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9 June 2021

Cdr Alexandros Pantzopoulos
request-757471-928ad038@whatdotheyknow.com

Dear Cdr Pantzopoulos

Thank you for your email of 22 May 2021 in which you requested the following information:

   LFSO 3217 AND LFSO 3218

I am treating your correspondence as a request for information under the Freedom of Information Act (FOIA) 2000. A search for the information has now been completed within the Ministry of Defence, and I can confirm that the information in scope of your request, Land Forces Standing Order 3217 and 3218 are held and are attached below. Some of the information falls entirely within the scope of the absolute exemption provided for at section 40 (Personal Data) of the FOIA and this information has been redacted from the requested documents. Section 40(2) has been applied to the requested information in order to protect personal information as governed by the Data Protection Act. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Under Section 16 of the Act (Advice and Assistance) you may find it helpful to note that if you wish to find out anything further, you may use the normal military channels. Your chain of command should advise you further.

If you have any queries regarding the content of this letter, please contact this office in the first instance. Following this, if you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at https://ico.org.uk/.

Yours sincerely,

Army Policy and Secretariat

LAND FORCES

STANDING ORDER NO 3217

by

General Sir Nick Parker
KCB CBE ADC Gen

Commander in Chief Land Forces

TRAUMA RISK MANAGEMENT (TRiM)

POC SO2 PS4(A)

Ext

ANDOVER
AUGUST 2011

LAND FORCES STANDING ORDER NO 3217
(FIRST REVISE)

TRAUMA RISK MANAGEMENT (TRiM) ARMY POLICY

References:

A.   Trauma Risk Management Training Manual Revised 2008.
B.   LFSO 3209, dated Jun 2011, Post Operational Stress Management Policy.

BACKGROUND

1.   For organisations, such as the Army, that routinely expose their personnel to traumatic events, there are moral, legal and economic reasons to look after individuals[1]. Following a traumatic event, those individuals who have been adversely affected are likely to be less effective at work and in some instances are less likely to remain within the service unless supported appropriately. The numbers of personnel who develop chronic psychological problems having been involved in a traumatic incident are relatively small in the context of the numbers deployed on operations. For this reason the problem should not be overstated, however an awareness of symptoms and the identification of the small minority who may require support is very important.

2.   In 2007 the Army formally adopted Trauma Risk Management (TRiM), an initiative that aims to capitalize on the social cohesion available within units by training personnel in the early recognition of symptoms associated with post traumatic stress[2]. The TRiM Training Cell (Army) (TTC(A) was established on 1 April 2008 and is responsible for the delivery of all TRiM training to Regular and Reserve Army units.

AIM

3.   This LFSO explains the rationale behind TRiM, and directs organisations on how best to implement the strategy in operational and non-operational environments.

RATIONALE

4.   TRiM is a peer delivered, evidence informed psychological support strategy[3]. TRiM is not a treatment in itself; preferably it endeavours to foster peer and organisational support in the short term and, where appropriate, direct individuals towards formal sources of help if they do not appear to be following what is considered to be a normal recovery pattern.

5.   After a traumatic event, TRiM trained personnel will advise commanders about best practice in relation to traumatic stress. They will carry out structured risk assessments of those exposed to the event identifying whether individuals might benefit from additional support. A further risk assessment is carried out after a month and personnel who continue to exhibit significant symptoms are assisted in seeking help from a formal[4] source of support. If the second risk assessment is inconclusive a third risk assessment can be carried out at the 3 month point. In addition to this, and particularly

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[1] Management of Health & Safety at Work Regulations 1999 requires employers to assess risks to health and safety from hazards at work.
[2] Whilst Operational Stress is recognised as a component of Military Occupational Stress, TRiM is essentially concerned with the management of post traumatic stress.
[3] The Academic Centre for Defence Mental Health (ACDMH) has conducted a series of randomised control trials which has led to the delivery of TRiM in its current form.
[4] RMO, Padre, Welfare Officer.

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noteworthy, is the way in which the culturally informed delivery of TRiM can reduce the stigma associated with mental health issues, which will ultimately encourage those who need help to seek it.

CHAIN OF COMMAND ENGAGEMENT

6.   The initial management of personnel involved in incidents of a traumatic nature is likely to be carried out by individuals other than TRiM trained personnel (often the local commander). It is therefore vital that commanders at all levels have some knowledge of the procedures involved in TRiM and recognise the benefits associated with an early intervention strategy. For a TRiM strategy to be credible it must be actively promoted by the chain of command. Commanders must issue a policy statement giving clear direction on how TRiM should be implemented within their Formation/unit. An example of a TRiM Policy Statement is at Annex A. Further to this, a TRiM Plan must be developed describing in detail action to be taken before, during and specifically after an incident, the plan must also include the post operational normalisation period outlined in Reference B. An example of a TRiM Plan is at Annex B.

RESPONSIBILITIES

7.   Although TRiM is currently and arguably necessarily directed at the operational environment it is not confined to it. Indeed the operational TRiM model is equally effective when adapted to meet the challenges associated with a non-operational incident. Nevertheless, regardless of circumstance a TRiM response must be logical, consistent and coordinated across all levels of command:

    a.   **Brigade Headquarters'**. Ideally Bde HQs should appoint a TRiM liaison officer, who is responsible for the following:

        (1)   Liaison between Bde units and TTC (A) in order to coordinate TRiM training.

        (2)   Monitor in theatre TRiM activity during operations.

        (3)   Liaison between Bde unit TRiM Coordinators and Jt F Sp TRiM Coordinator (in Afghanistan).

        (4)   Close liaison with the Rear Ops Group (ROG) TRiM Coordinator.

    b.   In addition to this Bde HQs are to appoint a ROG TRiM Coordinator who is responsible for liaison between Bde Fwd and Bde rear. This is particularly important when dealing with individuals who leave theatre early and who need to be TRiM risk assessed. This level of coordination must also include:

        (1)   **Royal Centre for Defence Medicine (RCDM) Clinical Unit**. This is especially important for those subject to AEROMED:

            (a)   AEROMED to Role 4. In almost all circumstances support is provided by on-site agencies. However, some personnel will remain at Role 4 for a short period and may well be sent on Hospital Sick Leave. This must be monitored closely by ROGs who are to ensure that where necessary personnel are given the opportunity to undergo or complete the TRiM risk assessment process.

            (b)   AEROMED other than to Role 4. It is the responsibility of the ROG to ensure that those personnel who do not proceed to role 4 are monitored and

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where necessary given the opportunity to undergo or complete the TRiM risk assessment process.

(2)   Regional Brigade Headquarters. Regional Brigade Headquarters are to ensure that those Regular Reserves who return from theatre early and who are subsequently demobilised undergo or complete the TRiM risk assessment process.

(3)   TA Units. TA Units are responsible for those personnel who return from theatre and who subsequently return to their parent TA Unit. As such they are to ensure, where necessary, individuals undergo or complete the TRiM risk assessment process.

c.   **Formed Units**. Experience has shown that the number of TRiM trained personnel required by a unit is dependant on its size and role, nevertheless, where possible major units should adhere to the following:

(1)   Major units should have at least 5 TRiM Coordinators, of whom 1 should have overall responsibility for the units TRiM strategy, and 20 Practitioners shared between sub-units. In addition to this non-deployable units and training establishments must ensure that they have a sufficient number of TRiM trained personnel to support those assigned to their establishments who have just returned from operations.

(2)   During periods of operational deployment units are to nominate at least one rear party TRiM Coordinator and two TRiM Practitioners to support those who return from theatre early.

(3)   It is recommended that Unit Welfare Officers (UWO) and Padres undergo TRiM training in order to assist in their provision of second line support to those who have been assessed and to those TRiM trained personnel carrying out the assessments. UWOs and Padres should not conduct risk assessments as this may compromise their second line support role.

(4)   TRiM trained personnel must not act as Casualty Notification Officers (CNOs) or Casualty Visiting Officers (CVOs) for incidents they have risk assessed.

(5)   The Medical Officer (MO) must be included in the unit TRiM strategy. Moreover, the MO must be regularly updated on TRiM risk assessments and most importantly the assessment outcomes. Those individuals requiring additional support must be directed to the MO at the earliest opportunity.

d.   **TA Units**. In most circumstances TA Units are to adopt the same TRiM strategy as a Formed Regular Unit. However, best practice shows that PSAOs and ROSOs are best placed to provide a consistent TRiM strategy and as such should be trained as TRiM Coordinators.

e.   **Reserves Training and Mobilisation Centre (RTMC)**. RTMC are to have a sufficient number of TRiM trained personnel capable of dealing with those individuals undergoing demobilisation and who require a TRiM risk assessment. RTMC are to liaise with TA Units and Regional Brigades to ensure that those who require additional TRiM interventions are supported appropriately.

TRAINING

8.   The emphasis of TRiM training is not about the medical management of stress or Critical Incident Stress Debriefing (CISD)[5]. It is a system of common sense post incident procedures carried out by individuals tasked to provide a peer support strategy to manage those exposed to traumatic events.

9.   **Qualities required in the TRiM Trained Personnel**. TRiM trained personnel are volunteer nonmedical personnel who are selected by the chain of command for their individual qualities and not necessarily by rank or appointment. They should be conscientious, discreet, credible, and empathic, have good communication skills and must not have unresolved welfare or psychological issues of their own. Those individuals selected will be trained in psychological risk assessment and provided with a basic understanding of the principles of trauma psychology.

10.   **TTC(A)**. The training is delivered by suitably experienced service personnel who have been trained by mental health professionals and assessed as competent to deliver this type of training. Training takes place over 2 or 3 days depending on the level of training provided.

11.   TTC(A) delivers TRiM training on 3 levels:

   a.   **Awareness**. TRiM awareness is delivered through progressive training at 3 levels:

       (1)   All Ranks. All Army personnel are required to understand the rationale, training and application of TRiM.

       (2)   HQ Staff. All staff officers require a basic awareness of TRiM, especially the management of auditable documents.

       (3)   Commanders. Commanders are defined as SNCOs and officers who require an increased awareness of TRiM due to their appointment and the need to understand how best to support personnel following a traumatic incident.

   b.   **Practitioner (foundation) Course**. This is a two and a half day course which trains personnel to identify existing and potential psychological problems following a traumatic event and assist in the planning and management of the unit TRiM strategy. The course is rank ranged; OR3 to OF3[6] and those who successfully complete the course remain qualified for three years whereupon they must be revalidated by the unit TRiM Coordinator[7].

   c.   **Coordinator (advanced) Course**. This is a three day course rank ranged OR8[8] to OF3. Those who successfully complete the course remain qualified for 3 years after which they must attend a refresher course delivered by TTC(A). The course trains personnel to meet the following TRiM responsibilities:

       (1)   Identify existing and potential psychological problems following a traumatic event.

       (2)   Planning and managing the unit TRiM strategy. To include:

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[5] Critical Stress Debriefing was the forerunner to TRiM. Its use vetoed by the Surgeon General in 2000.
[6] Corporal & Major.
[7] Revalidation of practitioners must not be carried out during a live incident.
[8] WO2.

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(a)   Management of TRiM Log Books.

(b)   Management of unit TRiM Diary.

(c)   Selection of TRiM trained personnel for specific TRiM tasks.

(d)   Form and manage a cadre of TRiM trained personnel.

(3)   Revalidating unit TRiM Practitioners after three years.

(4)   Provide support and mentoring to unit TRiM Practitioners as necessary.

(5)   Ensuring that TRiM Practitioners remain current and competent by delivering refresher training where required.

d.   Unit administrative staff are to ensure that those who successfully complete the course are recorded on JPA as 'TRiM Trained', whereas those who complete the course but do not achieve a requisite understanding of TRiM are to be recorded on JPA as 'TRiM Aware' Reference A covers TRiM training in detail.

TRiM RESPONSE

12.   The period immediately after an incident, particularly when there are casualties, is often difficult. Whilst it is important to provide support to those involved, TRiM risk assessments must not be conducted until 72 hours after the incident. This allows time for those involved to make some sense of what took place. However, detailed planning can take place before initial risk assessments are undertaken and the unit TRiM teams should engage with the chain of command as early as possible. If traumatic stress is to be managed effectively it is vital that any intervention is carefully planned in advance:

a.   **The Planning Meeting**. Ideally a meeting should take place within 24 hours of the incident occurring. The purpose of the Planning Meeting is to allow all those involved in the management process to formulate a plan based on careful analysis of the situation. Those attending the meeting must be selected for their ability to contribute to the successful management of those involved in the incident. Any decisions taken by the planning meeting team must reflect the requirements arising from a balance of, the nature of the traumatic incident, who was traumatised and the unit's current mission. Where possible the following personnel should attend the planning meeting:

(1)   **Medical Officer (MO)**. The MO will not divulge confidential information but may be able to give some guidance on how to support those who may be at risk of developing psychological issues.

(2)   **Padre**. The Padre has a very important role providing both pastoral and welfare support.

(3)   **Sub-Unit Commanders**. It is extremely important that Commanders are fully involved in the decision making process regarding the management of their personnel.

(4)   **TRiM Trained Personnel**. A TRiM Coordinator or alternatively a TRiM Practitioner must attend to allocate TRiM resources and to ensure that the TRiM documentation is completed properly.

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b.   **Filtering**. When it has been decided that a TRiM intervention should take place the planning team must identify those involved in the incident and categorize them in relation to their involvement in, and proximity to, the incident.

c.   **TRiM Risk Assessment**. Having considered the incident the planning team must decide whether the risk assessments should be carried out individually or within a group[9]. Ideally, group TRiM risk assessments should be carried out by a TRiM Coordinator and a Practitioner or in extremis two Practitioners.

(1)   **Initial Risk Assessment**. The initial TRiM risk assessment, which is conducted at least 72 hrs after the incident, has two major functions. First, it allows for simple needs assessment which, depending on the circumstances may result in the individual being directed to seek help from the MO. Second, it sets a baseline by which the second risk assessment can be judged. It should be noted that TRiM is not compulsory as this would be counter productive.

(2)   **Second Risk Assessment**. This will be conducted one month after the initial risk assessment. The importance of the one month follow up assessment is threefold:

(a)   Individuals may not suffer stress immediately after the incident, but may develop psychological problems after a delay. This will not be detected if only one risk assessment is conducted following an incident.

(b)   Some individuals will continue to experience psychological distress following the initial risk assessment. If this happens then they should be considered at risk of developing long term psychological problems which a stand-alone risk assessment would not detect.

(c)   The progress of an individual coming to terms with a traumatic event can be gauged by comparing their psychological and behavioural state during the initial risk assessment with that at the one month risk assessment.

(3)   **Third Risk Assessment**. In most cases a third risk assessment (at the 3 month point) is unnecessary. However, an individual may present with problems during ongoing monitoring and support which justifies a third risk assessment being carried out.

d.   **Briefing Meeting**. This should be delivered to personnel who have been exposed to a traumatic incident and who are currently not considered to be at risk of developing psychological problems. The purpose of the briefing meeting is to dispel rumour and to ensure that all those involved are aware of the support available if the need arises.

13.   Where incidents are ongoing it is important to manage the scene in order to reduce unnecessary exposure to trauma. Where human remains are to be recovered, TRiM trained personnel can provide advice on the psychological management of those involved in the recovery process. A summary of the TRiM process carried out after an incident is at Annex C.

CONFIDENTIALITY

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[9] If an individual is undergoing TRiM then they do not necessarily need to be placed on the SVRM register.

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14.   The peer delivered approach to TRiM is based on trust and it is critical that confidentiality is maintained. This is made clear to TRiM trained personnel, but it is essential that the principle of confidentiality is maintained throughout. During TRiM risk assessments and interviews, TRiM trained personnel must explain the principle of confidentiality; and outline the circumstances in which it may be breached. Confidentiality has to be broken only to prevent: the risk of self harm, a danger to others, a serious crime (civil or military), a breach of security or the effectiveness of a soldier being compromised in the course of their duty.

DOCUMENTATION

15.   It is a requirement that records are maintained for all TRiM interventions[10]. TRiM activity must be recorded in both the TRiM Log Book and on JPA.

    a.   **TRiM Log Book**. The TRiM Incident Log Book is an auditable document in which the following must be recorded:

        (1)   Details of the incident.

        (2)   Details of those directly and indirectly involved.

        (3)   Details of decisions made at the planning meeting and those in attendance.

        (4)   Details of those invited to be risk assessed (and those who decline assistance).

        (5)   Risk assessment scores and action taken.

    b.   The unit TRiM Coordinator must maintain each Log Book, updating it after each risk assessment. Once the Incident Log Book is closed by the TRiM Coordinator it must be securely stored and retained for 24 months from the date of the last entry, it must then be forwarded to TTC(A) where it will be archived. Incident Log Books are to be accounted for in a suitable register in accordance with MOD guidance; they are not to be considered as medical documents and are classified as 'Sensitive Personal Data'. Under no circumstances should they be accessed for career management purposes. It should be noted that information can only be entered into the TRiM Incident Log Book with the consent of the individual concerned. All TRiM documentation is personally confidential and must be managed in accordance with DPA98.

    c.   The following procedures are to be implemented when dealing with those personnel who are temporarily attached to or who augment a Formed Unit:

        (1)   **Attached Personnel and Individual Reinforcements (IR)**. TRiM documentation relating to personnel who are temporarily attached to a unit, who have been involved in an incident and subsequently undergone an initial risk assessment must be copied as a matter of priority to the individual's permanent duty station by the losing unit's senior TRiM Coordinator (this may be via the ROG if the individual is leaving theatre early); this will ensure follow up risk assessments are carried out. TRiM Log Books are retained for 24 months after which they are to be forwarded to the TRiM Training Cell.

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[10] For assurance purposes, TRiM is part of a unit's SPS inspection.

(2) **Regular Reserves (RR)**. TRiM documentation relating to RR personnel who are temporarily attached to a unit, who have been involved in an incident and who have undergone an initial risk assessment, must be copied to RTMC (this may be via the ROG if the individual is leaving theatre early) where, and if within the prescribed time frame (one month from initial risk assessment), a second risk assessment can be carried out. If the individual's time at RTMC does not correspond with receiving a second risk assessment then all TRiM documentation must copied to the individual's Regional Brigade who will be responsible for any subsequent TRiM interventions. Regional Brigades are to manage TRiM Log Books for a period of 24 months after which they are to be sent to TTC(A).

(3) **Territorial Army (TA)**. TRiM documentation relating to TA personnel who are temporarily attached to a unit, who have been involved in an incident and who have undergone an initial risk assessment, must be copied to the individuals permanent TA Unit (this may be via the ROG if the individual is leaving theatre early). This will ensure follow-up risk assessments are carried out. TRiM Log Books are retained for 24 months after which they are to be forwarded to TTC(A).

(4) **Personnel Newly Assigned to a Unit**. Newly assigned personnel must have their TRiM status checked by the receiving unit. Where necessary receiving units are to ensure that any outstanding Trim risk assessments are completed.

d. **Recording on JPA**. Recording TRiM activity on JPA is now mandatory and auditable. Unit HR staffs are responsible for data input (see Annex D for details) onto JPA. This record is a management tool showing which stages of the TRiM process have been completed. This can be referred to during arrivals checks and as part of the Stress Management process.

TRiM IN RELATION TO POSM

16. TRiM trained personnel may play a key role in the POSM process including helping to ensure that the decompression process is as psychologically beneficial as possible, presenting POSM briefs, advising the chain of command about healthy routines for normalising troops and providing informal support to those identified during the POSM process as being at increased risk of mental ill health. Whilst POSM and TRiM are distinct processes they work synergistically to support psychological well being of LF personnel.

WELFARE OF TRiM TRAINED PERSONNEL

17. The welfare of TRiM trained personnel is an important consideration which must be addressed by units. The Padre and UWO should be encouraged to engage with unit TRiM trained personnel and to be watchful for the signs of excessive stress. TRiM Coordinators are initially responsible for monitoring the welfare of TRiM Practitioners; although by the very nature of their training TRiM trained personnel are well placed to seek assistance. TRiM trained personnel must not carry out TRiM risk assessments if they are experiencing personal traumas of their own.

SUMMARY

18. TRiM is regarded as an essential strategy which is there to support personnel on operations, exercises and in their unit lines. It is not directed towards forced emotional expression or the relief of strong suppressed emotions, but rather it identifies and assesses those who might be at risk of

developing problems as a result of being involved in an incident and ensuring that those who need help are assisted in seeking it.

19.   The point of contact for this LFSO is SO1 Personnel Support (94331 3888) LF-DPS(A)-PS4A-PS-SO1 to whom any comments or suggested amendments should sent.

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M W Poffley OBE
Maj Gen
for CinC

Annexes:

A.   TRiM Policy Statement (example).
B.   Unit TRiM Plan (example).
C.   Summary of TRiM Process.
D.   Guidance on using JPA for the Recording of TRiM Activity.

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COMMANDING OFFICER'S POLICY LETTER

TRAUMA RISK MANAGEMENT IN THE *(Unit title)*

INTRODUCTION

1.   Trauma Risk Management (TRiM) is a proactive, peer group delivered activity that aims to support individuals following exposure to a traumatic event. Its purpose is the early identification of the signs and symptoms of stress and where necessary assist those who require help and support to seek it. It is a management initiative and is not medical in nature, although the Medical Officer will be required to support the strategy by providing a medical referral service for individuals identified as being at increased risk.

CONCEPT OF EMPLOYMENT

2.   For many of us exposure to traumatic events is an occupational hazard, although, contrary to many media claims, estimates of psychological injury as a result of service are low. Nevertheless, it is inevitable that some of those who are exposed to traumatic events will become psychologically unwell as a consequence. The management of traumatic stress is primarily a command responsibility; it is essentially good leadership.

3.   I have appointed *(********)* as the unit TRiM Coordinator. *He/she* is to ensure the unit maintains sufficient numbers of TRiM trained personnel and that they are current and competent. *He/she* is to coordinate all matters relating to TRiM, which includes the production and management of the Unit TRiM Plan. Furthermore, *he/she* is to liaise closely with the Medical Officer, who is responsible for ensuring that those requiring treatment for stress related problems receive it. In addition to this, the Padre and Unit Welfare Officer are also to be TRiM aware as it is likely that they will be called upon to provide support following an incident.

4.   Sub-units are to nominate an officer or Warrant Officer to act as the sub-unit TRiM Coordinator. This individual is to liaise with the unit TRiM Coordinator to ensure that TRiM is delivered coherently and consistently across the unit. Furthermore, sub-units are to have a minimum of 5 TRiM trained Practitioners who are to be suitably experienced and have the acumen to undertake the TRiM Practitioner role. TRiM affords commanders a number of options when dealing with a traumatic event; however commanders at all levels are to fully understand and comply with the Unit TRiM Plan.

TRiM AWARENESS

5.   Before deployment on operations all ranks are to attend a pre deployment TRiM brief which is designed to increase awareness of stress related issues and demonstrate how the unit will respond to traumatic incidents. On return from operations further awareness training is to be carried out during the normalisation process which will include a Post Operational Stress Management (POSM) brief. Some symptoms of post traumatic stress can be slow to develop or can be delayed; for this reason those who are deemed to be most at risk should be monitored for a minimum of three months after a traumatic incident. If these individuals or groups show signs of difficulty, they should be encouraged to seek help from the MO at the earliest opportunity. Particular care is to be taken over the management of those individuals who are to leave the unit after incidents or operational tours.

SUMMARY

6.   The numbers of soldiers who develop chronic psychological problems following a traumatic incident are very small compared to the numbers deployed on operations. For this reason the problem should not be overstated, but an awareness of the symptoms and the identification of the small minority who may need support is extremely important. Others may experience adjustment difficulties and these soldiers too may need our assistance. TRiM should be regarded as an essential welfare tool available to support our soldiers on operations, exercises and in barracks. It should be noted that although TRiM is directed at the operational environment it is not confined to it. The management of stress is the responsibility of commanders at all levels and not just those in the medical chain.

A N Example
Lt Col
Commanding Officer

TRiM Training Cell (A) - Example Only

TRAUMA RISK MANAGEMENT PLAN

Pre-Deployment Trainin

Serial	Event	Deadline	Action	Personnel Involved	Responsibility	Date Completed	Remarks
1	Identify scope of TRiM commitment in theatre of operation.		Liaise with Regt Ops team and discuss unit purpose across the spectrum of operations in theatre.	Ops Offr/Asst Ops Offr/Regt TRiM Coordinator	Regt TRiM Coordinator		Purpose will dictate concentration of TRiM effort in specific quarters - higher risk of trauma & frequency of occurrence = greater concentration.
2	Identify specific TRiM requirement at each location. (Threat potential v Quantity of troops likely to be affected).		Examine the OET. Identify largest concentration of troop effort, identify the threat level in each location, identify troop role in each location and balance risk against numbers likely to be affected. Assign sufficient practitioner (and coordinator) posts in each location to afford manpower flex and address a TRiM related incident within 48 hours (including periods of R&R) without burnout of tasked Practitioners.	Ops Offr/Regt TRiM Coordinator	Regt TRiM Coordinator		There must be sufficient TRiM Practitioner flex in each location to deal with all situations likely to occur. Calculate a ratio of at least 1 (practitioner):14 (troops) (worse case scenario).
3	Selection of unit personnel for Practitioner training.		Use the OET to compile a list of various ranks (Cpl to Capt) in accordance with the assessment carried out at serial 2. Liaise with each sub-unit (either OC/2IC or WO) and confirm first glance selection of individuals is suitable for the role of practitioner/coordinator. Individuals selected as potential practitioners undergo a selection questionnaire to determine suitability for role.	OC, 2IC or WO & Regt TRiM Coordinator	Regt TRiM Coordinator		
4	Ratify list of those selected for Practitioner training.		Compile nominal roll of confirmed suitable candidates.	Regt TRiM Coordinator	Regt TRiM Coordinator		Sub-unit CoC any changes to first glance selection. Specific reasons for change are not to be disclosed as these form part of the personal information resulting from the selection questionnaire - which was completed in confidence. OC's/2IC's/WOs are only to be told that an individual was 'unsuitable at the selection stage'.
5	Book Practitioner Courses for selected personnel.		Liaise with TTC (A) for course programme.	Regt TRiM Coordinator	Regt TRiM Coordinator		TTC (A) courses load a total of 12. Practitioner courses are in high demand with a booking profile exceeding 5 months. The solution is to host the TTC (A) at the Regt, thereby controlling the loading list, reducing T&S from the operational budget and ensuring the unit TRiM commitment is met.
6	Book Coordinator Courses for selected personnel.		Liaise with TTC (A) for course programme.	Regt TRiM Coordinator	Regt TRiM Coordinator		Coordinator courses are run infrequently and there are few of them. This is due to insufficient demand. Most units follow the generic Op requirement for TRiM thus bidding for vacancies on these courses is not an issue.
7	OSM recording requirement.		Prepare unit HR staff for JPA OSM recording.	Unit Administators	RAOWO		Pre-deployment requirement consists of recording the names of all personnel who have received a briefing covering TRiM and associated operational stress.

8	Liaise with unit Padre and UWO.	Inform them of their involvement in the TRiM process and the necessity to understand the TRiM model.	Padre/Medical Centre/Regt TRiM Coordinator	Regt TRiM Coordinator	
9	Create TRiM Unit Action Plan.	Promulgate to CoC	Regt TRiM Coordinator	Regt TRiM Coordinator	Plan should be mostly generic but must incorporate the nuances particular to the unit role in theatre.
10	Presentation - Introduction to TRiM (purpose and function of unit roles).	Compile abridged version of Operational Stress presentation provided by TTC (A).	All unit personnel deploying	Regt TRiM Coordinator	General overview of TRiM function to inform all personnel of the unit requirement and rationale for peer support following exposure to a traumatic incident.
11	Introduction to handling human remains briefing.	Compile abridged version of handling human remains presentation provided by TTC(A).	All unit personnel deploying	Regt TRiM Coordinator	Presentation provided by TTC (A) shows graphic content of mutilated bodies. Having discussed the extent of body handling by troops in Afghanistan with both the medical services and the SIB, the likelihood of soldiers from this unit being involved in a pre planned body parts recovery operation is highly unlikely. Presentation in current form is thus deemed inappropriate. Adumbrative guidance only at this stage, with follow up practical procedure at a later date.
12	Compile TRiM organisational schematic.	Promulgate to CoC	Regt TRiM Coordinator	Regt TRiM Coordinator	FOB practitioners to report directly to the Regt TRiM Coordinator for notification only of an incident involving ----- troops at that location. As the FOB personnel will be embedded with another unit it is deemed pragmatic that incidents at that location will be swept up by the TRiM plan created by that unit.
13	Practical training regarding the handling of human remains.	Delivered as a stand on forthcoming Regimental exercise (TBC). To include reference to Op BARMA, correct application of PPE, photographing/sketch plan of area, GR, packaging drill, location report, (Place, date, time, who found, what was found, who was the body part handed to on return to base). Outline the purpose of Op ELEKTRA.	Medical Centre, Trg Wing & All unit personnel deploying	Trg Wing & Regt TRiM Coordinator	Regt 2IC to confirm date required. Trg Wing to provide body parts scene, Regt TRiM coordinator to explain recovery process.
14	Prepare Body Parts Handling (BPH) PPE.	50 x disposable masks, 24 paper suits and 5 boxes of rubber gloves required.	TRiM Teams	Medical Centre Practice Manager	5 x packs (1 per Team Leader) each consisting of 10 x disposable masks, 6 x paper suits and 1 box of rubber gloves. Further supplies can be obtained from the medical centre and RMP in theatre if required.
15	Prepare TRiM documentation packs for each Coordinator.	Starter packs consisting of all relevant TRiM documentation, current TRiM policy, unit TRiM Org schematic, and unit action plan.	Regt TRiM Coordinator	Regt TRiM Coordinator	Documentation will need to be photocopied in theatre prior to use. Packs intended to be lightweight for transit purposes.
16	Troop familiarisation.	Conduct Stressors -v -Resources analysis of soldiers under command to gain appreciation of vulnerability potential.	TRiM Teams	TRiM Coordinators	This exercise is intended to gain as much information as possible about each soldier for the purpose of team cohesion and appropriate planning following a traumatic incident. Consult Regt TRiM Coord if further guidance required.
17	Brief TRiM team on reporting chain and extent of responsibilities.	Provide copy of TRiM org schematic to all qualified personnel and specifically state individual responsibility.	TRiM Teams	Regt TRiM Coordinator	
18	Commanders (TRiM) briefing.	Deliver TTC presentation.	All officers not TRiM trained	TTC	All officers and WOs in station (less those TRiM qualified) to attend J1 Study Day.
19	Disseminate BPH PPE.	Check quantity and notify Team Leaders of supply source in theatre.	TRiM Teams	Regt TRiM Coordinator	Distribute amongst Practitioners for packing in personal kit and recover as a whole on arrival in theatre. Store as a crash out kit.
20	Multiple Commanders' discussion period.	Team Leaders to outline TRiM unit action plan to Multiple Commanders and reinforce peer support system.	All troops conducting patrolling duties in theatre	TRiM Coordinators	Multiple Commanders to be aware of all TRiM trained personnel at their location.

Serial	Event	Deadline	Action	Personnel Involved	Responsibility	Date Completed	Remarks
21	Sub units to confirm that TRiM documentation is held at their location.	Arrival + 1day	Each location to notify Regt TRiM Coord	TRiM Coordinators	TRiM Coordinators		Opportunity to photocopy will be available during the RIP, if required.
22	Incident Occurs.	Incident + 30 mins	Implement Stage 1 Regt TRiM Reaction Strategy (TRS).	TRiM Practitioners, TRiM Coordinator & Ground Comd	Location TRiM Coordinator		If location TRiM Coordinator is uncontactable or unavailable to control and oversee the TRS then the most senior TRiM Practitioner present is to commence Stage 1 in his absence. There is to be no delay of action due to the absence of a TRiM Coordinator.
23	Within first 24 hours.	Incident +24 hrs	Implement Stage 2 of the Regt TRS.	TRiM Practitioners	Location TRiM Coordinator		TRiM Coordinator to have assumed full control by this stage.
24	AEROMED & POSM.	Incident + 48 hrs	Complete Annex E to LANDSO 3209 and send to UWO.	TRiM Coordinators UWO	TRiM Coordinators		Regt TRiM Coordinator to liaise with Adjt (rear) and notify for TRiM and POSM follow up at rear.
25	Within first 72 hours.	Incident +72 hrs	Complete Stage 2 of Regt TRS.	TRiM Practitioners, TRiM Coordinator, Other relevant personnel at the scene.	Location TRiM Coordinator		Must be in a position to commence Stage 3 at the 72 hour point.
26	72 hours +	Incident +96 hrs	Implement Stage 3 Regt TRS.	TRiM Practitioners	Location TRiM Coordinator		Early identification of those with problems and signposting to medical chain where appropriate.
27	28 days.	Incident + 6 weeks	Follow up risk assessments where required.	TRiM Practitioners	Location TRiM Coordinator		Those risk assessed must be followed up at the 1 month point and scores compared to initial RA. Details entered in incident log and forwarded to TRiM coordinator.
28	28 days +	Until EOT	Continued support and monitoring by CoC.	TRiM Practitioners	TRiM Practitioners		Monitoring will continue on return to the UK at EOT, however, the plan in theatre will be more stringent due to the tempo and type of activity.
29	AEROMED correspondence.	Decided by CO	Letter of thanks to soldier who is not returning to theatre.	Adjt (fwd)	CO		Template in LANDSO 3209
30	Decompression activity for short toured personnel.	Flown out + 24 hrs	Contact NSE.	Adjt (fwd)/Adjt (rear)	CO		Unit may need to appoint a Decompression Adviser to assist NSE.
31	Normalisation activity for short toured personnel.	On arrival back in UK	Rolling programme to be devised and implemented.	Adjt/UWO/RAO	Adjt (rear)		Programme should mirror Normalisation procedure for unit personnel returning after a full tour.
32	Decompression activity (Bde decision).	6 - 4 weeks before EOT	Establish contact with NSE.	Adjt (fwd)	CO		Decompression activity may require input from unit personnel
33	APHCS - population surge.	4 weeks before EOT	Contact APHCS Regional Clinical Director and notify of unit return.	Medical Centre Practice Manager & Regt TRiM Coordinator	Medical Centre Practice Manager		Intended to raise awareness of potential increase of stress related injuries Population surge on local civilian healthcare system may require forward planning by APHCS.
34	Operational Stress brief - Families.	2-4 weeks before EOT	Deliver presentation(s) for families of returning troops.	Welfare Office	UWO		Must be delivered as close as possible to EOT date. UWO must be familiar with LANDSO 3209. TRiM leaflets to be distributed during families brief.

Serial	Event	Deadline	Action	Personnel Involved	Responsibility	Date Completed	Remarks
35	Decompression.	On arrival in Cyprus	Identify those most vulnerable to stress related conditions. Link in with Decompression Team delivering Stress presentation and provide input if required. Record on POSM Annex E for each soldier. Pass to Med Chain via FMed 965. Copy of Annex E held on Quad 9. Consider SVRM. Compile nominal roll of those present at decompression.	TRiM Coordinators	Regt TRiM Coordinator		Majority of this should be done prior to departure from theatre. Meeting of all Coordinators to confirm vulnerability list to take place during decompression.

No	Serial	When	Action	By	Responsibility		Remarks
36	Assignments out on return from theatre.	On return to home unit	Complete LANDSO 3209 Annex E and forward with Q9 to new unit.	TRiM Coordinators & Rear Party RAO	Adjt (rear)		4 weeks prior to EOT, Adjt (rear) is to compile a list of all deployed soldiers/officers who are due assignment change within the first 4 weeks after EOT. This list is to be sent to the Regt TRiM Coordinator (Adjt (fwd)). The POSM Annex E will be completed in theatre prior to departure and processed on arrival back in the UK during Normalisation.
37	Normalisation.	On return to home unit	CO to decree duration. **Consider**: Completion of post op admin (reverse MCCP) Sufficient time to allow reintegration of deployed personnel with rear party personnel and families.	Adjt (rear)/RAO/Sqn OC's TRiM Coordinators/UWO	CO		
38	Security of TRiM documents.	On return to home unit	Secure all TRiM documentation in unit Welfare Office.	Regt TRiM Coordinator/UWO	Regt TRiM Coordinator		All TRiM documentation to be held for 2 years at unit level, after which it is forwarded to the TTC (A) at Camberley for archiving.
39	Home coming brief by Padre.	On return to home unit	Padre to deliver pastoral presentation and invoke discussion.	Adjt (fwd)/Adjt (rear)/Padre	Padre		
40	Medical input from the CMP as required.	On return to home unit	Present the system in place through the medical chain to deal with psychological trauma, outlining the different levels of support.	Adjt (rear)/CMP	CMP		Linkage with the Padre home coming brief is essential as one should naturally flow into the other. Adjt (rear) is to liaise with the CMP TRiM poc and confirm his availability to talk to all on the day.
41	Effects of operational stress.	Prior to POL	Overview/reminder delivered by TRiM Practitioners at sub-unit level.	TRiM Practitioners/UWO	Regt TRiM Coordinator		The aim is to increase awareness of stress/trauma induced psychological indicators and promote a buddy buddy culture across the regiment. Creating awareness at this stage facilitates problem identification early on. Emphasis must be placed on the support agencies available both internally and externally and to provide points of contact within the unit for assistance if needed. Those to be assigned to other units need to be notified of the POSM Annex E form that accompanies their Quad 9 and of the requirement to notify the UWO at the new unit of the POSM procedure that needs to be conducted. Regt TRiM Coordinator to organise - Practitioners and UWO to deliver.
42	OSM recording on JPA.	During POL	Record all personnel having undergone home coming brief and other operational stress management presentations.	Unit Administators/SSMs	RAWO		Recorded iaw HQLF/PersOps/2905 dated 29 Oct 06. SSM's to provide nominal rolls of all those having attended briefings and hand them to Sqn administrators for input.
43	Support and monitoring.	POL + 1 day	Implement support and monitoring programme.	UWO/Regt TRiM Coordinator	UWO		TRiM Practitioners in conjunction with unit Welfare are responsible for the programme. The Regt TRiM Coordinator is to provide guidance if required.
44	Consider welfare review at regimental level.	POL + 5 days	Establish a welfare committee to manage the TRiM issues within the regiment.	2IC/Adjt/UWO/Regt TRiM Coordinator	CO		Only to be implemented if heavy combat has been experienced and a large number of TRiM assessments have been conducted. If implemented, meetings to take place monthly and minutes recorded with accountable actions assigned to individuals.
45	Stress Briefing.	12 weeks after return	Standard POSM Stage 3 presentation.	All unit personnel that deployed	UWO		LANDSO 3209 Annex E (POSM record) for all personnel to be updated with attendance at briefing.
46	Reminder of common reactions to traumatic events.	6 months after return & quarterly thereafter	Entry on Pt 1 Orders in accordance with POSM Stage 3 LANDSO 3209.	Adjt/Pt 1 Order Administrator	Adjt		Standardised suggested entry is published at Annex C to LANDSO 3209.

TRiM Training Cell (A) - Example Only

TRiM Reaction Strategy

Incident Ongoing and/or Task Incomplete

Serial	Stage 1	Personnel Involved	Responsibility	Completed (Y/N)	Remarks
1	Stage 1 Planning meeting	TRiM Practitioners/TRiM Coordinator /Ground Comd	TRiM Coordinator		20 - 30 minutes max. Initial thoughts to alleviate the overall potential psychological impact.
2	Consider continuance of task with same troops based on extent of psychological impact anticipated.	TRiM Coordinator & Ground Comd	Ground Comd		Commander's call based on the significance of the mission outcome - this decision may need to be justified in a legal forum or elsewhere at a later date.
3	Appoint casualty treatment and evacuation teams (if applicable).	TRiM Coordinator & Ground Comd	Ground Comd		Careful selection - do not choose those who are known to be pschologically vulnerable, or those who are good friends of the injured or dead. Ask for volunteers if there is little choice of personnel.
4	Estimate duration of task completion.	TRiM Coordinator & Ground Comd	TRiM Coordinator & Ground Comd	Approx Duration:	Commander's evaluation - rough estimate. Required to approximate likelihood and extent of further TRiM related issues relevant to the activity taking place.
5	Identify replacements and/or reinforcements.	TRiM Coordinator & Ground Comd	Ground Comd		If achievable, troops exposed to a traumatic incident should be replaced as quickly as possible to facilitate a reduction in potential psychological impact.
6	Remove those most affected and deploy only those troops essential to complete the mission.	TRiM Practitioners & TRiM Coordinator	Ground Comd		Streamlining of manpower necessary to achieve the mission objective will reduce the overall psychological effect.
7	Appoint a Liaison Officer for civilian interface if required.	TRiM Coordinator	TRiM Coordinator		Careful selection is necessary - empathic, good interpersonal skills and an understanding of the civilian culture, coupled with suitable age and experience are necessary to fulfil this role.
8	Compile a list of all involved including (list is not inexhaustive): 1. Troops on the ground. 2. Rescuers. 3. Medical personnel. 4. Comms staff. 5. Support and logistics staff.	TRiM Practitioners	TRiM Coordinator		Other categories not listed must be accounted for. The extent of who is involved will depend on the scale of the operation that has taken place.
9	Consider adequate rest periods.	Ground Comd/Ground 2IC	Ground Comd		Create a shift system and inform all those affected of the hours they will be working.
10	Rotate personnel appropriately to minimise increase of psychological trauma.	TRiM Practitioners/TRiM Coordinator /Ground Comd	TRiM Coordinator		Rotation of personnel may fall out of sync with planned shift system if individuals show signs of psychological trauma during their period of activity. Any plan must be flexible to contend with this situation if possible given the environment and geography of task.
11	Ensure sufficient quantities of food and drink are freely available during rest periods.	TRiM Practitioners	TRiM Coordinator		Consider food options - curries, BBQ and meat dishes are inappropriate where severe injury and mutilated bodies have been witnessed. If a chef is available - liaise.

Serial	Stage 1	Personnel Involved	Responsibility	Completed (Y/N)	Remarks
12	Implement high stress, low stress, rest initiative (cycle).	TRiM Practitioners & TRiM Coordinator	TRiM Coordinator		Necessary to allow psychosomatic recuperation between tasks.
13	If decision is made to continue the task, ensure that it is completed.	Ground Comd	Ground Comd		Psychological impact could be exacerbated if continued effort achieved nothing.
14	Obtain tactical brief from incoming team during rotation and praise effort/achievements.	Multiple 2IC/Multiple Comd/TRiM Coordinator/Ground Comd	Ground Comd		Intended to maintain self esteem. First glance at possible psychological impact. Off going team member only, must brief the oncoming team commander of the tactical situation that awaits them (essential that they are not removed from the usual briefing process as this can contribute to a feeling of guilt if someone has been injured or killed).
15	Re-assign those overtly demonstrating psychological trauma.	TRiM Practitioners/TRiM Coordinator /Ground Comd	TRiM Coordinator		Utilise skill set wherever possible to fulfil another post elsewhere - intended for maintenance of self esteem and to reduce further exposure. Ensure all those re-assigned are tracked and monitored prior to TRiM intervention at Stage 3.
16	Keep teams informed of events at frequent intervals.	Ground 2IC/Multiple Comd/Ground Comd	Ground Comd		Maintains momentum of team involvement. Knowledge facilitates mental preparation and provides structure to thought process. Regular updates also provide commanders with the opportunity to review psychological impact.
17	Tactical debrief to all on completion.	TRiM Practitioners	Ground Comd		Sense of achievement is key to alleviating frustration. The debrief should focus on the positive aspects of the operation conducted particularly in the face of adversity. It should conclude with a reminder of the stress indicators associated with such events, the buddy buddy system and the support structure available through TRiM and the CoC.

Incident Concluded and/or Task Complete

Serial	Stage 2	Personnel Involved	Responsibility	Completed (Y/N)	Remarks
18	Liaise with Media Ops & Media reporting on the incident.	TRiM Practitioners and TRiM Coordinator.	TRiM Coordinator		Establish the information that they have recorded concerning the incident. Ensure that the information correlates with the facts known. Inform them that they are to delay the release of information until after regt brief has taken place. Names of deceased and seriously injured are not to be included in media publication until NOK informed.
19	Appoint body part handling team(s) if required.	TRiM Practitioners and TRiM Coordinator.	TRiM Coordinator		Considerations: 1. Extent of recovery operation (number of body parts). 2. Smell. 3. Individuals who display no psychological trauma or are detached from those involved should form the team(s). 4. Ensure team(s) are briefed on what to expect at the scene. Mention avoidance of eye contact and not to conduct a search of personal effects recovered. 5. Appropriate PPE issued. 6. Removal of body parts from scene - separate transport from recovery team if possible. 7. Identify area for team to change and wash on return - do not have team disposing of their own PPE. 8. Liaise with chef to ensure appropriate menu for body handling team(s) when they return. 9. Transport team to be made aware of location for body part processing. 10. Organise area for TRiM assessments on return of body handling team(s).

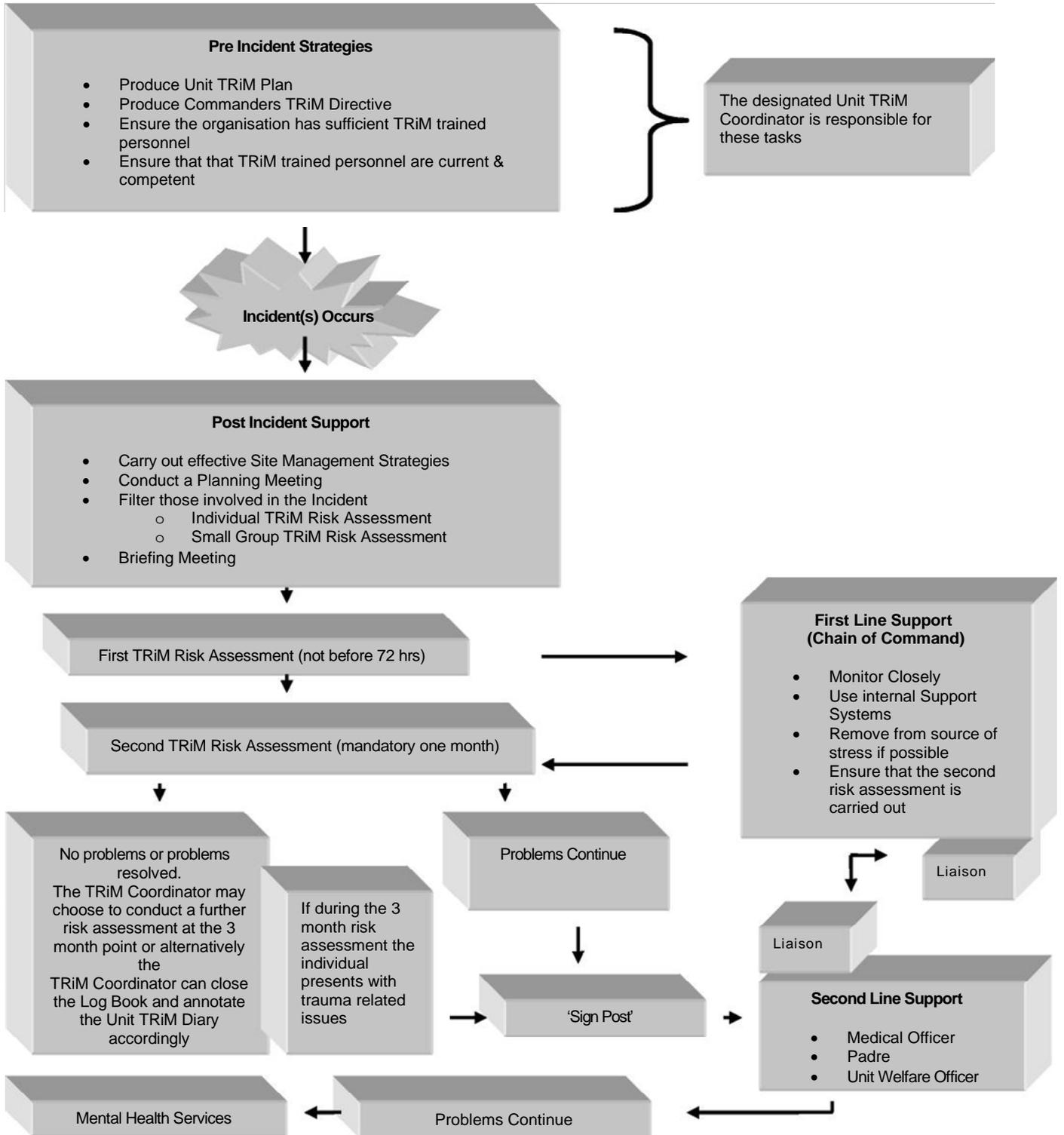|				
20	Liaise with OC SIB	TRiM Practitioners and TRiM Coordinator.	Ground Comd		Agree and organise suitable times and locations for those directly involved to be interviewed as witnesses by the SIB where death or serious injury has occurred. Note: The SIB may have already visited and spoken to individuals but sub unit commanders will be aware prior to them doing so. Ground Comd to notify Adjt (fwd) of any SIB activity.
21	Liaise with RAMC/Medical Centre	TRiM Coordinator	TRiM Coordinator		If there is a likelihood of psychological trauma affecting several individuals, it would be prudent to involve the local RMO in the planning meeting if available.
22	Complete TRiM log with as much information as available at this stage.	TRiM Practitioners or TRiM Coordinator.	TRiM Coordinator		Complete nominal roll and stress incident record in detail.
23	Stage 2 Planning Meeting	TRiM Practitioners, TRiM Coordinator, Other relevant personnel at the scene	TRiM Coordinator		Instead of a full blown TRiM intervention with all concerned, consider at this stage whether a Briefing Meeting iaw Management Strategy 6, TRiM Training Manual, is more appropriate. Do not however, use this format as an easy option if full TRiM intervention is required.
24	Overview brief of what has occurred, including extent of exposure to specific individuals or groups, to all in attendance.	TRiM Coordinator	TRiM Coordinator		Sufficient information is required at this stage to apprise all concerned of all of the facts known. There must be an opportunity for feedback from all present to ensure that detail has not been omitted.
25	Filter exercise: A. Those who were there at the time it occurred and witnessed it first hand. B. Rescuers/helpers/medics. C. Those involved at distance (Ops room etc.) D. Those who could or should have been there but were not. E. Vulnerable people (those not involved but linked through similar experience). F. Those who attend through morbid curiosity.	TRiM Practitioners, TRiM Coordinator, Other relevant personnel at the scene	TRiM Coordinator		Conducted iaw TTC training.
26	Determine scale of TRiM intervention at individual level and assess the requirement for additional TRiM Practitioners to expedite the interview process.	TRiM Coordinator	TRiM Coordinator		Scale is dependent on volume of personnel, time required, complexity of incident and current mission objectives (what needs to be achieved outside the wire whilst the TRiM process is taking place!)
27	Assign TRiM Practitioners to individual and/or group interviews.	TRiM Coordinator	TRiM Coordinator		Ensure practitioners are selected carefully, a JNCO/SNCO should not be TRiM assessing an officer for example.
28	Appoint individuals to deliver pre-prepared incident brief to all regt personnel not undergoing group or individual TRiM assessment.	TRiM Coordinator	Regt TRiM Coordinator		This must be done at the same time across the theatre of operations and as quickly as possible after the event. The appointed individuals to deliver the brief are to be of sufficient rank and experience (suggested ranks are WO2/WO1 and Capt to Lt Col). Where death or serious injury resulting in AEROMED has occurred, the briefing is to include the requirement for the security of information until the NOK have been informed. All personnel are to be reminded of entries on social networking sites and the content of telephone calls back to the UK.
29	Establish priority access to telephones for troops directly involved in the incident.	TRiM Coordinator (Team Leader)	TRiM Coordinator (Team Leader)		Access to phones should also be made available to other personnel involved, depending on proximity and psychological impact. The purpose of this is to ensure that families at home in the UK are informed of their well being before the media publishes the occurrence. Again, security of information is paramount until NOK informed.

Serial	Stage 3	Personnel Involved	Responsibility	Completed (Y/N)	Remarks
30	Arrange locations for TRiM interviews to take place (if necessary).	TRiM Practitioners and TRiM Coordinator (Team Leader)	TRiM Coordinator (Team Leader)		Location may be devoid of suitable facilities to interview individuals e.g. FOB. If facilities exist e.g. KAF, BSN, KBL, then use them wherever possible. Interviews are not to take place in close proximity to the incident scene or whilst the noise of combat is still audible.
31	Produce schedule of interview activity.	TRiM Practitioners	TRiM Practitioners		Interviewing activity to commence no earlier than incident +72 hours.
32	Issue copies of relevant TRiM documentation.	TRiM Coordinator	TRiM Coordinator		Ensure all practitioners have sufficient quantities of TRiM documentation or have access to a photocopier. To include standardised TRiM advice leaflet.
33	Update the TRiM Incident Log.	TRiM Coordinator	TRiM Coordinator		Complete as far as possible.

TRiM Intervention

Serial	Stage 3	Personnel Involved	Responsibility	Completed (Y/N)	Remarks
34	Prepare RMO for availability at the conclusion of TRiM interviews.	TRiM Coordinator	TRiM Coordinator		To provide timely advice and assistance if required. The RMO must be familiar with the TRiM model.
35	Ensure refreshments are available throughout.	TRiM Practitioners/available troops	TRiM Practitioners		Temperature specific i.e. cold drinks - hot weather. If cookhouse located close by then use it.
36	Ensure practitioners have copies of documentation that can be referred to during the interview if they are available. E.g. maps, reports and items of media.	Geo Branch/Ops Offr/TRiM Practitioners/Assigned Administrator	TRiM Coordinator		Intended for clarity and ease of explanation.
37	TRiM Interviews.	TRiM Practitioners/Sub unit Commanders	TRiM Practitioners		To commence NLT incident + 96 hours.
38	Issue standard TRiM advice leaflet.	TRiM Practitioners	TRiM Practitioner		To each person interviewed.
39	Collate all completed TRiM documentation.	TRiM Practitioners	TRiM Coordinator		To be held centrally in a secure lockable container by the Coordinator and controlled by him. The contents are the sole responsibility of the Coordinator.
40	Organise review dates for all interviewees.	TRiM Practitioners/Sub unit Commanders	TRiM Practitioners		1 month after TRiM assessment. If the review date falls within R&R then the review is to take place immediately before the soldier departs theatre (provided more than 3 weeks have elapsed since the incident). If less than 3 weeks have elapsed then conduct the review immediately upon the soldier's return to theatre. If the incident occurs during the last 4 weeks of the deployment then the soldier is to be reviewed during Normalisation back in the UK and prior to POL.
41	Inform all interviewees of review dates.	TRiM Practitioners	TRiM Practitioners		Interviewees to be informed of the requirement to be flexible as operational tempo may override the ability for the interview to take place at the agreed time.

42	Create monitoring programme and implement.	TRiM Practitioners/Sub unit Commanders	TRiM Coordinator		Ensure practitioners and sub unit commanders have adopted a recordable monitoring strategy e.g. a log of interspersed monitoring activity with comments relating to the demeanour, behaviour, interaction with others and performance of those subjected to a TRiM interview. Note - the sub unit commander role here is merely to observe and record specific stress/trauma indicators in his men. They are not to be given specific information regarding the account provided by the interviewee during a TRiM assessment (unless the interviewee has agreed for the information to be divulged).
43	1 month TRiM review for all personnel TRiM assessed.	TRiM Practitioners	TRiM Practitioner		Practitioners to approach coordinator and obtain a controlled copy of previous TRiM interview record within 24 hrs prior to the review taking place. Note any variations in scores and report to TRiM Coordinator.
44	Collate all completed TRiM review documentation.	TRiM Practitioners	TRiM Coordinator (Team Leader)		Controlled copy to be returned to the Coordinator together with all newly completed documentation. The Coordinator is responsible for destroying the controlled copy by shredding or incineration.
45	TRiM Strategic Vista (TSV).	TRiM Practitioners and TRiM Coordinator (Team Leader)	TRiM Coordinator		Brief bespoke management plans need to be compiled for each individual having undergone the TRiM process. For those who are likely to display signs of increased psychological trauma, the plan must cater for avoidance of associated trauma triggers where possible. A third assessment may be necessary and this should be articulated in the plan if decided as a course of action.
46	TSV information release to sub-unit commanders.	TRiM Interviewees/TRiM Practitioners	TRiM Coordinator		The content of any management plan is restricted to those who are TRiM qualified unless the individual who has been assessed has agreed for the information to be divulged to their line manager or immediate CoC. Authority to release information must be obtained in writing and a copy held with the TRiM Incident Log.
47	Complete the TRiM Incident Log and secure all information.	TRiM Coordinator (Team Leader)	TRiM Coordinator (Team Leader)		All documentation relating to an incident is to be placed into a suitable envelope marked with the TRiM incident number, date stamped and signature sealed. It is only to be opened by the Team Leader (Coordinator) or Regt TRiM Coordinator.
48	Continue monitoring programme.	TRiM Practitioners/Sub unit Commanders	TRiM Coordinator		Monitoring log to be maintained. Sub unit commanders only involved if agreement is obtained in writing for the release of information from the TRiM assessed individual.
49	SIB Assistance (Request for information)	TRiM Coordinator	Regt TRiM Coordinator		All requests for copies of TRiM documentation by the SIB are to be directed to the Regt TRiM Coordinator. No information is to be released without this authority.

SUMMARY OF THE TRiM PROCESS

Pre Incident Strategies

- Produce Unit TRiM Plan
- Produce Commanders TRiM Directive
- Ensure the organisation has sufficient TRiM trained personnel
- Ensure that that TRiM trained personnel are current & competent

The designated Unit TRiM Coordinator is responsible for these tasks

Incident(s) Occurs

Post Incident Support

- Carry out effective Site Management Strategies
- Conduct a Planning Meeting
- Filter those involved in the Incident
  - o Individual TRiM Risk Assessment
  - o Small Group TRiM Risk Assessment
- Briefing Meeting

First TRiM Risk Assessment (not before 72 hrs)

Second TRiM Risk Assessment (mandatory one month)

First Line Support (Chain of Command)

- Monitor Closely
- Use internal Support Systems
- Remove from source of stress if possible
- Ensure that the second risk assessment is carried out

Liaison

No problems or problems resolved.
The TRiM Coordinator may choose to conduct a further risk assessment at the 3 month point or alternatively the TRiM Coordinator can close the Log Book and annotate the Unit TRiM Diary accordingly

If during the 3 month risk assessment the individual presents with trauma related issues

Problems Continue

Liaison

'Sign Post'

Second Line Support

- Medical Officer
- Padre
- Unit Welfare Officer

Mental Health Services

Problems Continue

GUIDANCE ON USING JPA FOR THE RECORDING OF TRIM ACTIVITY

1.   TRiM activity is to be captured on the JPA OSM record as soon after the event as possible. The following table illustrates TRiM activities that are to be recorded.

2.   The right of the table shows existing OSM headings on JPA which TRiM activity is to be recorded against.

TRiM	JPA – Operational Stress Management (OSM)
	Stage 1 – Pre-Deployment – Briefing
Risk Assessment 1*	Stage 1 – Pre – Deployment RAF Interview
Risk Assessment 2*	Stage 2 – Deployment – Coming Home Brief
	Stage 2 – Deployment – Decompression
	Stage 3 – Post Deployment – Dismounting Course
Risk Assessment 3*	Stage 3 – Post Deployment – Interview
	Stage 3 – Post Deployment – RAF station Recall
	Stage 3 – Post Deployment – Subsequent Interview

*You are to annotate the date the Risk Assessment was completed and date for next assessment where relevant. No other information is to be recorded.

3.   Once the TRiM process is complete the JPA record is to be closed by HR staff.

4.   A guide to inputting data onto the OSM record is at:
http://www.ipublish.dii.r.mil.uk/nlapps/data/folders/JPA Do cs/IN908007.htm

5.   Handy tips on how to raise the OSM report are at:
http://defenceintranet.diiweb.r.mil.uk/DefenceIntranet/Library/Army/BrowseDocumentCategories/InformationPolicyAndServices/InformationManagement/InformationManagementPolicyAndGuidance/SmicHandyTips.htm

LAND FORCES

STANDING ORDER NO 3218

by

GENERAL SIR PETER WALL
KCB CBE ADC Gen

Commander in Chief Land Forces

ARMY STRESS MANAGEMENT TRAINING POLICY

**UPAVON
JANUARY 2010**

POC SO2 Aftercare
████████ Ext ██████

LAND FORCES STANDING ORDER NO 3218

ARMY STRESS MANAGEMENT TRAINING POLICY

References:

A.   JSP 898 Part 3 – Chapter 13 Defence Stress Management Policy.
B.   JSP 375, Leaflet 25: Stress Management.
C.   AGAI Volume 3 Chapter 110 – SVRM Policy.
D.   2009DIN01-097 Tri Service TRiM Policy.
E.   LFSO 3217 TRiM Policy.
F.   LFSO 3209 Post Operational Stress Management Policy.

Background

1.   Reference A recognises that all personnel require some degree of pressure or stimulation to achieve best performance, but when the pressure becomes excessive, work performance and the health of the individual can be adversely affected. Stress has been defined as, "The adverse reaction an individual has to excessive pressure or demands placed upon them"[1]. It is also recognises that it is natural for individuals to feel stressed at times: particularly when they feel that they cannot cope. There is no simple way of predicting what will cause harmful levels of pressure and who will be affected. Personality, experience, training, motivational factors and the support available from work colleagues, families and friends will have an impact on an individual's ability to deal with stressful situations. Moreover, stress can manifest itself in physical, behavioural, mental or emotional effects, or as a combination of these. These effects are normally short-lived and they cause no lasting harm (ie when pressures recede there is a quick return to normal). Stress is not, therefore, the same as ill-health. It is only when pressures are intense and prolonged that the effects of stress can become more sustained and damaging, leading to psychological problems and physical ill-health.

2.   The Army has a moral imperative and legal duty to protect the health, safety and welfare of its personnel, including the risks arising from stress. Although some factors are beyond the Army's responsibilities or control, it is incumbent on individuals commanders at all levels to be aware of them because these factors can make individuals more vulnerable to stress at work, as will as affecting performance and judgement. External pressures involved with family life, occupational stress[2], operational stress[3] and traumatic stress[4] can, at times, contribute to the risk faced by individuals. The basis of managing stress is to assess the risk and introduce appropriate control and mitigation measures. Consequently, Commanding Officers, Directors and Heads of Establishments are responsible for managing the organisational implications to ensure the maintenance of operational/business effectiveness. Commanders are required to identify and manage stress on operations and in the workplace, look for the signs and symptoms of stress amongst personnel and then take action to help alleviate them. Individuals are to be educated in recognising the signs of stress in themselves and others and to know from where to seek help.

3.   In order to be able to carry out these responsibilities, Stress Management Training (SMT) is to be provided to educate Army personnel in the ways that stress can be managed, to prepare individuals for the rigours of operations and promote self-awareness and effective working practices. Certain training is mandatory for all personnel and some is targeted at

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[1] Definition by the Health & Safety Executive.
[2] Generally accepted as referring to stress in the workplace.
[3] Defined as "an individual of group reaction to stressors relating to the operational context which, if not managed, may result in impaired performance and possible effects on health". JSP 375 Vol 2 Leaflet 25.
[4] Usually as a result of a traumatic incident, defined as "any event which leads to an individual experiencing significant helplessness, horror or fear and, as a result, has the potential to cause emotional of psychological harm".

commander or carefully selected peers in the case of TRiM[5], especially to support those at a higher risk (eg personnel who have recently joined the Army, those about to deploy on, currently deployed on or recently returned from operations). The intention is to equip personnel to be resilient in stressful situations and remove the perception of stigma[6].

Aim

4.   The aim of this policy is to set out the responsibilities for the management and delivery of SMT across the Army.

Principles

5.   The principles are that:

a.   SMT is to be progressive, relevant to individual and command or supervisory responsibilities and appropriate to the level of risk. It must emphasise the vital role of the Chain of Command. Thus, SMT features in initial training and builds, at regular intervals, through incorporation in key career courses that are supplemented with specifically focused training when necessary.

b.   SMT is to be responsive to both general HSE guidance and specific mission factors as defined in Commanders' risk assessments, where this is appropriate. Training is also to be responsive to changes in requirement, feedback from operational lessons identified, Service Inquiry findings, direction received from relevant committees/stress related committees and the findings of the Army Wellbeing Survey[7].

c.   SMT is to be integrated into the operational cycle as it contributes to operational capability by preparing personnel for the realities of war and assisting personnel to manage the potential consequences of occupational, operational and traumatic stress.

d.   SMT is to be integrated across the Army to promote a common understanding of nomenclature and avoid duplication in terms of design and development effort.

Scope

6.   This policy is applicable to all Army personnel, including Reserve

Forces. **Governance**

7.   Responsibility for the formulation and promulgation of Army Policy on Stress Management rests with DPS(A). DPS(A) is responsible for setting the SMT objectives and is the Training Requirements Authority (TRA). DG AMS is the Competent Army Authority (CAA).

8.   **Army Mental Wellbeing Steering Group (AMWSG)**. The AMWSG assures that the overall provision of SMT accords with the policy laid down by the Armed Forces Mental Wellbeing Steering Group (AFMWSG). The AMWSG meets biannually. Training and education are standing agenda items.

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[5] Trauma Risk Management.
[6] Research evidence has shown that delays in the treatment of stress often arise as a direct result of the perceived stigma which individuals suffering from stress associate with acceptance of the need to seek help and that, indeed, such stigma is experienced more by those who are distressed; the result is that those who most need help are the least likely to ask for it.
[7] Army Wellbeing Survey is being conducted by DSTL, with the survey being conducted in Sep/Oct 09 and the final report due in Jan 10.

9.   **Training responsibilities**. DTrg are responsible for ensuring that the requirement is included in generic training:

     a.   Stress Management Training during Phase 1 and subsequent career military training.

     b.   Implementing the training objectives in compliance with both the policy and Defence Systems Approach to Training (Quality Standard) processes.

     c.   Reporting on issues concerning delivery and training policy

compliance. **Performance statements**

10.   **Training levels**. SMT training has been categorised into 4 levels appropriate to the seniority and specific responsibilities of the individual. In addition, deployment training may be required at any level subject to employment in an operational environment.

     a.   Level 1. Initial training for all personnel new to the Army aimed to ensure that they recognise stress in themselves and others, and understand how to seek appropriate sources of help should the need arise.

     b.   Level 2. Aimed at those who manage others to ensure that they are able to recognise signs of pressure and stress in themselves and their subordinates. Included in this is an understanding of how to seek appropriate sources of help should the need arise.

     c.   Level 3. Aimed at those with responsibility for managing stress at an organisational level in order to maintain operational and/or business effectiveness. Included in this is an understanding of how to seek appropriate sources of help should the need arise.

     d.   Level 4. Aimed at non-medical personnel in posts with specific stress management responsibilities who require additional training to enable them to carry out their duties in key posts or to address specific risks. Included in this is an understanding of how to seek appropriate sources of help should the need arise. Trauma Risk Management (TRiM) falls within this category.

11.   **SMT objectives**. SMT objectives describing Performance, Conditions and Standards are set out at Annex A. The Training Objectives have been approved by the 2 Star Service Personnel Executive Group (SPEG), and are incorporated into Formal Training Statements and the Operation Performance Statement. Tolerable variations in Army implementation may result in this training being delivered using a range of methods and media.

Timing of training

12.   **Initial/Induction Training (Level 1)**. All newly-joined personnel are to taught how to recognise stress in themselves and others and to understand how to seek appropriate sources of help should the need arise. Level 1 SMT is to be delivered in initial training to enable trainees to recognise that certain feelings, thoughts and behaviours are normal from the pressures inherent in initial training and that there are a number of ways that this can be managed. Additionally training in self-help and "buddy" help techniques are to be delivered to assist trainees to deal with pressure during Phase 1 training. Therefore:

     a.   Level 1 for OR is to be complete the end of Phase 2 training.

b.   Level 1 for Officer Cadets is to be complete by the end of RMAS. In addition, due to the junior command roles to be filled by Officer Cadets on commissioning, SMT at Level 2 must also be completed whilst at RMAS.

13.   **Continuation training**. Stress awareness training in the form of MATT 6 is an annual requirement.

14.   **Career development**. Personnel are to receive SMT at specific career points. There are 2 SMT levels that reflect the distinction between commanding others (perhaps as a reporting officer) and those with a wider duty of care throughout an organisation (as a function of unit/formation command responsibility). This is summarised as follows:

a.   **Commanding others (Level 2)**. Level 2 SMT is to ensure that those who command others are able to recognise signs of pressure and stress in themselves and their subordinates. Measures to mitigate stress as an individual are to be included, including traumatic stress and supervision of those at risk of deliberate self-harm (DSH) and suicide[8]. The training is also to include non-medical procedures to alleviate stress and how to access specialist medical assistance when that is required.

b.   **Command/senior management (Level 3)**. Level 3 SMT is aimed at those with responsibility for managing stress at an organisational level in order to maintain operational or business effectiveness. It covers the management of the "pressure" needed to maintain operational and occupational performance, organisational strategies to alleviate stress which include interventions away from the workplace, duty of care responsibilities for the management of post-operational and traumatic stress, and procedures for those at risk of DSH and suicide.

15.   **Specialist SMT (Level 4)**. Additional training to enable certain personnel to carry out their duties in key posts or address specific risks; eg TRiM is included as an option for the Chain of Command to use selected non-medical personnel in order for them to support individuals following exposure to traumatic events. Reference E highlights the requirement.

16.   **Operational SMT**. Prior to undertaking an operational deployment, personnel are to undertake continuation SMT. This is to be delivered as follows:

a.   **Mission specific training**. Mission Specific SMT will focus on how to recognise occupational, operational and traumatic stress, and on making personnel aware of the resources and facilities available to those identified as needing support. The aim is to prepare personnel at all levels to carry out their duties under all circumstances. The specific content of pre-deployment training will be tailored to meet the nature of operations faced by then deploying force as identified in commanders' estimates and risk assessments. Commanders should take account of prior training and experience when determining training content. The following documents must be considered by commanders to tailor the appropriate pre-deployment training: the Mounting Instruction and LFSO TRiM.

b.   **Through-deployment training**. Formal training is not continued during operations and, therefore, only takes place in extremis. Mission-specific briefings or aide-memoirs are to be produced locally if the Commander deems them necessary.

c.   **Post-deployment**. The specific stresses related to homecoming need to be addressed post deployment. The use of appropriate leaflets, DVDs and briefings should be considered as part of the Post Operational Stress Management (POSM) package. This must also address the information that is given to families. Following

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[8] AGAI Volume 3 Chapter 110 covers the Suicide Vulnerability Risk Management Policy.

recovery to the home base, intervention strategies may be deemed to be appropriate as part of force recovery mechanisms and readjustment/normalisation processes. Commanders are to have sufficient trained personnel in place, as detailed in Reference F, to identify and assist those individuals or groups that are at risk form suffering a post-traumatic reaction.

17.   **Transition to civilian life**. Prior to leaving the Army, personnel should be given the necessary briefings to equip them to cope with any problems connected with operational or other forms of stress which might arise once they have returned to the civilian community. A mental wellbeing assessment should be conducted as part of the final medical. This is not a formal training event as part of the resettlement process but personnel should know where to turn if problems arise post Service[9]. Commanders must also refer to D/DPS(A)/33 PS4(A) dated 6 Aug 09 "Co-ordinating welfare and resettlement support needs identified during lead up to discharge and beyond" as this covers identifying and assisting vulnerable service leavers.

Training records

18.   **Training records**. Where SMT is delivered as a stand-alone course, recording of the level of training achieved and date of that training is to be made on existing HR reporting systems. Where SMT is delivered as part of a broader career course, separate recording is not required.

Evaluation of training

19.   In accordance with DSAT (QS) the Army Mental Wellbeing Steering Group (AMWSG) will review the effectiveness of the SMT policy based on some of the following: feedback from the Chain of Command, survey and focus groups and research directed by DASA and DAPS(Sci). Amendments to the training tasks and objectives are to be coordinated by the AMWSG. Training effectiveness can only be assessed by noting trends of behaviour and perceptions of personnel assessed through attitude surveys[10] and monitoring the numbers of stress-related complaints over time. The AMWSG monitors such trends and will propose changes where necessary.

Instructional staff

20.   The delivery of military SMT instruction at Levels 1 to 3 should be undertaken by suitably experienced members of the unit chain of command or, on command/career courses, by appropriately qualified directing staff. In order to reinforce the message that it is a commander's responsibility to manage stress, junior commanders should deliver continuation SMT at unit level for their own subordinates[11].

Training facilities

21.   There are no specific training facilities required other than classrooms/lecture theatres with IT support and e-learning facilities.

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Maj Gen
for CinC

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[9] The Royal British Legion and Combat Stress are two examples of voluntary organisations that may provide assistance to veterans. The SPVA Veterans Helpline should be used in the first instance. For Mental Health issues post Service the first point of contact is the local GP.
[10] The Army Wellbeing Survey is due to report in Jan 10.
[11] MATT/WIP 6 covers stress.

Annex:

A.   Stress management: training objectives to support tasks.

STRESS MANAGEMENT TRAINING (SMT): TRAINING OBJECTIVES

TO No	Performance	*Condition*	*Standard*	Requirement C	L	A	*Notes*
1	**Initial Training (Level 1[1])**						
1.1	*Define* pressure, stress, stressors, strain, depression, trauma and other forms of mental unease or distress.	**1. On entry to Military Service.**		√			
1.2	*Identify* the different types of stress.	**2. As an individual and as a member of a team.**	In accordance with JSP 375 Leaflet 25 and single-Service procedures:	√			
1.3	*Describe* the causes of stress (and depression)	**3. Supervised and Unsupervised.**		√			
1.4	*Identify* the signs and symptoms of stress (and depression).		AC 64204	√			
1.5	*Recognise* the effects of traumatic stress.	**4. In and out of working hours.**		√			
1.6	*Describe* methods of stress management (primarily buddy/buddy).	**0. On and off duty.**		√			
1.7	*State* the sources of support that are locally available.	**1. In all environments.**		√			

[1]Levels 1-4 refer to the descriptions at Para 10 of this policy.

TO No	Performance	Condition	Standard	Requirement			Notes
				C	L	A	
2	**Managing Others (Level 2)**	**1. In context of additional command or supervisory responsibilities as a team leader.**	As above.				
2.1	*State* the impact that stress, traumatic stress and depression can have on individuals operational and occupational performance.			√			
2.2	*Identify* ways in which stress can be managed for: a. Self b. Subordinates. c. Peers	**2. As an individual and as a member of a management group.**		√			
2.3	*Describe* measures to prevent Deliberate Self-Harm (DSH) and suicide.	**3. Supervised and Unsupervised.**		√			
2.4	*Describe* the assistance - short of medical care - available to address traumatic stress and other forms of stress.	**4. In and out of working hours.**		√			
2.5	*Describe* the procedures used to access specialist medical care in the management of stress cases.	**5. On and off duty.** **6. When dealing with civilian and military personnel.**		√			
		7. In all environments					

TO No	Performance	Condition	Standard	Requirement			Notes
				C	L	A	
3	**Command/Senior Management (Level 3)**						
3.1	*Identify* ways of managing stress to maintain operational and occupational performance of the unit/ directorate/ department.	**1. As an individual and as a member of a team.**		√			
3.2	*Identify* ways of managing stress.	**2. Supervised and Unsupervised.**	As above.	√			
3.3	*Recognise* the appropriate level of pressure as a means of training and developing subordinates.	**3. In and out of working hours.**		√			
3.4	*Recognise* duty of care responsibilities including regard to traumatic stress, DSH and suicide prevention.	**4. On and off duty.** **5. When dealing with civilian and military personnel.** **6. In all environments.**		√			

TO No	Performance	Condition	Standard	Requirement			Notes
				C	L	A	
4	**Specialist Stress Training (Level 4)**						
4.1	*Operate* post traumatic incident procedures.	**1. As an individual and as a member of a team.**	As above.	√			
4.2	*Identify* individuals/groups at risk from traumatic stress.	**2. Supervised and Unsupervised.**		√			
4.3	*Perform* non-medical traumatic stress functions (eg mentoring).			√			
4.4	*Operate* traumatic stress reporting and administration procedures.	**3. On and off duty.**		√			
4.5	*Conduct* stress audit procedures for (up to) 1* organisations.	**4. When dealing with civilian and military personnel.**		√			
4.6	*Plan* stress management interventions (up to) for 1* organisations.	**5. In all environments.**		√			

TO No	Performance	Condition	Standard	Requirement			Notes
				C	**L**	**A**	
5	**OPERATIONAL SMT**						
5.1	**Pre-Deployment**	**1. As an individual and as a member of a team.**					
5.1.1	*Identify* the particular stressors, signs, symptoms and strategies likely to be encountered in theatre.			√			
		2. Appropriate to rank and responsibility.					
5.1.2	*Prepare* individuals for heightened stress levels in the face of increased risk.			√			
		3. Supervised and Unsupervised.	AC 64204				
5.1.3	*Prepare* individuals for heightened stress levels in the face of separation and concern for family members.	**4. On and off duty.**		√			
		5. When dealing with civilian and military personnel.					
		6. In the context of the (planned) operational environment.					

TO No	Performance	Condition	Standard	Requirement C	Requirement L	Requirement A	Notes
5.2 5.2.1	**Through-Deployment** *Identify* personnel at risk following circumstances/events in theatre which pose an acute source of stress or trauma.	**1. As an individual and as a member of a team.** **2. Supervised and Unsupervised.** **3. On and off duty.** **4. When dealing with civilian and military personnel.** **5. In the context of the operational environment.**	As above.	√			Managing personnel is an Operational task not a Training task (some training to achieve this task may be given if the operational circumstances permit

TO No	Performance	Condition	Standard	Requirement C	L	A	Notes
5.3	**Post-Deployment**	**1. As an individual and as a member of a team.**					Managing personnel is an Operational task not a Training task (Retrospective training to achieve this task may be given if operational events have dictated additional support is needed - hence Ser 5.6-5.8
5.3.1	*Identify* personnel at risk following circumstances/events in theatre which pose an acute source of stress or trauma.		As above.	√			
		2. Supervised and Unsupervised.					
5.3.2	*Revise* specific knowledge and skills to manage stress.	**3. Including family members.**		√			
5.3.3	*Review* appropriate support methodologies and procedures used to access specialist medical care in the management of stress cases.	**4. On and off duty.**		√			
		5. When dealing with civilian and military personnel.					
		6. In the context of the events that were experienced on operations.					