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The acceptability of 'Trauma Risk Management' within the UK Armed Forces

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Background Trauma-support programmes may benefit employees of organizations that routinely expose their staff to traumatic events. However, in order for such programmes to be effective, staff need to find them acceptable.

Aims To investigate whether Trauma Risk Management (TRiM), an example of such a programme, is acceptable within a military population and whether it is viewed as complementing or replacing pre-existing personnel support systems.

Methods Semi-structured interviews were undertaken with serving Royal Navy personnel who had served on one of six ships, which had received TRiM training some 12–18 months previously. Three hundred and thirty interview transcripts were subjected to qualitative analysis and themed categories were generated.

Results The majority of personnel who were aware of TRiM were supportive of its aims. TRiM was also viewed as supplementing other personnel support measures rather than replacing them. Personnel interviewed thought that TRiM practitioners needed to be carefully selected, supported by line management and to pay particular attention to the issue of confidentiality.

Conclusions The TRiM system appeared generally acceptable to military personnel and is seen to supplement rather than replace existing mechanisms. However, these data support careful selection of potential TRiM practitioners and demonstrate the need for senior management support for the system if it is to be accepted by those who might benefit from its use.

Key words Peer support; stigma; trauma risk management; traumatic stress.

Introduction

Mental health within the workplace is an important topic. It has been estimated that workplace stress not only is a significant cause of morbidity but also has a detrimental impact on the economy costing the UK a reported £3 billion/year [1]. Many studies have shown that negative attitudes (including stigma) are widespread in society and provide a significant barrier to care when dealing with mental health issues [2]. While some organizations make use of stress management programmes which aim to challenge stigma and encourage their employees to access mental health care when they need it, if such programmes are to be effective, then they must be acceptable to the target population. This is especially true if a programme aims to change core aspects of the values within a population; changing an organization's core beliefs is likely to be a slow process. For instance, a study which examined the attitudes towards females going to sea in the Royal Navy (RN) showed that it took many years for females to become 'accepted' within the vessels in which they served [3]. Organizational culture has a significant influence upon employee stress levels and general response to stressful events [4]. Therefore, it follows that positive changes in an organization's culture may have consequential positive changes in employees mental health and potentially a reduction in stigma which is known to be a barrier to help seeking [5].

Within the UK Armed Forces, many units use Trauma Risk Management (TRiM) as a post-traumatic incident peer group system that aims to keep employees of organizations functioning after traumatic events [6]. TRiM training is aimed at non-medical military personnel who are integral to a military unit. The training takes place over 3–5 days and provides volunteers, of all ranks, with a basic understanding of trauma psychology and the

skills to carry out a basic post-incident psychological risk assessment. This assessment aims to identify those personnel who might need extra support after a traumatic event or who appear to require professional support from medical or mental health services; those in the latter group are helped to access appropriate care. TRiM might be described as a psychological first aid programme which aims to both provide short-term support and to assist personnel who need care to access it.

TRiM is also used by a number of emergency services and government organizations (e.g. the Foreign and Commonwealth Office) [7] and provides such organizations with an in-house capability to deal with traumatic incidents. This is in contrast to non-TRiM organizations many of whom still rely on external providers for post-incident support. Such providers may not necessarily wholly understand the organizational context and may rely on short-term interventions such as single-session psychological debriefing [8], which have been found to be ineffective. It is notable that the use of single-session debriefing is not recommended by the National Institute for Health and Clinical Excellence [9].

A recent randomized controlled trial (RCT) of TRiM found that it did not cause harm and that from an organizational viewpoint appeared to be of benefit [10]. However, in order to be successful, any organizational intervention has to be not just potentially beneficial but also acceptable to managers and employees. The aim of this paper is thus to investigate the acceptability of TRiM using a qualitative methodology and identify how RN personnel view its use in relation to other possible sources of post-incident support.

Methods

This study incorporates qualitative data from the follow-up phase of the TRiM RCT [10]. Twelve RN warships were randomly allocated either into a six ship intervention group which would have personnel trained in the TRiM system or six ships that would not. The intervention ships made use of TRiM, while the remaining six ships acted as a control group using standard naval care practices. All ships recorded the frequency of traumatic incidents onboard through a monthly return to the study team. A traumatic incident was defined as referring to 'a serious event or near miss involving injury or death'. We used a qualitative approach to investigate the acceptability of TRiM since, as a novel trauma-support process, we wanted to explore the views of personnel without making assumptions about how personnel might view its use.

Stratified sampling was used to ensure that ranks of those interviewed were proportional to the range of ranks within any particular vessel. Informed consent was gained from all participants; no personnel refused to be interviewed. Ethical approval was gained from the Ministry of Defence (Navy) Research Ethics Committee.

Semi-structured interviews, which lasted between 40 min and 1 h, were conducted with one of five researchers all of whom were well acquainted with military jargon and marks of respect. The researchers carried out ~30–35 interviews per vessel in order to ensure that the study team gained a broad perspective of trauma support upon each vessel while taking into account the potential for significant differences in opinion that might exist across ranks. As part of the interviews, individuals were asked to respond to the following trauma-support related question: 'Are you aware of any current systems in the RN that deal with personal stress or traumatic situations?' We ensured interview reliability was safeguarded by maintaining written records and by detailed documentation of the process of analysis. An additional member of the research team skilled in qualitative methodology and analysis independently assessed the transcripts and interview notes and compared the agreement between the raters [11]. The interviews were initially taped but the sample population frequently voiced suspicion to this act during the piloting phase and so all interviews were, from then on, scribed during the interview itself to ensure all information was gathered while in the presence of the participant. The different support services noted by interviewees, in response to the trauma-support question, were used to understand the level of awareness towards support services in the RN.

Where individuals mentioned TRiM, standard ground theory was used to analyse the interviews. This process followed four main steps: (i) break down continuous free text into discrete segments representing unique comments, (ii) group comments describing same factors into subcategories, (iii) group subcategories concerning same discrete theme into categories and (iv) group categories to generate themes. Philosophically, the research team were keen to identify participants' views which would be relevant to a decision, to be made by senior commanders subsequent to the trial, as to whether TRiM was suitable to become the UK Armed Forces main short-term mechanism of dealing with traumatic incidents. Decisions about the generated categories were made between N.G. and V.L. as to whether the answers were broadly 'positive' or 'negative' towards TRiM. For example, pessimistic comments about the choice of personnel who had been TRiM trained were deemed to be negative, whereas comments about how TRiM had helped within a military environment were deemed positive. Quotations are used in the results to illustrate these themes and are marked with a non-identifying respondent ID.

Results

Researchers conducted 159 interviews on the TRiM intervention ships and 171 on the control ships. The sample was composed of full-time regular RN personnel who were serving on the studied vessels. The demographic

Table 1. Awareness of post-incident support programmes in the RN

	Study group	
	TRiM, *n* (%)	Non-TRiM, *n* (%)
Programme mentioned	121 (76)	115 (67)
Programme not mentioned	38 (24)	56 (33)
Mentioned programmes		
TRiM	80 (50)	8 (7)
Divisional System	44 (28)	73 (43)
Padre/chaplain	26 (16)	39 (23)
Medical services (inc. psychiatric)	20 (13)	49 (29)
Other[a]	29 (18)	15 (9)

[a]Included are non-governmental welfare organizations such as Soldiers, Sailors, Airmen and Families Association, family, occupational therapists and military phone support lines.

characteristics of both groups of interviewees were similar in terms of age, rank and gender. Across both groups, 15% were officers, with the remainder of the sample equally split between senior and junior non-officer ranks and 13% of the sample were female. The age of the sample was very much in keeping with the usual range of ages found in the serving RN population: 8% were <20 years old, 32% were aged between 21 and 25, 19% aged between 26 and 30, 19% aged between 31 and 35 and 21% were aged ≥36. The median age was 27 years, with an inter-quartile range of 24–35 years.

During the study period, both the intervention and control arms of the trial experienced similar, but low, levels of exposure to incidents. Examination of the monthly data capture forms from the ships (return rate 62%) showed that, for all ships, there were 27 recorded traumatic incidents during the study period, 14 of which were in the intervention group. The traumatic events included fires, floods and injuries of a significant nature; none included death.

When participants were asked to suggest potential trauma-support mechanisms in the RN, personnel in the TRiM intervention ships ($n = 159$) quoted TRiM most commonly (50%, $n = 80$). Other intervention group responses included the Divisional (line management) System (28%, $n = 44$), chaplain (16%, $n = 26$) and the medical services (13%, $n = 20$). Among personnel on the control ships ($n = 171$), responses included the Divisional System (43%, $n = 73$), the medical services (29%, $n = 49$) and chaplain (23%, $n = 39$). Twenty-four of the participants from TRiM-trained ships were unable to suggest a support system compared with 33% of the control ship participants (Table 1).

Across all ranks, people commented that their peer group would generally regard an individual who appeared to be stressed with concern or sympathy. However, this view was less prevalent in junior ranks who appeared to believe that their peer group held stigmatizing views towards others who suffered from stress, whereas this view was only infrequently reported by senior ranks or Officers. Junior ranks were also more likely to be suspicious that an individual presenting with problems might be feigning symptoms.

Of the 159 interviews in this group, 50% ($n = 80$) stated that they had heard of TRiM in some way, although only 27% ($n = 43$) were able to give details of what TRiM was or how it might function (see Table 2).

Of the 43 participants who had some detailed knowledge of TRiM, 81% reported mainly positive comments (see Table 2). These comments could be broadly split into three themes: TRiM was deemed to helpful with trauma; TRiM was viewed as relevant to the needs of the RN and TRiM was useful because it was a peer-delivered system. Nineteen per cent of comments were mainly negative in nature, and these were categorized as: concerns that TRiM might not remain confidential, practitioners were too inexperienced to be credible and that there was a lack of support from the leadership for the TRiM process. There was no discernable differences between the views expressed as a result of rank or gender; however, the small numbers of personnel in each group (Table 2) made it difficult to draw any firm conclusions about whether rank or gender might have influenced a grouped view.

Discussion

This qualitative study found that while knowledge about the TRiM system was not widespread, the majority of those personnel who were aware of TRiM viewed it positively and supported it being peer delivered. Secondly, personnel on TRiM trained ships saw it as supplementing rather than replacing other personnel support measures. Lastly, the minority of negative comments about TRiM mostly related to perceived poor selection of TRiM practitioners and a perception that the TRiM system might not be wholly confidential.

In keeping with other qualitative studies, these data provide thematic data rather than definitive estimates of the size of a particular effect. However, because a substantial number of interviews were carried, it was possible to make some quantitative statements about the data. Also, although the selection of potential interviewee's was arranged before the data collection commenced on each ship, some opportunistic selection of personnel was necessary. Furthermore, the low number of negative comments about TRiM may have been as a result of the trial ships not experiencing a substantial number of traumatic incidents and therefore having only limited opportunities to put TRiM into practice. However, the lack of traumatic incidents would have also affected the general lack of TRiM awareness and there is no reason to think that the proportions of negative and positive comments

Table 2. Qualitative comments about possible benefits of TRiM

Respondents with detailed knowledge of TRiM (54%, $n = 43$)	
Beneficial aspects of TRiM (81%, $n = 35$)	
Theme	**Example quotations**
Helps with trauma (44%, $n = 19$)	'TRiM team onboard. They take over a bad situation. Last deployment we found a body and they asked people who did it if they wanted to be interviewed—asked them if they were feeling alright about it [the incident]. Also asked if everyone else wants to speak to them about it' 10070 'TRiM interview. In France, onshore [with] a couple of lads [and we] got lost getting back to the ship and a lad pulled a gun out on me. I was sat down and had an interview, a couple of times. It was awful [the incident], it was followed up which was helpful ... ' 05089
Relevant to what the RN needs (23%, $n = 10$)	'[Support not much use in the RN] Obviously with the exception of TRiM—aware of it last December. Ran through it during OST [Operational Sea Training]. [I was] initially sceptical but had a fire in Falklands and it proved its dividends. Its good man-management and [for] keeping an eye on people' 07194 'I wanted to do [a] TRiM course, I like the idea of it, it's very relevant to what we are doing' 10135
Peer group support (14%, $n = 6$)	'a percentage of the company is TRiM trained—if had a stress problem they can interview you and you can talk about it and they can try and help you. As it's done by [your] peer group it's probably the most significant way of dealing with stress' 12060 'TRiM trained-nominated personnel who were trained to assist people if they were stressed. It's a good mix of rates and ranks, you may find it easier to speak to a PO [Petty Officer, SNCO]/chief rather than a WO [Petty Officer, SNCO] who see's your work' 05122
Negative aspects of TRiM (19%, $n = 8$)	
Theme	**Quotations**
Poor choice of TRiM practitioners/confidentiality (7%, $n = 3$)	Only TRiM—it's a system of untrained practitioners that you can go & talk to. Wouldn't have some people on the ships company do it—not well selected. One of the people onboard is the ship's gossip 12077 'Only the TRiM people (my missus has done it) all they are there for is if someone wants a chat after something has happened. Think it's a bit dodgy in a way because all it takes is a loose mouth and someone will know someone else's business' 07024
Inexperienced/non-credible TRiM practitioners (7%, $n = 3$)	'Traumatic ... I've heard of TRiM (very little) but [if you have] personal hassle [then] go and speak to your DO. There has been no elaboration on what they actually do. I don't think they have enough time or experience to cope with things' 07237 'Only because they have been advertising courses on it—it's all a bit of a joke going on that course: as if you'd go and see one of them (not very approachable people)' 05174
Lack of official support for the TRiM process (5%, $n = 2$)	'It's finding the time to do it. ******* was asked for things [to help support TRiM onboard] but we have not received training material, etc.' 05103
Respondents with no detailed knowledge of TRiM (46%, $n = 37$)	
Did not know much about the TRiM system (100%, $n = 37$)	'Only the one [name of Executive Warrant Officer] runs, TRiM-not entirely sure what it is though' 12075 'TRiM team onboard. Don't really know anything about it' 07047

would have been substantially different had there been more incidents on the intervention ships.

Although we are not aware of any previous studies that have examined the acceptability of organizational traumatic stress support programmes, these results suggest that one that was reliant on peer delivery was generally viewed as acceptable some 12–18 months after implementation. Peer support may be considered to be one aspect of good unit cohesion or comradeship, which a recent study of UK troops deployed to Iraq showed was highly correlated with good mental health [12]. The current study's findings are consistent with the

results of a recent paper by Gould *et al.* [13], which investigated the effect of TRiM training within a military sample. While that study was not randomized, the authors found that both immediately and a month later, and those who had received TRiM training were less inclined to hold stigmatizing views towards mental health compared with those who had not. We suggest that over time, and with more exposure to the TRiM system, it is likely that more personnel working in the RN are likely to experience attitudinal change as a result of their exposure to TRiM. Culture change takes time as evidenced by an investigation into the attitudes of naval personnel towards females being placed onboard ships. This began in the early 1990s, and showed no substantial changes in attitudes until 8 years after the policy, at which point researchers concluded that gender was no longer a significant factor in the maritime environment [3]. However, we suggest that the main themes this study identified about TRiM, being a useful mechanism to deal with trauma that was relevant to the needs of the RN, provide a useful foundation for future culture change should the system be implemented more widely.

We also found that TRiM was viewed as an additional source of post-trauma support rather than a replacement for the routine support from line managers (called the Divisional System). Unlike critical incident stress debriefing (CISD), which has been found to be unhelpful, indeed even harmful, after traumatic events, TRiM utilizes individuals from within an organization who are more culturally sensitive to the working environment [14]. However, linking acceptability and effectiveness may be premature—many personnel who underwent CISD also reported that they liked the process, in spite of both a lack of efficacy and a potential to do harm [8]. The effectiveness of TRiM therefore can only be ascertained from the quantitative analysis of the TRiM RCT results which found that units which used TRiM reported modest improvements in organizational functioning without any evidence of it being detrimental to personnel's mental health [10].

The negative objections to TRiM implementation appeared to mainly stem from how the system chose personnel to be TRiM practitioners and organizational support for the use of TRiM. This is a crucial consideration for organizations attempting to establish similar peer support systems, which should be cognizant of these data during implementation. Within this military trial, there was no central policy guidance from Navy headquarters because TRiM was not fully implemented at the time of the trial. It is therefore likely that exercising the TRiM system regularly would have been seen as a low priority by commanding officers who had to otherwise deal with demanding operational programmes. Regular exercising of the TRiM system would have allowed those in command of the ship, and in charge of the TRiM organization aboard a vessel, to test and adjust how TRiM was utilized which should have, in all likelihood, resulted in more people knowing about what TRiM was and what its limitations might be. A further criticism related to the need to carefully select potential TRiM practitioners, which may reflect the inherent difficulties in training non-specialist personnel in psychological management techniques. These data support the necessity for peer supporters to be able to understand, and adhere to, confidentiality requirements and also need to be empathic and able to listen well; both attributes that are not easy to train during the relatively short 2.5 day TRiM practitioner training course if personnel have not been carefully selected in the first place. We suggest that TRiM courses would benefit from an element of assessment either before individuals could undergo TRiM training and/or at the end of the course. A well-designed end of course assessment in the form of an assessed role play would allow instructors to examine student's listening and interviewing skills as well as test their understanding of the TRiM system itself. However, it is unlikely that even a well-designed assessment could ensure those who have been trained do in fact practice keeping material they are privy to confidential.

We conclude that while most organizations are eager to establish good working practices to deal with their employee's mental health needs in the workplace [1], since the demise of the use of single session psychological debriefing as a result of increasing evidence of its ineffectiveness and its potential to do harm, there has been no standard organizational approach of delivering immediate care in a post-traumatic situation. The results of this study show that in the main, the use of TRiM was viewed positively by those individuals who had experienced it. Taken together with other findings which show that TRiM is modestly beneficial for organizational functioning without being harmful to mental health, our results indicate that TRiM is likely to be a useful method of supplementing existing informal support networks which exist in most organizations and which personnel have been shown to favour [15] over the use of medical or welfare services. However,

Key points

- Within an organizational setting, Trauma Risk Management, a post-incident peer support process, appears to be generally acceptable to the employees who it aims to support.
- The acceptability of Trauma Risk Management appeared to be based upon its perceived relevance to the needs of the organization and its reliance upon the use of peers rather than medical or mental health professionals.
- In order to be successful, Trauma Risk Management, or other peer support processes, need to carefully select those who deliver it and to have the approval of senior managers.

these results also suggest that successful implementation of a peer support programme requires careful selection of TRiM practitioners and that the programme should be well supported by junior and senior managers.

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Conflicts of interest

None declared.

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