

DEPLOYMENT PSYCHOLOGY: EVIDENCE-BASED STRATEGIES TO PROMOTE MENTAL HEALTH IN THE MILITARY

AB Adler, PD Bliese and CA Castro (eds.)

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On 23 March 2013, South African (SA) soldiers made contact with the Seleka rebel group as part of the South African operational involvement in the Central African Republic (CAR). The ensuing battle between the militia and the SA troops left the latter with 27 wounded and, to date, 14 dead. The media coverage, which followed our troop losses in the CAR, was a reminder for many of the integral involvement of SA forces, in the form of the South African National Defence Force (SANDF), across the African continent. With the passing of the United Nations (UN) Security Council Resolution 2098, in March 2013, SANDF troops are now being deployed as part of a roughly 3 000-strong UN Force Intervention Brigade (FIB) in the DRC. In many ways the increased involvement of SA troops in the CAR and the unfortunate loss of SA soldiers in the CAR serve as a stark reminder of the important role played by mental health practitioners in providing our troops with the appropriate psychological support during deployments. It is in this vein that *Deployment psychology: Evidenced-based strategies to promote mental health in the military* serves as a useful and timely repository for psychologists, registered counsellors, and other mental health practitioners working in the SANDF.

What is 'deployment psychology'?

Military deployment, both conceptually and in praxis, encompasses a series of overlapping and complex movements, which are unique because of the specific operational (defensive and/or offensive) environments within which deployment occurs. This is accompanied by the direct and indirect exposure to war and conflict

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that deployed service personnel may have. The place of psychologists to effect meaningful interventions to prevent and remediate psychological difficulties emerging from military deployments, or which may

compromise military operations, was first recognised by RM Yerkes in his seminal article *Psychology in relation to war* (1918).¹ *Deployment psychology*, in a groundbreaking fashion, brings into a single compendium the growing body of literatures, since Yerkes's work, which point to the increasing incidence of post-traumatic stress reactions in combat-active militaries.²

In the SANDF, like in many other militaries around the world, psychologists are critically involved in determining the psychological fitness and eligibility of military members to deploy. Uniformed SANDF psychologists are also responsible for rendering mental health services in the theatre of operations, whether this be at the home base of the deployment zone, in mobile and detached formations or in forward-operating units. Military deployment psychology is therefore the application of psychological theory, research and interventions throughout the deployment process, including before, during and after deployments, as well as in terms of redeployment. Military deployment psychology is the intimate involvement of mental health professionals in establishing the ongoing psychological suitability of service people throughout their deployment career which the authors of *Deployment psychology* provide as the central orienting point for the reader.

Outline of the text

The opening lines of the introduction in *Deployment psychology* read: "Combat changes the lives of those involved. When soldiers reflect on surviving combat ... [they] reflect on how they have changed".³ From the outset of this text, there is a very real and palpable sense that psychologists working with deployed service personnel have an imperative to assist those who give of themselves to defend their countries. *Deployment psychology's* introduction begins and ends with testimonial accounts from US soldiers' experiences in theatres of war and combat. The introduction, penned by the editors, doubles as a foreword and sets the tone for the text and the necessity for a contemporary deployment psychology rooted in empirical evidence. The introduction primes both the initiated and uninitiated to the field of deployment psychology and also outlines the goals and structure of the text.

Following the introduction, the remainder of the text is divided into two sections, which are divided into five chapters each. Each chapter is relatively formulaic and easy to read. Much of this is owed to the occupational health model, which underwrites the entirety of the text. Through the perspective of occupational health, the editors as well as their uniformed and civilian contributors, all of whom are experts in the field of military mental health, explore how military organisations "can moderate the impact of combat on service member mental health through

individual screening, training, peer support, leadership, and organisational policies”⁴. This is hemmed throughout with three themes, which mirror the major trends currently redefining the practice of deployment psychology:

- the need for psychological and psychotherapeutic interventions, which are evidenced-based;
- the growing need for definitional clarity in the practice of deployment psychology; and
- opportunities to explore the positive and resilience-building aspects of deployment – a topic which is virtually absent in military psychology literature.

The first section of the text is entitled “Supporting resilience in a deployment context”. Tying the five chapters of this section together aimed to introduce readers to the most recent research linked to enhancing the pre- and on-deployment resilience of deployed and deployable service members. The topics covered in the opening section include:

- an overview of the public health policy strategies that have served as the outline of primarily United States (US) military responses to mental health problems arising from deployment (Chapter 1);
- a broadened model of support, which psychologists can provide in deployed environments to troops, as well as themselves;
- an approach to cultivate peer and leader support amongst deployed units to mitigate mental health problems (Chapter 3);
- research-based preventative mental health care strategies and the role of mental health surveillance data (Chapter 4); and
- the impact of combat deployment on military families and children (Chapter 5).

Chapter 2 is noteworthy for a proposed framework for battlefield mental health known as CARE (consultation, availability, resilience training, and early intervention). Deployed psychologists might find the risks and ethical concerns (personal safety, double agency, boundaries, detainee care, and provider resilience) also dealt with in the chapter of practical use. The sub-section on provider resilience for military psychologists in the field should be considered a must-read.

The second section of the text, “Transitioning home from deployment”, shifts the focus from the mental health of military personnel to the ‘psychology of transition’. In this regard, the text explicitly examines how to best optimise the adjustment of service men and women to their home lives after deployment. Specific

emphases are placed on providing empirically supported psychotherapeutic interventions for those personnel subject to emotionally and physically traumatic and strenuous deployments. Topics in this section include:

- a model for theorising and intervening in the psychological transition home for deployed service personnel (Chapter 6);
- a review of the research behind large-scale psychological screening programmes which are commonplace in almost all militaries (Chapter 7);
- the psychological recovery of physically wounded military deployees (Chapter 8);
- a re-reading of post-traumatic stress disorder (PTSD) through the occupational health model (Chapter 9); and
- an extension of the topic of PTSD with specific reference to military veterans.

In each chapter of the text, the scope of the topic is demarcated clearly, and the authors subsequently review the interventions in research and practice designed to address these problems. In most cases, practical guidance on intervention strategies is offered. In some cases, discussions are interspersed with reminders of commonplace ethical dilemmas that military psychologists, whether at home or deployed, may encounter. In this regard, *Deployment psychology* provides SANDF psychologists and mental health clinicians specifically, as well as military and operational professionals, more generally, with a comprehensive and empirically grounded text about the mental health of military members for operational deployment.

Translating the text with the SANDF

Despite the extensive use of peer-reviewed empirical data on which the text is based, there are at least three primary sticking points when it comes to translating it into the South African context. First of all, there is the explicit over-reliance on researches based on US Army mental health programmes. This is not to say that these researches do not have trans-service appeal for those clinicians working with patients from other arms of service. Readers may however find themselves questioning the extent to which a land-based deployment psychology is generalisable to defence force members at sea or, for that matter, relevant to specialist and high-risk military personnel involved in amphibious operations.

Second, there are the inevitable questions concerning the relevance of this text in light of the diverse cultural milieu of the SANDF. The socioeconomic

demographics of the SANDF are vastly different from the US military. In the SANDF, mental health interventions, which are traditionally rooted in so-called 'westernised' constructions of the self, and society has to be adapted to meet the complex web of sociocultural belief systems in which members' psychologies are embedded and enmeshed. At times, *Deployment psychology* appears to ignore the challenges and difficulties psychologists in non-western and non-northern militaries may face in screening for post-traumatic stress, diagnosing psychopathology, or providing therapeutic services. In this regard, Martin, Van Wijk, Makhaba and Hans-Arendse (2013) provide an interesting example of how the experience of trauma during deployment requires appropriate mental health interventions, which are sensitive to SANDF members' diverse cultural needs.⁵

Third, the operational theatres of the SANDF are immensely different from those in, for example, the Middle East, where the US military is heavily deployed and from which *Deployment psychology* inevitably drew. These operational theatres vary in terms of the nature of geo/ethno-political conflict, cultural diversity, availability of resources, operational stressors, topological geographies, historical antecedents of regional conflicts, and mission goals and objectives. These differences inform dissimilar deployment experiences as well as the manifestation of psychopathology. Therefore, SANDF mental health practitioners should engaged with the text critically and, at all times, reflexively.

Conclusion

What is striking about *Deployment psychology* is that each chapter offers critical reflection on the practice of psychology as it relates to military deployment. In doing so, the text offers creative and innovative ways of 'doing' deployment psychology under the pressure of increased operational tempo, advanced forms of warfare, and the changing nature of the people and families that make up modern militaries. The text expounds the process of deployment as a systemic web deeply embedded in military culture, life and families. This reconceptualisation of military deployment provides a conceptually rich picture of deployment but also a practically useful map of how psychologists can intervene at the various systemic junctures of deployment. *Deployment psychology* contends that psychologists have contributions to make at the levels of one-on-one psychotherapy, occupational health and safety, large-scale psychometric assessment, mental health policy development, and behavioural neuroscience research.

I would have reservations regarding the unfettered application of *Deployment psychology* in the South African military environment. That said, this

should not detract from the text being a central referencing point for mental health practitioners in the SANDF. *Deployment psychology* will be of great interest to psychologists and registered counsellors serving in the SANDF because it provides an evidence-based and ethically informed guideline for the mental health care of deployed operational personnel. I would recommend that once SANDF psychologists have read the text, they continue to refer to it selectively depending on the different operational capacities within which they may find themselves throughout their military career. This is especially pertinent for clinicians responsible for rendering expeditionary mental health services in the deployment zone. *Deployment psychology* provides deployed psychologists with a guide for managing soldiers' mental health while simultaneously maintaining their combat readiness and operational responsiveness. At the same time, it will be of great comfort to psychologists in guiding and processing their own personal, professional, and operational experiences when deployed.

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Endnotes

- ¹ Yerkes, RM. "Psychology in relation to the war". *Psychological Review* 25. 1918. 85–115.
- ² Centre for Deployment Psychology. "Educating and training psychologists to meet the needs of America's military personnel and their families". American Psychological Association, 2007. <http://www.apa.org/about/gr/issues/military/white-paper.pdf> Accessed on 10 September 2013.
- ³ Adler, AB, Bliese, PD & Castro, CA (eds.). *Deployment psychology: Evidence-based strategies to promote mental health in the military*. Washington, DC: American Psychological Association, 2011, 3.
- ⁴ *Ibid.*, p. 5.
- ⁵ Martin, J, Van Wijk, CH, Makhaba, L & Hans-Arendse, C. "Missing in action: The significance of bodies in African bereavement rituals". *Psychology in Society* 44/1. 2013. 42–63.