

TRAUMA RISK MANAGEMENT (TRiM) IN THE UK ARMED FORCES

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Abstract

Trauma Risk Management (TRiM) is a novel system of post incident management which intend to allow commanders to provide appropriate support to their subordinates in the aftermath of traumatic events. Given the current very considerable operational tempo being experienced by the majority of the UK Armed Forces, it is perhaps not surprising that TRiM has been in use in both Iraq and Afghanistan. Although TRiM originated from within the Royal Marines, it is now widely used in both the Royal Navy and Army; there are also plans to introduce it into specific components of the Royal Air Force such as for the RAF Regiment. This paper aims to explore the basis behind the TRiM system and to explore the evidence for its growing popularity within hierarchical organisations such as the military.

Background

The Armed Forces exist in order to carry out operational duties in support of UK interests around the globe. The nature of such duties, be they combat, peace support or humanitarian, often leads to military personnel being placed into potentially traumatic environments. Although the majority of those personnel who are exposed to traumatic events will deal with them without suffering undue distress or indeed developing any formal psychiatric illness, it is inevitable that a small proportion of personnel will become unwell or suffer with sufficient sub-syndromal symptoms that their operational efficiency might be less than is desirable. The principles of battlefield management of operational stress reactions are simple; treat the person without evacuation if at all possible, intervene quickly, normalise symptoms and encourage the expectation of recovery and make use of avoid overly complex solutions or immediate recourse to psychotherapy. These techniques are often referred to as PIES which stands for proximity, immediacy, expectancy and simplicity [1].

However, as was pointed out in a recent legal case against the MoD by ex-service personnel who claimed to be suffering with psychological injuries as a result of their military service, stigma is a very real and significant issue [2]. Stigma has been defined as something which sets the affected individual apart from others [3]. Stigma can be split into internal, or self stigma, and external stigma. An example of the former is the belief that asking for help for mental health problems will lead to a premature end to a military career and an example of the latter is the belief that people who suffer from mental health problems are universally weak and cannot be trusted. As a result of stigma, many personnel who suffer as a result of their military service are often hesitant to seek help. This is somewhat of a concern as the reality is being effectively treated for a mental health problem will most definitely not limit someone's career. In fact the contrary is true in that poor performance, secondary to mental health problems or otherwise, will limit someone's career progression.

Therefore given that exposure to traumatic events can lead to the development of psychological distress, lowered morale and organisational difficulty it follows it would be useful if a system could be put in place to mitigate the difficulty with help seeking which occurs as a result of stigma as described above. This paper aims to examine the development of Trauma Risk Management or TRiM, a system that was pioneered with the Royal Marines [4], and to explain the validation study that is now underway to investigate what place, if any, TRiM has in the routine management of traumatic events that effect naval personnel.

A Historical Perspective

Systems to prevent trauma related psychological injury are not new. In the early 1980's Critical Incident Stress Debriefing (CISD) was developed by Jeffrey Mitchell a former fire-fighter in the USA [5]. Mitchell claimed that CISD prevented post traumatic stress disorder (PTSD) and other similar systems of post incident emotional catharsis have made similar claims. Nevertheless the research that has been carried out on "single session psychological debriefing", including a Cochrane systematic review of randomised controlled trials of early single-session psychological interventions, has shown that preventing post incident psychological change is far from easy [6]. Such single session debriefings have now been shown to be at least of no use and at worse harmful. Consequently, in 2000 within the UK military the Surgeon General banned the use of single session psychological debriefing [7] and the Department of Health has recently stated that single session debriefing appears unhelpful [8]. This negative view regarding the usefulness of single session psychological debriefing has been confirmed by the publication of the National Institute of Clinical Excellence's guidelines on the treatment of PTSD [9]. However, even though debriefing is not effective at preventing psychological injury, more complex early psychological therapies, including cognitive behavioural therapy, applied some weeks following the traumatic event appear likely to be beneficial [10] for the few people who require them.

Prevention of Psychological Injury

Whilst the Armed Forces continue to undertake operational duties then personnel will be exposed to trauma and stress. Some of those exposed will develop psychological distress as a result. Whilst realistic training may reduce the impact of

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operational duties upon mental health it is nonsensical to argue that traumatic stress can ever be eliminated. The main aim of the TRiM project is not to prevent PTSD, which is probably impossible given the role of the Armed Forces, nor to treat it, which is within the remit of the Defence Medical Services. The TRiM system aims to provide an early indication of who may go on to develop formal illnesses and to empower unit leaders to implement management plans which may help create the best possible conditions for psychological recovery to occur. Since it is known that exposure to excessive life stressors and a lack of social support are important factors which determine who may go on to develop illness, those that have been identified via the TRiM system as being at an increased risk of psychological injury can, wherever possible, have both attended to within their unit. If Armed Forces personnel can be persuaded that stress is an inevitable part of military service, that it is not anything to be ashamed of and is not necessarily an indication of the need for immediate professional mental health input then it may be that personnel can be persuaded to come forward and seek the help that is available from colleagues, commanders, Padres and medical staff, amongst others, without shame.

TRiM aims to avoid units simply adopting a medical model as the preferred route of intervention after traumatic events such as simply asking a mental health professional previously unknown to those involved to come into a unit and deliver, a most probably unhelpful, 'crisis intervention'. It could be argued such an approach might encourage the development of difficulties in some individuals, is likely to be met with resistance by some individuals, and might pathologise a normal reaction which is part of the natural recovery following a major traumatic event. By empowering units to carry out the immediate post incident psychological management 'in house' TRiM intends to avoid such problems.

An overview of the TRiM system

TRiM is a proactive, post traumatic peer group delivered management strategy that aims to keep employees of hierarchical organizations functioning after traumatic events, to provide support and education to those who require it and to identify those with difficulties that require more specialist input. Initially developed within the Royal Marines, TRiM practitioners are embedded within all units and after traumatic events they ensure that the psychological needs of personnel involved in the event are assessed and managed. Practitioners are non-medical personnel in junior management positions who have been trained in the system. Anecdotal evidence suggests that it is well accepted and achieves its aims of improving psychological wellbeing and the theory and practice of the system has been published in a peer reviewed occupational health journal [4]. TRiM appears to be good practice and experts in the field of traumatic stress have stated their supportive view in the scientific literature [11,12]. TRiM has also been used within some Army units, most notably the Grenadier Guards, and numerous other non military organisations including the Foreign and Commonwealth Office and the London Ambulance Service.

TRiM practitioner training aims to equip non medics to manage the psychological aftermath of a traumatic incident or series of incidents. Training covers a wide subject matter including psychological aspects of incident site management, how to plan for personnel's psychological needs after an event, how to conduct a semi structured risk assessment interview and how to conduct basic psycho educational briefings. Personnel are also taught how and when to liaise with managers and medical/welfare staff. The TRiM course is a combination of didactic teaching and role play and has been carried out within

the Royal Marines Command for the last nine years. Those who complete the TRiM courses are eligible for a BTEC professional qualification with a limited amount of extra work; this provides some degree of external validation.

An example of a typical TRiM managed incident

The following example shows how the TRiM management system might be activated and implemented. The example is fictional.

Six personnel from a UK military base attended a military air show one Saturday. Five were from one close knit unit on the base, the other attendee, Bob, was an individual from another unit on the base who heard that a spare ticket was going free and took up the offer to attend. Although he was keen to go to the air show, Bob did not really know any of the others who he went with. All were SNCOs and had been in the military for a number of years.

The show, was going well until a mid air crash caused a fireball of metal, from the planes, to hurl into the crowd. Although the military personnel initially might have been in some danger, once the remnants of the planes had landed, all six went to render what assistance they could. The work they carried out over the next hour or so until the emergency services arrived was grizzly. Because of geography more than anything else, Bob worked by himself.

When the unit TRiM team manager was collared by the OC of the five personnel at the Monday planning meeting, he decided that a TRiM planning meeting was needed. The planning meeting consisted of the OC, the unit second in command, the Padre, the medical sergeant and the TRiM team manager. At the meeting it was possible to identify that there had been six of the unit's personnel at the air show and those attending heard about the unpleasant nature of the tasks that the six personnel had undertaken. It was decided that three actions should follow the meeting. Firstly it was decided that all unit personnel should be made aware of the incident and be given an outline of what happened in order to dispel rumours. The briefing would also serve to provide some basic information on the nature of traumatic stress reactions, how to help one's self and where to seek additional help or support. The thinking behind this action was that well informed unit personnel might support their colleagues and it was also possible that other unit members had been at the air show, albeit perhaps further from the incident itself. Secondly it was decided to see the five people from the same unit together for a group risk assessment interview. This would be conducted by two TRiM practitioners from the unit. The aim of the risk assessment interview would be to find out how the personnel were functioning and to identify whether any of the five might benefit from extra support. A team risk assessment was deemed appropriate as the five had a previous history of working well together and, from the information available at the planning meeting, they all worked well together at during the incident. Lastly, it was decided to risk assess Bob by himself as he was previously unknown to the rest of the group and appeared to have had a different experience, to the other five, during the incident. Both of the risk assessments would avoid in-depth discussion of emotions and would instead concentrate on following a semi-structured discussion of the time before, during and after the incident. The risk assessment interview process aims to identify the presence of ten evidence based risk factors which are all known to be associated with the potential to develop longer term psychological problems (Table 1). Risk assessors are taught to avoid emotional catharsis during the risk assessment and to gently "shut down" the interview if an interviewee is becoming increasingly distressed. There is

evidence that one of the reasons that some of the trials of single session debriefing had a poor outcome was that those who were already highly distressed did especially poorly when forced to re-tell the story of their traumatic experience [13].

1. The person perceives that they were out of control during the event
2. The person perceives that their life was threatened during the event
3. The person blames others for what happened
4. The person reports shame/guilt about their behaviour during the event
5. The person experienced acute stress following the event
6. The person has been exposed to substantial stress since the event
7. The person has had problems with day to day activities since the event
8. The person has been involved in previous traumatic events
9. The person has poor social support, (family, friends, unit support)
10. The person has been drinking alcohol excessively to cope with distress

Table 1. TRiM practitioners list of risk factors for later psychological disorder

Whatever the outcome of the risk assessments, the TRiM practitioners would try to ensure that supportive personnel management techniques were put in place by unit commanders of the six personnel. Should anyone be identified as being at substantially higher risk of developing longer term problems, the TRiM practitioners would have the option, and indeed would be encouraged, to discuss their concerns with a senior TRiM practitioner, manager, medical officer or indeed a mental health professional. In some cases early referral, through the medical chain, could be arranged.

Finally, about a month after the initial assessment a second one would be undertaken in order to ascertain whether the personnel have adjusted to or coped with the events on the day of the air crash. Satisfactory adjustment would be taken as a substantial lowering of the TRiM risk assessment score at the second risk assessment interview. These are mostly done on a one to one basis. Those who had not adjusted to the event would be either referred on for help or monitored again if the adjustment had been slow. The TRiM practitioners would have easy access to supervision and co-support at all times.

The TRiM trial

Until recently there had not been any scientific evaluation of the TRiM program. Whilst the appeal of TRiM is such that many commanders have seen fit to make use of the program in spite of any robust supporting data, given the concerns that have previously been raised about other methods of short term psychological interventions, it was considered as essential that a quality randomised controlled trial (RCT) of TRiM be undertaken. This work was begun in 2004 and took the form of a cluster RCT carried out in 12 Royal Navy vessels. The data collection phase finished in early 2007.

The aim of the TRiM trial was to ascertain if implementation of TRiM would be beneficial, or at least not detrimental, to organisational culture and organisational functioning without causing psychological harm to those within the units that used the system. One of the difficulties in carrying out a trial of this sort is that culture and attitudes are difficult to study using standardised questionnaires as they are subsumed within a person's personality and psychological motivational factors. However, the TRiM trial attempted to overcome these challenges by using both quantitative and qualitative data collection.

The trial report is currently being submitted to the Ministry of Defence (MoD) by the Academic Centre for Defence Mental Health, a military health research unit based at King's College London. The trial was funded by MoD through Dstl.

Although the study had yet to be written up for formal scientific publication, the preliminary results suggest that use of TRiM does not cause harm, indeed there is some evidence that it may have a beneficial effect on occupational efficiency. During the 18 months study, no change of attitudes was seen in those studied, whether they had received TRiM training or not. However given a low level of traumatic incidents experienced by the ships during the study period and accepting that attitude change takes time, especially on an organisational level, such a finding is perhaps not surprising. Military personnel who had experienced TRiM were highly supportive of it as a way of supporting personnel after traumatic events and viewed it as supplementing rather than replacing other personnel management structures. Of interest is the fact that another part of the TRiM study which looked at a group of military personnel who received TRiM training and another group who did not found that the attitudes those who went through the training did improve after the course and the positive change was maintained after a month [14].

TRiM in the operational environment

Operational duties can lead to personnel being exposed to numerous incidents during a single tour. During a deployment, the first time that a soldier goes out on the ground and someone, close to him, in his unit is nearly killed or wounded it might be appropriate to consider whether it was appropriate to implement TRiM. However the, twelfth time this happens, after eleven such incidents which have not caused the individual concern, then a TRiM response would be unlikely to be proportional. However should the next incident involve the other seven members of the individual's section being severely injured and subsequently requiring hospitalisation, then a further TRiM planning meeting and potentially assessment would be apposite.

Because TRiM practitioners are within units, they are well placed to provide informal support in response to some, but not all, concerns that arise outside of the immediate aftermath of an incident. For instance if someone has been experiencing hyper arousal and heightened alertness for a few weeks as the result of regular exposure to indirect fire, and being concerned that "they might be going crazy", they informally approach a well respected TRiM practitioner, who might be able to normalise the individual's reaction, if doing so is appropriate. However if someone were to approach a TRiM practitioner and want to discuss their ongoing distress about sexual abuse they had experienced during their childhood, the practitioner would be well advised to, sensitively, refer that person to the medical, chaplaincy or welfare services. Such "boundary" issues are discussed during training. Well respected TRiM practitioners can effectively become the "eyes and ears" of the defence medical and mental health services because they are likely to be trusted by unit members who will confide in them. There is already evidence that personnel prefer to talk to colleagues who have deployed with them to the chain of command or medical and welfare services [15].

Current experience from both Afghanistan and Iraq is that commanders highly value their unit TRiM practitioners. Such is their support of the system that deploying brigades have been very keen to get personnel TRiM trained in advance of the formal implementation of TRiM by the Army. The positive view of TRiM in supporting the mental health of military personnel has the full backing of the head of Defence Psychiatry as well as the single service heads of mental health.

Conclusion

TRiM is an innovative system of peer group traumatic stress management which has been robustly investigated and found to both acceptable to those who might benefit from it and, most importantly, to do no harm. From an organisational perspective there is also evidence that it may benefit organisation efficacy and be of substantial benefit to those who become TRiM practitioners. However if TRiM is to be effective then it is essential that the system is implemented correctly and the right personnel are trained to become practitioners and that they remain up to date. As with other forms of intervention, it is important to ensure that the correct governance measures are put in place to assure commanders that their practitioners are current and effective. However such measures need to be simple enough to ensure compliance is possible in an operational theatre. It is hoped that by using peer TRiM practitioners rather than professionals with a health or welfare background, over time the stigma around traumatic stress and its associated problems will reduce. The regular exercising of the TRiM system in units should additionally ensure that all personnel are more cognisant of the effects of traumatic stress and what can be done about it.

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