



CRITICAL INCIDENT RESPONSE PROGRAM

GUIDE

WHAT IS THE CRITICAL INCIDENT RESPONSE PROGRAM?

The purpose of ALPA's Critical Incident Response Program (CIRP) is to mitigate the psychological impact of an incident or accident and aid in the normal recovery from these events before harmful stress reactions affect job performance, careers, families, and health.

The CIRP provides pre-incident education and post-incident/accident crisis intervention services to ALPA members involved in critical incidents and accidents. Peer support volunteers (PSVs), who are line pilots, are specifically trained and certified to provide support in critical incident stress management. ALPA formally implemented this program in 1994 to improve flight safety by assisting crewmembers, accident investigators, and their families following a critical incident or accident. Initiation of the Critical Incident Response Program was carried out as a project of ALPA subject-matter experts in the following disciplines: Accident Investigation, Aeromedical, Human Performance, Pilot Assistance, and Safety.

DEFINITIONS

- **Critical Incident:** a stressful event that may evoke stress reactions by those either directly or indirectly involved. It may be an incident or accident, an occurrence such as an unruly passenger on the aircraft, or investigating an aircraft accident. A critical incident may overwhelm the normal coping mechanism and leave the individual feeling out of control or helpless.
- **Critical Incident Stress:** psychological or physiological reaction to a critical incident; it often appears as a characteristic set of symptoms. See page 4 for a chart of reactions.
- **Critical Incident Stress Debriefing (CISD):** a seven-step managed venting of thoughts and reactions to a critical incident by those involved. This debriefing usually occurs within 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 an ALPA-approved mental health professional. Debriefings are confidential and do not involve management personnel. CISDs are not operational debriefings. They are conducted to provide support to the individuals involved and to mitigate the long-term effects of stress reactions. No records or notes are kept during debriefings. A typical CISD lasts from 1½ to 3 hours depending on the size of the group.
- **Defusing:** the first contact between the crewmember or accident investigator and the peer support volunteer(s); designed to offer education on stress reactions. Defusings usually take place as soon as possible after an event and may be done by telephone. A defusing is a three-step process that lasts about 20 minutes and may involve follow-up calls.
- **One-On-One/Individual Crisis Intervention:** This is the most frequently used CISM technique. Typically it consists of one to three contacts with an individual. It is often conducted over the phone.
- **Peer Support:** designed to assist crewmembers, accident investigators, or their families with a critical incident. Support consists of phone calls, person-to-person contact, defusings, and, if necessary, a critical incident stress debriefing.
- **Peer Support Volunteer (PSV):** an ALPA member volunteer who has been specifically trained and certificated in critical incident stress management, peer support, and ALPA CIRP protocols. Trainers approved by the International Critical Incident Stress Foundation provide the certification courses.
- **Post-Traumatic Stress Disorder (PTSD):** a psychiatric diagnosis described as the development of characteristic symptoms following a psychologically distressing event that exposes a person to an intensity and/or duration of emotions outside the range of usual human experience. Major characteristics may include the following:
 1. The traumatic event is persistently reexperienced, often as flashbacks or intrusive memories,
 2. There is persistent avoidance of things associated with the trauma and numbing of general responsiveness, such as the inability to enjoy aspects of life previously important, e.g., sex, hobbies, family, etc., and
 3. There are persistent symptoms of increased arousal such as hypervigilance (always being on the alert for something to happen), sleep problems, irritability and outbursts of anger, difficulty concentrating, and exaggerated startle response.

PTSD has long-term debilitating effects but it can be treated. The diagnosis is not made if the disturbance lasts less than one month. A less severe form of PTSD is **Acute Stress Disorder**. These stress disorders seriously threaten an ALPA member's health, career, and family. Early intervention has proven effective in preventing or mitigating the development of long-term stress disorders.

WHAT IS A CRITICAL INCIDENT?

Aviation incidents/accidents are events that may evoke strong reactions for those involved. In the aftermath of these events, crewmembers, accident investigators, and their families are at a high risk for developing critical incident stress reactions, or the more serious post-traumatic stress disorder.

ALPA defines a critical incident as:

1. An aircraft accident (serious injury or death to passengers or crewmembers or significant damage to the aircraft),
2. An aircraft incident that results in injury to passengers or crewmembers,
3. An on-the-job incident where there exists the real or perceived threat of death or serious injury to a crewmember or passenger, e.g., bomb threat, near mid-air collision, or an incident requiring passenger evacuation,
4. An aircraft event evoking major media coverage, or
5. Participation in aircraft accident investigation activities.

The CIRP critical incident stress debriefing has been implemented after many other kinds of incidents. Examples of these incidents include:

1. A crewmember injured on the way from the layover hotel to the airport,
2. An engine fire in flight,
3. A wind shear incident in which the crew lost control of the aircraft,
4. The death of a crewmember's child in an aircraft accident,
5. An aircraft stalling in flight,
6. A simulator failure,
7. Loss of medical certification, and
8. An FAA investigation of an incident.

ALPA CIRP recommends a critical incident stress debriefing with an ALPA-approved mental health professional after an incident or accident resulting in serious injury or death of a crewmember or passenger or after an event involving major media attention.

WHAT IS A STRESS REACTION?

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 may not recognize our stress reactions and may even believe that because of our training and experience we are immune to them.

Each person's stress reactions will be different. However, CIRP and the ALPA Aeromedical Office have found that crewmembers experiencing stress reactions from an accident or incident most often complain about sleep problems, anger at the company, or the loss of "flying as fun." The ALPA Aeromedical Office has also found that of the pilots with post-traumatic stress disorder or long-term severe stress, approximately 70 percent of those who received proper assistance continued their aviation careers.

Of those pilots not receiving any critical incident stress support, 60 to 70 percent left their aviation careers within two years of the critical incident or accident.

Stress reactions may appear within days or they may take months or years to surface. If stress reactions do not diminish in frequency and intensity within a few weeks of the event, assistance from a mental health professional may be necessary. Participation in a CISM or counseling with a mental health professional as part of ALPA's CIRP does not jeopardize a pilot's medical certification. Call your CIRP chairman or the ALPA Aeromedical Office for more details.

The following list of common stress reactions was provided by the International Critical Incident Stress Foundation, Inc., Ellicott City, Maryland.

Physical	Thinking/Cognitive	Emotional	Behavioral
Chest tightness	Blaming	Abandoned	Alcohol consumption
Chills	Confusion	Agitation	Antisocial actions
Cold	Difficulty calculating	Anxiety	Changes in activity
Diarrhea	Difficulty concentrating	Apprehension	Changes in sex life
Dizziness	Difficulty in problem solving	Denial	Emotional outbursts
Fast breathing	Difficulty making decisions	Depression	Erratic movements
Fatigue	Difficulty naming common objects	Fear	Harsh with family
Grinding teeth	Difficulty reading	Feeling isolated	Hyperalert to environment
Headaches	Disorientation (place/time)	Feeling lost	Inability to rest/relax
Hormone changes	Distressing dreams	Feeling numb	Increase/loss of appetite
Nausea	Hypervigilance	Grief	Job changes
Profuse sweats	Increased/decreased alertness	Guilt	Nonspecific body pains
Rapid heartbeat	Intrusive memories	Intense anger	Pacing
Sleep problems	Memory problems (short or long term)	Irritability	Paranoia
Thirst	Offensive/defensive self reviews	Limited contact	Relationship problems
Tremors (hands)	Overwhelmed by normal routines	Sadness	Speech pattern changes
Twitching	Poor/decreased attention span	Uncertainty	Startle reflex intensified
Upset stomach	Seeing event over and over again	Wanting to hide	Suspiciousness
Visual difficulty	Slower thought process	Worry	Withdrawal into oneself

STRESS MANAGEMENT INFORMATION

You can mitigate the effects of stress reactions. The list of actions on the following pages was compiled from several sources:

- An article prepared by Jeffrey T. Mitchell, PhD, of the University of Maryland's Emergency Health Services Program and cofounder with George S. Everly Jr., PhD, of the International Critical Incident Stress Foundation, Inc.,
- A handout used by the Northern Illinois CISM Team, and
- The ALPA CIRP Group.

INFORMATION FOR YOURSELF

Remember: You are normal and are having common reactions to an abnormal situation.

- While exercise is always important, vigorous exercise is especially critical within the first 24–48 hours of an accident or incident to offset physiological stress reactions. Move around, stretch, and walk. Alternate relaxation techniques, such as deep breathing, with exercise.
- Take naps or just rest. Get more rest than normal.
- Eat healthy food and snacks. Eat meals on your regular schedule, even if you are not hungry.
- Drink more than your normal amount of water. This helps rid your body of toxins built up by the body's physiological stress reaction.
- Reduce your use of caffeine and alcohol. Both interfere with normal sleep and the processing of the accident/incident or trauma.
- Contact friends and talk to people you trust. This is the most healing action you can take. Talk about your reactions to the event and its effects on you.
- Realize that those around you—especially your family—may be under stress, too. Talk to them about what is going on with you.
- If you live alone, have someone stay with you for a day or so.
- Structure your time, keep busy, and follow your routine of eating, sleeping, exercising, spending time with family, etc.
- If you cannot sleep after a few days, call the ALPA Aeromedical Office for help. Sleep is critical to recovery.
- Give yourself permission to feel rotten. You may feel sore muscles in various parts of your body from the physiological stress.
- Insist on a critical incident stress defusing from your ALPA CIRP.
- Ask for a critical incident stress debriefing if you are experiencing stress reactions a week or more after the event.
- **Do not** make big life changes or major decisions for some time after a major event.
- Make as many small, daily decisions as you can. This will give you a feeling of control over your life.
- Recurring thoughts, intrusive memories of the event, and flashbacks are normal. Don't try to fight them. They will decrease over time and become less painful. If they do not decrease or stop within 30 to 45 days, call your CIRP chairman, the ALPA Aeromedical Office, or the mental health professional who conducted your CISD. You do not have to live with haunting memories, intrusive thoughts, nightmares, flashbacks, or other stress reactions. Talk about your reactions. Confidential resources are available to help.
- In the event of an accident or incident with your airline, contact your family immediately to let them know you are okay. Let them know to expect calls from friends and family. A message on a recorder to let those who care know you are okay is often helpful if you can't answer the calls.
- Designate a friend or family member to go to your home to assist your significant other and/or family in the event you are involved in a serious incident or accident.
- Keep your will up to date. Talk to your significant other and/or family about what to expect in the event you are involved in a serious incident or accident, what to do, and where to get information.

INFORMATION FOR FAMILY MEMBERS AND FRIENDS

Share the following information/suggestions with those close to you.

- Offer your assistance. Realize a crewmember who has been involved in an accident may not know what he or she needs or wants.
- If you don't know how to help, call for assistance from the CIRP.
- Spend time with the traumatized person even if you don't say anything. Just be there.
- Listen carefully without offering advice. Don't try to "fix" the situation.
- Don't take the person's anger or other feelings personally.
- Be prepared for mood swings. People experience trauma and cope with its aftermath in different ways. Respect these differences.
- Give the traumatized person private time.
- Go for a walk together outdoors.
- Help them with everyday tasks. Most people will not call and ask for help.
- Create an environment in which it feels safe to share. Don't attempt to force traumatized persons to talk if they don't want to.
- Be sensitive to the fact that adhering to a preestablished routine sometimes helps reorient the individual to prior functioning levels.
- A sensitive touch, a caring embrace, or someone sitting quietly nearby may also be supportive while individuals sift through some of their own issues.
- Most of the time, a barrage of help is available immediately after a traumatic event. But, as days and weeks go on, your friend or peer may need your help even more. Stay in touch!
- Don't try to analyze the behaviors that may become apparent. Acceptance and support are the key elements of providing comfort.
- If a loved one was lost, we cannot make grief less painful. Often a simple "I'm sorry for your loss" is enough.
- Don't avoid talking about the event because you don't know what to say or fear you may say the wrong thing. A sincere expression of concern or asking how things are for them is very beneficial.
- Don't tell them that they are "lucky it wasn't worse." Traumatized people are not consoled by such statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and help.
- Don't tell them, "It is God's will." They may not share your concept of life and God.
- Don't say, "You should be over this by now." People may take months or years to recover from a serious trauma or the loss of a loved one.
- Don't say, "Everything will be okay." You don't know that it will.
- Don't say, "I know how you feel." No one knows how anyone else feels without listening carefully.
- Don't talk about your own incidents or accidents even though theirs may remind you of yours. You may be surprised how difficult this is to do.
- Don't ask how they feel unless you really want to know and have time to listen.
- Keep "curious questions" for your own self-satisfaction in their appropriate place. A later time might be more beneficial to everyone. Ask them if they mind talking about the event before you ask questions. Explain why you want to know what happened.
- Resist telling people how they **should** feel and try to let them know you have heard how they **do** feel.
- Call for help for yourself when you feel overwhelmed. Remember, the CIRP is also designed to help family members and significant others.

ADDITIONAL INFORMATION

It is **normal** for people to be unable to recognize their own stress reactions. If you encounter someone you think could benefit from ALPA's CIRP, talk with them about it. Get them to call one of the telephone numbers listed on the last page of this guide.

The ALPA Aeromedical Office is a valuable and confidential resource for all ALPA members. When you call the Aeromedical Office, expect to be asked for your ALPA member number and a telephone number where one of the Aeromedical doctors can call you back. Let the person who answers the phone know if you have an urgent problem. **All information given to the Aeromedical Office is confidential.**

List your MEC peer support volunteers and three friends whom you can call upon for support in times of stress. If you can't come up with three people you feel comfortable talking with, get to work on your support network **now**, before you need it.

Talk with your significant other and/or family about what they should do in the event you are involved in an incident or accident. Give them phone numbers to call for information and prepare them to be contacted by the media. Select someone to liaison with your family, ALPA, and the company in the event you are seriously injured.

Personal Support Network	Phone Number
1. Peer Support Volunteer _____	_____
2. Peer Support Volunteer _____	_____
3. Peer Support Volunteer _____	_____
4. Friend _____	_____
5. _____	_____
6. _____	_____

Volunteers Needed

Peer support volunteers and their significant others are needed for the ALPA Critical Incident Response Program. Volunteers are especially needed in the vicinity of major airports. Current or retired ALPA members are encouraged to volunteer.

Call or write:

ALPA Critical Incident Response Program

Air Line Pilots Association, Int'l
Engineering and Air Safety Department
535 Herndon Parkway
P.O. Box 1169
Herndon, VA 20172
(703) 689-2270
Monday–Friday • 0830–1730 ET

WHO DO I CALL?

After a critical incident, stress reactions may be common for anywhere from several days to a few weeks. Expect a call from an ALPA CIRP Peer Support Volunteer following an accident. **If you are involved in an incident or accident, and are not contacted, please give someone a call.** Here is a checklist of whom to call. Fill in the blanks now, before you need it. Give a copy of these numbers to your significant other and/or family.

1. Your **CIRP Hotline** (if available): _____
2. Your MEC CIRP chairman or coordinator:
Name: _____ Phone: _____
Base: _____ ASPEN: _____ Cell: _____
3. Your MEC accident or incident hotline: _____
4. If you do not have a MEC CIRP chairman, call your MEC Central Air Safety Chairman (CASC) or MEC.
CASC: _____ Phone: _____
Cell: _____
MEC/LEC: _____ Phone: _____
Cell: _____
5. ALPA Aeromedical Office, Denver, Colo.
Monday–Friday • 0830–1600 MT: **(303) 341-4435**
6. ALPA Air Safety Department, Herndon, Va.
Monday–Friday • 0830–1730 ET: **(800) 424-2470**
7. **In an emergency only**—The ALPA Hotline is answered 24 hours a day. Use this number only if your problem cannot wait until normal business hours—collect calls are accepted:

Worldwide ALPA Accident/Incident Hotline:

(202) 797-4180

Collect calls accepted

