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**Author(s)/Submitter(s)** Fintraffic VTS

Guidance for dealing with stress or trauma in vts operations

# SUMMARY

This paper examines the psychological stress factors affecting VTS personnel and outlines the principles of debriefing sessions available within the VTS, including both low-threshold and crisis debriefings.

## pURPOSE oF tHE dOCUMENT

The purpose of this paper is to provide insights and information for the development of the guidelines on dealing with stress and trauma in VTS Operations.

# Background

Working in operational or specialist roles may involve situations that cause stress and potentially will trigger various reactions among VTS personnel. During disruptions, the operator can, or will be part of a chain of assistance, requiring listening to communication channels, monitoring situations, or acting as a link between different actors for extended periods requiring intense focus.

An event (stressful event) or situation typically occurs suddenly, without any warning, and cannot be prepared for. Such events are often uncontrollable, a sum of many coincidences, and may change fundamental life values.

## Stress factors

The entire VTS staff generally experiences traumatic events indirectly, but the perceived threat usually brings aftereffects to some, or all workers. After a strong psychological stress or several successive stress situations, even a small stimulus may lead to a sudden depletion of resources and the onset of symptoms.

Work tasks also include situations that can be stressful over a long period, potentially causing cumulative stress. Addressing the emotions evoked by exceptionally difficult situations is important for staff well-being. People react to situations differently, and a difficult event can weigh on the mind for a long time. Although the staff is required to endure pressure and act in a professional role, personal reactions emerge once the professional role dissolves.

Proper information and processing of traumatic situations provide tools for managing emotion, improving work well-being, and increasing confidence in work safety. This is not therapy, but part of a safety culture that also anticipates potential future problems.

## Phases of acute stress reaction and symptom recognition

The first phase of an acute stress reaction is the shock phase, which can last from a few minutes to hours. Shock has many forms; some may be very quiet and withdrawn, while others may start talking incessantly as the brain processes the event.

The second phase is the reaction phase, which can involve various fears, depression, guilt, anger and rage. In the reaction phase, it is natural to start looking for blame and passing judgment. This analysis is usually subjective and should be approached with caution.

The third phase is the processing phase, where the person begins to understand and can process the emotions and events they have experienced. This phase may last a very long time and affect future operational work.

Figure 1: The three phases of stress reaction

Symptoms of acute stress reaction can include:

* Constant restlessness
* Withdrawal
* Constant irritability
* Loss of desire to live
* Tension
* Strained relationships
* Anxiety
* Difficult working
* Depression
* Physical symptoms (e.g., headache, chest pain, stomach issues)
* Constant fatigue
* Increased use of nicotine products, medications or alcohol
* Difficulty sleeping
* Changes in eating habits
* Difficulty concentrating
* Becoming cynical
* Difficulty taking responsibility
* Difficulty thinking or talking about experiences

## Recovery

For staff to perform their work as well as possible, preparation for work and recovery from it are essential parts. work well-being can be promoted by, for example, by the following means:

### Before work / before the work shift

* Taking care of running errands
* Packing belongings
* Preparing meals
* Planning physical activities for the work period
* Ensuring sufficient rest
* Discussing with a colleague
* Outdoor activities/exercise

### During work / during the work shift

* Varying work positions
* Exercise breaks
* Regular meals
* Sufficient hydration
* Discussing with a colleague
* Breaks
* Preparing for the next day/shift

### After work / after the work shift

Operational work:

* Relaxing for rest (stretching, meditating, breathing exercises)
* Light exercise
* Light meals
* Ensuring peaceful sleep

Office and other specialist work:

* Outdoor activities/exercise
* Eating
* Hobbies
* Taking care of everyday tasks
* Discussing the workday, e.g., during the commute or over coffee with colleagues

### during free time

* Writing down work-related thoughts to reduce cognitive load
* Promoting recovery
* Rest
* Spending time with family and friends
* Hobbies
* Taking care of everyday tasks
* Relaxation and breathing exercises

# DEBriefings

Specific methods based on psychological knowledge have been developed for reviewing acute crisis situations, aiming to gain perspective on one’s thoughts, form a common understanding of the event, and to discuss experiences and emotions with the help of a group. They are not intended for long-term trauma treatment but for immediate prevention right after the event.

Immediate internal debriefing is intended as immediate first aid for individuals involved in a stressful task or situation. The purpose of the debriefing is the quick discharge and alleviation of post-traumatic reactions. The goal is to normalize and calm the situation.

Within the VTS, debriefings are divided into two categories, based on the triggering factor (low threshold debriefing and crisis debriefing).

In a debriefing session, hierarchy is not followed; the facts are presented by the person(s) involved in the event, or who first heard about it.

Debriefing is a group or one-on-one method, but it’s important to remember that people react individually to events/crises. How we react to a sudden and shocking event depends on many factors, including our previous experiences and their processing, the duration and intensity of the event.

We cannot predict with certainty how each person will react to a shocking situation. However, it’s important not to judge or criticize different reactions within the work community. There is not one correct way or order to react to a surprising and fear-inducing situation.

## Low-threshold debriefing

This section describes the situations that require a debriefing and the instructions for conducting the discussion. The list of situations described below is not exhaustive.

### Situations that warrant a debriefing:

* Conflicts between individuals (argument, disagreement etc.)
* Inappropriate treatment
* Mistake in one’s own work
* Near-miss situations
* Conflict with partners and stakeholders (e.g., inappropriate feedback/action)
* The person feels the need for a discussion.

### Instructions:

* The discussion can be held if necessary, during the workday in a separate space or after the workday/shift.
* The discussion can be held with the entire team or only with those involved in the incident (e.g., one-on-one conflicts).
* The discussion is led by a trained CISM-support person
* If necessary, the discussion continues with a professional in occupational health (individual and group discussions).
* The supervisor should regularly stay in touch with the person or personnel involved after the event to ensure their well-being.

## crisis debriefing

This section describes the situations that require a debriefing and the instructions for conducting the discussion. The list of situations described below is not exhaustive.

### Situations that require a debriefing:

* Serious medical emergencies and accidents at the workplace (e.g., heart attack, electric shocks)
* Dangerous situations in water areas (e.g., sea rescue), where on was actively involved.
* Physical violence
* Deaths at the workplace
* Major accidents
* Events affecting society
* Serious mistakes at work causing an accident/serious near-miss situation
* Crisis affecting the facility, e.g. fire or bomb threat
* Death or serious accident of a close one

### Instructions:

* The debriefing should be held immediately after the workday/shift in a separate space.
* All participate in the debriefing.
* The discussion is primarily led by a trained CISM-support person.
* During the debriefing, arrangements for follow-up discussions and communication within the work community area agreed upon.
* Crisis debriefing automatically continue with and occupational health psychologist within three days of the event. Occupational health decides on further actions.
* Sick leave is issued if so, needed before the discussion with the occupational health psychologist.
* The supervisor should regularly stay in touch with the person or personnel after the event to ensure their well-being.

## organizing and conducting the debriefing session

Debriefing is a three-phase process:

1. Review why the session is being held, i.e., the purpose of the meeting (introduction)
2. Focus on the factual information about the event and related thoughts (discussion phase)
3. Summarize what has been discussed and agree on follow-up communication and possible further meetings (summary)

Figure 2: The three phases of a debriefing session

### The introduction phase

This phase is held by the facilitator of the session. The leader should primarily be held by trained CISM-support person.

* Why is the debriefing session being held?
* Introduction of the attendees if there are new/unfamiliar employees.
* A quick description of what will happen during the session.
* What has happened? (short description of the event)

### Discussion phase

During this phase of the session everyone attending is involved. The facilitator of the session will only participate in the discussion itself and may if needed help for the discussion to proceed forward.

* Reviewing facts (speak factually, using proper names for things and events).
* What did each person do, see, hear and experience? (initially, there may be no emotions or clear thoughts, so sticking to facts is essential). Who was involved? Who was present? What happened? Where did it happen? How did it happen? When did it happen?
* Free discussion (not in any order), no notes are taken.
* Encourage everyone to speak and share information about the event.

### Summary

This phase is primarily led by the facilitator of the session.

* How does the situation proceed?
* Who maintains contact with authorities/stakeholders?
* Who contacts, for example, the organization’s leadership to report about the situation?
* Assess the need for further assistance and agree on arrangements for it.
* Whom can individuals approach if the event starts to trouble them later?

### Duration of the debriefing session

Sufficient time should be allocated for the debriefing session. Generally, implementing the debriefing method takes about 45 minutes. The goal is to provide all members of the work community with the same information about what happened and to enhance participants resilience (psychological endurance, persistence), self-confidence, and integration of the traumatic event into their own lives.

# Discussion

**In the development of comprehensive guidelines for managing stress and trauma within VTS operations, it is crucial to consider a multifaceted approach. The following is a non-exhaustive list of several key areas that are instrumental in formulating effective means:**

**Table 1: Key Areas for Discussion**

|  |  |
| --- | --- |
| Key Areas | Description |
| In-depth Examination of Stressors | Identifying and mapping environmental, operational, and psychological stressors unique to VTS operations to tailor interventions. |
| Evaluation of Debriefing Practices |  |
| Learning from Other Fields | Adapting advanced stress management strategies from emergency medical services, military operations, and air traffic control to VTS operations. |
| Technological Support | The use of video-tools (Microsoft Teams etc.) during the debriefing session |
| Low-threshold debriefings | Training of team-members to provide quick and easy debriefings within the own team |
| Training Enhancements |  |
| Enhanced Psychological Support | Occupational health care (or similar) |
| Mental health Policy |  |
| Peer-support | The debriefing session should be given in a neutral state. Possible hierarchy should be kept out of the discussion, for the persons to be able to speak out. |
| Feedback discussions |  |
| Future Research | Identifying and facilitating research on innovative stress reduction techniques, long-term effects of occupational stress, and the effectiveness of support interventions. |

# References

<https://www.surevankohtaaminen.fi/en/meeting-a-bereaved/>

<https://www.terveystalo.com/fi/palvelut/tyossa-jaksaminen>

# Action requested of the committee

The Committee is requested to consider the information in this paper and take appropriate action.

1. Input document number, to be assigned by the Committee Secretary [↑](#footnote-ref-1)
2. Leave open if uncertain [↑](#footnote-ref-2)