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Pilot Assistance

A GUIDE TO DEVELOPING AND IMPLEMENTING SUPPORT PROGRAMS;
FOR THE PILOTS BY THE PILOTS

Pilot Assistance

Support programs for the pilots by the pilots.

Contents

Cover Photo: Andreas Tittelbach

Mission

This manual is intended to assist pilot member associations to establish and enhance programs to assist pilots and enable operators and regulators to understand the development of these programs in order to endorse the establishment thereof.

Introduction

Pilot Assistance is an over-arching term given to a basket of peer support programs in which peers are trained as volunteers to support their fellow pilots, offering referral to professional resources when appropriate, while upholding confidentiality protocols.

This manual has been generated by pilot experts with many years' experience with pilot assistance programs from across the globe. It provides guidance and best practices for establishing and enhancing such programs.

What is a Pilot Assistance Program?

In this manual, Pilot Assistance refers to a group of programs which use peer support to share experiences with a fellow peer or colleague on a topic that is causing distress or concern in a safe, non-punitive, environment. A Pilot Assistance program provides confidential peer-based support and assistance to pilots. It is an initiative in which trained peer volunteers assist pilots with the goal of preserving careers and enhancing aviation safety.

The benefits of Peer Support

Peer Support works because pilot volunteers speak a common professional language and share common work experiences. Pilots are often more willing to trust and confide in a pilot peer. Because of this, Peer Support programs provide unique advantages over and above Employee Assistance Programs (EAPs), offering safety and efficiency gains for airlines.

Advantages of Pilot Assistance programs

Pilot Assistance programs:

1. Empower pilots to seek assistance, offering them access to counseling, treatment, and rehabilitation, if needed;
2. Provide a confidential pathway to a safe resolution of issues;
3. Enable early management of problems through the use of peers;
4. Are efficient and cost effective because of their voluntary nature;
5. Are able to lower sick rates and absenteeism, while keeping staff motivated and encouraged to deal with problems, without the fear of losing their license, job, and livelihood;
6. Allow the operator to retain employees rather than losing highly skilled pilots and having to hire and train new ones;
7. Improve resilience to, and recovery from, significant events.

Because of these advantages and more, Pilot Assistance programs enhance aviation safety.

Types of Programs

Pilot Assistance programs help support pilots to address issues in a number of areas. It is important to note that the type and makeup of individual pilot assistance programs will depend on the needs of the Member Association and amount of resources available. Member Associations may need to develop their own programs based on their diverse national or cultural issues. The various programs and their essential benchmarks are covered in detail in the corresponding chapters.

Member associations should consider that a holistic approach requires that the full complement of pilot assistance programs addressing medical licensure, critical incident response, substance abuse, training assistance, professional standards, and wellbeing, be implemented to the greatest extent possible to help reduce illness rates and absenteeism

Aeromedical

The Aeromedical program addresses aeromedical and medical-related issues to support pilots with medical licensing issues or concerns.

Critical Incident Response Program (CIRP)

The Critical Incident Response Program ensures assistance and support is available to the pilot in the event of an accident or serious incident. The program provides guidance and data on critical incident stress management issues.

Substance Abuse and Dependence Program

The Substance Abuse and Dependence Program coordinates efforts to implement and maintain peer intervention and treatment programs. Such efforts may include educating peer volunteers, airline representatives, and medical professionals responsible for working with airline pilots suffering the effects of chemical dependency with the goal of getting such pilots medically re-certified and returned to the line as soon as possible.

Pilot Training Assistance

The Pilot Training Assistance program coordinates efforts with their operator to develop and implement mutually agreeable programs to assist pilots who are experiencing difficulties in training or line operations. The objective is for all pilots-in-training to have access to and support from an experienced peer outside the normal group of training instructors, examiners, or check pilots if they are experiencing any training, pilot skill deficiencies, or CRM difficulties. This program ensures that pilots receive the support and additional training necessary to overcome any training or skill difficulties in order to satisfactorily complete the training/checking event and return to line operations.

Professional Standards

The objective of the Professional Standards program is to promote and maintain the highest degree of professional conduct among pilots in order to enhance the margin of safety in daily operations. This program addresses problems of a professional or ethical nature involving pilots, as well as helps resolve pilot conduct that could affect flight deck safety and/or professionalism. A successful program allows peers to resolve conflicts that may occur between two pilots or between a pilot and a member of another employee group that may affect flight deck safety.

Pilot Wellbeing

The Pilot Wellbeing program supports the pilot during personal crises or stresses in their lives which may impact relationships, health, or professional performance.

Benchmarks for a Successful Peer Support Program

Pilot Driven

Although these programs may involve multiple stakeholders and be multi-participant, they are **offered and run by pilots, for pilots**. It is critical that these programs are run by pilot groups and not by management, regulators, doctors, or other outside entities.

Independent

Pilot Peer Support programs act as an independent, autonomous "port-of-call/ safe haven" dedicated to providing peer support to pilots.

Transparent

Pilot Peer Support programs need to operate with trust and integrity for membership buy-in, and deliver clear protocols resulting in stakeholder buy-in.

Setting out the scope and limits of the proposed program, including the core values, structure, roles, limitations, and operating principles, and offering to include the stakeholders in the training, facilitates trust in the programs' design and methodologies, encouraging confidence from stakeholders.

Protocols

Maintaining established protocols include confidentiality agreements, peer support volunteer (PSV) scope and limitation proclamations, and escalation procedures for cases where flight or pilot safety is at risk (an example of escalation protocols for Peer Support programs is included in Attachment A). Defining these protocols in an open and transparent way for both participants and peers ensures all parties can build confidence in the program, while continuing to uphold confidentiality.

Volunteer Selection and Training

The PSV selection and training forms an integral part of the program's effectiveness. Where appropriate, external expertise can be consulted to ensure the quality and caliber of the training program.

Confidential

Scope of Confidentiality

Confidentiality requires that any information given stays within the program, regardless of its form or source. All information collected can only be used for the purpose for which it was obtained, specifically to provide support to pilots. Everyone involved needs to uphold confidentiality. This means peers and any consulting health professional should:

1. Not share case related information with anyone beyond the program. This includes spouses/significant others and clergy.
2. Not keep notes, however, regular anonymized statistical reports (at least yearly), may need to evaluate the effectiveness of the program. Care must be taken that the anonymized data does not inadvertently reveal individual case identities, particularly in small companies.
3. Not engage in discussions or cell phone communications in a public area (e.g., restroom or restaurant), even with team members.
4. Not share an individual's situation with other pilots as a means of helping them to understand their own situation or as an example in training. Aviation is a small world and even without mentioning

names, it may be possible to guess someone's identity.

All information relating to a pilot is de-identified in volunteer discussion, review, or supervision. In cases where it is necessary to assist a pilot or their family, it will be done with the permission of the pilot.

Limits to Confidentiality, Disclosure of Personal Information

It is understood that there are limits to confidentiality when safety could be compromised. This is to provide assurance to the employer that a pilot will not turn up for work should there be a known serious safety concern. There need to be clear protocols for escalation of such cases to protect the operation (an example of escalation protocols for Peer Support programs is included in Attachment A).

Pilot personal information will not be disclosed except when:

1) It is subpoenaed by a court or tribunal.
2) There is serious risk of harm to themselves or others.
3) Prior consent from the pilot has been obtained to:
   a) provide a written report to another professional or agency; or
   b) discuss the material with another person, e.g. a parent, employer, or healthcare provider.

Program Organization

The organization of the Pilot Assistance program can have a key role in its ultimate success. This chapter provides guidance on the structure of Pilot Assistance programs, responsibilities of key positions, legal frameworks, financing, program promotion, and record-keeping requirements.

> Note: The terminology used in various Member Associations may vary from those used in this section.

Structure

Steering Committee

Steering committees are formed for each Pilot Assistance program and are made up of a group of pilots who are subject matter experts in the area. They provide oversight and direction for the program and the coordinators.

Coordinators

Coordinators take care of the day to day operation of specific aspects of a Pilot Assistance program and coordinate Peer Support Volunteer (PSV) workload. Coordinator positions for each program should be filled by appointment of the steering committee. There should be at least two positions to share the responsibilities and provide coverage in case one coordinator is not available.

Peer Support Volunteers

Peer Support Volunteers (PSVs) are pilots who have demonstrated the attributes of empathy, thoughtfulness, understanding, compassion, and insight. Peer team members are selected based on their emotional maturity and ability to work with people. They are dedicated and caring people who are willing to volunteer their time and talents to assist their peers.

Peer Support Program Mental Health Professional

The Pilot Assistance program Mental Health Professionals (MHPs) support the Pilot Assistance program through the provision of specialist care. These professionals include includes registered counsellors, psychiatrists, psychologists and social workers. They must be well versed on the unique attributes of a pilot's medical certificate and be currently licensed in their field of practice.

Member associations may choose to enter into a service level agreement with the medical professionals selected for these roles (an example of a psychologist Service Level Agreement is included in Attachment B).

Responsibilities

Steering Committee

Steering committees co-ordinate and oversee the application of the program's objectives, scope and principles. The steering committees are responsible for policy, training, education, resources, program review, and procedural implementation.

Tasks

The steering committee:

1) Oversees the selection of PSVs to be trained,
2) Selects the aviation specialist psychologist(s) or physician(s) to provide consulting services where required,
3) Oversees the use of funding/resources provided by the participating organizations (association and/or operator) to deliver the program objectives,
4) Provides a budget and annual audited accounts of the dispersal of funds,
5) Reviews de-identified cases for educational purposes or to address complaints,
6) Periodically reviews the program to ensure its effectiveness,
7) Assesses the reasons for peer contact through de-identified data to evaluate trends associated with the workplace environment, and
8) Addresses any public or media enquiries.

Meetings

The steering committee meets as required to carry out the tasks.

Coordinators

Coordinators are responsible for

- The day to day operation of their respective Pilot Assistance program,
- Coordination of calls and contacts to assign an available PSV who is best suited to the situation.
- Assigning contacts so that PSV workload is appropriately shared,
- Supervision of PSVs to prevent secondary trauma and burnout,
- Liaising with program psychologist(s)/physician(s), or the operator where necessary, for the supervision of a case,
- Collating de-identified statistical data for reporting to the steering committee where appropriate, and
- Arranging PSV initial and refresher training modules.

Pilot Assistance Program Mental Health Professional/Physician

The Pilot Assistance program aviation specialist mental health professional/physician is responsible for;

- Working with cases referred through the Peer Support program,
- Providing a referral where long term care is required,
- Providing prompt, accurate and independent advice on aviation psychological/medical matters,
- Providing consultation to the Pilot Assistance programs on changes to government laws, and/or regulator policy reviews for matters pertaining to aviation psychology/medicine, and
- Other mutually agreed matters which may arise from time to time.

Legal Framework

When implementing a Pilot Assistance program, it may be beneficial for it to be a joint initiative between the regulator, operator, and pilot association. The systems need to be clear and transparent. It is beneficial for the program to be endorsed at senior management levels, however such endorsement is not a requirement for the implementation of pilot assistance programs.

ICAO Annex 1 Standard 1.2.4.3 became effective in July 2016 and will be applicable for States in November 2018, requiring Licensing Authorities to implement *"aviation-related health promotion….to reduce future medical risks to flight safety"*.

- The FAA published its recommendations in June 2016 which provided information on benchmark Peer Support programs that Air carriers should use to develop pilot peer support programs.
- EASA also recommended Peer Support programs in their final report 'Task Force on Measures Following the Accident of Germanwings Flight 9525' (5.2 Organizational requirements for pilot support) state that: *'The implementation of pilot support systems may benefit from being the result of a joint initiative from both the operator and a pilot association, contributing to buy-in from pilots.'*

Regulators should understand and support the Member Association's approach to Pilot Assistance, including showing restraint before revoking licenses from individuals that openly seek assistance.

Connections between different reporting systems should be established. The reporting loop should be closed to ensure that the participants in the system, including the regulators, get access to

information needed to make an informed decision, notably in critical cases.

Each peer support program needs to be compliant with their country's laws pertaining to privacy, etc.

Revenue and Expenditure

Each organization participating in a Pilot Assistance program should commit to coverage of its financial operations.

Any funds received must be used to finance the operation of the Pilot Assistance programs, including where necessary;

- Engaging the services of a qualified psychologist/physician,
- Responding to Peer Support program cases,
- Training PSVs,
- Peer Support program committee meetings, and
- Developing a website, brochures, posters and other initiatives aimed at educating the aviation industry on pilot assistance programs.

Promotion of the Program

To ensure that pilots are aware of the services available and comfortable with the working of the programs, the Pilot Assistance program should be actively and regularly promoted both by management and by the Member Association. An important factor when promoting the program is to reduce the stigma of seeking help.

Member Associations may find it useful to include the Pilot Assistance Program information in their airlines' Operations Manuals, methods of agreement and emergency response procedures. It might also be explored if assistance or support

from any National Health Services/ EAPs can be beneficial to the Pilot Assistance Program.

Website

A Pilot Assistance program website should be developed for providing a medical/mental health reference and educational tool for peers.

Records

During committee meetings, minutes should be taken. Care should be taken to ensure that case related details which could identify a peer are not included. As confidentially is critical to the success of Pilot Assistance programs, any records kept (or emails sent) by individual committee members or

PSV's regarding individual cases must be de-identified.

PSV's should not keep notes on peers' cases. The reason for each contact should be de-identified and reported back to the Pilot Assistance Steering Committee.

Trend analysis

Any data collected must be de-identified of any personal data or case specific information which could be used for reverse identification. The data is solely for the purposes of identifying trends with the view to improve workplace practices, monitor program effectiveness and develop training modules.

Getting Started

- Gather a group of Peer Support Volunteers (PSVs):
    - advertise
    - interview
    - train the peers and airline management, if possible
- establish a method of notification/ communication channel
- establish a governing body (organizational structure)
- contract an MHP with aviation knowledge (not for running the structure)
- refer to existing IFALPA programs for guidance, help and experience

Note: For member associations with limited resources, additional support is available through IFALPA.

Program Operations

Peer Support Volunteer Selection

The following criteria are strongly recommended as standards for peer support volunteer (PSV) selection:

1. Integrity.
2. Ability to maintain and handle confidential information.
3. Respect for and by one's peers.
4. Willingness to work as a team member.
5. Commitment to attend initial and annual training and debriefing meetings.
6. Agreement to follow the established protocols and team standards.
7. Maintain a nonjudgmental attitude.

A PSV abides by the PSV Role and its boundaries, and:

- Does not provide solutions, advice, counseling, or treatment.
- Does not act on the behalf of the person in need.
- Provides an initial point of confidential contact for employees and employers with concerns about individuals regarding stress, anxiety, low mood, and mental health matters
- Provides appropriate support and assistance with managing peer contacts.
- The role and scope of the PSV's will be defined by the following documents;
    - PSV confidentiality agreement
    - PSV limitation of scope
    - Escalation triggers and protocols for referral to a mental health professional (MHP) or medical professional.
    - Escalation triggers and protocols for stand down from duty when flight safety is at risk.
- Are expected to attend refresher training.
- Should decline any public comment on any case matters and refer to the Committee.

Training

All pilot peer support program personnel and volunteers should be trained in accordance with IFALPA-accepted training standards appropriate to each program. Successful programs train not only Peer Support Volunteers but also other Member Association pilots, management, aeromedical examiners and health care professionals. Evidence shows that when management has a clear understanding of how the programs work and their effects, they are much more supportive.

PSV Training

The Principle of "Do No Harm" is still the simplest approach to support. The Peer is trained in such a way as to be able to avoid this pitfall. The PSV Training must be delivered by subject matter expert instructors/facilitators. The list is not comprehensive, but the following areas should be covered:

- The skills required for initiating and directing a Peer Support call,
- Listening skills,
- Analysis of mental health and safety risk factors in aviation,
- Understanding how the human mind and body responds to stressors and how mental health issues develop,
- The fundamentals of understanding substance abuse as a medical condition and industry-wide substance addiction programs,
- Conflict resolution process,
- Medical regulatory considerations (in particular, specific mental health aviation protocols),
- Trauma and stress management,
- Suicide prevention protocol,
- Legal frameworks,
- Confidentiality protocols,
- Case escalation triggers and protocols,

- Limitations of PSV scope,
- Role-play support calls,
- Grief and loss, and
- PSV self care.

Member Association Pilots

Member association pilots need to be trained on what Pilot assistance programs are; with an understanding that the programs are non-punitive, confidential, and offer a support network to the pilot with the aim of returning them to the flight deck.

Management, AMEs and Health Care Professionals

- Training on the suite of Pilot Assistance programs.
- An understanding of pilot issues.
- The role that they play in the Pilot Assistance program.

Case Handling

Contact call Initiation

Contact with an individual seeking or needing assistance may occur through several means.

- *Self-Initiated.* An individual may self-refer.
- *Company Initiated.* A Company manager, concerned about a pilot, may suggest that individual contact a Pilot Peer Support program. Alternatively, permission may be granted by the individual for the Company manager to call a Pilot Peer Support program and ask a Pilot Peer to call the individual directly.
- *Peer/Family Initiated.* Family members, friends or work colleagues may express concern about an individual's wellbeing.
- *Long Term (30 days or more) Illness Outreach.* A colleague who has been absent from work for an extended period of time should be called to simply make contact and avoid undesired isolation.

Follow up and Monitoring

All PSV interactions are required to be followed-up to completion. Follow-up should be categorized as;

- **Continuing;** If the PSV senses progress, then the assistance is fruitful and beneficial and is worth continuing.
- **Referred and Ongoing;** If rumination and regression is evident, then consideration should be given for referral to the Pilot Peer Support Program Psychologist. PSV follow-up is still expected, but at a lower level until "Completed"
- **Completed;** Follow up is no longer needed when it is felt that an assistance case has been successfully resolved

The PSV may report back to the Coordinator whether a peer contact is "Continuing," "Referred and Ongoing" or "Completed."

Aeromedical

Mission Statement

The aeromedical pilot assistance program provides information and resources on matters concerning pilot medical certification.

Introduction

The aim of the aeromedical pilot assistance program is to provide a resource for Members to access accurate medical information. This resource will be helpful in addressing and demystifying medical concerns and related licensing issues. A pilot's fear of losing their medical can dissuade them from seeking medical advice. Having access to accurate advice, early and in a non-jeopardy environment, can reassure pilots and encourage them to seek appropriate medical treatment.

This section should be read in conjunction with the following sections contained within this manual:

- Confidentiality and Legal Obligation
- Training
- General Peer Support Program Policy

Terminology

Medical Advisor: Any medical professional who has relevant knowledge and expertise in aviation medicine but does not have to be a current aeromedical examiner (AME).

What is Aeromedical Pilot Assistance?

Aeromedical Pilot Assistance enables a pilot to obtain proper and accurate aeromedical information via a dedicated assistance program.

The common feature of all aeromedical pilot assistance programs is to have a focal contact point for pilots seeking medical information. This does not have to be a medical professional and is typically a pilot peer. It is important that this person have access to a network of medical professionals.

Some Member Associations have an onsite occupational medical professional to provide advice. Others have an arrangement with medical professionals who provide their services when needed as defined in a service level agreement. In all cases, access to the professionals is facilitated through the focal contact person.

In addition, in the event that a pilot has lost their medical, the program can provide advocacy and/or advice to support an appeal process to assist the member and their medical examiner in presenting the best case for appeal. It is important to note that the aim is to support, not to replace, the member's own AME in this process.

Principles

- The medical professionals concerned should have up to date knowledge in their relevant medical area and its application to the aviation environment.
- The objective is to provide prompt, accurate, and independent advice on aviation medical matters.
- When appropriate, the program facilitates access to advice on the appeal process in case of suspension or revocation of a medical certificate.
- The program should have access to local and international aviation medical research and aviation medicine colleagues for case comparisons.

- The program should provide pilot input for changes in laws, and/or regulatory policy on matters pertaining to aviation medicine.

Training

The focal contact person, typically a pilot peer, should have a working knowledge of their State's aeromedical regulatory process. This should include an understanding the obligations of a licence holder concerning their medical certification. In addition, they should have completed the basic peer assistance training and be familiar with the other pilot assistance programs.

Implementation

When adopting the services of a medical professional, a proper vetting process should be used to ensure the expertise of the medical professional. A service level agreement outlining the roles and responsibilities of the medical professional may be useful when retaining such services.

Members may seek aeromedical advice in many circumstances, however three circumstances occur commonly:

- Pilots may choose to seek aeromedical information anonymously, to guide their decision making. In this scenario, a peer may approach the medical advisor who should provide guidance to the peer, who will then advise the pilot towards safe decision making. The obligation remains with the pilot to fulfil their reporting requirements.
- Pilots may seek to appeal a position taken by the regulator. The aeromedical program may advise the pilot and AME on the appeal process and arguments that may be made. It is the pilot's AME who

retains the responsibility for overall aeromedical management of the case.

- Pilots may seek a second opinion on a position taken by an AME. The professional only provides review and advice on the case.

Conclusion

By way of providing aeromedical pilot assistance, a Member Association can improve their Members' experience of dealing with the uncertainties which may arise when they believe their medical certificate is under threat.

Critical Incident Response Program

Mission Statement

The mission of any Critical Incident Response Program (CIRP) is to lessen the psychological impact of on-the-job accidents or incidents on crewmembers, accident investigators, and their families to accelerate recovery from those events before harmful stress reactions damage job performance, careers, families, and health. The positive steps taken before and after an accident or incident will affect both short- and long-term physiological and psychological health. CIRP-measures are not therapy, they are there to support healthy persons with normal reactions to abnormal, critical situations.

Introduction

This manual is designed to help member associations set up CIRPs. It also serves as a transparent guide for operators and regulators to understand the structure and procedures of a CIRP.

This section will start by introducing the internationally agreed basic definitions for CIRP based upon the International Critical Incident Stress Foundation (ICISF) terminology. It will then discuss the history, policy, principles, training methods, and implementation.

Terminology

Critical Incident: Any occurrence which may evoke stress reactions and possibly fear due to a perceived threat to life or personal safety and which is experienced directly or indirectly. It may occur as a consequence of an incident, accident, or any other threat to a sense of safety

Critical Incident Stress: A physical, cognitive, behavioural, or emotional reaction to a critical incident, usually presenting as a characteristic set of symptoms. If not managed appropriately by the individual with or without support, it may have a long-term detrimental physical or psychological impact.

Critical Incident Stress Management (CISM): The process of helping to mitigate the effects of stress.

CIRP: Critical Incident Response Program - a program that is structured to provide aid and assistance to any license holder involved in a critical incident.

Crisis Management Briefing (CMB): An intervention technique designed for use with large groups. It is a meeting with a specific purpose of providing practical, stress-diminishing information to a large group of people who have already experienced, or who are about to experience, a distressing event. A typical duration is from ten to thirty minutes.

Critical Incident Response (CIR): An organised, integrated response provided by a Peer Support team and accompanying Mental Health Professional (if needed), implemented for the duration of a crisis and continuing into a post crisis phase. The response covers a spectrum of interventions such as peer support conversations, defusing, debriefing, and crisis management debriefings.

Defusing: A group interaction designed to discuss the crew's shared experience, while offering information, support, and stabilization so that the crew members can cope with the effects of an incident or accident. A defusing can be accomplished from one to 12 hours, and as much as a week or two after the critical incident. A defusing is a small group assisted by one to three

assigned peer support volunteer(s). An assessment is made regarding the necessity for a Critical Incident Stress Debriefing. A defusing is a three-step process that lasts about one hour and must involve follow-up communications. Defusings are confidential and do not involve management personnel.

Debriefing / Critical Incident Stress Debriefing (CISD): A seven-step process that is designed to mitigate long-term stress effects, promote rapid recovery and return to duty, and reduce the occurrences of stress trauma syndromes. This debriefing usually occurs about a week after an accident or incident; however, it can be done weeks, months, or even years later. The CISD is conducted by peer support volunteers and always includes a Member Association-approved mental health professional. Debriefings are confidential and do not involve management personnel. CISDs are not operational debriefings (as used by operators for logistical investigation or critique). They are conducted to provide support to the individuals involved and to mitigate the long-term effects of stress reactions. The CIRP debriefings are concerned with discussing the crew's reaction to the event and not the event itself. No records or notes are kept during debriefings. A typical CISD lasts from 1½ to 3 hours.

Demobilization: A time when accident investigators and/or emergency service personnel rest, regroup, and gain information at the conclusion of their first shift working an accident or incident that involved exposure to a significant traumatic event or disaster. It serves a secondary function as a screening opportunity for peer support volunteers (PSVs) to ensure that individuals who may need assistance are identified after the traumatic event.

Employee assistance program (EAP): Corporate-sponsored mental health/ emotional support program.

International Critical Incident Stress Foundation (ICISF): A non-profit, open membership foundation dedicated to the prevention and mitigation of disabling stress.

Mental Health Professional (MHP): A vetted psychiatrist, psychologist, masters-level counselor, or other mental health professionals who is licensed and trained in the CISM process and has extensive background in, or exposure to, group processes, crisis intervention, post-traumatic stress disorders, and knowledge of critical incident stress management techniques.

One-on-One/ Individual Crisis Intervention: Typically, this consists of two to three contacts with an individual. This is the most frequently used Critical Incident Stress Management (CISM) technique and is often conducted over the phone.

Outreach: Focuses on the crew rooms and bases and provides brief interaction with an airline's pilots for a period of time following a major accident at their airline. This interaction is designed to provide techniques to cope with the stress of the accident while continuing to work. It may include discussion of critical incident stress, stress symptoms, and suggestions that may be helpful during the following 24 to 72 hours, or until a formal debriefing occurs.

Peer Support Volunteer (PSV) (peer): Individuals who act as support personnel to MA members and their families. They facilitate CISM functions such as defusing, CISDs, and one-on-ones. They also are involved in promoting the CIRP to the members at large. PSVs are typically MA member volunteers who enjoy a position of trust and respect with their peers. They report directly to the CIRP chair/coordinator or their designee.

What is CIRP?

Aviation accidents and incidents often cause distress for those involved. In the aftermath of these events, crew members, accident investigators, and their families are at high risk of developing critical incident stress or the more serious post-traumatic stress disorder.

Critical incident stress is a normal reaction to an abnormal event. Those working in aviation have stress as a part of their daily work experience. They may not recognize when excessive stress can be potentially damaging. The medical community has acknowledged that in the aftermath of these accidents and incidents, adverse physiological and psychological effects may be felt for months or years. If left unresolved, these effects can have severely harmful health and career implications. These negative effects can have an impact on aviation safety.

What separates CIRP from other programs is the use of PSVs rather than just mental health professionals (MHPs) to educate and support fellow pilots. Due to the unique nature of the aviation industry and the potential ramifications on careers and livelihood, crew members are often reluctant to talk to a psychiatrist, psychologist, or counselor.

Critical incident response programs have been effective in preventing the onset of post-traumatic stress in emergency medical service (EMS) personnel, firefighters, police forces, and others. The information contained in this section is adapted from the Critical Incident Stress Management program developed by the International Critical Incident Stress Foundation, Inc. (ICISF).

Policy

CIRP is an autonomous program which uses the ICISF three-step or seven-step-process to help pilots cope with stress reactions after a work-related event or incident. For the purposes of worldwide standardization of practice in delivery of CIRP it is strongly recommended that all programs align with ICISF procedures.

Principles

- CIRP is strictly voluntary. No individual can be forced to take part in any way.
- The goal is that no harm is done to those who seek support.
- CIRP is not therapy. It is only there to support healthy persons with normal reactions to abnormal, critical situations.
- All PSVs must complete an extensive training program with regular recurrent training.
- The jurisdiction of the program must remain within the pilot group, separate from the operator.
- The program must be under constant review and updated regularly. The post-accident/ incident debriefing and analysis are used to inform the evaluation of the program's effectiveness.
- The program must ensure that PSVs have proper assistance and resources available for them to best provide support to their fellow pilots.
- Clear and well-established methods of contact between pilots and the CIRP must be established.
- The time frame for supporting crew or a license holder begins as soon as possible after the CIRP is notified.
- Use pilot-peers to work with the affected pilot in order to create a safe, trustful culture with an understanding of the unique airline environment.
- Uphold confidentiality by not disclosing information shared between the pilot and pilot-peer to management, regulators

and/or other association members. No notes or records are kept.

- Employ an approach that supports the individual in overcoming any sense of loss of control or helplessness in witnessing or surviving a critical incident.
- Provide continued support and accessibility of available resources for the individual, as requested.
- Offer other resources and assistance, if needed.
- CIRP should extend care to surviving family members in the event of an accident or incident.
- Pilot-peers do not participate in providing support if they are personally/ closely associated with those involved in the incident.

Training Requirements and Qualifications

Education of all program members is the foundation of CIRP. CISM is a proactive approach to minimizing the effects of trauma on an individual. Part of a proactive approach is to educate crewmembers on the effects of stress and critical incident stress on their lives before an incident or accident occurs. With this awareness, the crewmember will be able to get back on the job in a shorter amount of time. It is very beneficial to the individual if he or she is aware of CIRP prior to an incident or accident.

Peer Support Volunteer Training

Training for peer support volunteers (PSVs) may include the following topics or the equivalent as accepted by the CIRP Group Chair/ Coordinator:

- Peer support techniques (mental health professionals exempt)
- Group crisis intervention/basic critical incident stress

- Introduction to the MA's Critical Incident Response Program course
- Grief
- Peer assistance training or a listening skills course

No MA PSV can be allowed to participate in a CIRP intervention or be assigned peer support duties until he or she has completed the appropriate training. PSVs must attend recurrent training at least annually.

Recommended Courses

It is recommended that PSVs take the following two-day courses in the order listed.

Individual Crisis Intervention and Peer Support (ICISF/CIRP Approved Equivalent)

Topics covered in this course may include:

- Psychological crisis and psychological crisis intervention
- Resistance, resiliency, recovery continuum
- Critical incident stress management
- Evidence-based practice
- Basic crisis communication techniques
- Common psychological and behavioral crisis reactions
- Commonly accepted techniques
- SAFER-Revised model
- Suicide intervention
- Risks of iatrogenic (induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures) "harm"

Group Crisis Intervention (ICISF/CIRP Approved Equivalent)

Topics covered in this course may include:

- Relevant research findings

- Relevant recommendations for practice
- Incident assessment
- Strategic intervention planning
- "Resistance, resilience, recovery" continuum
- Large group crisis interventions
- Small group crisis interventions
- Adverse outcomes associated with crisis intervention
- Reducing risks
- Critical Incident Stress Debriefing (CISD)

ICISF offers a three-day course that combines the two courses above. It is called the GRIN Course and can be taken in lieu of the two-day courses above to satisfy the training requirements. The GRIN Course is the most common method of completing the CIRP requirements.

Note: A PSV must have taken a course covering individual crisis intervention and peer support in order to do any individual peer interventions. Likewise, a PSV must have taken a course covering group crisis intervention in order to do any group interventions. If an ICISF CIRP Course is accomplished outside the MA, then a review of MA procedures must be conducted by the MA CIRP Chairman/ Coordinator with the peer.

Recurrent Training
It is required that all PSVs attend recurrent training on an annual basis. If a PSV lets recurrent training lapse, that peer will be deemed inactive unless approved otherwise by the CIRP Chair/ Coordinator.

Recurrent training may consist of:

1) Review of:

- Individual crisis intervention and peer support,
- Group crisis intervention, and
- Workplace death.

OR

2) Any ICISF course

OR

3) Any course that covers associated topics related to CISM or pilot assistance and is accepted by the CIRP chair/ coordinator.

Training within this program should be in accordance with programs taught by the ICISF or by ICISF-approved instructors. An exception may be a CIRP Group chair/coordinator-approved course.

Mental Health Professionals (MHPs)
Mental health professionals may be psychologists, psychiatrists, licensed or registered therapists, or social workers trained in the critical incident stress debriefing process as provided by ICISF or CIRP-approved course trainers. A certificate is always provided as proof of this training, do not hesitate to require this proof from an MHP. Additional experience in grief counseling, crisis intervention, acute stress disorder, post-traumatic stress disorder, and general stress management techniques is also important. The MHPs provide services on an on-call basis as requested by the CIRP Group Chair/Coordinator or the CIRP chairman.

The following qualifications are considered a minimum for mental health professional participation:

1) For defusings and debriefings, MHPs are required to have completed the CIRP-approved CISM training.
2) At least a master's degree in psychology, social work, psychiatric nursing, pastoral counseling, or mental health counseling.
3) Current employment in psychological or psychiatric services, crisis intervention

service, social services, psychiatric nursing, pastoral counseling, or other counseling services.

Professional and recurrent training is recommended in the following areas:

1) Family support and advanced critical incident stress debriefing, crisis intervention, and general stress, group process, communication skills, direct intervention strategies, and post-traumatic stress disorder.
2) Familiarity with aviation procedures, operations, and work environment.
3) Familiarity with local and regulator's accident investigation procedures.

Mental health professional responsibilities may include:

1) Assistance with debriefings.
2) Providing referrals for follow-up professional support. Professional support requiring more than six additional meetings should be coordinated through the Aeromedical Advisor/ clinical director/ lead MHP.
3) Assisting peer support volunteers in assessing the need for debriefings.
4) Assisting the Critical Incident Response Team in training and education, as required.
5) Providing advice to Critical Incident Response Team members, as required.
6) Attending periodic team meetings.

It is good practice to only retain consultants who commit to the following conditions in writing:

- To adhere to CIRP's confidentiality requirements;
- To assume liability for any legal actions brought against them arising from or in relation to any work performed on behalf of the CIRP Group; and

- If the consultant participates in a defusing or debriefing, that consultant may not self-refer if the individual being assisted subsequently requires professional counseling.

Such written commitments should be contained in the written consulting agreements between the governing pilot structure and the consultant.

Implementation

First steps
- Gather a group of PSVs:
  - advertise
  - interview
  - train the peers and airline management, if possible
- establish a method of notification/ communication channel
- establish a governing body (organisational structure)
- contract an MHP with aviation knowledge (not for running the structure)
- refer to existing IFALPA CIRP programs for guidance, help and experience

Note: For member associations with limited resources, additional support is available through IFALPA.

Response to every day events
After notification of an event/incident a CIRP chair/coordinator requests a PSV to follow up by phone or in person. A PSV will not dispatch to an incident/accident site or provide CIRP/CISM services unless specifically authorized by the CIRP chairman/coordinator. This follow-up uses the three-step process as covered in the CIRP training for the PSV.

Response to a major accident

The CIRP chair/coordinator ensures that the response fits the nature and severity of the accident or incident. CIRP/CISM services are provided to the accident investigation team for all major accidents. As with responses to everyday events, a PSV will not dispatch to an incident/accident site or provide CIRP/CISM services unless specifically authorized by the CIRP chairman/coordinator.

At no time will anyone self-dispatch to provide CISM or CIRP services to another airline.

One PSV is assigned to the Accident Investigation Team. This PSV should not have any other duties except to support the accident investigators. He or she cannot be both a peer support volunteer and an accident investigator. During the field investigation, if the PSV feels the need for additional support, the request should be closely coordinated between the MA Coordinator/Observer, the accident investigation board member, MA staff, and the CIRP Coordinator.

PSV members assigned to support the Accident Investigation Team have a primary responsibility to provide CISM services to the Accident Investigation Team. All other CISM duties will be secondary to their primary assignment and responsibility. Any CISM activity other than what is required to support the Accident Investigation Team must be coordinated and approved by the CIRP chair/coordinator or his/her designee.

For major accidents, peer support volunteers should be assigned to the pilot base and should be present in the area where pilots gather before and after flights. If there is no such area, then a room must be established by the MA for this purpose; the pilots need to be able to vent their thoughts and feelings in a safe, private area.

Peer Support Volunteers should be assigned to each surviving crewmember and his or her family. If the crewmember(s) do(es) not survive, Peer Support Volunteers are still assigned to each family of the crewmembers. Do not leave out significant others. Contact them and provide guidance for counseling as well as a contact person within the MA and/or the company.

It also may be necessary to assign a Peer Support Volunteer to the MA office. The MA officers and staff will be impacted by the accident and the long hours they perform.

Peer Support Volunteers will be needed for the CVR group. It is strongly recommended that at least two PSV be available following the CVR review and transcription.

Conclusion

In the context of critical incident stress management, stress reactions are psychological and physiological changes that occur in a person who has been exposed to a stressful event. Often, we as pilots may not recognize stress reactions in ourselves and may even believe that we are immune to them because of our training and experience. CIRP helps to mitigate stress reactions and aids the pilot in processing the event, leading to a successful recovery.

Additional Course Recommended for Chairs/Coordinators, Vice Chairs, or Experienced Peers

Advanced Group Crisis Intervention (ICISF/CIRP approved equivalent)

Topics covered in this course may include:

- Relevant research findings
- Managing complex group-oriented crisis interventions
- Nature and importance of incident assessment
- Strategic intervention planning
- Comprehensive, integrated, systematic, and multi-component CISM
- Concepts of enhanced group processes
- Significantly delayed interventions
- "Multiple incident CISD"
- Suicide or death of a colleague
- Small group crisis support sessions after a disaster

The prerequisites for this advanced course are the satisfactory completion of the group and individual courses or its three-day substitute and the approval of the CIRP chair/ coordinator. A minimum of one year's experience is recommended before attending.

Substance Abuse/Dependency Assistance

Mission Statement

The aviation industry is safer when the identification, mutual support, and treatment of those who suffer the effects of substance abuse and dependency is promoted.

If proper referral is made to the appropriate professional resources and adequate follow up is provided, a pilot will likely return to flying.

Introduction

The objectives of a substance abuse/dependency assistance program are both preventative and remedial in nature. The program should be a cooperative initiative and jointly administered by the Member Association and the employer. Fundamental to the program is the recognition that the ultimate responsibility for choosing prevention and treatment lies with the pilot.

The program has a preventative component in that resources are available for those individuals who find that they are making poor choices with regard to alcohol and/or drugs.

The objective is the complete rehabilitation of a pilot who shows evidence of behaviour or work performance issues as a result of substance use or abuse. The program is thus committed to a professional system of identification, assessment, treatment, job reintegration, and follow up of such problems.

This section should be read in conjunction with the following sections contained within this manual:

- Confidentiality and Legal Obligation
- Training
- General Peer Support Program Policy

Terminology

Oversight Committee: The Oversight Committee consists of the approved medical consultant, the designated management representative, and the Member Association peer coordinator.

Tripartite Team: The Tripartite Team consists of a properly trained Medical Consultant, a properly trained Flight Operations Management representative, and a properly trained Member Association Peer Support Volunteer (PSV).

Principles

- Substance dependence is regarded as an illness with characteristic features that include a level of denial; this makes it difficult to detect or declare.
- Substance dependence can be safely managed. Unidentified and unmanaged substance dependence presents an unacceptable risk to flight safety. Achieving a stable, established recovery is a desirable and safe goal.
- There are patterns of substance use which are non-dependent but have important safety implications, which may indicate a need for assessment.
- Peer-led intervention is an effective way of combating denial and improving the chance of successful recovery.
- Successful recovery from substance dependence relies upon acceptance of the problem and a change in attitude together with the adoption of new behaviour patterns and coping mechanisms. Establishing these changes

commonly requires a prolonged period of time.

- Unsafe patterns of substance use are best managed with an approach incorporating a combination of medical, psychological, counselling, and peer-support methods. In-patient residential care is preferred for more serious cases as this is more likely to result in a successful outcome and to be acceptable to the regulator for re-certification.
- The successful treatment of substance dependence in aviation personnel requires abstinence from mood-altering substances.
- The maintenance of continued abstinence is more likely to be achieved with close monitoring, frequent follow-ups, and intensive peer support.
- Dependence is a condition with potential for relapse and ongoing follow-up is aimed at prevention and/or early detection of relapse.
- Providing a pathway for rehabilitation of substance dependent individuals, appropriately monitored, best serves the combined interests of aviation safety, organisational economics and individual health and well-being.
- Successful models of managing substance use disorders rely on a collaborative approach between the regulatory authority, aviation operators and employee representatives.

Implementation

Organizational Structure

The Substance abuse/dependency assistance program should consist of an Oversight Committee and Tripartite Team.

Oversight Committee

This committee ensures that:

- The objectives of the program are carried out.
- Mutually acceptable personnel are appointed to the Tripartite Teams.
- Medical consultants, designated management representatives, and PSVs attend both initial and recurrent training programs.
- All treatment is of the highest standard available, and consistent with the objectives of this program.
- Periodic reassessment of the program occurs so that any deficiencies can be identified, evaluated and rectified.
- Necessary coordination is made with the proper regulatory authority.

Tripartite Team

This Team ensures that:

- Line pilots are aware of this program, and the role of substance abuse/dependency prevention in the maintenance of their health.
- The principles and standards of the program are maintained for each individual case.
- The pilot in need of assistance is motivated to come forward.
- They play an active part in any intervention, Follow Up, or Tripartite Monitoring Program.

Regulatory Approval

The operation of this Program is done with the approval of those regulatory bodies responsible for pilot licensing and Civil Aviation Medicine. Appropriate voluntary disclosure, when necessary, is made to these authorities to enable the pilot's expeditious re-licensing and return to work. The mandate of the program will be to advocate for each individual pilot throughout the relicensing process when appropriate.

Regarding Disciplinary Action

Information obtained through this program should not be used to support disciplinary action. However, there may be instances where management has independent knowledge of an incident and pursues disciplinary action. The program does not seek to limit management's right to appropriate disciplinary procedures, nor does it limit the individual's right to access any collective agreement process.

Investigations relating to disciplinary matters should, where appropriate, include a complete medical, psychological, and social assessment. Consideration should be given to any health problem identified as having affected behaviour or performance.

Financial

Financial support for individual participants should be administered in accordance with appropriate pilot disability/benefit plans or company medical benefits when possible.

Member associations should endeavor to establish an agreement with employers to assume the costs for initial rehabilitation treatment at a mutually agreed treatment center. This should include a medical referral by a company approved doctor, and an assessment by a mutually agreed substance abuse professional for chemical dependency.

Depending on the situation with each operator and Member Association, the individual pilot may be responsible for certain aftercare rehabilitation costs.

Rehabilitation

Should personal lifestyle problems adversely affect a pilot's health, behaviour, or work performance, the following process should be used to help ensure successful rehabilitation.

1) Identification

The individual pilot may be the best judge of personal problems that have career implications. A program should encourage voluntary identification of those problems, and self-referrals (*note:* this does not mean self-diagnosis) for assessment purposes. Other normal methods of identification are by physicians, supervisors or peer, and family members.

2) Referral and Assessment

Each case should be assessed for possible treatment by an appropriate expert resource. To be referred for assessment, the pilot must be referred by an Association/Employer agreed Doctor or an appropriate medical consultant.

3) Intervention
   a) Informal Intervention or Level 1

   This is simply an information meeting with an individual, given in response to concerns raised by or about them. Any properly trained peer can conduct this intervention, and there are no consequences for the party involved. General education and awareness are the core issues and it serves as a "heads up" to the parties involved. Genetic factors, health risks, legal, and licensing

implications, should be part of the knowledge offered.

b) Formal Peer Intervention or Level 2

This phase involves the coordination and consent of the Tripartite Team and the awareness of the Program's Committee. It is made after the team has reviewed information about a pilot's behaviour, performance, or health. If the team concludes that there is a developing problem, the intervention is planned and carried out by two members.

A Level 2 intervention is a formal intervention and conveys the concern that has developed regarding substance abuse. The individual is expected, through their own choice and effort, to modify their behaviour, and/or seek assessment. Formal notice is given that their behavior is now the subject of discussion by the Tripartite Team, and that their behavior and work performance will be monitored by the team

c) Formal Tripartite Team intervention or Level 3

At this level, the process is coordinated by the Program's Committee to ensure there is close support for the pilot in need of treatment. The Tripartite Team carries out the actual intervention after it has been established that there is sufficient information to warrant the pilot being removed from duty for appropriate assessment. The outcome of an independent assessment determines the next series of events.

4) Treatment

Only mutually acceptable resource centers should be used for treatment. Their methods must maintain appropriate professional standards.

5) Job Reintegration

Reintegration into the workplace is a critical phase of the rehabilitation process. In certain cases, the pilot may have to undergo medical re-certification. Prior to beginning any retraining program, a Tripartite Team member helps coordinate the job reintegration. The retraining program should take into consideration any need or disability the pilot may have.

6) Follow Up

An adequate follow up procedure is essential to the success of the treatment. The Tripartite Team should meet with the pilot following residential treatment and sign the formal tripartite agreement. This is the document outlining the expectations of those participating in the Tripartite Process. Samples of these agreements are in the Appendices.

The Tripartite Team members should contact the pilot before he or she returns to line duty to ensure satisfactory completion of the rehabilitative process.

Note: Substance abuse cases should be monitored for not less than a two-year period after Return to Work. Monthly meetings should be scheduled between the pilot and their Tripartite Team. These meetings would be in addition to any treatment follow up programs and can be increased in frequency at the request of the Tripartite Team or the pilot.

Conclusion

The substance dependency program aims to facilitate the rehabilitation of an individual diagnosed with an addiction issue to restore balance and quality of life in both personal and professional realms. Pilots who successfully complete this program can continue their careers and lead a healthy, well adjusted life.

Example After Care Agreement

This example has been provided by ALPA-I and includes terminology specific to Canada. Member associations using this example should consider revising it to reflect the situation in their country.

After Care Agreement for Captain XYZ

1) I understand that if I choose not to participate in this after care agreement, my decision will be communicated to the Regulator. The responsibility will be on myself to satisfy the Regulator of my medical condition for relicensing.
2) I understand that should I agree to comply with this after care agreement and then not adhere to the conditions, I may not qualify for Disability Benefits and my employment may be affected
3) Changes in this monitoring program can only be made with the express permission and consent of EVERY member of the Tripartite team
4) For the duration of this after care contract, I will abstain totally from using alcohol or any other mood-altering drugs. If I must take any prescription or non-prescription drugs I will advise the prescribing physician that I am being treated for a chemical dependency. I will also advise the Tripartite team physician of same.
5) I will follow the recommendations of my treatment facility. This includes the after care program of that facility.
6) I will make myself available for periodic drug and or alcohol testing to be done as required by the monitoring team at their discretion.
7) I will arrange my schedule so as to be available for the monthly or otherwise scheduled Tripartite team meetings.
8) In addition to the regular Tripartite team meetings, I will regularly communicate by telephone or in person with a member of the Tripartite team as requested.
9) In the first 90 days of sobriety I will attend a total of 90 Alcoholics Anonymous (AA) meetings. (or an equivalent support program agreed to by the Tripartite team.)
10) After my initial 90 days in the support program, I will attend a minimum of 3 meetings per week. If this becomes impractical due to my flying schedule, the monitoring team may authorize a monthly minimum of 12 support meetings.
11) If there is a Birds of a Feather AA meeting available, I will attend this meeting as part of the above required weekly meetings schedule.
12) I will keep a record of the AA/support meetings that I attend. If requested by the monitoring team, I will obtain a signature from the chairman or secretary at every meeting.

13) Within my first 90 days of sobriety, I will join an AA/support home group

14) Within my first 90 days of sobriety, I will get an AA/support sponsor. My sponsor will be a member of my home group. With prior approval of my monitoring committee, my specified sponsor need not be a member of my home group. I will arrange for my sponsor to be in touch with a monitoring team to verify my participation in the AA program.

15) Once the monitoring period as mandated by the Regulator, is over, I agree to totally abstain from the use of alcohol or other mood-altering drugs for the duration of my career.

I hereby agree to the conditions of this After Care Agreement.

Signed.......................

Note: Should discipline be involved the following words should be inserted into para 2 of the aftercare agreement: 'I may not qualify for Disability Coverage. I will be subject to disciplinary action up to and including termination if warranted.'

Pilot Training Assistance

Mission Statement

Pilots are a highly experienced, expensive, skilled resource.

A Training Assistance Program allows examination, in an individualized manner, of pilot performance and to assist any pilots experiencing difficulty in establishing or maintaining their qualification or having difficulty progressing within the normal training syllabus. The aim is to provide support, facilitate their re-integration into the normal training syllabus and to ultimately attempt to eliminate ongoing or chronic performance deficiencies.

Introduction

It is recognized that not all pilots learn at the same rate or with the same learning techniques and there may be disparities in the experience level and background of pilots entering the same training program.

There should be a program in place to allow training to be adjusted or extended beyond planned training periods or training hours in all phases of initial, recurrent and requalification training if there is a belief that reasonable progress is being made and there is a likelihood of success.

All pilots are motivated to succeed in training and flight checks. A failed training or a flight check is very stressful to the individual pilot and can be expensive for the operator, who then has to schedule and deliver remedial training. Remedial training can sometimes result in a waste of resources if it does not pay attention to addressing the root causes for the failure.

This program recognizes that training may place certain pilots under performance pressure which may have detrimental effects on their career path. This avenue for assistance exists to address the following:

1) A Pilot is experiencing difficulty in achieving the required performance standard; or,

2) A Pilot is not making required progress; or,
3) A Pilot has not met the established performance standard during a Flight Check.

Some of the challenges when facing difficulties in training are related to outside issues rather than a lack of skills. Difficulties in training may have psychological impacts such as shame, lack of confidence and performance anxiety that affects the pilot's professional reputation.

There are generally two entry triggers into the Training Assistance Program:

1) Through the Training Department referral
   - Reactive: For example, the failure of a Flight Check or an inability to progress in the normal training syllabus. The program should establish standardized trigger points, after which a referral to the Training Assistance Program is mandatory.
   - Proactive, for example, anytime that an Instructor or Examiner arises a concern with an individual's ability to progress normally within the training program.
2) Self-report
   - Anytime an individual pilot feels that they have concern that their ability to progress normally may be affected, they are able

to contact the Training Assistance Program.

This section should be read in conjunction with the following sections contained within this manual:

- Confidentiality and Legal Obligation
- Training
- General Peer Support Program Policy

What is Pilot Training Assistance?

This program recognizes that there are differences in experience level, learning styles, and personal circumstances of the pilots undergoing training. Occasionally, pilots are unable to complete the standard training program successfully. Training difficulties or substandard training performance can be the cause of significant stress to a professional pilot. It is important for the individuals providing peer support to obtain insight into the pilot's true situation. This is to ensure that appropriate support is provided and, if appropriate, a proper remedial training plan is developed.

Policy

All of the members involved in the Training Assistance Program must have an extensive background in Pilot Training.

Members are selected for their experience in multiple disciplines such as Instructing and Checking, Human Factors, Curriculum Development and Pilot Assistance.

The training assistance program offers skilled, confidential peer support to assist pilots to identify the root cause and resolve problems that are affecting the individual adversely and impacting their professional performance.

Principles

Develop a pilot-centered approach to training difficulties. The goal of this approach is to attempt to ensure that the pilot is ultimately successful in training, checking, and in line operations.

This is best accomplished in a non-punitive and cooperative manner with the Pilot Association, Operator, and individual pilot all being involved.

Any formalized program to address these issues must:

- Be non-disciplinary
- . Be objective.
- Acknowledge that individual circumstance or a situation unique to the individual may affect their performance.
- Acknowledge that systemic and organizational issues beyond the scope of this program may exist that are affecting their training.
- Be an avenue for pilots to openly discuss issues that may be affecting their ability to progress in training.
- Recognize that openness and honesty are important, and the success of this process requires that pilots participate.

Implementation

An effective Pilot Training Assistance program consists of members appointed by both Pilot Association and the Operator's Training Department. The process must be conducted in a non-disciplinary manner.

A typical case follows steps similar t the list below:

- The operator notifies the Training Assistance Program of pilot experiencing training difficulties.
- A member of the program reaches out to the pilot to support the pilot to identify

and verbalise what their training needs may be.

- If a pre-set or predetermined "target" is met requiring a formal meeting, a meeting is scheduled with the Training Assistance Program.
- A report should be provided by the Training Assistance Program to the company containing any recommendations to modify training.

- In the event of any further training problems the case should be referred back to the Training Assistance Program.

Conclusion

By way of providing a formalized Pilot Training Assistance program, a member association can enhance the member's experience of dealing with the uncertainties which arise when they believe their training progression is under threat.

Professional Standards

Mission Statement

The underlying philosophy of the Professional Standards Program is that it is the responsibility of airline pilots to set and maintain professional standards that go beyond those set by the regulator and airline management as defined in an agreed Code of Ethics. This sense of responsibility and duty is what distinguishes and ennobles our chosen profession.

The Professional Standards mission is to protect and enhance the careers of professional pilots. Professional Standards deals primarily with pilot behavior in the workplace to ensure a safe and professional operating environment.

Code of Ethics and Canons

The Code of Ethics defines the standards set by the profession. It is a living document defined by the Member Association. The Code of Ethics is the standard used by the Professional Standards Program and serves as the backbone for all Professional Standards Committee functions. A sample Code of Ethics is included in Appendix A to this section.

The Professional Standards Committees are the "Stewards" of The Code of Ethics.

The "Professional Ethic" as outlined within the Code and Canons becomes the primary moral code within our professional pilot population. It is best if this ethic is rooted in the pilots' sense of obligation to the profession, rather than in a sense of obligation to the corporation. Corporations, owners, and management come and go during a pilot's career. The profession and its duties remain. Basing pilot conduct on obligation to the profession, rather than obligation to the corporation, will ensure the highest standards are maintained, regardless of the corporate atmosphere at any given time.

Introduction

The Professional Standards Committee promotes and maintains the highest degree of professional conduct among pilots. A successful Professional Standards program will enhance the margin of safety in daily flight operations, which is our primary concern and responsibility. It will also protect and enhance the standing of the profession.

Individual pilot volunteers make up the Professional Standards committees and provide a forum for pilots to come to with problems of a professional or ethical nature. Peer volunteers handle these problems under strict confidentiality.

This section should be read in conjunction with the following sections contained within this manual:

- Confidentiality and Legal Obligation
- Training
- General Peer Support Program Policy

What is Professional Standards?

The Professional Standards Committee:

1. Addresses problems of a professional or ethical nature involving pilots.

2. Resolves cases of pilot misconduct that affect flight deck safety and/or professionalism.

3. Resolves conflicts between pilots that may affect flight deck safety and/or professionalism.

4. Resolves conflicts between a pilot and a member of another employee group, or another individual, that may affect flight deck safety and/or professionalism.

5. Resolves conflicts arising out of conduct perceived as reflecting unfavorably upon the profession. The Professional Standards Committee will not, however, take any action in disputes of a political nature within the pilot group or within the union.

6. Promotes the highest standards of professional conduct through regular communication with the pilot group.

Policy

It must be emphasized that the Professional Standards Committee is not the "Pilot Morals" or "uniform policing" Committee. Any attempt to make it so undermines the true purpose of helping pilots conduct safe and professional fights. Enforcement of uniform regulations and/or policies is strictly a function of management. Regardless of where a uniform compliance complaint originates, Professional Standards should not handle cases of this nature.

Examples of situations that ARE handled by the Professional Standards Committee include:

- Cockpit managerial style (CRM)
- Personality conflict

- Non-adherence to standard operating procedures
- Crew coordination issues
- Sexual harassment (within guidelines)

Examples of situations that ARE NOT handled by Professional Standards include:

- CAA enforcement/violation cases
- Grievance matters
- Substance abuse problems
- Medical related issues
- Legal issues
- Proficiency situations

Principles

The primary components for all Professional Standards Committees are the concepts of Neutrality, Confidentiality, and No Written Records. All three concepts are mandatory for any Professional Standards Committee. If any of these critical concepts are not rigidly followed and complied with, the Professional Standards Committee will lose credibility with the employee group and eventually collapse.

1. Neutrality

When the Professional Standards Committee is approached for assistance in a situation, it is critical that the volunteer(s) handling the case do so in a non-judgmental, non- accusatory, and non-confrontational manner. It is important to note that as Professional Standards volunteers we do not pass judgment in terms of guilt or innocence on an individual. Instead, we attempt to determine what happened in each situation based on the descriptions given by the involved parties to help those involved arrive at a mutually agreeable solution. It is vital that all involved parties be made aware of the role of Neutrality in Professional Standards work and the fact that Professional Standards volunteers do not take sides in any case.

Professional Standards volunteers should always remain neutral towards any set of presented facts and not allow personal judgments or preferences to interfere with the handling of a case. Additionally, personal feelings towards an individual based on past Professional Standards involvement should be set aside so that each case can be handled on the merits of that case alone.

2. Confidentiality

The second prime component of the Professional Standards Committee is confidentiality. It is critical that pilots who approach Committee volunteers are assured that their complaints and problems will remain confidential. Pilots will not approach the Professional Standards Committee without this assurance of confidentiality. Maintaining strict confidentiality will promote acceptance of and participation in the Professional Standards process.

When the Professional Standards Committee is contacted for assistance, the procedure is to "go confidential" by assuring the individual that anything said will be held in the strictest confidence. We ask the involved individuals to adhere to this confidentiality as well. Committee volunteers are encouraged to obtain an assurance of confidentiality from all involved parties; nothing will impede the Committee's efforts to solve a situation faster than an involved party talking about the situation in the crew lounge. Once the Committee member and individuals involved agree to this process, then the need-to-know rule must apply, i.e., the case must not be discussed with anyone (fellow Committee members included) unless they have a need-to-know of the situation.

It is the intent of the Professional Standards Committee to keep the names of individuals reporting potential cases to the Professional Standards Committee confidential. The reporting party must be a willing participant in resolving the conflict since anonymity falls outside the Professional Standards' approach toward successful conflict resolution. The conflict is between the reporting individual and the other party, not Professional Standards and the two parties. The Professional Standards Committee may provide the reporter with acknowledgment that the case is being handled according to MA policy. However, no other details or actions should normally be revealed except in cases where it is necessary to bring the reporter and the other party together for resolution.

The Committee must be made up of people who are discreet and who can assure the pilots that what is said within the confines of Professional Standards activity will remain confidential.

Please note that the Committee does not inform management about Professional Standards cases that are brought to our attention by sources other than management itself. In cases brought to Professional Standards by management, the only response provided to management after a case has been handled is "The case has been resolved satisfactorily" or "We have been unable to resolve this matter." This policy includes not only 'conflict' type cases but also 'flight safety' cases as well.

If the evidence in any case suggests that a pilot or any other employee is an immediate threat to flight safety, the Professional Standards Committee member involved in the case should contact the Professional Standards Committee chairman as soon as possible. The Professional Standards Committee chairman should then consult with the MA Chairman. Additional resources, such as an MA Legal or Aeromedical group may also be utilized. The MA Chairman, after coordination with legal and medical advisors where needed, takes appropriate action to ensure flight safety. Involving your MA Chairman in

potential safety of flight issues is not considered a violation of confidentiality.

3. Written Records

The third and final prime component of all Professional Standards Committees is the prohibition against keeping written records of ANY Professional Standards activity.

To help ensure the confidentiality of the pilots serves, Professional Standards is NOT allowed to generate or maintain written records of any Committee activity. Professional Standards Committee volunteers—especially those with limited Professional Standards Committee experience—are encouraged to utilize a Case Receipt Checklist. This form is destroyed as soon as a case is cleared and not more than ninety days from its initial utilization. If Professional Standards interacts with other entities (e.g., another MA sharing office space) that have a desire to maintain any type of written contact with involved parties (e.g., writing letters to involved individuals) in a particular case, Professional Standards must not participate in that case.

To ensure the confidentiality of the work of the Professional Standards Committee, volunteers are instructed to rely ONLY upon their memories and to not keep any notes or written records pertaining to any Professional Standards situation they may have handled. It is difficult for facts of a particular case to be recalled in a legal proceeding by relying solely upon one's memory, especially if no written records of case activity exist.

WARNING: E-mail should never be used to conduct any Professional Standards Committee business. Technology exists where even deleted e-mail can be retrieved long after the e-mail was deleted, and that electronic documentation constitutes a written record that could be subject to subpoena.

NEVER send any details whatsoever regarding any Professional Standards case via e-mail. *NEVER* utilize e-mail to discuss a case with a fellow pilot that you are attempting to counsel, and *NEVER* use e-mail to discuss a case with another Professional Standards Committee volunteer. Do not use e-mail to alert a fellow pilot that you, as a Professional Standards volunteer, need to speak with them. If your only available point of initial contact with a pilot is through e-mail, ensure that your e-mail is as vague as possible, e.g., "Carl, please call me as soon as possible. Bill." If a pilot contacts you via e-mail seeking Professional Standards assistance, only obtain a contact telephone number from the e-mail and then delete the message. When you get the sender on the telephone inform them that you did not read their e-mail except to get the contact number. Be sure to advise the sender that you are not allowed to conduct any Professional Standards business via e-mail due to confidentiality constraints.

WARNING: Professional Standards committee members should NEVER discuss nor defend casework or any other aspects of Professional Standards work on internet forums, chat rooms or any form of social media. It has been noted that our profession as Air Line Pilots has been blemished by slanderous comments, half-truths and condemning commentaries. DO NOT PARTICIPATE in these mentioned networks as they will draw you into debates that will diminish our creditability as a committee, possibly divulge case work information or place you outside of your unbiased position as a Professional Standards committee member.

REMEMBER: What is said by your hands on the computer via e-mail or in forums can be used against you, your case, your committee and your Member Association.

Implementation

Professional Standards chairman should be thought of as a manager. Except for sexual harassment situations, the chairman does not normally deal with individual cases but rather directs and oversees committee volunteers to adequately deal with particular events.

Regular dialogue between the chairman and a senior flight operations representative, and conversations with the supervisory departments of other airline divisions (e.g., Flight Attendant Department senior managers) can do wonders for the promotion of the committee. The Professional Standards chairmen should also promote Professional Standards at individual bases by having regular dialogue with the base Chief Pilots and with local supervisors from other employee groups. The Professional Standards chairman should be present at MA meetings to give short presentations on the role of Professional Standards.

Budgetary development is another responsibility of the Professional Standards chairman. The two primary expenses are usually communications and training.

Ideally, all committee members are sent to an annual training seminar.

Communication is a critical and is the ongoing responsibility of the Professional Standards chairman. Days, or even weeks, may pass without any Professional Standards activity. If no intra-committee communication occurs members may feel that their services to the committee and to the pilot group are not needed or important. Therefore, it is crucial that the Professional Standards chairmen maintain regular contact with volunteers, even if only to tell them that business is slow.

It is also important to communicate with the pilot group. It is the responsibility of the Professional Standards chairman to either communicate with the pilot group directly or to designate this responsibility to a member of the committee. Such communication is typically in the form of written articles for your MA's publications. The Professional Standards chairman must also ensure that the pilot group has an adequate means of contacting the Professional Standards Committee and that all incoming communication is handled expeditiously.

The Professional Standards Committee is the confessional for your pilot group. Professional Standards volunteers will hear anything and everything ranging from the mundane to the completely bizarre, and volunteers must thus be chosen for their ability to maintain discretion and confidentiality regardless of circumstances. Pilots who have reputations for maturity, tact and strict adherence to standard operating procedures tend to make good Professional Standards volunteers.

When handling cases, talk with all parties involved. Be objective, discrete, thorough, neutral, and above all *BE CONFIDENTIAL*. **Be sure to solicit a guarantee of confidentiality with all involved parties prior to discussing any part of a case with any other party**. Respect the rights and dignity of all parties. Approach the parties with an attitude of caring and concern for the individuals as well as for safety of flight and professionalism. Often, management and/or the regulator gain knowledge of the behavior **independent of the Member Association**. In cases brought to the MA's attention by management, the MA should only notify management as to whether or not the case was successfully resolved. Nothing more should be revealed to management about the case.

Do not inform management about Professional Standards cases that are brought to the Committee's attention by sources other than management itself. The chairman is the only person with the authority to make exceptions to this rule. This includes "flight safety" cases. If in doubt, committee members should contact their Professional Standards Committee chairman. He/she will coordinate with the MA chairman.

Conclusion

As professional pilots, we all understand the importance of using our Crew Resource Management skills to discuss issues openly and directly and we do not hesitate when safety of flight is involved. In those rare instances when our personal CRM tools fail and personalities clash, we may bid around that person in the future, we may opt to ignore the situation and let it fester, or if grievous, we may opt to take the issue to management. There is a fourth alternative -- peer conflict resolution. This is the role of Professional Standards.

Example Code of Ethics

The following is an example code of a code of ethics and cannons provided by ALPA-I and includes references specific to ALPA. Other Member Associations may have their own Code of Ethics. Member Associations using this example should consider revising it to reflect the situation in their country.

Code of Ethics and Canons Preamble

The tenets of this Code shall apply to all members without regard to gender.

1) An Air Line Pilot will keep uppermost in his mind that the safety, comfort, and well-being of the passengers who entrust their lives to him are his first and greatest responsibility.
   a) He will never permit external pressures or personal desires to influence his judgment, nor will he knowingly do anything that could jeopardize flight safety.
   b) He will remember that an act of omission can be as hazardous as a deliberate act of commission, and he will not neglect any detail that contributes to the safety of his flight, or perform any operation in a negligent or careless manner.
   c) Consistent with flight safety, he will at all times operate his aircraft in a manner that will contribute to the comfort, peace of mind, and well-being of his passengers, instilling in them trust in him and the airline he represents.
   d) Once he has discharged his primary responsibility for the safety and comfort of his passengers, he will remember that they depend upon him to do all possible to deliver them to their destination at the scheduled time.
   e) If disaster should strike, he will take whatever action he deems necessary to protect the lives of his passengers and crew.
2) An Air Line Pilot will faithfully discharge the duty he owes the airline that employs him and whose salary makes possible his way of life.
   a) He will do all within his powers to operate his aircraft efficiently and on schedule in a manner that will not cause damage or unnecessary maintenance.
   b) He will faithfully obey all lawful directives given by his supervisors, but will resist and, if necessary, refuse to obey any directives that, in his considered judgment, are not lawful or will adversely affect flight safety. He will remember that in the final analysis the responsibility for safe completion of the flight rests upon his shoulders.
   c) He will not knowingly falsify any log or record, nor will he condone such action by other crew members.
   d) He will remember that a full month's salary demands a full and fair month's work. On his days off, he will not engage in any occupation or activity that will diminish his efficiency or bring discredit to his profession.
   e) He will realize that he represents the airline to all who meet him and will at all times keep his personal appearance and conduct above reproach.
   f) He will give his airline, its officers, directors, and supervisors the full loyalty that is their due, and will refrain from speaking ill of them. If he feels it necessary to reveal and correct conditions that are not conducive to safe operations and harmonious relations, he will direct his criticism to the proper authorities within ALPA.

g) He will hold his airline's business secrets in confidence, and will take care that they are not improperly revealed.

3) An Air Line Pilot will accept the responsibilities as well as the rewards of command and will at all times so conduct himself both on duty and off as to instill and merit the confidence and respect of his crew, his fellow employees, and his associates within the profession.

a) He will know and understand the duties of each member of his crew. If in command, he will be firm but fair, explicit yet tolerant of deviations that do not affect the safe and orderly completion of the flight. He will be efficient yet relaxed, so that the duties of the crew may be carried out in a harmonious manner.

b) If in command, he will expect efficient performance of each crew member's duties, yet he will overlook small discrepancies and refrain from unnecessary and destructive criticism, so that the crew member will retain his self-respect and cooperative attitude. A frank discussion of minor matters of technique and performance after the flight will create goodwill and a desire to be helpful, whereas sharp criticism and peremptory orders at the moment will result only in the breakdown of morale and an inefficient, halting performance of future duties.

c) An Air Line Pilot will remember that his is a profession heavily dependent on training during regular operations and, if in command, will afford his flight crew members every reasonable opportunity, consistent with safety and efficiency, to learn and practice. He will endeavor to instill in his crew a sense of pride and responsibility. In making reports on the work and conduct of his crew members, he will avoid personal prejudices, make his reports factual and his criticisms constructive so that actions taken as a result of his reports will improve the knowledge and skill of his crew members, rather than bring discredit, endanger their livelihood, and threaten their standing in the profession.

d) While in command, the Air Line Pilot will be mindful of the welfare of his crew. He will see to it that his crew are properly lodged and cared for, particularly during unusual operating conditions. When cancellations result in deadheading, he will ensure that proper arrangements are made for the transportation of his crew before he takes care of himself.

4) An Air Line Pilot will conduct his affairs with other members of the profession and with ALPA in such a manner as to bring credit to the profession and ALPA as well as to himself.

a) He will not falsely or maliciously injure the professional reputation, prospects, or job security of another pilot, yet if he knows of professional incompetence or conduct detrimental to the profession or to ALPA, he will not shrink from revealing this to the proper authorities within ALPA, so that the weak member may be brought up to the standards demanded, or ALPA and the profession alike may be rid of one unworthy to share its rewards.

b) He will conduct his affairs with ALPA and its members in accordance with the rules laid down in the Constitution and By-Laws of ALPA and with the policies and interpretations promulgated therefrom. Whenever possible, he will attend all meetings of ALPA open to him and will take an active part in its activities and in meetings of other groups calculated to improve air safety and the standing of the profession.

c) An Air Line Pilot shall refrain from any action whereby, for his personal benefit or gain, he takes advantage of the confidence reposed in him by his fellow members. If he is called upon to represent ALPA in any dispute, he will do so to the best of his ability, fairly and fearlessly, relying on the influence and power of ALPA to protect him.

d) He will regard himself as a debtor to his profession and ALPA, and will dedicate himself to their advancement. He will cooperate in the upholding of the profession by exchanging information and experience with his fellow pilots and by actively contributing to the work of professional groups and the technical press.

5) To an Air Line Pilot the honor of his profession is dear, and he will remember that his own character and conduct reflect honor or dishonor upon the profession.

a) He will be a good citizen of his country, state, and community, taking an active part in their affairs, especially those dealing with the improvement of aviation facilities and the enhancement of air safety.

b) He will conduct all his affairs in a manner that reflects credit on himself and his profession.

c) He will remember that to his neighbors, friends, and acquaintances he represents both the profession and ALPA, and that his actions represent to them the conduct and character of all members of the profession and ALPA.

d) He will realize that nothing more certainly fosters prejudices against and deprives the profession of its high public esteem and confidence than do breaches in the use of alcohol.

e) He will not publish articles, give interviews, or permit his name to be used in any manner likely to bring discredit to another pilot, the airline industry, the profession, or ALPA.

f) He will continue to keep abreast of aviation developments so that his skill and judgment, which heavily depend on such knowledge, may be of the highest order.

Having Endeavored to his utmost to faithfully fulfill the obligations of the ALPA Code of Ethics and Canons for the Guidance of Air Line Pilots, a pilot may consider himself worthy to be called...an AIRLINE PILOT

Wellbeing

Mission Statement

Wellbeing is a fundamental component of mental health and includes any physical, psychological, social and emotional needs impacting professional performance. The Pilot Wellbeing program is intended to create a confidential environment for the individual pilot whose *operational performance is at risk of being affected* by any individual, relational and professional issues that are affecting their sense of mental and emotional wellbeing.

Introduction

Pilots cope with and manage operational and occupational stressors continually. Occurrences in their personal and home lives may add to their stress. These demands on pilots are often related and seldom mutually exclusive. The cumulative effect is that they may cause distress, impacting wellbeing and, possibly professional performance.

This section should be read in conjunction with the following sections contained within this manual:

- Confidentiality and Legal Obligation
- Training
- General Peer Support Program Policy

Terminology

Wellbeing: The working definition of wellbeing used in this program refers to any physical, psychological, social and emotional needs impacting professional performance.

Pilot Wellbeing: Pilot wellbeing refers to the impact of these stressors on individual's mood, sense of meaning and operational performance.

Wellbeing Model: The framework for discussions needs to be structured and solution-focussed. Combined with active and reflective listening skills this framework can be applied to guide a discussion on any topic affecting a pilot's wellbeing and impacting their performance.

What is Wellbeing?

This program aims to ensure that pilots have a safe, confidential and non-judgemental opportunity to address their concerns without fear of consequence. Pilots do not seek help readily regarding their wellbeing for several reasons, such as fear of repercussions, failure to recognise the crisis, stigmatisation etc. It is the responsibility of the wellbeing program to present an opportunity and suitable environment for pilots to access support at these times.

Policy

The Wellbeing Policy seeks to offer skilled, confidential and structured peer support for pilots who are confronting a situation or circumstances that is causing them to feel overwhelmed, distressed and unsure of the path to resolving the situation. The intention is to provide emotional support, build resilience and facilitate finding appropriate solutions.

The policy is to create a supportive context for pilots to address any issue or circumstance that is adversely affecting their sense of wellbeing and impacting their operational performance. Wellbeing conversations are designed to address any topic that is not addressed by another form of peer support intervention such as the substance addiction and critical incident response protocols.

Principles

The principles and procedures of providing support for pilots to address circumstances that are affecting their wellbeing and professional performance are summarised below. This process is aligned with international best practice.

- Wellbeing peer support is rooted in the principles of peer support, psychological first aid, and active listening.
- The primary competencies are active and reflective listening to guide a discussion around options and resources towards solution. Where necessary, the peers support pilots to identify the need for more skilled assessment and intervention and support them to seek such.
- The approach is resiliency based, viewing pilots as resourceful, healthy, whole and able to recover.
- The peer seeks to empower the pilot to take control over their circumstances and take responsibility to resolve their crisis. They never take responsibility or control away from the pilot.
- The peer role is short-term and supportive, not curative or therapeutic. In this role, the peer abides by the two protocols stipulated of peer support, namely, confidentiality and, escalation and referral.
- Peers respond to requests for support and only intervene when invited. Support, when sought, is always participated in voluntarily.
- The fundamental principle is 'seek to do no harm'. In this light, wellbeing discussions are mentored and supervised to ensure no harm is done to the peer or the person they are supporting.

Training

Training is integral to becoming a skilled peer. It is recommended that Wellbeing training involve a mental health professional / mental health specialist who has experience in working with pilots.

The primary competencies for wellbeing conversations are:

- active and attentive listening,
- an understanding of trauma,
- psychological issues affecting pilots, and
- the ability to identify the need for referral to skilled intervention and role boundary;

and addresses:

- Active and reflective listening skills,
- Psychological first aid,
- Facilitating a structured, solution-focussed conversation, and
- Escalation and referral when requested or as needed, or if there are concerns regarding flight safety.

Roles and Responsibilities

It is imperative that the peer respect the boundaries of their role to protect the pilot from further harm; the peer from doing harm, and to protect the integrity of the program.

Role of peers

- To listen: Utilise active listening skills to facilitate conversations with pilot regarding issues of concern
- To support the pilots seeking assistance to find their own solutions and to identify steps to put into place towards resolution
- Refer to health care professional when skilled intervention is necessary

- Consult and debrief with the Team MHP when mental health or flight safety related concerns arise

Responsibilities of peers

- Be mindful of the pilot's ability to solve their own problem and that they seek support voluntary
- Provide a safe, respectful and confidential environment for a peer-to-peer conversation, building trust with the pilot
- Use active listening to empower the pilot to take responsibility for their own problems
- Explain the peer role and confidentiality during the initial discussion
- Do their utmost to safeguard confidentiality
- Seek skilled support when:
  - the person is not progressing towards adequate resolution of their circumstances within an average of three conversations
  - when the person requests professional support
- Brief and debrief with a Mentor when handling a call
- Attend recurrent peer team training and supervision
- Report any concerns related to personal or professional flight safety

Role of Mental Health Professional (MHP)

It is recommended that mental health professionals be well versed in the rules and regulations governing pilots. The Wellbeing program requires MHPs to understand how an effective peer wellbeing intervention can successfully support a pilot. The role of the MHP is to debrief the peer who is engaged in a wellbeing discussion, this includes:

- revising the framework to be used to guide the discussion
- identifying possible resources
- ensuring the self-care and wellbeing of the peer

Mental health professional (MHP)

Suitably qualified and experienced mental health professional, either psychologist or masters-level social worker, preferably with experience as an aviation pilot. These MHPs will be trained to:

- understand the role of the peer and the operation of the organisation,
- understand the organisation's emphasis and impact on wellbeing,
- understand psychosocial safety risks in aviation,
- identify and handle possible threats to flight safety,
- understand the impact of diagnosis for pilots, and
- understand the framework used to guide wellbeing discussions.

The contracted services of MHP should be engaged to assist as required with developing and integrating a collaborative approach to managing the wellbeing of pilots, an escalation and referral process beyond peer intervention and a return to duty assessment.

The responsibility of Mental health professional is to:

- advise and supervise the peer on how to support resilience and mental health in a specific situation,
- provide necessary resources or referral, and
- act as a gate-keeper regarding mental illness or disorders that are impacting safety of flight.

Where necessary, and with the consent of the program, act as an intermediary with operators regarding very specific situations that have the potential to impact flight safety

Implementation

Scope

Pilot Wellbeing programs may act as a first port of call for pilots who are facing circumstances or situations that are negatively impacting their wellbeing or who are concerned for the wellbeing of another. The process is confidential within the scope of confidentiality, as detailed in the Benchmarks for a Successful Peer Support Program section.

Core Concepts in Peer to Peer Contact

The framework for wellbeing discussions consists of five broad steps

- Establish the boundaries of the contact
- Listen and Clarify the Problem
- Explore Options
- Identify Solutions
- Encourage the pilot to take responsibility and hold themselves accountable (to the peer) to act to resolve their problem
  - including determining the next steps, follow up and/ or referral

Initiating Contact

Pilot wellbeing discussions can be accessed by several channels. Each program needs to decide on several important aspects regarding referral by a concerned third party.

- Self-referral
- Company referral
- Family or Friends
- Long-term Illness: on a case by case basis as requested to offer support without interfering

It is recommended that peer discussions are thoroughly debriefed due to the intense nature of these discussions. If there are concerns about the mental health status of a pilot, the peer must consult with their MHPs involved with the team on how to provide immediate support and to develop a strategy to refer onwards.

Establishing the Boundaries of the Contact

It is essential to acknowledge that the pilot reaching out for support at this stage may be in a crisis space and feeling that their circumstances are beyond their control. It is important to acknowledge that many pilots are highly skilled problem solvers and it takes significant courage to request support. To create a safe context for the pilot, it is necessary to clarify the boundaries and the scope of peer support, including clear guidelines regarding record-keeping, reporting, confidentiality and the duration of the discussion.

Depending on the size and experience level of the peer team, to ensure that the discussions are handled appropriately and within the peer's capability, the peer's engagement is guided through a briefing and debriefing discussion with a mentor peer. The debriefing is to explore how the discussion went for the peer and not on contents of the discussion.

Peers are discouraged from engaging in informal peer support discussions while in/on the aircraft, it may be more suitable to defer the discussion to an appropriate time and place. Although the aircraft often seems to present an ideal opportunity for peer discussions, it is necessary to recognise that it is not a safe context free from stressors, interruptions, nor does it allow the peer to focus their attention fully on the pilot and their needs.

Referral and Follow-Up

A peer negotiates with the pilot how to follow-up on further needs for support and their progress. It is the pilot's prerogative to choose to follow up and report to the peer.

Escalation and Referral Policy

Should any peer or mentor have a concern regarding a pilot's mental state or flight safety this concern needs to be communicated immediately to the MHPs involved.

If a pilot is not finding resolution within an average of three contact sessions with a peer, the peer must discuss the entire situation with their supervisor to determine whether the peer can continue for two further discussions or will ask the peer to refer the with immediate effect for professional support.

Conclusion

Pilots face significant stresses and demand which impact their professional performance. To mitigate the adverse impact of workplace demands and stress, workplace peer support is a recognised form of support. Given the safety critical nature of pilots' work, peer-driven wellbeing programs are efficient and effective, having a positive impact in supporting a pilot to address circumstance that has the potential to impact their performance.

Avoiding Volunteer Burnout

Programs are staffed and run by volunteers using their limited time and resources to fulfil a peer support role. To ensure that the peers can fulfil their duties, attend training days and avoid burnout and compassion fatigue, it is important that Industry ratify and support the work formally. Sponsorship, support and time in lieu of are ways to ensure sustainability of peer support.

Resources Available to Member Associations

All program resources are available to member associations, to draw from and duplicate as necessary, in order to develop their own peer support programs. It is encouraged that the associations share all resources including knowledge, experience and lessons learned. Peer volunteers will assist globally where needed.

Attachment A: Example Escalation Triggers and Protocols

This example has been provided by the Australian PAN. Member associations using this example should consider revising it to reflect the situation in their country.

Referral to a Medical Health Professional

PAN Support Volunteers' (PSV) primary task is to be available to aviation license holding Pilots and Air Traffic Controller Peers to assist with professional and personal issues.

Assistance is focused on peer support skills, the use of non-judgmental and empathic listening skills when interacting with peers.

Sometimes the PSV may consider assistance beyond this scope would be helpful.

In these cases, the PSV will:

1.   Discuss with the peer the area of concern.

2.   Suggest involvement of an appropriate medical health professional which may include, but not be limited to; the PAN Psychologist, GP, AME, Company Medical or Company EAP.

3.   If requested, assist the peer with accessing the appropriate services.

If the PSV considers the peer's personal safety or the safety of others is at risk, the PSV will:

1.   Discuss and obtain guidance from the PAN Psychologist, if time permits.

2.   Discuss with the peer the need to seek professional advice and then assist or confirm that the peer has sought professional advice.

3.   When required, confirm that the peer's AME is informed.

4.   If the peer refuses to seek assistance from the appropriate medical professionals, inform the peer that Company Medical or other appropriate services will be informed of the health issue.

If the PSV considers that risk of personal injury is imminent, the member will maintain communication with the peer and seek immediate assistance from appropriate emergency medical services, including but not limited to Lifeline or Police and Emergency Services i.e. "111". When overseas, Flight Operations can provide rapid and appropriate support.

Ensuring Flight Safety When 'Fitness for Duty' is Compromised

A Pilot or Air Traffic Controller's responsibilities with regard to "Fitness for Duty" is set out in the Civil Aviation Act 1990 Part 2 or CASR67 for Aircrew operating under an Australian AOC. These obligations may be further set out by individual airline's expositions/policies.

It is primarily the individual license holders' responsibility to comply with these requirements but in rare situations a PAN Support Volunteer (PSV) may be alerted to a peer's inability to respond to this responsibility adequately or the peer's intent to ignore a serious breach of this responsibility.

In these rare cases the PSV will:

1.	Discuss his/her concerns and explain to the peer the need to be "unavailable" for duty, and the options available to do so.

2.	If the peer does not intend to comply, discuss the de-identified situation with another (ideally more experienced) PSV.

3.	If the PSV still considers "Fitness for Duty" is going to be compromised to the extent that personal or public safety is at risk, the member will discuss the situation with the peer again.

4.	If the peer still refuses to report his/her unavailability the PSV will explain his responsibility to inform the peer's Medical Examiner of the situation, and offer to do so on the peer's behalf.

5.	If the peer still refuses to report his unavailability the PSV is to do so on the peer's behalf, clearly stating to the peer, the Volunteer's intent to report. [1]

If step 5 is reached, the PSV is to:

1.	Inform the appropriate senior Operations Manager of the PSV's concerns in a de-identified manner.

2.	Maintain confidentiality if at all possible and ascertain the Operation Manager's response.

3.	If it is possible, inform the peer of this response and again encourage the contact to report his unavailability, if required.

4.	If the peer continues to refuse, then inform the contact that he will be identified to the appropriate senior Operations Manager.

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[1] Of note, the Australian PAN has never had to enact Step 5 actions in 20 years' experience

Attachment B: Example Psychologist Service Level Agreement

Member associations using this example should consider revising it to reflect the situation in their country.

Peer Assistance Consultant Psychologist

Service Level Agreement

Herein describes the Service Level Agreement between Peer Assistance and the undersigned consultant Aviation Psychologist.
By signing this agreement, the undersigned agrees to deliver to the best of his/her professional abilities:

- Oversight of the Peer Assistance program including training, Peer Support Volunteer (PSV) supervision and case consultancy services for an initial referral contact;
- Prompt, accurate and independent advice on aviation psychological matters.
- When appropriate, advocacy pertaining to individual member's psychological issues with respect to the Regulator's medical requirements.
- Have access to local and international aviation psychology research and collegial sources for program enhancement.
- Provide advice on submissions to changes in government laws, and/or Regulator policy reviews on matters pertaining to aviation psychology.
- Other mutually agreed matters which may from time to time arise.

The Peer Assistance Committee will appoint the position of Aviation Psychologist.

The annual consulting fee of $……. may be reviewed at the end of the calendar year. It shall be paid upon invoice, in four quarterly instalments. Other PAN associated costs of travel, including but not limited to reasonable accommodation and meals will be paid upon evidence of receipts by way of expense claim.

Either party to this Agreement may opt out of the Agreement in writing giving three (3) months' notice.

Consulting Aviation Psychologist   Peer Assistance Co-ordinator

Signed: _____ Signed: _____

Name: _____Name: _____

Date: _____   Date: _____