

Psychological intervention in the Spanish military deployed on international operations

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Abstract

Background: Spain was one of the first countries to recognize the importance of psychological aspects in the planning and development of international military operations, and also to include military psychologists in contingents deployed abroad. **Method:** This paper describes the psychological intervention model used by Spanish military psychologists involved in military operations abroad. **Results:** This model is comprised of a systematic set of interventions and actions carried out in the different phases of any military operation (concentration, deployment and post-mission). It also contemplates the intervention not only in personnel who integrate the military contingents, but also with their families and, at certain times of the mission, with the local population of the area in which the operation is carried out. **Conclusions:** The model presented has a preventive orientation, based on the selection and psychological preparation of contingents before deployment, and supplemented by support in the area of operations for personnel who need it, and the psychological care of their families in Spain. Whereas this model has been effective so far, in this work, we present a series of measures aimed at improving the psychological well-being of our troops deployed outside our country.

Keywords: Military Psychology, international operations, psychological support, assistance to military families.

Resumen

Intervención psicológica en militares españoles desplegados en operaciones internacionales. Antecedentes: España ha sido pionera en reconocer la importancia de los aspectos psicológicos en la planificación y desarrollo de las operaciones militares internacionales, y en incluir a psicólogos en los contingentes desplegados en ellas. **Método:** este trabajo describe el modelo de intervención psicológica utilizado por los psicólogos militares españoles que participan en misiones y operaciones en el exterior. **Resultado:** dicho modelo está conformado por un conjunto sistematizado de intervenciones y actuaciones que se llevan a cabo en las distintas fases que componen toda operación militar (concentración, despliegue y postmisión). Igualmente contempla la intervención tanto en el personal que integra los contingentes militares, como en sus familias y, en determinados momentos de la misión, en la población local de la zona en que se desarrolla. **Conclusiones:** el modelo presentado posee una orientación claramente preventiva, basada en la selección y preparación psicológica del contingente antes del despliegue, y complementada con la asistencia en zona de operaciones al personal que lo requiera y la atención a sus familias en territorio nacional. Pese a la eficacia de dicho modelo, se analizan sus limitaciones y se exponen algunas medidas para mejorar el bienestar psicológico de nuestras tropas desplegadas en el exterior.

Palabras clave: Psicología militar, misiones militares internacionales, apoyo psicológico, atención a familiares de militares.

Any military operation abroad can affect the psychological well-being of participating personnel, and more so if it is carried out far from the national territory, in a hostile environment, where troops are exposed to many risks and threats to their physical and/or psychological integrity. From this viewpoint, caring for the mental health of personnel deployed on international missions is one of the essential priorities of the Armed Forces (AFs) (Escribano, 1998) and a crucial requirement to favor their adaptation to adverse conditions such as those of any mission abroad. This leads to the need to perform psychological interventions in this kind of situation and to guarantee adequate

support and care to our personnel (Spanish Ministry of Defense, 2005).

Military Psychology, defined as the application of psychological theories, principles, and methods to the military setting (American Psychological Association, n.d.; Escribano, 1998; Mangelsdorf & Gal, 1991), can make a great contribution to optimization of performance and efficiency of the AFs, both at individual and collective levels. From a practical and applied viewpoint, Military Psychology addresses aspects such as personality, motivation, satisfaction or adaptation of the soldier as an individual; but it is also in charge of social processes and dynamics that are increasingly important in military groups and units, such as communication, cohesion, morale, and, mainly, leadership. Thus, the importance of psychological aspects for the correct performance of the AFs and their members and, in any case, their influence in the adequate planning and development of military operations are currently indisputable.

Intervention by military psychologists in the preparation and support of contingents participating in international operations is

one of its main action areas (Kennedy & McNeil, 2006). It becomes considerably relevant when such operations are characterized by the presence of multiple factors that affect soldiers' psychological well-being, hindering their adaptation to the mission and interfering with the fulfillment of their functions. Spain was one of the first countries to include teams of military psychologists in its contingents sent abroad, deploying the first Psychological Support Teams (PSTs) in Bosnia-Herzegovina in 1992. Since then, military psychologists have participated in operations as diverse as UNPROFOR, IFOR, and SFOR in Bosnia-Herzegovina, KFOR in Kosovo, "Enduring Freedom" in Iraq; UNIFIL in Lebanon; MINUSTAH and "Hispaniola" in Haiti, or ISAF in Afghanistan. This has allowed us to generate a large amount of theoretical-practical knowledge of the contributions of Military Psychology to international missions (Donoso, 2008; Escribano, 1998; Martínez-Sánchez & Pery, 2012; Montero, 1997; Núñez, 1997), establishing a flexible model of psychological intervention that can be adapted to diverse determinants of each mission.

Model of psychological intervention in international military operations

The action of military psychologists in operations abroad depends on various factors (Martínez-Sánchez & Pery, 2012). Firstly, it depends on the normative that defines the functions of Military Psychology in this kind of operations, mainly Law 39/2007 of the military career (Spanish Presidency of the Government, 2007) and the Ministerial Order (MO) 141/2001 (Spanish Ministry of Defense, 2001), which regulates the structure and functions of Military Psychology. The Law 39/2007 assigns the function of "providing sanitary assistance to the Spanish military contingents deployed on international missions" (p. 47368) to the Military Health Unit, under which Military Psychology is established. The MO 141/2001 underlines the importance of counseling and of preventive and assistential intervention in the contingents, before, during, and after military operations.

Another aspect to consider is the entity of the deployed contingent. In Bosnia, the first PSTs were made up of various psychological officers; in contrast, in international missions in which Spain currently participates (Lebanon, Afghanistan), only one psychological officer per contingent is deployed. Logically, the type of mission in which they participate (humanitarian, peacemaking, peacekeeping, or peace enforcement) also conditions the psychologists' action in the area. Thus, the danger and risk involved in certain missions, like that of Afghanistan, may provoke the onset of numerous psychological pathologies, thereby making clinical or assistential work one of the military psychologist's main tasks. In the area of operations, the psychological officer depends organically, and sometimes directly, on the contingent commanding officer or on a medical officer, if the psychologist belongs to a military sanitary unit ("Role"). Accordingly, military psychologists' assignment to a Role implies that their work will be predominantly clinical-assistential, to the detriment of other training or preventive activities. Likewise, the attitudes of contingent commanders and chiefs towards the functions of the psychologists on missions (clinical-assistential vs. counseling for commanders) must also be considered (Núñez, 1999). Lastly, the professional orientation of the psychological personnel deployed on missions and their own attitudes towards the role and functions of Operational Military Psychology should be taken into account.

The model presented below includes intervention in all three phases of any international military operation: concentration or predeployment phase, deployment phase, and postdeployment or post mission phase.

Concentration or predeployment phase

This phase, the goal of which is the conjoint training of the units and personnel who are going to participate in the mission, is essential for military psychologists' work (Escribano, 1998). Psychological intervention at this stage focuses on the processes of selection and psychological preparation of the personnel who will form a part of the mission contingent, and on support for their families.

Personnel selection

Military psychologists intervene actively in the psychophysical examinations that all professionals participating in international operations must undergo before deployment, which include psychological assessment, the aim of which is to detect possible alterations or psychological disorders that could negatively affect the professional's subsequent adaptation to the mission (Spanish Ministry of Defense, 2011). This task is not always easy because some subjects adapt adequately in national territory but their participation in certain missions and operations abroad act as a catalyst, causing latent pathologies and maladaptation to surface (Robles, 2010b). We refer to people with high levels of affective dependence, tendency towards conflictivity, impaired impulse control, social skill deficits, or proclivity to consume alcohol (Escribano, 1998). However, our experience tells us that an important part of the subjects who present adaptation difficulties during the mission had already displayed this type of behavior in national territory (Escribano, 1998; Martínez-Sánchez, 2012). It is therefore important to carry out a thorough selection and assessment of the contingent, paying particular attention to the existence of prior psychological antecedents and family/conjugal problems (i.e., separation, divorce, severe illness of close relatives) that could condition and impair soldiers' subsequent adaptation to the mission (Martínez-Sánchez, 2012).

Psychological assessment consists of diverse tests, interviews, scales, and questionnaires measuring adaptation and personality. As a result, the corresponding psychological case files of the contingent personnel are prepared, and subjects are classified according to their aptitude for the mission, with those who do not pass this assessment being referred to the specialized organs of Military Health.

Special attention is paid to personnel belonging to certain key posts, due to the specific features of danger, responsibility, or relevance of the tasks they will perform during the mission. This is the case of vehicle drivers, shooters, or members of explosive deactivation teams (EDEX), in whose selection not only their technical qualifications should be considered, but also their adequate preparation and psychological aptitude, physical fitness, and general health (Donoso, 2008).

Psychological or psychoeducational preparation

At the same time as selection and assessment of contingent personnel is carried out, they are being psychologically prepared and trained, in order to reinforce their capacity to cope with

the problems and difficulties they will encounter in the area of operations (Robles, 2010a). This is done by means of conferences, informal talks, and workshops about aspects such as adjusting expectations, morale, cohesion, coping with stress, occupational hazards, and prevention of accidents.

Adequate expectations, adjusted to the mission (danger, tasks to be carried out, permissions, remuneration), play an essential role in the psychological adaptation of the personnel deployed in the area of operations. It is therefore important to promote realistic expectations, providing clear and complete information about the mission and the tasks to be carried out. Although this work is mainly carried out by the officers of the unit, military psychologists collaborate by elaborating instruments for the diffusion of information of general interest (Escribano, 1998). With regard to group cohesion, particular importance is granted to interpersonal relations and feelings of group membership as factors that foster morale and prevent and protect—as modulator and buffer variables—from possible difficulties during the mission. Prevention of stress, providing information about its mechanisms and symptomatology, the main stressor factors in operations and the diverse techniques available to cope with stress positively are also relevant.

Support to the families

The motivation and adaptation of the military personnel who participate in international operations is closely related to the

well-being of their families (Gómez Escarda, 2009). Concern about how their families will adapt to their absence, difficulties to communicate with them from the area of operations, and the presence of family or conjugal problems can be important sources of stress for the contingent members (Martínez-Sánchez, 2011). Likewise, the deployment of military personnel also has negative consequences for the psychological health of their families, reflected in feelings of distress, opposition, and, especially, anticipatory anxiety related to the safety and risks of the mission and the demand to adapt to the soldier’s absence. All this leads to the need to intervene in the families in order to improve the psychological well-being of our personnel and to favor their adaptation to the mission. In this regard, the Ministry of Defense contemplates psychological support actions for the families both before and during soldiers’ permanence in the area of operations and after withdrawing to national territory (Spanish Ministry of Defense, 2005). In the concentration phase, such actions consist of providing information about the development of the mission and the tasks and activities their relatives are carrying out, as well as counseling and offering specific psychological support to those who need it.

Deployment phase

This phase is representative of any international mission, because it implies transfer and permanence in the area of operations for a long period of time and, frequently, far from the national territory. During deployment, psychological intervention is carried out in various differentiated areas described below:

Support to commanders

The first important task is counseling the commanders about the functions and applications of Military Psychology, informing the chiefs and officers of the contingent units about aspects such as motivation and the suitability of the personnel to the assigned tasks, the morale of the unit, prevention of psychosocial risks, improvement of work conditions (schedule distribution, shifts, and workload), planning leisure and free time, guidelines and measures to detect and prevent maladaptive behaviors.

With a view to counseling the commanding officers and adapting the necessary corrective measures, the assessment of aspects related to the contingent’s well-being, occupational climate, interpersonal relations, conditions of habitability and work, and the perception of the legitimacy of the mission are particularly useful. In this regard, we must also mention counseling for the planning and development of activities and cultural and leisure events (Núñez, 1997).

The function of counseling is also carried out in other units and sections of the contingent, in areas such as Intelligence, Logistics, and Planning operations (Núñez, 1999). Another important area to which Military Psychology can contribute is Psychological Operations (PSYOPS) (De Sebastián, 2012), defined as planned actions that convey information to certain sectors of the foreign local population, in order to influence their emotions, thoughts, and behaviors, and to create positive attitudes and behaviors in our interest (U.S. Department of the Army, 2003). Accordingly, military psychologists have counseled the Intelligence sections in planning, development, and execution of psychological operations.

<i>Table 1</i> Stressful factors in international military operations (based on Martínez-Sánchez, 2011)					
Predeployment	<ul style="list-style-type: none"> – Family situation and its emotional reactions – Type of mission – Lack of information and experience – Preparation and prior training (schedules, work overload, monotony) – Accumulation of small setbacks (administrative formalities) 				
Deployment	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;"> <ul style="list-style-type: none"> – Adverse navigation conditions, motion sickness – Prolonged navigations – Command style (pressure) – Habitability and restricted mobility </td> <td style="width: 20%; text-align: center; vertical-align: middle;">In naval operations</td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> – Soldier’s personal and family situation – “Doubts” about the mission (usefulness, legitimacy) – Performance of tasks and activities (overload, schedules, risks, danger, monotony...) – Dealing with the local population – False expectations – Critical stressful events – Endemic diseases, dangerous fauna and flora – Adverse weather conditions – Deficient habitability and living conditions (food, hygiene, lack of rest) – Sense of insecurity – Lack of preparation and physical fitness – Personality traits </td> <td></td> </tr> </table>	<ul style="list-style-type: none"> – Adverse navigation conditions, motion sickness – Prolonged navigations – Command style (pressure) – Habitability and restricted mobility 	In naval operations	<ul style="list-style-type: none"> – Soldier’s personal and family situation – “Doubts” about the mission (usefulness, legitimacy) – Performance of tasks and activities (overload, schedules, risks, danger, monotony...) – Dealing with the local population – False expectations – Critical stressful events – Endemic diseases, dangerous fauna and flora – Adverse weather conditions – Deficient habitability and living conditions (food, hygiene, lack of rest) – Sense of insecurity – Lack of preparation and physical fitness – Personality traits 	
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Postdeployment	<ul style="list-style-type: none"> – Lack of readaptation to former life – Family conflicts – Symptoms of estrangement and displacement, affective disorientation – Sleep disorders – Intrusive memories 				

Also noteworthy is the collaboration with units dedicated to Civil-Military Cooperation (CIMIC) with the goal of reinforcing ties and relations with the local population, thereby gaining their acceptance of the presence and actions of our troops, and contributing to guaranteeing troop safety (Núñez, 1999). In addition, military psychologists usually collaborate with the Public Information Officer (PIO) of the contingent for the diffusion of advice related to the promotion of health and psychological well-being in operations (Donoso, 2012).

Other actions related to the technical support of the commanders are expert reports upon request of the Legal Advice Center of the contingent in the context of judicial procedures and investigations, participation in psychophysical examinations carried out in the area of operations, or counseling the Civil Guard detachment of the Herat Forward Support Base (Afghanistan) in the selection of civil personnel belonging to diverse nationalities (e.g., Pashtuns, Tajiks, Hazaras, Filipinos) who were seeking work on the Base (Martínez-Sánchez & Pery, 2012).

Psychological support for personnel

Psychological support in the area of operations has the goal of improving the quality and life conditions of the deployed personnel (Spanish Ministry of Defense, 2005), and it is mainly carried out in two intervention areas: psychological assistance for personnel and the training/preventive area.

Psychological assistance

Currently, clinical and assistential work is a priority in certain missions such as that of ISAF-Afghanistan, as it falls under the Psychology Service within the sanitary structure (Role 2) of the contingent (Martín, 2010). In the area of operations, psychological assistance consists of attention to military personnel who present difficulties adapting to the mission, ranging from psychological assessment and diagnosis to the development of therapeutic

strategies and, in the severest cases, the proposal of the affected individual's repatriation to national territory.

Most of the psychological problems attended to in international missions are of a mild nature and they remit with adequate psychological support *in situ*. In this regard, the incidence of psychological disorders in the area of operations is low, estimated at 6%, with a rate of repatriations to national territory of barely 0.22% (Donoso, 2012). This seems to be due to the efficacy of the prior selective processes of the contingents (Pérez & Rodríguez, 2011) and to the fact that they are formed by well trained personnel working in military units where it is easy to find immediate support in times of difficulty (Escribano, 1998). Even so, the main reasons for psychological assistance in the area of operations are the presence of family problems, adaptive and stress disorders, labor and interpersonal difficulties, and sleep disorders (Donoso, 2012; Martínez-Sánchez, 2012; Navarro et al., 2013; Robles, 2010a).

Other severe psychological problems that may require repatriation for treatment in national territory are depressive disorders, severe family and conjugal problems, and, especially acute stress reactions due to accidents or attacks by terrorists or rebel forces or hostile elements, with mortal victims. In this regard, the Ministry of Defense has regulated extraordinary psychological support for military personnel suffering from this kind of events, support that is also extendable to their relatives, companions, and other personnel present at the incident (Spanish Ministry of Defense, 2007). In these situations, the military psychologist's action focuses on providing psychological first aid to mitigate the impact of such events and to recover psychological normality and the return to the normal activities of the unit.

Other noteworthy clinical interventions are the communication of bad news —following the principles of the model of Buckman (Gala et al., 2007)— both to the deployed personnel and to their relatives in national territory, psychological support to the soldiers attended in the sanitary units, and intervention with the personnel of these units, given the high levels of stress they face.

Training and prevention

Prevention plays an important role at the beginning of deployment, as a means of minimizing the impact involved in any mission outside of national territory, and favoring the adjustment of expectations; at the midway point of the mission, as a tool to combat the accumulation of stress, fatigue, routine, and monotony produced in this phase; and lastly, in the final weeks of permanence in the area, in order to avoid the occurrence of accidents and incidents provoked by factors like exhaustion, euphoria, or excessive confidence (Martínez-Sánchez & Pery, 2012). At this time, it is also very important to minimize the possible adverse effects of readapting to national territory.

In the area of operations, the training/preventive work is either carried out at the general level, targeting the entire contingent personnel; or at the specific level, with different “at-risk” groups that are submitted to high levels of stress (e.g., vehicle drivers, health personnel, or members of helicopter units). This work is mainly carried out through workshops and conferences on techniques for coping with stress, assertiveness, and social and communication skills; as well as the elaboration and diffusion of informative triptychs, posters, and guidelines about topics such as mental health, operational stress, sleep hygiene, prevention of alcohol consumption, communication with relatives, and preparation to return to national territory.

Table 2

Psychology section of the Spanish Army Direction of Health. Casuistry in the Area of Operations, 1992-2012 (taken from Donoso, 2012, p. 900)

Diagnosis	N	p	P
Family problems	355	12.54	0.71
Stress/anxiety	295	10.42	0.59
Adaptation disorder	249	8.79	0.50
Interrelational problems	213	7.52	0.43
Depression	134	4.73	0.27
Substance consumption	77	2.72	0.15
Personality disorder	52	1.84	0.10
Sleep disorder	42	1.48	0.08
Eating disorder	10	0.35	0.02
Sexual disorder	9	0.32	0.01
Somatic disorder	4	0.14	0.00
Not specified	1391	49.13	2.79

N^o = 2831

Note: Total number of Army soldiers deployed in international missions from 1992 to 2012 = 49802.

N^o = Number of soldiers who required psychological assistance

Support to the local population

Military psychologists have participated actively in the planning and development of the *Cervantes* programs for the diffusion of the Spanish language and culture among school children from the local population of certain missions, like those of Bosnia, Kosovo, and Lebanon. Also noteworthy are the campaigns targeting school children for the prevention of diseases and accidents due to mines and explosive artifacts (Núñez, 1997). In Afghanistan, psychological officers cooperated in the development of educational workshops for children, sending aid to the local orphanages, and counseling and collaborating with the Women's Social, Cultural, and Educational Center in Herat.

Other humanitarian actions carried out are the organization of aid, coordination, and support to non-governmental organizations present in the area of operations, collaboration in the elaboration of censuses, assessment of needs, and providing psychosocial support to refugees and displaced persons (Núñez, 1999).

Assistance and support to families

During the operations phase, assistance to the families acquires high value as a buffer of the negative effects derived from the soldier's absence (Spanish Ministry of Defense, 2005). As a general measure, the aim is to provide information to the relatives about the development of the mission and to provide contact with their loved ones.

This kind of support becomes more relevant in operations in which our troops engage in particularly dangerous situations and in which there are casualties in our troops. The recent creation of a Support Unit for the wounded and the relatives of the casualties and wounded in acts of service of the AFs (Spanish Ministry of Defense, 2010) allows us to offer the psychological support required by all these people involved. In the case of the death of military personnel during operations abroad, special psychological attention is provided to the families and relatives in national territory, accompanying them and offering support during the transfer, identification, and burial of the remains, as well as the elaboration of the subsequent bereavement (Donoso, 2012).

Post mission or Postdeployment phase

Studies performed with military personnel from allied countries deployed in the area of operations, mainly Iraq and Afghanistan, show a high prevalence and incidence of psychopathological disorders after the mission (Hoge et al., 2004; Hoge & Castro, 2005; Ramchand, Karney, Osilla, Burns, & Caldarone, 2008). In our country, recent investigations carried out with military personnel deployed in operations of keeping peace have found signs of a relation between participation in international missions and the onset of psychological disorders. Pérez and Rodríguez (2011) found an increase in the levels of State Anxiety, as measured by the State-Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, & Lushene, 1983), in a sample of 168 subjects of a Spanish army unit deployed in Bosnia-Herzegovina. Estévez and Báguena (2012), using the Symptom Checklist SCL90-R (Derogatis, 1977), reported an increase in symptoms of somatization, depression, and hyperactivation in a sample of 46 soldiers who had participated in the United Nations mission in Lebanon (UNIFIL). Likewise, the Ministry of Defense has expressed "suspicions" about the possible

negative effects that missions abroad have on some of our soldiers, especially when they have participated in combat operations (Europa Press, 2012).

Moreover, the return to national territory and readaptation to prior family life can also be a triggering factor of stress for soldiers. In the area of operations, soldiers' experience, perception, and the way they spend time are radically different from those occurring in national territory, so that their readaptation implies an extra effort. With regard to the family, the onset of interrelational difficulties (Escribano, 1998), communication problems, ambiguous feelings in the partner or spouse, and conflicts due to the resistance of family members to reassume the roles and responsibilities they had prior to the separation are frequent. In addition, in this phase, psychopathological symptoms such as sleep alterations, intrusive memories related to negative aspects of the mission, adaptive reactions of apathy, distancing oneself, and social isolation are common (Martínez-Sánchez, 2011).

Consequently, during the phase of postdeployment and return to national territory, psychological intervention with military personnel is essential, in order to facilitate their reincorporation and reinsertion in their original unit and in their family environment as quickly and efficaciously as possible (Spanish Ministry of Defense, 2005). For this purpose, in the days prior to the withdrawal, preparation for the return home begins, explaining the problems they may encounter and informing about the strategies to cope with them and resolve them positively (Donoso, 2012). Evidently, this intervention must be complemented with psychological counseling to the families about how to readapt to the new situation.

It is also important to note the participation of military psychologists in the psychophysical examinations at the end of the mission through the assessment of mood and of eventual psychological difficulties during the deployment phase. The results of these examinations will determine the implementation of certain psychological measures to favor subsequent adaptation to national territory (Donoso, 2012).

Discussion and conclusions

Considering the low prevalence of psychological disorders in the area of operations and the scarce number of repatriations due to psychological motives, we can conclude that the model of psychological intervention used in our AFs is very efficacious and valid. This efficacy is due, to a great measure, to its high flexibility, which allows it to adapt to and match the special features and determinants of each mission. However, although it is one of the positive aspects of the model, this flexibility can also be understood as a limitation, because, to some extent, it reflects the lack of consensus about the specific work and functions of the psychologist on international missions. Consequently, we must unite procedures, methodologies, and psychological intervention and action criteria.

In view of the importance of clinical or assistential work in the area of operations and the fact that not all psychological officers deployed to the area have specific clinical training, it would be highly interesting from a professional viewpoint to implement training programs —both to teach formation and to perfect topics such as intervention in crises and emergencies (psychological first aid, communication of bad news, support for bereavement)— and brief psychotherapeutic techniques and techniques to control operational stress. Other possible limitations with regard to experience and practice in clinical interventions

could be remedied through the use of telemedicine infrastructures that allow the connection, communication, and inter-consultation among psychologists in the area and the Psychology and Psychiatry Services of the Central Military Hospital of Defense (Madrid).

With a view to improving adaptation to the mission, it is important for the system of contingent selection to be oriented not only towards the detection of possible psychopathological traits or behaviors, but also and mainly towards soldiers' resources and coping capacities or resilience (Donoso, 2012; Nevado, 2012). Work to provide support to the families must continue, especially in the case of wounded soldiers or casualties produced in acts of service; this would result not only in the psychological well-being of the families, but also in that of the deployed personnel.

As post mission attention is one of the weak points of the model (Europa Press, 2012), it is necessary to develop measures favoring readaptation to national territory of deployed personnel, mainly those who presented adaptive difficulties or who were involved

in critical or dangerous situations. In this regard, the possibility of implementing "decompression centers", where these soldiers would receive specialized psychological assistance prior to their return home and their reincorporation to their daily activities, has been proposed (Donoso, 2012).

Lastly, we consider it appropriate to promote research on the effects that operations abroad have on our participating personnel, as is carried out in allied countries of our environment. Such research should include adequate channels of transmission and transfer of the results obtained, which would allow this knowledge to be accessible, not only to all the military psychologists but also to the rest of the professionals of Psychology and Mental Health.

Author's note

The opinions presented in this article represent exclusively the author's personal viewpoint of the topics.

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