of every foreign mission. In the concentration phase, the anxiety and concern that the family feels about the impending departure of the military employee can be increased by the decrease in the amount of time spent with the family before deployment, due to the intensification of training, the overload of work and the extension of the schedules that occurs in this phase (Donoso, 2012). During the deployment phase, assistance to families is of great value as a means of cushioning the negative effects derived from the temporary absence of their loved ones, especially in the case of families with special needs (single-parent families, those with dependents in their care, etc.) and in operations in which our troops are subjected to conditions of particular danger. Finally, after the end of the mission and the return to national territory, the family may require psychological support, in this case aimed at facilitating the readjustment of the military employee and their reintegration back into their previous family life.



The Ministry of Defense contemplates actions of psychological assistance to the families of our personnel deployed in operations abroad (Mando de Personal del Ejército de Tierra [Personnel Command of the Spanish Army], 2017), although in practice these actions focus on providing them with information and advice, offering them the timely psychological support and assistance they may require. Measures of psychological support have been established to relatives of the wounded and deceased in military operations, for which the Support Unit for those wounded and relatives of the dead and those wounded in the act of service to the SAF was created in 2010 (Ministerio de Defensa de España [Spanish Ministry of Defense], 2010). Thus, and although some pilot experiences have been carried out from the Ministry of Defense (Ejército de Tierra [Land Army], 2015), it is necessary to create, develop and institutionalize a comprehensive support network for families of personnel in operations (Dominguez Donaire, 2016).

Psychological follow-ups after returning to national territory

Psychological care for military personnel participating in international operations is covered during the concentration phase and during the phase of deployment in the zone. However, much remains to be done in the post-mission phase (Europa Press, 2012).

The return to national territory can be an additional source of stress for the military individual. Readapting to family life is often not easy and communication problems, family conflicts, and ambiguous feelings may appear in the spouse or partner. In addition, in this phase it is common to experience sleep disturbances, recurrent and intrusive memories of a negative nature, apathy, distancing, and social isolation.

Although in our country there have not yet been official studies on the prevalence of psychological disorders in our staff that have participated in international operations (Europa Press, 2012), there have been indications that note the existence of a relationship between the participation in this type of operations and the subsequent appearance of psychopathological disorders and symptoms (Pérez Hidalgo, & Rodríguez González, 2011; Estévez, & Bàguena, 2012; Torres, Sánchez, Membrillo, & Navarro, 2013; Morales, Medina, Gutiérrez, Abejaro, Hijazo, & Losantos, 2016). For this reason, it is necessary to extend the psychological monitoring in the national territory of personnel involved in military operations abroad, especially those who have suffered adaptation difficulties during their time in the area of operations and/or who have been involved in traumatic events such as accidents, attacks, confrontations, and combats with the insurgency. The Psychology Section of the Directorate of Health of the Army has recently launched the implementation of a specific protocol for the evaluation and monitoring of personnel involved in deployments abroad, with special attention to the possible negative consequences that these deployments have on our military personnel (Rodríguez Alonso, 2018).

Strengthen research in military psychology

Research is an essential task for improving the effectiveness

and operability of the SAF. Although currently the main research topics in this area are related to the psychological aspects of participation in missions abroad (Galindo, 2012), there are few studies that have been published in high impact scientific journals. Thus, it would be of great interest for the service to promote research in military psychology in general and in operational psychology in particular, paying special attention to the psychological effects that operations abroad have on our personnel that participate in them. This would be achieved through the establishment of agreements with universities and research centers, including adequate channels of transmission and transfer of the results obtained that facilitate the knowledge being made accessible not only to all military psychologists, but also to other professionals of psychology and mental health.

CONCLUSIONS

In its ten years of operation, the psychology service of Role 2E of Herat FSB has carried out great work in the care and psychological health of the personnel deployed in the ISAF. The accumulated experience allows us to propose certain measures whose objective is to improve the work of the military psychologist in operations and to facilitate the adaptation and well-being of our personnel stationed abroad.

Before the deployment, it is necessary to improve pre-mission psychophysical checks, inquiring about the existence of personal and psychological antecedents; at the same time, it is necessary to provide individuals with detailed information about the mission, in order to better adjust their expectations to the reality that they will encounter during the deployment. It is also fundamental to raise awareness among our military of the importance of psychological aspects for an adequate adaptation to the mission, as well as providing the necessary training in resilience and stress management. Once in the area of operations, the military psychologist must have access to their psychological files in order to be able to carry out an adequate follow-up, paying attention to certain groups subjected to higher levels of stress and more prone to suffer psychological disorders and adaptive difficulties.

Some areas to promote are support to the family throughout the mission and the follow-up of the personnel once they have returned to the national territory, especially those who have suffered adaptation problems or have been involved in situations of high psychological impact. This requires, as a first step, the development of research and studies that provide real data on the prevalence of psychological pathologies in our staff participating in foreign missions. Another area to be strengthened is research in the field of operational psychology, a subdiscipline of military psychology consolidated and recognized as such in the other armies in our environment, but to which the Ministry of Defense still grants a secondary role.

For an improved performance of the military psychologist in the area of operations, it is essential they are not limited to purely clinical or healthcare assistance tasks, a limitation derived from their affiliation to a health unit such as Role 2. The performance of clinical functions in operations by military psychologists who are not in possession of the complementary



qualification specialty in clinical psychology or the master's degree in general health psychology also poses a legal problem that needs to be resolved. One possible solution involves the creation of a specific military psychology corps outside the Military Healthcare Corps, maintaining the complementary qualification of specialty in clinical psychology as a requirement to occupy specific posts in certain units and health centers.

CONFLICT OF INTERESTS

There is no conflict of interest.

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