

Putting the psychological aspects of trauma management into an organisational context: a standardised approach

Vicky Langston attended the conference and reflects on its relevance to her work at the King's Centre for Military Health Research

Traumatic events certainly make an impact. Most people remember where they were and what they were doing when they heard that planes had crashed into the twin towers on 11 September 2001. The same applies for the recent Asian tsunami disaster on Boxing Day 2004. The impact of an event often varies between cultures and contexts. For example, in Tibet, the highest ranking traumatic event is reported as 'witnessing the destruction of religious signs' (Terrheggen et al, 2001¹). Similarly, attention (especially from the media) often focuses on extreme disasters rather than a 'near miss' or an accident at work as being potentially trauma-provoking.

Whatever the definition of a traumatic event the issue remains of how an organisation should plan and deal with the consequences. Many potentially traumatic events occur without warning and therefore it makes sense to have a plan or set of guidelines as to how an organisation will respond. In recent years, the efficacy of single session 'debriefing', one of the more popular forms of psychological trauma first aid, has been questioned (Rose et al, 2003²). It is now clear that single session debriefings are not beneficial in reducing psychological distress preventing the onset of post-traumatic stress disorder (PTSD). In some cases debriefing may have an adverse effect (Rose et al, 2003²) by causing further traumatisation, re-exposing people to the most negative aspects of the event. Additionally, the reliance on debriefing may undermine the beneficial effects of peer support, which can be most beneficial (Greenberg et al, 2003³).

The NICE (National Institute for Health and Clinical Excellence) guidelines published in March 2005 also warn against the used of single session interventions. Hence, the problem facing organisations remains: what is the most effective method of providing workplace psychological trauma management?

A range of approaches

As this year's ACW conference demonstrated, organisations vary tremendously in their psychological management of traumatic incidents. Company objectives – from HSBC to London Underground – are diverse. However all follow a common and clearly ill-founded belief that debriefing will lessen the likelihood of psychological distress following a traumatic event and reduce the threat of litigation. In contrast to HSBC, which has a relatively small specialist group of individuals covering a vast employee population, London Underground focuses on treating people as individuals via managerial links, allowing staff to employ a buddy support system in the aftermath of a traumatic incident. The Metropolitan Police organises traumatic event management around key stages including consolidation and a recovery phase of post-deployment support, while Royal Mail has launched Connect, a self-help helpline for employees, and it uses of 'specialist' psychological support as required via subcontract arrangements.

All approaches claim to measure outcomes and demonstrate success in their specific environmental contexts. However, with evidence-based practice now being considered the gold standard for assessing effects of trauma intervention, the pressure is on to measure these methods critically. Different managerial approaches also raises the important issue of how organisations discharge their duty of care. For instance should organisations have a long- or short-term commitment in relation to mitigating the effects of incidents upon their staff?

In organisations such as Royal Mail and the Police, the potential for staff to encounter traumatic events can never be eliminated; it is essentially a hazard of the job. The situation is similar for the Armed Forces as their primary function is combat, which inherently has the potential to be psychologically distressing. The robust attitude of the military in

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relation to stress – the stiff upper lip – may be beneficial for keeping people going during difficult periods but it may also prevent those who require help from seeking it.

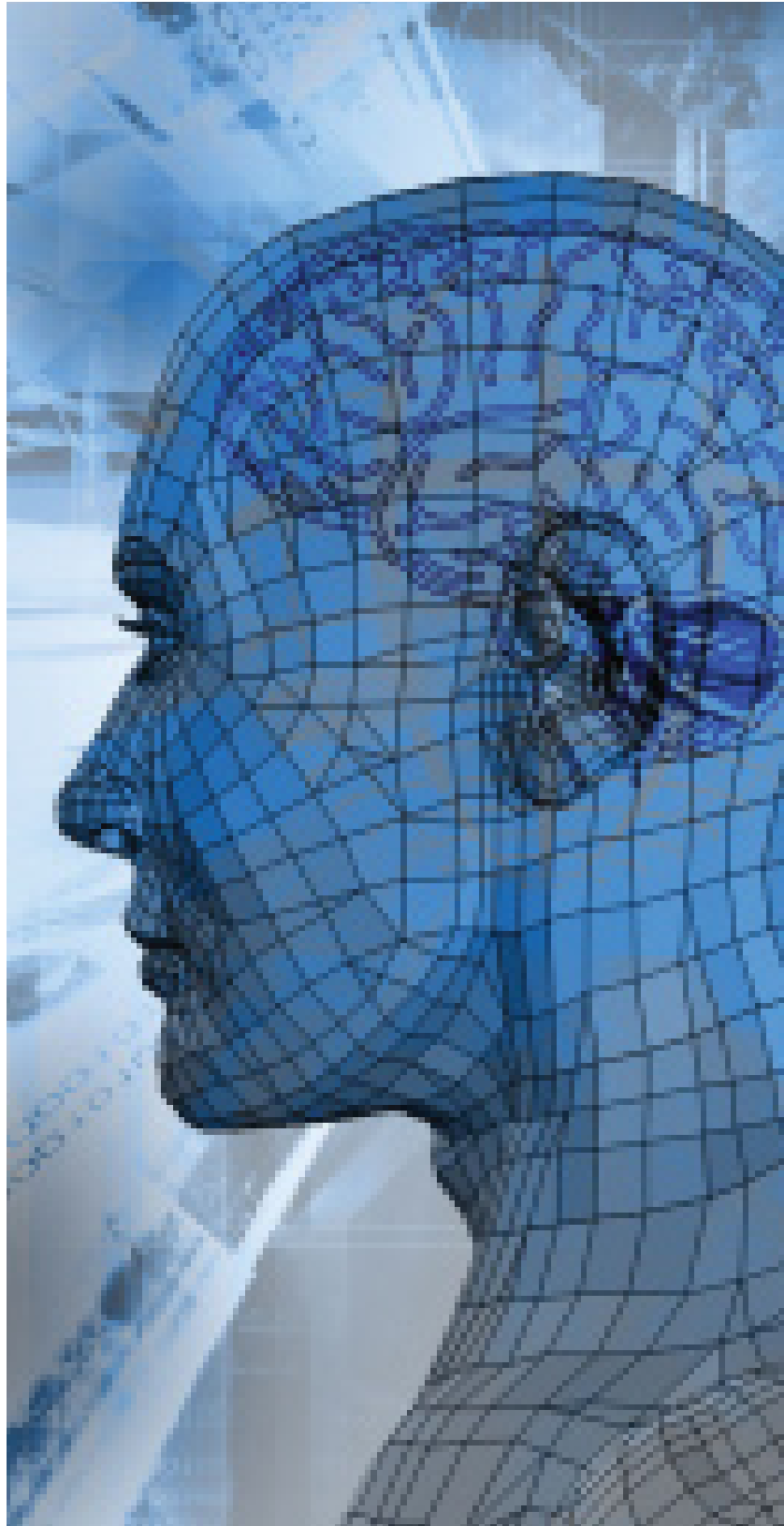
The TRiM system

Within the Royal Marines a programme known as Trauma Risk Management (TRiM) has been developed. It does not aim to prevent or treat PTSD, rather it aims to direct those who may need help to places where they can get it. It is delivered by peers rather than specialists, making it more acceptable to those who may be in need of help. TRiM should help change the culture of the organisation, encouraging people to understand that feelings of stress are an inevitable occupational hazard and that it is acceptable for individuals to seek help if required.

TRiM is a peer group-delivered management strategy that, using trained non-medical personnel, aims to keep employees of hierarchical organisations functioning after traumatic events and to identify those who are experiencing difficulties. TRiM practitioners have been established in all Royal Marines units to ensure that following a traumatic event the psychological needs of personnel involved are assessed and managed appropriately.

The King's Centre for Military Health Research is currently examining use of the TRiM system in a randomised controlled trial. The study is examining the effects of the implementation of the TRiM system on the culture and attitudes of personnel on ships that have received TRiM training. Whether a change in culture will be observed following the trial remains to be seen. As Professor Simon Wessely commented during the themed discussion, 'where there is a capacity to do good there is a capacity to do harm', and therefore it is essential to await findings before jumping to conclusions about what effect, if any, TRiM has upon organisational culture. Given the debacle associated with single-session debriefing, the TRiM research team is keen that history will not repeat itself.

The issue of the moment regarding the psychological trauma management of potentially traumatic events is how any organisation can discharge its duty of care towards its employees in a safe and evidence-based manner. Whichever approach an organisation chooses to use, it should be fully appraised and premature assumptions should not be made on the benefits of its use. Only then will the current confusion in relation to trauma management be resolved, enabling organisations to utilise effective working models within which we can be fully confident. ■



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References

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