



After Accident Recovery: Human Capital Issues

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Kim Kenville, Ph.D., C.M.

Principal Investigator

Airport Cooperative Research Program (ACRP) 06-01



What is ACRP?

- **Airport Cooperative Research Program:**
The Airport Cooperative Research Program (ACRP) was authorized in December 2003 as part of the Vision 100-Century of Aviation Reauthorization Act. In October 2005, the Federal Aviation Administration (FAA) executed a contract with the National Academies, acting through its Transportation Research Board (TRB), to serve as manager of the ACRP. Program oversight and governance are provided by representatives of airport operating agencies (\$10M to begin, \$15M for next reauthorization)



ACRP 06-01 (FY07) Impact of Aircraft Accident Recovery on Non-Responder Employees

- Working the response and recovery phases of an aircraft accident can be devastating to a **non**-first responder employee
- The recovery phase of an accident can last anywhere from a few weeks to several years
- It is important to recognize symptoms of emotional distress (post traumatic stress/disorder), in order to keep good employees healthy both physically and mentally



Airport Regulations

- FAR Part 139 and A/C 150/5200-31B (AEP) call for an airport to address potential mental health implications of response/recovery to an aircraft accident, however most airports do not have a specific program in place, but rely on their organizations' Employees Assistance Program (EAP)
- Non 139 Airports have no requirement
- Non FAR Part 121 air carriers have no requirements
- GA Organizations have no requirement



Background Information

- EAP's may have “stigmas” attached to them, and most employees do not know how to rapidly access nor utilize the services.
- Recovery from the incident goes on LONG after the LEO/FD/NTSB go home
- Some accidents have memorials, markers and family members that make repeat visits
- Many employees that have worked accidents have long lasting mental health implications from their work, or may leave their positions, which becomes a human resource issue for the airport



Research Design

- Used NTSB database to do field interviews with airport/airline personnel involved in past incidents
- Used Quantitative and Qualitative Interview Questionnaires
- Performed data analysis on the interviews and questionnaires
- Interviewed over 25 people in 5 locations dealing with both man made and natural disasters



Findings

- All cited an emotional response, many would instantly recall the first traumatic event they were involved with, other symptoms of PTS were cited:
 - Sleeplessness
 - Physical illness
 - Change in personality
 - Altered functioning
 - No reported substance abuse (aviation?)



Findings

- Several found relief through professional counseling
- Co-workers (same experience) were significant to positive coping outcome
- Debriefings..... Some identified as great, others did not. The literature suggests technical debriefings have value, but emotional debriefings do not...It seems that it is best NOT to replay the emotional events, as most people's minds have already "stored" the event



Online Airport Survey (175 Airports)

- All regions represented
- All sizes (GA to large hub)
- 36 have programs designed to aid in MH (could be EAP within their larger organization- city/county)
- 45 had experienced man made/natural disaster in preceding 10 years
- 62% felt MH recovery was “important” only 9% did not favor a MH program



What can Employers do?

1. Have regular training exercises that practice the **RECOVERY** phase “returning to normal ops”
2. Work with Mutual Aid groups to explore the mental health aspect, see what is available to your workers in your community
3. Embed the EAP group into your training exercise, so that employees know them, and the EAP providers “go through” the same events as employees to build trust and read the relevant literature (ACRP document)



Steps for Mental Health Recovery Planning (MHRP)

1. Planning and Preparedness,
2. Developing and deploying mitigation strategies (vulnerable populations)
3. Response to incident,
4. Recovery phase, and
5. Evaluation of the plan.



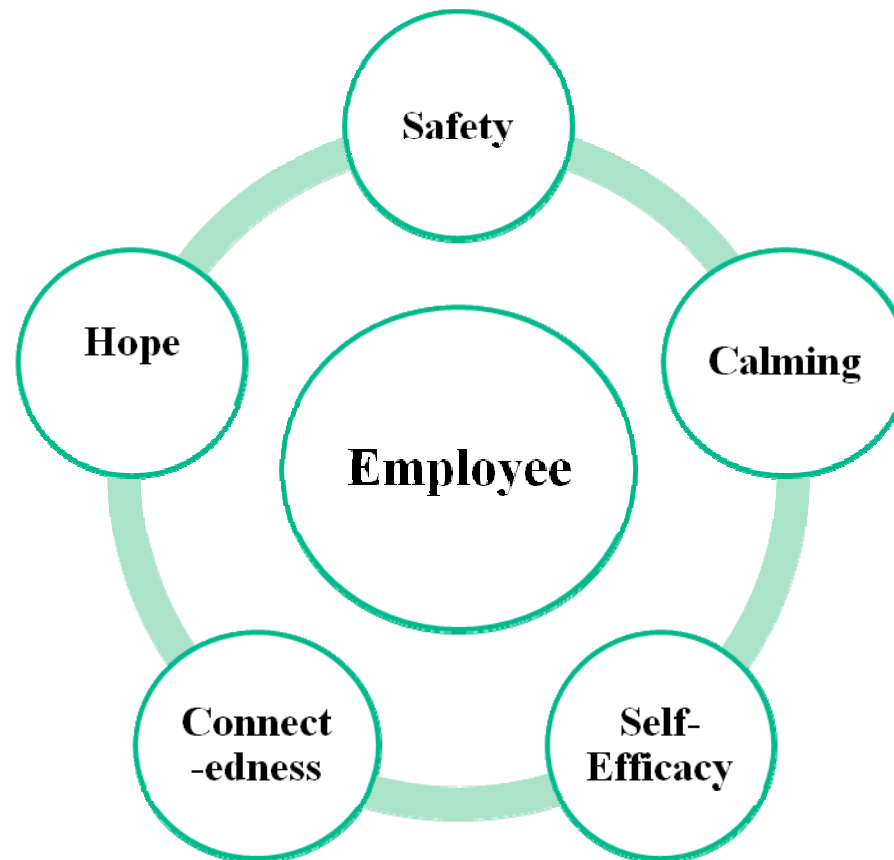
Promote a sense of:

1. Safety: get situation under control so employees feel safe
2. Calmness: restore calmness and control, normalize, and use problem focused-coping
3. Self-Efficacy: your actions will lead to positive outcomes “believe in yourself”
4. Connectedness: social and work support systems (training phase initiates this)
5. Instill Hope: all is not lost, we will recover, lessons will be learned and techniques improved

Often conducted by Administration, Not MH providers...



Five Essential Intervention Principles



Source: Hobfoll, et. al. (2007).



Case Studies

1. SEADOG/WESTDOG
2. Continuity of Care – Pitkin, CO (Aspen)
3. ALPA
4. NTSB
5. Home Grown Resilience
6. NY State Mental Health Recovery Plan
template



What can CAO/State do?

- Identify resources in the State System of Airports (for technical and MH issues)
- In case of a accident/natural disaster
 - Have a working agreement in place to assist airports in the form of
 - Technical (maintenance)
 - Resource-based (equipment/personnel)
- To begin the recovery phase and have a positive outcome



- The research team:
 - Kim Kenville, Ph.D., C.M.(avit),
 - Rosanne McBride, Ph.D. (psyc),
 - James Higgins, MS, ATP (avit),
 - Warren Jensen, MD (AME) (avit),
 - Thomas Petros, Ph.D. (psyc)

 - Contact: kimk@aero.und.edu