NORTH ATLANTIC TREATY ORGANISATION

RESEARCH AND TECHNOLOGY ORGANISATION

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RTO TECHNICAL REPORT **TR-HFM-081**

Stress and Psychological Support in Modern Military Operations

(Stress et aide psychologique dans les opérations militaires modernes)

Final Report of Task Group HFM-081.

Published April 2008

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The Research and Technology Organisation (RTO) of NATO

RTO is the single focus in NATO for Defence Research and Technology activities. Its mission is to conduct and promote co-operative research and information exchange. The objective is to support the development and effective use of national defence research and technology and to meet the military needs of the Alliance, to maintain a technological lead, and to provide advice to NATO and national decision makers. The RTO performs its mission with the support of an extensive network of national experts. It also ensures effective co-ordination with other NATO bodies involved in R&T activities.

RTO reports both to the Military Committee of NATO and to the Conference of National Armament Directors. It comprises a Research and Technology Board (RTB) as the highest level of national representation and the Research and Technology Agency (RTA), a dedicated staff with its headquarters in Neuilly, near Paris, France. In order to facilitate contacts with the military users and other NATO activities, a small part of the RTA staff is located in NATO Headquarters in Brussels. The Brussels staff also co-ordinates RTO's co-operation with nations in Middle and Eastern Europe, to which RTO attaches particular importance especially as working together in the field of research is one of the more promising areas of co-operation.

The total spectrum of R&T activities is covered by the following 7 bodies:

- AVT Applied Vehicle Technology Panel
- HFM Human Factors and Medicine Panel
- IST Information Systems Technology Panel
- NMSG NATO Modelling and Simulation Group
- SAS System Analysis and Studies Panel
- SCI Systems Concepts and Integration Panel
- SET Sensors and Electronics Technology Panel

These bodies are made up of national representatives as well as generally recognised 'world class' scientists. They also provide a communication link to military users and other NATO bodies. RTO's scientific and technological work is carried out by Technical Teams, created for specific activities and with a specific duration. Such Technical Teams can organise workshops, symposia, field trials, lecture series and training courses. An important function of these Technical Teams is to ensure the continuity of the expert networks.

RTO builds upon earlier co-operation in defence research and technology as set-up under the Advisory Group for Aerospace Research and Development (AGARD) and the Defence Research Group (DRG). AGARD and the DRG share common roots in that they were both established at the initiative of Dr Theodore von Kármán, a leading aerospace scientist, who early on recognised the importance of scientific support for the Allied Armed Forces. RTO is capitalising on these common roots in order to provide the Alliance and the NATO nations with a strong scientific and technological basis that will guarantee a solid base for the future.

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Table of Contents

List of Tables

Programme Committee

Name	Country	Year(s) Involved	Role
BIRNER, Alexander	AUT	2004 – 2006	Member
FLECK, Guenther	AUT	2002	Member
LANGER, Christian	AUT	2003	Member
CUVELIER, Yves	BEL	2002 – 2006	Chair
DE SOIR, Erik	BEL	2002	Member
FILS, Jean-François	BEL	2003 – 2004	Member
MUSSCHOOT, Vincent	BEL	2004 – 2006	Member
VAN DEN BERGE, Carlo	BEL	2006	Member
YANAKIEV, Yantsislav	BUL	2005 – 2006	Member
BROWN, Karen	CAN	2004 – 2005	Member
DUNN, Jason	CAN	2002 – 2005	Member
EYRES, Stephen	CAN	2002 – 2004	Member
LE BEAU, Mariane	CAN	2002	Member
MATHESON, Henry	CAN	2003 – 2005	Member
NORRIS, Marie	CAN	2005 – 2006	Member
PERRON, Nancy	CAN	2004 – 2005	Member
RODRIGUE, Suzie	CAN	2006	Member
HOLUB, Martin	CZE	2004	Member
KLOSE, Jiri	CZE	2003 – 2006	Member
TICHY, Vlastimil	CZE	2003 – 2006	Member
KREIM, Günther	DEU	2003 – 2006	Member
WILLKOMM, Bernd	DEU	2003 – 2006	Member
HOMMELGAARD, Birgitte	DNK	2003 – 2006	Member
PUENTE, José	ESP	2003 – 2006	Member
ANTOINE, Pascal	FRA	2002	Member
ARVERS, Philippe	FRA	2004 – 2006	Member
CLERVOY, Patrick	FRA	2002 – 2006	Member
CRUZ, Thierry	FRA	2003 – 2004	Member
FORET, Jean-Michel	FRA	2005 – 2006	Member
MAIGRET, Chantal	FRA	2002 – 2005	Member
RAPHEL, Christian	FRA	2002	Member
CAWKILL, Paul	GBR	2002 – 2006	Member
HACKER HUGHES, Jamie	GBR	2003 – 2006	Vice-Chair
SLAVEN, Georgina	GBR	2002 – 2006	Member

Name	Country	Year(s) Involved	Role
FILJAK, Tomislav	HVR	2003 – 2004	Member
STEFAN, Suzana	HVR	2003	Member
TRLEK, Mladen	HVR	2004 – 2006	Member
ZELIC, Anto	HVR	2002	Member
JANKUS, Arunas	LTU	2003	Member
LAPENAITE, Danute	LTU	2003 – 2006	Member
WAGNER, Alain	LUX	2002 – 2006	Member
VAN BEN BERG, Coen	NLD	2002 – 2006	Member
VAN KUIJK, Peter H.M.	NLD	2002 – 2006	Member
BUCUR, Ion	ROM	2004	Member
CIOCOTEA, Iona	ROM	2004	Member
PERTEA, Gheorghe	ROM	2003	Member
NECHAEV, Arcady	RUS	2005	Member
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STAMNOVA, Michaela	SVK	2003 – 2004	Member
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GENCTURK, Osman	TUR	2006	Member
ADLER, Amy	USA	2004 – 2006	Member
BLIESE, Paul	USA	2004 – 2006	Member
NESS, James W.	USA	2002 – 2003	Member

Stress and Psychological Support in Modern Military Operations

(RTO-TR-HFM-081)

Executive Summary

NATO Task Group HFM-081/RTG on "Stress and Psychological Support in Modern Military Operations" was formed in 2002 with the direction that it was to run for a period of 4 years. HFM-081/RTG consisted of over 30 professionals representing 19 different NATO and PfP nations, including a variety of military and civilian defence professionals from the field of military psychological support, representing a range of disciplines, such as psychology, psychiatry, social work and sociology.

Among its various achievements, the Task Group conducted an international research project, a Military Leaders' Survey of 172 NATO and PfP military leaders across 16 nations who identified key areas of interest related to psychological health on operations. These leaders included both officers and enlisted personnel from all branches of service. Each participant had served in a leadership capacity on a deployment sometime in the past two years. Leaders described areas related to operational stress about which they wanted information, and they also provided personal accounts illustrating key points.

The Task Group also produced reports on best practices in psychological support before, during and after operations, inventories of instruments used to survey unit morale as well and an inventory of clinical tools used across NATO and PfP nations for assessment, intervention and education with individuals and groups before, during and after deployments in routine and crisis situations. In addition, the Task Group sponsored a ground-breaking NATO symposium, HFM-134, "Human Dimensions in Military Operations: Military Leaders' Strategies for Addressing Stress and Psychological Support". The symposium, developed by the Task Group and co-sponsored by the NATO Committee of the Chiefs of Military Medical Services (COMEDS) Military Psychiatry Working Group (MP-WG), was held in Brussels in April 2006 and served as a platform for the latter part of the Task Group's work.

The final product of the Task Group is a series of guidelines for psychological support in military operations, in the form of a Military Leaders Guide. Military leaders at all levels have a key role in sustaining the mental readiness of service members under their command and play an important part in maintaining morale on the home front for military families. The Guide provides military leaders with information and practical strategies for dealing with stress and the provision of psychological support in order to enhance unit effectiveness in modern military operations.

The information presented in the report and guide is the result of the Task Group's international collaboration and brings together information from two sources: national experts and military leaders. In the case of national experts, the representatives from the Task Group joined together to outline the key areas of importance and agreement regarding psychological support on military operations. While there are gaps in the research literature and therefore a lack of science-based evidence to support some of the decisions about psychological support in military operations, the members of the NATO HFM-081/RTG have made recommendations based upon what is considered to be current best practice.

Stress et aide psychologique dans les opérations militaires modernes

(RTO-TR-HFM-081)

Synthèse

Le groupe de travail OTAN HFM-081/RTG sur « Stress et aide psychologique dans les opérations militaires modernes » a été constitué en 2002 étant dit qu'il était formé pour une période de 4 ans. Le HFM-081/RTG comptait plus de 30 professionnels représentant 19 nations OTAN ou du Partenariat pour la Paix (PfP), y compris un certain nombre de professionnels de défense, civils ou militaires, tous spécialistes de l'assistance psychologique militaire, recouvrant un choix de disciplines, comme : la psychologie, la psychiatrie, l'assistanat social ou la sociologie.

Parmi ses diverses réalisations, le groupe de travail a dirigé un projet international de recherche : une étude menée auprès de 172 chefs militaires des nations OTAN ou PfP, appartenant à 16 nations a identifié les principaux domaines d'intérêt concernant l'influence de la santé mentale sur les opérations. Parmi ces chefs on comptait à la fois des officiers et des engagés de toutes les armes. Chaque participant avait assumé des responsabilités de déploiement, parfois dans les deux dernières années. Ces chefs décrivirent les domaines en rapport avec le stress opérationnel sur lesquels ils voulaient des renseignements ; ils évoquèrent aussi des actions personnelles illustrant des points-clés.

Le groupe de travail a aussi présenté des rapports sur les meilleures pratiques en matière d'assistance psychologique – pendant et après les opérations –, et des inventaires d'instruments utilisés pour analyser le moral d'une unité, ainsi qu'un inventaire des outils cliniques d'évaluation, intervention et éducation des personnes ou groupes avant, pendant et après les déploiements en situation normale et de crise parmi les nations OTAN et PfP. De plus, le groupe de travail a commandité un nouveau symposium de l'OTAN, HFM-134 « Dimensions humaines dans les opérations militaires : Stratégie des chefs militaires pour gérer le stress et apporter leur aide psychologique ». Le symposium, développé par le groupe de travail et co-commandité par le Comité des chefs des Services de Santé militaires de l'OTAN (COMEDS), et le Groupe de Travail (GT) sur la Psychiatrie Militaire (MP-WG) s'est tenu à Bruxelles en avril 2006 ; il a servi de plateforme pour cette dernière partie du travail du GT.

Le résultat final du groupe de travail se présente comme une série de directives d'aide psychologique aux opérations militaires sous la forme d'un Guide des Chefs Militaires. A tous les niveaux, ceux-ci ont une fonction essentielle dans le soutien de la préparation mentale des personnels servant sous leurs ordres ; ils jouent aussi un rôle important dans la conservation du moral sur le front domestique pour les familles des militaires. Ce guide donne des informations et des stratégies pratiques aux chefs militaires pour gérer le stress et apporter leur aide psychologique en vue d'améliorer l'efficacité de leur unité lors d'opérations militaires modernes.

Les informations présentées dans le rapport et le guide sont le résultat de la collaboration internationale du groupe de travail. Elles regroupent des informations de deux sources : experts nationaux et chefs militaires. Pour ce qui est des experts nationaux, les représentants du groupe de travail se sont rassemblés pour esquisser les principaux domaines clés et de convergence sur l'aide psychologique aux opérations militaires. Bien qu'il existe des lacunes dans la littérature de recherche, et donc un manque de preuves scientifiques à l'appui des décisions sur l'aide psychologique dans les opérations militaires, les membres du HFM-081/RTG de l'OTAN ont fait des recommandations en se fondant sur ce que l'on peut considérer comme la meilleure pratique.

Chapter 1 – INTRODUCTION

NATO HFM-081 started off in 2002 as a small exploratory team (ET-016) to study stress and psychological support in modern military operations. (S&PSiMMO) The group became very successful with representatives from 19 different NATO and PfP countries. Group members included military and civilian defence professionals from the field of military psychological support. These professionals represented a range of disciplines, such as psychology, psychiatry, social work and sociology.

The main goal of the group was to provide Military Leaders with information and practical strategies for dealing with stress and the provision of psychological support to enhance unit effectiveness in modern military operations.

Military Leaders at all levels have indeed a key role in sustaining the mental readiness of service members under their command. They also play an important part in maintaining morale on the home front for the families of service men and women.

The information presented in the Military Leaders' guide is the result of the group's international collaboration and brings together information from two sources: national experts and Military Leaders.

In the case of national experts, the representatives from the group joined together to outline the key areas of importance and agreement regarding psychological support on modern military operations. While there are gaps in the research literature and therefore a lack of science-based evidence to support some of the decisions about psychological support in modern military operations, the members of HFM-081 have made recommendations, in consultation with national colleagues, based upon what is considered to be current best practice.

In the case of the Military Leaders, input was received from 172 leaders surveyed across 16 nations and from Military Leaders participating in the NATO Symposium HFM-134: "Dimensions in Military Operations: Military Leaders' Strategies for Addressing Stress and Psychological Support". The symposium was developed by HFM-081 and co-sponsored by the NATO Committee of the Chiefs of Military Medical Services (COMEDS) Military Psychiatry Working Group (MP-WG).

The Leaders' Guide is to be considered as the group's real legacy. Therefore it was pre-released to make it immediately available to the NATO-PfP-MD community. As such, this technical report merely explains how the group achieved its objective.

The team gathered twice a year. The executive summaries in Chapter 2, allow for a good understanding of the progress that was realized over the years.

Some factors for success are listed in Chapter 3. Finally, Chapter 4 lists some weaknesses.

In the process of their activities the team members have delivered:

- An inventory of national concepts of psychological support in modern military operations;
- The organisation of a meeting for psychologists working with Special Forces;
- An Intermediate Report with recommendations for psychological support before, during and after missions;

- A Clinical Tools Inventory (CTI) (an inventory of clinical tools in use within the member countries in the context of stress and psychological support);
- A Military Leaders survey (MLS) based on 172 NATO and PfP Military Leaders across 16 nations;
- A ground-breaking NATO Symposium entitled “Human dimensions in Military operations. Military Leaders’ Strategies for addressing Stress and Psychological Support”; and
- A Guide for Military Leaders containing information and practical guidelines on stress and psychological support across the deployment cycle.

The team is continuing its activities through an RTO lecture series. It has the long term ambition to produce a NATO Allied Joint Publication (AJP) on stress and psychological support, as a follow on project with its partners.

Chapter 2 – SUMMARIES OF THE ET-016 AND HFM-081 MEETINGS

2.1 BRUSSELS (BELGIUM) 24-26 APRIL 2002 – (ET-016)

Fourteen psychological support professionals from nine different countries came together as exploratory team ET-016 to explore the feasibility of launching a research Task Group aiming at the following topics:

- Assessing the risks for psychological stress in operations;
- Preparing military personnel psychologically for operations;
- Screening personnel before operations;
- Psychological support during operations;
- Psychological support after the operations;
- Family care (before, during and after deployment);
- Veterans' care (after leaving the Military);
- Organisation of psychological support (structure, procedures, role of professionals, …);
- Enterprise culture towards stress and psychological support;
- Psychological support for Special Forces (SF) and their families; and
- War on terrorism.

The members of ET-016 had different backgrounds mostly in psychology, sociology and medicine. They are active duty military personnel or civilians working for the Army, Navy, Air Force, Medical Service or joint agencies doing research or consulting, teaching, commanding, advising and managing teams.

This diversity was definitely a major strength of the team.

There was a lot of common ground in daily activities, concerns and preoccupations of team members. All were dealing with operational deployments and the impact on military personnel and their families. It is believed that the common ground could allow the team to prioritize the topics of interest currently being investigated.

There was limited expertise present within the team in terms of dealing with terrorism and its effects. A major weakness was the absence of expertise in SF-matters. Team members were fully aware off this weakness and agreed to find ways to tackle this problem in preparation of the second meeting.

2.2 GOSPORT (UNITED KINGDOM) 11-13 SEPTEMBER 2002 – (ET-016)

Fourteen psychological support professionals from 10 different countries came together for the second meeting of ET-016 to draft the Technical Activity Proposal (TAP), Terms of Reference (TOR) and Program of Work (POW) for a research Task Group.

The goal of that Task Group was to provide Military Leaders by fall 2005 with information and practical guidelines on stress and psychological support to enhance effectiveness in modern military operations.

The team decided on the following deliverables:

1) Inventory of national concepts of psychological support in modern military operations;
2) Facilitating the organisation of a forum for psychologists working with Special Forces;
3) Book for Military Leaders containing information and practical guidelines on stress and psychological support in modern military operations;
4) Decision support tool on CD-ROM; and
5) RTO Lecture series.

2.3 PARIS (FRANCE) 28-30 APRIL 2003

Twenty-five team members from 16 different countries participated in the first meeting of HFM-081 on 'Stress and Psychological Support in Modern Military Operations'.

In view of the team objective to make an inventory of national concepts of psychological support in modern military operations, this meeting was mainly dedicated to presentations by national representatives followed by Q&A. A lot of attention went out to identify best practices.

Two subgroups were formed.

The first was to check the final proceedings of RSG-22 in order to identify the parts that are still valid for the specific goals of our team. (RSG-22 subgroup)

The second was to group and compare the best practices on stress and psychological support used in member countries before, during and after deployment. (Best practices subgroup)

Nations agreed to prepare:

- A detailed presentation on tools and instruments being used in the context of stress and psychological support in modern military operations.
- A forum for psychologists working with SF-units for fall 2003 by identifying and mobilizing their colleagues.

It was decided for various reasons NOT to include the psychological support to SF in the WOT in the direct scope of the Task Group. The main reasons being firstly the limited number of team members with access to their national SF units and secondly the organizational implications of addressing SF matters (security). The group preferred to continue working on an UNCLAS basis while facilitating the first meeting of the colleagues working with SF.

2.4 FÜRSTENFELDBRUCK (GERMANY) 17-19 SEPTEMBER 2003

Twenty-two team members from 14 different countries participated in the second meeting of HFM-081 on 'Stress and Psychological Support in Modern Military Operations'.

The entire team was briefed on the findings of the RSG-22 subgroup. RSG-22 represented the state of the art in the early nineties of last century. Its members focused mainly on symptoms and treatment during battlefield

military operations and less on the specific stressors associated with modern military operations including the war on terror.

The RSG-22 report contained a long list of stress management techniques but these have not been developed to meet military situations or made subject to evaluation. Also, there was no focus in RSG-22 on prevention and training.

It was also felt that some of the tasks of RSG-22, such as the evaluation of different methods of measuring psychological fitness, the development of basic recommendations for selecting stress-resistant personnel and the development of a NATO test for measuring psychological readiness, had yet to be achieved fully.

Our team concluded that much of the specific content of RSG-22 would require radical updating based on the results and research of the last decade, if it would to be included in our work.

The Best Practices subgroup reviewed the national concepts following a matrix structure based on a proposed template. It became clear that there were still a lot of blanks to be filled in and that the initially proposed template was not specific enough. Our group decided to develop a more detailed matrix.

The team issued more specific guidance to make an inventory of:

- Tools (clinical-individual level);
- Instruments (surveys and questionnaires – organizational and group level); and
- Stress research in the different countries in relation to stress and psychological support.

A follow up was given on the organization of the **forum** for Psychologists working for SF units on 21st October in Brussels.

The team brainstormed on the concept of the final deliverable. All agreed to edit a book for Military Leaders based upon recommendations from our Task Group RTG and aiming at promoting a better understanding of S&PSiMMO, an enhanced cooperation with mental health professional and an increased involvement in PSiMMO

The team agreed to deliver an intermediate report for Fall 2004.

2.5 SPLIT (CROATIA) 21-23 APRIL 2004

Twenty-eight team members from 17 different countries participated in the third meeting of HFM-081.

The team agreed to the RTB proposal to organize a symposium in Belgium in spring 2006 on S&PSiMMO. This proposal requires an extension of the life cycle of the team with one year till fall 2006.

Feedback was given on the first meeting for Psychologists working for SOF with a representation from the following countries: BEL, NLD, ROM, AUT, and DEU.

It became clear that SFG in all nations were struggling with the same challenges.

A proposition was made to explore the possibility for a WG with a NATO-SECRET classification covering the following research topics:

- Identify effective and efficient personnel selection processes for SOF;
- Identify the risks for drop out during the selection and screening process;
- Identify motivational techniques and PS for SOF-recruits during basic training;
- Develop PS for SOF during advanced and specialist training;
- Provide adequate PS for SOF and their families before a mission;
- Provide adequate PS for SOF and their families during a mission;
- Provide adequate PS for SOF and their families after a mission; and
- Gain better understanding of dedication and commitment in SOF units.

The team was presented a first analysis of 'instruments/surveys' in use within the nations focusing on characteristics of the various surveys, target respondents, target audience (i.e. results intended for whom?), conditions of administration (in what context, where, when, how?) and history of survey (e.g. how long it has been in use, etc.) in order to identify potential trends and gaps.

The analysis revealed that data were 'Army-centric' meaning that the focus of efforts appears to be on land operations and Army units, that the trend in the use of surveys is discretionary and the decision to use them is mostly taken by the Commanding Officer or Chain of Command.

The team concluded that there was a big gap in research on stress and psychological support: there is not a lot of evidence to support the choices that have been made regarding psychological support in modern military operations.

On the other hand, Military Leaders expect sound advice from specialists.

Team members agreed not to wait until results from thorough research become available within a couple of years from now, but to commit themselves today to make recommendations based upon what they consider to be good practices.

A first draft of a series of recommendations for psychological support BEFORE, DURING and AFTER missions was made. These recommendations require fine-tuning.

The Working Group agreed to finish an intermediate report by the end of the year.

It will continue and intensify its work over the coming meetings with a long term view of setting up international R&D with the ambition of gathering evidence to prepare a NATO STANAG on stress and psychological support.

2.6 BRATISLAVA (SLOVAKIA) 5-8 OCTOBER 2004

Twenty-five team members from 16 different countries participated in the fourth meeting.

The four subgroups (Surveys and Instruments, Clinical Tools, Psychological Education and Training and Best Practices) gave an update to the entire team.

Recommendations for psychological support BEFORE, DURING and AFTER missions were fine-tuned. This is an important step ahead, as this is the first time that specialists from so many countries reach an agreement on the topic.

It was agreed that these recommendations will be delivered in an intermediate report. That report will boost international interest among professionals and Military Leaders for a symposium scheduled in April 2006 in Brussels.

The group developed the first ideas for a concept for the symposium. An invitation towards the military psychiatry Working Group of COMEDS to work together for the symposium was accepted. The intent for further collaboration with COMEDS was well received as was the proposition to establish a standing liaison between both groups.

A fifth subgroup (Military Leaders Survey subgroup) was launched with the objective of designing a study to be undertaken by individual member nations within the coming year to:

- Elicit the opinions/attitudes of Military Leaders on how they conceive S&PS in their units during MMO in order to maintain operational readiness.
- Ascertain what information ML would like to see in the book/commanders' guide.

2.7 QUEBEC CITY (CANADA) 12-15 APRIL 2005

Twenty-five psychological support professionals from 15 different countries participated in this fifth meeting of HFM-081 during which several objectives were met:

- Reaching a firm commitment of team members to boost international interest among psychological support professionals and Military Leaders for the HFM symposium in Brussels in April 2006 by using the intermediate report;
- Given the completion of the work of 4 of the pre-existing subgroups, a complete reorganization into new subgroups based on the themes of our book;
- An agreement on the structure of the Military Leaders guide;
- An approval of the final version of the Military Leaders survey; and
- An agreement on the title and the detailed structure of the symposium.

The title of the symposium was agreed as: "Human Dimensions in Military Operations. Military Leaders' Strategies for Addressing Stress and Psychological Support." with the following objectives:

- Establish a unique link between psychological support professionals and Military Leaders;
- Establish a link between mental health and military capability;
- Present a common view from COMEDS and HFM-081 RTG-020;
- Strive at a 50-50 balance in presentations between psychological support professionals and Military Leaders;
- Engage participants in a dialogue;
- Present best practices and use the Military Leaders survey as a backbone;

- Have a specific track for junior leaders (have papers labeled for junior leaders);
- Gather information for our Military Leaders guide; and
- Structured around the following topics:
  1) Assessing, building and maintaining unit morale;
  2) Individual mission fitness;
  3) Psychological preparation for military operations;
  4) Families and operations;
  5) Incident handling/psychological first aid and early interventions; and
  6) Psychological contract (retention issues) with the MLS as a backbone.

It was agreed that symposium participants would divide into 6 separate tracks after the key note speeches and reconvening in plenum to share the conclusions in each track.

The Working Group looks forward to deepen the existing collaboration with the Military Psychiatry Working Group within COMEDS and hopes to further extend it to other partners in the community of psychological support professionals.

2.8 KAUNAS (LITHUANIA) 18-21 OCTOBER 2005

Thirty-two psychological support professionals from 17 different countries participated in the sixth HFM-081 meeting essentially geared towards finalizing the organization of the coming symposium in spring 2006.

The team succeeded in deepening the existing collaboration with the Military Psychiatry Panel (MPP) of COMEDS. The chairman of the MPP was present at the meeting. It was decided to run the HFM-134 symposium in Brussels in April 2006 as a joint initiative.

By doing so, both groups respond to a desire from RTO and COMEDS to work together and they emphasize the importance of intense collaboration between all professionals in the field of stress and psychological support.

Other objectives were met during the meeting:

- Integrating a representative from Russia to the team; and
- Reporting on the progress achieved within the nations on the Military Leaders Survey (MLS) regarded as the nucleus for launching future cooperative research initiatives to fill existing gaps in research on S&PSiMMO.

The group was now primarily to focus on the preparation of the HFM-134 Symposium in the coming months while continuing the preparatory work for the redaction of the Military Leaders Guide.

The team also confirmed its long-term ambition to propose with its partners a NATO Allied Joint Publication (AJP) or STANAG on stress and psychological support in modern military operations.

2.9 BRUSSELS (BELGIUM) – HFM-134 SYMPOSIUM 24-26 APRIL 2006

A full report on this record breaking symposium in the history of the HFM panel is available on the RTO website: http://www.rta.nato.int/Pubs/RDP.asp?RDP=RTO-MP-HFM-134.

2.10 TOULON (FRANCE) 18-22 SEPTEMBER 2006

Twenty-seven psychological support professionals from 18 different countries participated in the final meeting of HFM-081/RTG.

The Working Group reached a consensus on a draft for the Military Leaders' guide. It was agreed that an editing committee would finalize this draft over the coming weeks.

The Working Group clearly reiterated its ambition to produce a NATO Allied Joint Publication (AJP) on stress and psychological support as a follow on project with its partners, such as MP-WG COMEDS.

Chapter 3 – SUCCESS FACTORS

3.1 DIVERSITY

Team members had different backgrounds mostly in psychology, psychiatry, social work, sociology and medicine. They were active duty military personnel or civilians working for the Army, Navy, Air Force, Medical Service or joint agencies engaged in research or consulting, teaching, commanding, advising and managing teams. This diversity was definitely a major strength for the team.

3.2 STABILITY IN MEMBERSHIP

A total of 55 individuals participated of the team between 2002 and 2006.

Stability was mostly preserved because:

- A lot of countries had multiple representatives who assured stability within their representation;
- 7 members were present from the very beginning till the end; and
- Members tended to stay for longer periods.

3.3 STABILITY IN LEADERSHIP

The chairman remained in position from the beginning till the end. The position of the co-chairman only switched once. The various subgroup leaders tended to take successive leadership positions within the team whenever the internal structure of the team changed due to new demands.

3.4 FORMAT: MIX OF HARD WORK, SOCIALIZING AND SPORTS

Meetings were well prepared in advance. During the meetings work started latest at 0830 hr and finished off somewhere between 1700 and 1800 hours.

In the evenings socializing activities were planned and each meeting a run was organized by the International Military Mental Health Running Club (IMMHRC).

3.5 CONDITIONS OF ENTRY

The need was stressed for individuals:

- With good language capabilities;
- With wide access to national resources;
- With excellent subject matter experience; and
- Prepared to personally invest themselves in work in between meetings.

Chapter 4 – CONCLUSION

HFM-081 has developed over time an excellent and streamlined structure of working remotely and through subgroups, with plenary group meetings being used to ratify and build on the work produced by individual groups.

The group has proven to be efficient in delivering its products.

Well regarded across RTO, this group has the potential and the ambition to continue its activities, together with the Military Psychiatry Working Group within COMEDS (MP-WG COMEDS), to make comprehensive joint proposals for a future NATO Allied Joint Publication (AJP) on stress and psychological support in modern military operations.

Annex A – TECHNICAL ACTIVITY PROPOSAL (TAP)

ACTIVITY	RTO Task Group	**Stress and Psychological Support in Modern Military Operations**											TBA	
Activity REF. Number	HFM – XXX/YYY												Begin 2003	
PRINCIPAL MILITARY REQUIREMENTS		1	2	3						NATO Unclassified			Fall 2005	
MILITARY FUNCTIONS		4	5	6	10	11	12	13	14					
PANEL AND COORDINATION		Human Factors and Medicine – HFM												
LOCATION AND DATES		28-30 April 03 PARIS; 17-19 September 03 MUNICH; Spring 04 ?; Fall 04 ? ; Spring 05 ? Fall 05 ?											P I	
PUBLICATION DATA		TR + EN + Book						Fall 2005			TBC		NU	
KEYWORDS	Psychological support	Stress					Military leaders				Family care			
Mental health		Military Operations					Readiness				Screening			

A.1 BACKGROUND

Participation in military operations is potentially harmful to mental health. Historically, this has been recognised and documented using different terminology (shell shock, combat fatigue, combat stress, PTSD, …). Effective military leadership is directed towards operational readiness and maintaining high morale. Therefore managing the effects of stress is one of the command tools of modern military leaders. Psychological stress is not just limited to high intensity conflicts in which killing and life threatening situations occur frequently. Modern military operations such as peace enforcing, peace supporting and humanitarian operations have also proven to be stressful. Forced neutrality and non-intervention, witnessing atrocities, culture shock, separation from one's family, existential questions induced by the situation are all elements that can disrupt the normal psychological functioning of the individual. This not only affects the operational effectiveness and mental well being of the individual during the operation: it also affects family, social and work reintegration and attitudes towards the organisation following the operation. Adverse stress reactions may have long term detrimental effects on an individual's functioning and well being.

A.2 JUSTIFICATION

Governments and military leaders are responsible for the personnel they send on military operations. This encompasses not only the provision of applicable mandates, adequate training, equipment and support, but also accepting responsibility for the impact of operations on personnel. Under the influence of factors such as public opinion, legislation, the increased number of operational commitments and issues surrounding attrition and retention, many nations are developing or modifying ways of organising and providing psychological support. The Armed Forces have to provide adequate psychological preparation and support during and after the operations for both military personnel and their families.

A.3 OBJECTIVE(S)

To provide military leaders with information and practical guidelines on stress and psychological support to enhance effectiveness in modern military operations based on international collaboration.

A.4 TOPICS TO BE COVERED

1) Assessing the risks for psychological stress;
2) Psychological preparation of military personnel;
3) Screening of personnel;
4) Psychological support during deployment;
5) Psychological support after deployment;
6) Psychological support for families (before, during and after deployment); and
7) Organisation of psychological support (structure, procedures, role of professionals, …).

A.5 DELIVERABLES

1) Inventory of national concepts of psychological support in modern military operations;
2) Facilitating the organisation of a forum for psychologists working with Special Forces;
3a) A book for military leaders containing information and practical guidelines on stress and psychological support in modern military operations;
3b) A decision support tool on CD-ROM; and
3c) RTO Lecture series.

A.6 TECHNICAL TEAM LEADER AND LEAD NATION

LtCol. Psy Yves CUVELIER (BEL) – BELGIUM.

A.7 NATIONS WILLING TO PARTICIPATE

AUSTRIA, BELGIUM, CANADA, CROATIA, CZECH REPUBLIC, FRANCE, GERMANY, LUXEMBURG, SWEDEN, THE NETHERLANDS, UNITED KINGDOM, UNITED STATES.

Other Nations have shown interest without formally stating yet to participate.

A.8 NATIONAL AND/OR NATO RESOURCES NEEDED

Manpower, travel funding, national data, editorial support, document translation (to be further specified).

A.9 RTA RESOURCES NEEDED

Funding to support Partner participation in the Team (to be further specified).

Annex B – PROGRAMME OF WORK (POW)

B.1 ITEMS OF WORK, SCHEDULE, MILESTONES

Spring Meeting 2003 (28-30 April 2003 – PARIS, FRANCE)

1) Presentations by nations on:
   - Their **concept** of psychological support in modern military operations;
   - Their psychological **education** in basic training and military schools/academies; and
   - Their **stress research**.

Fall Meeting 2003 (17-19 September – MUNICH, GERMANY)

1) Presentations by nations on **tools and instruments** being used for psychological support in modern military operations;
2) Establishing the concept of book; and
3) Organizing a forum for psychologists working with SF-units (deliverable).

Spring 2004 (Central Europe - VIENNA? – PRAGUE? - BUDAPEST? - BRATISLAVA? - …)

1) Determining best practices of how to organize psychological support in terms of organizational structures;
2) Draft of intermediate report: inventory of **concepts** of nations, of **psychological education** in basic training and military schools/academies and of **tools and instruments** being used for psychological support in modern military operations pre, during and post mission; and
3) Establishing the concept of CD-ROM.

Fall 2004 (Northern Europe / Baltic)

1) Final version of intermediate report: inventory of **concepts** of nations, of **psychological education** in basic training and military schools/academies and of **tools and instruments** being used for psychological support in modern military operations pre, during and post mission. (deliverable).

Spring 2005 (CANADA / UNITED STATES)

1) Establishing the concept of Lecture series.

Fall 2005 (Southern Europe / NETHERLANDS)

1) Final version of book and CD-ROM (deliverables).

B.2 LIST OF NATIONS

1) Nations willing to participate:

   AUSTRIA
   BELGIUM
   CANADA

CROATIA
CZECH REPUBLIC
FRANCE
GERMANY
LUXEMBURG
SWEDEN
NETHERLANDS,
UNITED KINGDOM
UNITED STATES

Other nations have shown interest without formally stating yet to participate.

B.3 NATIONAL AND RTA RESOURCES NEEDED

a) National resources needed:

Manpower, travel funding, national data, editorial support, document translation (to be specified).

b) RTA resources needed:

Funding to support Partner participation in the Team (to be specified).

B.4 HARDWARE AND SOFTWARE

To be specified.

B.5 TECHNICAL TEAM LEADER AND TEAM MEMBERS (NO RANKS)

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Annex C – TERMS OF REFERENCE (TOR)

C.1 ORIGIN

a) Background

Participation in military operations is potentially harmful to mental health. Historically, this has been recognised and documented using different terminology (shell shock, combat fatigue, combat stress, PTSD, …).

Effective military leadership is directed towards operational readiness and maintaining high morale. Therefore managing the effects of stress is one of the command tools of modern military leaders.

Psychological stress is not just limited to high intensity conflicts in which killing and life threatening situations occur frequently. Modern military operations such as peace enforcing, peace supporting and humanitarian operations have also proven to be stressful. Forced neutrality and non-intervention, witnessing atrocities, culture shock, separation from one's family, existential questions induced by the situation are all elements that can disrupt the normal psychological functioning of the individual.

This not only affects the operational effectiveness and mental well being of the individual during the operation: it also affects family, social and work reintegration and attitudes towards the organisation following the operation. Adverse stress reactions may have long term detrimental effects on an individual's functioning and well being.

b) Justification

Governments and military leaders are responsible for the personnel they send on military operations. This encompasses not only the provision of applicable mandates, adequate training, equipment and support, but also accepting responsibility for the impact of operations on personnel.

Under the influence of factors such as public opinion, legislation, the increased number of operational commitments and issues surrounding attrition and retention, many nations are developing or modifying ways of organising and providing psychological support. The Armed Forces have to provide adequate psychological preparation and support during and after the operations for both military personnel and their families.

C.2 OBJECTIVES

a) Scope of Activity

To provide military leaders with information and practical guidelines on stress and psychological support to enhance effectiveness in modern military operations based on international collaboration.

b) The Following Topics Will be Covered for Modern Military Operations

1) Assessing the risks for psychological stress;

2) Psychological preparation of military personnel;

3) Screening of personnel;
4) Psychological support during deployment;
5) Psychological support after deployment;
6) Psychological support for families (before, during and after deployment); and
7) Organisation of psychological support (structure, procedures, role of professionals, …).

c) Deliverables

1) Inventory of national concepts of psychological support in modern military operations.
2) Facilitating the organisation of a forum for psychologists working with Special Forces.
3) a) A book for military leaders containing information and practical guidelines on stress and psychological support in modern military operations;
   b) A decision support tool on CD-ROM; and
   c) RTO Lecture series.

d) Duration of the Team

Three years.

C.3 RESOURCES

a) Membership

1) Nations willing to participate:

AUSTRIA
BELGIUM
CANADA
CROATIA
CZECH REPUBLIC
FRANCE
GERMANY
LUXEMBURG
SWEDEN
NETHERLANDS
UNITED KINGDOM
UNITED STATES

Other nations have shown interest without formally stating yet to participate.

2) Recommended Lead nation:

BELGIUM.

3) Proposed Technical team leader:
LtCol. Psy Yves CUVELIER – BELGIUM.

b) National Resources Needed

Manpower, travel funding, national data, editorial support, document translation (to be further specified).

c) RTA Resources Needed

Funding to support Partner participation in the Team (to be further specified).

C.4 SECURITY CLASSIFICATION LEVEL

UNCLASSIFIED.

C.5 PARTICIPATION BY PARTNER NATIONS

Nations willing to participate are strongly in favour of inviting Partner nations to join the team.

C.6 LIAISON

Relevant WG at national level working on similar topics need to be identified.

Annex D – "STRESS AND PSYCHOLOGICAL SUPPORT IN MODERN MILITARY OPERATIONS" – INTERMEDIATE REPORT

To provide military leaders with information and practical guidelines on stress and psychological support to enhance effectiveness in modern military operations.

AIM AND TARGET AUDIENCE

Military leaders at all levels have a key role in sustaining the mental readiness of service members under their command. They also play an important part in maintaining morale on the home front.

The aim of this document is to provide military leaders with information and practical guidelines on stress and psychological support in modern military operations.

TASK GROUP

This Task Group consists of over 30 multi-disciplinary professionals representing 19 different NATO and PfP countries.

Group members include military and civilian defence professionals (mostly psychologists, psychiatrists and sociologists) who work closely together in different subgroups and exchange their views twice yearly in meetings hosted by one of the member Nations.

This international and multidisciplinary collaboration has resulted in valuable exchanges of information, experiences and recommendations. The group is also continuously seeking opportunities to share ideas and exchange information with other groups working in similar domains of expertise.

HISTORY – CHANGE OF FOCUS

This Task Group is expanding the work of earlier NATO groups, which date back to the 1980s. Whereas previously these groups mainly concentrated their efforts on mental health, there is currently a clear shift of focus towards psychological support in the context of operational readiness.

TOPICS OF STUDY

Some of the major topics to be covered by this Task Group in the context of modern military operations include:

- Assessing the risks for psychological stress;
- Psychological preparation of military personnel;
- Readiness assessment of personnel before deployment;
- Psychological support of military personnel during and after deployment;
- Psychological support of families before, during and after deployment; and
- Organisation of psychological support in terms of structures, procedures, role of professionals, …

DELIVERABLES

In progress:

- This Task Group organized a forum for psychologists working with Special Operations Forces (SOF) in the War Against Terror (WAT); the objective of this forum is for these professionals to exchange ideas, experiences and to evaluate the need for future cooperation.

Planned:

- An inventory of national concepts on stress and psychological support;
- The publication of a handbook (end of 2006) for military leaders with information and practical guidelines on stress and psychological support to enhance effectiveness in modern military operations that includes a decision support tool; and
- The organization of a symposium on Stress and Psychological Support in Modern Military Operations in spring 2006 followed by a lecture series.

COMMITMENT

There can be little doubt that deployments have implications for military personnel, their families and military formations. Past experience also suggests that military leaders can make a significant difference in mediating the relationship between psychological support professionals and military personnel and their families.

Our review of supporting literature shows many gaps in the available research. In many instances there is a lack of hard evidence to support some of the choices that have been made for psychological support in modern military operations.

Despite the lack of empirically derived evidence, military leaders still expect reliable and informed advice from specialists. The team members of this Task Group have therefore decided to review the existing research in the area and to commit themselves to make recommendations based upon what they consider to be recommended practice.

LONG-TERM VIEW

The group's long term objective is to establish international research initiatives in order to gather evidence on which to build a standard NATO agreement on stress and psychological support in modern military operations.

RECOMMENDED PRACTICES

The following section contains the first draft of a number of recommendations pertaining to psychological support BEFORE, DURING and AFTER deployments.

These recommendations (which are not all research-based) are considered by group members to represent current best practice, although, it should be noted, that there may be a need for some subsequent "fine-tuning".

Whilst most member nations have already committed resources and established procedures along the lines recommended in this report, they remain national initiatives and there are no over arching NATO-derived guidelines.

Therefore the general consensus within the Task Group is that there is need for a set of NATO standardized guidelines relating to Stress and Psychological Support in Modern Military Operations.

BASE LINE

1) Participating in operational deployments is a common and recurrent practice for military personnel. This fact should be reflected in the organization, procedures and tools of psychological support.

2) Deployments, whether they are intermittent or on a regular basis, can have a long lasting or even permanent effect on the psychological well being of personnel and their families.

3) Deployment affects the home front as well as those personnel who are being deployed.

4) The effects of traumatic events and other factors associated with deployments can emerge or remain long after deployment.

5) Psychological support rests on a combination of individual accountability and the responsibility of the military organization to provide support.

6) Psychological support is not only about individual mental health. Psychological support takes into account, and provides tools for, both individual and unit mission fitness.

1. RECOMMENDATIONS FOR PSYCHOLOGICAL SUPPORT BEFORE A DEPLOYMENT FOR MODERN MILITARY OPERATIONS

1.1 Every Service Member has an Individual Readiness Accountability

Modern military operations require that military personnel are fit for duty at all times. Hence it is recommended that all military personnel are accountable for taking all necessary steps to maintain their psychological fitness as an essential component of mission fitness.

Obviously this is an attitude that cannot be fully externally controlled. It should therefore be part of what is sometimes referred to as the psychological contract between the individual service member and the armed forces. This contract consists of all the unwritten mutual expectations between the armed forces and their military personnel.

Current military selection procedures of military personnel at the start of their career, do not guarantee psychological protection against the multiple, adverse and often unpredictable events that occur as part of operational duties including combat operations and that can potentially affect anybody.

1.2 Armed Forces Should Consider Assessment of Individual Mission Fitness

Armed forces should provide their personnel with the opportunity to report problems in the area of mission fitness. It is recommended that instruments and tools to assess individual mission fitness be implemented in addition to individual accountability.

Instruments, tools and procedures will differ according to the ways in which different nations deploy their forces on operations (e.g. the use by nations of assessments to select volunteers for deployments).

If any assessment is performed, it should aim at distinguishing between temporary and chronic problems, thus avoiding stigmatizing of personnel.

Remaining issues and considerations:

- *When personnel are deployed regardless of their psychological fitness, an assessment could nevertheless provide useful information such as identifying those who may need some kind of extra attention during deployment. This depends, of course, on the type of mission and on the provisions made for coaching and treatment in the field.*
- *Possibilities of including information from the home front should be considered. Maybe only after a soldier has admitted being not fully fit.*
- *Is there a need for therapy in the field or should there be only counseling?*

1.3 Armed Forces Should Consider Assessment of Unit Mission Fitness

Research has proven that mission fitness is not just an individual quality. It is recommended that units should be assessed for mission fitness. Differences between individual and unit mission fitness involve other factors including training, leadership, morale, etc. This distinction is particularly relevant because assessment of unit mission fitness requires different instruments and techniques to that of individual mission fitness-assessment.

1.4 Armed Forces Should Organize Psychological Support

Anyone who deals with the psychological aspects of mission fitness can be defined as a psychological support professional.

Thus psychologists, psychiatric nurses, medical doctors, psychiatrists, chaplains, social workers, sociologists, etc., may all be described as psychological support professionals. They provide informed advice to military leaders who are just not only responsible for the success of the mission but also the well being of the personnel under their command. It will be important to define the necessary competencies of psychological support professionals.

Psychological support should not be limited to the subject of individual mental health. Military psychologists involved in mental readiness should have a combination of clinical and occupational skills to be able to advise military leaders regarding morale and other problems on the unit level. These skills should be made explicit, and headed under the title of military psychology.

We recommend defining rules and making agreements that will ensure good cooperation between military leaders and psychological support professionals. These should cover responsibilities in the domains of psycho-education, training, advisory roles towards the commander and home front support.

Remaining issues and considerations:

- *How to establish effective contact between psychological support professionals and military leaders?*
- *How to integrate psychological support professionals in the command structure? Advantages of external versus embedded support?*

1.5 Armed Forces Should Cover Issues of Psychological Support in Education and Training

Consensus can and should be reached on necessary topics of psycho-education in military education at all levels and in pre-deployment training on psychological support. What can an individual or unit expect on a deployment, how do individuals cope, how do they support each other or get outside help?

Objectives are to strengthen coping tools at an individual or unit level, to strengthen resilience and to facilitate the work of psychological support professionals whenever there would be a need for psychological intervention.

1.6 Armed Forces Should Organize Home Front Support Well in Advance of Deployment

Deployments of military personnel have implications for the family as well. A deployment can have as much or even more impact on the home front than on the deployed personnel. Coping capabilities of military families are important in support of the deployment. Therefore home front support means providing information and advice, education, means of communication and keeping in touch, and offering psychological or social support.

Home front support should be organized well in advance of deployment. It is clearly linked to operational readiness, as the following quotation illustrates: "You can train your men as much as you want, but what do you think will happen if there is a war and these boys run around with the thought that nobody cares for their family? No way will they fight as effectively, of course that I can assure you."(Norman H. SCHWARZKOPF "It doesn't take a hero" 1992)

Remaining issues and considerations:

- *Volunteers have been proven to be very useful in home front support.*

2. RECOMMENDATIONS FOR PSYCHOLOGICAL SUPPORT DURING A DEPLOYMENT FOR MODERN MILITARY OPERATIONS

2.1 Armed Forces Should Consider Monitoring at Personnel Level

Continuous monitoring at personnel level should be undertaken to detect any adverse reactions individual servicemen and women might experience as a consequence of the deployment, which could lead to a decrement in performance.

Monitoring should be carried out continuously, both formally and informally by colleagues, superiors and professional support professionals.

Tools should be available at all times, whenever the situation requires monitoring of consequences of duration of the deployment, intensity of conflict, impact of casualties or major incidents, ...

Augmentees continue to be an issue of pre-occupation.

Remaining issues and considerations:

- *Monitoring could, depending on organizational culture, be a double-edged sword that could have adverse results on morale, or trustworthiness of psychological support.*

2.2 Armed Forces Should Consider Monitoring at Unit Level

Monitoring at unit level should be undertaken to detect any adverse reactions that units might experience as a consequence of the deployment, which could lead to a decrement in performance.

Appropriate tools with which to carry out such monitoring should be available to military leaders at all times.

2.3 Incident Handling is Provided Initially at Peer Level and Progresses Through the Next Levels of Support as Required

Immediate post incident support should be conducted according to the BICEPS-principles of Brevity, Immediacy, Centrality, Expectancy, Proximity and Simplicity. (SOKOL, 1986)

There are three levels of support available in incident handling. Firstly, peer support is informal and on the spot. Secondly, there is a requirement for some individuals in every unit to have received specific training in incident handling. These individuals can act as individual and unit level stress risk assessors, advise their military leaders and can conduct basic interventions. They know when to advice to bring in more specialized support from psychological support professionals. These third level specialists can be embedded within the formation or may come from outside. Psychological support is their core business.

Remaining issues and considerations:

- *How to conduct proper assessment of who needs assistance in case of a critical incident.*
- *What are advantages and disadvantages of embedded versus specialist support coming from outside.*
- *What are the necessary competencies at the three levels of support?*

2.4 Competencies for Psychological Support Must be Made Explicit

Psychological support towards individuals and units is aimed at maintaining, improving or restoring individual and unit mission fitness based on clinical and occupational skills.

Competencies for giving advice, conducting education, delivering treatment, carrying out assessments and interventions, and referring on, must be identified and made explicit.

Remaining issues and considerations:

- *Psychological support professionals may experience conflicting roles between supporting individual servicemen and women and supporting the unit.*

2.5 Armed Forces Must Operate Home Front Support Throughout the Deployment

There is a need for home front support throughout the deployment. Ongoing support to family and partners refers to a range of support provided to families and is not specific to one deployment. This takes into account the fact that deployment is a common and recurring occupational event for military personnel.

Communication between the area of operations and the home front is very important. Provision of information to the home front must be tailored to a non-military audience.

Remaining issues and considerations:

- *The role of the military leader?*
- *How to incorporate an assertive/proactive outreach into home front support?*
- *Dual service couples remain an issue.*
- *Pre-return family integration for both service personnel and the home front.*

3. RECOMMENDATIONS FOR PSYCHOLOGICAL SUPPORT AFTER A DEPLOYMENT FOR MODERN MILITARY OPERATIONS

3.1 Armed Forces Should Provide Ways to Assess Individual Well Being Post Deployment

Whilst the individual service person is accountable for their own fitness, the organization should provide a mechanism for reporting problems/concerns which offers a certain degree of confidentiality and does not stigmatize against the individual.

Once an individual has initiated the reporting process, the organization must respond in an adequate and timely fashion.

If the individual is not satisfied with the response then they should have recourse to an alternative course of action.

Cautionary comments regarding mission fitness assessment also apply to post-deployment well being assessment. The latter refers to a means of checking the physical and mental status of service personnel and ensures that personnel are made aware of support available.

3.2 Armed Forces Should Link the Requirement for Post-Deployment Psychological Group Support to the Expected Impact of the Deployment

Post-deployment psychological group support is a way of facilitating a group discussion and providing psychological education to group members, although it should be noted that post-deployment psychological group support is not always necessary. However, such support can be used if the impact of the deployment is considered to have negatively influenced the effectiveness of the group.

Remaining issues and considerations:

- *Should post-deployment psychological group support always be considered if a unit commander believes a mission may have resulted in psychological injury?*

3.3 Armed Forces Should Provide a Structured Homecoming and Reintegration Program for Service Personnel and Their Families/Partners with Further Support and Information Tailored to the Nature of the Operational Demands

Home front support is a continuing concern which begins with the notification that a unit or individual is going to deploy, and continues well beyond redeployment.

It is always a requirement. Its approach should be systemic. It must take into account the interaction between the mission and events on the home front.

Reintegration is the process of readjusting to family life, to work environment and to social life following return from the deployment.

3.4 Armed Forces Should Provide Middle and Long Term Monitoring of Physical and Psychological Well Being for All Service Personnel Who Have Deployed

The effects of traumatic events and other factors associated with deployments can emerge or remain long after deployment.

Remaining issues and considerations:

- *Should Armed forces have a system of pre-discharge assessment for military personnel leaving the service?*
- *Are Armed forces responsible for recurrent habitual monitoring of service personnel beyond the end of their military career?*

3.5 Armed Forces Should Consider Providing Additional Long-Term Support Services for Current Serving Personnel and Their Families

Deployment is a common and recurrent occupational event. The effects of a mission or several missions can endure and even become permanent. Leaders may want to consider providing long term support in terms of telephone support services, family/partners support services, offering medical services, …

WAY AHEAD

It is the intention of the Task Group that this report receives as wide a circulation as possible within military leaders and psychological support professionals, in the hope of soliciting their views, comments and/or recommendations.

This feedback will allow the Task Group:

- To fine-tune the above stated recommendations;
- To work out the remaining issues and considerations; and
- To prepare the symposium on Stress and Psychological Support in Modern Military Operations in Brussels (Belgium) 24-26 April 2006.

This symposium will offer an excellent opportunity for military leaders and psychological support professionals to interact and share ideas and experiences. It will also provide the Task Group with the necessary input to finalize the handbook.

PERSONS TO CONTACT

If you wish to comment, find out more about the Task Group's work or to assist in our objectives, please contact your national representative or the Chairman. (See Appendix 1)

Appendix 1 – NATIONAL REPRESENTATIVES

(Update: 22nd January 2005)

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Annex E – CLINICAL TOOLS INVENTORY (CTI)

by

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The Clinical Tools Inventory (CTI) is a by-product of HFM-081/RTG, the NATO/PfP Research Task Group on Stress and Psychological Support in Modern Military Operations Over the 5 year lifetime of the group all 18 represented nations were asked to complete templates indicating which clinical tools are being used by nations with individuals and groups, for routine and crisis assessment, intervention and education before, during and after deployments. The CTI is the result.

In all, 91 Clinical Tools are being used with several (the Alcohol Use Disorders Identification Test – AUDIT, the Minnesota Multiphasic Personality Inventory – Version 2 (MMPI)-2, the Symptom Checklist 90-item (Revised) – SCL90-R – being used by more than one nation.

Table 1 shows the full lists of Clinical Tools being used by represented nations and Table 2 shows the Clinical Tools currently in use by each nation. Each Clinical Tool is coded according to whether it is used **B**efore, **D**uring or **A**fter deployment, with **I**ndividuals or **G**roups, in **R**outine or **C**risis Situations or for **A**ssessment, **I**ntervention or **E**ducation. For example, the 16PF (**BGRA**) is used by the Czech Republic for Routine Assessment of Groups before Deployment.

E.1 BEFORE DEPLOYMENT

Table 3 shows the 90 uses of Clinical Tools used before deployment. The majority are used for routine assessment of individuals. In total, 57 uses are with individuals, of which 49 are in routine and 8 in crisis situations. Of the uses in routine situations: 40 of the uses are for assessment, 2 for education and 7 for intervention. Of those uses in crisis situations: 3 are for assessment and 5 for intervention.

There are 33 Clinical Tools before deployment with groups, 30 in routine and 3 in crisis situations. Of those uses in routine situations, 24 uses are for assessment, 2 for education and 3 for intervention. Of the remaining 3 used in crisis situations with groups, there is one use each of Clinical Tools for assessment, education and intervention.

E.2 DURING DEPLOYMENT

There are 47 uses of Clinical Tools during deployment, 26 with individuals and 21 with groups. Again, the majority of all uses of Clinical Tools during deployment are for routine assessment of individuals. These are shown in Table 4. 19 of the uses of Clinical Tools with individuals are in routine situations (13 for assessment and 6 for intervention) while 7 uses are in crisis situations (5 for assessment and one each for education and intervention). Of the uses of Clinical Tools with groups, 12 uses are in routine situations (8 for assessment, 2 for intervention and 2 for education) and 9 are in crisis situations (5 for intervention and 2 each for assessment and education).

E.3 AFTER DEPLOYMENT

Clinical Tools are used in 78 situations after deployment, 57 with individuals and 21 with groups (Table 5) again mainly for routine assessment. Of all the uses of Clinical Tools with Individuals, 44 uses in routine situations (33 for assessment, 9 for intervention and 2 for education) and 13 in crisis situations (8 for intervention, 4 for assessment and 1 for education). Of the uses of Tools with groups, 18 uses are in routine and 9 in crisis situations. Of the 18 uses of Tools routinely with groups, 14 are for assessment and 2 each for education and intervention whereas for those uses in crisis situations, 4 are for intervention, 3 for assessment and 2 for education.

E.4 CLINICAL TOOLS USED WITH INDIVIDUALS

Table 6 shows the 142 situations in which Clinical Tools are used with individuals, mainly for routine assessment, before (58), during (26) and after (58) deployment. The majority of uses of Tools before deployments with individuals are in routine situation (41 for assessment, 7 for intervention and 2 for education) whereas in the 8 crisis situations, 5 uses are for intervention and 3 for assessment.

Of the 26 situations in which Clinical Tools are used during deployments with individuals, 19 are in routine situations (13 for assessment and 6 for intervention) whilst 7 are in crisis situations (5 for intervention and 1 each for assessment and education).

Lastly, of the 58 situations in which Clinical Tools are used with individuals after deployment, 45 are in routine situations (33 for assessment, 10 for intervention and 2 for education) and 13 uses are in crisis situations with individuals (8 for intervention, 4 for assessment and 1 for education).

E.5 CLINICAL TOOLS USED WITH GROUPS

Clinical Tools are used, mainly for routine assessment, with groups in 80 situations (31 before deployment, 21 during deployment and 28 after deployment (Table 7). Again the majority are used in routine situations (59) with the remaining 21 uses being in crisis situations.

When used with groups before deployment, 28 of the 31 uses are in routine situations (23 for assessment, 3 for intervention and 2 for education) whereas, of the remaining 3, 1 use each is for assessment, intervention and education.

Clinical Tools are used in 21 situations during deployment. Of the 12 routine situations in which they are used, 8 are for assessment and 2 each for intervention and education while of the 9 crisis situations, 5 are for intervention and 2 each for assessment and education.

Finally, of the 28 situations in which clinical tools are used with groups after deployment, 19 uses are in routine situations (14 for assessment, 3 for intervention and 2 for education) and 9 are in crisis situations (4 for intervention, 3 for assessment and 2 for education).

E.6 ROUTINE SITUATIONS

Table 8 shows the use of questionnaires in 181 routine situations, 78 before deployment, 31 during deployment and 62 after deployment, and mainly for individual assessments before and after deployment. When Clinical Tools are used in routine situations before deployment, there are 48 uses with individuals

(39 for assessment, 7 for intervention and 2 for education) and 30 with groups (25 for assessment, 3 for intervention and 2 for education).

When used in routine situations during deployment, there are 19 uses with individuals (13 for assessment and 6 for intervention) and 12 with groups (8 for assessment, 2 for intervention and 2 for education).

Lastly of the 62 situations in which Clinical Tools are used after deployment in routine situations, 43 uses are with individuals (32 for assessment, 9 for intervention and 2 for education) and 19 with groups (14 for assessment, 3 for intervention, 2 for education).

E.7 CRISIS SITUATIONS

The uses of Clinical Tools in 49 crisis situations (and mainly after deployment) are shown in Table 9. Of these, 11 are before deployments, of which 8 are with individuals (5 for intervention and 3 for assessment) and 3 with groups (1 each for assessment, education and intervention).

16 uses are during deployments in crisis situations, 7 with individuals (5 for intervention and 1 each for assessment and education) and 9 with groups (5 for intervention and 2 each for assessment and education).

After deployments, Clinical Tools are used in 22 situations, 9 with individuals (8 for intervention, 4 for assessment and 1 for education) and 9 with groups (4 for intervention, 3 for assessment and 2 for education).

E.8 THE USE OF CLINICAL TOOLS IN ASSESSMENT

Table 10 shows the use of Clinical Tools in assessment. Of these, the majority are used before (67) and after (53) deployments, with Clinical Tools being used in 23 situations during deployments. The majority are used for assessing individuals in routine situations. Before deployment, tools are used with individuals in 43 situations (40 routine and 3 crisis) with 24 being used in group situations (23 routine, 1 crisis).

During deployment, there are 13 uses of tools are with individuals (12 in routine situations and 1 crisis situation) and 10 with groups (8 in routine and 2 in crisis situations). After deployment there are 36 situations in which tools are used with individuals (32 routine and 4 crisis) and 17 with groups (14 routine, 3 crisis).

E.9 CLINICAL TOOLS USED IN INTERVENTION

These are shown in Table 11. The majority of uses of Clinical Tools in interventions occur after deployment in crisis situations with individuals. Before deployment, 12 of the 16 situations involve individuals (7 routine, 5 crisis) and 4 groups.3 routine, 1 crisis) whereas of the 18 situations in which Clinical Tools are used during deployments, 11 involve groups (6 routine, 5 crisis) and 7 groups (5 crisis, 2 routine). Lastly, when Clinical Tools are used for intervention after deployments (25), there are 18 uses with groups (10 routine, 8 crisis) and 7 with individuals (4 crisis, 3 routine).

E.10 THE USE OF CLINICAL TOOLS IN EDUCATION

Table 12 shows the use of Clinical Tools in 18 educational situations. The majority are used after deployments in routine situations with groups. Only 4 uses of Tools before deployments, there are 2 with individuals and 2 with groups and all in routine situations. There are 6 uses during deployments and all are with groups (4 in routine situations and 2 in crisis situations).

Lastly, Clinical Tools are used in 8 situations after deployments, 4 with individuals (3 routine, 1 crisis) and 4 with groups (2 each in routine and crisis situations).

The main body of the report (p 40 and ff.) consists of the templates completed by each represented nation for each Clinical Tool. Where a tool is used by more than one nation, all templates are included for completeness.

Table E-1: Clinical Tools (91) in Use by One or More Represented Nation

16PF (Czech Republic: BGRA)
16PF-R 16 Persönlichkeits Faktoren Test (Luxembourg: AICA, AICI, BGRA, BGRI, BICA, BICI, BIRA, BIRI)
7 Day reintegration program (US: AGRI)
ABC (Romania: BGRA, BIRA)
Alcohol Use Disorders Identification Test (Canada: AIRA; UK: AIRA, BIRA, DGRA, DIRA)
Anger Readiness to Change Scale (Canada: AGRE, BGRE)
Attitude measurement survey feedback questionnaire (Denmark: DGRA, DGRI, DIRA, DIRI)
Bartone scale (Lithuania: AIRA, BIRA)
Behavioural cognitive interventions (Netherlands: AIRI, DIRI)
Clinical Interview (CI) (Czech Republic: AICI)
Coping Style Questionnaire (Lithuania: BIRA)
CP 14F (Romania: BGRA, BIRA, DGRA, DIRA)
Crisis Management Briefing (CMB) (Germany: AGCA, AGCE, AGCI, DGCA, DGCE, DGCI)
Critical Incident Stress Management (CISM) (Germany: DGCI, DICI)
Critical Incident Stress Management (CISM) Culture adapted and modified German version (Germany: AGCI, AICI)
Critical Incidents Stress Debriefing (Netherlands: BICI, BIRI, BGRI, BGCE, DGCI, DGRI, DICI, DIRA)
D5D system (France: BIRA)
DD Form 2795 (PRE-DEPLOYMENT Health Assessment) (US: BIRA)
DD Form 2796 (POST-DEPLOYMENT Health Assessment) (US: AGRA, AIRA)
Dissociative Experience Scale – DES (Lithuania: AIRA)
Expectations Questionnaire (Belgium: BIRA, DIRA)
Eye Movement Desensitisation and Reprocessing (EMDR) (Germany: AICI; UK: AICI, DICI)
FPI-R Freiburger Persönlichkeitsinventar (Luxembourg: AICA, AICI, BGRA, BGRI, BIRA, BIRI, BICA, BICI)
General Ability Test (GAT) (France: BIRA)
General Health Questionnaire (28-item version) GHQ 28 (UK: AIRA, BIRA, DGRA, DIRA)
Glazer Stress Control Lifestyle (Luxembourg: BIRA)
I-E locus of control (Romania: BGRA, BIRA)
IE-CT (Romania: BGRA, BIRA)
IG (Romania: BGRA, BIRA)
Impact of Events Scale – R (Lithuania: AIRA)
IMPQ (Belgium: AIRA, AIRI)
INT (Czech Republic: DIRA)
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen (Luxembourg: BGRA, BIRA)
Job Related Affective Well-Being Scale (JAWS) (Lithuania: AGRA, AIRA)
List of coping for stressful situations (CISS) (France: BIRA)
Mental Health Advisory Team (MHAT) (US: DGRA)
Mississippi Scale for Combat – Related PTSD (Canada: AIRA)
MMPI-2 (Czech Republic: AICI, BICA, BICI; Luxembourg: AICA, AICI, BICA, BICI; Netherlands: AIRA, AIRI, BIRA, BIRI, DIRA, DIRI)
Moral strength (FMO) (France: AGRA, AIRA, BGRA, BIRA, DGRA, DIRA)
MVO (Croatian acronym for “International Military Operations”) (Croatia: AIRA, BIRA, DIRA)
Novaco Anger Scale and Provocation Inventory (NAS-PI) (Canada: AGRE, BGRE DGRE)
NPV (Nederlandse Persoonlijkheids Vragenlijst) (Netherlands: AIRA, AIRI, BIRA, BIRI DIRA, DIRI)
Numeric Quadrant – stress version (NQ-S) (Czech Republic: BIRA, BGRA)

NVM (Nederlandse Verkorte MMPI) condensed version of MMPI (Netherlands: AIRA, AIRI, BIRA, BIRI, DIRA, DIRI)
Measuring Instrument of Unit Morale (O2MF) (France: AGRA, AIRA, BGRA, BIRA)
OTIS (Otis Quick-scoring mental ability test) (Czech Republic: BGRA, BIRA)
Peacekeeping Incidents and Experiences Scale (PIES) (Lithuania: AIRA)
Personality characteristics test – 219 (Lithuania: BIRA)
Post-Deployment Health Reassessment (PDHRA) DD 2900 (US: AGRA, AIRA)
Post Deployment Seminar (Germany: AGRA, AGRI)
PRIME-MD Patient Health Questionnaire (PHQ) [Abbreviated] (Canada: AIRA)
Process Evaluation for Applied Suicide Intervention Skills Training (ASIST) (Canada: AGRA)
Psychological aftercare questionnaire (Denmark: AIRA, AIRI; Netherlands: AIRA, AIRI)
Psychological After-Deployment Questionnaire (Austria: AIRA, AIRE, AIRI)
Psychological debriefing (Netherlands: AIRA, AIRE; France: AGCI, AICI, BICI, BGCI, DICI, DGCI)
Psychological Debriefing after Serious Events (France: AGCI, AICI, BGCI, BICI, DGCI, DICI; Netherlands: AIRA, AIRE))
Psychological Leadership-Training for Commanders (Austria: BGRE, BIRE)
Psychological Pre-Deployment Education and Training (Germany: BGRE)
Psychological Pre-Mission Training for Troops of PSO (Austria: BIRE)
Psychological Screening (US: AIRA, BIRA)
Psychological Screening Psy Short Screen (Luxembourg: AIRA, BIRA)
Psychological selection procedure for the deployment in Peace Support Operations of the Austrian Armed Forces (Austria: BGRA, BIRA)
Psychosocial Survey (Spain: BGRA, BIRA)
PTSD Checklist – Civilian Version (PCL-C) (Canada: AIRA)
PTSD Checklist – Military (PCL-M) (Canada: AIRA)
PTSS 10 (Post Traumatic Syndrome Scale) (Germany: AIRA)
Questionnaire of Adaptability – ADAPTACIÓN 6C (Spain: BGRA)
Questionnaire of Morale (Spain: BIRA, DGRA)
Relaxation training (Netherlands: AIRI, DIRA)
Regular onsite Lectures (Czech Republic: DGRE)
Report on morale (France: AGRA, BGRA)
S.O.C. (Sense of Cohesion inventory) (Czech Republic: AGRA, AIRA, BIRA, BGRA)
SCL – 90 – R (Lithuania: AIRA, BIRA)
SCL-90 (Czech Republic: AGRA, BIRA, BGRA; Netherlands: AIRA, AIRI, BIRA, BIRI, DIRA, DIRI)
Self Efficacy Scale (Lithuania: AGRA, AIRA)
Self-Rating Scale for Post-traumatic Stress Disorder (Czech Republic: AGRA)
Semi-structured Interview (Czech Republic: AIRA)
SF-36 Health Survey (Canada: AIRA)
SIR (Romania: BGRA, BIRA)
Social Climate Scales. Spanish adaptation by TEA Ediciones, Madrid, 1984 (Spain: DGRA)
Stress Management & Mental Readiness in Ops (Belgium: BGRE)
Stress Management & Psychosocial aspects in Ops (Belgium: BGRE)
Stress Management Training for Group Leaders (Luxembourg: BGRE)
Stress profile (Czech Republic: BGRA; Lithuania: BGRA)
Stress: Take Charge! (Canada: BGRE)
TCI (Temperament and Character Inventory) (Czech Republic: BIRA, BGRA)
Test of Intelligence (PP – 77) (Lithuania: BIRA)
Trauma Risk Management (TriM) (UK: AGCA, AGCE, AGCI, AGRA, AICA, AICE, AICI, DGCA, DGCE, DGCI, DICA, DICE, DICI)

Trauma Screening Questionnaire (UK: AGCA, AGRA, AICA, AIRA)
UCL (Utrechtse Coping Lijst) (Netherlands: AIRA, AIRI, BIRA, BIRI, DIRA, DIRI)
USTBI (Croatian acronym for: The Questionnaire on Traumatic Combat and War Experiences) (Croatia: BIRA)
Wiener Matrix Test (VMT) (Czech Republic: BIRA, BGRA)

Table E-2: Clinical Tools Currently in Use by Represented Nations (by Country)

Austria: (5)
PSO (BGRA, BIRA)
Psychological After-Deployment Questionnaire (AIRA, AIRE, AIRI)
Psychological Leadership-Training for Commanders (BGRE, BIRE)
Psychological Pre-Mission Training for Troops of PSO (BIRE)

Belgium: (4)
Expectations Questionnaire (BIRA, DIRA)
IMPQ (AIRA, AIRI)
Stress Management & Mental Readiness in Ops (BGRE)
Stress Management & Psychosocial aspects in Ops (BGRE)

Canada: (10)
Alcohol Use Disorders Identification Test (AIRA)
Anger Readiness to Change Scale (AGRE, BGRE)
Mississippi Scale for Combat – Related PTSD (AIRA)
Novaco Anger Scale and Provocation Inventory (NAS-PI) (AGRE, BGRE, DGRE)
PRIME-MD Patient Health Questionnaire (PHQ) [Abbreviated] (AIRA)
Process Evaluation for Applied Suicide Intervention Skills Training (ASIST) (AGRA)
PTSD Checklist – Civilian Version (PCL-C) (AIRA)
PTSD Checklist – Military (PCL-M) (AIRA)
SF-36 Health Survey (AIRA)
Stress: Take Charge! (BGRE)

Croatia: (2)
MVO (Croatian acronym for "International Military Operations") (BIRA)
USTBI (Croatian acronym for: The Questionnaire on Traumatic Combat and War Experiences) (BIRA)

Czech Republic: (14)
16PF (BGRA)
Clinical Interview (AICI)
INT (DIRA)
MMPI-2 (AICI, BICA, BICI
Numeric Quadrant – stress version (NQ-S) (BIRA, BGRA)
OTIS (Otis Quick-scoring mental ability test) (BGRA, BIRA)
Regular onsite Lectures (DGRE)
S.O.C. (Sense of Cohesion inventory) (AGRA, AIRA, BIRA, BGRA)
SCL-90 (AGRA, BIRA, BGRA)
Self-Rating Scale for Post-traumatic Stress Disorder (AGRA)
Semi-structured Interview (AIRA)
Stress profile (BGRA)
TCI (Temperament and Character Inventory) (BIRA, BGRA)
Wiener Matrix Test (VMT) (BIRA, BGRA)

Denmark: (2)
Attitude measurement survey feedback questionnaire (DGRA, DGRI, DIRA, DIRI)
Psychological aftercare questionnaire (AIRA, AIRI)

France: (8)
D5D system (BIRA)
General Ability Test (GAT) (BIRA)
List of coping for stressful situations (CISS) (BIRA)
Measuring Instrument of Unit Morale (O2MF) (AGRA, AIRA, BGRA, BIRA)
Moral strength (FMO) (France: AGRA, AIRA, BGRA, BIRA, DGRA, DIRA)
Psychological Debriefing After Serious Events (AGCI, AICI, BGCI, BIC, DGCI, DICI I)
Report on morale (AGRA)
RSM (BGRA)

Germany: (7)
Crisis Management Briefing (CMB) (AGCA, AGCE, AGCI, DGCA, DGCE, DGCI)
Critical Incident Stress Management (CISM) Culture adapted and modified German version (AGCI, AIC, DGCI, DICI I)
Eye Movement Desensitisation and Reprocessing (EMDR) (AICI)
Post Deployment Seminar (AGRA, AGRI)
Psychological Pre-Deployment Education and Training (BGRE)
PTSS 10 (Post Traumatic Syndrome Scale) (AIRA)

Lithuania: (11)
Bartone scale (AIRA, BIRA)
Coping Style Questionnaire (BIRA)
Dissociative Experience Scale – DES (AIRA)
Impact of Events Scale – R (AIRA)
Job Related Affective Well-Being Scale (JAWS) (AGRA, AIRA)
Peacekeeping Incidents and Experiences Scale (PIES) (AIRA)
Personality characteristics test – 219 (BIRA)
SCL – 90 – R (AIRA, BIRA)
Self Efficacy Scale (AGRA, AIRA)
Stress profile (BGRA)
Test of Intelligence (PP – 77) (BIRA)

Luxembourg: (7)
16PF-R 16 Persönlichkeits Faktoren Test (AICA, AICI, BGRA, BGRI, BICA, BICI, BIRA, BIRI)
FPI-R Freiburger Persönlichkeitsinventar (AICA, AICI, BGRA, BGRI, BIRA, BIRI, BICA, BICI)
Glazer Stress Control Lifestyle (BIRA)
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen (BGRA, BIRA)
MMPI-2 (AICA, AICI, BICA, BICI)
Psychological Screening Psy Short Screen (AIRA, BIRA)
Stress Management Training for Group Leaders (BGRE)

Netherlands: (4)
Behavioural cognitive interventions (AIRI, DIRI)
Critical Incidents Stress Debriefing (BICI, BIRI, BGRI, BGCE, DGCI, DGRI, DICI, DIRA)
MMPI-2 (AIRA, AIRI, BIRA, BIRI, DIRA, DIRI)
NPV (Nederlandse Persoonlijkheids Vragenlijst) (AIRA, AIRI, BIRA, BIRI, DIRA, DIRI)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI (AIRA, AIRI, BIRA, BIRI, DIRA, DIRI)
Psychological aftercare questionnaire (AIRA, AIRI)
Psychological debriefing (AIRA, AIRE)

Relaxation training (AIRI, DIRA)
SCL-90 (AIRA, AIRI, BIRA, BIRI, DIRA, DIRI)
UCL (Utrechtse Coping Lijst) (AIRA, AIRI, BIRA, BIRI, DIRA, DIRI

Romania: (6)
ABC (BGRA, BIRA)
CP 14F (BGRA, BIRA, DGRA, DIRA)
I-E locus of control (BGRA, BIRA)
IE-CT (BGRA, BIRA)
IG (BGRA, BIRA)
SIR (BGRA, BIRA)

Spain: (4)
Psychosocial Survey Spain (BGRA, BIRA)
Questionnaire of Adaptability – ADAPTACIÓN 6C (BGRA)
Questionnaire of Morale (Spain: BIRA, DGRA)
Social Climate Scales. Spanish adaptation by TEA Ediciones, Madrid, 1984 (DGRA)

UK: (5)
Alcohol Use Disorders Identification Test (UK: AIRA, BIRA, DGRA, DIRA)
Eye Movement Desensitisation and Reprocessing (EMDR) (AICI, DICI)
General Health Questionnaire (28-item version) GHQ 28 (AIRA, BIRA, DGRA, DIRA)
Trauma Risk Management (TriM) (AGCA, AGCE, AGCI, AGRA, AICA, AICE, AICI, DGCA, DGCE, DGCI, DICA, DICE, DICI)
Trauma Screening Questionnaire (AGCA, AGRA, AICA, AIRA)

US: (6)
7 Day reintegration program (AGRI)
DD Form 2795 (PRE-DEPLOYMENT Health Assessment) (BIRA)
DD Form 2796 (POST-DEPLOYMENT Health Assessment) (AGRA, AIRA)
Mental Health Advisory Team (MHAT) (DGRA)
Post-Deployment Health Reassessment (PDHRA) DD 2900 (AGRA, AIRA)
Psychological Screening (AIRA, BIRA)

Table E-3: Clinical Tools Used Before Deployment

Before Individual:

Routine Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
ABC
Alcohol Use Disorders Identification Test
Bartone Scale
Coping Style Questionnaire
CP 14F
D5D system
DD Form 2795 (PRE-DEPLOYMENT Health Assessment)
Expectations Questionnaire
FPI-R Freiburger Persönlichkeitsinventar
General Ability Test (GAT)
General Health Questionnaire (28-item version) GHQ 28
Glazer Stress Control Lifestyle
Glazer Stress Control Lifestyle
I-E locus of control
IE-CT
IG
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen
List of coping for stressful situations (CISS)
Moral strength (FMO)
MVO
Nederlandse Persoonlijkheids Vragenlijst
Numeric Quadrant – Stress Version (NQ-S)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Otis Quick-scoring mental ability test
Personality characteristics test – 219
Psychological Selection Procedure for the Deployment in PSO of the Austrian Armed Forces
Psychological Screening
Psychological Screening Psy Short Screen
Psychological selection procedure for the deployment in PSO of the Austrian Armed Forces
Psychosocial Survey
Questionnaire of Morale
Sense of Cohesion inventory
SCL – 90 – R
SCL-90
SIR
Temperament and Character Inventory
Test of Intelligence (PP – 77)
Utrechtse Coping Lijst
USTBI
Wiener Matrix Test (VMT)

Routine Intervention –
16PF-R 16 Persönlichkeits Faktoren Test

Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
SCL-90
UCL (Utrechtse Coping Lijst)

Routine Education –
Psychological Leadership-Training for Commanders
Psychological Pre-Mission Training for Troops of PSO

Crisis Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2

Crisis Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2
Psychological Debriefing after Serious Events

Crisis Education –
None

Before Group:

Routine Assessment –
16PF
16PF-R 16 Persönlichkeits Faktoren Test
ABC
CP 14F
FPI-R Freiburger Persönlichkeitsinventar
I-E locus of control
IE-CT
IG
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen
Moral strength (FMO)
Numeric Quadrant – Stress Version (Nq-S)
Measuring Instrument Of Unit Morale (O2MF)
Otis Quick-scoring mental ability test
Psychological Selection Procedure for the Deployment in PSO of the Austrian Armed Forces
Psychosocial Survey
Questionnaire of Adaptability – ADAPTACIÓN 6C
Report On Morale
Sense of Cohesion inventory
SCL-90
SIR

Stress profile
Temperament and Character Inventory
Wiener Matrix Test (VMT)

Routine Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar

Routine Education –
Psychological Leadership-Training for Commanders
Psychological Pre-Mission Training for Troops of PSO

Crisis Assessment –
Critical Incidents Stress Debriefing

Crisis Intervention –
Psychological Debriefing after Serious Events

Crisis Education –
Critical Incidents Stress Debriefing

Table E-4: Clinical Tools Used During Deployment

During Individual:

Routine Assessment –
Alcohol Use Disorders Identification Test
Attitude Measurement Survey Feedback Questionnaire
CP 14F
Critical Incidents Stress Debriefing
Expectations Questionnaire
General Health Questionnaire (28-item version) GHQ 28
INT
Moral strength (FMO)
MVO (Croatian acronym for "International Military Operations")
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Relaxation training
SCL-90
UCL (Utrechtse Coping Lijst)

Routine Intervention –
Attitude Measurement Survey Feedback Questionnaire
Behavioural cognitive interventions
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
SCL-90
UCL (Utrechtse Coping Lijst)

Routine Education –
None

Crisis Assessment –
Trauma Risk Management (TriM)

Crisis Intervention –
Critical Incident Stress Management (CISM)
Critical Incidents Stress Debriefing
Eye Movement Desensitisation and Reprocessing (EMDR)
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)
Crisis Education –
Trauma Risk Management (TriM)

During Group:

Routine Assessment –
Alcohol Use Disorders Identification Test
Attitude Measurement Survey Feedback Questionnaire
CP 14F
General Health Questionnaire (28-item version) GHQ 28

Mental Health Advisory Team (MHAT)
Moral strength (FMO)
Questionnaire of Morale
Social Climate Scales. Spanish adaptation by TEA Ediciones

Routine Intervention –
Attitude Measurement Survey Feedback Questionnaire
Critical Incidents Stress Debriefing

Routine Education –
Novaco Anger Scale and Provocation Inventory (NAS-PI)
Regular onsite Lectures

Crisis Assessment –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Crisis Intervention –
Crisis Management Briefing (CMB)
Critical Incident Stress Management (CISM)
Critical Incidents Stress Debriefing
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Crisis Education –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Table E-5: Clinical Tools Used After Deployment

After Individual:

Routine Assessment –
Alcohol Use Disorders Identification Test
Bartone scale
Behavioural cognitive interventions
DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Dissociative Experience Scale – DES
General Health Questionnaire (28-item version) GHQ 28
Impact of Events Scale – R
IMPQ
Job Related Affective Well-Being Scale (JAWS)
Mississippi Scale for Combat – Related PTSD
Moral strength (FMO)
MVO (Croatian acronym for "International Military Operations")
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Peacekeeping Incidents and Experiences Scale (PIES)
Post-Deployment Health Reassessment (PDHRA) DD 2900
PRIME-MD Patient Health Questionnaire (PHQ) [Abbreviated]
Psychological aftercare questionnaire
Psychological After-Deployment Questionnaire
Psychological debriefing
Psychological Screening
Psychological Screening Psy Short Screen
PTSD Checklist – Civilian Version (PCL-C)
PTSD Checklist – Military (PCL-M)
PTSS 10 (Post Traumatic Syndrome Scale)
Sense of Cohesion inventory
SCL – 90 – R
Self Efficacy Scale
Semi-structured Interview
SF-36 Health Survey
Trauma Screening Questionnaire
Utrechtse Coping Lijst

Routine Intervention –
Behavioural cognitive interventions
IMPQ
Nederlandse Persoonlijkheids Vragenlijst
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Psychological aftercare questionnaire
Psychological After-Deployment Questionnaire
Relaxation training
SCL-90
Utrechtse Coping Lijst

Routine Education –
Psychological After-Deployment Questionnaire
Psychological debriefing

Crisis Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
MMPI-2
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Crisis Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Clinical Interview
Critical Incident Stress Management (CISM) Culture adapted and modified German version
Eye Movement Desensitisation and Reprocessing (EMDR)
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Crisis Education –
Trauma Risk Management (TriM)

After Group:

Routine Assessment –
Anger Readiness to Change Scale
DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Job Related Affective Well-Being Scale (JAWS)
Measuring Instrument Of Unit Morale (O2MF)
Post-Deployment Health Reassessment (PDHRA) DD 2900
Post Deployment Seminar
Process Evaluation for Applied Suicide Intervention Skills Training (ASIST)
Report On Morale
Sense of Cohesion inventory
SCL-90
Self Efficacy Scale
Self-Rating Scale for Post-Traumatic Stress Disorder
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Routine Intervention –
7 Day reintegration program
Post Deployment Seminar

Routine Education –
Anger Readiness to Change Scale
Novaco Anger Scale and Provocation Inventory (NAS-PI)

Crisis Assessment –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Crisis Intervention –
Crisis Management Briefing (CMB)
Critical Incident Stress Management (CISM) Culture adapted and modified German version
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Crisis Education –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Table E-6: Clinical Tools Used with Individuals

Individual Before:

Routine Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
ABC
Alcohol Use Disorders Identification Test
Bartone Scale
Coping Style Questionnaire
CP 14F
D5D system
DD Form 2795 (PRE-DEPLOYMENT Health Assessment)
Expectations Questionnaire
FPI-R Freiburger Persönlichkeitsinventar
General Ability Test (GAT)
General Health Questionnaire (28-item version) GHQ 28
Glazer Stress Control Lifestyle
Glazer Stress Control Lifestyle
I-E locus of control
IE-CT
IG
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen
List of coping for stressful situations (CISS)
Moral strength (FMO)
MVO
Nederlandse Persoonlijkheids Vragenlijst
Numeric Quadrant – Stress Version (NQ-S)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Otis Quick-scoring mental ability test
Personality characteristics test – 219
Psychological Screening
Psychological Screening Psy Short Screen
Psychological selection procedure for the deployment in PSO of the Austrian Armed Forces
Psychosocial Survey
Questionnaire of Morale
Sense of Cohesion inventory
SCL – 90 – R
SCL-90
SIR
Temperament and Character Inventory
Test of Intelligence (PP – 77)
Utrechtse Coping Lijst
USTBI
Wiener Matrix Test (VMT)

Routine Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing

FPI-R Freiburger Persönlichkeitsinventar
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
SCL-90
UCL (Utrechtse Coping Lijst)

Routine Education –
Psychological Leadership-Training for Commanders
Psychological Pre-Mission Training for Troops of PSO

Crisis Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2

Crisis Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2
Psychological Debriefing after Serious Events

Crisis Education –
None

Individual During:

Routine Assessment –
Alcohol Use Disorders Identification Test
Attitude Measurement Survey Feedback Questionnaire
CP 14F
Critical Incidents Stress Debriefing
Expectations Questionnaire
General Health Questionnaire (28-item version) GHQ 28
INT
Moral strength (FMO)
MVO (Croatian acronym for “International Military Operations”)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Relaxation training
SCL-90
UCL (Utrechtse Coping Lijst)

Routine Intervention –
Attitude Measurement Survey Feedback Questionnaire
Behavioural cognitive interventions
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
SCL-90
UCL (Utrechtse Coping Lijst)

Routine Education –
None

Crisis Assessment –
Trauma Risk Management (TriM)

Crisis Intervention –
Critical Incident Stress Management (CISM)
Critical Incidents Stress Debriefing
Eye Movement Desensitisation and Reprocessing (EMDR)
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Crisis Education –
Trauma Risk Management (TriM)

Individual After:

Routine Assessment –
Alcohol Use Disorders Identification Test
Bartone scale
Behavioural cognitive interventions
DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Dissociative Experience Scale – DES
General Health Questionnaire (28-item version) GHQ 28
Impact of Events Scale – R
IMPQ
Job Related Affective Well-Being Scale (JAWS)
Mississippi Scale for Combat – Related PTSD
Moral strength (FMO)
MVO (Croatian acronym for "International Military Operations")
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Peacekeeping Incidents and Experiences Scale (PIES)
Post-Deployment Health Reassessment (PDHRA) DD 2900
PRIME-MD Patient Health Questionnaire (PHQ) [Abbreviated]
Psychological aftercare questionnaire
Psychological After-Deployment Questionnaire
Psychological debriefing
Psychological Screening
Psychological Screening Psy Short Screen
PTSD Checklist – Civilian Version (PCL-C)
PTSD Checklist – Military (PCL-M)
PTSS 10 (Post Traumatic Syndrome Scale)
Sense of Cohesion inventory
SCL – 90 – R
Self Efficacy Scale
Semi-structured Interview
SF-36 Health Survey

Trauma Screening Questionnaire
Utrechtse Coping Lijst

Routine Intervention –
Behavioural cognitive interventions
IMPQ
Job Related Affective Well-Being Scale (JAWS)
Nederlandse Persoonlijkheids Vragenlijst
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Psychological aftercare questionnaire
Psychological After-Deployment Questionnaire
Relaxation training
SCL-90
Utrechtse Coping Lijst

Routine Education –
Psychological After-Deployment Questionnaire
Psychological debriefing

Crisis Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
MMPI-2
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Crisis Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Clinical Interview
Critical Incident Stress Management (CISM) Culture adapted and modified German version
Eye Movement Desensitisation and Reprocessing (EMDR)
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Crisis Education –
Trauma Risk Management (TriM)

Table E-7: Clinical Tools Used with Groups

Group Before:

Routine Assessment –
16PF
16PF-R 16 Persönlichkeits Faktoren Test
ABC
CP 14F
FPI-R Freiburger Persönlichkeitsinventar
I-E locus of control
IE-CT
IG
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen
Moral strength (FMO)
Numeric Quadrant – Stress Version (NQ-S)
Measuring Instrument Of Unit Morale (O2MF)
Otis Quick-scoring mental ability test
Psychological Selection Procedure for the Deployment in PSO of the Austrian Armed Forces
Psychosocial Survey
Questionnaire of Adaptability – ADAPTACIÓN 6C
Report On Morale
Sense of Cohesion inventory
SCL-90
SIR
Stress profile
Temperament and Character Inventory
Wiener Matrix Test (VMT)

Routine Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar

Routine Education –
Psychological Leadership-Training for Commanders
Psychological Pre-Mission Training for Troops of PSO

Crisis Assessment –
Critical Incidents Stress Debriefing

Crisis Intervention –
Psychological Debriefing after Serious Events
Crisis Education –
Critical Incidents Stress Debriefing

Group During:

Routine Assessment –
Alcohol Use Disorders Identification Test

Attitude Measurement Survey Feedback Questionnaire
CP 14F
General Health Questionnaire (28-item version) GHQ 28
MENTAL HEALTH ADVISORY TEAM (MHAT)
Moral strength (FMO)
Questionnaire of Morale
Social Climate Scales. Spanish adaptation by TEA Ediciones

Routine Intervention –
Attitude Measurement Survey Feedback Questionnaire
Critical Incidents Stress Debriefing

Routine Education –
Novaco Anger Scale and Provocation Inventory (NAS-PI)
Regular onsite Lectures

Crisis Assessment –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Crisis Intervention –
Crisis Management Briefing (CMB)
Critical Incident Stress Management (CISM)
Critical Incidents Stress Debriefing
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Crisis Education –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Group After:

Routine Assessment –
Anger Readiness to Change Scale
DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Job Related Affective Well-Being Scale (JAWS)
Measuring Instrument Of Unit Morale (O2MF)
Post-Deployment Health Reassessment (PDHRA) DD 2900
Post Deployment Seminar
Process Evaluation for Applied Suicide Intervention Skills Training (ASIST)
Report On Morale
Sense of Cohesion inventory
SCL-90
Self Efficacy Scale
Self-Rating Scale for Post-Traumatic Stress Disorder
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Routine Intervention –
7 Day reintegration program
Job Related Affective Well-Being Scale (JAWS)
Post Deployment Seminar

Routine Education –
Anger Readiness to Change Scale
Novaco Anger Scale and Provocation Inventory (NAS-PI)

Crisis Assessment –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Crisis Intervention –
Crisis Management Briefing (CMB)
Critical Incident Stress Management (CISM) Culture adapted and modified German version
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Crisis Education –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Table E-8: Clinical Tools Used in Routine Situations

Routine Before:

Individual Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
ABC
Alcohol Use Disorders Identification Test
Bartone Scale
Coping Style Questionnaire
CP 14F
D5D system
DD Form 2795 (PRE-DEPLOYMENT Health Assessment)
Expectations Questionnaire
FPI-R Freiburger Persönlichkeitsinventar
General Ability Test (GAT)
General Health Questionnaire (28-item version) GHQ 28
Glazer Stress Control Lifestyle
I-E locus of control
IE-CT
IG
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen
List of coping for stressful situations (CISS)
Moral strength (FMO)
MVO
Nederlandse Persoonlijkheids Vragenlijst
Numeric Quadrant – Stress Version (NQ-S)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Otis Quick-scoring mental ability test
Personality characteristics test – 219
Psychological Screening
Psychological Screening Psy Short Screen
Psychological selection procedure for the deployment in PSO of the Austrian Armed Forces
Psychosocial Survey
Questionnaire of Morale
Sense of Cohesion inventory
SCL – 90 – R
SCL-90
SIR
Temperament and Character Inventory
Test of Intelligence (PP – 77)
Utrechtse Coping Lijst
USTBI
Wiener Matrix Test (VMT)

Individual Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar

NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
SCL-90
UCL (Utrechtse Coping Lijst)

Individual Education –
Psychological Leadership-Training for Commanders
Psychological Pre-Mission Training for Troops of PSO

Group Assessment –
16PF
16PF-R 16 Persönlichkeits Faktoren Test
ABC
CP 14F
FPI-R Freiburger Persönlichkeitsinventar
I-E locus of control
IE-CT
IG
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen
Moral strength (FMO)
Numeric Quadrant – Stress Version (NQ-S)
Measuring Instrument Of Unit Morale (O2MF)
Otis Quick-scoring mental ability test
Psychological Selection Procedure for the Deployment in PSO of the Austrian Armed Forces
Psychosocial Survey
Questionnaire of Adaptability – ADAPTACIÓN 6C
Report On Morale
Sense of Cohesion inventory
SCL-90
SIR
Stress profile
Temperament and Character Inventory
Wiener Matrix Test (VMT)

Group Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar

Group Education –
Psychological Leadership-Training for Commanders
Psychological Pre-Mission Training for Troops of PSO

Routine During:

Individual Assessment –
Alcohol Use Disorders Identification Test
Attitude Measurement Survey Feedback Questionnaire
CP 14F

Critical Incidents Stress Debriefing
Expectations Questionnaire
General Health Questionnaire (28-item version) GHQ 28
INT
Moral strength (FMO)
MVO (Croatian acronym for "International Military Operations")
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Relaxation training
SCL-90
UCL (Utrechtse Coping Lijst)

Individual Intervention –
Attitude Measurement Survey Feedback Questionnaire
Behavioural cognitive interventions
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
SCL-90
UCL (Utrechtse Coping Lijst)

Individual Education –
None

Group Assessment –
Alcohol Use Disorders Identification Test
Attitude Measurement Survey Feedback Questionnaire
CP 14F
General Health Questionnaire (28-item version) GHQ 28
Mental Health Advisory Team (MHAT)
Moral strength (FMO)
Questionnaire of Morale
Social Climate Scales. Spanish adaptation by TEA Ediciones

Group Intervention –
Attitude Measurement Survey Feedback Questionnaire
Critical Incidents Stress Debriefing

Group Education –
Novaco Anger Scale and Provocation Inventory (NAS-PI)
Regular onsite Lectures

Routine After:

Individual Assessment –
Alcohol Use Disorders Identification Test
Bartone scale
Behavioural cognitive interventions
DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Dissociative Experience Scale – DES
General Health Questionnaire (28-item version) GHQ 28

Impact of Events Scale – R
IMPQ
Job Related Affective Well-Being Scale (JAWS)
Mississippi Scale for Combat – Related PTSD
Moral strength (FMO)
MVO (Croatian acronym for "International Military Operations")
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Peacekeeping Incidents and Experiences Scale (PIES)
Post-Deployment Health Reassessment (PDHRA) DD 2900
PRIME-MD Patient Health Questionnaire (PHQ) [Abbreviated]
Psychological aftercare questionnaire
Psychological After-Deployment Questionnaire
Psychological debriefing
Psychological Screening
Psychological Screening Psy Short Screen
PTSD Checklist – Civilian Version (PCL-C)
PTSD Checklist – Military (PCL-M)
PTSS 10 (Post Traumatic Syndrome Scale)
Sense of Cohesion inventory
SCL – 90 – R
Self Efficacy Scale
Semi-structured Interview
SF-36 Health Survey
Trauma Screening Questionnaire
Utrechtse Coping Lijst

Individual Intervention –
Behavioural cognitive interventions
Job Related Affective Well-Being Scale (JAWS)
Nederlandse Persoonlijkheids Vragenlijst
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Psychological aftercare questionnaire
Psychological After-Deployment Questionnaire
Relaxation training
SCL-90
Utrechtse Coping Lijst

Individual Education –
Psychological After-Deployment Questionnaire
Psychological debriefing

Group Assessment –
Anger Readiness to Change Scale
DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Job Related Affective Well-Being Scale (JAWS)
Measuring Instrument of Unit Morale (O2MF)
Post-Deployment Health Reassessment (PDHRA) DD 2900
Post Deployment Seminar

Process Evaluation for Applied Suicide Intervention Skills Training (ASIST)
Report On Morale
Sense of Cohesion inventory
SCL-90
Self Efficacy Scale
Self-Rating Scale for Post-Traumatic Stress Disorder
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Group Intervention –
7 Day reintegration program
Job Related Affective Well-Being Scale (JAWS)
Post Deployment Seminar

Group Education –
Anger Readiness to Change Scale
Novaco Anger Scale and Provocation Inventory (NAS-PI)

Table E-9: Clinical Tools Used in Crisis Situations

Crisis Before:

Individual Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2

Individual Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2
Psychological Debriefing after Serious Events

Individual Education –
None

Group Assessment –
Critical Incidents Stress Debriefing

Group Intervention –
Psychological Debriefing after Serious Events

Group Education –
Critical Incidents Stress Debriefing

Crisis During:

Individual Assessment –
Trauma Risk Management (TriM)

Individual Intervention –
Critical Incident Stress Management (CISM)
Critical Incidents Stress Debriefing
Eye Movement Desensitisation and Reprocessing (EMDR)
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Individual Education –
Trauma Risk Management (TriM)

Group Assessment –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Group Intervention –
Crisis Management Briefing (CMB)

Critical Incident Stress Management (CISM)
Critical Incidents Stress Debriefing
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Group Education –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Crisis After:

Individual Assessment –
16PF-R 16 Persönlichkeits Faktoren Test
MMPI-2
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Individual Intervention –
16PF-R 16 Persönlichkeits Faktoren Test
Clinical Interview
Critical Incident Stress Management (CISM) Culture adapted and modified German version
Eye Movement Desensitisation and Reprocessing (EMDR)
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Individual Education –
Trauma Risk Management (TriM)

Group Assessment –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Group Intervention –
Crisis Management Briefing (CMB)
Critical Incident Stress Management (CISM) Culture adapted and modified German version
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Group Education –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Table E-10: Clinical Tools Used for Assessment

Assessment Before:

Individual Routine –
16PF-R 16 Persönlichkeits Faktoren Test
ABC
Alcohol Use Disorders Identification Test
Bartone Scale
Coping Style Questionnaire
CP 14F
D5D system
DD Form 2795 (PRE-DEPLOYMENT Health Assessment)
Expectations Questionnaire
FPI-R Freiburger Persönlichkeitsinventar
General Ability Test (GAT)
General Health Questionnaire (28-item version) GHQ 28
Glazer Stress Control Lifestyle
Glazer Stress Control Lifestyle
I-E locus of control
IE-CT
IG
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen
List of coping for stressful situations (CISS)
Moral strength (FMO)
MVO
Nederlandse Persoonlijkheids Vragenlijst
Numeric Quadrant – Stress Version (NQ-S)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Otis Quick-scoring mental ability test
Personality characteristics test – 219
Psychological Screening
Psychological Screening Psy Short Screen
Psychological selection procedure for the deployment in PSO of the Austrian Armed Forces
Psychosocial Survey
Questionnaire of Morale
Sense of Cohesion inventory
SCL – 90 – R
SCL-90
SIR
Temperament and Character Inventory
Test of Intelligence (PP – 77)
Utrechtse Coping Lijst
USTBI
Wiener Matrix Test (VMT)

Individual Crisis –
16PF-R 16 Persönlichkeits Faktoren Test
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2

Group Routine –
16PF
16PF-R 16 Persönlichkeits Faktoren Test
ABC
CP 14F
FPI-R Freiburger Persönlichkeitsinventar
I-E locus of control
IE-CT
IG
IPC Scales: Locus of Control/ IPC – Fragebogen zu Kontrollüberzeugungen
Moral strength (FMO)
Numeric Quadrant – Stress Version (NQ-S)
Measuring Instrument Of Unit Morale (O2MF)
Otis Quick-scoring mental ability test
Psychological Selection Procedure for the Deployment in PSO of the Austrian Armed Forces
Psychosocial Survey
Questionnaire of Adaptability – ADAPTACIÓN 6C
Report On Morale
Sense of Cohesion inventory
SCL-90
SIR
Stress profile
Temperament and Character Inventory
Wiener Matrix Test (VMT)

Group Crisis –
Critical Incidents Stress Debriefing

Assessment During:

Individual Routine –
Alcohol Use Disorders Identification Test
Attitude Measurement Survey Feedback Questionnaire
CP 14F
Critical Incidents Stress Debriefing
Expectations Questionnaire
General Health Questionnaire (28-item version) GHQ 28
INT
Moral strength (FMO)
MVO (Croatian acronym for “International Military Operations”)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Relaxation training
SCL-90
UCL (Utrechtse Coping Lijst)

Individual Crisis –
Trauma Risk Management (TriM)

Group Routine –
Alcohol Use Disorders Identification Test

Attitude Measurement Survey Feedback Questionnaire
CP 14F
General Health Questionnaire (28-item version) GHQ 28
Mental Health Advisory Team (MHAT)
Moral strength (FMO)
Questionnaire of Morale
Social Climate Scales. Spanish adaptation by TEA Ediciones

Group Crisis –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Assessment After:

Individual Routine –
Alcohol Use Disorders Identification Test
Bartone scale
Behavioural cognitive interventions
DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Dissociative Experience Scale – DES
General Health Questionnaire (28-item version) GHQ 28
Impact of Events Scale – R
IMPQ
Job Related Affective Well-Being Scale (JAWS)
Mississippi Scale for Combat – Related PTSD
Moral strength (FMO)
MVO (Croatian acronym for "International Military Operations")
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Peacekeeping Incidents and Experiences Scale (PIES)
Post-Deployment Health Reassessment (PDHRA) DD 2900
PRIME-MD Patient Health Questionnaire (PHQ) [Abbreviated]
Psychological aftercare questionnaire
Psychological After-Deployment Questionnaire
Psychological debriefing
Psychological Screening
Psychological Screening Psy Short Screen
PTSD Checklist – Civilian Version (PCL-C)
PTSD Checklist – Military (PCL-M)
PTSS 10 (Post Traumatic Syndrome Scale)
Sense of Cohesion inventory
SCL – 90 – R
Self Efficacy Scale
Semi-structured Interview
SF-36 Health Survey
Trauma Screening Questionnaire
Utrechtse Coping Lijst

Individual Crisis –
16PF-R 16 Persönlichkeits Faktoren Test

MMPI-2
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Group Routine –
Anger Readiness to Change Scale
DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Job Related Affective Well-Being Scale (JAWS)
Measuring Instrument Of Unit Morale (O2MF)
Post-Deployment Health Reassessment (PDHRA) DD 2900
Post Deployment Seminar
Process Evaluation for Applied Suicide Intervention Skills Training (ASIST)
Report On Morale
Sense of Cohesion inventory
SCL-90
Self Efficacy Scale
Self-Rating Scale for Post-Traumatic Stress Disorder
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Group Crisis –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)
Trauma Screening Questionnaire

Table E-11: Clinical Tools Used for Intervention

Intervention Before:

Individual Routine –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
SCL-90
UCL (Utrechtse Coping Lijst)

Individual Crisis –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2
Psychological Debriefing after Serious Events

Group Routine –
16PF-R 16 Persönlichkeits Faktoren Test
Critical Incidents Stress Debriefing
FPI-R Freiburger Persönlichkeitsinventar

Group Crisis –
Psychological Debriefing after Serious Events

Intervention During:

Individual Routine –
Attitude Measurement Survey Feedback Questionnaire
Behavioural cognitive interventions
NPV (Nederlandse Persoonlijkheids Vragenlijst)
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
SCL-90
UCL (Utrechtse Coping Lijst)

Individual Crisis –
Critical Incident Stress Management (CISM)
Critical Incidents Stress Debriefing
Eye Movement Desensitisation and Reprocessing (EMDR)
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Group Routine –
Attitude Measurement Survey Feedback Questionnaire
Critical Incidents Stress Debriefing

Group Crisis –
Crisis Management Briefing (CMB)
Critical Incident Stress Management (CISM)
Critical Incidents Stress Debriefing
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Intervention After:

Individual Routine –
Behavioural cognitive interventions
IMPQ
Job Related Affective Well-Being Scale (JAWS)
Nederlandse Persoonlijkheids Vragenlijst
NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Psychological aftercare questionnaire
Psychological After-Deployment Questionnaire
Relaxation training
SCL-90
Utrechtse Coping Lijst

Individual Crisis –
16PF-R 16 Persönlichkeits Faktoren Test
Clinical Interview
Critical Incident Stress Management (CISM) Culture adapted and modified German version
Eye Movement Desensitisation and Reprocessing (EMDR)
FPI-R Freiburger Persönlichkeitsinventar
MMPI-2
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Group Routine –
7 Day reintegration program
Job Related Affective Well-Being Scale (JAWS)
Post Deployment Seminar

Group Crisis –
Crisis Management Briefing (CMB)
Critical Incident Stress Management (CISM) Culture adapted and modified German version
Psychological Debriefing After Serious Events
Trauma Risk Management (TriM)

Table E-12: Clinical Tools Used for Education

Education Before:

Individual Routine –
Psychological Leadership-Training for Commanders
Psychological Pre-Mission Training for Troops of PSO

Individual Crisis –
None

Group Routine –
Psychological Leadership-Training for Commanders
Psychological Pre-Mission Training for Troops of PSO

Group Crisis –
Critical Incidents Stress Debriefing

Education During:

Individual Routine –
None

Individual Crisis –
Trauma Risk Management (TriM)

Group Routine –
Novaco Anger Scale and Provocation Inventory (NAS-PI)
Regular onsite Lectures

Group Crisis –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Education After:

Individual Routine –
Psychological After-Deployment Questionnaire
Psychological debriefing

Individual Crisis –
Trauma Risk Management (TriM)

Group Routine –
Anger Readiness to Change Scale
Novaco Anger Scale and Provocation Inventory (NAS-PI)

Group Crisis –
Crisis Management Briefing (CMB)
Trauma Risk Management (TriM)

Appendix 1 – Stress and Psychological Support in Modern Military Operations – Clinical Tools Inventory: Tools in Use

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United States
Name of Tool	7 Day reintegration program
Author(s)	
Language	
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) The purpose of this tool is to help transition Soldiers from a combat environment to a garrison environment. It as an intervention because it is a re-integration strategy designed to help Soldiers adjust.
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Broadly defined, the program is designed to help with family, work and leisure reintegration.
Target population	All deployed Army Soldiers
Administration	The program is designed as a 7 continuous half-day schedule initiated when Soldiers return from combat missions. During each half-day Soldiers are kept with their units, and process through various stations such as medical, finance and legal. The program is designed to help provide some structure to Soldiers' reintegration by keeping them together with their units. It is a deliberate plan designed to ensure the well-being of Soldiers, their families and civilians as they unite after an extended deployment.
Administration time	7 continuous mornings until 1300.
Policy on use (if any)	It is mandatory policy for returning Army Soldiers.

Intent of Tool	Facilitate entry to garrison and family life.
Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) No data has been generated to evaluate this procedure; however, Soldiers appear to respond favorably.
Description of Tool	(What is the Tool for? How is it administered/analyzed?) The program is designed as a 7 continuous half-day schedule initiated when Soldiers return from combat missions. During each half-day Soldiers are kept with their units, and process through various stations such as medical, finance and legal. The program is designed to help provide some structure to Soldiers' reintegration by keeping them together with their units. It is a deliberate plan designed to ensure the well-being of Soldiers, their families and civilians as they unite after an extended deployment.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Unknown
Milestones	None
Published References	None
User contact information	None
Publisher contact information	None

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	16PF
Author(s)	(Name/e-mail) Cattell, R.B.
Language	(Original or in translation) Czech translation
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Personality inventory, 16 factors
Target population	All ranks
Administration	(How is the Tool administered?) Computer
Administration time	(Time required for completion) 40 – 50 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Personality inventory
Date of first use with Military Population (if known)	2000 – Pilot study

Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Personality inventory, administered and analyzed by computer
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	1949 – First edition
Published References	(List any published references to the use of the Tool including contact address for copies) Svoboda M.: Psychodiagnostika dospělých, Praha, 1999
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Luxembourg
Name of Tool	16PF-R 16 Persönlichkeits Faktoren Test
Author(s)	(Name/e-mail) J. Klaus; A. Schneewind; Johanna Graf
Language	(Original or in translation) German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic; Personality inventory
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Experimental; Published first 1994; revision V in use. Test in use by Lux Army since 2004
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 16 personality dimensions: 1) Warmth 2) Reasoning 3) Emotional stability 4) Dominance 5) Liveliness 6) Rule-consciousness 7) Social boldness 8) Sensitivity 9) Vigilance 10) Abstractedness 11) Privateness 12) Apprehension 13) Openness to change 14) Self-reliance 15) Perfectionism 16) Tension

Target population	- Volunteer soldiers / candidates for abroad mission (group / selection) - NCOs and officers (designated; group / selection)) - Volunteer soldiers returning from abroad mission (individual assessment – intervention)
Administration	(How is the Tool administered?) Paper and pencil
Administration time	(Time required for completion) Up to 40 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) - Administered to all (volunteers and designated) candidates for abroad missions (selection) - Administered by decision of clinical psychologist after return (individual / intervention)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Complete information about mental / emotional state of candidates / To assess level of self-rated symptoms in individuals
Date of first use with Military Population (if known)	2004
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) No
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Tool designed to assess level of self-rated symptoms (184 items; 16 scales) in individuals; used in a selection-procedure of candidates
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Clinical use only; alternative to FPI
Milestones	Used in German speaking countries for purposes of selection and counselling
Published References	(List any published references to the use of the Tool including contact address for copies) Schneewind; Graf (1998) Verlag Hans Huber; Bern 16PF: The Institute for Personality and Ability Testing; Champaign; Illinois; USA (1994)

User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) LtCol Psy Alain Wagner (alain.wagner@cnfpc.lu)
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Hogrefe – D 37085 Göttingen / www.hogrefe.de

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Romania
Name of Tool	ABC
Author(s)	(Name/e-mail) V.M. Rusalov (Russia)
Language	Adapted for Romania by Gheorghe Pertea
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Activism and emotionality; activism has three components, each of them referring both on objects and relationships; energetic potential in activity; energetic potential in communication; plasticity in activity; plasticity in communication; rhythm in activity; rhythm in communication. Emotionality refers to the relationship with both objects and people.
Target population	Military population planned to attend a mission
Administration	PC or pencil and paper form
Administration time	25 Minutes
Policy on use (if any)	
Intent of Tool	To investigate temperament structure and adaptability to a mission
Date of first use with Military Population (if known)	1989
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes

Description of Tool	(What is the Tool for? How is it administered/analysed?) 105 Items, 9 Factors
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	Anohin (Russian Psychophysiologist)
Published References	*A military psychology applied to special forces units,* Gheorghe Pertea, AISM, Bucharest 2003, Romania
User contact information	Gheorghe Pertea, Romania geopertea@yahoo.com
Publisher contact information	Gheorghe Pertea, Romania geopertea@yahoo.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	The Anger Readiness to Change Scale
Author(s)	(Name/e-mail) Williamson, Day, Howells, Burbner & Jauncey (2003)
Language	(Original or in translation) English
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) To assess individuals' readiness to change their behavior concerning anger
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) N/A
Target population	Non-violent military personnel who want to improve their anger management skills
Administration	(How is the Tool administered?) Handed out to prospective participants during initial orientation session. Once placed in context people answer a series of Likert scales and then are shown how to score it and then receive an explanation of what the score mean.
Administration time	(Time required for completion) 5 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Used only as a personal educational tool. Must be used in context with a formally sanctioned Anger Management Workshop.

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) The tool is used to assess the level of readiness to change concerning anger. The scores will inform the Facilitator concerning the potential level of resistance he/she is likely to face during the workshop. The tool can also be used as an alternative measurement concerning the effectiveness of the Anger Management program in terms of moving the participants to a deeper awareness of how anger is affecting them.
Date of first use with Military Population (if known)	Projected start of usage Jan-Feb 2005.
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Simple addition of scores which correspond with Prochaska and DiClemente's Stages of Change Model.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	N/A
Milestones	- Train the Facilitators to deliver the Anger Management Workshop in Nov 2004. - Begin to deliver the AM workshop in Jan-Feb 2005.
Published References	(List any published references to the use of the Tool including contact address for copies) Williamson, P., Day A., Howells, K., Bubner, S., Jauncey, S. (2003)?
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Major Bourassa, Social Wellness Advisor DCOS Force Health Protection Canadian Forces Health Services Group Headquarters 1745 Alta Vista Dr. Ottawa, Ontario K1A 0K6, Canada Bourassa.mr@forces.gc.ca. Fax 613-945-6823
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) N/A

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	Process Evaluation for Applied Suicide Intervention Skills Training (ASIST)
Author(s)	(Name/e-mail) Living Works Education, Calgary
Language	(Original or in translation) English, in process of being translated into French, translated into Norwegian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) To capture feedback from participants and facilitators of ASIST workshop
Status of Tool	(Endorsed [in use]/ Experimental [trial]) In use but not considered a research tool.
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/<u>After</u> Individual/<u>Group</u> Routine/Crisis Assessment/Intervention/Education <u>Navy</u> Marines <u>Army</u> <u>Air Force</u>
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) This evaluation tool is not geared to research. It has qualitative questions and a simple Likert Scale to help determine the level of satisfaction with the workshop.
Target population	Regular Force personnel, Class B Reserves, Military families and DND civilians where space permits.
Administration	(How is the Tool administered?) The evaluation is handed out at the end of the workshop.
Administration time	(Time required for completion) 5 – 10 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)

	- Evaluation can only be used with the ASIST workshop and is retained by the facilitator who provides his feedback and forwards the completed evaluations to Living Works Edu. Who review the feedback and provide a feedback to the facilitators.
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Quality Control of ASIST.
Date of first use with Military Population (if known)	Training initially conducted in the early 1990s.
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Process evaluation, analyzed visually by both Facilitators and Living Work representative.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	The US Air Force has conducted one evaluation on the effectiveness of the ASIST, using pre and post test instruments to determine if the participants attending the workshop had improved their knowledge and skill levels in intervening with person at risk of suicide. The Subject Matter Expert within the DCOS Force Health Protection, plans on commissioning an evaluation of the ASIST within two years of the National implementation of this workshop.
Milestones	- Deliver ASIST across the CF 2003-2004-06-15 - Evaluated effectiveness of workshop 2005 – 2006.
Published References	(List any published references to the use of the Tool including contact address for copies) N/A
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Major Miguel Bourassa, Social Wellness Advisor DCOS Force Health Protection Canadian Forces Health Services Group Headquarters 1745 Alta Vista Dr. Ottawa, Ontario K1A 0K6, Canada bourassa.mr@forces.gc.ca Fax 613-945-6823.
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Living Works Education, www.livingworks.net Calgary, Alberta, Canada, Fax 403-209-0259

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	AUDIT
Author(s)	(Name/e-mail) See references below. (Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., and Monteiro, M.G. 01)
Language	(Original or in translation) English, French
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Screening for high-risk drinking
Status of Tool	(Endorsed [in use]/ Experimental [trial]) In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/<u>After</u> <u>Individual</u>/Group <u>Routine</u>/Crisis <u>Assessment</u>/Intervention/Education Navy Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) High-risk drinking
Target population	All service members returning from a deployment lasting 60 days or more.
Administration	(How is the Tool administered?) In an individual or group setting
Administration time	(Time required for completion) 5
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) None – clinician selected

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Identify members with high-risk drinking behaviour.
Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Potentially
Description of Tool	(What is the Tool for? How is it administered/analyzed?)
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Will likely be changing to more abridged version in the future.
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	Mark A. Zamorski Head, Deployment Health Section Canadian Forces Health Services Group Headquarters 1745 Alta Vista Dr. Ottawa, Ontario K1A 0K6, Canada +1 (613) 945-6992 (voice) +1 (613) 945-6745 (fax) zamorski.ma@forces.gc.ca
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) www.pfizer.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United Kingdom
Name of Clinical Tool	The Alcohol Use Disorders Identification Test
Author(s)	(Name/e-mail) Thomas F. Babor, John C. Higgins-Biddle, John B. Saunders, Maristela G. Monteiro
Language	(Original or in translation) English
Aim of Clinical Tool	(Consultation/Diagnostic) Screening for excessive drinking of alcohol and helping to identify excessive drinking as a cause of presenting problems
Status of Clinical Tool	(Endorsed [in use]/Experimental [trial]) In use
Where and when used and with which Service / Arm	Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force Has been used with members of operational units of all three UK Armed Services pre- and post- deployment to Afghanistan, Iraq and Northern Ireland
Constructs/dimensions measured	(What constructs/dimensions does the Clinical Tool measure? Include a brief explanation) Hazardous Drinking, Dependent Drinking and Harmful Drinking
Target population	(Intended respondents. With what ranks has the tool been used?) All ranks
Administration	(How is the Clinical Tool administered?) Pen and paper self-assessment
Administration time	(Time required for completion) 1 minute
Policy on use (if any)	(Specific policies with respect to use of the Clinical Tool) Voluntary completion by individuals and Units.

Intent of Clinical Tool	(What is the Clinical Tool intended to do) Used as a risk assessment tool.
Date of first use with Military Population	1999 (with individuals) 2001 (with Units)
Sharing/comparison of Data	(Can data collected with this Clinical Tool be shared / compared with other nations) Yes
Description of Clinical Tool	(What is the Clinical Tool for? How is it administered/analyzed?) Pen and paper questionnaire. 10 items scaled 0 – 5. WHO cut-off is 8+
Future plans for Clinical Tool, if any (e.g. translation, factor analysis, etc.)	Plans to use it to establish military baseline levels in garrison between deployments.
Milestones	Used with 3,500 over UK personnel deployed to Afghanistan in 2002 and with c. 1000 UK Personnel deployed to Iraq in 2003
Published References	(List any published references to the use of the Clinical Tool including contact address for copies) Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B. and Monteiro, M.G. (2001). AUDIT. The Alcohol Use Disorders Identification Test. Guidelines for use in primary care. Second Edition. World Health Organization, Department of Mental Health and Substance Dependence.
User contact information	Dr JGH Hacker Hughes Senior Lecturer, ACDMH Institute of Psychiatry, King's College London Weston Education Centre Cutcombe Road Camberwell, London SE5 9RJ, UK Tel: +44 (0)207 848 5144 Fax +44 (0)207 848 5048 Email: j.hacker-hughes@iop.kcl.ac.uk
Publisher contact information	See References above

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Barton scale
Author(s)	(Name/e-mail) Barton (init. version)
Language	(Original or in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic and consultation
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Commitment, Locus of Control, Ability to take a challenge
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 20 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To assess the level of Hardiness

Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self – report scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation, to create statistical characteristics
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Bartone, P.T. (1991). Stress and hardiness in U.S peacekeeping soldiers. Paper presented at the Annual Convention of the American Psychological Association, Toronto, Canada
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania zigmantas.petrauskas@mil.lt (Fax) +370 7 204602 (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Paul T. Bartone, Ph.D., National Defense University Industrial College of the Armed Forces, 408 Fourth Avenue Washington, DC 20319, USA paul-bartone@exmail.usma.edu

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	Behavioural cognitive interventions
Author(s)	Several
Language	Dutch
Aim of Tool	(Assessment / Intervention / Education
Status of Tool	In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Rational emotive therapy, EMDR, cognitive restructuring
Target population	All ranks
Administration	Individual therapy sessions
Administration time	Depending on the problem
Policy on use (if any)	On a voluntary basis by a clinical psychologist
Intent of Tool	Working on behavioral/cognitive problems
Date of first use with Military Population (if known)	
Sharing/comparison of Data	No
Description of Tool	Considered as known
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	

Milestones	
Published References	Several
User contact information	Lkol P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	Several

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	CI (Clinical Interview)
Author(s)	(Name/e-mail) Klose, J., Král, P. (Psychology Dpt., In-house use)
Language	(Original or in translation) Czech original
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Screening, Psychopathology detection
Target population	All ranks
Administration	(How is the Tool administered?) Interview
Administration time	(Time required for completion) 30 min
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To explore psychosocial background, past experience in the Army, social skills, coping strategies, level of anxiety, overall psychological resistance, etc.

Date of first use with Military Population (if known)	1999
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations)
Description of Tool	(What is the Tool for? How is it administered/analyzed?) The Clinical Interview is used to get a clearer picture of a candidate's/ soldier's Personality, Motivation, Psychosocial Background, Coping strategies and possible Psychopathology formation.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	In use since 1999, used for pre and after mission Assessment or Intervention.
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool). ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 169 02, Czech Republic Jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	Critical Incidents Stress Debriefing (used in a revised way)
Author(s)	Mitchell
Language	Dutch
Aim of Tool	(Assessment / Intervention / Education) This tool can be administered to assist in starting working through a potential traumatic experience
Status of Tool	In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Considered as known
Target population	All ranks
Administration	Individual and group
Administration time	Depending on the problem or person, a few weeks or months
Policy on use (if any)	By a clinical psychologist
Intent of Tool	Working through potentially traumatic experiences Maintaining psychological fitness of soldiers
Date of first use with Military Population (if known)	1991
Sharing/comparison of Data	No
Description of Tool	As CISD, but we don't apply it immediately after the incident and we don't search directly for emotions. Personnel involved in an incident is first left alone to give possibility to cope with the experience themselves. Personnel can be monitored for a longer period of time.

Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	Several
User contact information	Lkol P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	Several

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Germany
Name of Tool	Critical Incident Stress Management (CISM) Culture – adapted and modified German version
Author(s)	Mitchell & Everly c/o www.icisf.org
Language	English / German
Aim of Tool	Assessment / Intervention / Education – comprehensive multi tool prevention and intervention system – seven different techniques and measures
Status of Tool	Endorsed [in use]
Where and when used and with which Service / Arm	Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Crisis Crisis Intervention Critical Incident Critical Incident Stress Management Psychotrauma Post Traumatic Stress
Target population	Pre-incident training and education on posttraumatic stress is part of the psychological pre-deployment training All other measures and techniques to be applied with potentially traumatized personnel only
Administration	Individual (one-on-one) or group sessions led by experienced peers and/or MHPs
Administration time	Depending on technique used 15 minutes to 3 hours
Policy on use (if any)	Except for the pre-incident training and education only to be used after potential traumatization and by CISM – trained peers and/or Mental Health Professionals (MHPs)

Intent of Tool	Mitigation of the impact of a crisis/traumatic event Acceleration of normal recovery process Symptom stabilization and/or reduction Re-establish functional capacity or… … identification of persons in need of higher level of care
Date of first use with Military Population (if known)	1992 / 93 during deployment in Somalia
Sharing/comparison of Data	N/A
Description of Tool	Pre-Incident Training / Preparation prevention Individual Crisis Intervention 1 : 1 secondary prevention Demobilization / Crisis Management Briefing (large groups) secondary prevention Defusing (early, small group) secondary prevention Critical Incident Stress Debriefing (CISD; small group, secondary prevention after 3 to 30 days) Family- / Organisation- / Unit- Support secondary prevention Pastoral Crisis Intervention secondary prevention Follow up and / or Referral (mandatory) secondary prevention
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	German translation available. Evaluation and validation difficult because of ethical and legal reasons
Milestones	Implemented and endorsed by order of the general surgeon for flying personnel in 1998, for the rest of the Armed Forces in 2004
Published References	Willkomm, B.: *Bewaeltigung soziopsychologischer Belastungen.* In: Klose, W., Winckler, E.M. (Hrsg): Gesundheit und beruflicher Auslandsaufenthalt. Weißensee Verlag, Berlin, 2003 Ferner, S., Willkomm, B.: *Positive Effekte des Debriefings*. In: Deutsches Aerzteblatt, 99. Jahrg., Heft 10, S. 464 ff, Koeln, 2002 Willkomm, B.: *Veraenderungen des normativen Bezugssystems durch laengerdauernden Auslandseinsatz.* In: Emotioneller Stress durch Ueberforderung und Unterforderung, Schibri Verlag, Berlin, 2001

Published References (cont'd)	Willkomm, B.: *Critical Incident Stress Management (CISM).* In: Psychologie für Einsatz und Notfall, Bernard & Graefe Verlag, Bonn, 2001
User contact information	Dipl.-Psych. Bernd Willkomm Flugmedizinisches Institut der Luftwaffe Abteilung Flugpsychologie Postfach 1264 / KFL D 82242 Fuerstenfeldbruck / Germany Phone: +49-(0)8141-5360-2211/2212 berndwillkomm@bundeswehr.org
Publisher contact information	International Critical Incident Stress Foundation, Inc. 3290 Pine Orchard Lane, Suite 106 Ellicott City, MD 21042, USA Phone: 001-410-750-9600 Fax: 001-410-750-9601 www.icisf.org

Stress and Psychological Support in Modern Military Operations: Clinical Tools in Use	
Country where used	France
Name of Tool	List of coping for stressful situations (CISS)
Author(s)	(Name/e-mail) S. NORMAN, ENDLER, James D.A. PARKER/1998
Language	(Original or in translation) French
Aim of Tool	(Consultation/Diagnostic) Assess types of reactions to stressful situations.
Status of Tool	(Endorsed [in use]/Experimental [trial]) In use
Where and when used and with which Service / Arm	(Static [non-operational units]/Operational Units [units on operations]) Pre/Mid/Post Mission Test used in the Army Selection and Orientation Centres. Selection of personnel when recruiting in the Army. Army/Before/Individual/Routine/Assessment
Constructs/dimensions involved	(What constructs/dimensions does the Clinical Tool measure? Include a brief explanation) The test permits to assess the three following dimensions: - Orientation on the task, - Orientation on the emotions, - Avoidance reaction.
Target population	(Intended respondents. With what ranks has the tool been used?) When recruiting, to select: - Rank and Files, - NCOs (before they enter the Academy), - Under-contract officers.
Administration	(How is the Clinical Tool administered?) Autoscorable reply sheet.
Administration time	(Time required for completion) About 10 minutes.
Policy on use (if any)	(Specific policies with respect to use of the Clinical Tool) Test used to assess teenagers and adults who are working or to make a performance appraisal.

Intent of Tool	(What is the Clinical Tool intended to do) To assess how persons adapt to stressful situations. To recruit for "risky jobs".
Date of first use with Military Population (if known)	1998: for officers and NCOs 2002: for Rank and Files
Sharing/comparison of Data	(Can data collected with this Clinical Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Clinical Tool for? How is it administered/analyzed?) Individual test E-tem computerised test
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Test which is part of a battery of 3 tests allowing to assess whether the applicant can become a soldier.
Milestones	To select the Army personnel when recruiting.
Published References	(List any published references to the use of the Clinical Tool including contact address for copies) ECPA (Les Editions du Centre de Psychologie Appliquées)[1] 25, rue de la Plaine – 75980 Paris Cedex 20, France Tel :+33(0)1.40.09.62.66 E : www.ecpa.fr
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Clinical Tool) Direction du Personnel de l'Armée de Terre/Bureau Etudes-Evaluation[2] 93, Boulevard du Montparnasse 00454 Armées, France Tel :+33(1).53.71.03.19 Fax :+33(1).53.71.03.19
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Clinical Tool) See references above.

[1] Publishing Centre for Applied Psychology
[2] Army Personnel Directorate/Studies-Assessments

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Germany
Name of Tool	Crisis Management Briefing (CMB)
Author(s)	(Name/e-mail) ICISF (Mitchell/Everly) www.icisf.org
Language	(Original or in translation) Original: English Application in German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Event / incident related psychological information and education on stress, trauma, symptoms and indications for further support; assessment of need for further support by the individual or team members (providers of tool)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Psycho-educative group briefing – stress – stress coping – critical incident – psychotrauma – post traumatic stress symptoms – peer support – psychological support
Target population	Units directly or indirectly affected by a critical incident, small or large groups Can also be applied for social environment (families, partners, etc.) of affected personnel
Administration	(How is the Tool administered?) Briefing given by a crisis intervention team (peers and/or MHPs), afterwards opportunity for individual talks to answer questions and assess the need for further support
Administration time	(Time required for completion) 30 to 60 minutes for the briefing plus one hour availability of the team for individual talks

Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Can only be administered by CISM trained and experienced crisis intervention teams
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Information – education – sensitization – self or expert assessment of need for further support
Date of first use with Military Population (if known)	About 2000
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) No – Confidential
Description of Tool	(What is the Tool for? How is it administered/analyzed?) see above
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	09/11 in New York and Washington D.C.
Published References	(List any published references to the use of the Tool including contact address for copies) ICISF – www.icisf.org
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Used by all German Armed Forces Crisis Intervention Teams; for further information contact : German Air Force Institute of Aviation Medicine Div. Aviation Psychology, P.O. Box 1264 KFL D-82242 Fuerstenfeldbruck, Germany Tel. : +49-8141-5360-2212, Fax : +49-8141-5360-2909 e-mail: FlMedInstLwAbtVI@bundeswehr.org
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) ICISF, Ellicott City, MD, USA, Tel.:001-410-750-9600, Fax: 001-410-750-9601, www.icisf.org

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Romania
Name of Tool	CP 14F
Author(s)	(Name/e-mail) V.M. Melnikov; L.T. Iampolsky (Russia)
Language	(Original or in translation) Adapted for Romania by Gheorghe Pertea
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Two kind of factors: level one factors (neuroticism, psychopathy, depression, self discipline, impulsiveness, activity, timidity, sociality, aesthetical sensibility, femininity) and level two factors – integrators – (psychical instability, a-sociality, introvertion, interpersonal sensitivity)
Target population	Military population planned to attend a mission
Administration	PC or pencil and paper form
Administration time	(Time required for completion) 25 Minutes
Policy on use (if any)	
Intent of Tool	Personality inventory
Date of first use with Military Population (if known)	1985
Sharing/comparison of Data	Yes

Description of Tool	To investigate personality structure and adaptability to a mission
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	The first version; it comes from MMPI and 16PF through factorial analysis (latent structure analyse)
Published References	*A military psychology applied to special forces units,* Gheorghe Pertea, AISM, Bucharest 2003, Romania *Vvdedenie v eksperimenatlnuiu psihologhiu licinosti,* Melnikov, V.M., Iampolski, L.T., Moscow, Prosvescenie, 1985
User contact information	Gheorghe Pertea, Romania geopertea@yahoo.com
Publisher contact information	Gheorghe Pertea, Romania geopertea@yahoo.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Coping Style Questionnaire
Author(s)	(Name/e-mail) Roger (init. version); V. Domanskaite – Gota and D. Gailiene (Lithuanian version)
Language	(Original or in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Rational Coping, Emotional Coping, Avoidance Coping, Detached Coping
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 15 – 20 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To assess stress coping style

Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self – report scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation, to create statistical characteristics
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Roger, D., Jarvis, G. and Najarian, B. (1993). Detachment and coping. The construction and validation of a new scale for measuring coping strategies. Personality and individual differences, 15, 619-626.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania zigmantas.petrauskas@mil.lt (Fax) +370 7 204602 (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Faculty of Philosophy, Vilnius University, Universiteto g. 9/1, 01513 Vilnius, (Tel) +370 5 2667606, (Tel/Fax) +370 5 2667600 danute.gailiene@fsf.vu.lt, fsf@fsf.vu.lt

Stress and Psychological Support in Modern Military Operations: Clinical Tools in Use	
Country where used	France
Name of Tool	D5D system
Author(s)	(Name/e-mail) Jean-Pierre ROLLAND and Jean-Luc MOGENET/2001
Language	(Original or in translation) French
Aim of Tool	(Consultation/Diagnostic) Aid to decision in human resources management, aid to personnel appraisal, aid to team analysis.
Status of Tool	(Endorsed [in use]/Experimental [trial]) In use
Where and when used and with which Service / Arm	(Static [non-operational units]/Operational Units [units on operations]) Pre/Mid/Post Mission Test used in the Army Selection and Orientation Centres for recruiting. Army/Before/Individual/Routine/Assessment
Constructs/dimensions involved	(What constructs/dimensions does the Clinical Tool measure? Include a brief explanation) The D5D system is a computerised modular set used to describe 5 basic personal characteristics: - Extroversion/introversion, - Ability to live with other people, - Conscientiousness, - Emotional stability, - Openness.
Target population	(Intended respondents. With what ranks has the tool been used?) When recruiting, to select: - Rank and Files, - NCOs (before they enter the Academy), - Under-contract officers.
Administration	(How is the Clinical Tool administered?) Individual computerised test
Administration time	(Time required for completion) 10 to 15 minutes

Policy on use (if any)	(Specific policies with respect to use of the Clinical Tool) There are 4 types of tests and 5 ways to interpret the profiles obtained: For recruiting: - Self-description For the aid to decision in human resources management: - Profile sought - Image perceived - Self-perception To help make a personal appraisal: - Self-description - Ideal self - Image perceived Aid to team analysis: - Analysis of team profiles - Analysis of respective perceptions Results: the various profiles can be visualised on a screen and printed, they can be compared on the screen and printed.
Intent of Tool	(What is the Clinical Tool intended to do Permits to make a comparison between a profile that is sought for a job and the profile of the applicant.
Date of first use with Military Population (if known)	2002
Sharing/comparison of Data	(Can data collected with this Clinical Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Clinical Tool for? How is it administered/analyzed?) Computerised test CD-Rom software User manual Hardcopy questionnaire for collective tests.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Test which is part of a battery of 3 tests to select the Army personnel when recruiting.
Milestones	To select the Army personnel when recruiting.
Published References	(List any published references to the use of the Clinical Tool including contact address for copies) Les Editions du Centre de Psychologie Appliquée[3] 25, rue de la Plaine – 75980 Paris Cedex 20, France Tel : +33 (0)1.40.09.62.66 E: www.ecpa.fr

[3] Publishing Centre for Applied Psychology

User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Clinical Tool) Direction du Personnel de l'Armée de Terre/Bureau Etudes-Evaluation[4] 93, Boulevard du Montparnasse 00454 Armées, France Tel :+33(1)53.71.03.19 Fax : +33(1)53.71.03.12
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Clinical Tool) See references above.

[4] Army Personnel Directorate/Studies-Assessments

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United States
Name of Tool	DD Form 2795 (PRE-DEPLOYMENT Health Assessment)
Author(s)	Health Affairs
Language	English (original)
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Pre-deployment assessment tool consisting of 8 health items completed by service member and section for health provider evaluation.
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 1) Overall health evaluation 2) Medical or dental problems 3) Medical status (profile – restricted activity) 4) Pregnant 5) 90 day supply of medication 6) Prescription glasses available 7) Mental health counselling in last year 8) Any health concerns
Target population	All deploying individuals in all branches of the military
Administration	Administered either as a paper-and-pencil instrument or via computer. Health care providers review service members' responses to items on the form and provide an assessment. In the procedure, a medical threat brief is provided, medical information sheets are provided, immunizations are reviewed, providers ensure HIV serum draw status is current (<12 months) and that a PPD screening (TB test) has been conducted.
Administration time	Approximately 5 minutes for service member to complete form. Time required for health care provider review and assessment varies depending upon pattern of responses

Policy on use (if any)	It is mandatory that the form be completed by all deploying military members. The form is administered by the members of the medical community because responses are kept as part of the service members' official medical record.
Intent of Tool	The tool is designed to be able to help health care providers evaluate service members prior to deployment.
Date of first use with Military Population (if known)	Unknown
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Data on use of the tool can be shared. Actual data cannot.
Description of Tool	(What is the Tool for? How is it administered/analyzed?) The tool is a paper-and-pencil or computer based instrument administered as part of the pre-deployment readiness assessment. No formal analyses are routinely conducted; rather, the items are examined by health care providers when evaluating service members.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Unknown
Milestones	None
Published References	See web-site described below
User contact information	http://www.dtic.mil/whs/directives/infomgt/forms/forminfo/forminfopage2346.html This web-site explains everything about the DD 2795 form. Click "Issuance" to find out about the Department of Defense Directive regarding the use of this form. The actual form is also available as a .pdf document.
Publisher contact information	http://www.ha.osd.mil/

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United States
Name of Tool	DD Form 2796 (POST-DEPLOYMENT Health Assessment)
Author(s)	Health Affairs
Language	English (original)
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Redeployment assessment tool designed to evaluate mental and physical health of soldiers in addition to documenting significant exposure incidents.
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 1) General Health 2) Vaccination and Medication History related to deployment 3) Physical Health Symptom Checklist 4) Key exposures (combat) 5) Interest in receiving help for stress 6) PHQ – based 3 item depression module 7) Four-item PTSD module 8) Conflict and anger 9) Exposures to environmental hazards (solvents, pollution, lasers, smoke, etc.) 10) Health care provider evaluation
Target population	All re-deploying individuals in all branches of the military
Administration	Administered either as a paper-and-pencil instrument or via computer. Upon reintegration, health care providers review service members' responses to items on the form and provide an assessment. In the procedure, a medical threat debriefing is conducted, and medical information sheet is provided, and blood serum is drawn to be stored in a central repository for future reference.

Administration time	Approximately 10 minutes for service member to complete form. Time required for health care provider review and assessment varies depending upon pattern of responses
Policy on use (if any)	It is mandatory that the form be completed by all redeploying military members. The form is administered by the members of the medical community because responses are kept as part of the service members' official medical record.
Intent of Tool	The tool is designed to be able to document both outcomes (mental and physical health) as well as key exposures (combat and environmental hazards) among redeploying personnel.
Date of first use with Military Population if known)	Unknown
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Data on use of the tool can be shared. Actual data cannot.
Description of Tool	The tool is a paper-and-pencil or computer based instrument administered as part of the redeployment medical assessment. No formal analyses are routinely conducted; rather, the items are examined by health care providers when evaluating service members.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation of items in tool is being conducted.
Milestones	None
Published References	None
User contact information	http://www.ha.osd.mil/
Publisher contact information	http://www.ha.osd.mil/

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Dissociative Experience Scale – DES
Author(s)	(Name/e-mail) Bernstain E.M., Putnam F.W (initial version)
Language	(Original or in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Dissociations
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 20 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To assess the level of Dissociations.

Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self – report scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation, to create statistical characteristics
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania zigmantas.petrauskas@mil.lt (Fax) +370 7 204602 (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United Kingdom
Name of Tool	Eye Movement Desensitisation and Reprocessing (EMDR)
Author(s)	(Name/e-mail) Francine Shapiro
Language	(Original or in translation) English
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) EMDR is a therapeutic tool designed to intervene with symptoms of Post Traumatic Stress Disorders especially re-experiencing symptoms.
Target population	Trauma Survivors
Administration	(How is the Tool administered?) Either manually using eye movements, finger clicks or hand taps or by alternating tones
Administration time	(Time required for completion) Variable
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) For admin by EMDR trained clinicians only
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Relieve symptoms of PTSD especially re-experiencing symptoms

Date of first use with Military Population (if known)	1996
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Used for relief of symptoms of PTSD. Administered individually by EMDR trained clinician.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	None
Milestones	Fist used in UK HM Forces in 1998
Published References	(List any published references to the use of the Tool including contact address for copies) Shapiro F (1996). Eye Movement Desensitisation and Reprocessing: Protocols and Procedures. New York: Plenum Press.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Dr JGH Hacker Hughes , Senior Lecturer, ACDMH, Institute of Psychiatry, King's College London, Weston Education Centre, Cutcombe Road, Camberwell, London SE5 9RJ, UK Tel: +44 (0)207 848 5144 Fax +44 (0)207 848 5048 Email: j.hacker-hughes@iop.kcl.ac.uk
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Dr F Shapiro EMDR Institute www.emdr.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Belgium
Name of Tool	Expectations Questionnaire It have few versions, but basically there are versions for: - Before (a questionnaire on expectations related to the international Mission) - During (a questionnaire on experiences during the international mission) - After (a questionnaire of assessment of factors' post-mission impact) X 2 : one for the military, one for the partner
Author(s)	(Name/e-mail) An iterative and group work of both Mental Readiness Advisors (psychologists) and sociologists of the Royal Military Academy
Language	(Original or in translation) French and German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Prior to the mission providing insight into how reasonable expectations are, to organize psychological preparations accordingly, including tailoring to individuals and drawing mission heads to subordinated individuals with problematic expectations. During the mission it is used as a sort of quick overview of experiences and impact of these experiences on each soldier. On the group level it is also indicator of potential critical questions in the unit. Following the mission the questionnaire enables insight into intensity of experiencing of different stressors, and in this regard, guides adjustment of support.
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed (but still iterations needed for the before and after questionnaires)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After (different versions) Individual/Group + Partner (After) Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force All Services

Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Four groups of factors critical for psychological readiness of the personnel deployed in the international mission: - The mission - The deployment - Family feelings - Intercultural (Mil-Mil and Mil-Civ relations) feelings during the mission
Target population	Every Military personnel in international missions
Administration	(How is the Tool administered?) Group administration. Paper-and-pencil only.
Administration time	(Time required for completion) Approximately up to ONE hour.
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Highly recommended Used normally as: - A part of psychological preparation and screening (before) - Assessment (individual and group) during - Psychological support (after) Feedback is provided to participant and the CO of the mission, after discussion with CO. depending on COs will, results could be discuss also with platoon and / or company commanders. It can be administered only by military psychologist.
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Prior to the mission to provide insight into how reasonable expectations are. During the mission to asses condition of unit members (and to provide some data for assessment of the unit as a group). Following the mission to provide insight into intensity of experiencing of different stressors and preparing the next mission as well on personal level, as on social level.
Date of first use with Military Population (if known)	1998 2005 new version during
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Data are classified. Procedures and contents can be shared.

Description of Tool	(What is the Tool for? How is it administered/analyzed?) The Questionnaires have 3 versions. The Questionnaires are assessing the expectations related to stressors likely to be experienced during the mission and the impact of experiences during the mission. Administered by psychologist and analyzed by sociologists (Quantitative analyze) and Mental Readiness Advisors (Qualitative analyze). We are about to make longitudinal analyzes.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Some additional items could be added. (But never deleted) Longitudinal analysis.
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Cdt Psy Vincent Musschoot ; Vincent.Musschoot@mil.be; Tel + 32 2 701 62 74 ; Fax + 32 2 701 33 85 Rue d'Evère, 1 1140 Bruxelles Belgique
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Clinical Tools in Use	
Country where used	France
Name of Tool	Moral strength (FMO)
Author(s)	(Name/e-mail) Lieutenant-Colonel EMOND and Lieutenant PIGOT/1994
Language	(Original or in translation) French
Aim of Tool	(Consultation/Diagnostic) Assess the moral strength of a basic tactical unit.
Status of Tool	(Endorsed [in use]/Experimental [trial]) In use
Where and when used and with which Service / Arm	(Static [non-operational units]/Operational Units [units on operations]) Pre/Mid/Post Mission The test can be used before, during or after a mission. Army/Before or during or after/Individual/Routine/Assessment
Constructs/dimensions measured	(What constructs/dimensions does the Clinical Tool measure? Include a brief explanation) The test allows to assess the moral strength of a unit. The morale mainly rests on the confidence placed in oneself, in the group, in the commanders, in the performance of one's equipment, etc. This tool consists in 68 questions regrouped in 8 dimensions and 23 sub-dimensions.
Target population	(Intended respondents. With what ranks has the tool been used?) All ranks
Administration	(How is the Clinical Tool administered?) Questionnaire to be filled by hand
Administration time	(Time required for completion) 30 to 40 minutes
Policy on use (if any)	(Specific policies with respect to use of the Clinical Tool) Test used by unit commanders: the results are kept at their level. It is interesting to test and re-test to see the evolution of the morale, during a mission for instance. Ensure the anonymity of personnel who reply to the questionnaire.

Intent of Tool	(What is the Clinical Tool intended to do) To assess the morale of a basic tactical unit, to evaluate the situation before the unit builds up, to detect anxiogenic and conflict situations, to measure the confidence placed in the commanders, to check its objectives in practical terms.
Date of first use with Military Population (if known)	Since 1994
Sharing/comparison of Data	(Can data collected with this Clinical Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Clinical Tool for? How is it administered/analyzed?) Individual test: questionnaire with 68 items. Computerised correction.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	The test can be used in mainland France or during a mission.
Milestones	A minimum of 25 persons is necessary to use the result software.
Published References	(List any published references to the use of the Clinical Tool including contact address for copies) Etat-major de l'armée de terre/Centre de Relations Humaines[5] 14, rue Saint-Dominique 00453 Armées, France
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Clinical Tool) Centre de Relations Humaines/Ecole Militaire Lieutenant-Colonel EMOND, Officier chargé d'Etudes, 1, Place Joffre BP 30 75007 Paris, France Tel : +33(1)44.42.49.06, Fax : +33(1)44.42.43.20
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Clinical Tool) See references above.

[5] Army Staff/Human Relations Centre

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Luxembourg
Name of Tool	FPI-R Freiburger Persönlichkeitsinventar
Author(s)	(Name/e-mail) J. Fahrenberg, R. Hampel, H. Selg
Language	(Original or in translation) German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic; Personality inventory
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed; Published first 1970; revision 2001. Test in use by Lux Army since 1997
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 1) level of life satisfaction 2) level of sociability 3) level of competitivity 4) level of inhibition 5) level of irritability 6) level of aggressivity 7) level of stress 8) level of somatic complaints 9) level of health concerns 10) level of conformity 11) extraversion vs. introversion 12) level of emotional regulation
Target population	- Volunteer soldiers / candidates for abroad mission (group / selection) - NCOs and officers (designated; group / selection)) - Volunteer soldiers returning from abroad mission (individual assessment – intervention)

Administration	(How is the Tool administered?) paper and pencil
Administration time	(Time required for completion) 20 to 30 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) - Administered to all (volunteers and designated) candidates for abroad missions (selection) - Administered by decision of clinical psychologist after return (individual / intervention)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Complete information about mental / emotional state of candidates / To assess level of self-rated symptoms in individuals
Date of first use with Military Population (if known)	1997
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) No
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Tool designed to assess level of self-rated symptoms (138 items; 12 scales) in individuals; used in a selection-procedure of candidates
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Clinical use only
Milestones	Largely used in German speaking countries for purposes of selection, counselling, assessing effects of therapy
Published References	(List any published references to the use of the Tool including contact address for copies) Fahrenberg, Hampel, Selg (1989; 1994; 2001) Hogrefe, Göttingen
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) LtCol Psy Alain Wagner (alain.wagner@cnfpc.lu)
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Hogrefe-D 37085 Göttingen / www.hogrefe.de

Stress and Psychological Support in Modern Military Operations: Clinical Tools in Use	
Country where used	France
Name of Tool	General Ability Test (GAT)
Author(s)	(Name/e-mail) Pauline SMITH and Chris WHETTON/1996
Language	(Original or in translation) French
Aim of Tool	(Consultation/Diagnosis) Assess performance, the ability to attend a training, and adaptability.
Status of Tool	(Endorsed [in use]/Experimental [trial]) In use
Where and when used and with which Service / Arm	(Static [non-operational units]/Operational Units [units on operations]) Pre/Mid/Post Mission Test used in the Army Selection and Orientation Centres for recruiting. Army/Before/Individual/Routine/Assessment
Constructs/dimensions involved	(What constructs/dimensions does the Clinical Tool measure? Include a brief explanation) Assess the ability for logical reasoning as well as the ability to understand and adapt to new situations. The test is divided into four parts: verbal, spatial, numerical and non-verbal tests.
Target population	(Intended respondents. With what ranks has the tool been used?) When recruiting, to select: - Rank and Files, - NCOs (before they enter the Academy) - under-contract officers.
Administration	(How is the Clinical Tool administered?) Individual test E-tem computerized test Autoscorable reply sheet
Administration time	(Time required for completion) - 30 minutes for each part (4) - 10 minutes for instructions - 20 minutes of work

Policy on use (if any)	(Specific policies with respect to use of the Clinical Tool) The different parts of the test can be taken all together or separately.
Intent of Tool	(What is the Clinical Tool intended to do) Orient and select the individuals who want to enlist.
Date of first use with Military Population (if known)	1998: for NCOs and officers 2002: for Rank and Files
Sharing/comparison of Data	(Can data collected with this Clinical Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Clinical Tool for? How is it administered/analyzed?) E-tem computerised test: - Test book - Instruction sheet for the administration - Autoscorable reply sheet, - Manual
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	The test is part of a battery of 3 tests aimed at selecting the Army personnel when recruiting.
Milestones	To select Army personnel when recruiting.
Published References	(List any published references to the use of the Clinical Tool including contact address for copies) Les Editions du Centre de Psychologie Appliquée[6] 25, rue de la Plaine – 75980 Paris Cedex 20, France Tel : +33 (0)1.40.09.62.66 E : www.ecpa.fr
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Clinical Tool) Direction du Personnel de l'Armée de Terre/Bureau Etudes-Evaluation[7] 93, Boulevard du Montparnasse 00454 Armées, France Tel :+33(1)53.71.03.19 Fax : +33(1)53.71.03.12
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Clinical Tool) See references above.

[6] Publishing Centre for Applied Psychology
[7] Army Personnel Directorate/Studies-Assessments

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United Kingdom
Name of Clinical Tool	The General Health Questionnaire (28-item version) GHQ 28
Author(s)	(Name/e-mail) David Goldberg
Language	(Original or in translation) English
Aim of Clinical Tool	(Consultation/Diagnostic) Self-administered screening test aimed at detecting psychological problems among respondents in community settings and non-mental health clinical settings.
Status of Clinical Tool	Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Where and when used and with which Service / Arm	(Static [non-operational units]/Operational Units [units on operations]) Pre/Mid/Post Mission Has been used with members of operational units of all three UK Armed Services pre- and post- deployment to Afghanistan, Iraq and Northern Ireland
Constructs/dimensions measured	(What constructs/dimensions does the Clinical Tool measure? Include a brief explanation) Somatic symptoms, anxiety and insomnia, social dysfunction and severe depression
Target population	(Intended respondents. With what ranks has the tool been used?) All ranks
Administration	(How is the Clinical Tool administered?) Pen and paper self-assessment
Administration time	(Time required for completion) 5 minutes
Policy on use (if any)	(Specific policies with respect to use of the Clinical Tool) Voluntary completion by individuals and Units.

Intent of Clinical Tool	(What is the Clinical Tool intended to do) Used as a Risk Assessment Tool.
Date of first use with Military Population (if known)	2001 (as a Unit Risk Assessment Tool).)
Sharing/comparison of Data	(Can data collected with this Clinical Tool be shared / compared with other nations) Yes
Description of Clinical Tool	(What is the Clinical Tool for? How is it administered/analyzed?) Pen and paper questionnaire. 28 items scaled 0,0,1,1 (GHQ method) or 0 – 4 (Likert method). Using GHQ method cut-off is 4/5
Future plans for Clinical Tool, if any (e.g. translation, factor analysis, etc.)	Plans to use it to establish military baseline levels in garrison between deployments.
Milestones	Used with 3,500 over UK personnel deployed to Afghanistan in 2002 and with c. 1000 UK Personnel deployed to Iraq in 2003
Published References	(List any published references to the use of the Clinical Tool including contact address for copies) Goldberg, D. and Williams, P. (1988). A User's Guide to the General Health Questionnaire. Windsor, UK: NFER-Nelson.
User contact information	Dr JGH Hacker Hughes , Senior Lecturer, ACDMH, Institute of Psychiatry, King's College London, Weston Education Centre, Cutcombe Road, Camberwell, London SE5 9RJ, UK Tel: +44 (0)207 848 5144 Fax +44 (0)207 848 5048 Email: j.hacker-hughes@iop.kcl.ac.uk
Publisher contact information	See References above

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Luxembourg
Name of Tool	Glazer Stress Control Lifestyle
Author(s)	
Language	German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Assess Soldiers' psychological status pre- and post-deployment.
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Evaluate stress personality type A/B or AB / 20 statements
Target population	Deploying and redeploying Army Volunteer Soldiers
Administration	Before: Soldiers complete a paper-and-pencil test assessing a list of 20 statements related to stress personality type. In the secondary screen phase Soldiers' responses are examined, and during the individual interview high scores are addressed
Administration time	15 – 20 minutes for the primary screen. Five minutes to code, and 20 – 30 minutes for follow-up interview
Policy on use (if any)	Mandatory before deployment
Intent of Tool	Identify specific stress reaction issues and link army volunteers with follow-up interview
Date of first use with Military Population (if known)	2004 (Luxembourg)

Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Clinical use; no data collection
Description of Tool	(What is the Tool for? How is it administered/analyzed?) 20 statements / scales scored 1– 7 / paper and pencil / individual lecture of total score > personality type
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	None
Published References	
User contact information	alain.wagner@cnfpc.lu
Publisher contact information	None

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Romania
Name of Tool	I-E locus of control
Author(s)	Allen & Potkey (USA), after Rutter
Language	Adapted for Romania by Gheorghe Pertea
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Locus of control – internal or external, their level
Target population	Military population planned to attend a mission
Administration	PC or pencil and paper form
Administration time	Free – almost 20 min.
Policy on use (if any)	
Intent of Tool	To investigate self-trust and the ability to deal with problems by own forces
Date of first use with Military Population (if known)	1970
Sharing/comparison of Data	Yes
Description of Tool	NCO and officers/ selection for enrolling and any kind of mission
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	

Milestones	The first version; it comes from Rutter, adapted by the two American authors
Published References	*A military psychology applied to special forces units,* Gheorghe Pertea, AISM, Bucharest, 2003 *Personality: theory, research, an applications,* Potkey, Ch., Allen, P., California, 1986
User contact information	Gheorghe Pertea, Romania geopertea@yahoo.com
Publisher contact information	Gheorghe Pertea, Romania geopertea@yahoo.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Romania
Name of Tool	IE-CT
Author(s)	Rutter
Language	Adapted for Romania by Septimiu Chelcea
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Locus of control – internal or external and their level
Target population	Military population planned to attend a mission
Administration	PC or pencil and paper form
Administration time	Free – almost 10 min.
Policy on use (if any)	
Intent of Tool	NCO and officers/ selection for enrolling and any kind of mission
Date of first use with Military Population (if known)	1994
Sharing/comparison of Data	Yes
Description of Tool	Locus of control questionnaire 25 items, 1 factor
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	

Milestones	Is a shorter version of Rutter's scale
Published References	*A military psychology applied to special forces units,* Gheorghe Pertea, AISM, Bucharest 2003, Romania *Personality and society in transition,* Chelcea, Septimiu, SST, Bucharest, 1994
User contact information	Gheorghe Pertea, Romania geopertea@yahoo.com
Publisher contact information	Gheorghe Pertea, Romania geopertea@yahoo.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Impact of Event Scale – R
Author(s)	(Name/e-mail) Weiss & Marmar (init. version)
Language	(Original or in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic and consultation
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Intrusion, Avoidance, Hyper-arousal
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 15 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To assess the impact of traumatic event

Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self – report scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation, to create statistical characteristics
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Briere, J. (1997). Psychological assessment of adult posttraumatic states. Washington D.C.: American Psychological Association. Horowitz, M., Wilner, M., and Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. Psychosomatic Medicine, 41, 209 – 218. Weiss, D. and Marmar, C. (1997). The Impact of Event Scale – Revised. In J. Wilson and T. Keane (Eds), Assessing psychological trauma and PTSD. New York: Guilford.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania kkmc_psi@kam.kam.lt, (Fax) +370 7 204602, (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Romania
Name of Tool	IG
Author(s)	Azzopardi Gilles (Belgian psychologist)
Language	Adapted for Romania by Gheorghe Pertea
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	G-factor de-composed in nonverbal dimension and verbal dimension
Target population	Military population planned to attend a mission
Administration	PC or pencil and paper form
Administration time	Free – almost 30 min.
Policy on use (if any)	
Intent of Tool	To investigate the ability to resolve nonverbal and verbal problems
Date of first use with Military Population (if known)	1989
Sharing/comparison of Data	Yes
Description of Tool	40 items, 3 factors; 4 tests
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	

Milestones	The first version
Published References	*A military psychology applied to special forces units,* Gheorghe Pertea, AISM, Bucharest 2003, Romania *Mesurez votre Q.I.,* Azzopardi, Gilles, Marabout, Belgique, 1989
User contact information	Gheorghe Pertea, Romania geopertea@yahoo.com
Publisher contact information	Gheorghe Pertea, Romania geopertea@yahoo.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Belgium
Name of Tool **This is: EQ BIRA (before)** **This is EQ DIRA (during)** **This is ImpQ AIRA (after)**	Questionnaire It has few versions, but basically there are versions for: - Before (a questionnaire on expectations related to the international mission) - During (a questionnaire on experiences during the international mission) - After (a questionnaire of assessment of factors' post-mission impact) X 2 : one for the military, one for the partner
Author(s)	(Name/e-mail) An iterative and group work of both Mental Readiness Advisors (psychologists) and sociologists of the Royal Military Academy
Language	(Original or in translation) French and German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Prior to the mission providing insight into how reasonable expectations are, to organize psychological preparations accordingly, including tailoring to individuals and drawing mission heads to subordinated individuals with problematic expectations. During the mission it is used as a sort of quick overview of experiences and impact of these experiences on each soldier. On the group level it is also indicator of potential critical questions in the unit. Following the mission the questionnaire enables insight into intensity of experiencing of different Stressors, and in this regard, guides adjustment of support.
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed (but still iterations needed for the before and after questionnaires)
Where and when used and with which Service / Arm	(Please underline one or more in each group Before/During/After (different versions) Individual / Group – Partner (After) Routine / Crisis Assessment / Intervention / Education Navy Marines Army * Air Force * All Services

Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Four groups of factors critical for psychological readiness of the personnel deployed in the international mission: - The mission - The deployment - Family feelings - Intercultural (Mil-Mil and Mil-Civ relations) feelings during the mission
Target population	Every Military personnel in international missions
Administration	(How is the Tool administered?) Group administration. Paper-and-pencil only.
Administration time	(Time required for completion) Approximately up to one hour.
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Highly recommended Used normally as: - A part of psychological preparation and screening (before) - Assessment (individual and group) during - Psychological support (after) Feedback is provided to participant and the CO of the mission, after discussion with CO. depending on COs will, results could be discuss also with platoon and / or Company Commanders. It can be administered only by military psychologist.
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Prior to the mission to provide insight into how reasonable expectations are. During the mission to asses condition of unit members (and to provide some data for assessment of the unit as a group). Following the mission to provide insight into intensity of experiencing of different Stressors and preparing the next mission as well on personal level, as on social level.
Date of first use with Military Population (if known)	1998 2005 new version during
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Data are classified. Procedures and contents can be shared.

Description of Tool	(What is the Tool for? How is it administered/analyzed?) The Questionnaires have 3 versions. The Questionnaires are assessing the expectations related to Stressors likely to be experienced during the mission and the impact of experiences during the mission. Administered by psychologist and analyzed by sociologists (Quantitative analyze) and Mental Readiness Advisors (Qualitative analyze). We are about to make longitudinal analyzes.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Some additional items could be added. (But never deleted) Longitudinal analysis.
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Cdt Psy Vincent Musschoot; Vincent.Musschoot@mil.be; Tel + 32 2 701 62 74; Fax + 32 2 701 33 85 Rue d'Evère, 1 1140 Bruxelles Belgique
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Luxembourg
Name of Tool	IPC Scales: Locus of Control IPC – Fragebogen zu Kontrollüberzeugungen
Author(s)	(Name/e-mail) Levenson IPC Scales G. Krampen (German edition)
Language	(Original or in translation) English / German edition in use
Aim of Tool	(Consultation/Diagnostic) Personality diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed; Published first 1981. Test in use by Lux Army since 2000
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) - Belief in personal control (Internal locus of control) - Belief in powerful others (External locus of control) - Belief in chance or fate
Target population	Operational Units; Pre Mission / selection
Administration	(How is the Clinical Tool administered?) paper and pencil
Administration time	(Time required for completion) 15 to 20 minutes
Policy on use (if any)	(Specific policies with respect to use of the Clinical Tool) Administered to all (volunteers and designated) candidates for abroad missions
Intent of Tool	(What is the Clinical Tool intended to do) Measure beliefs about the operation of the three dimensions of control

Date of first use with Military Population (if known)	2000
Sharing/comparison of Data	No
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Tool designed to assess level of belief (36 items; 3 scales) in locus of control of individuals; test is used in a selection-procedure of candidates
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Clinical use
Milestones	Used for purposes of selection and counselling.
Published References	(List any published references to the use of the Clinical Tool including contact address for copies) G. Krampen (1981) Hogrefe, Göttingen
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Clinical Tool) LtCol Psy Alain Wagner (alain.wagner@cnfpc.lu)
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Clinical Tool) Hogrefe – D 37085 Göttingen / www.hogrefe.de

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Job Related Affective Well-Being Scale (JAWS)
Author(s)	(Name/e-mail) Van Katwyk, Fox, Spector and Kelloway, 2000
Language	(in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Job related affective well – being
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 10 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do?) To investigate affective responses to work stressors
Date of first use with Military Population (if known)	2004

Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self – report scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Van Katwyk, Fox, Spector and Kelloway (2000). Using the Job – related Affective Well – being Scale (JAWS) to investigate affective responses to work stressors. Journal of Occupational Health Psychology, 5, 219 – 230.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania zigmantas.petrauskas@mil.lt, (Fax) +370 7 204602, (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) MAJ Carl A. Castro, Medical Research Unit Nachrichten Kaserne Karlsruher Strasse 144 69126 Heidelberg, Germany (Tel) +49-(0)6221-172626 (Fax) +49-(0)6221-173170 carl.castro@hbg.amedd.army.mil

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	USA
Name of Tool	Mental Health Advisory Team (MHAT)
Author(s)	Office of the US Army Surgeon General
Language	English
Aim of Tool	(Assessment / Intervention / Education)
Status of Tool	Implemented since 2003 and chartered by the US Army Surgeon General.
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Constructs include: Mental health symptom areas including post-traumatic stress, depression, etc. Stigma associated with seeking mental health care Barriers to Care
Target population	Military personnel on deployment in Iraq (and possibly Afghanistan) Health care providers on deployment in Iraq
Administration	The MHAT, a multi-disciplinary team of health care providers, has used several different methods of data collection, including surveys, focus groups, interviews and review of medical records. The surveillance-based surveys are administered at the group level in units located across the area of operations. The surveys are completed anonymously.
Administration time	The MHATs are typically deployed for about a month. The surveys themselves vary in length but typically take 30 to 45 minutes to complete.
Policy on use (if any)	
Intent of Tool	To provide rapid feedback to operational leaders on the mental health and well-being of military personnel deployed to Iraq as well as issues related to access to mental health care.
Date of first use with Military Population (if known)	2003

Sharing/comparison of Data	
Description of Tool	The tools have varied depending on the MHAT.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	http://www.armvmedicine.armv.mil/news/mhat/mhat.cftn See web-site for complete MHAT I report. http://www.armvmedicine.armv.mil/news/mhat ii/mhat.cfm See web-site for complete MHAT II report.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool)
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Clinical Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	MMPI-2
Author(s)	(Name/e-mail) Hathaway, S.R., McKinley, J.C.(init. version) Netík, K. (Czech version)
Language	(Original or in translation) Czech translation
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Multi-Phasic Personality Inventory
Target population	All ranks
Administration	(How is the Tool administered?) Computer
Administration time	(Time required for completion) 60 – 90 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Personality inventory

Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Personality inventory, administrated by pen and paper, analyzed by computer
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	First edition 1940, 1943, MMPI-2 Czech revision, Testcentrum, 2003
Published References	(List any published references to the use of the Tool including contact address for copies) Svoboda M.: Psychodiagnostika dospělých, Portál, Praha 2003, Czech Republic Testcentrum srov.r.o.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool). Testcentrum s.r.o., www.testcentrum.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2 BICA / BICI – AICA / AICI LU MMPI-2	
Country where used	Luxembourg
Name of Tool	MMPI-2
Author(s)	(Name/e-mail) S.R. Hathaway und J.C. McKinley / German edition: R. Engel
Language	(Original or in translation) German Edition
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Multi-Phasic Personality Inventory
Target population	All ranks
Administration	(How is the Tool administered?) Paper and pencil
Administration time	(Time required for completion) 60 – 90 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Personality inventory

Date of first use with Military Population (if known)	2005
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Personality inventory, administrated by pen and paper, analyzed by computer
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	First edition 1940, 1943, MMPI-2 Testcentrum Hogrefe, 2003
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) alain.wagner@cnfpc.lu
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Testcentrum s.r.o., www.testzentrale.de

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	SCL-90, MMPI-2
Author(s)	(Name/e-mail) *
Language	Translated in Dutch
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) *
Target population	All ranks
Administration	(How is the Tool administered?) paper and pencil
Administration time	(Time required for completion) *
Policy on use (if any)	Used on a voluntary basis, administered by clinical psychologist
Intent of Tool	Diagnostic, screening
Date of first use with Military Population (if known)	
Sharing/comparison of Data	No
Description of Tool	(What is the Tool for? How is it administered/analyzed?) *

Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) *
User contact information	Lkol P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) *

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	Mississippi Scale for Combat – Related PTSD
Author(s)	(Name/e-mail) Keane, T.M.; Caddell, J.M.; Taylor, K.K. (1988)
Language	(Original or in translation) English, French (translation)
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Instrument for PTSD symptom screening / severity
Status of Tool	(Endorsed [in use]/ Experimental [trial]) In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) PTSD symptoms and associated features
Target population	
Administration	(How is the Tool administered?) Paper and pencil
Administration time	(Time required for completion) 10 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) None
Intent of Tool	(What is the Tool intended to do? As much information as possible please.)

Date of first use with Military Population (if known)	1992 for the Canadian Forces
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Not at present
Description of Tool	A 35 item Likkert type scale measuring symptoms and associated features of PTSD.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Keane, T.M. et al (1988) Journal of Consulting and Clinical Psychology, 56, 85-90
User contact information	Munson.P@Forces.gc.ca
Publisher contact information	National Centre for PTSD www.ncptsd.org

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Croatia
Name of Tool	MVO (Croatian acronym for "International Military Operations") It have few versions, but basically there are versions for: - Before (a questionnaire on expectations related to the international mission) - During (a questionnaire on experiences during the international mission) - After (a questionnaire of assessment of factors' post-mission impact) In previous templates this questionnaire was presented under name IM and IM1. IM is version for "before", IM1 is version for "after", and in meantime we developed version "during" and at the very beginning of June 2004 we used this version for the first time (in ISAF mission in Kabul, Afghanistan)
Author(s)	(Name/e-mail) Tomislav Filjak
Language	(Original or in translation) Croatian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Prior to the mission providing insight into how reasonable expectations are, to organize psychological preparations accordingly, including tailoring to individuals and drawing mission heads to subordinated individuals with problematic expectations. During the mission it is used as a sort of quick overview of experiences and impact of these experiences on each soldier. On the group level it is also indicator of potential critical questions in the unit. Following the mission the questionnaire enables insight into intensity of experiencing of different stressors, and in this regard, guides adjustment of support.
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After (different versions) Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force All Services

Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Three groups of factors critical for psychological readiness of the personnel deployed in the international (UN) mission: - Goals of the mission, - The form of deployment, - Deployment conditions.
Target population	Military personnel in international missions, mainly military observers, but members of the units also. All ranks.
Administration	(How is the Tool administered?) Group administration. Paper-and-pencil only.
Administration time	(Time required for completion) Approximately up to 15 minutes.
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Obligatory. Used normally as: - A part of psychological preparation before - Assessment (individual and group) during and - Psychological support, after the mission. Feedback is provided only to participant of the mission. Exceptionally to responsible persons (commanders, psychologists). It can be administered only by military psychologist.
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Prior to the mission to provide insight into how reasonable expectations are. During the mission to asses condition of unit members (and to provide some data for assessment of the unit as a group). Following the mission to provide insight into intensity of experiencing of different stressors.
Date of first use with Military Population (if known)	2000 – versions “before” and “after”. 2004 (June) – version “during”.
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Data are classified. Data on group level can be compared with other nations, under some conditions. Psychometrical indicators can be published.

Description of Tool	(What is the Tool for? How is it administered/analyzed?) The Questionnaires have 3 versions. Each version contains 48 statements of comparable content. Each statement has version "before", "during" and "after". First version of the Questionnaire assessing the expectations related to stressors likely to be experienced during the mission, second indicate experiences and impact of experiences during the mission and the third assessing actual stressors experienced. Administered and analyzed by psychologist responsible for psychological preparation before mission, unit (or other responsible) psychologist during the mission and psychologist responsible for psychological support after the mission.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Some additional items could be added. It serves as a basis for some self-evaluating questionnaires.
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Filjak, T., Zelić, A., Pavlina, Ž. (2001). *A Framework Of Psychological Preparation And Survey Of Psychological Condition Of Croatian Participants In Un Missions*. Proceedings of the 37th International Applied Military Psychology Symposium. Prague, Czech Republic. 21st – 25th May 2001
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Ministry of Defence of the Republic of Croatia Personnel Department Section for Military Psychology Stančićeva 6 10 000 Zagreb Croatia tel: + 385 1 45 68 902 fax: + 385 1 45 67 570 e-mail: tomislav.filjak@morh.hr
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Same as user.

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	Novaco Anger Scale and Provocation Inventory (NAS-PI)
Author(s)	(Name/e-mail) Raymond W. Novaco, Ph.D
Language	(Original or in translation) English/French
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial]) The NAS-PI will be used this summer (2004) as part of the Beta testing for the new workshop. It has already been normed across a varied population sample and has strong test retest reliability and construct validity.
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Has good reliability across many different samples. Internal reliability of .94 for NAS and .95 for PI total score. For NAS subscales reliability ranged from .76 to .89. Validity work have shown substantial correlations in expected directions with scores on other measures of anger and hostility. i.e. STAXI, Beck depression Inventory, Mississippi PTSD Scale, Mississippi Scale Anger/Aggression Index (Novaco 2003)
Target population	In the Canadian Forces, this instrument will be used on a non-violent population that will be targeted as part of the primary prevention mandate of our Health Promotion initiatives.
Administration	(How is the Tool administered?) The NAS-PI is administered in a group during the initial pre-orientation session.
Administration time	(Time required for completion) 15 Minutes

Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) The scores are confidential for use as program efficacy evaluation only. Only the Provocation Inventory is used as an educational tool during the workshop and participants interpret their own score. If participants want to have the tool interpreted, a qualified Psychologist can only do this.
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) This tool is administered at the beginning and end of a Psycho-educational eight-session workshop in Anger Management oriented at a non-violent population. Potential exists to administer the tool at the six month post workshop point to evaluate if the skills gained in the workshop are maintained over time.
Date of first use with Military Population (if known)	Used with Vietnam Veterans in mid to late 90s (N114) and again in the early 2000 (123 combat veterans) who suffered from PTSD.
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) With permission of the author and National Manager for Strengthening the Forces, which operates under the auspices of DCOS Force Health Protection.
Description of Tool	(What is the Tool for? How is it administered/analyzed?) The NAS-PI is based on the theoretical frame work of the Cognitive Behavioral model. The four subscales of NAS are based on dimensions of the model; they are Cognitive, Anger arousal, Behavior and Anger Regulation. PI measures the intensity of anger. It is a self scoring instrument where participants add up scores which are located in various subscales. The interpretations are made of the scores which are converted to T scores for comparison with normative population.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Both English and a French translated version of NAS-PI are being used by Corrections Canada. This instrument will be used in every Anger Management workshop that will be delivered by Health Promotion personnel across the CF once they receive training in how to deliver the workshop.
Milestones	- Beta testing of workshop- July to Sept 2004 - Facilitator training of Health Promotion personnel Nov 2004 - Delivery of Anger Management workshop across the CF to begin in Jan 2005.

Published References	(List any published references to the use of the Tool including contact address for copies) - Novaco W. "The Novaco Anger Scale and Provocation Inventory" Manual , 2003. - Novaco, R.W. and Chemtob, C.M. (2002). Anger and combat-related posttraumatic stress disorder. Journal of Traumatic Stress, 15, 123-132. - Chemtob, C.M., Novaco, R.W., Hamada, R.S., Gross, D.M. (1997). Cognitive-behavioral treatment of severe anger in posttraumatic stress disorder. Journal of Consulting and Clinical Psychology, 65, 184-189.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Major Miguel Bourassa MSW, CD1 Social Wellness Advisor, DCOS Force Health Protection Canadian Forces, Health Services Headquarters 1745 Alta Vista Dr. Ottawa, Ontario K1A 0K6, Canada
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) - Western Psychological Services, 12031 Wilshire Blvd. Los Angeles, CA 90025-1251, USA - www.wpspublishing.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	NPV (Nederlandse Persoonlijkheids Vragenlijst)
Author(s)	(Name/e-mail) F. Luteyn, J. Starren, H. van Dijk
Language	Dutch
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) During individual consultation
Status of Tool	Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	The NPV measures seven general personality traits: Neuroticism; Social introversion; Rigidity; Irritability; Self complacency; Dominance; Self esteem.
Target population	All ranks
Administration	(How is the Tool administered?) paper and pencil
Administration time	(Time required for completion) 20 min
Policy on use (if any)	Used on a voluntary basis, administered by clinical psychologist
Intent of Tool	Diagnostic, screening. Assessment of clinically relevant symptoms and personality traits
Date of first use with Military Population (if known)	

Sharing/comparison of Data	No
Description of Tool	See above. Used as part of a flexible composed test battery. Analysis with norm scores derived from the general population
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	Manual (available through publisher)
User contact information	Lkol P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	Harcourt Test Publisher Businesscenter 'De Witte Zwaan' Haven 3a 2161 KS Lisse Tel: +31(0) 252435900 Fax: +31(0) 252435901

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	NQ-S
Author(s)	(Name/e-mail) Brichcín, M.
Language	(Original or in translation) Czech
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Regulation of Cognitive processes, decision-making under the time stress
Target population	All ranks
Administration	(How is the Tool administered?) Computer
Administration time	(Time required for completion) 35 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To assess regulation of cognitive processes, vigilance distribution, time stress management

Date of first use with Military Population (if known)	2000 – Pilot study
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) This searching task test assess regulation of cognitive processes under the time stress, administered and analyzed by computer
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	Experimental use since 70s, pilot study 2000, Published in 2002, used for Bosnia, Afghanistan and Iraq deployments
Published References	(List any published references to the use of the Tool including contact address for copies) NQ-S Manual, Testcentrum, Praha 2002, Czech Republic
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Testcentrum s.r.o., www.testcentrum.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	NVM (Nederlandse Verkorte MMPI) condensed version of MMPI
Author(s)	(Name/e-mail) F. Luteyn, A.R. Kok
Language	Dutch
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) During individual consultation
Status of Tool	Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	The NVM measures five traits/states: Neuroticism; Social introversion; Somatization; Psychiatric symptoms; Extraversion.
Target population	All ranks
Administration	(How is the Tool administered?) paper and pencil
Administration time	(Time required for completion) 15 min.
Policy on use (if any)	Used on a voluntary basis, administered by clinical psychologist
Intent of Tool	Diagnostic, screening. Assessment of clinically relevant symptoms and personality traits
Date of first use with Military Population (if known)	
Sharing/comparison of Data	No
Description of Tool	See above. Used as part of a flexible composed test battery. Analysis with norm scores derived from the general population

Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	Manual (available through publisher)
User contact information	Lkol P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	Harcourt Test Publisher Businesscenter 'De Witte Zwaan' Haven 3a 2161 KS Lisse Tel: +31(0) 252435900, Fax: +31(0) 252435901

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	France (Army)
Name of Tool	Measuring Instrument of Unit Morale (in French, O2MF)
Author(s)	Center of Human relationship (French Army Staff)
Language	French
Aim of Tool	- To regularly inform the command about the evolution of moral, - To make available statistical information on the moral of a unit, - To allow to the Regiment commander to have a quantified balance sheet of contentment and concerns of the unit he commands.
Status of Tool	In use
Where and when used and with which Service / Arm	Each year, a half of the Army Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	- The first contacts with the organism of assignment (prior information, selection, reception and taken care). - The military training of the personnel (initial training, further training and preparation for exams). - The work performed in main job (interest, utility, clearness of tasks, responsibilities). - Working conditions (organization, working rhythm, means, enrolments, friendliness). - The loads of the everyday life (internal service and of security, additional activities). - The material conditions of life (accommodation, environment, feeding, equipment, various material opportunities, sells off and remuneration). - Relations with the comrades and the subordinates (climate, mutual aid, cohesion). - Relations with the superiors (information, possibilities of expression, understanding, mutual respect, consideration). - The possibilities of relaxation (means of the garrison, unit, home, clubs, sports, permissions). - Social welfare system. - The operational capacity of units (preparation of the personnel, equipments, effectiveness of units, education, training).

	- The integration of the servicemen in the society (opinion of the civilians, behaviour of the servicemen, opening of the army, public relations). - Inherent obligations in the military state (regulations, availability, mobility, specificity of the system of presentation). - The course of career of the personnel (choice of units, allocations, jobs, notation, progress). - The possibilities of reconversion in civil life (measures of assistance, validation of acquired competences, human experience).
Target population	Army forces, whether officers, NCO, soldiers or civilians
Administration	Paper-and-pencil
Administration time	Approximately 30 minutes
Policy on use (if any)	This regularly updated tool solicits a half of the army every year, by alternation
Intent of Tool	Providing the command with a updated view of the state of moral of the Army and of its evolution
Date of first use with Military Population (if known)	2001
Sharing/comparison of Data	By agreement with the Chief of the army Staff, these data are not shared
Description of Tool	It is a tailored questionnaire aimed at representing a direct consultation of a sample of all categories of military and civil populations. It corresponds to a biannual "photography" of the moral of the Army. It is about a very simple probing tool to be implemented, which is addressed to approximately a quarter of the personnel of a unit (representing all categories), indicated by drawing lots and joined together, for this purpose, during half an hour. It consists of a questionnaire gathering the dimensions of moral ; the participants will first have to allocate a note of satisfaction in each of the dimensions, then classify them according to the importance they grant to them.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	Etat-major de l'armée de terre/Centre de Relations Humaines[8] 14, rue Saint-Dominique 00453 Armées, France

[8] Army Staff/ Center of Human Relationship

User contact information	Centre de Relations Humaines/Ecole Militaire 1 Place Joffre 75007 Paris, France Tel : +33(1)44.42.49.94, Fax : +33(1)44.42.43.20 crh.emat@emat.terre.defense.gouv.fr
Publisher contact information	See references above.

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	OTIS (Otis Quick-scoring mental ability test)
Author(s)	(Name/e-mail) Otis, A.S.
Language	(Original or in translation) Czech translation
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Intelligence test, verbal
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper, Computer
Administration time	(Time required for completion) 9 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Intelligence test, verbal

Date of first use with Military Population (if known)	
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Intelligence test, verbal tasks, administered and analyzed by pen and paper or computer
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	1945 First edition, 1954 Revision
Published References	(List any published references to the use of the Tool including contact address for copies) New Edition, Tarrtown-on-Hudson, N.Y.: Word Book C, 1954.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Austria
Name of Tool	Psychological After-Deployment Questionnaire
Author(s)	Military Psychological Service of the AAF Psychological Section of the Austrian International Peace Support Command
Language	German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 1) motivation for PSO 2) attitudes of family, friends and comrades towards the assignment 3) pre-mission training phase 4) attitude toward and dealing with danger 5) living and working conditions in the mission area 6) leadership stile of commanders 7) social relationships 8) motivation and readiness for action 9) leisure-time activities 10) apprehensions and future prospects
Target population	All redeploying Soldiers before End of Mission.
Administration	According to the psychological preparation for his return each soldier has to fill in the questionnaire concerning his experiences and opinions about his deployment. The questionnaire is passed to the soldiers by a military psychologist in the mission area approx. 1 week before rotation
Administration time	Approx. 45 min. for questionnaire and 15 min. for psychological information

Policy on use (if any)	Results should gain information for the Austrian MOD and the Austrian International Peace Support Command to improve all phases of PSO. Especially the assessment of the whole contingent concerning the commanding officer is given as a feedback to him personally.
Intent of Tool	As an anonymous opinion poll the questionnaire should gain a lot of information about all phases of deployment, from the recruitment and selection, the pre-mission training, the life and daily duty during the deployment, up to the future prospects of the soldiers. It also includes a subjective assessment of the commanding officer by all his soldiers.
Date of first use with Military Population (if known)	Since Summer 1996
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Because of strict confidentiality of commanders-assessment so far not possible
Description of Tool	Paper-pencil questionnaire, which is analyzed computer-aided. Part of the psychological preparation of homecoming soldiers before leaving mission- area. After filling in the questionnaire the participants are informed of the psychological aspects and possible problems of homecoming. A psychological information sheet is provided.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Questionnaire is revised periodically. The results of this survey are an important instrument for evaluating the lessons learned of each mission as well as of psychological selection, training and care-giving
Milestones	None
Published References	None
User contact information	
Publisher contact information	

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Denmark
Name of Tool	Psychological aftercare questionnaire
Author(s)	Several
Language	Danish
Aim of Tool	(Assessment / Intervention / Education
Status of Tool	In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Potential traumatic events during the mission. Accumulative stress events during the mission (cooperative problems, daily problems). Experiences with homecoming program. Potential traumatic events after the mission. After-effects of the mission, measured with a Danish PTSD questionnaire.
Target population	All military personnel.
Administration	Paper and pencil. The questionnaire is sent to the home address.
Administration time	Approx. 25. min.
Policy on use (if any)	Participation by personnel is on a voluntary basis (respond percentage approx. 70%).
Intent of Tool	The main purpose is to offer aftercare to (former) servicemen and women end their home front. The second purpose is gathering information on severity and after-effects of a mission on a group level.
Date of first use with Military Population (if known)	1997

Sharing/comparison of Data	Any request for anonymous data will be considered by Institute of Military Psychology.
Description of Tool	A diagnostic questionnaire used to identify servicemen and women with problems resulting from experiences of a mission. Data are manually entered at the database CARE; and if the measurement with the Danish version of the Impact of Event Scale shows after-effects the respondent is contacted.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	The psychological aftercare questionnaire is under evaluation. A partly tailored questionnaire for every mission is under consideration as well as a questionnaire for the home front.
Milestones	1997 – Development of initial version and pilot study. 1998 – The questionnaire is sent to all army personnel that have been on a mission. 2003 – See future plans for instruments.
Published References	No international reports.
User contact information	Royal Danish Defence College, Institute of Military Psychology Psychologist, MA AnnKaren Christensen, imp-22@fak.dk
Publisher contact information	See user contact information

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	Psychological aftercare questionnaire
Author(s)	Dr. A. Schimmel (initial version) Dr. A. Zijlmans, Dr. A. Flach (revised version)
Language	Dutch
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Individual screening and consultation, group monitoring, evaluation of health relevant aspects of a mission. It is used as a clinical and as a research instrument.
Status of Tool	Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Important life events and preparation before the mission. Potential traumatic events and need for and experience with counselling during the mission. Important life events, satisfaction with debriefing, and after-effects of the mission, especially mental health (focus on PTSS) after the mission. PTSS was originally measured with the ZIL, a Dutch PTSD questionnaire. Since 2003 PTSS is measured with the Dutch version of the Impact of Event Scale (22 items including measurement of increased arousal)
Target population	Military personnel and a member of their home front. The air force doesn't use the version for the home front. The navy doesn't always include personnel sent abroad on ships. Only recently the 2 month version was sent to participants of the operation Enduring Freedom.
Administration	Paper-and-pencil. Questionnaires are sent to the home address.
Administration time	Approximately 20 minutes. 15 minutes for the home front version.

Policy on use (if any)	Use is mandatory for each branch. Participation by personnel and home front is on a voluntary basis. A psychologist screens every returned questionnaire. For army, air force, and military police the psychologist calls a respondent on request or when he thinks this is necessary, in order to establish the need for help. For the navy the call is left to a medical doctor.
Intent of Tool	The main purpose of the questionnaire is to offer (after)care to (former) servicemen and women, and their home front, as a reaching out policy. The secondary purpose is the gathering of information on severity and after-effects of a mission on a group level.
Date of first use with Military Population(if known)	1996
Sharing/comparison of Data	Each request for (anonymous) data will be decided for by the sponsor(s).
Description of Tool	In an active, personal approach, personnel who have been deployed are sent an 'aftercare questionnaire', approximately 6 to 9 months following their return. The home front of the servicemen or women also receives a questionnaire. The approach is based on research and the experiences of therapists that identified soldiers with problems resulting from experiences of a mission. Withdrawal from social contacts, misunderstanding and denial that they have any problem led to psychological problems in which the soldier will not get in touch with a therapist, on their own initiative. It was decided to send a questionnaire to the participants of a mission some time after their return. The idea is that transitional problems due to the mission abroad will have disappeared after 6 months.
Future plans for Clinical Tool, if any (e.g. translation, factor analysis, etc.)	The psychological aftercare questionnaire is in the process of being upgraded with the Health Monitoring Instrument (a medical questionnaire). First results indicate that a significant proportion of the respondents with problems, have a combination of physical and psychological symptoms.
Milestones	1993: Development of initial version. 1994/1995: Pilot study. 1996: The questionnaire is sent to all personnel that has been on a mission after 1990, and from then on to all personnel 9 month after a mission. 1997: Major revision resulting among others in a separate version for the home front 2003: See future plans

Published References	Internal documents and reports (in Dutch) Translated report: Wilgenburg T. and Alkemade N.D. (1996) *Aftercare.* Internal army report by the Behavioral Sciences Division and the Department of Psychological an Psychotherapeutic Support
User contact information	- Afdeling Individuele Hulpverlening (Division of Ambulant Psychotherapy) Dr. A. Zijlmans Aih@army.dnet.mindef.nl - Afdeling Gedragswetenschappen (Behavioural Sciences Division) LtCol Dr. P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	See researcher contact information

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	PTSD Checklist – Civilian Version (PCL-C)
Author(s)	(Name/e-mail) Weathers, F.M.; Litz, B.T.; Herman, D.S.; Huskay, J.A. and Keane, T.M.
Language	(Original or in translation) English, French (internal translation)
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Symptom Screening
Status of Tool	(Endorsed [in use]/ Experimental [trial]) In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Covers DSM – IV PTSD diagnostic criteria B. C. and D.
Target population	All service members returning from a deployment lasting 60 days or more.
Administration	(How is the Tool administered?) In an individual or group setting
Administration time	(Time required for completion) 5 – 10 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) None – clinician selected
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Identify presence of symptoms associated with PTSD

Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Potentially
Description of Tool	(What is the Tool for? How is it administered/analyzed?)
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	Mark A. Zamorski Head, Deployment Health Section Canadian Forces Health Services Group Headquarters 1745 Alta Vista Dr. Ottawa, Ontario K1A 0K6, Canada +1 (613) 945-6992 (voice) +1 (613) 945-6745 (fax) zamorski.ma@forces.gc.ca
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) www.NCPTSD.ORG

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	PTSD Checklist – Military (PCL-M)
Author(s)	(Name/e-mail) Weathers, F.M.; Litz, B.T.; Herman, D.S.; Huskay, J.A. and Keane, T.M.
Language	(Original or in translation) English
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Symptom Screening
Status of Tool	(Endorsed [in use]/ Experimental [trial]) In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Covers DSM – IV PTSD diagnostic criteria B. C. and D.
Target population	
Administration	(How is the Tool administered?)
Administration time	(Time required for completion) 5 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) None – Clinician selected
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Identify presence of symptoms associated with PTSD

Date of first use with Military Population (if known)	
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) No data available
Description of Tool	(What is the Tool for? How is it administered/analyzed?)
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool)
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) www.NCPTSD.ORG

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Personality characteristics test – 219
Author(s)	(Name/e-mail) Antanas Gostautas, Vytautas Magnus University, Psychological Diagnostics Centre
Language	(Original or in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic – Measuring not adaptive personality characteristics
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed (since 2003)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) MMPI-type scales (10) (219 statements)
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 30 to 45 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions/ restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Obligatory. Used normally as a part of psychological screening before the missions.

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To evaluate personal characteristics and to decide about individual's fitness for a mission
Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared/compared with other nations) Individual records are staff-in-confidence and cannot be shared. Data derived from statistical analysis of individual's scores in terms of an anonymous whole can be shared, following permission from the Commander of Military Medical Service
Description of Tool	(What is the Tool for? How is it administered/analyzed?) To decide whether an individual fits for a mission. This clinical tool is used together with clinical interview.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	It is still not adapted to all categories (e.g. women). It is planned to do it in the future.
Milestones	Used with deployments to Bosnia, Kosovo, Afghanistan and Iraq.
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania kkmc_psi@kam.kam.lt, (Fax) +370 7 204602, (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Psychological Diagnostics Centre, Vytautas Magnus University, Donelaicio 52, LT – 44244, Kaunas, Lithuania Fax and Tel +370 7 328724

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	Psychological debriefing
Author(s)	Several
Language	Dutch
Aim of Tool	(Assessment / Intervention / Education
Status of Tool	In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Subjects: - Any incidents - Mid term leave - Family support - Pre mission preparation - Homecoming - Psycho education on what to expect after returning
Target population	All ranks
Administration	Individual
Administration time	45 minutes
Policy on use (if any)	On a compulsory basis at the end of a mission by a clinical psychologist
Intent of Tool	Prevention, psycho education, diagnostic
Date of first use with Military Population (if known)	
Sharing/comparison of Data	No

Description of Tool	Giving advice based on diagnostic impression, and referral on a voluntary basis if indicated
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	This instrument is currently under revision
Milestones	
Published References	Several
User contact information	Lkol P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	Not published

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	France (Army)
Name of Tool	Psychological Debriefing After Serious Event
Author(s)	Center of Human Relationship (French Army Staff)
Language	French
Aim of Tool	To work through a potential traumatic event
Status of Tool	In use
Where and when used and with which Service / Arm	Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Considered as known
Target population	Army forces, whether officers, NCOs, soldiers or civilians
Administration	Individual (one-on-one) or group sessions led by 2 MHPs
Administration time	30 mn for individual ; 1 to 2 hours for group
Policy on use (if any)	Only to be used after potential traumatization and by Mental Health Professionals (MHPs)
Intent of Tool	*Reduction of the impact of a traumatic event* *Acceleration of normal recovery process* Stabilization and / or reduction of symptoms of stress Identification of persons in need of higher level of care Maintenance of psychological fitness of soldiers Restoration of functional capacity
Date of first use with Military Population (if known)	2004
Sharing/comparison of Data	By agreement with the Chief of the army Staff, these data are not shared
Description of Tool	Single intervention of the Psychological Support Cell : no therapeutic follow-up but referral to psychiatrists if needed

	Psychological Debriefing (small group and individual, after 1 to 15 days) Crisis Management Briefing (large groups) Family Support
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	Etat-major de l'armée de terre/Centre de Relations Humaines[9] 14, rue Saint-Dominique 00453 Armées, France
User contact information	Centre de Relations Humaines/Ecole Militaire 1 Place Joffre 75007 Paris, France Tel : +33(1)44.42.49.94, Fax : +33(1)44.42.43.20 crh.emat@emat.terre.defense.gouv.fr
Publisher contact information	See references above.

[9] Army Staff/ Center of Human Relationship

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Germany
Name of Tool	Psychological Pre-Deployment Education and Training
Author(s)	(Name/e-mail) German Armed Forces Office – Dept. Military Psychology
Language	(Original or in translation) German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Preventive psycho-education for units/personnel to be deployed
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) - Deployment specific stress before, during and after deployment - Stress management - Intercultural aspects - Basic psychotraumatology - Post-deployment and post-traumatic stress symptoms - Psychological self- and buddy-aid - Availability of professional support and how to get it
Target population	All military and civilian personnel scheduled for deployment
Administration	(How is the Tool administered?) Taught by military psychologist
Administration time	(Time required for completion) 4 to 6 hours
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Taught by military psychologist with additional training in Critical Incident Stress Management (CISM) and psychotraumatology

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) - To enable personnel to recognize stress symptoms in themselves and their buddies during and after deployment as early as possible - To improve their self and buddy assessment skills - To improve their stress management skills
Date of first use with Military Population (if known)	Mid 90's
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) No data available
Description of Tool	(What is the Tool for? How is it administered/analyzed?) see above
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Bernd Willkomm
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) German Armed Forces Office, Dept. of Military Psychology

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Germany
Name of Tool	Post Deployment Seminar
Author(s)	N/A
Language	German
Aim of Tool	Assessment / Intervention / Education
Status of Tool	Endorsed [in use]
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Deployment and post-deployment stress and reactions Mitigation
Target population	All personnel after returning from deployment
Administration	2-day meeting at location outside of base, for expl. Recreation center, guided group discussions, individual talks, etc.
Administration time	Two days, four to six weeks after returning from deployment
Policy on use (if any)	Participation mandatory
Intent of Tool	Mitigation Identification of personnel in need of further support
Date of first use with Military Population (if known)	2003 (before that Reintegration Seminars on voluntary basis were offered)
Sharing/comparison of Data	N/A
Description of Tool	Two-day meeting off base with guided group discussions, individual talks Leader: specially trained NCO / young officer; assisted by social worker, chaplain, psychologist

Future plans for Tool, if any (e.g. transl., evaluation, validation, etc.)	N/A
Milestones	
Published References	
User contact information	Streitkraefteamt Gruppe Wehrpsychologie Robert-Schumann-Platz 3 53175 Bonn / Germany Phone: +49 – (0)228 – 43320 Fax: +49 – (0)228 – 43320 – 417
Publisher contact information	c/o: Streitkraefteamt Gruppe Wehrpsychologie Robert-Schumann-Platz 3 53175 Bonn / Germany Phone: +49 – (0)228 – 43320 Fax: +49 – (0)228 – 43320 – 417

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	PRIME-MD Patient Health Questionnaire (PHQ) [Abbreviated] Questions on reproductive health, alcohol abuse, and disordered eating have been omitted. Three additional questions on symptoms of cognitive dysfunction from the Chalder Fatigue Scale (see references below) were added to the physical symptom screen
Author(s)	(Name/e-mail) See references below.
Language	(Original or in translation) English, French (internal translation)
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Screening for somatic symptoms, perceived cognitive dysfunction, depression, suicidal ideation, panic disorder, generalized anxiety, psychosocial stressors, and abuse.
Status of Tool	(Endorsed [in use]/ Experimental [trial]) In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Physical symptoms, mental health
Target population	All service members returning from a deployment lasting 60 days or more.
Administration	(How is the Tool administered?) In an individual or group setting
Administration time	(Time required for completion) 5 – 10 minutes

Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) None – clinician selected
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Identify members with physical symptoms; screening for mental illness.
Date of first use with Military Population (if known)	2002
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Potentially
Description of Tool	(What is the Tool for? How is it administered/analyzed?)
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Will likely be changing to more abridged version in the future.
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	Mark A. Zamorski Head, Deployment Health Section Canadian Forces Health Services Group Headquarters 1745 Alta Vista Dr. Ottawa, Ontario K1A 0K6, Canada +1 (613) 945-6992 (voice) +1 (613) 945-6745 (fax) zamorski.ma@forces.gc.ca
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) www.pfizer.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Peacekeeping Incidents and Experiences Scale (PIES)
Author(s)	(Name/e-mail) Adler, Dolan and Castro (initial version)
Language	(Original or in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) To provide an objective measure of a level of Combat stress Experiences.
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Peacekeeping patrol, threat to self, and body handling/ physical devastation
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 10 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To assess the level of Experienced Combat related stressful events.

Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self – report scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation, to create statistical characteristics
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Adler, A.B., Dolan, C.A. and Castro, C.A. (in press). U.S. soldier peacekeeping experiences and wellbeing after returning from deployment to Kosovo. Proceedings of the 36th International Applied Military psychology Symposium, Split Croatia; Adler, A.B., Dolan, C.A. and Castro, C.A., Bienvenu, R.B. and Huffman, A.H. (2000). U.S Soldier Study III: Kosovo Post-Deployment. USAMRU-E Technical Brief # 00-04. Heidelberg, Germany: U.S. Army Medical Research Unit – Europe.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania zigmantas.petrauskas@mil.lt, (Fax) +370 7 204602, (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) MAJ Carl A. Castro, Medical Research Unit Nachrichten Kaserne Karlsruher Strasse 144 69126 Heidelberg, Germany (Tel) +49-(0)6221-172626 (Fax) +49-(0)6221-173170 carl.castro@hbg.amedd.army.mil

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Austria
Name of Tool	Psychological Leadership – Training for Commanders
Author(s)	Training Division A of the AAF Psychology Section of the Austrian International Peace Support Command
Language	German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 1) Leadership problems 2) Psychological aspects of the mission area 3) Deployment stress 4) Potential stress reactions 5) Measures of stress management before, during and after critical incidents 6) Dealing with injury, mutilation and death 7) Expectancies and apprehensions concerning the integration phase in the mission area 8) Characteristics required of a leader.
Target population	All commanding officers and NCOs of a PSO-contingent are trained at the beginning of their pre-deployment training
Administration	The military leaders of one contingent (battalion, unit, platoon) are trained by a group of officers with special leadership-training and by a military psychologist over three days.
Administration time	Approx. 25 Lessons

Policy on use (if any)	Commanders should be made sensitive to the specific psychological and leadership problems which may occur during their mission. Furthermore the seminar should support the team-building process of the leaders within and between the units as well as the battalion.
Intent of Tool	To give the commanding officers and NCOs skills and methods to handle difficult situations and critical incidents during their deployment successfully. Tool should improve the leadership stile of commanding officers and NCOs during their deployment and make them aware of the necessity of a humane and thoughtful treatment of their subordinates.
Date of first use with Military Population (if known)	Since November 1998
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Sharing is possible
Description of Tool	By means of group tasks, discussions, instructions, video films and video recordings the participants are confronted with the specific leadership problems and psychological aspects of PSO.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	None
Published References	None
User contact information	
Publisher contact information	

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Test of Intelligence (PP – 77)
Author(s)	(Name/e-mail) Antanas Gostautas, Vytautas Magnus University, Psychological Diagnostics Centre
Language	(Original or in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic – Measuring intellectual level of individuals
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed (since 2003)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Intelligence (verbal and non – verbal)
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 30 to 90 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Obligatory. Used normally as a part of psychological screening before the missions.

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To evaluate individual's level of intellect (only those are going for a mission whose level of logical thinking is average or higher).
Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Individual records are staff-in-confidence and cannot be shared. Data derived from statistical analysis of individual's scores in terms of an anonymous whole can be shared, following permission from the Commander of Military Medical Service
Description of Tool	(What is the Tool for? How is it administered/analyzed?) To decide whether an individual fits for a mission. This clinical tool is used together with clinical interview.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	It is still not adapted to all categories (e.g. women). It is planned to do it in the future.
Milestones	Used with all deployments.
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania zigmantas.petrauskas@mil.lt, (Fax) +370 7 204602, (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Psychological Diagnostics Centre, Vytautas Magnus University, Donelaicio 52, LT – 44244, Kaunas, Lithuania Fax and Tel +370 7 328724

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Austria
Name of Tool	Psychological Pre-Mission Training for Troops of PSO
Author(s)	Psychology Section of the Austrian International Peace Support Command
Language	German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) - Psychological aspects of PSO for soldiers and their relatives at home - Psychological care and support for family at home - Deployment stress - Potential stress reactions - Individual measures of stress management - Stress management before, during and after critical incidents
Target population	All soldiers of a PSO-contingent are educated in their pre-deployment training
Administration	The soldiers of one contingent (battalion, unit, platoon) are educated by a military psychologist in 4 lessons
Administration time	Approx. 3 – 4 lessons
Policy on use (if any)	Soldiers are made sensitive to the specific psychological aspects and problems which may occur during their mission.
Intent of Tool	To give all soldiers skills and methods to handle critical incidents during their deployment successfully.

Date of first use with Military Population (if known)	Since Spring 1997
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Sharing is possible
Description of Tool	By means of instructions, discussion, current foto materials from the mission area and video films the participants are confronted with the specific problems and psychological aspects of PSO. At end of lesson each participant gets a three-part psychological information including current addresses and phone numbers of support: 1) One booklet concerning the psychological aspects of PSO for a soldier; 2) One booklet concerning the specific problems arising for the loved ones at home; and 3) A leaflet regarding critical incidents and appropriate stress management techniques.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	None
Published References	None
User contact information	
Publisher contact information	

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United States
Name of Tool	Psychological Screening
Author(s)	US Army Medical Research Unit – Europe
Language	English
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Assess Soldiers' psychological status pre- and post-deployment.
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) The psychological screening program assesses five key constructs: 1) Depression 2) Traumatic Stress / PTSD 3) Anger problems 4) Relationship problems 5) Alcohol problems
Target population	Deploying and redeploying Army Soldiers
Administration	The program is two phase process. In the primary screen phase, Soldiers complete a paper-and-pencil survey assessing the five dimensions listed above. In the secondary screen phase Soldiers' responses are examined, and those exceeding criteria are provided a structured secondary interview. Based on this secondary interview Soldiers are assessed as being either (a) no follow-up necessary, (b) sub-clinical but not in need of additional follow-up, (c) standard referral to mental health, and (d) immediate referral to mental health. This latter group includes individuals with suicide ideation or intent to harm others. To reduce the stigma of asking Soldiers to undergo a secondary screen, we have implemented a policy of randomly selecting some Soldiers who screen negative. The random selection procedure is announced in the initial brief.

Administration time	20 minutes for the primary screen. Five minutes to code, and 20 – 30 minutes for secondary screens.
Policy on use (if any)	Non-mandatory, command driven.
Intent of Tool	Identify specific mental health issues and link service members with mental health care.
Date of first use with Military Population (if known)	1996
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Procedure and instruments can be shared.
Description of Tool	(What is the Tool for? How is it administered/analyzed?) The primary screen currently uses the Zung for depression. The Post-traumatic stress checklist (PCL) developed by Weathers et al (1993) for PTSD; the CAGE for alcohol. Relationship problems and anger problems are assessed using scales developed by the US Army Medical Research Unit – Europe. Weathers, F.W., Litz, B.T., Herman, D.S., Huska, J.A. and Keane, T.M. (1993). The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility. Paper presented at the annual meeting of the International Society for Traumatic Stress Studies, San Antonio.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	1) Continue the analysis of blind validation studies of the primary screen. 2) Investigate the role of post-deployment timing (immediate or 90 – 120 day) 3) Investigate the psychometric properties of scales and attempt to develop a shorter primary screen 4) Contrast the factor structure of pre and post deployment screens
Milestones	None
Published References	Adler, A.B., Wright, K.M., Huffman, A.H., Thomas, J.L. and Castro, C.A. (2002). Deployment cycle effects on the psychological screening of soldiers. *U.S. Army Medical Department Journal, 4/5/6*, pp. 31-37. Martinez, J.A., Huffman, A.H., Adler, A.B. and Castro, C.A. (2000). Assessing psychological readiness in U.S. soldiers following NATO operations. *International Review of the Armed Forces Medical Services, 73*, 139-142.

Published References (cont'd)	Wright, K.M., Huffman, A.H., Adler, A.B. and Castro, C.A. (2002, October). *Psychological screening program overview. Military Medicine, 167*, 853-861. Wright, K.M., Thomas, J.L., Adler, A.B., Ness, J.W., Hoge, C.W. and Castro, C.A. (in press). *Psychological screening procedures for deploying U.S. Forces*. Military Medicine.
User contact information	Paul.bliese@us.army.mil; Kathleen.wright@hbg.army.mil; amy.adler@hbg.amedd.army.mil
Publisher contact information	None

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Austria
Name of Tool	Psychological selection procedure for the deployment **in PSO** of the Austrian Armed Forces
Author(s)	Military Psychology Service of AAF Psychology Department of the University of Vienna
Language	German
Aim of Tool	Selection of candidates for PSO
Status of Tool	Endorsed [in use]
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 1) Basic and verbal intelligence (including its social dimension) 2) Accuracy and concentration (neutral and under stress) 3) Stress resistance (particularly tendencies towards aggression and anxiety) 4) Ability for social integration (especially teamwork and motivation)
Target population	All candidates for deployment in PSO of the Austrian Armed Forces
Administration	Phase in lecture-room (tests and questionnaires) and in shelter (endurance, stability and cooperation while mental fatigue) and finally psychological exploration
Administration time	ca. 20 hours
Policy on use (if any)	
Intent of Tool	Minimize avoidable endangering for oneself and others during deployment
Date of first use with Military Population (if known)	Since 1992

Sharing/comparison of Data	Personal data cannot be shared
Description of Tool	Test-Battery of computer-analyzed paper /pencil tests, measuring abstract and verbal intelligence, live event inventories, personality inventories, projective tests, tests measuring work performance and concentration, testing under variable stress, a procedure based on group dynamic processes under variable stress (“Shelter-test”), behaviour monitoring and a psychological interview
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation and evaluation every two years
Milestones	None
Published References	None
User contact information	
Publisher contact information	

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Luxembourg
Name of Tool	Psychological Screening Psy Short Screen
Author(s)	US Army Medical Research Unit – Europe / translation ServMéd Armée Luxembourg
Language	Luxembourgish
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Assess Soldiers' psychological status pre- and post-deployment.
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) The psychological screening program assesses five key constructs: 1) Depression 2) Traumatic Stress / PTSD 3) Anger problems 4) Relationship problems 5) Alcohol problems
Target population	Deploying and redeploying Army Volunteer Soldiers
Administration	Before: Soldiers complete a paper-and-pencil survey assessing the five dimensions listed above. In the secondary screen phase Soldiers' responses are examined, and during the individual interview exceeding criteria may be discussed and assessed. After: Soldiers complete a paper-and-pencil survey assessing the five dimensions listed above. In the secondary screen phase Soldiers' responses are examined are assessed and for those with exceeding criteria a follow-up will be proposed.
Administration time	10 – 15 minutes for the primary screen. Five minutes to code, and 20 – 30 minutes for follow-up interview

Policy on use (if any)	Mandatory before and after deployment
Intent of Tool	Identify specific mental health and stress reaction issues and link service members with follow-up and mental health care. Identify changes in mental health and stress responses before/after deployment
Date of first use with Military Population (if known)	2004 (Luxembourg)
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Clinical use; no data collection
Description of Tool	(What is the Tool for? How is it administered/analyzed?) see V2 Psychological Screening / US Army Medical Research Unit – Europe
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	None
Published References	See V2 Psychological Screening / US Army Medical Research Unit – Europe
User contact information	Luxembourg : alain.wagner@cnfpc.lu; Paul.bliese@us.army.mil; Kathleen.wright@hbg.army.mil; amy.adler@hbg.amedd.army.mil
Publisher contact information	None

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country of Origin	Spain
Name of Tool	Psychosocial Survey
Author(s)	Army Health Service Directorate – Psychology Section
Language	Spanish
Aim of Tool	(Assessment/Intervention/Education – Please, underline one and give details) Getting knowledge of several aspects of the troops, such as personal data, family and social characteristics.
Status of Tool	(Endorsed –[in use]/Experimental [trial] – Please underline one)
Where and when used and which Service/Arm:	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Army Navy Marines Air Force The survey is administered sometimes (not on an ongoing basis) during the concentration phase before deployment.
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 1) Personal data 2) Education background 3) Job-related information 4) Family information 5) Leisure time information 6) Alcohol / drug use 7) Psychological / psychiatric background
Target population	Army soldiers before deployed to peace keeping/enforcement operations.
Administration	Paper-and-pencil group administration
Administration time	Around 30 minutes
Policy on use (if any)	This survey is administered to soldiers at commander's discretion during the pre-deployment stage. It is not mandatory.

Intent of Tool	Providing the command with a comprehensive knowledge of force's relevant psychosocial characteristics. This may help predict adaptability to the mission and, once there, to improve adaptation.
Date of first use with military population (if known)	1993
Sharing/comparison of data	(Can data on the use of this tool be shared /compared with other nations?) A report is provided to the Army Health Service Directorate – Psychology Section.
Description of Tool	The questionnaire consists of 44 items, most of them closed questions clustered into the above mentioned dimensions.
Future plans for Tool, if any (e.g., translation, evaluation, validation, etc.)	The survey is open to improvements
Milestones	
Published References	The survey has been build by the Army Health Service Directorate – Psychology Section, bearing in mind the specific characteristics of the target population.
User contact information	Capt. J. Delgado Army Health Service Directorate – Psychology Section +34 91 516 0200 x 4471
Publisher contact information	Same as in the above cell

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Germany
Name of Tool	PTSS 10 (Post Traumatic Syndrome Scale)
Author(s)	(Name/e-mail) Raphael, R., Lundin, T., Weisaeth, L.
Language	(Original or in translation) German translation by Schueffel, W., Schade, B.
Aim of Tool	(Consultation/Diagnostic) Screening (Diagn.)
Status of Tool	(Endorsed [in use]/Experimental [trial]) Endorsed since 1996
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/<u>After</u> <u>Individual</u>/Group <u>Routine</u>/Crisis <u>Assessment</u>/Intervention/Education <u>Navy</u> Marines <u>Army</u> <u>Air Force</u>
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Post Traumatic Stress Reactions
Target population	All services / every soldier after returning from deployments
Administration	(How is the Tool administered?) All services / every soldier during mandatory medical exam after returning from deployments
Administration time	(Time required for completion) 10 minutes
Policy on use (if any)	(Specific policies with respect to use of the Clinical Tool) mandatory
Intent of Tool	(What is the Clinical Tool intended to do) To identify soldiers who need further exam. / care
Date of first use with Military Population (if known)	Since 1996

Sharing/comparison of Data	(Can data collected with this Clinical Tool be shared / compared with other nations) After completion and evaluation by the unit surgeon anonymised, collected and evaluated at the German Armed Forces Central Medical Office
Description of Tool	(What is the Clinical Tool for? How is it administered/analyzed?) 10 symptom-oriented questions to be answered on a scale from 0 to 6 (from “never” to “always”)
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	N/A
Milestones	N/A
Published References	(List any published references to the use of the Clinical Tool including contact address for copies) N/A
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country’s main military user of the Clinical Tool) Bundesministerium der Verteidigung Surgeon General / I 1 Postfach 1328 D-53003 Bonn / Germany Tel. +49-228-1200
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Clinical Tool) Prof. W. Schueffel Zentrum fuer innere Medizin Dept. Psychosomatik Baldingerstr. D-35033 Marburg / Germany Tel: +49-6421-284012

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country of Origin	Spain
Name of Tool	Questionnaire of Adaptability – ADAPTACIÓN 6C
Author(s)	Army Health Service Directorate – Psychology Section
Language	Spanish
Aim of Tool	(Assessment/Intervention/Education. Please, underline one and give details). Assessment of psychological fitness for peace keeping/enforcement missions.
Status of Tool	(Endorsed –[in use]/Experimental [trial] – Please underline one)
Where and when used and which Service/Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Army Navy Marines Air Force The Questionnaire is administered during the concentration phase before deployment.
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 300 items measuring the following personality traits 1) Depression 2) Neuroticism 3) Psychopathy 4) Psychoticism 5) Sociability Plus a 6th factor measuring Motivational Distortion Answers are given in terms of True/False
Target population	Army service members -including Unit Commander, officers, NCOs and soldiers – before deployed to peace keeping/enforcement missions.
Administration	Group, paper-and-pencil administration
Administration time	Variable. One hour as average
Policy on use (if any)	Mandatory, according to a provision by the Army Personnel Command. The questionnaire is used as a screening (negative selection). The very few individuals exceeding cut-off scores (0,01% of subjects yielding

	extreme scores in one scale or 0,1% in two of more scales) are sent to the Psychiatric Service in the Military Hospital where a decision is made about drop-out from the mission (most people pass the interview).Therefore, few people are screened. While deployed, according to the psychologist's view, some individuals scoring around cut-offs may be called to an interview and/or subject to additional tests. This will orient the psychologist about the need of a follow-up and/or a psychological support of the individual.
Intent of Tool	Screening before deployment individuals who are very likely to be unfit for the mission.
Date of first use with Military Population (if known)	1997 (after two years of experimental stage)
Sharing/comparison of data	(Can data on the use of this tool be shared /compared with other nations?) Information is rated confidential and filed by the Army Health Services Psychology Section. This information is provided to the Psychological Support Team – psychologists deployed to the mission, and to the Unit Commander.
Description of Tool	As above mentioned, the questionnaire consists of 300 items, grouped into 6 scales – 50 items per scale. The questionnaire of adaptability is an MMPI-like instrument. Because of the nature of this kind of missions, people are normally willing to join and hence will try to distort positively their image. The Motivational Distortion Scale is expected to detect to some extent this distortion.
Future plans for Tool, if any (e.g., translation, evaluation, validation, etc.)	Because of the above-mentioned tendency to answer distortion by respondents, it is recommended that information be supplemented with other information coming from additional sources such as interview, biodata and the like.
Milestones	None
Published References	Army Health Service Directorate – Psychology Section item bank.
User contact information	Capt. J. Delgado Army Health Service Directorate – Psychology Section +34 91 516 0200 x 4471
Publisher contact information	Same as in the above cell

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country of Origin	Spain
Name of Tool	Questionnaire of Morale
Author(s)	Army Psychology Unit
Sponsoring Service	Army Personnel Command
Aim of Tool	Getting a thorough and accurate knowledge of the deployed forces state of morale and associated factors. By and large, in this setting morale could by defined as the group mood state towards the achievement of their goals and tasks. Morale is strongly influenced at a first instance by the extent to which biological and psychological are met -the latter including the provision of information, the perception of a goal and of a defined role, etc. Only when these basic needs are met other needs will arise that will also have to be fulfilled.
Status of Tool	Endorsed (in use)
Where and when used and which Service/Arm	It can be administered at any time during the mission at commander's request. Administered to a significant sample of the total force. It may be applied to different samples of people within a same mission.
Constructs/dimensions measured	A total of 36 Likert-type items measuring the following dimensions: overall assessment of the mission, assessment of daily activities, peer relationships, quality of living, trust towards command, mood or emotional state and support attained. There are some longer versions.
Target population	Army Forces sent to peace keeping/enforcement missions, whether officers, NCO or soldiers.
Administration	Paper-and-pencil.
Administration time	10 minutes as average time
Policy on use (if any)	Normally it is administered in most missions although always at commander's discretion. As said above, it can be administered to several samples during the same deployment. Sometimes, at commander's discretion, the Social Climate Scales by Moos and Trickett (Spanish adaptation by TEA Ediciones, 1984) is administered instead of the Questionnaire of Morale.
Intent of Tool	Providing the command with a comprehensive view of the state of moral of the force.

Date of first use with Military Population (if known)	1997
Sharing/comparison of data	A report, including the data, is delivered to the Army Psychology Unit. The former is also provided to the Army Personnel Command.
Description of Tool	The Questionnaire of Morale is a tailored questionnaire aimed, as said, at surveying the state of moral of the forced deployed. It may provide the officers with a view of the "mood" of the forces, therefore allowing subsequent intervention if needed.
Future plans for Tool, if any (e.g., translation, evaluation, validation, etc.)	An experimental Questionnaire of Morale is under way, a collaboration of the Command of Doctrine, the University of Granada and the Army Psychology Unit. This questionnaire is very likely to replace the current in use.
Milestones	
References to use	The survey has been build by the Army Psychology Unit, tailored to the specific needs of the forces that are deployed. The main source of the questionnaire is the CEPU (Spanish adaptation of the Questionnaire of Psychological Evaluation of Units)
Researcher contact information	Capt. D. Palenzuela Army Psychology Unit – Research Department +34 91 516 2000 [?]
Sponsor contact information	See researcher contact information

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	RL (Regular onsite Lectures)
Author(s)	(Name/e-mail) Klose, J., Král, P. (Psychology Dpt., In-House document)
Language	(Original or in translation) Czech original
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Lectures on Mental Health, Stress Strategies, Stress Signs, ASR, PTSD.
Target population	All ranks
Administration	(How is the Tool administered?) Regular onsite Lectures given by a Psychologists
Administration time	(Time required for completion) 45 minutes each
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Education
Date of first use with Military Population (if known)	2001

Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations)
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Regular onsite Lectures are used to educate soldiers.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	2001
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool). ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 169 02, Czech Republic Jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	France (Army)
Name of Tool	Report on moral (in French, RSM)
Author(s)	Human relations Center (French Army Staff)
Language	French
Aim of Tool	- To regularly inform the command about the evolution of moral, - To make available statistical information on the moral of a unit, - To allow to the Regiment commander to have a quantified balance sheet of contentment and concerns of the unit he commands.
Status of Tool	In use
Where and when used and with which Service / Arm	Each year, a half of the Army Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	- The first contacts with the organism of assignment (prior information, selection, reception and taken care). - The military training of the personnel (initial training, further training and preparation for exams). - The work performed in main job (interest, utility, clearness of tasks, responsibilities). - Working conditions (organization, working rhythm, means, enrolments, friendliness). - The loads of the everyday life (internal service and of security, additional activities). - The material conditions of life (accommodation, environment, feeding, equipment, various material opportunities, sells off and remuneration). - Relations with the comrades and the subordinates (climate, mutual aid, cohesion). - Relations with the superiors (information, possibilities of expression, understanding, mutual respect, consideration). - The possibilities of relaxation (means of the garrison, unit, home, clubs, sports, permissions). - Social welfare system. - The operational capacity of units (preparation of the personnel, equipments, effectiveness of units, education, training).

	- The integration of the servicemen in the society (opinion of the civilians, behaviour of the servicemen, opening of the army, public relations). - Inherent obligations in the military state (regulations, availability, mobility, specificity of the system of presentation). - The course of career of the personnel (choice of units, allocations, jobs, notation, progress). - The possibilities of reconversion in civil life (measures of assistance, validation of acquired competences, human experience).
Target population	Army forces, whether officers, NCO, soldiers or civilians
Administration	Paper-and-pencil
Administration time	Approximately 30 minutes
Policy on use (if any)	This regularly updated tool solicits a half of the army every year, by alternation
Intent of Tool	Providing the command with a updated view of the state of moral of the Army and of its evolution
Date of first use with Military Population (if known)	2001
Sharing/comparison of Data	By agreement with the Chief of the army Staff, these data are not shared
Description of Tool	It is a tailored questionnaire aimed at representing a direct consultation of a sample of all categories of military and civil populations. It corresponds to a biannual "photography" of the moral of the Army. It is about a very simple probing tool to be implemented, which is addressed to approximately a quarter of the personnel of a unit (representing all categories), indicated by drawing lots and joined together, for this purpose, during half an hour. It consists of a questionnaire gathering the dimensions of moral; the participants will first have to allocate a note of satisfaction in each of the dimensions, then classify them according to the importance they grant to them.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	Etat-major de l'armée de terre/Centre de Relations Humaines[10] 14, rue Saint-Dominique 00453 Armées, France

[10] Army Staff/Human Relations Centre

User contact information	Centre de Relations Humaines/Ecole Militaire 1 Place Joffre 75007 Paris, France Tel : +33(1)44.42.49.94 Fax : +33(1)44.42.43.20 crh.emat@emat.terre.defense.gouv.fr
Publisher contact information	See references above.

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	Relaxation training
Author(s)	Several
Language	Dutch
Aim of Tool	(Assessment / Intervention / Education
Status of Tool	In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Progressive relaxation: based on the Jacobson method, muscle orientated. Auto suggestive relaxation, based on autogenic training of Schutz, cognitive orientated
Target population	All ranks
Administration	Individual
Administration time	30 – 60 minutes, as long as necessary
Policy on use (if any)	On a voluntary basis. First with help of clinical psychologist, then client can do it him/herself
Intent of Tool	Decreasing symptoms of stress, through relaxation
Date of first use with Military Population (if known)	
Sharing/comparison of Data	No
Description of Tool	Giving the client a tool so that he can relax better on his own

Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	Many, but not on use in military
User contact information	Lkol P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	Several

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	SCL-90
Author(s)	(Name/e-mail) Derogatis, Lipman, covi (init. Version) Bolelouck‡ (Czech version)
Language	(Original or in translation) Czech translation
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Personality and Character Inventory Self-report scale Somatisation, Obsessive-Compulsive Disorder, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobia, Paranoia, Psychoticism
Target population	All ranks
Administration	(How is the Tool administered?) Computer, Pen and Paper
Administration time	(Time required for completion) 20 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To asses level of symptom distress
Date of first use with Military Population (if known)	1997
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self report Scale, pen and paper and computer distribution and analysis
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	1982 – SDI, BSI published 1989 – In Czech Republic, Boleloucký et al. 1993 – Baštecký et al.
Published References	(List any published references to the use of the Tool including contact address for copies) Baštecký et al.: Psychosomatická medicína, Praha, 1993
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	SCL – 90 - R
Author(s)	(Name/e-mail) Derogatis, Lipman, Covi (init. Version)
Language	(Original or in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic and consultation
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Self – report scale Somatisation, Obsessive – Compulsive Disorder, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobia, Paranoia, Psychoticism
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 20 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To assess the level of Psychopathological symptoms
Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self – report scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation, to create statistical characteristics
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Derogatis, L.R., Rickels, K., Rock, A. (1976). The SCL-90 and the MMPI: A step in the validation of a new self-report scale. British Journal of Psychiatry, 128, 280-289.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania zigmantas.petrauskas@mil.lt, (Fax) +370 7 204602, (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country of Origin	Spain
Name of Tool	Social Climate Scales. Spanish adaptation by TEA Ediciones, Madrid, 1984
Author(s)	R.H. Moos and E.J. Trickett
Language	Spanish
Aim of Tool	(Assessment/Intervention/Education. Please, underline one and give details) Evaluation of social climate -including socio/environmental characteristics and relationships in the workplace. This tool is a good complement of the Morale Questionnaire.
Status of Tool	(Endorsed –[in use]/Experimental [trial] – Please underline one)
Where and when used and which Service /Arm:	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Army Navy Marines Air Force The scales are administered to samples of the soldiers deployed in peacekeeping operations.
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Ten sub-scales clustered around three main dimensions: 1) Relationships (Involvement, Cohesion and Support); 2) Self-realization (Autonomy, Organization and Pressure); and 3) Stability/Change (Clarity, Control, Innovation and Comfort).
Target population	Army Forces sent to peace keeping/enforcement missions, whether officers, NCO or soldiers.
Administration	Paper-and-pencil. Group or individual administration
Administration time	Around 20 minutes
Policy on use	Normally the scales are administered in some missions although always at commander's discretion. As said above, it can be administered to several samples during the same deployment. Sometimes this is the Tool of choice, instead of the Questionnaire of Morale.

Intent of Tool	Providing the command with a comprehensive view of the social climate within the force.
Date of first use with military population (if known)	The scales are used since 1994 with personnel deployed
Sharing /comparison of data	A report about results is delivered to the Army Health Service Directorate – Psychology Section.
Description of Tool	90 items in a Yes/No answer format, covering the following characteristics: Involvement measures the extent to which workers care about their job and devote to it. Cohesion means the mutual help and kindness among employees Support implies the help and courage provided by managers in order to build an appropriate social climate in the workplace. Autonomy: extent to which employees are encouraged to become self-sufficient and make their own decisions. Organization: the existence of planning, efficiency and achievement of job. Pressure: to what extent urgency or pressure prevails in the workplace. Clarity: extent to which employees know what they are supposed to do and how they are informed about rules and plans. Control: how managers use norms and pressures to check employees. Innovation: the extent to which variety, change and fresh approaches are encouraged. Comfort: the way physical environment helps create a pleasant atmosphere in the workplace.
Future plans for Tool, if any (e.g., translation, evaluation, validation, etc.)	
Milestones	None
Published References	See Information Leaflet
User contact information	Capt. J. Delgado Army Health Service Directorate – Psychology Section +34 91 516 0200 x 4471
Publisher contact information	TEA Ediciones. Fray Bernardino Sahagún s/n, Madrid.

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Lithuania
Name of Tool	Self Efficacy Scale
Author(s)	(Name/e-mail) Jones, G. R. (1986)
Language	(in translation) Lithuanian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic – Measuring self efficacy
Status of Tool	(Endorsed [in use]/ Experimental]) Experimental (trial)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Self efficacy
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 5 minutes in average
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do?.) To assess the level of self efficacy
Date of first use with Military Population (if known)	2004

Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self – report scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Validation
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Jones, G. R. (1986). Socialization tactics, self-efficacy and newcomers' adjustments to organizations. Academy of Management Journal, 29, 262-279.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) The Laboratory of Psychological Testing, Military Medical Service, Vytauto pr. 49, LT-44331, Kaunas, Lithuania zigmantas.petrauskas@mil.lt, (Fax) +370 7 204602, (Tel) +370 7 423583
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) MAJ Carl A. Castro, Medical Research Unit Nachrichten Kaserne Karlsruher Strasse 144 69126 Heidelberg, Germany (Tel) +49-(0)6221-172626 (Fax) +49-(0)6221-173170 carl.castro@hbg.amedd.army.mil

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	SF-36 Health Survey
Author(s)	(Name/e-mail) See references below.
Language	(Original or in translation) English, French (supplier's translation)
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Symptom Screening
Status of Tool	(Endorsed [in use]/ Experimental [trial]) In use
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) General Physical and Mental Health Status
Target population	All service members returning from a deployment lasting 60 days or more.
Administration	(How is the Tool administered?) In an individual or group setting
Administration time	(Time required for completion) 5 – 10 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) None – clinician selected
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Population health surveillance; identify members with impaired health

Date of first use with Military Population (if known)	2002
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Potentially
Description of Tool	(What is the Tool for? How is it administered/analyzed?)
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Will likely be changing to SF-12 in the near future to lessen respondent burden.
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	Mark A. Zamorski Head, Deployment Health Section Canadian Forces Health Services Group Headquarters 1745 Alta Vista Dr. Ottawa, Ontario K1A 0K6, Canada +1 (613) 945-6992 (voice) +1 (613) 945-6745 (fax) zamorski.ma@forces.gc.ca
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) www.qualitymetric.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Romania
Name of Tool	SIR
Author(s)	W. Bernard and I. Leopold
Language	Adapted for Romania by Mircea Toma
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	One factor – the resistance of the logical reasoning under pressure
Target population	Special Military population planned to attend a mission
Administration	Pencil and paper form
Administration time	Free – almost 5min.
Policy on use (if any)	
Intent of Tool	To investigate the ability to resolve logical problems
Date of first use with Military Population (if known)	1988
Sharing/comparison of Data	Yes
Description of Tool	One factor, 19 items
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	

Milestones	The first version
Published References	*A military psychology applied to special forces units,* Gheorghe Pertea, AISM, Bucharest, 2003 *Test yourself,* W. Bernard and I. Leopold, California, 1987
User contact information	Gheorghe Pertea, Romania geopertea@yahoo.com
Publisher contact information	Gheorghe Pertea, Romania geopertea@yahoo.com

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	Process Evaluation for Applied Suicide Intervention Skills Training (ASIST)
Author(s)	(Name/e-mail) Living Works Education, Calgary
Language	(Original or in translation) English, in process of being translated into French, translated into Norwegian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) To capture feedback from participants and facilitators of ASIST workshop
Status of Tool	(Endorsed [in use]/ Experimental [trial]) In use but not considered a research tool.
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/<u>After</u> Individual/<u>Group</u> Routine/Crisis Assessment/Intervention/Education <u>Navy</u> Marines <u>Army</u> <u>Air Force</u>
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) This evaluation tool is not geared to research. It has qualitative questions and a simple Likert Scale to help determine the level of satisfaction with the workshop.
Target population	Regular Force personnel, Class B Reserves, Military families and DND civilians where space permits.
Administration	(How is the Tool administered?) The evaluation is handed out at the end of the workshop.
Administration time	(Time required for completion) 5 – 10 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)

	- Evaluation can only be used with the ASIST workshop and is retained by the facilitator who provides his feedback and forwards the completed evaluations to Living Works Edu. Who review the feedback and provide a feedback to the facilitators.
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Quality Control of ASIST.
Date of first use with Military Population (if known)	Training initially conducted in the early 1990s.
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Process evaluation, analyzed visually by both Facilitators and Living Work representative.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	The US Air Force has conducted one evaluation on the effectiveness of the ASIST, using pre and post test instruments to determine if the participants attending the workshop had improved their knowledge and skill levels in intervening with person at risk of suicide. The Subject Matter Expert within the DCOS Force Health Protection, plans on commissioning an evaluation of the ASIST within two years of the National implementation of this workshop.
Milestones	- Deliver ASIST across the CF 2003-2004-06-15 - Evaluated effectiveness of workshop 2005-2006.
Published References	(List any published references to the use of the Tool including contact address for copies) N/A
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Major Miguel Bourassa, Social Wellness Advisor, DCOS Force Health Protection, Canadian Forces Health Services Group Headquarters, 1745 Alta Vista Dr., Ottawa, Ontario K1A 0K6, Canada bourassa.mr@forces.gc.ca. Fax 613-945-6823.
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Living Works Education, www.livingworks.net Calgary, Alberta, Canada, Fax 403-209-0259

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Belgium
Name of Tool	Stress Management & Mental Readiness in Ops
Author(s)	(Name/e-mail) Maj Psy Thibaut Deprez / thibaut.deprez@army.mil.be Lt Psy Lutgard Ruys / Lutgard.Ruys@mil.be
Language	(Original or in translation) French and German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Education: Mental Readiness and Stress Identification and Management in Belgian Military Operations Abroad (Course for Officers and NCOs)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Medical Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) - Aim of Mental Readiness and meted expectations of the personnel and chiefs - Measures to be taken by group and individuals before, during and after the deployment in regard of Mental Readiness - Recognition of stressors and stress related symptoms under operational conditions; information about signs of excessive stress and acute stress disorder - Information and guidelines: stress management - Specific education in crisis management (including mechanisms of action after a critical incident)
Target population	Every Officer and NCO participating to a Unit that will be deployed in Ops
Administration	(How is the Tool administered?) Group teaching and information before group is leaving for an abroad mission.

Administration time	(Time required for completion) 4 hours
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Training administered by Belgian military Mental Readiness Advisors Compulsory Mental Readiness education is part of pre-deployment training period for each Officer and NCO
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Enable military chief to identify and manage Mental Readiness stressors and stress reactions during abroad mission
Date of first use with Military Population (if known)	1998
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) No Data Procedures and contents can be shared
Description of Tool	(What is the Tool for? How is it administered/analyzed?) See constructs
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Course available
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Cdt Psy Vincent Musschoot ; Vincent.Musschoot@mil.be ; Tel + 32 2 701 62 74 ; Fax + 32 2 701 33 85 Rue d'Evère, 1 1140 Bruxelles Belgique
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Belgium
Name of Tool	Stress Management & Psychosocial aspects in Ops
Author(s)	(Name/e-mail) Maj Psy Thibaut Deprez / thibaut.deprez@army.mil.be Lt Psy Lutgard Ruys / Lutgard.Ruys@mil.be
Language	(Original or in translation) French and German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Education: Stress Identification & Stress Management in Belgian Military Operations Abroad
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Medical Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) - Measures to be taken by group individuals before, during and after the deployment - Recognition of stressors and stress related symptoms under operational conditions; information about signs of excessive stress and acute stress disorder - Information and guidelines: stress management - Specific education in crisis management (including mechanisms of action after a critical incident)
Target population	Every military Pers participating to a Ops
Administration	(How is the Tool administered?) Group teaching of individuals and information before individuals are leaving for an abroad mission.
Administration time	(Time required for completion) 4 hours

Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Training administered by Belgian military Mental Readiness Advisors Compulsory stress management education is part of pre-deployment training period for each military personnel
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Enable military personnel to identify and manage stress reactions during abroad mission
Date of first use with Military Population (if known)	2002
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Data are classified Procedures and contents can be shared
Description of Tool	(What is the Tool for? How is it administered/analyzed?) See constructs
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) copy of information booklet / field manual available
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Cdt Psy Vincent Musschoot ; Vincent.Musschoot@mil.be ; Tel + 32 2 701 62 74 ; Fax + 32 2 701 33 85 Rue d'Evère, 1 1140 Bruxelles Belgique
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Luxembourg
Name of Tool	Stress Management Training For Group Leaders
Author(s)	(Name/e-mail) LtCol Psy Alain Wagner / alain.wagner@cnfpc.lu
Language	(Original or in translation) French and German
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Education: Stress Identification & Stress Management Training for Group Leaders in Luxembourg Military Operations Abroad
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) - Measures to be taken by group responsible before, during and after the deployment - Recognition of stress related symptoms under operational conditions; information about signs of excessive stress and acute stress disorder - Information and guidelines: stress management - Protocol for a coaching system led by the responsible officer and NCOs during the training and the detachment period - Specific education in crisis management (including mechanisms of action after a critical incident)
Target population	Officers and warrant-officers; group and section leaders
Administration	(How is the Tool administered?) Group teaching and information before group is leaving for an abroad mission
Administration time	(Time required for completion) 3 hours

Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Training administered by Luxembourg military psychologist Compulsory stress management education is part of pre-deployment training period for group leaders
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Enable group leaders to identify and manage stress reactions during abroad mission
Date of first use with Military Population (if known)	2001
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) No
Description of Tool	(What is the Tool for? How is it administered/analyzed?) See constructs
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies) Copy of information booklet / field manual available
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) alain.wagner@cnfpc.lu
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	S.O.C. (Sense of Cohesion inventory)
Author(s)	(Name/e-mail) Antonovsky A.
Language	(Original or in translation) Czech
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Sense of cohesion, Meaningfulness, Comprehensibility of situations, Manageability
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper, Computer
Administration time	(Time required for completion) 10 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To assess level of "Salutogenesis" or "Personality Hardiness"

Date of first use with Military Population (if known)	1999
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) This inventory assesses level of salutogenesis or personality hardiness. Administered and analyzed by pen and paper or computer.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	In use in Czech Republic since 90ś, used for pre mission and post mission examination – Iraq, Afghanistan
Published References	(List any published references to the use of the Tool including contact address for copies) Antonovsky, A. 1979, 1987, 1994 Křivohlavý, J.: Nezdolnost v pojetí S.O.C., Čs. Psychologie XXXIV, 1990, č.6, str. 511-517.
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	Stress profile
Author(s)	K.M. Nowack
Language	English, translated into Czech
Aim of Tool	(Assessment / Intervention / Education Assessment
Status of Tool	Questionnaire
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	Stress in Psychosocial situations, Health, Lifestyle, Coping strategies
Target population	
Administration	Computer
Administration time	20 min
Policy on use (if any)	
Intent of Tool	To assess stress coping strategies.
Date of first use with Military Population (if known)	
Sharing/comparison of Data	
Description of Tool	Questionnaire.
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	

Milestones	
Published References	
User contact information	ÚLPO, ÚVN, U vojenské nemocnice 1200, Praha 6, Czech Republic
Publisher contact information	Western Psychological Services, Los Angeles, 1999

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	The Self-Rating Scale for Post-traumatic Stress Disorder (SRS PTSD)
Author(s)	(Name/e-mail) Carlier et al.
Language	(Original or in translation) Czech translation
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) 17 items corresponding to the DSM-III-R symptoms of PTSD, 3 symptom groups Re-experiencing, Avoidance Hyper-activation
Target population	All ranks
Administration	(How is the Tool administered?) Pen and paper
Administration time	(Time required for completion) 5 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Risk of PTSD development, PTSD symptoms

Date of first use with Military Population (if known)	1999
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Self-reporting Scale
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	In use in Czech Republic since 1999, used for post mission examination – Iraq, Afghanistan
Published References	(List any published references to the use of the Tool including contact address for copies) SRS-PTSD, Carlier et al, 1998, Psychosomatic Medicine, 60:42-47,1998
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	SSI (Semi-structured Interview)
Author(s)	(Name/e-mail) Klose, J., Král, P. (Psychology Dpt., In-house use)
Language	(Original or in translation) Czech, original
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Traumatic experiences from mission, Possible Behavioral and Psychological abnormalities
Target population	All ranks
Administration	(How is the Tool administered?) Interview
Administration time	(Time required for completion) 20 min
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) To detect a possible risk of PTSD development
Date of first use with Military Population (if known)	2001

Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations)
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Semi-structured Interview
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	In use since 2001
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool). ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 169 02, Czech Republic Jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool)

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Canada
Name of Tool	Stress: Take Charge!
Author(s)	Erika Lefebvre Lefebvre.EL@forces.gc.ca
Language	English/French
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Primary intervention, health promotion strategy: personal skill development
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation)
Target population	CF Members, Reservists
Administration	(How is the Tool administered?) Base/Wing level small groups through Health Promotion Office
Administration time	(Time required for completion) 16 hours
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Under development
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) As part of a health promotion campaign the intent of the tool is to build personal skills for stress management in garrison aimed to enhance operational readiness

Date of first use with Military Population (if known)	Fall 2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Data not yet available
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Facilitators manual/participants workbook/self assessment tool (StressMap) process evaluation tool, General Health Questionnaire
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Process and outcome evaluations
Milestones	
Published References	(List any published references to the use of the Tool including contact address for copies)
User contact information	Erika Lefebvre, M.Ed. Social Wellness Educator, Educatrice en Mieux-être social Force Health Protection, Protection de la santé de la Force Canadian Forces Medical Group Headquarters Quartier général du Groupe médical des Forces canadiennes 1745 Alta Vista, Room 310 Ottawa, Ontario K1A 0K6, Canada 613-945-8062 ext. 3136, FAX 613-945-6823 Lefebvre.EL@forces.ca main military user of the Tool)
Publisher contact information	CF PUBS

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	TCI (Temperament and Character Inventory)
Author(s)	(Name/e-mail) Cloninger, R. et al. Kožený (Czech translation)
Language	(Original or in translation) Czech
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines <u>Army</u> Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Personality and Character Inventory Novelty seeking, Reward-dependence, Persistence, Self-direction, Cooperation, Spiritual Acceptance
Target population	All ranks
Administration	(How is the Tool administered?) Computer, Pen and Paper
Administration time	(Time required for completion) 30 – 40 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Personality inventory
Date of first use with Military Population (if known)	1998
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Personality inventory, administration and analysis by computer
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	Used for Afghanistan, Kosovo and Iraq deployments
Published References	(List any published references to the use of the Tool including contact address for copies) Cloninger et al.: The TCI: A guide to its development and use, Center for Psychobiology of personality, Washington University Press, 1994
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Preiss, M. preiss@pcp.lf3.cuni.cz

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United Kingdom
Name of Tool	Trauma Risk Management (TriM)
Author(s)	(Name/e-mail) Jones, N and Roberts, P
Language	(Original or in translation) English
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed and in use for Royal Marines and 1 Army Unit, on trial for Royal Navy
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) TriM aims to educate service personnel to recognise that stress related disorders usually affect only a small minority of people and can be easily treated, to identify signs of stress related disorders, be aware of coping strategies and seek help when necessary.
Target population	All ranks RM initially and now RN on trial
Administration	(How is the Tool administered?) As a briefing and series of individual and/or group assessments at 72 hrs. 28 days and 3 months after potentially traumatic incidents.
Administration time	(Time required for completion) Usually 90 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) For admin by TriM practitioners only. TriM is intended to be peer-delivered.

Intent of Tool	(What is the Tool intended to do? As much information as possible please.) TriM is intended to train practitioners and commanders to identify potentially traumatic incidents, assess the level and severity of stress caused by the incident and identify those traumatised personnel who require treatment
Date of first use with Military Population (if known)	1998
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes in general terms
Description of Tool	(What is the Tool for? How is it administered/analyzed?) See above
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	Evaluation in progress with Royal Navy following successful implementation with Royal Marines. Trials anticipated with Army and Royal Air Force over next few years.
Milestones	First used with British military personnel following Nairobi Embassy bombing in 1998
Published References	(List any published references to the use of the Tool including contact address for copies) Jones, N. and Roberts, P., The TriM Handbook
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Capt Cameron March RM (Ret'd), CinCFleet Jago Road, Portsmouth.
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) As above.

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	United Kingdom
Name of Tool	Trauma Screening Questionnaire
Author(s)	(Name/e-mail) Chris R Brewin, Suzanna Rose, Bernice Andrews, John Green, Philip Tata, Chris McEvedy, Stuart Turner and Edna Foa
Language	(Original or in translation) English
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details)
Status of Tool	(Endorsed [in use]/ Experimental [trial])
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Reliable and valid predictor of future PTSD diagnosis if used within one month of the trauma
Target population	Trauma Survivors
Administration	(How is the Tool administered?) Pen and Paper
Administration time	(Time required for completion) 1 minute. 10 Yes/No items
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) For admin by Clinicians
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Predict PTSD

Date of first use with Military Population (if known)	2003
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Reliable and valid predictor of future PTSD diagnosis if used within one month of the trauma
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	None
Milestones	Fist used with 16 Air Assault Brigade on return from Op Telic (Iraq) 2003
Published References	(List any published references to the use of the Tool including contact address for copies) Brewin, CR et. al. (2002). Brief screening instrument for post-traumatic stress disorder. British Journal of Psychiatry, 1281, 158-162
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Dr JGH Hacker Hughes , Senior Lecturer, ACDMH, Institute of Psychiatry, King's College London, Weston Education Centre, Cutcombe Road, Camberwell, London SE5 9RJ, UK Tel: +44 (0)207 848 5144 Fax +44 (0)207 848 5048 Email: j.hacker-hughes@iop.kcl.ac.uk
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Prof CR Brewin, Subdepartment of Clinical Health Psychology, University College London, Gower Street, London, WC1E 6BT, UK

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Netherlands
Name of Tool	UCL (Utrechtse Coping Lijst)
Author(s)	(Name/e-mail) P.J.G. Schreurs, J.F. Brosschot, G.M.H. Graus, G. vd. Willige, B. Tellegen
Language	Dutch
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) During individual consultation
Status of Tool	Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	The UCL measures seven coping strategies: Active approach; Palliative reaction; Avoidance; Seeking social support; Passive reaction; Emotional expression; reassuring thoughts
Target population	All ranks
Administration	(How is the Tool administered?) Paper and pencil
Administration time	(Time required for completion) 15 min
Policy on use (if any)	Used on a voluntary basis, administered by clinical psychologist
Intent of Tool	Diagnostic, screening. Assessment of clinically relevant symptoms and personality traits
Date of first use with Military Population (if known)	
Sharing/comparison of Data	No

Description of Tool	See above. Used as part of a flexible composed test battery. Analysis with norm scores derived from the general population
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	
Published References	Manual (available through publisher)
User contact information	Lkol P.H.M. van Kuijk cdpogw@army.dnet.mindef.nl
Publisher contact information	Harcourt Test Publisher Businesscenter 'De Witte Zwaan' Haven 3a 2161 KS Lisse Tel: +31(0) 252435900 Fax: +31(0) 252435901

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Croatia
Name of Tool	USTBI (Croatian acronym for: The Questionnaire on Traumatic Combat and War Experiences)
Author(s)	(Name/e-mail) Gordana Kuterovac Jagodić, Tomislav Bunjevac
Language	(Original or in translation) Croatian
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) To provide an objective measure of a level of combat stress experiences. Prior to the mission providing insight into previous stress experiences and could serve for triage and as direction for interview.
Status of Tool	(Endorsed [in use]/ Experimental [trial]) Endorsed (Published 1994)
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines Army Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Targeting construct is: Combat traumatic experiences. Based on data analyses authors reports next factors: 1) Participation in military activities and witnessing of death 2) Negative combat environment 3) Detention and torture 4) Loss of home and family 5) Endangerment due to misinformation 6) Mine-field experiences 7) Wounding and lack of medical help Our analyses on soldiers in combat units sometimes shows “asanation” as additional separate factor.
Target population	Military personnel in international (UN) missions, mainly military observers. All ranks.

Administration	(How is the Tool administered?) Group administration. Paper-and-pencil only.
Administration time	(Time required for completion) Approximately up to 15 minutes.
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?) Obligatory. Used normally as a part of psychological preparation before the mission. Administered and analyzed by psychologist responsible for psychological preparation before mission. Feedback is provided only to participant of the mission. Exceptionally to responsible persons (commanders, psychologists).
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Prior to the mission to provide insight into level of previously experienced combat related stressful events.
Date of first use with Military Population (if known)	1994 – War veterans and soldiers in combat units. 2000 – Candidates for military observers.
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Data are classified. Data on group level can be compared with other nations, under some conditions. Psychometrical indicators can be published.
Description of Tool	(What is the Tool for? How is it administered/analyzed?) The Questionnaires contain 40 items. Each item describes one stressful event related to combat. Additionally respondent can added up to three experiences. Occurrence of each experience can be assessed on three point scale (never, once more than once).
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	None
Milestones	

Published References	(List any published references to the use of the Tool including contact address for copies) Gordana Kuterovac Jagodić and Tomislav Bunjevac (1996) "The questionnaire on traumatic combat and war experiences: Psychometric characteristics and relationship to PTSD symptoms", Poster presented at Second World Conference of the International Society for Traumatic Stress, 9-14 June, 1996 Jerusalem, Israel
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) Ministry of Defence of the Republic of Croatia Personnel Department Section for Military Psychology Stančićeva 6 10 000 Zagreb Croatia Tel: + 385 1 45 68 902 Fax: + 385 1 45 67 570 e-mail: tomislav.filjak@morh.hr
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) It is not commercial instrument. Authors contact: Filozofski fakultet Sveučilišta u Zagrebu-Odsjek za psihologiju (University of Zagreb – Department for Psychology) Tomislav Bunjevac I. Lučića 3 10 000 Zagreb Croatia Tel.: ++ 385 1 61 20 187 Fax.: ++ 385 1 61 20 037 e-mail: tbunjeva@ffzg.hr www.ffzg.hr/psiho/index.html

Stress and Psychological Support in Modern Military Operations: Tools in Use – Version 2	
Country where used	Czech Republic
Name of Tool	VMT
Author(s)	(Name/e-mail) Forman, A.K.
Language	(Original or in translation) Czech translation
Aim of Tool	(Assessment / Intervention / Education – Please underline one and give details) Consultation and Diagnostic
Status of Tool	Endorsed [in use]/ Experimental [trial]) Endorsed
Where and when used and with which Service / Arm	(Please underline one or more in each group) Before/During/After Individual/Group Routine/Crisis Assessment/Intervention/Education Navy Marines <u>Army</u> Air Force
Constructs/dimensions involved	(What constructs/dimensions are involved? Include a brief explanation) Personality and Character Inventory One-dimensional intelligence test, (Spearmanś "g" factor)
Target population	All ranks
Administration	(How is the Tool administered?) Computer, Pen and Paper
Administration time	(Time required for completion) 25 minutes
Policy on use (if any)	(Specific policies with respect to use of the Tool. i.e. What conditions / restrictions, etc., are applicable. e.g. Can the tool only be administered by Clinicians, by Clinical Psychologists, etc.?)
Intent of Tool	(What is the Tool intended to do? As much information as possible please.) Intelligence test, nonverbal

Date of first use with Military Population (if known)	1995
Sharing/comparison of Data	(Can data on the use of this Tool be shared / compared with other nations) Yes
Description of Tool	(What is the Tool for? How is it administered/analyzed?) Intelligence test administration and analysis by computer or pen and paper
Future plans for Tool, if any (e.g. translation, evaluation, validation, etc.)	
Milestones	First publisher in Vienna, 1973 Publisher in Czech Republic in 2002
Published References	(List any Publisher references to the use of the Tool including contact address for copies) Forman A.: Vídeňský matricový test, Psychodiagnostika, 1993 VMT Manual, Testcentrum, 2002
User contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the country's main military user of the Tool) ÚVN, ÚLPO, U Vojenské nemocnice 1200, Praha 6, 16902, Czech Republic jiri.klose@uvn.cz
Publisher contact information	(Postal Address, e-mail, voice and fax [detail all necessary voice/fax numbers] for the publisher of the Tool) Testcentrum s.r.o., www.testcentrum.com

Annex F – THE MILITARY LEADERS SURVEY: NATO MILITARY LEADERS' PERSPECTIVES ON PSYCHOLOGICAL SUPPORT ON OPERATIONS

Mr. Paul Cawkill
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Capt. Psy José Puente
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ABSTRACT

This paper reports on a military leaders survey conducted by members of the NATO HFM RTO Task Group on 'Stress and Psychological Support in Modern Military Operations' (HFM-081/RTG). The goal of the survey was to assess military leaders' attitudes on the psychological support to unit personnel provided on operations. Sixteen NATO nations participated in the project between June 2005 and January 2006, which included either a face-to-face interview or a postal questionnaire approach. There were 172 responses, or about 10 surveys per nation. Findings emphasized the importance military leaders across nations placed on psychological support on operations, and the need for integrated mental health support at pre-deployment, during deployment, and at post-deployment. In general, the participating military leaders reported perceiving little stigma associated with stress-related responses and help-seeking behaviour. Respondents also stated their preferences for concrete and specific information related to recognizing and managing psychological stress reactions on deployment. The information obtained here will be used to guide the development of a HFM-081/RTG booklet containing information and practical guidelines for military leaders on managing operational stress.

Disclaimer: It should be noted that the views of the authors do not necessarily represent their respective Department of Defence or Government.

Cawkill, P.; Adler, A.; van den Berg, C.; Arvers, P.; Puente, J.; Cuvelier, Y. (2006) The Military Leaders Survey: NATO Military Leaders' Perspectives on Psychological Support on Operations. In *Human Dimensions in Military Operations – Military Leaders' Strategies for Addressing Stress and Psychological Support* (pp. 1-1 – 1-22). Meeting Proceedings RTO-MP-HFM-134, Paper 1. Neuilly-sur-Seine, France: RTO. Available from: http://www.rto.nato.int.

1.0 BACKGROUND

The NATO HFM-081/RTG 'Stress and Psychological Support in Modern Military Operations' group began in April 2003. The main goal of the RTO Task Group (RTG) is to provide military leaders with information and practical guidelines (in the form of a booklet) on stress and psychological support in order to enhance effectiveness in modern military operations. It was therefore decided that in order to gather informed opinion as to the appropriate contents of a military leaders' booklet it would be of some benefit to consult with actual military leaders themselves by means of a survey. This task was undertaken by the Military Leaders Survey (MLS) subgroup which consisted of several HFM-081/RTG group members.

The aim of the MLS subgroup was to design a survey to be carried out by individual member nations to gather the opinions/attitudes of operational leaders with some deployment experience as to what they need or want in terms of psychological support, and what specific information they would like to see in a NATO booklet on operational stress.

2.0 METHOD

A 10-page questionnaire consisting of 8 sections (43 questions) was designed which considered: demographics; current psychological support (pre-, during, and post-deployment); group/unit screening; psychological support to families; attitudes toward mental health; preferences for training material aimed at leaders; and a request for respondents to provide a scenario from their own experience dealing with the psychological stress reactions of unit personnel on operations. Participants' names and Service Numbers were not required thereby assuring anonymity.

The sampling criteria stipulated that: each nation should sample at least 10 military leaders; respondents should hold (or have held in the last 2 years) an operational command appointment (i.e. have been deployed on operations); the sample should be predominantly Army personnel but rank equivalents from the Navy and Air Force may be included; and, the sample should include a mix of military leaders mainly ranging from Lieutenant Colonel to Sergeant.

In order to employ the best method of data collection in terms of what was both practical and feasible for each respective nation within the time and manpower constraints available, a flexible approach was adopted in that a set of core questions was produced which allowed each nation to adapt them to apply either to an interview proforma or a postal questionnaire. It was also stipulated that face-to-face interviews should not be taped, and that participation should be voluntary and anonymous. It was estimated that the questionnaire or interview would take approximately 30-45 minutes to complete.

Copies of the questionnaire were despatched to 19 NATO nations in June 2005, and responses collected through to February 2006. As the questionnaire was written in English most nations had to translate the questions into their respective language and, in turn, the responses had to be translated back into English for data processing.

3.0 ANALYSIS STRATEGY

The goal of the data analysis was to identify relevant themes that bridge across the participating NATO nations. Given this goal, specific national issues are not highlighted here and themes are mentioned if they are reflected by at least two nations represented in the sample. In addition, while there is some quantitative analysis of scores provided, these scores are used as guides to place the comments and themes in perspective. They are not meant to be statistically accurate assessments of national attitudes toward psychological support on operations. Note that the sampling strategy used in this project was a stratified convenience sample. Thus the sample provides general information that serves as a needs assessment regarding the issue of military leader attitudes toward mental health support on operations.

4.0 FINDINGS

Returns. Of the 19 nations comprising HFM-081/RTG there were returns from 16 nations (84%) which are shown in Table 1 below.

Table 1: Participating NATO nations

Nation	Number
Austria	10
Belgium	17
Bulgaria	11
Canada	5
Czech Republic	10
Denmark	5
France	17
Lithuania	11
Luxembourg	10
The Netherlands	15
Romania	10
Spain	14
Slovakia	10
Sweden	4
United Kingdom	9
United States	14
Total	**172**

4.1 Demographic Information

In terms of Service the overwhelming majority of military leaders were from the Army (97%), with minor representation from the Navy (1.7%) and the Air Force (1.2%). Ranks ranged from Sergeant to full Colonel; 78.5% were officers. There were only 2 women in the sample. Length of service ranged from 3 to 35 years with an average of 16 years (SD = 8.08). Respondents were asked to denote their main military role which generated 12 categories. The largest of these was Infantry (56.2%), followed by Artillery (12.4%), Engineering (7.1%), Armoured (6.5%), Logistics (4.7%), Signals (4.1%), and a number of other smaller categories. The number of subordinates military leaders were responsible for ranged from 0 to 10,000 with a mean of 205.

The number of deployments ranged from 1 to 7, with 50% of respondents having experienced a single deployment, 30% having been on 2 deployments and the remainder having being on 3-7 deployments. In all, 79% of respondents had only been on peacekeeping deployments whilst 16% of respondents had only been on combat-related deployments. Approximately 5% had experienced a mix of both peacekeeping and combat deployments. The majority of deployment locations related to Afghanistan, Bosnia, Kosovo, and the Gulf/Iraq, but also included the Adriatic, Chad, Falklands, Hungary, Haiti, Ivory Coast, Korea, Kuwait, Former Yugoslav Republic of Macedonia, Northern Ireland, Rwanda, Saudi Arabia, Sierra Leone, and Uganda.

It should be noted that in the interests of clarity and to put the text into context, the following sections relate to each of the questions as they appeared in the questionnaire booklet.

4.2 Current psychological support (pre-deployment)

4.2.1 What kind of psychological preparation did your unit receive prior to your last deployment in order to cope with any psychological or stress-related problems that might occur during the operation/mission?

At least one individual from every nation in the survey reported some pre-deployment unit briefing, group instruction, or education related to psychological stress on operations. Despite the fact that every nation in the sample reported some form of pre-deployment preparation, respondents from nine different nations however, reported that their units received no pre-deployment preparation. Thus, there appears to be some variability within nations as to whether units receive pre-deployment stress-related training. In the case of respondents from at least two nations, the lack of preparation appeared to be due to the fact that the deployment occurred on short notice. The reason why respondents from other nations reported no pre-deployment stress preparation was unclear.

While some form of briefing or education was the most typical type of pre-deployment stress-related preparation, respondents from five nations specifically mentioned having training exercises that incorporated dealing with psychological stress in some fashion. Respondents from three nations also reported formal meetings with military personnel who had previous deployment experience.

In terms of assessment, respondents from eight nations described unit members being individually interviewed by a mental health professional prior to the deployment. These interviews appeared less concerned with selection but rather with identifying those individuals in need of support from a mental health professional or with providing commanders with an assessment of unit readiness.

The topics covered in the pre-deployment training and education programs included the psychological stages of deployment, normalizing responses and reassuring unit members about their own reactions, identifying individuals at risk for suicide, dealing with family issues, anticipating long separations from family members, and dealing with combat stress. Respondents from four nations also reported receiving booklets or other materials on these topics and respondents from at least two nations reported accessing web-site material as well.

4.2.2 Did you, as one of the unit leaders, receive any specific training or preparation for supporting subordinates in the event of encountering stress-related problems during the operation/mission?

Respondents from 15 of the 16 nations surveyed reported receiving no training specifically geared toward preparing leaders to handle stress-related problems in their unit. In fact, the majority of respondents reported no training for leaders during the pre-deployment phase. When training was mentioned, it was a mix of formal and informal mechanisms.

Respondents from eight nations reported participating in some kind of staff course or military academy course in which these topics were reviewed. Three respondents from three nations reported that university courses helped to prepare them as leaders for dealing with the stress-related problems experienced by their unit. Another type of formal training included briefing and instructions as reported by individuals from seven nations.

The depth of the training provided also ranged significantly. Although one respondent mentioned a formal 4-day course, others mentioned briefings that were considered rather basic. As one respondent stated, "…it

did not tell me anything that intuitively I did not know already. It was therefore not very useful." For those who did not encounter stressful missions, lack of preparation was not a major concern.

Of those respondents who reported receiving training, it appeared the training was sometimes general rather than specific to the upcoming deployment. For example, one respondent commented, "Nothing received specific to that deployment". Others commented that there was nothing specifically designed for leaders and they "just took part in education for all the unit." A further respondent mentioned, there was "no training geared towards senior leadership."

Some training that leaders reported receiving was described as covering particular topics. These topics included: bereavement classes, sharing bad news, conflict management, trauma reactions, locating resources, and stress management/prevention.

In terms of informal mechanisms of support, respondents from five nations reported that they relied on their own deployment experience. As one leader mentioned, he received "nothing formal but experience…was good preparation. We had regular small team talks [on the previous deployment] and that's what we continued to do [on the next one]." Respondents from two nations reported talking with others who had similar deployment experiences. One respondent described receiving "advice from colleagues who had first hand experience."

4.2.3 How satisfied[1] were you with the pre-deployment psychological preparation provided?

Table 2: Level of satisfaction with pre-deployment psychological preparation

Unit	No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
Member	135	13 (9.6%)	51 (37.8%)	42 (31.1%)	21 (15.6%)	8 (5.9%)	16	2.70	1.04
Leader	129	10 (7.8%)	38 (29.5%)	35 (27.1%)	37 (28.7%)	9 (7.0%)	19	2.98	1.09

Unit Member: Overall, 47.4% of the respondents said they were satisfied or very satisfied with the mental health support provided to their unit members at pre-deployment. This level of satisfaction significantly differed by nation and ranged from 0% satisfaction to 80% satisfaction.

Unit Leader: Overall, 37.3% of the respondents said they were satisfied or very satisfied with the mental health support preparation they received as leaders. However, a similar number of respondents did not feel satisfied with how they were prepared to deal with unit member psychological stress responses associated with the deployment. The level of satisfaction significantly differed by nation and ranged from 0% satisfaction to 87.5% satisfaction.

Satisfaction with unit pre-deployment preparation correlated highly with satisfaction with leader preparation (r=.70).

[1] **Note:** The Likert-type satisfaction rating scales used in this study ranged from Very Satisfied to Very Dissatisfied. The tables presented in this manuscript provide ordinal data in that respondents had to select a single category of satisfaction and the following tables provide the number and percentage of respondents choosing each category.

4.2.4 Are there any elements of the current pre-deployment psychological preparation that you would like to see changed and/or improved upon?

There were many recommendations made about how pre-deployment psychological preparation could be improved. There was agreement across respondents that pre-deployment psychological training should be instituted for unit members. As one leader commented, "it is necessary to improve the psychological training before a mission." The actual implementation of such training was also addressed by some respondents. One respondent mentioned that "stress education should be geared into the manning process", whereas another cautioned not to integrate the stress education in mission-specific training courses because "it is difficult to remain concentrated when so many other tasks are waiting". Another respondent emphasized the need for realistic, experiential training: "military personnel before the deployment must feel some stress in training…only after that some education should be organized."

Be Specific: Respondents were consistent in their recommendation that the training be oriented toward specific practical information and based on case examples. As one respondent commented, "case-based, specific and concrete education" was preferred. Recommendations included providing "useful tips", being "taught specific tools for handling stress", and "examples, real situations, and practical advice." It was also suggested that this guidance be provided in some kind of written material, such as a pocket card with highly detailed information.

Education Content: There was a range of topics suggested for inclusion in a pre-deployment stress preparation program. These topics included a focus on psychological responses to stress such as traumatic stress, combat stress, symptom recognition, and stress. Recommendations included "more information on PTSD, like signs and symptoms, actions needed, self help, etc." Another respondent mentioned wanting "more information about physiological effect of and reactions to stress." There was also a recommendation to address the "influence of stress on group relations and effectiveness."

Besides recommendations regarding stress education, there were also recommendations to normalize the stress associated with deployment, align expectations, and use film or examples to prepare individuals for the psychological realities. One respondent mentioned needing "in-depth information on all sorts of deployment stressors."

In addition to the recommendations regarding stress, respondents also mentioned the topic of "psychology of a crowd," "help with family problems," and "using stress positively." Finally, there were several comments about the need to train units to deal with death. These recommendations included "dealing with friendly fire fatalities and injuries," "mission casualties," and "lectures on death (what to do, follow-up and help for the platoon)."

Past experience: A few respondents recommended using leaders from previous deployments to help train new leaders. Former leaders can be used "to explain what to expect [and provide] case examples."

Mental Health Professionals: Respondents commented that mental health professionals need to be available and integrated into or known by the unit. Comments included, "I'd like professional advice on call, at hand to deal with individual cases. Someone who was able, physically, to go out to the unit and help." Another commented, mental health professionals should "help leaders know what to look for and have them trust mental health professionals." They should "integrate a military mental health professional in the normal training and education process, this builds trust."

Target leaders: Although most of the comments were oriented to general pre-deployment training, several respondents commented that unit leaders should also receive special training. For example, one recommended "a session with the leaders of the specific deployment, including a discussion of guidelines or best-practices towards handling incidents." Another recommended, "focused training on leader responsibilities and [on handling] an incident … that could result in unusual stressors for unit personnel."

The unique role of unit leaders was highlighted by the comment, "group leaders…often have to deal with situations first." "Effective management of the team in a conflict or crisis" was mentioned by one respondent, and echoed by another who said, "the interpersonal relations in the unit were the most serious problem and I had to intervene several times…" The need for leaders to have perspective when dealing with their unit was mentioned by another respondent who commented, "it is hard to recognize soldiers having problems when they are your friend."

4.3 Current psychological support (during deployment)

4.3.1 What kind of psychological support did your unit receive during your last deployment in order to cope with psychological or stress-related problems that might occur during the operation/mission?

Eleven nations consistently reported receiving several different kinds of support. Mental health support was provided by a wide range of specialists including mental health professionals (social workers, psychiatric nurses, psychologists), chaplains, and medical professionals. Many nations also mentioned relying on buddies for support.

Respondents reported that support occurs both formally and informally. Examples of informal support include R&R, mutual support, support from those with previous operational experience, and specialists who stop by and check in with various units across a geographically dispersed area.

Examples of formal support include advice from mental health specialists, individual consultations with targeted sub-groups, and group debriefing/defusing sessions. These formal mechanisms were often in response to a specific traumatic event (helicopter crash, ambush with casualties, accident involving death of a soldier, etc.).

Four nations consistently reported receiving little if any formal mental health support on deployment. The interviewees reported that when there was no external support forthcoming they tended to rely primarily on each other for support.

4.3.2 Did you, as one of the unit leaders, receive any specific support for assisting unit members if they encountered stress-related problems during the operation/mission?

Military leaders from 10 nations generally said that they did not receive any specific support for assisting unit members. Five nations reported receiving only minimal support. None of the nations had respondents who, as unit leaders, consistently reported receiving support for assisting unit members dealing with stress.

In the few cases where support was offered, it was in the form of identifying individuals with mental health problems, addressing risk of suicidal behaviours, and support from friends. In general, the support was provided by other leaders, mental health professionals, and chaplains.

Several respondents mentioned keeping a diary as a way of helping themselves deal with the stress of deployment.

4.3.3 How satisfied were you with the psychological support provided?

Table 3: Level of satisfaction with psychological support provided during deployment

Unit	No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
Member	151	28 (20.3%)	41 (29.7%)	47 (34.1%)	13 (9.4%)	9 (6.5%)	13	2.52	1.12
Leader	164	26 (19.4%)	35 (26.1%)	39 (29.1%)	28 (20.9%)	6 (4.5%)	15	2.65	1.15

Unit Member. There were significant differences across nations in terms of satisfaction with psychological support provided for unit members during deployment. The percent of individuals from different nations reporting that they were satisfied or very satisfied with the support they received ranged from 0% to 100%. On average, 50% of respondents reported being satisfied or very satisfied with the mental health support provided their unit members during deployment.

Unit Leader. There were also significant differences across nations in terms of satisfaction with psychological support provided for leaders during deployment. The percent of individuals from different nations reporting that they were satisfied or very satisfied with the support they received ranged from 0% to 100%. On average, 45.5% of the respondents reported being satisfied or very satisfied with the mental health support they were provided as leaders during deployment.

In summary, of the individuals reporting that they were dissatisfied or very dissatisfied with the support they and/or their units received, several said that while they had formal mechanisms of support, there were shortcomings to the delivery of that support. For example, the support wasn't mobile, selected based on qualifications and unit fit, provided equally across units, or the leaders themselves should have received more direct training. Others who gave low ratings stated that there was no mechanism of specially-trained support for the leaders or units or it was located too far away from the troops to be useful. There was a strong correlation between rating satisfaction with unit support and leader support (r=.78).

4.3.4 Are there any aspects of the psychological support provided during operations that you would like to see changed or improved upon? If yes, what would you like to see changed?

There were many suggestions about ways to improve the psychological support provided during operations. These were made regardless of how satisfied the individual was with the support provided.

Language. Plan for overcoming language barrier when psychological support is provided by someone from another nation. Respondents from at least two nations mentioned a language gap when relying on mental health support from other nations.

Culture. Training for working in a multi-national environment, both in terms of local culture and in terms of working with militaries from other nations and commanding foreign troops. This was mentioned by respondent from at least four different nations.

Mental Health Professionals. Several recommendations related to the qualifications and approach of mental health professionals. For example, it was recommended that chaplains, who were considered an excellent source of support, receive more formal training in mental health.

Other respondents recommended that mental health professionals understand the military, the unit, command, and adapt their support to the different phases of the mission. Similarly, it was recommended that mental health professionals adopt a pro-active role to being integrated with the units, task forces.

Leadership. Respondents recommended that leaders be provided with more direct support by mental health professionals, particularly given their isolation in decision-making when on deployment. It was also recommended that leaders be trained in what to look for and in how to deal with stress in subordinates.

Target problems. Respondents noted that many of the unit problems were related to home front issues, not just operational issues. Thus, mental health support needed to be able to handle these home front issues as well. Furthermore, it was recommended that certain issues be the focus of support by mental health professionals, including alcohol problems, specific operations, and/or sub-groups (e.g., transportation units which are not trained for combat). Regular/routine meetings with soldiers and/or leaders with mental health professionals.

Some also recommended additional during-mission screening to identify those having problems. Finally, two types of training were recommended: communication training (e.g., to integrate new members into unit), and peer training (to provide mental health support during deployment).

Note that there were consistent concerns that the mental health professionals providing the support to unit members during the deployment be adequately trained, credible in terms of knowing the unit and the military environment, and embedded with the unit or available on-site. In the event of a critical incident some respondents commented that the mental health support could then be augmented. Two individuals (in two nations) remarked that mental health support was not needed or of no interest.

4.3.5 Reflecting upon your role within your unit, how adequate do YOU feel in dealing with the psychological effects of potentially traumatic events and/or other stress-related problems during deployment that your subordinates may encounter?

Table 4: Level of adequacy in dealing with psychological effects on deployment

No.	V. Adeq.	Adeq.	Neither Adeq/Inadeq	Inadeq.	V. Inadeq.	Mean	SD
164	32 (19.5%)	82 (50%)	35 (21.3%)	10 (6.1%)	5 (3.0%)	2.23	0.94

Over 69% of respondents felt adequate or very adequate in dealing with the psychological effects of potentially traumatic events or other stress-related problems on deployment. There was a trend for the nations to differ on this rating, with a low of 40% and a high of 100% feeling confident in handling stress-related problems in their units.

There was a small but significant correlation between ratings of one's own adequacy as a leader and ratings of the training leaders received to deal with deployment stress (r=0.19).

4.4 Current psychological support (post-deployment)

4.4.1 What kind of psychological support did your unit receive after the last deployment in order to cope with psychological or stress-related problems that might occur after the operation/mission?

Individuals from 14 of 16 nations reported some type of formal psychological support related to returning from deployment. This support included a wide array of mechanisms: individual interviews with military

mental health professionals, briefs on homecoming, debriefing, surveys/screening, and some period of time set aside for decompression.

Only 2 of the 16 nations in the survey consistently reported no kind of support, whereas other respondents were inconsistent within their nations in their reporting of mental health support. For instance, some interviewed said that no support was offered although others from the same nation said that they received support. In addition, only a handful of nations reported having had a homecoming program that integrated post-deployment support mechanisms (e.g., decompression and interviews, or briefings and surveys).

Several respondents commented on the importance of receiving psychological support and the need to extend this support to families. Suggestions were made regarding the need to include families in the briefings and to make sure they receive materials (leaflets, etc.). As one respondent said, the spouses "will be the ones to notice radical changes in behaviour, such as not sleeping, etc."

Respondents also distinguished between a benign tour and a high-stress deployment. In the event of a benign tour, post-deployment psychological support was not necessarily considered critical but in the event of a high-stress deployment, it was considered to be very important. Only one respondent (out of 172) said that mental health support was not needed post-deployment.

Some respondents reflected on the need to consider the duration of the post-deployment support. These comments mentioned that reintegration should be gradual, that individuals should not be immediately dispersed to home units, that support should occur over a period of time and include follow-up (e.g., 3-6 months after returning home), and that if support interferes with recreation time, it will not be well-received. These themes are expanded upon in the recommendations section below.

4.4.2 Did you, as one of the unit leaders, receive any specific support for assisting unit members with stress-related problems following the operation/mission?

In general, respondents from 15 of the 16 nations reported that there was no specific training for leaders to manage the psychological stress of unit personnel at post-deployment. Besides the one nation that had such training, approximately 6 respondents from other nations reported receiving some form of briefing about post-deployment stress (e.g., suicide, the signs and symptoms of post-traumatic stress disorder) that was geared for leaders.

Of the comments made regarding the training leaders received about post-deployment stress, there was a general agreement that military leaders were the first line of defence for identifying mental health problems in unit personnel (e.g., "It is down to the unit leader to make the first assessment"), but when individuals were augmentees or otherwise dispersed, providing this support was often very difficult. Others described maintaining an informal network, or knowing who to contact in the event a unit member had a psychological problem post-deployment.

4.4.3 How satisfied were you with the psychological support provided as described above?

Table 5: Level of satisfaction with post-deployment psychological support

Unit	No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
Member	133	19 (14.3%)	37 (27.8%)	50 (37.6%)	18 (13.5%)	9 (6.8%)	21	2.71	1.09
Leader	128	19 (14.8%)	34 (26.6%)	36 (28.1%)	31 (24.2%)	8 (6.3%)	24	2.80	1.15

Unit Member: On average, 42.1% of the respondents were satisfied with the post-deployment support provided to the unit. There were significant differences across nations, however, with satisfaction ranging from 0% to 100%.

Unit Leader: Overall, 41.4% of the respondents reported that they were satisfied with the training provided to leaders for dealing with psychological stress in unit members at post-deployment. There were significant differences across nations in terms of satisfaction with support for leaders at post-deployment, with ratings ranging from 0% to 90% satisfied.

There was a high correlation between satisfaction with psychological support for unit members and training for leaders (r=.88).

4.4.4 Are there any aspects of the psychological support provided post-deployment that you would like to see changed or improved upon?

In response to the question about ways in which psychological support could be improved post-deployment, several different themes emerged.

Unit integrity. Maintaining unit integrity for a period of time at post-deployment was an important issue for respondents from at least four nations. For example, respondents from several nations described that shortly after homecoming, individual unit members were dispersed across other units. Maintaining unit integrity was noted as facilitating the adaptation back home, ensuring military personnel had friends to talk with, and enabling leaders to assess the adjustment of their unit members more easily. Respondents suggested that unit integrity be maintained for at least three months.

One respondent noted "Currently, when a unit returns home some personnel are immediately despatched to another unit. This means they have no-one to talk to about the highs and lows relating to their recent operation. You need 3 months together as a unit during and post-deployment." A respondent from another nation commented, "Don't separate personnel that worked together right after the mission. Give time to cope with experiences as a group."

Timing of post-deployment support. Respondents from 7 nations suggested that psychological support be extended beyond the immediate post-deployment period and be provided at least 3 to 6 months post-deployment. Respondents from a nation that specifically instituted such follow-up perceived benefits associated with this approach.

One respondent said, "A follow-up interview at the three month stage would improve the psychological support after a mission." An individual from another nation commented that "There is a need for psychological consultations after the deployment; however, it must start at least a week later."

Developing an organized decompression phase. This recommendation included slowing the return home. Respondents commented on the need for decompression time prior to reintegration (e.g., "one moment we were in the desert and the next we were … on the way home" and another spoke of the need "to relax with the first beer without the home front"). Another recommended the military "extend the acclimatization period."

Information. Several respondents recommended providing information (booklet, brief, etc.) on post-deployment psychological adjustment. The information should be targeted to the family members (i.e. spouse) regarding signs and symptoms of stress-related problems. The information should also include an easy-to-use way of listing local mental health resources. One respondent suggested including information on spouse abuse.

Some respondents mentioned the need to provide specific consultation to leaders, to train them before the deployment to recognize and deal with stress reactions, and to provide additional individual support to the

leadership. As one respondent recommended, "talk to leaders and see how they are doing as it is pretty stressful for NCOs and Officers."

Interviews. Respondents from several nations recommended structured individual interviews with military personnel and commanders. Respondents from several nations that did not do this routinely suggested that this would be particularly helpful for deployments that were especially stressful or dangerous. Several respondents mentioned the importance of face-to-face interviews rather than relying on a survey alone.

Visibility of mental health professionals. Respondents from several nations suggested that military mental health professionals be available (e.g. standing by, meeting with unit members) during homecoming and after. Having someone assigned to a unit was not enough; respondents commented that military mental health professionals need to make themselves visible and accessible. Having deployment experience, and understanding the military were also considered critical for maintaining credibility and being helpful to returning military personnel.

As one respondent noted, "Optimally, psychologists could be standing by at base to assist if necessary during the homecoming procedure." Along the same lines, another respondent noted it would be good "…to have psychologists present at a social event 3 months after returning home." In terms of credibility, one respondent said, "Psychologists have to be selected very carefully, not only on the basis of their diploma but also on the basis of their experience [and] after a specialized course..."

Informal Support Networks. Several respondents from several nations mentioned the importance of informal support networks in helping individuals cope with stress during the post-deployment phase. Respondents recommended that these informal support networks be supported by maintaining unit integrity (see above), making individuals aware of these networks and facilitating the creation of these networks following the return home. Respondents also recommended using these networks as an additional way to assess the well-being of individuals and to integrate mental health support in these networks. For example, a couple of respondents recommended that mental health professionals be present during social gatherings.

4.4.5 Reflecting upon your role within your unit, how adequate do you feel in dealing with the psychological effects of potentially traumatic events and/or stress-related problems post-deployment that subordinates may experience?

Table 6: Level of adequacy in dealing with post-deployment psychological effects

No.	V. Adeq.	Adeq.	Neither Adeq/Inadeq	Inadeq.	V. Inadeq.	Mean	SD
147	18 (12.2%)	70 (47.6%)	39 (26.5%)	14 (9.5%)	6 (4.1%)	2.46	0.97

Overall, 59.9% of respondents reported feeling adequate or very adequate in dealing with the psychological effects of deployment in their unit personnel. Respondents from nations differed in their ratings of how adequate they felt in dealing with post-deployment stress in unit members. For example, 20% of respondents from one nation reported felt adequately prepared whereas 100% of respondents from another nation reported feeling adequately prepared.

Ratings of adequacy were significantly correlated with ratings of satisfaction with psychological support provided to unit members post-deployment (r=.36) and with psychological support provided to the unit leadership (r=.38).

4.5 Group/Unit Screening

The following section relates to the assessment of organizational climate that units are sometimes asked to complete. Organizational climate variables include cohesion and morale and have been shown to influence combat effectiveness.

4.5.1 Were your groups (e.g. unit, company) assessed in terms of organizational climate (e.g. morale, cohesion) prior to deployment? If so, did you receive the results from this assessment and were the results useful?

Of the 161 respondents from across the 15 nations who carried out some form of pre-deployment organizational climate assessment, 39.1% stated that such an assessment was undertaken within their group. Four nations had only one respondent who stated that an assessment had been carried out. Where an assessment had been undertaken 82.5% of respondents stated they had received the results of the assessment. Of those respondents receiving assessment results 84% found them useful (n=47).

4.5.2 How satisfied were you with the outcome of this assessment of organizational climate?

Table 7: Level of satisfaction with the pre-deployment organizational climate assessment

No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
160	16 (29.6%)	27 (50%)	9 (16.7%)	2 (3.7%)	0	106	4.05	0.78

On average, 79.6% of respondents were satisfied with the outcome of the organizational climate assessment. Only 3.7% of respondents gave any indication of a lack of satisfaction. There were also differences across nations, with levels of satisfaction ranging from 6% to 100%.

4.5.3 Were your groups (e.g. unit, company) assessed in terms of organizational climate (e.g. morale, cohesion) while in the theatre of operations? If so, did you receive the results from this assessment and were the results useful?

Of the 162 respondents from across all 16 nations who carried out some form organizational climate assessment during deployment, 40.1% stated that such an assessment was undertaken within their group. Once again, 4 nations had relatively few respondents who stated that any assessment had been carried out (ranging from 7% to 100% across nations). Where an assessment had been undertaken 87.5% of respondents from across the 16 nations stated they had received the results of the assessment. Of those respondents receiving assessment results 86% found them useful (n=49).

4.5.4 How satisfied were you with the outcome of this assessment of organizational climate?

Table 8: Level of satisfaction with the in-theatre organizational climate assessment

No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
159	20 (36.4%	23 (41.8%)	5 (9.1%)	5 (9.1%)	2 (3.6%)	104	3.8	0.9

On average, of those 55 respondents providing a satisfaction rating, 78.2% were satisfied with the results of the assessment. There were differences across nations, with satisfaction ranging from 20% to 80%.

4.5.5 Were your groups (e.g. unit, company) assessed in terms of organizational climate (e.g. morale, cohesion) post-deployment? If so, did you receive the results from this assessment and were the results useful?

Of the 163 respondents from the 12 nations who carried out some form of post-deployment organizational climate assessment, only 19.7% stated that such an assessment was undertaken within their group, whilst 80.2% stated that no assessment had been undertaken. Five nations had only one respondent who stated that organizational climate assessment had been undertaken. Where an assessment had been undertaken, 82.5% of respondents, including at least one respondent from each of the 12 nations, stated they had received the results of the assessment. Of those respondents receiving assessment results 84% found them useful (n=47).

4.5.6 How satisfied were you with the outcome of this assessment of organizational climate?

Table 9: Level of satisfaction with the post-deployment organizational climate assessment

No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	N/A	Mean	SD
162	5 (17.9%)	18 (64.3%)	4 (14.3%)	0	1 (3.6%)	134	3.9	0.5

On average, of those 28 respondents providing a satisfaction rating, 78.2% were satisfied with the results of the assessment. Only 3.6% of respondents showed any sign of dissatisfaction.

4.5.7 Do you think that the current assessment of organizational climate is adequate and if not, what improvements would you like to see implemented?

Table 10: Level of adequacy of current assessment of organizational climate

No.	Adequate	Inadequate	Don't know	No comment	Misc. comments
165	39 (60%)	22 (33.8%)	4 (6.1%)	52	48

Seven respondents from one particular nation did not answer the Group/Unit Screening section and a further 52 respondents failed to provide comments. Only 65 respondents gave any indication as to the adequacy of the assessment of organizational climate. Of this number, 60% felt the assessment was adequate, 33.8% found the assessment to be inadequate, whilst 6.1% were unsure.

In response to the question about ways in which the current assessment of organizational climate could be improved, a number of different themes emerged.

Reporting of results. Whilst a large number of respondents stated they actually received the results of the assessment a number were concerned about what they perceived as the time lag between the assessment being carried out and receiving the results. Such comments included: "Report results of first measurement more quickly", "The time between the soldiers filling in the survey and the time we receive the results is

far too long", "The results must be timely. Verbal briefs will suffice. Detailed information later is satisfactory for force generators". Therefore, reducing the time between assessment and results would be welcomed by many military leaders as an improvement in the system.

Specific deployment assessment. A number of respondents stated that they would like to see organisational climate assessments tailored to particular missions. For instance, some relevant comments included: "The assessment should cover more questions about stress during deployment", "A much more specific assessment during deployment would be convenient, and an assessment after return to gain useful information for following teams", "Some questions could be made more specific for the current situation of the unit", "Introduction and preparation could be better, and more specific depending on the type of unit". However, one respondent stated that assessments "Should be done on a regular basis, not only around deployments (missions)".

Involvement of the military leader. Some respondents emphasised the need for military leader involvement in the assessment process. A selection of such comments included: "It is important for the senior officer to receive regular feedback from the surveys to use them in support of organization management", "The social psychological climate's estimation is extremely valuable for the commander's activity. The post-deployment results to be reported to the CO", "It is necessary to estimate the psychological climate during all mission phases. The psychologist must do the assessment in accordance with the commander's plans and intentions", "If possible do it [assessment] during as well (more feasible in groups), the time to be determined by commander". One respondent was not overly sympathetic towards organizational climate assessment and offered the following opinion "It is a leader issue. Company commander needs to be actively involved, talk with soldiers, not be so distant. You don't need to find out what's wrong with unit on survey".

Miscellaneous comments. There were a number of pertinent one-off comments made by leaders. The need for more internal unit involvement was highlighted with one respondent stating "More in-house, less generic; external people can be good but let organisation have input into framework of interview/survey". Yet another respondent stated that units should have some say about the most appropriate time to carry out the assessment, e.g. "Unit organization must be represented adequately in the questionnaire. Consult with unit about best moment". Practical issues such as time constraints was mentioned by one respondent who commented "Sometimes the assessment is not done because of being rushed to deploy". Also, the fact that units are not always cohesive was raised by another respondent with the comment "Units are not homogenous, people are not acquainted, and usually disorganised".

In summary, although all nations in the study carried out some form of organisational climate assessment only two nations carried them out with significant numbers of personnel at all three deployment stages (i.e. pre-, during, and post-deployment), or 10.9% of respondents in total. Assessments were carried out at two stages of the deployment cycle (mainly before and during) as claimed by 17.2% of respondents. 24.5% of respondents stated that assessments were carried out at only one stage (generally during deployment (13.2%) and before deployment (11.3%)). Only two nations had 7 or more respondents undergoing an organizational climate assessment post-deployment. Overall, most nations appear to undertake assessments pre- and during deployment and this may reflect the fact that military personnel are generally together as a unit and accessible (particularly during deployment). Whereas, post-deployment, unless there is a rigorous decompression phase in operation, military personnel are more likely to be dispersed and therefore harder to get in contact with. In terms of level of satisfaction with the assessment of organisational climate, the findings indicated an overwhelmingly high level of satisfaction with an average of 78.7% across the deployment cycle. Recommended improvements to the current assessment of organizational climate focussed on the need to report the results of an assessment as quickly as possible, tailoring the assessment to the mission, and involving the military leader in the process.

4.6 Psychological support to families

4.6.1 What kind of psychological support was received by the unit family members before, during and after the last deployment in order to cope with psychological or stress related problems that might occur (Pre-During-Post).

Pre-deployment. Respondents from 50 military leaders (or 50% of the respondents answering this question) indicated that at pre-deployment, family members of deploying personnel received assistance in the form of measures to enhance communication and information sharing. There were two different approaches to enhancing communication. First, families received information that was designed to help them have contact with one another. This occurred in the form of telephone lists of family members with deploying personnel. Second, families received contact information designed to assist them in navigating the military system. This occurred in the form of lists of names and addresses of important contacts, leaflets or other handouts, briefings and videos. In terms of information sharing, respondents also reported that family members received information about what to expect in dealing with deployment. There were briefings to military personnel and also briefings for military family members about the impact of a deployment on military families.

Respondents noted that military families received support from a variety of sources. These sources included psychologists, social workers, chaplains, health care providers or family officers (military personnel specially designated to provide a unit with family support). These sources were supplemented by institutional support. For example, community agencies, other military organizations, and family readiness groups (e.g., self-help groups composed of family members from a military unit) provided support to unit families. In addition, some support was organized specifically in response to the deployment. These resources included conventions for military families, military family centres, or the organization of networks for military families.

While some type of pre-deployment family support was reported by many survey respondents, at least 50 respondents indicated that there was no support provided, thereby demonstrating the variability within and across nations in the provision of family support pre-deployment.

During Deployment. Military family support during the deployment was primarily centered around communication. Communication with the individual deployed was supported through various means, including phone calls home that ranged from 20 minutes per week to calls allowed 24/7 or the use of hotlines depending on the type of deployment and the nation represented by the respondent. Other communication devices included the use of the internet and webcams. Communication about the unit as a whole was supported through various mechanisms as well, including websites, newsletters with situational reports (SITREPs), and family briefings. Communication among families of those deployed from the same unit was supported through the use of phone circles, where family members could share their experiences with other military families. The other form of support specifically mentioned by the respondents was some kind of service designed to respond to immediate and important family needs.

Again, these activities were primarily provided by mental health professionals (psychologists, psychiatrists, social workers and chaplains) and organization and community-based agencies (e.g., family readiness groups, army community services, assistance cells for families, home front committees, and military family centres). While during-deployment family support was described by 44 leaders (or 49% responding to the question), 46 respondents reported not being aware of family support or that no family support was provided.

After Deployment. Fewer support resources were provided to families after deployment than before or during. That is, fewer respondents reported that military families received some kind of support following deployment than at other times in the deployment cycle. In all, 24 respondents (or 33% of those responding to the question) reported that some kind of family support was provided in the post-

deployment phase while 48 reported that they were not aware of after-deployment family support or that no such support was provided. The kinds of support that were described included general assistance with reintegration and clinical support for those with significant difficulties adjusting post-deployment.

General assistance was provided to families through reintegration briefings, homecoming meetings, and/or group sessions with families. These meetings typically provided families with information about what to expect and/or gave families the opportunity to share their experiences with one another. Support was also provided through formalized networks of family members of returning unit personnel.

Many respondents also reported that clinical assistance was also offered to military families of returning unit members. This assistance was designed to facilitate the care and mental health treatment of military personnel and their families. A few respondents also mentioned formally involving family members in their unit's after-care program and even sent an aftercare questionnaire to family members to assess their well-being and service needs.

In the case of after-deployment military family support, most of the activities were provided by various mental health specialists, military organizations, community agencies, or the military leaders themselves.

4.6.2 Level of satisfaction with the overall psychological support provided to families.

Table 11: Level of satisfaction with the overall psychological support provided to families

No.	V. Sat.	Sat	Neither Sat/Dissat	Dissat.	V.Dissat	Mean	SD
107	26 (24.3%)	42 (39.3%)	14 (13.1%)	11 (10.3%)	14 (13.1%)	1.32	0.5

On average, 63.6% of respondents were satisfied with the overall psychological support provided to families. There were significant differences across nations, with satisfaction ranging from 0% to 100%. It was noticeable that nearly a quarter of respondents were dissatisfied with the support available (23.4%), with 7 nations registering a rating of 'Very Dissatisfied'. Unfortunately the data set did not allow for an indication of level of satisfaction at specific points in the deployment cycle (i.e. pre-, during, and post-deployment).

4.6.3 Potential changes/improvements to current psychological support given to families within own nation.

In response to the question about ways in which the current psychological support given to families could be improved, approximately 60 military leaders provided constructive comments. Two nations failed to provide any comments, whilst three further nations mainly provided a very short sentence or one word comments, e.g. 'none', 'no', 'meetings'. Of the suggestions provided a number of different themes emerged.

Improving contact between the unit and military families. Suggestions for improving contact were targeted towards the pre-deployment and mission phases. For example, enhancing the contact between the unit and those families that do not live in the barracks was suggested, as was the need to take the families of augmentees into consideration. As one respondent stated "I think we have it right for cohesive units/sub-units, but for augmentees we are failing in our family support".

Further suggestions for improvements included conveying realistic (non alarming) information about the mission to families, the availability of regular contact (e.g. by means of (news)letters, video conferencing

and the assignment of a rear party that belongs to the unit that can maintain contact with the military families).One respondent stated "I'd like to see a team in rear with strong knowledgeable NCOs integrated within the combat stress control team, and the chaplain". The importance of giving appropriate attention to children and providing them with information was also highlighted.

Practical assistance for spouses. A number of nations raised the issue of providing practical support to spouses as they often have to deal single-handedly with family issues whilst their spouse is on deployment. One respondent stated "Lot of families living out of barracks need to be brought into the family support process. A lot of wives can't drive. There should be adequate notice of meetings with set dates decided pre-tour. Furthermore accurate lists of contact numbers should be provided and programs in which past experiences are exchanged were suggested as useful".

Professional support. Several respondents suggested that professional staff like psychologists and padres/chaplains should be also available for military families if needed. There was also a suggestion from one respondent that some form of assessment tool should be developed that might aid in the detection of families that need help.

Improving reintegration programs. A number of respondents stated the need for improving reintegration programs for military families after the return home. As one military leader stated: "We don't target reintegration at the right time - the honeymoon phase when we first get back. They're tired and they go on block leave and then come back to work. Then 90 days later the problems became real again". Suggestions for improving family reintegration programs included an information notebook distributed to soldiers in theatre with details on how to manage the return after operations, and also free access to the Internet.

4.6.4 Level of personal adequacy of leadership role in dealing with psychological support for the families of your unit's personnel?

Table 12: Level of personal adequacy when dealing with psychological support of families

No.	V. Adeq.	Adeq.	Neither Adeq/Inadeq	Inadeq.	V. Inadeq.	Mean	SD
155	15 (9.7%)	51 (32.9%)	49 (31.6%)	32 (20.6%)	8 (5.2%)	2.79	1.04

Of the 155 respondents who provided their level of personal adequacy in dealing with the psychological support for the families of the unit's personnel, the results were fairly inconclusive. For instance, whilst the majority of respondents were satisfied with 42.6%, over 30% of respondents (from across 14 nations) were neither satisfied or dissatisfied, and over 25% were dissatisfied. The findings might indicate a military leader's lack of having to minister to a families' psychological welfare or even when it has occurred, the uncertainty in assessing the effectiveness of their support and therefore providing a subjective measure of personal adequacy.

4.7 General Questions

Section G consisted of four general questions (the latter two being optional) which related to: what information military leaders would like to see in a guide; who should be responsible for preparing military personnel for operational psychological readiness; what military leaders thought of people who suffer stress-related problems, and; what they thought of people who seek services for stress-related problems.

4.7.1 If a military leaders' guide to psychological support in modern military operations was available, what information would you like to see included?

Of the 137 respondents who answered this question the underlying theme was that military leaders wanted a simple, pragmatic approach as to what to do (11 nations) and who to approach (5 nations) if stress and stress-related problems occurred in their unit. Over 30 respondents from 8 nations wanted some form of checklist of things to look out for, especially signs and symptoms of stress, so that they could recognise the problem early on and act accordingly. Many wanted a list of does and don'ts that were precise and unambiguous, with the use of scenarios where appropriate. Over 10 respondents from across 5 nations wanted advice relating to deployment and family issues. Fifteen respondents wanted information on how to cope with stress. There were very few responses relating to assessment/measurement of stress, counselling/debriefing, and post-deployment/re-integration issues, possibly because many military leaders may have considered some of these issues beyond their expertise and were more concerned with the pre- and during deployment periods. Only a small number of individuals from across 3 nations gave a negative response, e.g. they didn't see the need for a guide or thought there would be little value even if one was available.

In summary, most military leaders wanted brief, factual, non-technical information on operational stress and related problems in terms of: what causes stress, how to recognise stress, what are normal/abnormal reactions, what to do if stress occurs, who to turn to for support if needed (e.g. a medic or a chaplain), and how to cope with stress in general.

4.7.2 Who do you think should be responsible for preparing military personnel for operational psychological readiness? Please give your answers in order of priority and if possible explain the reasons behind your choice.

Of the 151 respondents who answered this question approximately a third from across 8 nations stated that the Commanding Officer (CO) should be responsible, be they unit, platoon, or battalion commanders. The reasons given included that the CO bears ultimate responsibility and they have the necessary experience and knowledge of the military to know the needs of the individual and the organisation as a whole, in order to make informed decisions and co-ordinate the mission. Frequent reference was made to the close proximity and daily contact that COs have with their subordinates which in turn aids good leadership. However, many respondents also recognised the need for professional mental health workers when appropriate to support them in bringing about operational psychological readiness. In fact there were a number of responses that tied first choice between the CO and the Psychologist (from 2 nations in particular), and where there were multiple responses approximately 50 military leaders included both CO and psychologist/medic in their list.

In keeping with this emphasis on the role of psychologists, the second most common response to the question of who is responsible for preparing military personnel for operational psychological readiness was a psychologist (6 nations). Psychologists were seen as specially trained people who had the necessary in-depth knowledge and experience relevant to this area and were often referred to as experts. Many of the NATO nations have uniformed psychologists so there was often an accepted mixture of both professional and military expertise. Wearing a uniform also meant the psychologist could be deployed with the unit which added to their kudos and aided their acceptance within the unit. Also, despite many psychologists also being serving officers, they were seen as impartial and, when compared to the chaplain, were seen as neutral in terms of religion.

Approximately 20 respondents put down Medical Staff as their first choice, though hardly any stipulated a medical specialist such as a psychiatrist. Although a number of respondents qualified their choice with such statements as "being specially trained to deal with stress", "being the best person for the job", or "having the authority and facilities to undertake the role", the majority did not give a reason for selecting a Medical Officer. This may have been due to the military leader not having much of an idea as to what a medic does or that the term 'medic' is a catch all for specialists who deal with people with physical/psychological problems.

Options receiving 10 or fewer responses included: the chaplain (compassionate, good interpersonal skills, and knows the troops); military personnel themselves (should take responsibility for their own welfare, need to develop own skills and systems, can apply lessons learned); personnel and welfare staff (have appropriate training); and to a lesser extent, peers, the General Staff, military educational establishments, and the Government.

In summary, respondents indicated that the CO should have the main responsibility, followed by a Psychologist, and to a lesser extent medical staff, but also that the best option was for the CO and Psychologist to work in close collaboration. Seventy responses gave one preference, whereas the rest mainly opted for 2-3 preferences.

The following two questions were optional:

4.7.3 What do you think of military personnel who suffer stress-related problems on or after deployment?

Of the 116 respondents who answered this question there were frequent comments from across 11 nations relating to how normal/natural stress is and that everybody suffers to a certain degree, though the majority cope and deal with it. Three nations responded that it is OK to suffer from stress, especially when it is not something that can always be controlled, though it may depend on the cause of the stress. Military leaders from 11 nations stated that for those personnel who suffer from stress there is a need to seek help or treatment. A couple of nations likened psychological illness to physical illness only it was less obvious than say a broken leg.

For those respondents who were negative about stress-related problems, the range of response from 8 nations included: stress being seen as a devious way of getting out of work; not something that is talked about because of the potential deleterious effects on one's career; a deficiency in pre-deployment selection; sufferers should not go on deployment or should be sent home as soon as stress is diagnosed, and never be sent on deployment again; stress sufferers being seen as sick people who need help and be felt sorry for.

In summary, military leaders on the whole appear accepting of stress and stress-related problems in others and approach the issue in a caring and sympathetic manner. Given the traditional macho culture of the military in many countries and a perceived intolerance to matters psychological, this can only bode well for the future acceptance of stress and stress-related problems.

4.7.4 What do you think of military personnel who seek services for stress-related problems?

Of the 114 respondents who answered this question most nations were supportive with such statements as "It is the best/right/smart/responsible/reasonable/sensible thing to do". Although 18 respondents from across 9 nations reaffirmed the assertion that it is normal to suffer from stress, three nations saw help-seeking as a sign of strength and courage and that it showed responsibility and maturity. Also, when unit members acknowledge and recognize that they need help, and do not hide the problem, the military leaders regarded them with more respect and understanding. The potential for stigmatization was mentioned by 3 nations and the fear of help-seeking behaviour leading to discharge was stated by 2 nations. Of the very few negative comments that arose, they included help-seeking behaviour being seen as weak and feigning illness, and that such people had no place in the military.

In summary, help-seeking behaviour was viewed as positive by the majority of nations. The fact that military personnel who suffer from stress recognise the problem, openly acknowledge it and then seek help of their own volition was highly respected.

4.8 Psychological Support Scenario

Military leaders were requested to provide a short anecdote from their own experience detailing a time when they wished they had known more about psychological support in order to help their military personnel more effectively. Military leaders were asked to describe a particularly stressful event related to deployment, although other military examples were accepted. Descriptions were to include a brief factual account of the incident, and the leaders' role as events unfolded. Ideally, they were also to provide some indication as to the level of personal satisfaction with the way they handled things and whether their prior training was adequate.

Personal anecdotes were provided by 55 respondents across 10 nations. Of the incidents described, 12 included fatalities, generally from allied soldiers coming under attack but also enemy and civilian casualties. The themes of the scenarios included: being ambushed, coming under artillery/mortar attack, the perceived threat of an enemy attack, a suicide, a natural death, a car bombing, conflict resolution/crowd control, coming upon mass civilian graves and bodies, and witnessing the aftermath of brutal conflict in terms of homelessness, poverty and orphaned children. As to be expected, many of the scenarios related to peacekeeping operations (e.g. Iraq, Bosnia and Rwanda).

The range of feelings/emotions expressed in response to a traumatic incident (from both individual military leaders and units as a whole), across 6 nations, included: being abandoned by the host nation, a strained atmosphere, guilt, frustration, helplessness, impotence, and shaking with relief. One military leader appeared to be suffering from certain aspects of PTSD following a 36 hour exposure to an artillery bombardment, e.g. "No-one spoke about the bombardment afterwards and I didn't speak to anyone about my reaction to it. I didn't understand what was happening to me – why I was reacting in such a strong way to a door slamming".

A number of scenarios mentioned how the lack of psychological preparation was a contributing factor in their not knowing what to do following a traumatic incident (6 nations), and how useful the appropriate training would have been. However, the need to talk about the incident at a later date was recognised, and some leaders actively went about this process by talking to their subordinates directly or encouraging them to talk together as a unit (e.g. "As I wanted to evaluate the outcomes of this event I talked with all my subordinates as a group. Then I talked separately with those who were most affected (they needed to talk to someone))".

Only 5 nations provided a fully comprehensive scenario detailing the incident, how things unfolded, and their role, feelings and attitudes. Of the few nations that stated they would have welcomed some Mental Health Professional (MHP) input only 3 respondents stated that MHPs had helped, 3 respondents stated that MHP support would have been of benefit, 3 respondents stated that MHP support was not needed, and only 1 negatively stated that "the unit psychologist was ineffective, behaved inadequately and did not render the assistance that was expected of him". However, where there was an MHP intervention they were seen as highly valuable and a necessary part of unit support following a stressful incident.

5.0 CONCLUSIONS

The findings of the survey have emphasized the importance military leaders across nations placed on psychological support on operations, and the need for integrated mental health support at pre-deployment, during deployment, and post-deployment. In general, the participating military leaders reported perceiving little stigma associated with stress-related responses and help-seeking behaviour. Respondents also stated their preferences for concrete and specific information related to recognizing and managing psychological stress reactions on deployment. The information obtained here will be used to guide the development of a HFM-081/RTG booklet containing information and practical guidelines for military leaders on managing operational stress.

Annex G – A LEADER'S GUIDE TO PSYCHOLOGICAL SUPPORT ACROSS THE DEPLOYMENT CYCLE

PREFACE

Military leaders at all levels have a key role in sustaining the mental readiness of service members under their command. They also play an important part in maintaining morale on the home front for military families. The aim of this guide is to provide military leaders with information and practical strategies for dealing with stress and the provision of psychological support. The goal is to enhance unit effectiveness in modern military operations.

This guide is the result of work conducted as part of the NATO Task Group HFM 081/RTG within the Human Factors and Medicine Panel of the Research & Technology Organisation. NATO established the Task Group on the topic of "Stress and Psychological Support in Modern Military Operations" in 2002, with the direction that it was to run for a period of 4 years. The group consisted of over 30 professionals representing 19 different NATO and Partnership-for-Peace nations. Task Group members included military and civilian defence professionals from the field of military psychological support. These professionals represented a range of disciplines, such as psychology, psychiatry, social work and sociology. Among its various achievements, the Task Group conducted an international research project, sponsored a ground-breaking NATO symposium and developed a series of guidelines for psychological support in military operations. This guide represents the final product of the Task Group.

The information presented in this guide is the result of the Task Group's international collaboration and brings together information from two sources: national experts and military leaders. In the case of national experts, the representatives from the Task Group joined together to outline the key areas of importance and agreement regarding psychological support on military operations. While there are gaps in the research literature and therefore a lack of science-based evidence to support some of the decisions about psychological support in military operations, the members of the NATO HFM 081/RTG have made recommendations based upon what is considered to be current best practice.

In terms of military leaders, results from the Task Group's survey of 172 NATO and Partnership-for-Peace military leaders across 16 nations identified key areas of interest related to psychological health on operations. These leaders included both officers and enlisted personnel from all branches of service. Each participant had served in a leadership capacity on a deployment sometime in the past two years.[1] The study findings were used to shape the development of this guide. Leaders described areas related to operational stress about which they wanted information, and they also provided personal accounts illustrating key points discussed in this guide.

These accounts are used throughout the guide because the participants in the survey said they wanted training to emphasise case studies and also because these accounts demonstrate the real-world context of operational stress. They reflect the reality of combat and peacekeeping missions from a wide range of NATO/PfP nations. When necessary, the quotes have been edited for clarity and to remove details that could identify the specific nation involved. The military leaders also overwhelmingly requested specific, applied information about psychological support across the deployment cycle.

Besides the input from the leaders surveyed as part of the Task Group's military leaders survey, input for this guide was also obtained from military leaders participating in the NATO Symposium: "Human Dimensions in Military Operations: Military Leaders' Strategies for Addressing Stress and Psychological Support". The symposium, developed by the Task Group and co-sponsored by the NATO Committee of the Chiefs of Military Medical Services (COMEDS) Military Psychiatry Working Group (MP-WG), was held in Brussels in April 2006 and served as a platform for the Task Group's work.

The results of the survey and symposium helped in the development of this guide which is designed to support those responsible for leading military personnel on NATO's military operations. In each chapter, this guide provides both a rationale for addressing psychological support issues and strategies for leaders tasked with supporting their unit members. Given this balance, it may be useful to include this guide during military academy training, as part of a pre-commander course, as part of an enlisted leadership training course and as part of junior staff college training. This guide can also be used at the pre-deployment stage to support leaders who are about to assume the responsibility for deployed units. We invite nations to use this guide to meet their specific training needs and to supplement the guide with information that reflects their national policies.

The information assembled here is integrated from many sources, and we are grateful to all those who contributed to the development of this guide. We are especially grateful to those leaders who were willing to share their experiences and insight for the benefit of the NATO community.

Executive Summary

NATO Task Group HFM 081/RTG on "Stress and Psychological Support in Modern Military Operations" was formed in 2002 with the direction that it was to run for a period of 4 years. HFM 081/RTG consisted of over 30 professionals representing 19 different NATO and PfP nations, including a variety of military and civilian defence professionals from the field of military psychological support, representing a range of disciplines, such as psychology, psychiatry, social work and sociology.

Among its various achievements, the Task Group conducted an international research project, a Military Leaders' Survey of 172 NATO and PfP military leaders across 16 nations who identified key areas of interest related to psychological health on operations. These leaders included both officers and enlisted personnel from all branches of service. Each participant had served in a leadership capacity on a deployment sometime in the past two years. Leaders described areas related to operational stress about which they wanted information, and they also provided personal accounts illustrating key points.

The Task Group also produced reports on best practices in psychological support before, during and after operations, inventories of instruments used to survey unit morale as well and an inventory of clinical tools used across NATO- and PfP nations for assessment, intervention and education with individuals and groups before, during and after deployments in routine and crisis situations. In addition, the Task Group sponsored a ground-breaking NATO symposium, HFM-134, "Human Dimensions in Military Operations: Military Leaders' Strategies for Addressing Stress and Psychological Support". The symposium, developed by the Task Group and co-sponsored by the NATO Committee of the Chiefs of Military Medical Services (COMEDS) Military Psychiatry Working Group (MP-WG), was held in Brussels in April 2006 and served as a platform for the latter part of the Task Group's work.

The final product of the Task Group is a series of guidelines for psychological support in military operations, in the form of a Military Leaders Guide. Military leaders at all levels have a key role in sustaining the mental readiness of service members under their command and play an important part in maintaining morale on the home front for military families. The Guide provides military leaders with information and practical strategies for dealing with stress and the provision of psychological support in order to enhance unit effectiveness in modern military operations.

The information presented in the report and guide is the result of the Task Group's international collaboration and brings together information from two sources: national experts and military leaders. In the case of national experts, the representatives from the Task Group joined together to outline the key areas of importance and agreement regarding psychological support on military operations. While there are gaps in the research literature and therefore a lack of science-based evidence to support some of the decisions about psychological support in military operations, the members of the NATO HFM 081/RTG have made recommendations based upon what is considered to be current best practice.

Programme Committee

HFM 081/RTG MEMBERS

Name	Country	Year(s) Involved	Role
BIRNER Alexander	AUT	2004-2006	Member
FLECK Guenther	AUT	2002	Member
LANGER Christian	AUT	2003	Member
YANAKIEV Yantsislav	BUL	2005-2006	Member
CUVELIER Yves	BEL	2002-2006	Chair
DE SOIR Erik	BEL	2002	Member
FILS Jean-Francois	BEL	2003-2004	Member
MUSSCHOOT Vincent	BEL	2004-2006	Member
VAN DEN BERGE Carlo	BEL	2006	Member
BROWN Karen	CAN	2004-2005	Member
DUNN Jason	CAN	2002-2005	Member
EYRES Stephen	CAN	2002-2004	Member
LE BEAU Mariane	CAN	2002	Member
MATHESON Henry	CAN	2003-2005	Member
NORRIS Marie	CAN	2005-2006	Member
PERRON Nancy	CAN	2004-2005	Member
RODRIGUE Suzie	CAN	2006	Member
HOLUB Martin	CZE	2004	Member
KLOSE Jiri	CZE	2003-2006	Member
TICHY Vlastimil	CZE	2003-2006	Member
KREIM Günter	DEU	2003-2006	Member
WILLKOMM Bernd	DEU	2002-2006	Member
HOMMELGAARD Birgitte	DNK	2003-2006	Member
PUENTE José	ESP	2003-2006	Member
ANTOINE Pascal	FRA	2002	Member
ARVERS Philippe	FRA	2004-2006	Member
CLERVOY Patrick	FRA	2002-2006	Member
CRUZ Thierry	FRA	2003-2004	Member
FORET Jean-Michel	FRA	2005-2006	Member
MAIGRET Chantal	FRA	2002-2005	Member
RAPHEL Christian	FRA	2002	Member
CAWKILL Paul	GBR	2002-2006	Member
HACKER HUGHES Jamie	GBR	2003-2006	Vice-Chair
SLAVEN Georgina	GBR	2002-2006	Member
FILJAK Tomislav	HVR	2003-2004	Member
STEFAN Suzana	HVR	2003	Member
TRLEK Mladen	HVR	2004-2006	Member
ZELIC Anto	HVR	2002	Member
JANKUS Arunas	LTU	2003	Member
LAPENAITE Danute	LTU	2003-2006	Member
WAGNER Alain	LUX	2002-2006	Member
VAN DEN BERG Coen	NLD	2002-2006	Member
VAN KUIJK Peter H.M.	NLD	2002-2006	Member
BUCUR Ion	ROM	2004	Member
CIOCOTEA Iona	ROM	2004	Member
PERTEA Gheorghe	ROM	2003	Member
NECHAEV Arcady	RUS	2005	Member
SMYKALA Pavol	SVK	2003-2004	Member
STAMNOVA Michaela	SVK	2003-2004	Member
STEPO Pavol	SVK	2004-2006	Member
POLLACK Kristina	SWE	2002-2006	Member
GENCTURK Osman	TUR	2006	Member
ADLER Amy	USA	2004-2006	Member
BLIESE Paul	USA	2004-2006	Member
NESS James W.	USA	2002-2003	Member

Table of Contents

Chapter 1. MILITARY LEADERS' ROLE IN PSYCHOLOGICAL READINESS

Chapter Objectives:

- Review impact of deployment stressors on unit
- Discuss role of leadership and training
- Identify goals of guide

1.1. INTRODUCTION

Box 1.1: The First Casualty

"Three months into a year's deployment a night patrol was ambushed and a personnel vehicle was struck by a rocket-propelled grenade [RPG]. A soldier was pinned underneath. Military police arrived and there was a one-and-a-half hour gun battle during which time the trapped soldier was screaming. We got him out but he died at the scene despite resuscitation attempts. The incident affected everyone badly. On return to base, some soldiers unleashed their feelings; others bottled them up. For many this had been a first combat exposure. No mental health support was available that night. Many were stressed out."

- Military Leaders Survey

Being a military leader is a challenging job. Besides achieving operational objectives, unit leaders handle a range of problems affecting unit readiness. Whilst most military personnel do well on deployment, it is the leader's responsibility to manage psychological support when individuals are affected by operational stressors. Unit leaders may be called upon to come up with solutions when faced with crises such as the death of a unit member (see Box 1.1). Leaders must also settle less dramatic issues such as conflict within their unit. The way in which leaders address these challenges has a profound impact on unit readiness and performance.

The skills, responsibility and authority of military leaders put them in a unique position to make a significant difference in how unit members cope with operational stress. This guide is designed to provide leaders with tools to help them manage the array of psychologically demanding experiences that can occur during an operation and which have the potential to degrade individual and unit performance.

1.2. THE DEMANDS OF OPERATIONAL LIFE

Psychologically demanding experiences can involve a range of events which individuals may interpret differently. What is stressful for one person may not be stressful for another. The impact of various stressors may also not be the same. Some stressors may affect an individual's ability to concentrate; another stressor may affect an individual's mood. There are, however, certain basic characteristics associated with high-stress events.2 These include events that are:

(1) Threatening
Example: being shot at during a fire fight

(2) Overwhelming
Example: being confronted with the death of a unit buddy

(3) Unexpected
Example: being surprised by bad news from home while deployed

(4) Uncertain
Example: being on a mission with an unclear return date

(5) Ambiguous
Example: having to respond to an incident when rules of engagement seem unclear

When an event has these characteristics it is likely to be considered demanding. Unit members may experience many different types of demands. One way to think about the demands that unit members face on a deployment is to categorise them into two groups: the daily hassles of deployed life and the dangers experienced from operational stressors.

1.3. DAILY HASSLES

Deployed life stressors include missing family and friends and living in unfamiliar, culturally strange surroundings. Other sources of chronic stress associated with deployed life can vary widely across operations, but include:

- lack of privacy
- sexual deprivation
- hassles in terms of maintaining hygiene
- exposure to extreme weather conditions

Work-related demands are another chronic source of stress. These demands include work hassles found in garrison in addition to factors with special relevance to a deployed environment, such as boredom.

Taken alone, daily hassles may be tolerable; however, the cumulative effect of exposure to hassles potentially takes its toll on deployed personnel (see Box 1.2). Thus, it is the responsibility of leaders to consider the combined effect of daily hassles on unit members.

Box 1.2: Deployed Life

"Problems can occur due to separation from family and friends, living together in close quarters without the comfort of home. The psychologist and chaplain were present during the mission but, in case of problems, troops would rather address NCOs or Officers before speaking to 'specialised' personnel. Leaders must make an effort to emphasise the importance and necessity of the mission and try to allow maximum communication with friends and family."

- Military Leaders Survey

1.4. OPERATIONAL STRESSORS

The duties performed on operations can expose military personnel to stressful and traumatic events. These stressors are likely to vary by operation, mission, and branch of service. For example, aircrews often fly from relatively safe rear areas into high-intensity combat and back. This constant transitioning from a secure area to a high-threat area is a typical demand facing aircrews. Troops on the ground may report different kinds of stressors such as managing uncontrolled crowds, experiencing rejection by the local population, and witnessing destruction caused by regional conflict (see Box 1.3).

Box 1.3: A Leader on Patrol

"The most difficult moment I had to deal with was not a battle event. We were patrolling in a village. I was stunned to see the poverty the people were living in; their houses, the look on their faces, the ill children, everyone looking much older, the way women were treated. It was a completely different society than the one I was used to. I had heard a lot of stories from my colleagues describing the lives of these people, but the reality was hard to take in. In addition, I was thinking that at any given moment one of these people could point a gun in my face, so there was always this feeling of lingering danger. I felt pity for these people and I wanted to help them and better understand them. I was not prepared to witness such suffering and I needed a long time to adjust. Talking to other military personnel, translators, and locals, helped with this adjustment."

- Military Leaders Survey

Potentially traumatic events are a more extreme type of stressor. They are typically associated with serious injury or death, or the threat of serious injury or death (see Box 1.4). On operations, these potentially traumatic experiences may involve events such as:

- snipers
- fire fights
- improvised explosive devices (IEDs)
- traffic accidents
- mass graves
- body handling

Box 1.4: Encountering Threat

"Several times, I'd found myself in a situation where I led a unit against an enraged crowd of people. I'd have appreciated the presence of a specialist or at least somebody who had undergone some specialised training...and knew what to do when soldiers come into contact with dead bodies."

- Military Leaders Survey

Potentially traumatic events tend to be relatively easy to recognise as significant stressors, and they are likely to have an impact on individuals and units. While most service members will do well, they may be changed by these deployment experiences because deployments can:

- Affect the way in which people prioritise what is important to them
- Change the way people see themselves and the world
- Give military personnel a sense of accomplishment and pride.

The task of the military leader is to provide the conditions under which positive adaptation to both potentially traumatic events and daily hassles can be optimised.

1.5. WHAT CAN LEADERS DO?

The real-life incident described in Box 1.5 details the complex role of a military commander. In the midst of a mission, the leader's role involved keeping troops focused on the immediate objective. Following the mission, that role shifted to creating the conditions for resilience.

Box 1.5: Timing Leadership Actions

"The marines in my company had had minor fighting contact with the enemy up to this point and had come to feel, in my opinion, that they were naturally so well trained, fit and alert that this was all no more difficult than an exercise at home. When they extracted from the ambush, however, it was clear to them that they had had to fight for their lives. They had seen and dealt a lot with death and destruction and they'd had some miraculous escapes. It was a really prominent turning point when they all became combatants, not simply Marines. There were some who could not articulate their thoughts properly, a number who were still in shock and demonstrating irrational behaviour. There was a great deal of stress.

The response was straightforward. We had a task to do; others needed our help urgently and the men needed direction. My approach was unsympathetic, harsh, and purely business-like and the response was exactly what I needed. They swept into order and set off to confront whatever was assaulting their colleagues. They were so accustomed to what was needed that after 10 days of clearances and patrols I had little more to do until we stopped.

On stopping, perhaps one hour later, I went round most groups and my troop leaders and my sergeant major did the same. Most of the men were simply getting on with basic drills, cleaning weapons, re-arming, grabbing some food and sleep. Follow on orders had not been given at this stage so there was no sense of the next task, which would have given more tangible direction, and it was needed. All understood that we were going back into where we had just been. The men were dealing with stress themselves, with humour, discussion, talking through what had happened. Some had shot the enemy at less than 10 feet range and were starting to consider that. A few had had escapes that defied belief. My only input was to encourage them to talk about it, not to worry about it, to feel good that they had probably saved themselves and more importantly their buddies. They did not really need de-stressing, they were doing it themselves, all that we (the chain of command) provided was the sense of purpose, resolve, and the assurance that everything they had done and were feeling was entirely alright….

I don't have any miracle cures to offer you, except that talking with other leaders is essential."

- Military Leaders Survey

As the leader's account illustrates, unit members reacted in different ways. Coping is highly individual. As long as the coping method is helping and is not destructive, people should be encouraged to use what works best for them. Cohesive military units often automatically provide an environment that supports healthy coping. They do it through joking around, creating strong bonds of friendship, and sharing stories that show reactions are normal.

Many military units also provide traditions that help unit members make the switch from home to deployment and back again. Sometimes leaders don't need to do anything overt. As described in Box 1.5, leaders can monitor the unit to make sure natural unit processes are happening. When these processes are not working, however, the leader will need to intervene. Leaders need to assess how their unit members are doing and create the right climate to achieve healthy coping.

There are two ways leaders can step in: informally and formally. Throughout this guide, both types of support are addressed. To facilitate the informal process, leaders can foster a supportive unit climate, develop a sense of cohesion, and prioritise buddy support. They can also identify unit members who can coach and support the less experienced.

Leaders may also need to intervene formally. Formal mechanisms include using structured assessments of psychological fitness and morale, and relying on assistance from psychological support professionals. To effectively use formal mechanisms, leaders need to know the chain of support. This chain may include various psychological support professionals (see Definition Box) who provide additional expertise to the leader. Leaders will benefit from knowing how to work with these individuals before deploying. Pre-deployment is also an ideal time to establish a strong, resilient unit climate, and the best way to do this is with effective training.

Definition Box
"Psychological Support Professionals"

A broad term developed for this guide that encompasses a range of disciplines including:

- Psychologists
- Psychiatrists
- Social Workers
- Psychiatric or Mental Health Nurses
- Chaplains
- Physicians

These professionals support units on operation and often work together as a team.

1.6. THE ROLE OF TRAINING

Military training exercises can strengthen both the formal and informal mechanisms of support. The formal mechanisms of support are strengthened when psychological support professionals are integrated in training and leaders and unit members learn how to use the formal support system.

Informal processes are strengthened through training together. Tough, realistic training develops unit confidence (Box 1.6) and builds camaraderie and appropriate expectations. Such training is particularly important for units that have not previously worked together and for integrating military personnel attached to a unit for a deployment (often called augmentees). Integrating augmentees is an important task and leaders might want to focus specifically on this issue to support the development of unit cohesion.

Box 1.6: The Best Preparation

"…the best cure lies in experience but, in its absence, it lies in the training at the Training Centre, which is quite simply the best preparation a man can have short of live contact. The standards, discipline, camaraderie, cohesion and spirit (a little harder to define but very important) across all ranks (officers train alongside their men) cannot be found anywhere else."

- Military Leaders Survey

Well-trained military personnel report that even in difficult circumstances, their training provided a basis for successful coping (Box 1.7). Good training enhances confidence in oneself, in peers, and in unit leaders. This confidence helps protect military personnel from the negative effects of stress. Unit training provides a cornerstone for developing a positive unit climate.

Box 1.7: Training Kicks In

"During a recent war deployment in the Middle East, I was a senior officer… We received information that the ship was under imminent threat of a missile attack. It was a very stressful situation. We knew where the missiles would land but we did not know if they would have chemical warheads and what the fall out would be. …For half an hour we did not know if the weapons would wipe out half the task force. The whole incident lasted a couple of hours. I was shaking with relief that I had done the right thing – the training 'kicked in'."

- Military Leaders Survey

Tough, realistic training also helps leaders prepare unit members mentally. Unit members can learn what to expect in terms of deployment stressors, and get a sense of how they might react under difficult conditions.

Leaders need to think about their own psychological preparation, too. They should be prepared to face a tough reality. This reality includes "Ten Tough Facts" identified by military psychological support professionals in the Research Task Group's NATO symposium:3

- Fear in combat is common
- Unit members may be injured or killed
- Combat events affect everybody mentally and physically
- Unit members will be afraid to admit that they have a psychological problem
- Unit members will perceive failures in leadership
- Breakdowns in communication are common
- Deployments place a tremendous strain on families
- The deployed environment can be harsh and demanding
- Unit cohesion and stability can be disrupted
- Deployment poses moral and ethical challenges

Whilst good training is the basis of building an effective unit, actual operational events can be quite different from training scenarios (Box 1.8). Things can go wrong. It is during and after these moments – in the gap between expectations and reality – that a leader's utmost flexibility and adaptability are required.

Box 1.8: Training Can Never Fully Prepare You

"I was involved in very stressful urban combat. The unit had to kill a number of adversaries and afterwards it took a while to stabilise the unit. The first experience with such a situation is very stressful and hard to explain to those who have not experienced such a situation themselves. …Training can never fully prepare you for being in the situation personally. Following the traumatic incident some subordinates suffered from feelings of guilt and most problems arose about a month after the incident. Many of the stories recounted were similar in nature and content, which proved to be of some therapeutic value. Some soldiers dwelt on whether or not they had been responsible for enemies' deaths or even those of innocent civilians and needed support and reassurance from their colleagues. The ultimate decision on whether or not to pull the trigger and kill another human being will always be a personal one, since officers can command, but not (totally) control their soldiers. Therefore, it is an important responsibility of an officer to support his soldiers when they have to make such a decision: not to excuse the soldier of making the decision, but to help him cope with having made it."

- Military Leaders Survey

1.7. OVERVIEW OF THIS GUIDE

In a 16-nation survey conducted for this guide, 172 military leaders from NATO and Partnership for Peace nations with recent operational experience were asked about their experiences managing the psychological adjustment of their subordinates. Many of the leaders mentioned the importance of relying on their past experience and their own instinct. Overwhelmingly, and across ranks from sergeant to battalion commander, leaders also said they wanted and needed specific information about what they could do to address psychological stress issues. Leaders wanted information about how to assess problems and minimise the effects of operational stress on military personnel across the deployment cycle. The results of the survey were used to develop this military leader's guide on managing the psychological stress of unit members. The following selection of quotes demonstrates the kinds of requests leaders made for this guide.

- "Use real-life situations."
- "Provide information about stress and how to take preventive measures."
- "Provide practical tools for psychological support during deployment."
- "Illustrate the problems that can occur using scenarios."
- "Advise military leaders on how to improve a unit's morale."
- "Cover coping with family problems."
- "Emphasise leader coping -- they take on a lot of the burden and are often overlooked".
- "Include post-event management."

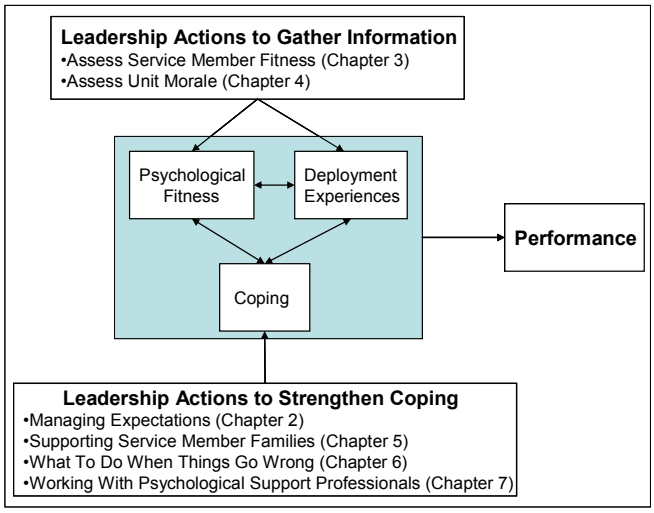


Figure 1.1. How Leaders Influence the Impact of Operational Stress on Unit Member Performance

- This guide was designed to meet the requests of military leaders, and to augment the training that they normally receive. The guide addresses the gaps military leaders describe: the gaps between their training and the reality of operational stress on deployment.
- The following chapters focus on six main areas:
- The fundamental assumptions military personnel bring to military service (Chapter 2);
- Assessing and supporting individual fitness (Chapter 3);
- Assessing and supporting unit morale (Chapter 4);
- Providing family support (Chapter 5);
- Managing the psychological impact of traumatic events (Chapter 6)
- Getting the most out of psychological support professionals (Chapter 7)

The aim of each chapter is to provide military leaders with clear guidance on what they should consider when supporting the psychological health of their personnel.

As illustrated in Figure 1.1, military leaders influence the impact of operational demands on unit member health and performance by gathering information on fitness through individual and unit assessments. They also can intervene to strengthen individual and unit level coping given deployment experiences and stressors. This leadership role extends beyond the deployment to the post-deployment phase as well.

Each chapter provides core information illustrated by real-world examples. These examples come from the 172 military leaders who responded to the survey. The accounts were selected because they reflect issues that leaders talked about on the survey and are relevant for military leaders regardless of their nationality. Although nations differ on the specific ways psychological support is organised and differ in terms of cultural background, all military leaders face the same task of supporting their military personnel to deal with the stress of operations.

Chapter 2. WHAT UNIT MEMBERS AND LEADERS EXPECT

Chapter Objectives:

- Explain the importance of managing expectations
- Identify consequences of failing to meet expectations
- Provide list of leader behaviours to manage expectations

2.1. INTRODUCTION

Box 2.1: A New Mindset

I deployed as the commander of an engineering unit. The unit was mainly prepared for building and repairing stuff. This kind of work was probably the main reason many of the soldiers enlisted in the first place, an expectation the military didn't correct because our military needed specialists. In theatre, these specialists suddenly found themselves in the thick of the fight. There was no safe area to work in so they couldn't do what they expected to do. Instead, the unit had to do patrols and secure their own communication lines. These engineers even ended up in fire fights with enemy forces. As the commander, I had to face the challenge of quickly giving the unit a new mindset while maintaining discipline and morale.

-Adapted from Colonel Novosad & Captain Stepo, NATO RTO HFM-134 Symposium

In modern operations the military is often under pressure to adjust to rapid change. For instance, shifts in operational circumstances may require units to do things for which they were initially unprepared. These kinds of rapid changes are common. They affect units and individuals. Leaders are responsible for managing these changes and bringing unit member expectations in line with changing requirements (see Box 2.1 for a real-world example).[4]

Given that the military requires rapid change, it can easily violate the expectations of its personnel. Military personnel have many expectations of their organisation, as do military families. Even society in general has basic expectations about what the military should provide and about how it should behave.

On military operations there is little room for a gap between expectations and what the military delivers. Military personnel expect their leadership to provide the necessary tools for mission success and in turn are ready to provide loyalty and to make sacrifices. The failure of the military to meet these expectations can lead to problems with discipline and performance. Such problems can have particularly crucial consequences on deployment. In contrast, gaps between expectations and reality in civilian life may not necessarily have serious consequences. There are often more possibilities for negotiating alternatives than in the military.

Ultimately, it comes down to what the military organisation promises, either explicitly or implicitly, to their military personnel. These promises are sometimes difficult to keep in an operational setting. There may not be adequate time to fix the disconnection between expectations and reality. But, nonetheless, managing these expectations is critical for sustaining motivation.

This chapter provides military leaders with general guidelines for creating a favourable environment for dealing with stress that comes from violations of expectations.

The recommendations in this chapter reflect general principles of good leadership. They may largely seem to be common sense, but even "simple" truths that leaders agree upon can easily be forgotten under stressful circumstances, as illustrated in Box 2.2.[5]

Box 2.2: A small sacrifice

In interviews with NCOs during an operation, it was a common complaint that their junior officers never visited the troops, especially if the troops were located in a very austere environment. Naturally the assumption was that their leaders didn't want to be inconvenienced by having to travel from their air-conditioned headquarters buildings to where the troops were located in 120 degrees heat. Impressively, the NCOs did not resent their leaders having air-conditioned work environments, although they themselves did not, but they did take exception to their leaders' apparent unwillingness to sacrifice a little by refusing to visit them.

- Adapted from Lieutenant Colonel Castro, et al., NATO RTO HFM-134 Symposium

2.2. EXPECTATIONS AND THE MILITARY

What exactly is meant by expectations? Box 2.3 shows examples of the expectations held by service members, the military organisation, and the larger society. All three have expectations of each other. These expectations demonstrate that the military is no ordinary job.

Box 2.3: Examples of Expectations

Expectations held by service members
Money and financial security
Adventure and travel
Being part of an elite community
Leadership
Care in the event of injury in the line-of-duty
Recognition of service

Expectations held by the military organisation
Discipline and obedience
24/7 availability
Fitness and endurance
Skill specialisation

Expectations held by society
Protection
Sacrifice
Exemplary behaviour

Recruits join the military with a set of expectations about what the military will provide. These expectations are formed in part from myth – from stories they've heard from friends, from what they've heard on television, from images of war heroes in the movies. Recruits calculate what they perceive as the costs and benefits of military service in making their decision to join. Their expectations range from basic benefits (such as earning a living), to higher goals (such as becoming part of an elite organisation), and ideals (such as changing the world). Some of these expectations will be modified by experience. For those who complete basic training, and remain in the military, these basic expectations evolve over time. Service members expect the military to provide certain benefits and, in fact, consider these benefits to be the military's obligation. In exchange, the military organisation expects discipline and commitment from its service members.

Box 2.4 Examples of Unmet Expectations

- Boredom during the mission may be more common than expected
- The senior leadership may be a disappointment
- Some of the "band of brothers" may be more irritating to be around as the mission progresses
- The locals being protected by the mission may be downright hostile
- A spouse might want a separation rather than deal with continuous deployments

These intertwining sets of expectations and obligations are sometimes explicitly stated, as exemplified by service members' enlistment oath, but frequently these expectations are unspoken. Expectations are like a "psychological contract" between service members and their military organisation. Even when military personnel find that military life is a good fit, there will undoubtedly be times in their career when they are disappointed (see Box 2.4). It is when expectations are unmet, when the "contract" is broken, that service members begin to experience, and eventually express, their discontent. Leaders may find themselves dealing with the consequences.

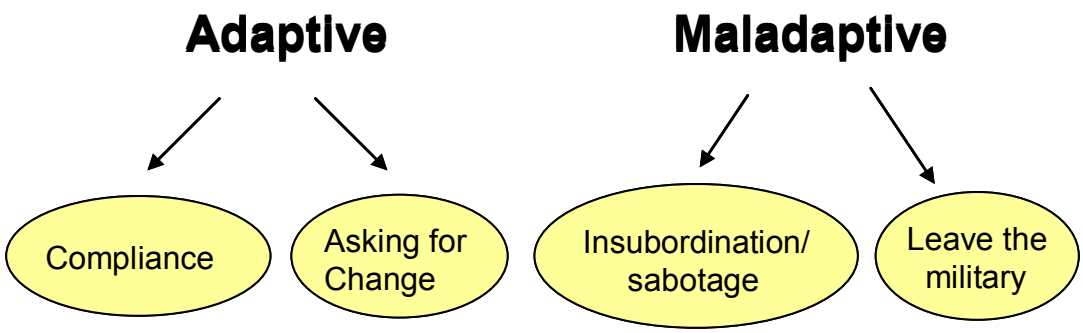
Like their subordinates, leaders also have expectations of military life. They may find meeting the demands of military life rewarding, and they may find that deployment is an enriching experience. In addition, being in a position of leadership can be rewarding. Leadership brings responsibility, power, and the experience of being a key role model.

Nonetheless, leaders may also have unmet expectations. They may find that leadership is not as rewarding as they imagined, and that deployment is difficult and disappointing. They may also find "it's lonely at the top", and constantly having to set an example takes its toll.

Service members may not be prepared to deal with these unexpected costs of military service. These costs are calculated by service members when they consider their decision to continue to serve. When there is a mismatch between what unit members expect and what the military expects, there can be several different reactions.

2.3. ORGANISATIONAL PERSPECTIVES ON REACTIONS TO VIOLATIONS OF EXPECTATIONS

Reactions to violations of expectations can take two basic paths.6 First, there is an adaptive path in which the service member deals with the situation. These responses are considered adaptive from the military's perspective because the mission is not put in danger. Second, there is a maladaptive path in which the service member tries to resolve the situation in ways that may endanger the operation.



2.3.1. Adaptive Responses

Compliance – There can be two forms of compliance: putting the situation in perspective and silent pessimism. The most adaptive form of compliance is putting the situation in perspective. This positive acceptance occurs when the unit has sufficient trust in leaders to tolerate violations of expectations. This response includes the proverbial "suck it up and drive on", humour, and seeking social support from other service members who understand the reality of military life.

Military personnel do not give trust indefinitely. As trust deteriorates, silent pessimism may take the place of compliance. Silent pessimism may not interfere with mission accomplishment in the short-term, but can take a toll on unit functioning in the long term. Thus, leaders need to pay attention to signs of pessimism. These signs include depression (see Individual Fitness chapter for a description) and low morale (see Morale chapter). Leaders should be aware of these signs so that they can take action before their unit becomes less effective.

> "The day soldiers stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help them or concluded you do not care…"
>
> *- General Collin Powell*

Asking for Change – This response can take the form of confronting the military leader, asking for the situation to change, making suggestions to improve the situation, or threatening to leave the organisation. Confrontation is not necessarily bad, but can end up including insubordination, which violates the military leader's expectation of the service member.

2.3.2. Maladaptive Responses

Insubordination/sabotage – This response can include anything from passive aggressive behaviour (completing tasks slowly, performing at the lowest level acceptable) to insubordination. It can also include outright destructive acts, such as destroying property or harming oneself to precipitate early release from military service.

Leave the Organisation – Other responses include leaving military service using appropriate procedures or using unauthorised methods such as desertion. Both types of departure from military service may have a negative impact on organisational readiness. Leaving military service can be a sign that service members are no longer willing to tolerate violations in expectations. It can be a sign that trust in military leadership has evaporated. Trust is crucial to unit effectiveness but cannot be taken for granted.

2.4. HOW LEADERS MANAGE EXPECTATIONS MATTERS

Given the power of expectations to affect unit member commitment and loyalty, it is the responsibility of all military leaders to manage expectations from the moment of recruitment. It is important for leaders to understand unit member perceptions of the psychological contract governing military service. Leaders can use this information to predict mismatches between expectations and reality and predict what impact this mismatch will have on unit member motivation.

Leaders who anticipate the consequences of a mismatch can address potential problems in two ways. First, they can try to bring unit member expectations in line with reality by listening to concerns and acknowledging the gap in expectations, normalising the experience of unit members as appropriate, and encouraging the unit member to consider other obligations that the military has fulfilled. Second, the leader can try to redress the failure of the military to meet its part of the bargain. This may take the form of protecting unit members from unnecessary taskings, or providing additional time off to take care of personal business when mission demands have been especially difficult. What follows is a list of other leader behaviours that can help anticipate and manage problems with unit member expectations of the military.

Communicate. Leaders know that they need to communicate their intent, yet effective communication takes effort. It means not only telling subordinates the plan in both formal and informal settings but it also can mean explaining to subordinates when information is unknown. For example, the actual departure date for returning home from deployment might fluctuate depending on aircraft availability (see Box 2.5). This scheduling difficulty is common and has occurred across a variety of operations. The lack of predictability can actively be managed by leaders through the use of humour. At the very least, effective leaders tell their unit members that the date is not yet known and explain why. Effective communication helps both unit members and their families manage expectations.

BOX 2.5: Maybe Airlines

All service members in Sarajevo knew that when it came time to go home that they couldn't rely on the flight schedule. In fact, they dubbed the airline responsible for bringing them home "Maybe Airlines" because they never knew if the flight would leave as scheduled or not.

- Leader's Guide Reviewer

The other side of communication is creating opportunities to listen to unit members Active listening in both formal settings (such as during staff meetings) and informal settings (such as on coffee breaks) facilitates communication within the unit. Providing a safe environment for unit members to express their views encourages open communication. The leader who shuts down open discussion may find that unit members become reluctant to provide important information. As Box 2.6 illustrates, careful listening can be useful in identifying concerns of unit members and developing strategies to increase the readiness of the entire unit. Leaders develop a reputation quickly as unit members pay attention early on to even small indicators of leadership style and these observations are rapidly shared with fellow unit members.

Box 2.6: The Newcomer

I always felt safe with my men, knowing them well, having shared a lot of missions together and being on our third deployment as a team. However, during our last deployment we had a new member of the team join who had no deployment experience. It was not easy to fit him into the team camaraderie as we felt like veterans and had gained vast amounts of experience. Consequently, he was very distant at first and had difficulty sharing things with the team. He had excelled in training but on deployment he wasn't giving 100%. I finally decided that we should get together and talk. During our discussions he said he was feeling intimidated and was worried he would not be able to meet our expectations. I explained to him that there was a first time for everyone and that he had plenty of potential. He taught me an important lesson - that I tended to have the same expectations from him as from my other team members and that it was necessary to go step-by-step and build a relationship. It's important to be a model, but I think it is more important to perceive the chief as close and willing to know you as a person as much as possible. The whole team became more empathetic and took time to explain how things were carried out.

-Military Leaders Survey

Be Fair. Unit members will more positively tolerate a violation of their expectations if they believe that the difference between their expectations and the current situation is fair. For example, unit members will be tolerant of a deployment extension if everyone is delayed.

Being fair means being:

- Consistent
- Unbiased
- Accurate
- Flexible

Leaders constantly have to make decisions, taking into account their goals along with the impact their decisions have on morale. This balance is something to be considered in every decision. As illustrated in Box 2.7,7 decisions that leaders may think are meeting their desired goal (in this case, discipline) may backfire if unit member expectations of fair treatment are violated.

Box 2.7: No Phone Calls Home

During a peacekeeping mission telephone banks were established for soldiers to use to call home to their families. However, because the telephone switching capacity was severely restricted, soldiers were required to limit their phone calls to 15 minutes twice a week. This was such an essential restriction in order to maintain operational effectiveness that telephone use was monitored by headquarters for compliance. Unfortunately, a few soldiers discovered a way to exceed these time limits. Unable to locate the offending soldiers, whom the leadership knew numbered less than 10 soldiers from a battalion of 700, phone privileges were revoked for the entire battalion for one week. From the perspective of the 690 or so soldiers who followed the rules, this punishment was seen as extremely unfair and inappropriate, especially given that this was their primary means of communicating with their families.

-Adapted from Lieutenant Colonel Castro, et al., NATO RTO HFM-134 Symposium

Enhance Mutual Trust. Research has shown that trust can make the difference between adaptive versus dysfunctional reactions to expectancy violations. Unit members are more willing to tolerate violations of expectations when they trust their leader. Leaders can build and sustaining trust by:

- Being available and accessible
- Demonstrating competence
- Keeping promises
- Trusting subordinates

Trust has the added benefit of establishing a climate in which the unit can address psychological fitness issues in an open and direct manner. In such a climate, subordinates are willing to take the risk of being seen as weak when they talk about problems that may interfere with their psychological fitness for deployment. When leaders are seen as trustworthy, unit members will be more likely to identify problems. Leaders can then help their unit members get the help they need, reinforcing the sense of mutual trust.

Address Issues. Subordinates expect leaders to address issues directly. Leaders, however, have to pick which issues to confront and decide how to respond proportionally. Sometimes leaders may choose to ignore an issue. For example, leaders may believe an issue will resolve itself or they may not want to stir up conflict in the unit.

Leaders need to be honest with themselves when they choose to avoid an issue. If it is a question of timing, leaders may want to tell subordinates the issue will be addressed at a more convenient point. If it is a question of not stirring up conflict, leaders need to consider the long-term benefits of addressing issues even if there might be temporary discomfort within the unit.

Support Discussion of Alternative Courses of Action. It is the leader's obligation to make well-considered decisions. Subordinates expect nothing less. Once the leader makes a decision, it is the subordinates' obligation to follow that decision. Leaders expect nothing less. While there are mutual expectations between leaders and unit members, the actual process of making a well-considered decision can be difficult. It means establishing a unit climate that allows subordinates to participate in the decision-making process.

Participation is only valuable when subordinates are not afraid to express their thoughts and to question their leaders. There are several clear signals when something is amiss with the decision-making process. The leader may notice that there is a problem when the unit is divided into two camps (such as "with me" and "against me"), or there is no room for humour or self doubt.

2.5. PUTTING IT ALL TOGETHER

It is important for military leaders to think about the possible effects of conflicting expectations and obligations. Being aware of these conflicts can help leaders understand what underlies certain behaviours, as illustrated in a case study (Box 2.8). This case study was developed from a composite of real-life events in order to provide an example of how expectations and obligations can clash.

In Box 2.8, the three individuals (the commander, the sergeant and the spouse) could have based their actions on certain assumptions and expectations.

- The commander expects his personnel to inform him of potential problems in a timely fashion, putting organisational interests before the risk of being labelled as unfit for duty. The commander felt taken by surprise, but it remains unclear whether or not he paid much attention to the personal readiness of his unit members. He was also unaware of how his decision to leave one Senior NCO behind was considered inconsistent.

There are many possible reasons for the commander's decision making. The preparation of the mission may have kept him very busy. Maybe he just assumed that everybody was fit until proven otherwise. He may not have realised that he did not make this priority clear enough to his subordinates.

Box 2.8: Conflicting Expectations

Two days before going on a deployment a sergeant informed his commander that he could not deploy with the unit because of serious problems at home. The commander was disappointed because this sergeant was a highly valued member of his unit, and there was no replacement available on such short notice. The commander noticed that the sergeant was clearly distressed and looked depressed. The commander doubted the sergeant could effectively lead his men on operations, but the commander still decided to order the sergeant to go on the mission.

The commander felt betrayed. The sergeant had hidden his family problems until it was too late to deal with them. The commander was irritated because he believed that if the sergeant had told him sooner, they could have come up with a solution.

The sergeant also felt betrayed. He had done his utmost to solve his family problems and up to now had refused to let these problems interfere with work. He worried that others would think he was weak. He believed that work had already had an impact on his family and made his problems worse. As a result he felt the commander had an obligation to give back something in return, especially because the armed forces always say that personnel are a top priority, and how their sacrifices are appreciated. In fact, the sergeant found it unfair that another NCO, generally regarded as incompetent, was not being taken on the deployment by the commander. It seemed unfair that this other NCO was let off the hook so easily just because that NCO was not up to the job.

The sergeant's wife had enough of the military after four deployments in three years. She felt unsupported by the military, despite the fact the organisation is portrayed caring about families. She wanted something back from the organisation and felt the military is obliged to give her family a break from deploying. She made it clear that if her husband let his job come first again, he wouldn't need to come home.

-Composite Case Study Developed for this Guide

- The sergeant expects the military and his commander to watch out for him and his family even if that includes taking him off the list for deployment. The sergeant was reluctant to talk about his problems earlier because he didn't want to be labelled as a complainer or to be stigmatised as someone with personal problems. He also did not want to burden his commander with problems that he was trying to solve on his own. He may have assumed that he should not have bothered his commander until it was unavoidable.
- The sergeant's wife shares his expectation that the military should watch out for families. She believes that the military owes her support for all the years of putting up with military life. She may be unaware of some of the support services that the armed forces could provide.
- Expectations may result in a clash of interests even if the leader and the subordinate approach the situation with good intentions. Leaders may find that they can manage most effectively by considering both their own expectations and those of their subordinates.

2.6. ESTABLISHING THE RIGHT CLIMATE

- Military leaders have to be ready to make decisions in very difficult circumstances and take responsibility for the outcome. Their commitment to their subordinates and the mission provides a challenge because there are so many expectations to be considered. Clashes of expectations are likely to happen across the deployment cycle. Leaders will not be able to avoid dealing with these clashes but they can set the right climate to minimise them. The leader may be able to manage expectations more effectively by using the leadership behaviours summarised in Box 2.9.
- Even when leaders make mistakes, they are ready to learn from them. Good leadership is a process, and good leaders never stop thinking about this process.

Box 2.9: How Leaders Can Manage Expectations: Overview

- Communicate
- Be Fair
- Enhance Mutual Trust
- Make promises you can keep
- Address issues
- Support discussion of alternative courses of action

Chapter 3. INDIVIDUAL PSYCHOLOGICAL FITNESS

Chapter Objectives:

- Understand the importance of assessing psychological fitness
- Identify signs and symptoms of psychological problems
- Summarise formal and informal methods for assessing fitness across the deployment cycle

3.1. INTRODUCTION

Box 3.1: Watching Out for Stress

"My sergeant wasn't eating. He was lethargic and had trouble making decisions, even in front of other soldiers. He became easily flustered for no reason at all. He was only focused on trash pickup. I recognised he was going through a bad spell. Others approached me about his behaviour and so I took him outside the battalion. I made it like I had to go to the doctor's but the appointment was for him. I didn't want the soldiers to know I'd lost confidence in him. Seeing a mental health professional worked for him. I had been concerned that something bad would happen to him…. I was partially happy with the outcome but wish I could have done more to show my support for him."

- Military Leaders Survey

Leaders may personally have to address psychological fitness issues of their unit members as illustrated in Box 3.1. Therefore, it is not surprising that many NATO leaders surveyed wanted more training in identifying psychological fitness problems and maintaining the psychological fitness of their personnel. Leaders may find themselves in the position of having to assess the psychological readiness of unit members and decide whether to connect unit members to psychological support services. This process can occur at any point across the deployment cycle but has a particular sense of urgency during a deployment. This chapter outlines tools available to military leaders to help them with this process as they promote, enhance and sustain the psychological fitness of their unit members.

Definition Box
"PSYCHOLOGICAL FITNESS"

Psychological fitness is:

- The mental readiness to confront the challenges of deployment, whether humanitarian, peacekeeping, combat or a combination of all three.
- The mental hardiness, resilience and mental toughness to face the rigours of missions ranging from boredom to threat.

3.2. THE ROLE OF PSYCHOLOGICAL FITNESS IN MILITARY OPERATIONS

Military leaders at all levels have an interest in enhancing and maintaining the psychological fitness, readiness and performance of the personnel under their command. Military leaders may also be among the first to notice behavioural changes and other indicators of psychological stress in their units. As seen in the account of the sergeant who began to show behaviour changes in the midst of a deployment (see Box 3.1), military leaders have the opportunity to support their unit members through early identification and intervention.

In considering how military organisations can promote psychological fitness across the deployment cycle, it is important to specify several underlying assumptions:

- Individual military personnel are largely responsible for their own psychological fitness though the military organisation has to set the conditions that encourage personnel to be psychologically fit. For the individual, this may mean maintaining good physical conditioning, using adaptive coping techniques, and developing effective social support within their units.
- Military leaders play a critical role in establishing the conditions that help military personnel focus on their psychological fitness. Military leaders themselves share this expectation. In the Military Leaders' Survey, more than 50% of operational leaders identified commanding officers as the individuals responsible for the psychological fitness in their unit.[8] Military leaders set the conditions for psychological fitness by providing training and influencing motivation and morale.
- Buddies are an essential part of assessing the psychological health of unit members. Unit members look out for each other. In some militaries, unit members receive specialised training in suicide prevention and providing support to others in trouble (see Chapter 6 for a discussion of peer training).
- Military leaders establish and maintain psychological fitness by working with psychological support professionals. The resources available to the military leader in accomplishing these tasks differ across NATO nations. In all nations, however, the military leader is supported by at least some other professional.

Military leaders begin promoting psychological fitness before missions start. The active promotion of psychological fitness is critical to unit effectiveness and boosts a unit's ability to perform under high-stress conditions. Psychological fitness of the unit and of individuals can be enhanced from the outset by:

- training realistically
- providing good communication up and down the chain-of-command
- avoiding unpredictability where possible
- maintaining a just system of procedures and rewards
- supporting unit cohesion
- acknowledging the sacrifices being made
- emphasising the meaningfulness of the mission

Regardless of the phase of the deployment cycle, unit leaders routinely assess the psychological fitness of their unit. This assessment can occur informally, formally, or may be a combination of the two. In an informal assessment, leaders talk with subordinates or rely on peers to identify problems. If leaders identify a problem in an individual's psychological fitness, they may decide to call in a professional for a formal assessment. Or it may be national policy to conduct formal psychological assessments of all unit members returning from a particular deployment. In either case, leaders establish the climate that encourages a sense of responsibility for individual psychological fitness and for unit members to watch out for each other.

3.3. HOW LEADERS DETERMINE PSYCHOLOGICAL FITNESS

Military leaders often assess an individual's psychological fitness using informal strategies when they notice changes in behaviour. Unit leaders and unit personnel typically know the individuals in the unit well because they work, train, and deploy together and are in an ideal position to notice changes.

Discipline problems such as absenteeism, insubordination, and inappropriate aggression are powerful indicators that individuals might be having psychological problems. Other indicators include family-related conflict, sleep difficulties, and irritability. Other individuals may become socially withdrawn, have difficulty concentrating, or do not seem to like doing things they used to enjoy. Finally, problems related to alcohol may include driving under the influence of alcohol, blackouts, and drinking to the point of intoxication. These behaviours are frequently a sign of significant psychological fitness problems (see Definition Box).

Definition Box
"Possible Indications of Lack of Psychological Fitness"

- ✓ Absenteeism
- ✓ Insubordination
- ✓ Inappropriate aggression
- ✓ Discipline problems
- ✓ Family-related conflict
- ✓ Alcohol-related problems
- ✓ Sleep difficulties
- ✓ Agitation/irritation
- ✓ Social withdrawal
- ✓ Difficulty concentrating
- ✓ Difficulty making decisions
- ✓ Lack of enjoyment
- ✓ Changes in eating habits

3.4. THE DECISION TO REFER

Whilst leaders continuously assess unit members in their day-to-day interactions, the decision about when and how to refer unit members for an assessment by a psychological support professional requires some consideration. Changes in behaviour can be a natural reaction to military deployment, and may not necessarily be abnormal or problematic. In fact, it can be helpful for unit personnel to hear that others experience similar reactions and that reactions often improve over time (see Box 3.2). When reactions become extreme and/or prolonged, however, there may be a need for psychological assessment and referral. When dealing with these concerns, military leaders should consider the following questions:

- Has the problem become more frequent or intense over time?
- Is the problem interfering with the unit's or individual's ability to accomplish the mission?
- Is the individual a danger to him/herself or to others?
- Has the individual asked for a referral?

Answering "yes" to any of these questions would be a strong indicator that a leader should refer an individual for a formal evaluation. If uncertain, leaders may find it especially useful to consult with a psychological support professional about the decision.

Box 3.2: A Normal Stress Reaction

"When in Bosnia, we were under a 36 hour consistent artillery bombardment – 1,600 shells in the first two hours, then 4,000-5,000 over the next 34 hours. The explosions were shocking – literally. For about the next six months after returning home, even the sound of a door slamming was exceptionally frightening. I was only a Captain at the time, so had not had much fighting experience. No one spoke about the bombardment afterwards, and I didn't speak to anyone about my reaction to it. I didn't understand what was happening to me – why I was reacting in such a strong way to a door slamming. Eventually it just went away. It would have been really useful if someone had just explained how people react to such artillery bombardments and explained why I was reacting so strongly to doors slamming. Soldiers need to be made aware that it's good to talk about things - it's a release."

- Military Leaders Survey

3.5. WHAT IS EXAMINED WHEN FORMALLY ASSESSING FITNESS?

Leaders play a key role in ensuring that individuals get formally assessed by psychological support professionals. Psychological support professionals conduct this formal assessment using questionnaires and interviews to determine if there is a clinical problem that needs treatment, and it is their responsibility to diagnose and treat. Yet it may be helpful for leaders to have a basic overview of the kinds of clinical problems that psychological support professionals identify. Given the military leader's unique position, knowledge of these six common areas can facilitate a leader's support for the psychological fitness of unit members.

Whilst problems may vary, most can be categorised into six dimensions, some of which have overlapping symptoms. These six dimensions are:

- Sleep Problems
    - Dissatisfaction with sleep pattern
    - Difficulty falling asleep or staying asleep
    - Self-medicating to deal with sleep problems, such as drinking alcohol in order to sleep
- Traumatic Stress (see chapter 6 for an additional description)
    - Difficulty stopping thoughts about the traumatic event
    - Numbness and being withdrawn
    - Jumpiness and hyper-vigilance
- Depression
    - Sadness
    - Difficulty making decisions/concentrating
- Alcohol Problems/other substance abuse problems
    - Trying to cut down but can't
    - Needing to drink more to get same effect
    - Drinking causing problems with family or friends
    - Using alcohol to sleep, deal with nightmares
    - Risk taking behaviour related to drinking (driving, fighting)
- Anger and Irritability Problems
    - Arguing with others
    - Physically fighting with others
    - Being short-tempered, irritable
- Relationship Problems
    - Constantly arguing with spouse/partner
    - Concern about stability of the relationship
    - Physical aggression towards spouse/partner
    - Concern that the arguing might get out of control

Other symptoms may be hard for leaders to recognise as indicative of psychological stress. For example, some individuals report physical complaints such as headaches, backaches and gastrointestinal problems triggered by psychological stressors.

3.6. GROUP-LEVEL FORMAL ASSESSMENTS

Although specific individuals may be recommended for formal assessment based on their behaviour, there may also be occasions when an entire unit is formally assessed. Formal unit-level assessments generally occur for one of two reasons. First, the decision may be driven by the deployment cycle. This approach links formal assessments to specific time periods in the deployment cycle. For instance, pre-deployment assessment can be used to predict the psychological support needs of unit members about to deploy. Post-deployment assessment is required by some NATO nations in order to link service personnel to psychological support professionals back home.

Second, the decision to assess an entire unit formally may be in response to a specific traumatic event such as the death of a unit member (see also Chapter 6). NATO nations differ in the degree to which leaders are required or encouraged to have such assessments conducted. Nonetheless, many NATO psychological support professionals agree that it is best practice to conduct some type of assessment of psychological fitness following exposure to traumatic events.

Assessment is an important first step. It helps leaders identify individuals who need help, and it can help make psychological support professionals available to unit members. The involvement of psychological support professionals is a supplement but not a substitute for leadership. Assessment provides a context for the next step, namely, leader actions that can support psychological fitness in unit members.

3.7. LEADERS' ACTIONS WHEN UNIT MEMBERS NEED HELP

There are many actions leaders can take to optimise the psychological health of unit members.

Active Listening. Sometimes leaders are uncertain how to talk to unit members about emotional topics. While leaders should not take on the role of a psychological support professional, they are likely to find themselves talking to individual service members going through rough times. During these conversations, neutral support is helpful, and can be provided by letting the individual know that he or she has been heard. Leaders can occasionally restate in different words what the stressed individual has said. This simple but powerful tool lets unit members know that they have been understood and that their concerns have been acknowledged.

Less helpful comments include superficial answers such as "it was probably for the best" or "you need to relax" or ignoring the problem (such as, "let's talk about something else"). Regardless of the leader's willingness to fix the problem, the problem affecting the unit member may not be the kind that the leader can fix. Long-standing family problems cannot be quickly resolved, and deployment-related traumatic events cannot be undone.

Balancing Routine with Time Out. When units are confronted with significant psychological demands, basic military tasks still need to be completed. Even in the aftermath of a serious incident, it is the leader's responsibility to emphasise normal military routines. Routine provides structure for unit members facing demanding events. At the same time leaders need to informally check in with their unit members. This informal process includes acknowledging the significance of events and listening closely to unit members who are ready to talk about the event. Leaders can use the aftermath as an opportunity to set an example for how to talk about the event and how to put events into perspective. Leadership in response to traumatic events is also detailed in Chapter 6.

Reducing Stigma and Barriers to Support. If an assessment is planned there are several steps the leader can take to support the process:

First, as mentioned in Chapter 2, the leader should establish a climate of trust. Personnel need to know that their responses to surveys or interviews will be held in confidence. In general, respecting privacy and confidentiality and discreetly checking in with the individuals reinforces the message to the entire unit that maintaining psychological fitness is a partnership between unit members and military leaders. Military

leaders should support the process by example – if they come across unit personnel inappropriately discussing the psychological problems of an individual, the leaders should stop such discussion.

Second, leaders need to reduce concerns about stigma. Studies have shown that military personnel with more symptoms are especially concerned about the stigma associated with seeking out psychological support services. Leaders can reduce stigma by encouraging individuals to take care of their psychological fitness and emphasising the importance of psychological readiness.

Third, leaders need to work to reduce barriers to care. This can be accomplished, for example, by allowing unit members to attend psychological support appointments while on duty. Policy created at higher levels can reinforce this message through 24-hour hotlines, advertising campaigns, and confidential treatment options.

3.8. PSYCHOLOGICAL FITNESS AFTER RETURNING HOME: LEADERSHIP CONTINUES

Experienced military leaders and psychological support professionals acknowledge that the post-deployment period can be particularly challenging in terms of psychological fitness. Military personnel who deploy on operations where they are exposed to extreme circumstances are likely to be affected in some way by the experience. They may return with a greater appreciation for their own life and their relationships, a sense of purpose and pride in accomplishment. Many military personnel, however, report that returning home involves a transition that takes time.

Some individuals returning from an operation may initially dismiss symptoms of psychological problems. Over time, however, problems may become more obvious. Military leaders report the need to be especially aware of the potential for problematic behavioural changes at the 3-6 month post-deployment point. Consistent with other research, respondents to the Military Leaders' Survey suggested that psychological support efforts be extended beyond the immediate post-deployment period.

Some units will remain together in this post-deployment phase providing leaders with continuity in terms of watching out for unit members. Other units may be dispersed, or augmentees may return individually to units that did not deploy. In such cases, the augmentee's leaders need to monitor the psychological fitness of the returning individual.

There are several aspects to the transition back home that leaders may want to directly address in collaboration with psychological support professionals. Indeed, many nations have decompression programmes or other formal homecoming activities that teach unit members and their families about adapting to work and family life after the deployment.

To help unit members anticipate post-deployment challenges, leaders need to be aware of what should be expected during this phase. Leaders who are aware of these normal changes can also assess whether an individual is having a reaction that is part of the normal pattern or if the individual's reaction is relatively extreme.

Adjusting To The Family Takes Time. For the returning unit member and for the family, the adjustment may not be as simple as a welcome home ceremony. Roles have shifted, and families have become used to daily routines that do not include the service member. Rebuilding intimacy takes time. Despite idealised expectations, it takes time for everyone to readjust and for the family to accommodate the presence of the returning unit member (see also Chapter 5).

Garrison May Not Be Satisfying. Whilst the degree of adjustment varies by deployment, service members often describe ambivalence about returning to regular garrison duties. Garrison can seem less meaningful and there is often less autonomy than during deployment. Some unit members may be used to the adrenalin rush associated with high-intensity operations and may be more likely to engage in high-risk activities such as driving too fast. Leaders can play a key role in helping with this transition by

recognising this shift in intensity and level of responsibility. Leaders can address this issue by looking for opportunities for unit member professional development, by utilising the expertise of unit members in training, and by focusing on the need for safety.

Intense Reactions Need Time To Subside. For those individuals returning from high-intensity deployments, it is normal to over-react to events that did not previously bother them. For example, individuals may over-react to a door slamming or being stuck in traffic. Over time, though, reactions to these events should subside.

Relating To Others Is A Task. Unit members on deployment typically develop close bonds. They've learned to trust each other and to depend on each other, even though they may also be a little sick of each other. When they return, they may find that it is hard to relate to those who haven't deployed. They may feel like they don't know how to talk to others who haven't been through similar experiences. Learning to relate to others is an essential part of the reintegration process that takes time.

Leaders can take advantage of day-to-day opportunities to normalise problems in adjusting to life back home. They can also reinforce the message that most unit personnel will do fine even if some need help maintaining their psychological fitness over time. Leaders need to be aware that unit personnel may be ambivalent about seeking help from psychological support professionals even though military leaders consistently report viewing help-seeking as a sign of strength and courage. Communicating this message provides unit members with a clear signal that taking care of psychological fitness is a priority.

3.9. LEADERS ENSURING THEIR OWN PSYCHOLOGICAL FITNESS

Like their unit members, military leaders are not immune from the challenges of operational stress and adjusting to home life following a deployment. Regardless of rank, military leaders report experiencing the same transition difficulties reported by other military personnel (see Box 3.4). The key for military leaders is to check their own adjustment and determine whether it is affecting their functioning at work or their relationships at home. Leaders can evaluate their transition by listening to those around them. If friends or family comment about the leader's behaviour and suggest that the leader get help, it is a sign that the transition is not going smoothly. For long-term success, leaders need to ensure that they take breaks from the pressures of work and deployment, take care of and monitor themselves, and seek out consultation as needed.

Box 3.4: Leaders Are Not Immune

"I redeployed and … didn't go through decompression. I had feelings I couldn't control. Not realising I'd gone through one stressful event and was going into another. I wasn't smart enough to recognise it in myself that I had PTSD. The senior leaders are neglected. We are the guiltiest ones. We need to take a lot more responsibility for ourselves during the process….I stopped driving; I talked to people around me about it. I had to explain, if I behave in a certain manner, this is the reason why. I had to get past my ego to recognise the fact that I had a problem. I went back down range and told them about my experience. 'Look, if I can experience this, you can too; don't be afraid to let someone know'."

- Military Leaders Survey

3.10. CONCLUSION

Psychological fitness is a fundamental component of overall readiness. As with other components of readiness, military leaders and individual service personnel are responsible for ensuring psychological fitness for the demands of operational life. For the military leader, that means capitalising on informal and formal psychological fitness assessment, knowing what behaviours are indicators of difficulty, and knowing when and how to access services from military psychological support professionals. This partnership of individuals, leaders, and psychological support professionals can strengthen the readiness of the unit. By ensuring psychological fitness, military leaders build their unit's resilience so the unit can respond effectively to the challenges of military life across the deployment cycle.

Chapter 4. MORALE AND UNIT EFFECTIVENESS

Chapter Objectives:

- Describe the importance of measuring morale
- Provide guidance on how to measure morale
- Review leader actions to improve morale

4.1. INTRODUCTION

Box 4.1: When A Group Doesn't Work Well

"Group management was the most difficult task I faced during the deployment. I was the chief of a group, the same job I had at home. I met my colleagues during the training period and I did not anticipate any trouble. When we arrived in the theatre things changed. They did not get along. I wasn't able to communicate with them. I always thought that getting things done, fulfilling our mission is the main goal, nothing else matters. Sometimes I felt we were two teams - me and them, and I couldn't manage to communicate very well. At the military level we were working well but at the human level it was difficult. I felt very frustrated because of this situation and I didn't know what to do. This made me think a lot and I will try in future to see what I can do to improve in order to become a better leader."

- Military Leaders Survey

"…not numbers nor strength bring victory in war; but whichever army goes into battle stronger in soul, their enemies cannot withstand them."

Xenophon (565 – 480 BC)

Morale is critical to military effectiveness and readiness. Box 4.1 illustrates the negative outcomes a leader experienced on deployment and demonstrates that ignoring morale issues can interfere with mission success. In the account, the leader was aware of the disconnection between mission focus and unit morale but was unsure how to go about balancing these needs. This chapter describes why morale is important, how it can be measured, and how leaders can prevent or minimise morale problems across the deployment cycle.

4.2. WHAT IS MORALE?

Morale is a broad term that can be defined as a service member's level of motivation and enthusiasm for accomplishing mission objectives. Research on morale has produced two key findings:

- High morale is positively related to performance
- High morale is associated with fewer stress casualties

Box 4.2: Catching Morale Problems Late In The Game

"During the deployment I had disciplinary problems with soldiers - alcohol abuse, insubordination, inappropriate behaviour. The consequences included one NCO being sent home and a further 6 soldiers being punished. Getting rid of the troublemakers didn't really solve the problem. During the rest of the operation the atmosphere in the unit was strained and full of distrust. It was a very delicate situation to deal with as a superior. I wish I had caught the problems earlier."

- Military Leaders Survey

Assessing morale alerts leaders to problems that need to be addressed and can prevent low morale from interfering with mission performance. As demonstrated in Box 4.2, poor morale can lead to disciplinary problems and diminished readiness. While the previous chapter on fitness focused on the individual, this chapter emphasises the importance of the

group's overall psychological readiness. This readiness includes a variety of unit climate variables that can impact on morale.

4.3. FACTORS INFLUENCING MORALE

Many factors influence unit morale. The nature of the military operation, for example, often impacts on morale. Military personnel trained to be a fighting force may become frustrated providing humanitarian assistance. These types of conflicts in expectations emerge when leaders have not effectively communicated the unit's new role. Other factors that can influence morale include media coverage, public support for a mission, and the degree to which unit efforts are acknowledged. In addition, factors related to the mission itself can influence unit morale, such as appreciation from the local population and seeing positive results on a particular mission. A significant factor influencing unit morale, however, is leadership quality, from the local level to the senior level.

Military personnel rely on unit leadership to define the mission and set the conditions for achieving mission goals. In exchange for their commitment to the mission, military personnel expect leaders to watch out for their best interests. If military personnel understand the mission and feel professionally and personally supported by their leaders, they will be willing to withstand the rigours of deployment.

Leaders need to assess unit morale to determine unit readiness. Assessment is important because leaders often rate unit morale more highly than do unit members. Consequently, leaders may not detect morale issues early enough to avoid problems unless they work to assess morale.

4.4. HOW AND WHEN TO ASSESS UNIT MORALE

Leaders informally assess unit morale across the deployment cycle by listening to their subordinates. They do this in a variety of contexts: during sporting events, sitting in the dining hall, and in countless other moments of "down time" during and after the duty day. Sometimes they even assess morale in the middle of a mission (Box 4.3). These informal moments can tell a leader a great deal about the unit's morale. Relying on these informal moments, however, may not be enough. Informal assessments may provide a voice for outspoken unit members but these individuals may not necessarily reflect the views or concerns of the majority of the unit. In addition, some subordinate members may be afraid to speak up due to an imbalance of power if leaders are present or if a member of higher rank dominates the discussion.

Box 4.3: Checking the Pulse of Morale

"I once had a high risk mission with my team. We all felt a little bit scared as the territory was not known and we did not know what to expect. We were very focused. However, there were signs that some of my men were wavering. So I decided to stop in a safe location for a moment. I reminded everyone of how well they had performed in training and asked them to behave in a similar manner. I told them that as a team we had to trust each other and work together. We all calmed down and completed the mission. When we arrived back at base, we discussed what we had felt during the mission and how we could build upon this experience as a team."

- Military Leaders Survey

Relying on informal assessments also makes it difficult for unit leaders to track changes systematically over time. Without a formal mechanism for tracking changes, leaders cannot determine whether their actions promoting morale have been effective. One way in which leaders can assess their unit's morale more objectively is by examining the number of problematic behaviours in their unit. Such behaviours include disciplinary violations, accidents, injuries, unauthorised absences and sick leave. Typically, these problems are documented by the unit. Unfortunately, these indicators do not serve as an early warning system because they may demonstrate that a unit is already having substantial morale difficulties. Systematic formal assessments can, therefore, be useful in the early identification of morale problems.

4.5. HOW LEADERS CAN FORMALLY ASSESS MORALE

Many NATO nations rely on two formal methods for assessing morale: focus groups and surveys. A focus group is a structured discussion directed by trained facilitators with about 10-15 unit members. The unit members discuss their concerns and provide constructive criticisms and suggestions related to specific problems. For example, one topic of a focus group could be family communication; another topic might be team building.

Focus groups allow for quick assessments of issues of concern to leaders. Focus groups also provide possible solutions. The main limitation of focus groups, however, is that the small number of participants allows the opinions of only a few to be heard. For example, in a large battle group, it may be tempting to base decisions on the results of a focus group even though these decisions may not be representative of the entire battle group. Nevertheless, when the unit is small, a focus group may be an efficient means of assessing unit morale. Successful focus groups use:

- experienced facilitators who are not part of the chain-of-command
- structured questions prepared ahead of time to emphasise particular issues
- participants that are representative of the unit

Used in combination with other approaches (see Table 4.1 for an overview), focus groups can provide leaders a more complete assessment of unit morale and psychological readiness.

Morale surveys are another formal assessment method. Surveys should be jointly developed by operational leaders and military psychological support professionals trained in survey methodology. Including trained survey professionals to write the survey items, select the sample, administer the survey, and analyse, interpret, and report the results ensures that the procedures are conducted in accordance with professional standards.

Table 4.1: Comparing Methods of Morale Assessment

Approach	Objectivity	Value as an Indicator of Change	Information about Cause of Morale Problem	Comment
Informal Contacts and Discussion with Unit Members	Low	Low	Yes	Easy to obtain but biased by small number of opinions
Objective Indicators (such as discipline problems and accidents)	High	Medium	No	Indicates possible morale problems, but does not provide early warning
Focus Groups	Medium	Low	Yes	Efficient for examining specific problems but does not provide overall picture of unit morale
Morale Surveys	High	High	Maybe	Easy to obtain, requires simple calculations, may provide some information on causes of morale problems

Even if unit members don't like filling out surveys, they like being asked how they are doing. This is particularly true if they believe leadership cares about their responses and if they believe their answers can make a difference. Most nations have a standard set of questions covering key areas linked to operational readiness that leaders can address. The items themselves are often standardised to allow for comparison.

Leaders often provide input to add questions and make a survey specifically relevant to a particular deployment.

Those developing morale surveys should be careful when asking questions that leaders are not able to address. Questions on the survey may raise unit member expectations that some issues are going to be directly addressed by their leader. For example, asking for unit members' opinions about salaries will not likely result in immediate policy changes but may raise the expectation that salaries might change. In contrast, asking about satisfaction with coffee may result in easy solutions.

> "Coffee tastes better if the latrines are dug downstream from an encampment."
> - *US Army Field Regulations, 1861*

4.6. WHAT TO MEASURE IN A MORALE SURVEY

Typically, morale surveys are anonymous and administered to all unit members. The items may cover global perceptions (such as cohesion) as well as satisfaction with specific environmental factors that affect morale (such as food or shelter). There are so many different perspectives on the role of morale surveys that it would be difficult to agree on a NATO-wide comprehensive morale survey. Nevertheless, there is a core set of areas assessed by several NATO nations (Box 4.4).

Box 4.4: Things to Consider on Morale Surveys

- Climate
- Cohesion
- Leadership Behaviours
- Efficacy
- Stressors
- Deployment Events
- Psychological Health

Climate – A simple rating of the overall climate can provide a point of comparison for follow-up surveys and a direct assessment of unit members' perceptions of how they are treated and how confident they feel working under current organisational conditions.

Cohesion – As an important component of morale, cohesion indicates the degree to which individuals feel connected to their unit. Cohesion is a protective factor that helps individuals adjust more effectively to stressors experienced across the deployment cycle.

Leadership – Morale survey items addressing leadership are most useful when the items target specific NCO and officer behaviours. Items can reflect the degree to which unit members perceive their leaders are effective and concerned about their well-being. By emphasising specific behaviours, leaders can get feedback about things they can change.

Efficacy – Morale surveys also typically assess unit member confidence in their skills and abilities and their assessments of the skills and abilities of the entire unit. Self and unit efficacy can be increased through realistic training and serves to protect individuals from the negative effects of stressors.

Stressors – A morale survey administered during deployment usually includes a short list of environmental stressors even if these stressors cannot be directly controlled by a leader. These items are developed for specific missions but may include:

- Noise
- Weather conditions
- Food quality
- Uncertainty around date of return from deployment
- Communication with family back home
- Lack of privacy

- Living conditions
- Boredom

Deployment Events – Whilst exposure to deployment events such as snipers, fire fights, IEDS, body handling or mass graves are not events that can be controlled by a military leader, they are often included in morale surveys. These items document the levels of major stressors which may have been encountered by unit members. As in the case of environmental stressors, deployment events need to be tailored to the specific mission and asked during the deployment.

Psychological Health – Finally, a morale survey can include a brief assessment of psychological health. Such assessments are not designed to identify individuals with mental health problems. Identifying individuals is the job of individual fitness assessments (see chapter 3). Standardised and validated measures of psychological health are useful because they track overall unit mental health changes over the course of the deployment. Specific measures of psychological health may include depression, anxiety, sleep problems, and alcohol use.

4.7. WHEN TO MEASURE MORALE

Morale surveys are typically administered before a deployment and at least once during the deployment.

- Pre-Deployment: Leaders should ensure the survey is administered toward the end of the pre-deployment phase. By that time, team building and mission-specific training will have occurred and unit members will know their leaders and each other.
- During Deployment: The timing of the survey during deployment needs to be carefully considered. If the survey is administered only once, then it should be administered early in the middle phase allowing unit leaders to make mid-course adjustments. Another option is to survey unit members several times. In that case, the military leader may want to ensure that unit members are surveyed after the first few weeks of the initial adjustment period and again towards the end of the deployment.
- Post-Deployment: Some nations also administer the morale survey about 6 months after returning home.

4.8. WHAT TO DO WITH THE RESULTS

The purpose of the morale survey is to help military leaders manage their units more effectively. A leader's commander should never use the results as an objective measure to assess the leader's performance. Leaders should not be required to pass survey results up their chain-of-command for evaluation purposes or for direct comparison with other units. Using the morale survey in such a way would lead to resentment on the part of leaders. Any information briefed higher up the chain-of-command should be summarised across subordinate units.

At the same time, leaders have an obligation to provide feedback of the results to unit members. This feedback does not need to be detailed but should include information about what unit members have reported. The more transparent the feedback, the more unit members will be actively engaged in leader initiatives to address unit concerns. Leaders in many NATO nations rely on psychological support professionals to help them interpret survey findings and develop recommendations.

4.9. WHAT LEADERS SHOULD DO

Assessing morale helps to make leaders more effective by identifying actions that leaders need to take to address unit concerns. Morale assessment is a joint effort (see Box 4.5):

- Psychological support professionals bring general knowledge of morale issues. Their expertise and objectivity are essential for providing leaders with useful feedback and making suggestions based on the assessment results.
- Military leaders have specific knowledge about their unit. They have the authority to make decisions regarding changes that will impact on unit morale.

Box 4.5: Creating Optimal Conditions for Morale Surveys

- Establish a close working relationship with psychological support professionals to ensure that current operational and unit concerns are addressed.
- Allow psychological support professionals access to personnel to ensure timely and accurate feedback on morale and readiness issues.
- Stress the importance of the assessments to unit personnel to ensure serious and honest responses.
- Endorse the survey at unit briefings or meetings.
- Provide feedback to unit members regarding the results.

Morale assessments may reveal difficulties across a range of topics such as cohesion, leadership and stressors. Appropriate leader responses will depend on the circumstances. One way to measure whether or not leader actions addressing morale issues have had an impact is to reassess morale at a later point in time. If global ratings of morale and cohesion are relatively low, leaders may want to consider unit events and teamwork exercises (see Box 4.6).

Box 4.6: Cohesion in a Riot

"During my last mission I recall the unit participated in riot control training. We were asked to play the role of rioters. I expected that the training would help improve the psychological climate of the unit, which was low at the time. Some tensions were appearing due to boredom as it was the last month of the six-month mission. The exercise helped relieve the boredom and unit cohesion improved considerably."

- Military Leaders Survey

Scheduling unit training is one leader action that can promote morale. Box 4.7 provides a summary of additional leader behaviours.9 This list of leader behaviours comes from surveys and interviews with military personnel in combat. Each of these behaviours may sound obvious but studies have found that they are routinely practiced by only some NCOs and officers. Leaders need to focus on specific behaviours, rather than on global attributes such as charisma. By taking a moment to stop and consider their unit's needs, by thinking about their own role, and ultimately by taking action, leaders can promote unit morale.

Box 4.7: Leader Behaviours that Promote Morale

- Be fair and just
- Instil discipline
- Punish with caution, don't enjoy it
- Keep subordinates informed
- Admit your own mistakes
- Protect subordinates when they make honest mistakes
- Shield subordinates from unfair treatment
- Prevent subordinates from taking unnecessary risks
- Visit the troops, endure hardship together
- Engage in team building
- Manage within-group conflict early

- NATO Symposium

Chapter 5. MILITARY FAMILY READINESS

Chapter Objectives:

- Introduce concept of the Emotional Cycle of Deployment
- Review reactions families have to deployment
- Identify actions to enhance family support

5.1. INTRODUCTION

Box 5.1: Shocking Amount of Family Problems

"It was a rather shocking experience as a battle group commander to discover, over the duration of our mission, just how many of my soldiers at one point were affected one way or another by problems related to the family back home. Family members being hospitalised following accidents, relatives getting ill or dying, burglary at home, sons and daughters being arrested by the police, ex-husbands causing serious trouble to the spouse, flooding in the house, … the list seemed endless. Whereas, in garrison, even major problems get solved without the commander actually knowing or intervening, obviously the deployment context changes that situation dramatically."

- Military Leaders Survey

Military Leaders recognise that deployments are significant experiences for military families. Deployments can increase family resiliency, demonstrate how precious family members are to one another, and underscore what values are important to family members. But deployments can also be a significant stressor. In addition to the day-to-day stress of being apart, families have to cope with the fear of losing the deployed unit member or the possibility that the deployed unit member might return seriously injured. Family problems can also end up being a major stressor for the unit members (Box 5.1).

Box 5.2: Impact on Mental Readiness

"You can train your men as much as you want, but what do you think will happen if there is a war and these boys run around with the thought that nobody cares for their families? No way will they fight as effectively…"

General Norman H. Schwarzkopf
"It Doesn't Take a Hero"

In light of these conditions, military leaders play a significant role in maintaining family readiness on the home front. Leaders know that service members perform more effectively if they believe that their families are being taken care of back home (Box 5.2). That is why military leaders consider family readiness (see Definition Box) to be a critical component of overall readiness. This readiness extends beyond the deployment itself and encompasses the entire deployment cycle.

Definition Box
"Family Readiness"

Families who are emotionally prepared and have the attitude, skills, tools and knowledge to meet the challenges of the military lifestyle.

5.2. SUPPORT ACROSS THE CYCLE OF DEPLOYMENT

Many nations have a variety of organisations, activities and programmes available in their military community to support families of deployed service members across the deployment cycle. Both formal and informal networks (see Box 5.3) are necessary for meeting the needs of military families effectively. While formal and informal networks have different roles, their purpose is the same. They ensure military families cope successfully with deployment and that they maintain a state of family readiness.

Box 5.3: Networks of Support

-Formal network
- Family Support Organisation
- Psychologist
- Social Worker
- Mental Health Nurse
- Family Physician
- Chaplain
- Rear Detachment Support

-Informal network
- Extended Family
- Friends
- Community Groups

Formal networks include psychological support professionals and those who have been officially designated to address home front support issues. Many nations have a rear detachment tasked with addressing practical home front needs and communicating information to family members. Leaders have the responsibility to ensure that the rear detachment is composed of competent, dedicated personnel who can establish supportive relationships among the unit, local resources and families. An experienced military leader adopts the principle "if it doesn't hurt to leave certain leaders back from deployment to run the rear detachment, then you've probably picked the wrong people."

Military leaders need to be familiar with these formal networks to address family readiness issues. Informal networks are equally important. These resources include extended family, friends and local community groups. Military leaders can optimise the support of informal networks by encouraging their involvement.

For many military leaders, dealing with family members is one of the most difficult challenges of their job. Leaders are trained to identify objectives, issue orders, and direct unit personnel, but they are not necessarily trained to deal with family members. Family members do not have the obligations that unit members accept when they join the military. For example, they may not be supportive of a particular operation or they may disagree with a particular policy. Nonetheless, while family members may be ambivalent about a particular operation, they still expect the military to address needs that may arise. In this case "the military" is personified by the unit leader.

Box 5.4: Impact on Mental Readiness

"All of the great leaders have had one characteristic in common: It was willingness to confront unequivocally the major anxiety of their people in their time. This, and not much else, is the essence of leadership."

John Kenneth Galbraith
"The Age of Uncertainty"

In assuming a leadership role, military leaders take on the practical and emotional concerns of families. Practical concerns can include problems such as being able to communicate on the internet or dealing with an error in pay. Emotional concerns may be harder to pin down. Leaders support families by helping to manage anxiety (Box 5.4). Leaders are not always expected to be able to solve family member concerns but they need to be prepared to deal with families in a way that promotes unit member confidence. Leaders manage family member anxiety by acknowledging concerns and not fuelling worry. When leaders are able to maintain a calm presence - even when they do not actually feel calm – they are able to set the stage for effective family support. This perspective can be a useful way to address family member concerns across the deployment cycle.

5.3. EMOTIONAL CYCLE OF DEPLOYMENT

Leaders need to promote family support before entering the deployment cycle. By prioritising family support, leaders demonstrate their commitment to unit members and their families and can identify potential problem areas while there is still time to address them. During a deployment, there are many ways to think about family member stress and coping. One useful model is the Emotional Cycle of Deployment.10 This model provides a way for leaders to anticipate the concerns of family members at each stage (Box 5.5).

Box 5.5: Five Stages of Emotional Cycle of a Military Separation

Pre deployment (1)
Deployment
- Initial Deployment (2)
- Stabilisation (3)
- Anticipation of Return (4)

Post deployment (5)

The stages are distinct and each poses specific challenges. Military leaders can prepare by being aware of each stage. Good planning in each of these phases can positively impact family stability and individual and unit readiness.

5.3.1. Stage 1: Pre deployment

The onset of this stage begins with the warning order for deployment. The stage ends when the unit member departs from home. The pre-deployment timeframe varies from several days to more than a year, depending on the operation.

There are a number of challenges for families at this stage (Box 5.6), but one of the key challenges is to accept that the deployment will take place and that there will be a separation. This is not always easy. Initially, family members may be angry or even protest that the deployment is unfair or should not happen. Soon the reality sets in. The increased field training, preparation, and long hours away from home are a precursor of the extended separation that is to come. In addition, unit members may talk more about the upcoming mission and about their unit. This bonding with unit members is essential to unit cohesion yet it also creates an increasing sense of emotional distance for family members. That is, the unit member about to deploy physically may already be deployed psychologically, compounding the frustration and resentment of the remaining family members.

Box 5.6: Pre-deployment Challenges

- Accepting the reality of deployment
- Anticipation of loss
- Train-up/long hours away
- Getting affairs in order
- Mental/physical distance
- Arguments

Tension may also build as the partners try to cram activities into the last few weeks. Partners may generate long lists of details to be taken care of, including home repairs, car maintenance, finances, tax preparation, child care plans, powers of attorney and wills. As the tension of the impending departure increases, family members may wish that the military member was already gone. Couples often report arguments just before the actual departure date. In a way, family members may use arguing as a method for making the separation easier to tolerate. They may do this without even being fully aware of the function that arguing can serve but unless family members know that is a normal part of the pre-deployment phase, they can be left feeling guilty or confused about this increase in arguing.

Family members being left behind may also have anxieties. They may have fears regarding risks associated with the mission, and they may have doubts about their ability to manage on their own. All of these reactions are normal but when family members don't expect these emotional reactions, the ups and downs of the pre-deployment phase can compound the tension. Communication may break down. The

anxieties about the deployment are often expressed by family members in terms of being frustrated with military life. Statements such as "I didn't get married to be alone all the time", "You love your job more than me" reflect this real frustration. It's at this point that it can be helpful for leaders to remind their unit members that these kinds of reaction are normal and reflect anxiety about the deployment rather than necessarily being a direct reflection of family member attitudes toward military service (Box 5.7).

Box 5.7: What Can Military Leaders Do?

- Ensure unit members are trained in what to expect in terms of family adjustment
- Offer training to family members about what to expect
  - Develop unclassified intelligence briefing
  - Emphasise joint effort between individuals and rear support
  - Provide contacts for additional help
- Set aside time in the unit calendar for unit members to take care of personal, administrative and logistical issues
- Send letters to families
  - Provide information regarding the mission
  - Identify resources available
  - Identify contact person with phone numbers

A military leader's commitment to family readiness will ensure the unit can deploy with confidence (Box 5.7). Leaders can demonstrate this commitment through pre-deployment briefings and by showing personal interest in how unit family members are doing.

Pre-deployment briefs also provide the opportunity to engage families, introduce them to one another, and reassure them that leaders are aware of their concerns. Military Leaders should coordinate pre-deployment briefings geared for family support early in the process. Leaders can also ensure that psychological support professionals are available to discuss how children react differently to deployment depending on their age. Many leaders have found that planning children's activities, providing baby sitting services and scheduling briefings at various times increases participation and sends a message to families that they are considered a priority. Box 5.8 provides suggestions for topics to cover in a pre-deployment brief.

Box 5.8: Considerations for a Pre-Deployment Brief for Families

- Nature of the mission
  - Mission goals
  - Risks associated with the mission
  - Options for communicating
    - Postal service, internet, e-mail, telephone
  - Access to mission updates:
    - Unit web site
    - Newsletter
    - Rear detachment support
- Calendar of unit events before, during and after deployment
- Media awareness
- What to expect in terms of the emotional cycle of deployment
- Resources available with phone numbers for families to use
- Contact procedures in the event of an emergency

In some nations, unit members live in geographically dispersed regions, and leaders will need to adapt their family support accordingly. The pre-deployment phase sets the precedent for how family support is prioritised across the deployment cycle. Before they deploy, military leaders need to give clear guidance to the rear detachment about providing family support. By working together, deployed military leaders and the rear detachment can establish effective communication that will enhance family support initiatives.

5.3.2. Stage 2: Initial Deployment

Although the pre-deployment stage prepares families for departure, the deployment itself may still come as a challenge. In the first few weeks following departure, the family has to reorganise roles and responsibilities. The military member's departure may create a hole in the family. This gap is both a practical one in terms of accomplishing specific tasks and an emotional one in that family members may feel a variety of reactions (Box 5.9). For many, the initial deployment stage can be an unpleasant, disorganising experience but when family members know what to expect, they are more likely to put their reactions into perspective.

Box 5.9: Possible Reactions During Initial Deployment

- Overwhelmed
- Numb, sad
- Lonely
- Disoriented
- Mixed emotions/relief
- Difficulty Sleeping

At this stage, effective rear detachment support becomes a priority (Box 5.10). Structured family events during the initial deployment phase can provide an opportunity for family members back home to connect with one another, share experiences, and reduce loneliness. The adjustment during this busy and difficult period will be smoother with a strong rear detachment (Box 5.11).

Box 5.10: Deployment Phase: What Can Military Leaders Do?

- Establish strong rear detachment in advance
- Support rear detachment activities
- Maintain regular contact with the rear detachment
- Send regular informal updates home to family members

Box 5.11: Handing Family Problems

"I considered myself fortunate to be able to rely on efficient key personnel to deal with the impact of the family problems that arose during the mission. It allowed me to concentrate on the mission and still know that problems were effectively addressed. In theatre, in addition to my staff and battery commanders, the doctor and the psychologist formed a team to advise me on possible actions. Back home my rear detachment commander was a very experienced officer with a natural flair for liaising with the families..."

- Military Leaders Survey

5.3.3. Stage 3: Stabilisation

Stabilisation takes place as family members get involved in activities and new routines (Box 5.12). Many rely on the rear detachment and other local resources for support. These formal networks meet regularly to handle problems and disseminate information. Other families are more comfortable with informal networks of support and rely on extended family, friends and community groups. Many family members find that they are able to cope with problems that occur and feel increasingly confident and in control. These are markers of a successful adjustment.

Box 5.12: Possible Reactions During Stabilisation

- Become involved in new activities
- Develop new routines
- Become more independent
- Feel more confident
- Feel more in control

5.3.4. Stage 4: Anticipation of Return

This stage is generally one of intense anticipation (Box 5.13). As with the initial deployment stage, there may be conflicting emotions. On the one hand, there is

Box 5.13: Possible Responses to Anticipation of Return

- Intense anticipation
- Excitement
- Anxiety or concerns about adjustment

excitement that the unit member is coming home. On the other hand, there may be some apprehension. Family members may wonder how the returning unit member will adjust to changes that have occurred in the family. They may also wonder how much the unit member has changed as a result of the deployment. Family members aren't the only ones anticipating the reunion. Unit members are also focused on transitioning home and have their own expectations and concerns.

For military leaders, this stage is an opportunity to accomplish important tasks related to family support (see Box 5.14). Meanwhile, the rear detachment can also ensure that family members are provided reunion briefings so that they know what to expect. By encouraging family members and unit members to communicate with each other about their expectations for the reunion, unit leaders and the rear detachment can facilitate a more effective post-deployment adjustment.

Box 5.14: Deployment Phase: What Can Military Leaders Do?

- Communicate the planned return date and emphasise the fact that this date may change
- Send a thank you letter to the families for their continued support
- Ensure unit members are briefed on family reintegration issues
- Address differences in expectations between family members and unit members
- Plan the homecoming reception

5.3.5. Stage 5: Post Deployment

Box 5.15: Possible Post-deployment Reactions

- Honeymoon period
- Loss of independence
- Need for "own" space
- Renegotiating routines
- Reintegrating into family

The post-deployment stage consists of two distinct phases. Families often experience an initial phase of adjustment (Box 5.15). For some families, this early phase is characterised by a "honeymoon" period in which they idealise each other. For some families, the adjustment is initially more difficult and is characterised by feelings of estrangement which are compounded by the mismatch between expectations and reality. Both of these reactions are normal and are part of the initial post-deployment adjustment as the unit member slowly integrates back into the family.

The second phase of adjustment involves re-establishing a pattern of family functioning that incorporates the returning family member. This process may take some time because returning unit members may be psychologically absent, still thinking about the deployment, although they are physically present (Box 5.16).

Box 5.16: Talk to Me

"After my husband had been home for a few days, I got aggravated with him when he would telephone his colleagues every time something of importance came up within the family - finally I told him 'I'm your wife, talk to *me*'."

- Military Spouse

The family also needs to renegotiate roles and expectations. Thus, this phase takes energy, patience, communication and a sense of humour. Initially many families think getting back to normal is the easy part of the deployment cycle but in fact for some

Box 5.17: Intimacy Takes Time

"I couldn't believe it. After my shower, I kept my towel around me to walk to our bedroom."

- Military Leaders Survey

families this may be the most difficult phase. Although couples may expect to pick up the relationship where they left off, and while they are physically together, it may take time to re-establish intimacy and re-connect emotionally (Box 5.17).

Leaders' responsibility for family support does not end when the unit returns home. In fact, the post-deployment phase requires leaders to continue placing emphasis on family issues. Leaders should incorporate family members in post-deployment briefings that emphasise unit mission accomplishments, thereby making the sacrifice of the families more meaningful. Leaders should also be sure to thank families for their support and to recognise their efforts both in formal ceremonies and during informal conversation. Military leaders should also be sure to recognise the achievements of the rear detachment, demonstrating the importance placed on the contributions of the rear detachment to mission success. Furthermore, military leaders need to watch out for unit members who may be struggling with family problems during the post-deployment phase and facilitate referrals to psychological support professionals as appropriate (see Box 5.18 and also Chapter 3).

Box 5.18: Post-Deployment Phase: What Can Military Leaders Do?

- Incorporate family members in post-deployment briefings
- Emphasise the accomplishments of the mission
- Thank families for their support and acknowledge their efforts
- Recognise the rear detachment
- Watch out for unit members who may be struggling

5.4. LEADING BY EXAMPLE

Many military leaders report forgetting to prioritise their own families. Other leaders acknowledge thinking that family issues in the emotional cycle of deployment do not apply to their own families. Ironically, by not considering their own family, leaders may not have a firm basis of support during deployment and upon returning home. In addition, paying careful attention to their own family is one way to set a good example for their unit members.

5.5. MILITARY FAMILIES: THE STRENGTH THAT COMES WITH DEPLOYMENT

Military families know they are a special type of family. They know that to adjust to the demands of military life requires a commitment and competence which many civilian families never have to demonstrate. This special status is part of their identity. Military families also know deployments are one of the most challenging demands of military life. Even if families expect deployments, deployments still create difficulties. Families that overcome these difficulties and learn to navigate the emotional phases of the deployment cycle emerge stronger and closer than ever. It's up to military leaders to provide the climate for family support so that military families have an opportunity for successful adaptation and personal growth.

Chapter 6. WHAT TO DO WHEN THINGS GO WRONG

Chapter Objectives:

- Define importance of early intervention
- Introduce 3-level model for early intervention
- Review leader actions following potentially traumatic events

6.1. INTRODUCTION

Box 6.1: The Dark Horse Ceremony

A few days after returning home from a combat tour, a marine infantry battalion held a ceremony on a beach to honour its fallen. This particular battalion had participated in heavy house-to-house fighting and had suffered many combat deaths. The memorial on the beach was named "The Dark Horse Ceremony," since the battalion's radio call sign was "Dark Horse." At dusk, the entire battalion, nearly one thousand-strong, assembled in close-order ranks on a level stretch of sand, facing a low rise. As taps were played by a bag-piper on a bluff above the assembled marines, and, as the sun settled into the ocean behind them, the battalion's commander walked a rider-less black stallion into full view of them all. Combat boots had been placed backwards in the stirrups of the vacant saddle.

While the commander held and stroked the dark horse's head, one marine after another marched to the front of the battalion, held up a set of dog tags, and barked out the name of the fallen marine whose name was stamped on them. Each of the fallen marine's dog tags was draped, in turn, over the pommel of the black stallion. After the last name was called and the last set of dog tags was draped, the battalion commander slowly walked the dark horse through the ranks of the assembled marines. As it passed close before them, each marine reached out one hand to stroke the flank of the animal that bore the weight of their dead. After the ceremony had ended and the remaining daylight had left, bonfires were lit on the beach and the marines of the Dark Horse battalion spent the night in comradeship.

- NATO RTO HFM-134 Symposium

Military leaders know that they are responsible for the physical and psychological well-being of their unit members. The Dark Horse Ceremony (see Box 6.1) is one example of how leaders can help unit members sustain well-being when faced with one of the harshest realities of military life: unit members getting killed. This chapter addresses what leaders can do when unit members experience potentially traumatic events. These events may occur during any phase of the deployment cycle (including training) but often occur during the deployment phase.

Box 6.2: Examples of Potentially Traumatic Events

- Death in Training
- Suicide
- Combat Death of Unit Member
- Intense Combat
- Traffic Fatality
- Witnessing War Crimes
- Witnessing Civilian Suffering
- Fratricide
- Mass casualty
- Severely Injured Unit Member
- Sustained Threat

Box 6.2 provides examples of events that may be considered potentially traumatic. In addition, it is not only single potentially traumatic incidents that can cause stress reactions, but also periods of longer duration in which unit members are confronted with chronic levels of threat, danger, violence or destruction.

- Reactions to potentially traumatic events are varied. These reactions are neither a disease nor a weakness: rather, they are natural responses to extreme events. It is normal for individuals to experience some range of these reactions in the days and months following a potentially traumatic event. These reactions can be categorised in terms of cognitive, physical, emotional, and behavioural changes (see Box 6.3). Sometimes, symptoms of stress reactions occur right away. In other cases, symptoms take time to appear. Generally, reactions subside over time. The focus of this chapter is to help military leaders be proactive in supporting unit members following potentially traumatic events so that stress reactions can be minimised.

Box 6.3: Common Signs and Symptoms of Stress Reactions

Cognitive	*Physical*
Confusion in thinking Difficulty in making decisions Disorientation	Excessive sweating Dizzy spells Increased heart rate Elevated blood pressure Rapid breathing
Emotional	*Behavioural*
Helplessness Emotional shock Anger Grief Guilt or Shame Depression Feeling overwhelmed Hopelessness	Changes in ordinary behaviour patterns Changes in eating and drinking Changes in sleeping habits Decreased personal hygiene Withdrawal from others Prolonged silences

Different levels of support may be needed for different situations (Box 6.4). In this chapter, Level 1 focuses on unit member and leader actions. This level is the most frequently used and therefore the largest part of the pyramid of psychological support. This support involves self-help, buddy-help, and leader actions. Level 1 takes effect immediately after the potentially traumatic event.

Box 6.4: Levels of Psychological Support

Level 2 interventions involve more formal actions that may be carried out by trained peers and/or psychological support professionals. Finally, Level 3 consists of specialised treatment of individual unit members by psychological support professionals. Level 3 interventions occur less frequently than the other two levels of the pyramid but are important for leaders to consider as additional tools in maintaining unit readiness. Levels 2 and 3 should be initiated according to the severity of reactions to the potentially traumatic event rather than according to specific timelines.

A key assumption underlying this chapter is the belief that most unit members will recover from potentially traumatic events without any professional intervention. The assumption is that Levels 2 and 3

will be the exception rather than the norm following potentially traumatic events. In fact, in many cases, self help and other Level 1 actions will be sufficient to help the majority of unit members cope with potentially traumatic events. For this reason, the chapter focuses primarily on Level 1. Nonetheless, information about Levels 2 and 3 are included so that leaders know when accessing formal support is appropriate.

It is also important to note that leaders' ability to help their units after potentially traumatic events depends upon leaders taking care of themselves too. Leaders may have experienced the same potentially traumatic events as unit members, and the leaders may also experience stress reactions. In particular, leaders should be aware that their decision making may be influenced by these normal stress reactions. Leaders may also want to pay particular attention to the quality of their sleep, signs of irritability, and other possible reactions. By monitoring themselves, leaders can adjust their decision-making to take these changes into account and to take care of themselves.

6.2. LEVEL 1: LEADER ACTIONS

Following exposure to potentially traumatic events, unit members are likely to engage naturally in behaviours that promote recovery. The actions of leaders at all levels, however, can go a long way to establish conditions that support and sustain recovery (see Highlight of Box 1.5 repeated in Box 6.5).

Box 6.5: Encouraging people to talk

"My only input was to encourage them to talk about it, not to worry about it, to feel good that they had probably saved themselves and, more importantly, their colleagues. They did not really need de-stressing; they were doing it themselves. All that we (the chain-of-command) provided was the sense of purpose, resolve, and the assurance that everything they had done and were feeling was entirely alright. "

- Military Leaders Survey

One of the most significant potentially traumatic events that a leader may face is the death of a unit member and the subsequent grief reactions of unit members and those on the home front. These reactions will be different for each individual but are likely to affect the functioning of the unit as a whole. What leaders choose to do in the aftermath of such a loss will set the tone for how the unit and families deal with and recover from the loss. Leaders who acknowledge the loss, give permission for grief, and place the loss in context provide meaningful support at a time that many unit members need it most.

It is critical to acknowledge and honour the lost individual. The account in the beginning of the chapter (Box 6.1) described a memorial ceremony held to mark the death of several unit members. During operations, such ceremonies may not be feasible. Nevertheless, something needs to be done to acknowledge a unit member's death. In times of grief, leadership involves ensuring that time is set aside to stop and consider the loss (Box 6.6).

Box 6.6: Honouring the Fallen

"The rocket attack happened late at night. It killed two unit members. We were in an outpost miles away from anyone else. What were we to do with the bodies because it was too dangerous for helicopters?

At first they were left in a place close to the guys' kit. I and the other NCOs from the platoon were not happy with this. First, it would have been demoralising for the guys to see the bodies when they went to retrieve their kit the following morning and, second, we thought it was a bit undignified because of how they were left.

We decided between ourselves to move the dead to a sheltered spot in a garden under a big tree and cover them over. This simple gesture played a big part in handling this situation and helped to prepare us for the rest of what was to come. We later made a plaque and hung it in the room where they died."

- Leader's Guide Reviewer
- Military Leaders Survey

Memorial ceremonies may occur during the deployment and again afterwards upon homecoming. Such ceremonies can become especially meaningful by incorporating the use of symbols that have significance to the unit and by having unit members involved in planning wherever possible.

The role of leadership in the wake of a unit member's death also involves giving permission to grieve. This permission can include standing the unit down for a period of time and reminding subordinate leaders that grieving is not likely to end when the memorial ceremony is over. Leaders can also lead by example by talking about the impact of the loss on them. By acknowledging their own reaction, leaders help shape a unit climate that counters stigma associated with grief. Although unit leaders may not feel trained to deal with a death in their unit, the unit will look to the leader for guidance and the family will expect a personal acknowledgement of the loss. By addressing grief issues directly, leaders set the standard for taking care of unit members.

Leaders also have the opportunity to set the foundation for unit recovery by placing the loss in context. The leader can help orient the unit toward the future by emphasising the meaning of the unit member's contributions, the meaning of their sacrifice, and the expectation that the unit will continue its mission.

Dealing with the loss of a unit member is not likely to be easy for the unit or for the unit leadership. Unit leaders need to ensure that they have an outlet for dealing with their own emotional reactions such as talking with a peer or a chaplain. In many nations, chaplain support is a key part of helping the unit with the process of recovery by offering counsel and spiritual guidance. In some nations, this role is filled by other psychological support professionals.

Not all potentially traumatic events involve the death of a unit member. Leaders should be able to identify possible traumatic incidents and establish an environment that will support recovery (see Box 6.7).

Box 6.7: How Leaders Can Help

- Make time to process events
- Bring people together in an appropriate setting and at an appropriate time
- Allow service members to react both as individuals and as a group
- Recognise unit members' experiences and sacrifices
- Manage the event using unit resources
- Call in specialist help if and when needed

6.3. LEVEL 1: INFORMAL BUDDY HELP

Leaders also have a responsibility to establish a climate in which buddy support takes place across the deployment cycle. Buddy help can be defined as informal psychological support given by one unit member to another. Buddy help relies on the existence of a personal relationship and the sharing of a common experience and represents unit members looking out for each other.

Buddy help is unique because unit members understand each other in a way that outsiders may not. They share experiences, values and beliefs. That's why buddies are so effective in helping each other deal with the aftermath of potentially traumatic events. Buddy help is often considered a type of psychological first aid.

Box 6.8: The Buddy-Buddy System Working

"An explosive device had blown the front off one of our vehicles. No one was injured inside, remarkably, but the whole front end of the armoured vehicle had been sheared completely off. Sitting with some of these 18 and 19 year-old soldiers, sitting with them in their barrack block when they disclosed the excitement of this, you could see they were still running on adrenalin. We gave them the opportunity and the time to articulate, not just verbally, but emotionally too. We gave them the space to do that in an operational theatre where they were expected to go back out on duty again the next day. To just give them that little time between duties, not just for eating and resting, but to just get a hot cup of tea and just talk to each other about how they all felt and how desperately scared and everything else they were, was very important. I could see that this was the buddy-buddy system actually working, keeping people with their team for mutual support. I think we've learned that lesson, that you keep people in their little tight group where you can give them the opportunity to talk about things like that".

- Military Leaders Survey

Some nations have focused basic military training to improve the "buddy" system. This training includes teaching service members to recognise signs of stress in friends. It also includes training in listening skills, stress management and coping techniques.

Unit members will naturally engage in buddy help if the circumstances are correct (Box 6.8). Leaders can foster a climate that encourages buddy support. They can emphasise the importance of looking out for one another, make time to process events, bring people together, and encourage other unit activities and training such as those described in Box 6.7.

6.4. LEVEL 2 AND LEVEL 3: FORMAL INTERVENTIONS

When leaders identify individuals who are unable to function or who have problematic behaviour changes despite Level 1 actions, formal interventions may be required (Box 6.9). Level 2 and 3 interventions are provided by specially trained personnel who typically have not been involved in the incident. These interventions are designed to take care of unit members and reduce personnel loss. Ideally, they are provided as near as possible to the unit, as soon as possible, and with the expectation that the individual will recover and return to duty. This approach facilitates the natural process of recovery, and many individuals will be able to remain with their unit. Those who do not benefit from this level of intervention may need to be evacuated.

Box 6.9: Professional Support Would Have Been Helpful

"One of our men committed suicide while on deployment. We conducted an extensive investigation, interviewed his colleagues who had been with him just before he took his life, and no one had any idea what he was about to do. There was no guilt felt because the unit felt it had done everything it could to take care of him. No one expected him to take his life when he did. However, as a consequence of him taking his life, two other men said that they felt suicidal, one of whom reported that he had deliberately got drunk and crashed his car in an attempt to take his own life. In order to stop the spread of copycat incidents, I brought all the troops together. This was quite difficult as they were spread over 50 kilometres on boundary security duties. I organised a regimental parade to talk to everyone about what had happened, and asked them to come forward to seek help instead of doing something silly - a twenty-minute talk on the incident. It was a real problem trying to determine if these were copycat cases. Professional support would have been really helpful, but our two doctors did the best that they could. My giving a talk to the regiment was a good idea - but it was very specific to our situation. Next time I would prefer professional advice to be available."

- Military Leaders Survey

6.5. LEVEL 2: SUPPORT BY TRAINED PEERS

Consistent with the principles of level 2 and 3 support, some nations have peer-delivered stress risk-assessment and intervention programmes activated quickly after a potentially traumatic event. Leaders from these nations may request formal support from these trained peers (see Box 6.10). Trained peers normally come from the unit but may come from outside if no trained peers are available or if the unit's trained peers were involved in the incident themselves.

Formal support from trained peers is similar to buddy help. Peers have credibility and are not seen as part of the medical establishment. What makes them special is that they are trained in the use of certain techniques. These peers can conduct risk assessments, crisis management briefings and early interventions. In those nations that have formal peer support programmes, leaders should consider selecting unit members for such training as part of ongoing preparation for operational deployments.

Box 6.10: A Formal Peer Assessment

Four marines, including one sergeant, deployed to a country on diplomatic protection duties, were targeted by rebels as they picked up the diplomatic bags at the airport. Two RPGs severely damaged the vehicle in which they were travelling. When the emergency services arrived the sergeant tried to explain that they had been attacked. However the local police saw that the marines had weapons but were in civilian clothing and became aggressive and hostile. All four were taken to police cells and their wounds were given scant attention in spite of all four having suffered lacerations and varying degrees of concussion.

Eventually diplomatic pressure led to the group being released from custody and taken to hospital. After having their wounds tended, all four returned to the embassy compound. The detachment sergeant major (who was a specially trained peer practitioner) discussed the incident with the sergeant and the diplomats who negotiated the marines' release. He decided that a formal peer assessment was warranted and decided that the sergeant should be seen separately as he may have felt in some way responsible since he was in charge. The junior marines, who were seen together, all showed varying signs of distress but perceived that the situation would have been far worse if the sergeant had not been as steady and robust as he had been. Although one appeared to be suffering with some signs of acute stress and was not functioning well, the sergeant major was able to alter his duties to ease his work stress, whilst ensuring that he had the support of his buddies. The sergeant appeared to feel very guilty that he had let his lads down and was not able to get them to hospital sooner. However, after seeing both groups the sergeant major decided it was best to get all four together. Indeed, when the juniors praised their sergeant's actions, it was obvious to all that the sergeant became less distressed, realising at last that he had done a good job and that he had earned the respect of his subordinates.

All four were encouraged to keep talking to each other and were given the opportunity to phone home. However, they all continued to carry out their duties in theatre. At follow up, some four weeks later, they were back to their same old selves.

- NATO RTO HFM-134 Symposium

6.6. LEVEL 2: PROFESSIONAL SUPPORT

Leaders also often have access to psychological support professionals to assist after a potentially traumatic event. Level 2 psychological support is designed to assess and provide early interventions. The specific types of interventions might include short term one-on-one consultations as well as targeted group interventions. Leaders may have several options regarding who provides this type of care and, in general, should select providers who are known to the unit (see Box 6.11 for an example).

Box 6.11: Calling in the Professionals

"I was especially concerned about how the different operational groups coped with the situation during and after the experience. Upon returning to camp, I decided to call the psychologists in to assist with debriefing. Participation in the debriefing was mandatory which turned out to be very satisfactory. As everyone was seen by the mental health professional no one was stigmatised. The decision was seen as a good call."

- Military Leaders Survey

6.7. LEVEL 3: PROFESSIONAL REFERRAL

Although most personnel will experience stress reactions after a potentially traumatic event, only a minority will develop severe psychological problems such as post-traumatic stress disorder or depression. Level-2 providers typically identify those individuals requiring specialised Level 3 treatment.

Psychological support professionals at Level 3 evaluate individuals, make diagnoses and treat individuals in need. This support is likely to be provided away from the unit and, in some cases, may require medical evacuation. Given the potential severity of stress reactions, it is essential that leaders support the system of managing high-risk individuals (see Box 6.12).

Box 6.12: Leaders Managing Traumatic Events

"Each time there were situations of important stress, the chain-of-command fully played its role and the medical support team intervened by taking on individual management of particular cases or referring on where appropriate.

An NCO died after an accident during artillery live firing. I managed this situation together with my unit's doctor. Together, we managed unit stress, provided support to the family etc."

- NATO RTO HFM-134 Symposium

6.8. CONCLUSION

Military organisations ideally have structures in place that enable level 2 and level 3 interventions and pro-actively support leaders in taking care of their unit.

With these structures in place, the military leader has a responsibility to:

- understand when it is appropriate to use each level of support
- be aware of the importance of their own actions in supporting unit recovery
- communicate the importance of buddy help

- facilitate access to each intervention level
- incorporate stress reactions and buddy help into training scenarios
- work to reduce stigma associated with seeking help from professionals

Potentially traumatic events not only provide leaders with a challenge but also provide them with an opportunity. Effective leaders actively demonstrate concern for individuals, acknowledge loss, communicate directly with unit members and their families, and send a message that the unit is expected to recover. Through good leadership, they can help their unit strengthen cohesion, resilience, and readiness.

Chapter 7. WORKING WITH PSYCHOLOGICAL SUPPORT PROFESSIONALS

Chapter Objectives:

- Describe the benefits of consulting with psychological support professionals
- Provide guidance on how to make the most of psychological support professionals
- Describe what leaders should expect from their psychological support professionals

7.1. INTRODUCTION – WHAT LEADERS KNOW

Box 7.1: It's Our Job

"Commanders at all levels should realise that they have the responsibility for, and play a vital role in, education and management of stress and for all the mental and emotional problems of the soldiers under their care.

Pre-deployment training, knowing your soldiers and the management of stress during and after operational deployments are fundamental to helping soldiers deal with adjusting their reactions to normal circumstances after having been under abnormal conditions.

The responsibilities of a Commander are enormous, starting well before a deployment and probably never ending afterwards. For a Commander this is a lonely job. He cannot and must not abrogate responsibility. But he does not have to feel lonely when he puts his trust in his subordinates."

Major General Cammaert
NATO RTO HFM-134 Symposium

Ultimately, military leaders know that responsibility for their unit's performance and the health of their subordinates rests with them. Like any military leader, Major General Cammaert, of the Royal Netherlands Marine Corps, understands this responsibility (Box 7.1). As a military officer with a wealth of experience in international operations, he was asked to provide a keynote address at the NATO symposium, "Human Dimensions in Military Operations: Military Leaders' Strategies for Addressing Stress and Psychological Support".[11]

As stated in Box 7.1, the Commander's responsibilities for taking care of the mission and personnel are enormous. While military leaders typically receive training in reaching mission objectives, leaders participating in the NATO survey often reported they did not receive training on how to deal with stress in their unit.

The goal of this chapter is to provide leaders with a perspective on the benefits of consulting with psychological support professionals and on how to make the most of those professionals.

7.2. BENEFITS AND QUESTIONS SURROUNDING PSYCHOLOGICAL SUPPORT

Leaders maximise their effectiveness by managing stress-related concerns of unit members. In this role, leaders will occasionally need to consult with, or refer to, a psychological support professional. These professionals represent different disciplines and training but they are all specialists in dealing with psychological issues. Leaders and unit members occasionally have questions about psychological support professionals (see Box 7.2 for summary).

7.2.1. What do military psychological support professionals offer?

Psychological support professionals assess the well-being and morale of unit members and offer psychological treatment. Leaders can also consult with psychological support professionals to help them address unit issues and to generate recommendations for actions to improve well-being and morale. These recommendations can then be considered when military leaders implement changes within their unit. Leaders can also request specific training on issues that affect their whole unit including how families are affected by deployment, stress management, anger control, and responsible alcohol use.

Box 7.2: Questions about Consulting with

Psychological Support Professionals

- What do military psychological support professionals offer?
- Are psychological support professionals all the same?
- Does paying attention to stress weaken the unit?
- Should a leader get involved in a subordinate's personal problems?
- If unit members are affected by stress, do they belong in the military?

7.2.2. Are psychological support professionals all the same?

No. Psychological support professionals come from a range of disciplines. For example, some are experts in surveys while others are experts in providing treatment. As a result, individual psychological support professionals may or may not have the specific skill set that a leader may need to address a particular unit issue. Leaders should find out about the specific domain of expertise of the psychological support professionals available to them, become familiar with them and integrate them into unit training and deployment planning.

7.2.3. Does paying attention to stress weaken the unit?

No. While addressing the topic of stress may lead to the identification of stress-related concerns, it will not cause stress to suddenly emerge out of nowhere. However, leaders need to be prepared to hear the answers when they ask a question about stress. If a leader asks how much stress unit members experience or whether or not there are significant morale problems in the unit, the answers may very well indicate a problem. Asking about stress may help leaders identify the specific nature of issues and problems. Not asking about stress won't make the issue go away; it will just get identified as some other kind of problem – a discipline problem, for example. Lack of adequate problem identification will make it that much harder for leaders to address the underlying concerns of both individual subordinates and their unit as a whole. It is the very lack of problem identification that could weaken the unit, making it less ready to withstand the rigours of operational demands.

7.2.4. Should a leader get involved in a subordinate's personal problems?

Yes. Leaders are routinely taught that they are responsible for maintaining unit readiness. Readiness entails both physical and psychological components. The personal problems of unit members affect their psychological readiness. Consequently, these problems must be addressed by leaders. Even if the larger culture would typically consider stress-related problems as beyond the reach of the work organisation, the military is different. For leaders, being responsible means actively checking in with unit members and offering them the opportunity to talk about concerns before those concerns affect unit readiness. By giving unit members the clear and consistent message that stress-related problems concern everyone, leaders are establishing the expectation that unit members should be able to rely on their unit for support.

7.2.5. If unit members are affected by stress, do they belong in the military?

For the most part, the answer is yes. It is normal for some unit members to experience stress from the demands of military life (Box 7.3). This stress is often temporary. Leaders know that early identification of problems can mean the difference between an effective unit member and attrition. Even simple leader actions, like requiring rest and relaxation, assigning a change in duties, or providing a chance to talk about problems, can make a difference for unit members who are struggling. Nevertheless, there will be cases in which an individual is no longer suited for military life, and it is better for that individual to leave military service.

Box 7.3: Stress Levels Will Always Be High

"It is a sad fact of our profession that stress levels are, and always will be, high. Commanders need the support of military mental health professionals in caring for those deployed personnel who cannot cope with their deployment experiences."

- *Major General Cammaert*
NATO RTO HFM-134 Symposium

7.3. USER'S GUIDE TO MILITARY PSYCHOLOGICAL SUPPORT PROFESSIONALS

The following tips may help leaders use their psychological support professionals:

Be specific. Leaders should tell the psychological support professional what their concerns are and what the goal is in terms of outcome. If the psychological support professional is not the right person to help, he or she should refer the leader to one who is.

Be realistic. Even though leaders can expect a lot from their psychological support professionals, there are limits to what can be done under extreme or difficult circumstances. For example, there is no way to get rid of grief when a unit is struggling with the loss of unit members, or to get rid of stress when tough demands are placed on unit members. Being realistic means identifying what can be done within the confines of the mission requirements.

Integrate them. Leaders can get the most out of psychological support professionals by integrating them into unit activities across the deployment cycle. As a result, psychological support professionals get to know the unit and the unit members are more likely to trust them long before deploying or at least before a potentially traumatic event occurs.

Practice consistency. Leaders who want to reduce stigma associated with mental health problems in their unit need to be consistent (see Box 7.4). They need to support those who seek help, encourage them, and remind their subordinate leaders that it takes leadership to ensure that those who need help, get it.

Box 7.4: It's OK to Seek Help

"Emphasise the fact that it's OK to seek help. Leaders play an important role in diminishing the prejudices that still exist with regard to mental health care."

- *Major General Cammaert*
NATO RTO HFM-134 Symposium

What leaders can expect from psychological support professionals

Military leaders have the right to expect good service from their psychological support professionals. While each nation and every deployment will have a different combination of professional support available, military leaders have the right to expect that support be provided by individuals who:

- understand the military
- understand the leader's intent
- know about operational stress
- make useful recommendations

Psychological support professionals know that leaders expect a lot from them.12 Psychological support professionals have an obligation to be the experts and must be prepared to "challenge the limits of their profession to support the commander's ability to sustain the unit's psychological well-being."13

Chapter 8. CONCLUSION

This leader's guide addresses the potential gap between what leaders know and what they need to know about stress and psychological support. This guide describes methods which leaders can use to enhance the psychological fitness and morale of unit members across the deployment cycle. In summary, the guide covered:

- the expectations members bring to the unit and the impact that these expectations can have on morale and behaviour
- different methods by which leaders can systematically assess psychological fitness and morale
- strategies by which leaders can detect and manage signs and symptoms of stress reactions
- options leaders can pursue in terms of providing family support across the deployment cycle
- what leaders can do to maximise use of their psychological support professionals

8.1. A COMMON UNDERSTANDING

It became evident during the NATO Symposium and Military Leaders Survey that military leaders would prefer more specific information than provided in this guide. However, because each nation has its own traditions and practices, this guide took a general approach in order to be relevant to leaders from as many nations as possible. If leaders require more details about psychological support and programmes specific to their own military, they should turn to psychological support professionals in their own nation.

Despite national differences, leaders should be aware that, even on deployments in an international environment, there is a common understanding among both leaders and psychological support professionals of the importance of psychological readiness and support. Concerns described by military leaders in the NATO survey revealed remarkable consistency. Leaders want their unit members to be psychologically fit and to have high morale. Leaders from a range of nations recognise that unit members may struggle at different points in the deployment cycle. Military life can be demanding, and it can be rewarding. But good leaders wouldn't trade it for anything.

Abstract

Introduction: NATO Task Group HFM 081/RTG on "Stress and Psychological Support in Modern Military Operations", formed in 2002, consisted of over 30 military and civilian defence professionals from the field of military psychological support, representing 19 different NATO and PfP nations.

Method: The Task Group have met on 10 occasions (initially as an ET) and have examined best practices in psychological support before, during and after operations, instruments used to survey unit morale and clinical tools used across NATO and PfP for assessment, intervention and education with individuals and groups before, during and after deployments. In addition, the Group has conducted an international Military Leaders' Survey of 172 NATO and PfP military leaders across 16 nations on psychological health on operations and co-sponsored (with COMEDS MP-WG) the NATO symposium HFM-134 on "Human Dimensions in Military Operations: Military Leaders' Strategies for Addressing Stress and Psychological Support" held in Brussels in April 2006. Finally, the Group has produced a series of guidelines for psychological support in military operations, in the form of a Military Leaders Guide.

Results: The report of NATO HFM-081/RTG on Stress and Psychological Support in Military Operations, the Military Leaders' Guide and the other Annexes (reports on Best Practices and Training and Education and Inventories of Instruments for measuring morale and Clinical Tools used for assessment, intervention and education before, during and after deployments) are designed to support those responsible for leading military personnel on NATO's military operations. The guide provides both a rationale for addressing psychological support issues and strategies for leaders tasked with supporting their unit members. Given this balance, it may be useful to include this guide during military academy training, as part of a pre-commander course, as part of an enlisted leadership training course and as part of junior staff college training. The guide can also be used at the pre-deployment stage to support leaders who are about to assume the responsibility for deployed units. Nations are invited to use the guide to meet their specific training needs and to supplement the guide with information that reflects their national policies.

Keywords

psychological readiness, expectations, stressors, training, **psychological fitness**, fitness assessment, morale assessment, instruments, unit effectiveness, **military family readiness, psychological support, deployment cycle**, military operations, stress reactions, signs and symptoms, **levels of psychological support**, buddy help, informal support, formal support, professional support, clinical tools, professional referral, **psychological support professionals**

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Formal support	Professional support	Stress reactions
Informal support	Psychological contract stressors	Training
Levels of psychological support	Psychological effects	Unit climate
Military family readiness	Psychological fitness	Unit effectiveness

14. Abstract

NATO Task Group HFM-081/RTG on "Stress and Psychological Support in Modern Military Operations" has produced, in the form of a Military Leaders Guide, a series of guidelines for psychological support in military operations across the deployment cycle. The guidelines are based on best practices identified by psychological support professionals and confirmed by military leaders.

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