How to TRiM Away at Post Traumatic Stress Reactions: Traumatic Risk Management – Now and in the Future

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ABSTRACT

Numerous organisations, including the Armed Forces, routinely place their personnel into potentially traumatic environments. It is known that exposure to traumatic events can lead to the development of psychological distress, lowered morale and organisational difficulty. It follows that military personnel are at increased risk of developing trauma related psychological problems and as such it would be useful if a system could be put in place to mitigate such risks.

This paper aims to examine the development of Trauma Risk Management or TRiM, a system that was pioneered with the Royal Marines, 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. The first of such systems was Critical Incident Stress Debriefing (CISD) developed by Jeffrey Mitchell after his experiences as a fire-fighter in the USA[3]. Mitchell claimed that CISD prevented post traumatic stress disorder (PTSD) and other similar systems of post incident emotional catharsis have made similar claims. Nevertheless as research on so called "psychological debriefing" was conducted, including a Cochrane systematic review of randomised controlled trials of early single-session psychological interventions, it became clear the preventing post incident psychological injury in far from easy[4]. Such single session debriefings have now been shown to be at least no use and at worse harmful. Consequently, in the year 2000 within the UK military the Surgeon General banned the use of single session psychological debriefing[6] and the Department of Health has recently stated that single session debriefing appears unhelpful[7]. The National Institute of Clinical Excellence's guidelines on the treatment of PTSD are due to be published shortly and early drafts make it clear that the guidelines are likely to also warn against the use of single session interventions such as CISD. 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[5] for the few people who require them.

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PREVENTION OF PSYCHOLOGICAL INJURY

It is utopian to believe that traumatic stress can ever be eliminated from any military organisation. Assuming that the Armed Forces continue in their primary function of war fighting then personnel will be exposed to trauma and stress. Some of those exposed will develop psychological distress as a result. Even if this can be reduced by training and so on, it is nonsensical to argue that it could ever be eliminated. Although modern armies are as often engaged on peacekeeping duties and humanitarian missions as they are in combat duties, all such operational duties are associated with an increase in exposure to potentially traumatic events. Whilst we know that psychological distress cannot be prevented, it can be better managed, and modern psychosocial management of traumatic stress is now much improved, and reasonably effective[8]. However, there is an important barrier - the nature of military culture - which often prevents those who need help, and for whom help is available, from seeking it. In the recent PTSD case, successfully defended by MOD, it was clear that MOD could not be expected to prevent PTSD[9]. It could be expected, and does, make services available for those in trouble. But where there was a deficiency was the existence of barriers that impeded some people from coming forward and admitting to difficulties. The main aim of the Trauma Risk Management (TRiM) project therefore is neither to prevent PTSD - that is probably impossible in a military organisation - nor to treat it - that is the function of Defence Medical Services. The TRiM system is about a culture change at the grass roots level so that people accept that stress is an inevitable part of military service, that it is not anything to be ashamed of, is not per se a professional mental health problem, and that coming forward and seeking the help that is available (from padres, colleagues, RMOs and others) can be done without shame.

Unfortunately most of the post traumatic incident psychological management interventions to date have adopted a medical model with a mental health professional or counsellor previously unknown to those involved delivering the intervention. It could be argued that this approach may 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. In an attempt to address these issues, at the instigation of the Royal Marines, a traumatic stress management system known as Trauma Risk Management (TRiM) has been developed.

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[10]. 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 known peer reviewed occupational health journal[11]. TRiM appears to be good practice and experts in the field of traumatic stress have stated their supportive view in the scientific literature[12,13].

TRiM training aims to equip non medical personnel to manage the psychological aftermath of a whole incident. The 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. TRiM 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. TRiM training has been ongoing within the Royal Marines Command for the last seven years and the training course has been assessed by Cranfield University and Ed Excel as being of good quality. Negotiations with Ed Excel have recently been

completed and those who have completed TRiM training will be eligible for a BTEC professional award in Trauma Risk Management after completing a minimal amount of additional written work. Thus the training program has been externally validated from a number of sources.

THE TRIM TRIAL

To date, there has not been any scientific evaluative data published to determine if TRiM is effective. This is required before it can be confidently recommended for more widespread use within the armed forces. In order to determine its effectiveness a randomised controlled trial of peer group risk assessment versus standard care is being undertaken. The aim of the trial is to show if TRiM can have a beneficial, or at least not detrimental, effect on organisational culture and organisational functioning without causing psychological harm to those within the organisations that use the system. Culture and attitudes are difficult to study using standardised questionnaires as they are subsumed within a person's personality and psychological motivational factors. However, by enquiring about several attitudes and asking semi-structured questions about how people might hypothetically behave given a standardized set of circumstances it is intended to gain a measure of unit culture which is required to assess what effect TRiM has upon it both before a unit receives TRiM training and after 18 months. There is literature to support the concept that organizational culture has a significant influence upon organizational stress levels and the organizational response to stressful events[14].

TRiM implementation into the wider Navy has been discussed by CINCFLEET's Personnel Branch and as a result of these discussions the Fleet Management Group have directed that a substantial evaluation into the effectiveness of TRiM is undertaken. Numerous non-naval military units have also expressed an interest to receive TRiM training and as such the MOD has agreed to fund the study and the King's Centre for Military Health Research at King's College London has agreed to conduct the trial.

STUDY AIMS AND HYPOTHESES

The study has three main aims:

1. To determine the cultural change within the units that have implemented the TRiM training. In particular the study will examine units' attitude to stress, mental health problems and how they are managed using visual analogue scales. The study will also make use of individual interviews, using qualitative research methods, with a representative sample of personnel at all rank grades. The study will test the hypotheses that providing TRiM training to a unit will raise both stress and mental health awareness and in doing so reduce the stigma attached to mental health problems, thereby making it easier for those in need of help to come forward.

A positive change in culture would be an important outcome to measure as a SPPol "lessons learned" paper produced after the recent MOD PTSD court case, directed that MOD needed to address cultural issues in order to continue to meet their duty of care requirements that exist under common and statute law[9].

2. To determine the effect of implementing the TRiM system on the occupational health and occupational efficiency of the receiving units by the following methods:

- Use of an Attitudes to Stress Schedule (ATSS) questionnaire before randomisation to TRiM training or control groups and again at18 months.
- Measurement of occupational efficiency indicies including disciplinary offence rates, PVR and AWOL rates and medical and psychiatric referral rate.

The use of these measures will test the hypothesis that TRiM training (and the associated hypothesized improvement in organisational culture) will have a beneficial effect upon organisational stress levels and an improvement (or at least no deterioration) in other important indices of occupational functioning.

3. To examine psychological morbidity generally and specifically following traumatic events by assessment of the change in scores on the following scales from baseline to 18 months after the introduction of TRiM using:

- PTSD checklist[15] (17-item version)
- General Health Questionnaire[16] (12 item)
- AUDIT[17] (4-item version)

The use of these measures will test the hypothesis that the mental health of units that have received TRiM training will either improve or not deteriorate. This is an important measurement as one of the major criticisms of psychological debriefing is that it can and does cause harm to those who are subject to it.

STUDY METHODS

The study is a cluster randomized parallel group, controlled trial comparing the efficacy of TRiM versus standard care in the management of individuals following traumatic events. The study will use both quantitative (questionnaire) and qualitative methodology. The control group is essential because as yet there are no definitive studies which suggest an effective method of organisational personnel management after traumatic events. Since the cessation of the routine use of single session psychological debriefings within the Armed Forces military units have made use of whatever support that they think is necessary and is available. This is likely to include medical, welfare and chaplaincy systems which can be called on as required. However, as yet, there are no proven military post incident protocols available that provide satisfactory post incident personnel management.

The study protocols have been ethically approved by MOD(N) PREC.

PROCESS

It is intended to include 12 vessels in the trial and they will be a combination of ships and submarines. Although the study has the full backing of CINCFLEET the research team will seek to gain the agreement of the Commanding Officer before conducting the necessary questionaire surveys and 1:1 interviews. All participation in the study at an individual level (filling in questionaires, 1:1 interviews and attending a TRiM training course) will be voluntary and informed consent will obtained.

Surveys will be conducted on all 12 vessels and subsequently 6 of them will have sufficient personnel trained up to ensure that the vessel has a fully functional team onboard. During the exercises (including FOST) and after any real events, the TRiM system will be used in vessels who have trained teams onboard. Both groups will have access to the current post incident management strategies which are likely to include the divisional system, the medical system (including possible liaison with military psychiatric services) and the use of welfare/chaplaincy services as available and as requested.

The RN arm of the study has the backing of CINCFLEET's Personnel Division and the Fleet Manangement Group, based at HMS Excellent Portsmouth. Currently, even if full implementation into the fleet was undertaken, without the information that will emerge from this trial, then due to a sparsity of TRiM trainers, the process is likely to take between 1-2 years. Thus the RN study will capitalise on the window of opportunity due to the training time lag. The intention will be to ensure that if TRiM is shown to be effective then most RN units will eventually have teams embedded.

Once the baseline measurments are taken a ship can then be trained and use TRiM if it is in the active arm of the study. For both active and control groups ongoing data capture will be required to examine occupational functioning. This will include measurement of the medical/psychiatric consultation rate and rates for PVR, AWOL and disclipinary offences. It is also intended to make use of other occupational functioning indices such as the exit interview proformas which are in use for personnel who have decided to leave the services.

STUDY RISK ASSESSMENT

It is possible that if the awareness of stress related matters is increased then this may adversely affect morale and occupational functioning. Although it is considered unlikely there is of course the potential for personnel who are more "stress aware" to increasingly report of the psychological symptoms of distress and suffer with an associated decrease in day to day functionality. Persons at risk of suffering harm are those who fill in the questionnaires associated with the trial or are educated or risk assessed by one on the TRiM teams if in the intervention group.

A literature search and discussion with experts in the field (including Professors Wessely and Dandeker at King's College London) did not reveal any substantial evidence that filling in questionnaires alone results in significant alteration of a subject's mental state. Indeed every patient that comes to a Royal Naval department of community psychiatry is asked to fill in at least 4 questionnaires as part of their clinical assessment by a service psychiatrist and to date there has been no suggestions made that this practice has resulted in harm to patients who will not have actually seen a psychiatrist when they fill in the questionnaires. The risk that those involved in the TRiM intervention group will suffer harm (in the form of an increase in psychological distress) is one of the primary outcomes that this study aims to measure. Thus if clear harm arises from the TRiM process (and the study intends to measures unit functionality as an ongoing matter) this will be important and the study will be suspended. Expert opinion is that the risk of harm from this is low and there is emerging evidence from the USA[18] that psychological educational programs actually improve unit measures of psychological well being.

Therefore although there is the potential for subjects to suffer harm, the risk of this occurring is thought to be low.

CONCLUSION

TRiM is an innovative system of peer group traumatic stress management which, if found to be effective, is ideally suited to use within the Armed Forces. It aims to reinforce good man management strategies and signpost the few who require it to receiving early help. Currently most military units do not have a dedicated post incident personnel management system and there is ample evidence to suggest that military personnel feel great difficulty in asking for help even if they require it. By using peer TRiM practitioners rather than professionals with a health or welfare background it is anticipated that 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.

The study presented in this paper represents the first Randomised Controlled Trial ever conducted in relation to mental health in the UK Armed forces. Personnel are often quoted as being the military's finest asset and it is noteworthy that the funding for this study has come from the MOD and the Research Acquisition Organisation. Whatever the outcome of the TRiM trial, the support and funding for the study from the "centre" has to be taken as a promising sign that personnel issues are indeed taken seriously which cannot be a bad thing.

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