Peacekeeping Operations: Psychological Preparation

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Albania, as part of an application and preparation for membership in the North Atlantic Treaty Organization’s Partnership for peace program, requested training in the psychological issues associated with peacekeeping. The briefing, portions of which were presented to Albanian sociologists with the Ministry of Defense in April 1995, introduces the work of the U.S. Army Medical Research Unit-Europe, and reviews psychological issues during the pre-deployment, deployment, and re-deployment phases of a peacekeeping deployment. A five dimension model of psychological stressors and associated recommendations are presented, as well as a brief description of psychological stress reactions and possible treatments and prevention strategies. A summary of several international studies with peacekeepers provides additional background information.

Albania, Partnership for Peace, NATO, peacekeeping, psychological preparation

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PEACEKEEPING OPERATIONS:
PSYCHOLOGICAL PREPARATION

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ALBANIA
APRIL 1995
OVERVIEW

• PURPOSE:

To discuss psychological stresses associated with peacekeeping operations and methods for minimizing or alleviating them.

• PRESENTATION OUTLINE:

• INTRODUCTION
• PRE-DEPLOYMENT ISSUES
• LEADER EDUCATION
• MODEL OF PSYCHOLOGICAL ISSUES
• DEPLOYMENT ISSUES
• PSYCHOLOGICAL REACTIONS
• RE-DEPLOYMENT
• ALBANIAN APPLICATIONS
• INTERNATIONAL RESEARCH
• CONCLUSIONS
INTRODUCTION

• UNITED STATES ARMY MEDICAL RESEARCH UNIT-EUROPE
  LOCATION: Heidelberg, Germany since 1977
  AFFILIATION: Walter Reed Army Institute of Research
  MISSION: Sustain/optimize mission readiness research on soldiers & families

• FUNCTIONS
  Research on human dimensions that affect soldier health and performance
  Provide consultation and information to leaders, policy makers, and scientists
  Provide liaison with other nations

• PREVIOUS PROJECTS
  Gulf War Research with Forward-deployed Force (1991)
  U.S. Army Europe Personnel Opinion Surveys

• AFFILIATED STUDIES
  Gulf War Research with U.S.-based Force (1991)
  Somalia Study Conducted by Wraith (1994)
RECENT AND ONGOING PROJECTS AT USAMRU-E

• CROATIA STUDY (1993)
  Medical unit on 6-month deployment as part of U.N. Operation Provide Promise
  Pre-, mid-, and post-deployment surveys, observation, interviews; Family component

• MACEDONIA STUDY (1993)
  Border patrol unit on 6-month deployment as part of U.N. Operation Able Sentry
  Post-deployment survey

• KUWAIT STUDY (1994)
  Rapid response units on deployment as part of U.S. Operation Vigilant
  Late-deployment survey, observation, selected interviews

• SAUDI ARABIA STUDY (1995)
  Patriot battalion on 5-month deployment as part of U.S. Operation Desert Vigilance
  Pre-, mid-, and post-deployment surveys, observation, selected interviews

• IVORY COAST STUDY (1995)
  Medical Unit on 2-week deployment as part of humanitarian assistance project
  Pre- and post-deployment surveys on Telemedicine

• RWANDA STUDY (1995)
  Engineering & support units on 4-month deployment as part of U.N. Operation Support Hope
  Follow-up survey, command consultation to European Command

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PRE-DEPLOYMENT ISSUES

• SOLDIER ROLE IDENTITY: Warrior vs. Peacekeeper

• SELECTION ISSUES: Medical & Psychosocial Factors

• LEADER TRAINING: Stressors, Symptoms, & Prevention

• COMMUNICATION: Preparation, Education & Expectations
  Reduce Uncertainty & Confusion

• TEAM BUILDING: Symbols of Unit Integrity & Pride
  Mission Importance & Clarity
  Caring Leaders

• REAR DETACHMENT: Meet Needs at Home
  Provide Communication Link

• FAMILY SERVICES: Information, Preparation, Support & Outreach

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SOLDIER ROLE IDENTITY

• DIFFERENT MISSIONS
  Peacekeeping
  “Peacemaking”
  Humanitarian Assistance
  Contingency - Defensive Force
  Contingency - Offensive Force

• MANY MISSIONS ARE MULTI-FACETED
  Peacekeeping turns to Peacemaking
  Defensive turns to Offensive
  Humanitarian turns to Peacemaking
  Terrorism possible
  Multinational Forces

• TRAINED, PROFESSIONAL, DISCIPLINED SOLDIERS CAN ADAPT
  Special mission-tailored training helps
  Teach restraint, control
  Teamwork
  Responsive accessible leaders

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SELECTION ISSUES

• PHYSICALLY FIT, SCREEN FOR MAJOR HEALTH PROBLEMS

• SCREEN FOR DRUG, ALCOHOL ABUSE

• FAMILY ISSUES
  Family care plans
  Ongoing psychosocial problems

• USE VOLUNTEERS WHEN POSSIBLE

• USE OLDER SOLDIERS WHEN POSSIBLE

  Basic physical & psychological “screening” should be routine,
  not just prior to deployment

  Training deployments can reveal hidden problems

  High in self-control, tolerance for ambiguity (from Scandanavian studies)
LEADER EDUCATION

• COMMON TO ALL DEPLOYMENTS
  Mission Purpose & Clarity
  Family Support

• PEACEKEEPING OPERATIONS
  Battle Fatigue & PTSD
  Death and Trauma
  Sleep Discipline & Sustained Operations
  Culture Shock

• PEACEKEEPING OPERATIONS
  Boredom & Uncertainty
  Misconduct Combat Stress Behaviors

• HUMANITARIAN ASSISTANCE OPERATIONS
  Anticipation & Preparation
  Maintaining Readiness

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TEAM BUILDING

- **GOALS:** Create/enhance military unit cohesion
  Improve communication
  Improve group performance
  Increase group resiliency

- **BACKGROUND**
  Every “peacekeeping” mission is different
  Different number & type of military units needed for each operation
  Success depends on teamwork & cooperation

- **PROBLEM:** Establish unit cohesion in newly configured Task Force

- **SOLUTION**
  Once unit membership is known, start meeting & training together
  Commander: assemble key leaders to discuss mission, roles
  Commander: key leaders conduct soldier & family debriefings, with discussion-question period
  Include key rear detachment personnel
  Provide distinctive insignia for all members to wear during mission
A MODEL FOR PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS: STRESSORS

• ISOLATION
  Physically Remote; Communication Difficult;
  Culturally Different; Newly Configured Units

• AMBIGUITY
  Mission Definition; Unclear Command Structure;
  Role Confusion (Soldier vs. Peacekeeper)

• POWERLESSNESS
  Rules-of-Engagement Restrictions; Limited Activity;
  Cultural/Language Barriers; Relative Deprivation

• BOREDOM/TEDIUM or EXISTENTIAL BOREDOM
  Repetition & Predictability; Lack of Work; Change in Expectations

• THREAT/DANGER
  Threat of Harm (Terrorists, Mines, Snipers, Disease);
  Psychological Threat (Exposure to Suffering)

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A MODEL OF PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS: COUNTER MEASURES

• ISOLATION
  Activities, Cohesion & Communication
  Information Flow, Newsletters, Media, E-mail, AFN
  Generate sense that mission is important, part of something larger

• AMBIGUITY
  Rule, Role & Command Clarification (Communication),
  Command Briefings, Country Briefings

• POWERLESSNESS
  Rules-of-Engagement, Benefits
  Transformational Coping

• BOREDOM/TEDIUM or EXISTENTIAL BOREDOM
  Creative Training & Responsibility
  Education & Compensatory Self-Improvement

• THREAT/DANGER
  Training, Equipment, Policies, Ill treatment of Victims

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ADDITIONAL DEPLOYMENT ISSUES

• DEALING WITH INTERNATIONAL COMMUNITY
  Good relations
  Social contact
  Benefits
  Cultural discomfort

• RECOGNITION & AWARDS
  Media coverage
  Ribbons

• FAMILY SERVICES
  Support groups, Newsletter
  Communication support (Telephone, Mail, E-mail, Videotape messages)
  Address issues of most concern (Safety, Uncertainty)
  Acknowledge family’s experience through regular contact
  Resources
  Referral
PRE-DEPLOYMENT ENVIRONMENT:
MILITARY SUPPORT ACTIVITIES

• COUNSELING
  Chaplain services
  Family counseling
  Financial counseling

• COMMUNITY INVOLVEMENT
  Units participate in local activities
  Military open houses

• INVOLVEMENT OF MILITARY FAMILIES
  Family days
  Social events

• DOCUMENTS
  Manuals, Pamphlets, Guides
  Soldier & Family Handbooks
POTENTIAL PROBLEMS DURING DEPLOYMENT

• ALCOHOL ABUSE

• CONFLICT WITH OTHER FORCES
  Especially with Those from Different Background
  Impact of Relative Deprivation

• DEHUMANIZATION OF NATIONALS

• OVER-REACTION TO PROVOCATION

• HEALTH PROBLEMS
  Sexually Transmitted Disease (HIV etc)
  Pregnancy

• HOMESICKNESS

• DEPRESSION (Self-injury)

• EARLY REPATRIATION

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POTENTIAL REACTIONS AFTER DEPLOYMENT

• CLINICAL OR SUBCLINICAL SYMPTOMS OF DEPRESSION, ANXIETY

• FAMILY PROBLEMS & CONFLICT

• STRESS REACTIONS MANIFESTED IN PHYSICAL SYMPTOMS

• ACUTE STRESS REACTION

• POST-TRAUMATIC STRESS DISORDER

• AGGRESSION
  Increased risk for violent sudden death by car accidents & suicides
  (Scandanavian data)

• INCREASED SUBSTANCE USE (ALCOHOL)
  Risk of high rate of alcohol use after U.N. mission
POST-TRAUMATIC STRESS DISORDER
DSM-IV DIAGNOSTIC CRITERIA

• EXPOSURE TO THREATENING EVENT & INTENSE FEAR REACTION

• SYMPTOMS

  • Reexperiencing (at least one):
    Intrusive memories, dreams, flashbacks, distress at symbols

  • Avoidance (at least three):
    Avoid memories & associations, lack of recall, less interest,
    detachment from others, restricted affect, sense of limited future

  • Arousal (at least two):
    Sleep trouble, angry, trouble concentrating, hypervigilant, startled easily

• COURSE: Duration of more than one month; Disrupts functioning

• TYPE: Acute, Chronic, Delayed

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POST-TRAUMATIC STRESS DISORDER

• ASSESSMENT: Group screening instruments, clinical interviews

• TREATMENT: Cognitive-behavioral therapy, medication, group treatment, psychodynamic therapy, hypnosis

• PREVENTION: Stress inoculation, buddy aid, organizational support, expectations

• RISK FACTORS: Repeat trauma, chronic stress, lack of social support, lack of disclosure

• ISSUES: Parallel to abuse history, Alternative treatments (Rapid Eye Movements)

• ACUTE STRESS REACTION
  Similar to PTSD, trauma, dissociation, reexperiencing, avoidance, anxiety, distress
  Course: 2 days to 4 weeks.
(COMBAT) STRESS RESPONSE

• MILD RESPONSE
  Symptoms: palpitations, sweating, frequent urination, acute diarrhea, nausea/vomiting, trembling hands and feet, hyperventilation, anger, fatigue without apparent cause, anxiety, lack of concentration, crying, uneasiness, frightening dreams

  Treatment: Rest, ventilate, stress management for self-aid, buddy aid. Can probably return to unit that day.

• MODERATE RESPONSE
  Symptoms: aimlessness, shaking, immobility, rapid speech, excited gestures, agitation, urge to fight without reason, lack of regard for personal care, partial amnesia, fear of sleep and nightmares

  Treatment: Same as for mild case plus extra attention, stress debriefing, consultation with professionals. Can probably return to unit within days.

• SEVERE RESPONSE
  Symptoms: loss of sensory/motor functions, hallucinations, extreme expressions of pain, uncontrolled threatening behavior, apathy

  Treatment: Same as for mild and moderate cases plus possible removal to rear, or evacuation. Possibly will not be returned to unit.

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RE-DEPLOYMENT ISSUES

• DEBRIEFING

• UNIT ACTIVITIES
  Reunion briefing
  Reintegrate in partial deployments
  Cultural reintegration
  Make date for unit reunion
  Provide roster with names and addresses
  Provide referral information
  Provide aftercare (talk to people, be present at reunion, call those who don’t show)

• FAMILY SUPPORT
  Reunion education
  Counseling

• FAMILY CONFLICT
ROLE OF PSYCHOLOGISTS ON DEPLOYMENT

• "HUMAN DIMENSIONS" RESEARCH
• COMMAND CONSULTATION & FEEDBACK
• UNIT CLIMATE ASSESSMENT
• STRESS CONTROL TEAM
• PSYCHOLOGICAL SERVICES (MOBILE)
• DEBRIEFING
SOMALIA STUDY
based on Gifford (1993)

• OPERATION RESTORE HOPE (JAN - MAR 1993)
  Light Infantry
  Interviews, unit observations

• MAJOR STRESSORS
  Indefinite tour length
  Lack of communication (slow mail & poor telephone access)
  Mission creep (expanding mission without formal redefinition)
  Rules of engagement (safe havens for bandits)
  Doubts about mission (futile, hostile, forgotten)

• ISSUES
  Feelings about Somalis (mixed feelings, wanted to like them)
  Gender issues (worked well, family style, resent tent segregation)
  Functioning (pride, low mental health usage, few discipline problems)
  Exposure to death/disease (not much exposure, handled well)
  Combat risk (matter-of-fact acceptance, few casualties initially)
  Harsh physical environment (pride in adaptation, relative deprivation issue)
SOMALIA STUDY (continued)

• OPERATION CONTINUE HOPE (JUL 93)
  Light Infantry (arrived late spring)
  Interviews, large group discussions, surveys

• MAJOR STRESSORS
  Pre-deployment misconceptions (lack of knowledge of Somali culture)
  Doubts about mission (especially after bloody conflicts)
  Mission confusion/resentment (humanitarian vs. combat)
  Combat risk (increased from winter)
  Want acknowledgment/recognized (bitter toward media)
  Rules of engagement (adds to vulnerability)
  Hostility toward Somalis increasing (85% shot at, 73% insulted/gestured)
  Relative deprivation

• DOING WELL BUT HIGH STRESS
  Functioning
  Reasonable morale
  Fewer symptoms (BSI) than during Gulf War

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GERMANY
based on Kornhuber (1994)

• SOMALIA STUDY (OCT 93 - JAN 94)
  Two overlapping contingents (1700 and 1300 soldiers)
  Team of psychologists
  Studied repatriation
    1st contingent had 30-40 repatriations for psychological reasons
    2nd contingent had 4 repatriations for psychological reasons

• POSSIBLE EXPLANATIONS FOR 1ST CONTINGENT’S REACTIONS
  Rushed recruiting
  First “out-of-area” deployment (leading to discomfort & fears)
  Initial public ambivalence in support of the mission
  Poor family support
  Inadequate financial motivation

• PSYCHOLOGICAL REACTIONS
  Drug use (Cannabis & Alcohol)
  Depression (homesickness, missing partner) MEDEVAC
  Stress

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THE NETHERLANDS
based on Wertheim (1994)

• FORMER YUGOSLAVIA STUDY (FEB 92 - JAN 94)
  Signal and Transportation Battalions on 6-month deployments
  4.4% Repatriated (140 out of 3220)
    13 non-functioning
    36 medical
    14 psychological
    17 social
    60 disciplinary

• EXPLANATION OF REPATRIATION DATA
  Low rates for psychological reasons
    Every battalion has own psychologist
    Extensive pre- and post-deployment stress evaluation
  Discipline-related repatriation
    Conscripts had higher rates of return (53%) than ‘short contract’ soldiers (36%)  
    Most problems related to ‘soft drugs’ (OK in Netherlands, not in UN)
  Most evacuations by commercial airline
  Over 2 years, 23 mission casualties (3 fatal, 3 disabled)
THE NETHERLANDS
based on Willigenburg (1994)

• GOAL (since 93)
  Screening procedure for deployment of conscripts to the former Yugoslavia
  Prevent adjustment problems and limit risk of CSR or PTSD
  Interview and Questionnaire

• ASSESSMENTS
  Styles of Coping:
    UNIFIL volunteers with most ‘aftercare’ needs motivated by flight from home
  Social Skills (and ability to express/process emotions)
  Psychosocial Problems: Stress from home affects stability
  Neuroticism (Personality problems): Influence CSR and adjustment
  Other: Expectations, Addictions, Criminality, Tolerance, Identity, Locus of Control
  Interview

• PRELIMINARY FINDINGS
  Strong correlation between assessment rating & leader rating on deployment
  1.5% of conscripts are repatriated and roughly 5% of volunteers
  Conscripts are older & better educated than volunteers
  Assessment of volunteers being planned

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NORWAY
based on Headquarters Defence Command (1992)

• LEBANON STUDY (78 - 91)
  724 surveyed after 6-month deployment with UNIFIL
  Surveyed repatriated & matched controls (medical, discipline & welfare reasons)

• CHARACTERISTICS OF REPATRIATED SOLDIERS
  Introverted personality, limited social network, withdrawal
  Poor childhood family situation, exposure to violence as a child
  Greater number of stressful events in life
  Greater increase in alcohol use during deployment (less before)

• OTHER FINDINGS
  Repatriation rates considered low (530 out of 15,931)
  Repatriated at greater risk for emotional problems upon return
  Ceremony, help & follow-up upon repatriation may reduce risk
  Positive benefits of UN service reported by 90% of all respondents
  5% reported increased symptomatology
  Less than 30% of soldiers who reported problems at redeployment were repatriated
  Lower rates of UN-soldier stress syndrome associated with experience, intelligence, low death anxiety, no inner conflict, high military score
FRANCE
based on Doutheau, Lebigot, Moraud, Crocq, Fabre & Favre (1994)

• FORMER YUGOSLAVIA AND SOMALIA STUDY (92 - 93)
  Many men volunteered longer than legal requirement
  Interviews & Officer accounts

• ISSUES/FINDINGS
  Loss of national identity by serving under UN flag, not positive reaction
  Difficulty using English
  Policy of non-intervention: mistakes can have serious political results
  Fear of losing self-control compounds stress
  Suffering, danger, determining who is good vs. bad, chaotic environment

• REPATRIATION
  40 from former Yugoslavia; 2 from Somalia; 65% had support missions
  None before 1st month of deployment, 24 between 1-3 months, 8 after leave
  Diagnoses: 19 anxiety  10 behavioral (alcohol abuse, weapon use)
   7 acute psychosis  3 depression  1 dissociative disorder
  Younger, less trained; In Somalia enemy clearer, less intense insecurity
  30 return to duty
  Recommended: group cohesion, information, psychiatric presence
SWEDEN
based on Carlström data

• LEBANON STUDY (82 - 91)
  152 surveyed (a Logistic Battalion) after 6-month deployment with UNIFIL
  Study of low-intensity conflict and stress factors

• RESULTS
  Generally good adjustment, few subgroup differences (e.g. rank)
  Many found service monotonous and boring
  Half reported increase in alcohol use
  More stress reported than in study of medical company during Gulf War
  Depression (28.6%), Sleep problems (13.2%), Anxiety (17%), Withdrawal (34.9%)

• UNIQUE STRESSORS
  Uncertainty determining friend vs. enemy
  Risk of being taken hostage, violent episodes of shooting & landmines
  Certain level of stress at all times, few opportunities to relax
  Many soldiers have emotional difficulty after they return home
  Mediator not confronter: Maintaining neutrality, even when provoked
  Aggressive thoughts may lead to guilt feelings
  Difficult for relief workers & diplomats

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IRELAND
based on Fields (1992)

• LEBANON STUDY (82 - 89)
  Interviews with males (& some females) on 6-month deployments with UNIFIL
  Deployment involved career military personnel, no psychology services
  Focus on 33 Irish deaths during deployment

• FINDINGS
  Relatively few psychiatric casualties (between European and African/Asian rates)
  Mortality rate lower for age group than in Dublin, Ireland
  Relatively small % killed-in-action, high % accidental death (compared to others)

  FIJI COMPARISON: Served 2x as long as Europeans
    Fijians had highest rate of traffic fatalities (compared to others)
    Fijians had higher number of psychiatric cases than the Irish

• ISSUES
  Sex-role issue: If masculinity is associated with aggression, how does it conflict
  with negotiation, passivity, tolerance, and disengagement needed in peacekeeping?
  Soldiers tend to identify with local people & suffer stress as a result
CROSS-CULTURAL COMPARISON OF REPATRIATION
based on Weisaeth (1990)

• LEBANON STUDY (APR 78 - AUG 80)
  UNIFIL Deployment
  10 UN Infantry Battalions
  394 or 1.6% of Total Force repatriated due to mental illness

• RATE COMPARISONS IN % PSYCHIATRIC ILLNESS
  Norwegian & Dutch overrepresented in % of psychiatric illness
  Fijian proportionately represented
  Irish, French, Nigerian, Ghanese, Senegalese & Nepalese underrepresented

• FACTORS AFFECTING REPATRIATION RATES
  Availability of Transport to Home Country
  Western Industrialized Nations Willing to Report Symptoms vs. Perceived Stigma
  Language Barrier, Religious & Cultural Norms Effect on Understanding Symptoms
  Medical Willingness to Diagnose Psychiatric, Not Somatic Problem in Westerners
  Sector Stress Differed
  Volunteers (more from West) had more symptoms (because of high expectations?), but professional soldiers had more role conflict & stress from boredom

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U.N. SOLDIER’S STRESS SYNDROME
based on Weisaeth (1990)

• SYNDROME
  Conflict between aggressive impulses & inability to express them
  No personal predisposition
  Imposed passivity when facing humiliation/threat => helplessness, less self-respect
  A type of PTSD but: fear of losing control over one’s aggression,
      not fear of external threat
  Task is to remain neutral despite provocation
  Aggressive thoughts lead to guilt, suppression of anger
      => somatic complaints, conduct problems
  Fear that errors can have serious political consequences

• IDENTITY CHANGE FROM WAR FIGHTER TO PEACEKEEPER
  Balance fear with aggression, & behave covertly vs.
  Maintain self-control & behave overtly
  Fight/flight vs. control both impulses
U.N. SOLDIER’S STRESS SYNDROME
Issues

• DYNAMICS
  Limited ability to relate increases personal vulnerability & built up emotions
  Helplessness even worse for masculine identity
  Syndrome may be reaction against passivity

• ADAPTATION
  Beware of aggression or overidentification with one of the parties
  Beware projection of aggression on others, stereotyping, exaggeration
  Need balance in self
  Need to think in terms of long term goals
  At risk for being manipulated so need to be able to observe self & motives
  Need high level of autonomy & self-respect because parties may not respect them
  Possible positive effects on personality?

• ADDITIONAL QUESTIONS
  Impact of different types of UN missions?
  Impact of conscript vs. career soldier?
  Culture consistencies with conflict?
DEBRIEFING

• WHAT? Factual review in small groups following an event, not therapy

• WHY? Identify lessons for future, resolve misperceptions, provide healthy perspective, emphasize positives, normalize, allows for ventilation and closure

• WHO? Neutral outsider trained in debriefing and counseling & Unit Members

• HOW? 1) Clarify: Confidentiality, Purpose, Introductions
  2) Construct Time line: Historical narrative, Experiences
  3) Allow for Ventilation & Normalize Reactions
  4) Summing up/Conclusions
  5) Follow-up

• ISSUES IN IMPLEMENTATION

  Time, Place, Composition
  Reluctance from Command
  Common Myths

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ALBANIA: CULTURAL CONSIDERATIONS

• What applies?
• Demographics?
• Historical enemies?
• Impact of isolation, relative lack of exposure to others?
• Identity?
• Military structure?
• Military’s role in history?
• Military’s role in culture?
• Impact of social organization (collectivism)?
• What is Albanian approach to grief?
• What is cultural understanding of psychology?
• Feelings about warrior identity?
• Feelings about joining NATO?
• Feelings about the international community?
• Attitudes of families/soldiers/politicians/journalists?
CONCLUSIONS:
UNIVERSAL THEMES

• CHANGING IDENTITY: ADOPTING THE BLUE HELMET

• OVER TIME, DIFFERENT ISSUES & STRESSORS EMERGE

• AREAS FOR PREVENTION INCLUDE
  Selection
  Training for Soldiers & Leaders: The more prepared ahead of time, the better
  Addressing Common Stressors & Deployment Type
  Supporting Cohesion
  Debriefing & Mental Health Resources

• STRESS REACTIONS
  Most soldiers cope well; most experience some stress
  Difficulties in adjustment include alcohol use, misconduct, repatriation

• A CHANGING ENVIRONMENT
  Operation Tempo
  Understanding the culture-specific & culture-universal

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THANK YOU

FALENDERIT
References


