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AND PROCEDURES 3-42.62

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Tactical Doctrine

**SPECIAL OPERATIONS FORCES (SOF)
OPERATIONAL PSYCHOLOGY**

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PURPOSE: The Air Force Tactics, Techniques, and Procedures (AFTTP) 3-42 series of publications is the primary reference for medical combat support capability. This document, AFTTP 3-42.62, provides tactics, techniques, and procedures (TTP) for Special Operations Forces (SOF) Operational Psychology (PSY) that supports all Special Operations Forces Psychologists (SOFPSY) and related missions. Ensure that all records created as a result of the processes prescribed in this publication are maintained in accordance with (IAW) Air Force Policy Directive (AFPD) 33-3, Information Management, and Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of IAW the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims/cfm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the *AF Form 847*, Recommendation for Change of Publication. Route AF IMT 847 through the appropriate chain of command and parent MAJCOM. The OPR for this TTP is the sole waiver authority for any part of this publication.

APPLICATION: This publication applies to all Air Force military and civilian personnel including Air Reserve Components (ARC). This document is authoritative but not directive.

SCOPE: Special operations missions are conducted by specially organized, trained and equipped military forces to achieve military, political, economic or psychological objectives by unconventional means in hostile, denied, or politically sensitive areas. The primary mission of SOF Operational Psychology support is to provide both SOF mission operations support as well as SOF base operations support. These capabilities include performance enhancement, climate assessment consultation regarding human factors to mission design, post-mishap/combat debriefing, aircraft and incident mishap investigation, development and oversight of special training, management of Survival, Evasion, Resistance, and Escape (SERE) training, personnel selection and assessment for special duty, personnel recovery (PR) repatriation/reintegration, Information Operations (IO), adversary profiling and targeting, and Military Information Support Operations (MISO). Any clinical duties performed by SOFPSYs are addressed by existing mental health instructions.

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Chapter 1

MISSION

1.1. AFSOC Medical Mission Statement. The AFSOC medical mission is two-fold: (1) Deploy with, and in support of (ISO), SOF in order to (IOT) deliver SOF combat medical support and to modernize and advance SOF medical capabilities, medical technologies IOT maximize war-fighter performance; and (2) Provide high quality, state-of-the-art prevention-based health care for Air Force Special Operations Command (AFSOC) members, families and beneficiaries.

1.2. AFSOC Medical Capabilities. AFSOC medics provide a comprehensive medical platform for SOF personnel across the health care continuum--prevention through intervention and rehabilitation. AFSOC medics ensure deployable medical support to AFSOC forces via the employment of AFSOC medical unit type codes (UTCs). AFSOC medics deploying with SOF IOT provide preventive healthcare, routine healthcare, urgent/emergent point-of-injury trauma care, forward resuscitative/stabilization surgery, intensive care, casualty evacuation (CASEVAC) and critical care casualty evacuation. Additionally, SOF medics provide medical support for humanitarian operations, noncombatant evacuation operations (NEO), civil affairs (CA) missions, irregular warfare (IW), unconventional warfare (UW) missions, foreign internal defense (FID) missions, healthcare engagement, healthcare capacity building and health care infrastructure development capabilities ISO counterinsurgency (COIN) operations, stability/security operations, and medical support for other unique US Special Operations Command (USSOCOM) missions/taskings.

1.3. The Challenge of AFSOC Medicine. Provide the highest quality healthcare/health service support for AFSOC and joint SOF, frequently without the benefit of additional pillars of health services support, and often without the benefit of fully developed capabilities of care in areas of significantly higher medical and operational threat/risk.

1.4. SOF Psychology Mission. The AFSOC SOF Psychologist is a member of the commander's staff that provides psychological support, consultation, and management for SERE repatriation resources and processes as specified by the Joint Personnel Recovery Agency (JPRA). They are responsible for critical incident and return to duty (RTD) consultation related to mishaps and isolated or returned persons. They provide psychological consultation and intervention on human performance and resource optimization for assigned SOF personnel. The psychologist also consults with commanders on selection and placement of special duty personnel as required and advises information operations, and Military Information Support Operations (MISO) planners. The roles and functions of SOF Psychologists will be IAW the current American Psychological Association ethics code.

Chapter 2

INTRODUCTION

2.1. Purpose. This document describes the tactics, techniques, and procedures for UTC FFQE7, Med SOF Operational Psychology.

2.2. Background. In response to increasing requirements by operational commanders, the Air Force's application of psychological assets has evolved and AFSOC has been instrumental. This has been most evident among a small community of operational psychologists. Shortly after AFSOC's inception, it began to integrate psychological support into its war-fighting units. The first of these positions was placed within the Operations Support Medical (OSM) flight in the 1st Special Operations Support Squadron (SOSS) at Hurlburt Field, FL and later at the 27th Special Operations Group (SOG), Cannon AFB, NM. The OSS/OSM is solely focused on integrated deployable support for the 1st and 27th Special Operations Wings (SOW). AFSOC has also assigned psychologists to its Special Mission Units (SMU) and created a position within the HQ AFSOC SG's office. Based on the proven positive impact of this capability, and due to the AF psychologist shortage, AFSOC has moved SOF Psychologists (SOFPSYs) to higher prioritized need areas/units. AFSOC and the USAF also understand the need to expand this proven capability when resources permit. Currently, there are several psychologists assigned to AFSOC operational units. Typically the duties of SMU psychologists do not include patient care in medical settings. However, it is within their realm of responsibility to ensure that, when needed, their unit members with personal or family mental health needs are referred to the appropriate Military Treatment Facility (MTF) or civilian provider resources.

2.3. Mission Description. SOF Operational Psychology includes the use of psychological principles and skills to improve commander's decision-making as it pertains to conducting combat and/or related operations. More specifically, SOF Operational Psychology includes the following SOF enabling tasks (See MISCAP in Attachment 2):

- a. Unit/member performance enhancement
- b. Unit climate assessment and recommendations
- c. Post-mishap/combat debriefing and RTD consultation
- d. Aircraft and incident mishap investigation
- e. Program management on selective manning issues
- f. Development and oversight of special training
- g. Management of Survival, Evasion, Resistance, and Escape (SERE) resistance training
- h. Personnel assessment and selection for special duty
- i. Personnel recovery (PR) - repatriation/reintegration
- j. Information Operations (IO) and MISO
- k. Interrogation/detention facility support and consultation
- l. Adversary profiling and targeting
- m. HUMINT source assessment and intelligence debriefing support
- n. Human factors consultation to mission design

2.4. Operations/Capability.

2.4.1. USAF SOFPSY, UTC FFQE7, is the primary deployable element and core of AFSOC's SOF Operational Psychology capability. The SOFPSY UTC is ideally suited to SOF mission support. The SOFPSY is an Aviation Psychologist (AFSC 42P3D) with post-doctoral training in aeromedical consultation, human factors, aircrew and special mission unit assessment/selection, and SERE Level-C training with JPRA SERE certification. They ensure appropriate aeromedical disposition for aircrew or other special duty personnel experiencing stress related reactions, but do not typically assess or treat mental health conditions.

2.4.2. Most services provided by SOFPSYs fall into the categories of consultation and training and are consequently not considered clinical treatment interventions. When members require clinical treatment services, the SOFPSY primary serves as a liaison between commanders, unit personnel, and the appropriate medical service provider. Typically, SOFPSYs will refer individuals needing clinical mental health evaluation and/or treatment to a MTF. On some occasions, it may be appropriate for the SOFPSY to personally provide clinical evaluations/treatment. When providing such care, the SOFPSY should, as closely as possible, adhere to the requirements and policies of the host MTF. It is for this reason that SOFPSYs will maintain active credentials at the host MTF. Consequently, the SOFPSY will work with the host MTF to provide services sufficient to maintain privileges. When performing interrogation/detention consultation or other non-medical operational support activities, SOFPSYs will comply with Air Force and Department of Defense policies regarding the role of a combatant during the deployment, which is distinct from the role of a healthcare provider in a non-combatant role.

Chapter 3

COMMAND AND CONTROL (C2) RELATIONSHIPS STRUCTURE

3.1. Command Relationship. SOFPSYs typically deploy as a member of the Joint Special Operations Task Force (JSOTF) Commander's special staff. Given the nature of both their in-garrison and deployed activities, they are not typically assigned to the deployed Command Surgeon but rather the deployed Commander directly. This facilitates better overall visibility across Task Force dimensions and personnel, enhances the SOFPSYs ability to lend expertise to the operational command elements, and clearly separates the conflicting roles of combatant vs. non-combatant, operational support vs. healthcare service support. This C2 relationship helps to de-stigmatize psychological consultations by emphasizing their operational focus and avoiding any possible psychopathological focus.

Chapter 4

INTELLIGENCE, REPATRIATION, REINTEGRATION AND INFORMATION OPERATIONS

4.1. SOFPSYs play a significant role in support of intelligence collection, analysis, and fusion.

4.1.1. As information emerges, SOF Operational Psychologists integrate with intelligence analysts to consolidate information into actionable intelligence fed to targeting boards and operational planners

4.2. Repatriation/Reintegration. SOFPSYs are SERE certified. SERE psychologists typically work with isolated personnel, Prisoners of War (POWs), or hostages through a process called repatriation and/or reintegration. The primary goals of this process upon return of such an individual are to gather vital information of intelligence value and enhance reintegration for RTD. SOF Operational Psychologists are trained to facilitate intelligence and SERE debriefings of repatriated individuals. In the SERE role, SOFPSYs provide consultation to commanders and returned personnel on issues related to RTD status. Furthermore, most SOFPSYs are also Resistance Training (RT) qualified to assist Personnel Recovery exercises and oversee the operational risk management elements of SERE resistance training laboratories.

4.3. Information Operations. SOFPSYs play a significant role in IO. Often referred to as MISO, IO relates to the use of various forms of media to distribute a given message of influence. IO includes five core capabilities: electronic warfare, computer network operations, operations security, military deception, and MISO. SOF Operational Psychologists often have a significant part to play in the last two of these five capabilities (military deception and MISO). Operational psychologists are often members of Joint Planning Groups (JPGs) or intelligence fusion cells, assisting in the design of effective influence operations. Working alongside intelligence officers and MISO planners, the SOFPSY provides analysis and recommendations that range from the tactical to the strategic level.

Chapter 5

OTHER CONSIDERATIONS

5.1. Access to Secure Systems. SOFPSYs require minimal communications/computer support. However, SOFPSYs will require access and use of computer systems (including secure means to communicate).

5.2. Line Integration/Interoperability/SOFPSY CONOPS and Acceptance. SOFPSYs are not a new concept and their presence is common within the Army, Navy, and Joint Special Operations Commands (USASOC, NAVSPECWAR, and JSOC). SOF Operational Psychology is relatively new among USAF communities, although AFSOC first implemented the concept over 15 years ago. As a result, joint special operations forces and Special Forces communities tend to be more comfortable and familiar with the presence of SOF Operational Psychologists. Although there is growing awareness of SOFPSY capability among conventional forces, greater interoperability remains among SOF communities.

5.3. Security, Classified, and Sensitive Information Requirements. SOFPSYs require a Top Secret/Sensitive Compartmented Information (TS/SCI) security clearance and access to SPECAT programs due to the nature of their work and work products. For example, access to information regarding adversary capability and activities is necessary to facilitate profiling and targeting. Information regarding operational elements is needed to assist in performance enhancement, selection of personnel, and psychological support and debriefing. Access is typically required in performing SOF Operational Psychology duties (in-garrison and deployed). SOFPSYs will also need access to a Sensitive Compartmented Information Facility (SCIF) in order to access these systems.

5.4. Logistics Support. Logistics objectives are to reduce the physical footprint and airlift requirement without degrading capability, and to provide the right materiel and a tailored logistics support system to ensure responsive sustainment. SOFPSY is lean and requires very little equipment (e.g., laptop computer configured for Secret-level work with access to the Secret Internet Protocol (SIPRNET) and Secret-level SPECAT computer systems, psychological instruments, and personal gear).

Chapter 6

TRAINING

6.1. Required Training and Education. All SOFPSYs have specialized training and education that prepare them for their duties.

6.1.1. Doctoral degree in clinical or counseling psychology.

6.1.2. Post-doctoral training and experience qualifying them as Air Force Specialty Code (AFSC) 42P3D (Aviation Psychologists).

6.1.3. SERE certification through the JPRA with level-C SERE training, many also retaining RT qualifications for SERE resistance training laboratory oversight.

6.1.4. Completion of both USAF and USA aviation psychology training (USAFSAM's Air Force's Aviation Mishap Intervention and Prevention course and USASAM's Aeromedical Psychology Training Course).

6.1.5. Training in critical incident/traumatic stress response.

6.1.6. Experience and training in special mission personnel selection.

6.1.7. Experience and training in adversary profiling and indirect assessment.

6.1.8. Training in oversight via the U.S. Army's Behavioral Science Consultation Training course at Ft. Huachuca.

6.2. Recommended Training and Education. Completion of the SERE 260 Joint SERE Instructor course, and training as a hostage negotiations consultant, and IO planner is desirable. Completion of various Joint Special Operations University (JSOU) and USAF Special Operations School (USAFSOS) courses is recommended. SOFPSYs typically maintain aircrew block training as operational support flyers to AFSOC aviation units.

6.3. AFMS Medical Training. Air Force operational psychologists maintain clinical currency, unrestricted, independent license to practice clinical psychology, and specialty credentials IAW AFI 41-106, *Medical Readiness Program Management*, AFI 44-119, *Medical Quality Operations*, AFSOCI 48-101, *Aeromedical Special Operations* and USSOCOM Directive 350-29, *Special Operations Forces Medical Training*.

6.4. UTC-Specific Training. Personnel assigned to SOF Psychologist UTCs FFQE7 have additional training requirements IAW AFSOCI 48-101 that address mission capabilities and complete familiarity with UTC mission capability statement.

6.5. Operational Training. AFSOC medical personnel are expected to operate effectively across a variety of austere, far-forward scenarios as well as in the airborne environment on AFSOC and other opportune SOF aircraft. The requirements for training include advanced

survival training, advanced weapons training, night operations training, small unit tactics, aircraft emergency procedures, egress training and use of aircraft emergency equipment. Additionally, AFSOC medical personnel must be trained to meet USSOCOM interoperability requirements. For additional operational training requirements, refer to AFSOCI 48-101.

6.6. Credentials. SOF Operational Psychologists must fulfill all medical credentialing/certification requirements IAW AFI 44-119/AFSOCI 48-101/other applicable polices/directives/home station medical group requirements.

Chapter 7

SUMMARY

7.1. SOFPSY AFTTP Summary. SOFPSY concerns the use of psychological principles and skills to improve a commander's decision making as it pertains to conducting combat and/or related operations. SOFPSYs typically deploy as a member of the JSOTF Commander's special staff and fall under the SOG when in-garrison. They provide a wide range of psychological capability that is non-healthcare oriented, and therefore SOFPSY are often considered combatants when deployed. SOFPSYs are a proven concept among SOF communities. They are lean force multipliers and SOF enablers who bring a unique capability to the Overseas Contingencies Operations (OCO).

THOMAS W. TRAVIS
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Surgeon General

Attachment 1

GLOSSARY OF TERMS AND SUPPORTING INFORMATION

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Adopted Forms

AF Form 847, *Recommendation for Change of Publication*, 22 September 2009

Abbreviations and Acronyms

AFI	Air Force Instruction
AFSC	Air Force specialty code
AFSOC	Air Force Special Operations Command
AFTTP	Air Force Tactics, Techniques, and Procedures
ARC	Air Reserve Components
CA	Civil Affairs
C2	Command and control
CASEVAC	Casualty Evacuation
COIN	Counter Insurgency
CONOPS	Concept of operations
EPW	Enemy Prisoner of War
FID	Foreign Internal Defense
GWOT	Global War on Terror
HQ	Headquarters
HUMINT	Human Intelligence
IAW	In accordance with
IO	Information operations
IOT	In order to
ISO	In support of
IW	Irregular Warfare
JPG	Joint Planning Groups
JPra	Joint Personnel Recovery Agency
JSOC	Joint Special Operations Command
JSOTF	Joint Special Operations Task Force
JSOU	Joint Special Operations University
MAJCOM	Major Command

MISCAP	Mission Capability
MISO	Military Information Support Operations
MTF	Medical Treatment Facility
NAVSPECWAR	Naval Special Warfare
NEO	Non-Combatant Evacuation Order
OCO	Overseas Contingency Operations
OPR	Office of Primary Responsibility
OSM	Operations Support Medical
OSS	Operations Support Squadron
POW _s	Prisoners of War
PR	Personnel recovery
PSY	Psychology
RDS	Records Disposition Schedule
RTD	Return to duty
SCIF	Sensitive Compartmented Information Facility
SERE	Survival, Evasion, Resistance, Escape
SG	Surgeon General
SIPRNET	Secret Internet Protocol
SMU	Special Mission Units
SOF	Special Operations Forces
SOG	Special Operations Group
SOSS	Special Operations Support Squadron
SOW	Special Operations Wing
STG	Special Tactics Group
SOFPSY	Special Operations Forces Psychologists
SPECAT	Special Category
TS/SCI	Top Secret/Sensitive Compartmented Information
TTP	Tactics, Techniques, and Procedures
US	United States
USA	United States Army
USASAM	USA School of Aerospace Medicine
USAF	United States Air Force
USAFSAM	USAF School of Aerospace Medicine
USAFSOS	USAF Special Operations School
USASOC	US Army Special Operations Command
USSOCOM	US Special Operations Command
UTC	Unit Type Code
UW	Unconventional Warfare

Attachment 2

**SOF OPERATIONAL PSYCHOLOGIST MISSION CAPABILITY STATEMENT
(MISCAP)**

UTC – (FFQE7) Title – Special Operations Psychologist

Mission Capability Statement

AS A MEMBER OF THE COMMANDER'S STAFF, PROVIDES PSYCHOLOGICAL SUPPORT, CONSULTATION AND MANAGEMENT FOR SERE REPATRIATION RESOURCES AND PROCESSES AS SPECIFIED BY JPRA. RESPONSIBLE FOR CRITICAL INCIDENT AND RETURN TO DUTY CONSULTATION RELATED TO MISHAPS AND ISOLATED OR RETURNED PERSONS. PROVIDES PSYCHOLOGICAL CONSULTATION AND INTERVENTION ON HUMAN PERFORMANCE AND RESOURCE OPTIMIZATION IN SOF UNITS. CONSULTANT TO COMMANDERS ON SELECTION AND PLACEMENT OF SPECIAL DUTY PERSONNEL AS REQUIRED. ADVISES INFORMATION OPERATIONS AND MILITARY INFORMATION SUPPORT OPERATIONS PLANNERS. SUBS AUTH IAW AFI 10-403. OPR: HQ AFSOC/SG, DSN: 579-1594. REVIEWED JUN 11.

FAC Code	Position Title	AFSC	Grade	Quantity	Line Number
5310	AVIATION PSYCHOLOGIST	042P3D	04	1	001

Attachment 3

SOF OPERATIONAL PSYCHOLOGY MISSION ESSENTIAL TASK LIST (METLs)

SOF Operational Psychologists provide consultation to commanders on issues such as:

- Unit/member performance enhancement
- Unit climate assessment and recommendations
- Post-mishap/combat debriefing and return to duty
- Aircraft and incident mishap investigation
- Program management on selective manning issues
- Development and oversight of special training
- Management of SERE resistance training and repatriation issues
- Personnel selection and assessment for special duty

When deployed, SOFPSYs consult and lend expertise to the following areas:

- Repatriation
- Battlefield and facility interrogation/detention facility support/consultation
- Information Operations (IO) and MISO functions
- Adversary profiling and targeting
- HUMINT source assessment and intelligence debriefing support
- Consultation to commanders/unit personnel and referral for medical care as needed