



ALPA PILOT PEER SUPPORT (PPS)

OPERATIONS MANUAL



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PREFACE

ALPA's Pilot Peer Support (PPS) program provides a support network that connects ALPA members with trained pilot peers to talk about any personal or professional problems the pilot may be experiencing. PPS volunteers listen and offer confidential, nonjudgmental support and refer pilots to additional resources as needed. PPS is available to all ALPA-represented pilots. The ALPA national PPS hotline, 309-PPS-ALPA (309-777-2572), directs pilot callers to appropriate peer volunteers.

Pilots calling the ALPA PPS hotline from airlines with MEC-specific peer-support programs (such as Delta PAN, FedEx PATH, and United SOAR) will be directed to that MEC's independent support line. Pilots whose MEC does not have an independent peer-support program receive support directly from national's trained pilot volunteers. PPS ALPA hotline volunteer training is open to pilots at all ALPA-represented carriers.

Peer support is also offered to Canadian pilots through the Canada Pilot Assistance Program; Canadian pi-

lots who call the PPS ALPA hotline will be directed to appropriate peer volunteers.

This manual contains information about ALPA's PPS program provided through the ALPA national (PPS ALPA) hotline. The operations and procedures described in it pertain only to the PPS ALPA program. MECs with independent peer-support programs may provide their own training courses and materials. This manual is available for use by ALPA pilots seeking to serve as PPS ALPA hotline volunteers. It is also a guide for MECs seeking to develop their own MEC-specific PPS programs, as well as a resource to MECs with established, independent peer-support programs.

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PILOT PEER SUPPORT (PPS): A PROGRAM OVERVIEW

Trained PPS volunteers provide empathy and support to fellow pilots dealing with life's stresses, and access other appropriate resources when necessary. PPS can be a valuable tool in the early detection or even possible prevention of adverse conditions related to pilots' mental health. The PPS Committee seeks to help concerned crewmembers maintain active flying status, or return to that status for pilots needing medical or other leaves.

PPS strives to promote a confidential, nonjudgmental, nonstigmatized environment. Upholding confidentiality will foster and maintain pilot group trust and allow PPS to function effectively. The PPS program is run independently, but welcomes airline management support. PPS is a nonpunitive asset that can help line pilots stay productive or return to fully productive line status. PPS is a nonpartisan safety program,

not a bargaining chip. The ALPA PPS program enjoys the support of federal regulators, mental health professionals, and pilots.

Key Components of a PPS Program

Confidentiality

Confidentiality is the most important element of PPS. Securing confidentiality and privacy is vital in order to build trust among the pilot group. Any unnecessary disclosure of personal information or case circumstances will be detrimental to the program's effectiveness. Company managers and union reps should be encouraged to inform pilots that the program is confidential and that peer volunteers don't discuss their work. Except for cases involving imminent harm, all conversations as part of the program are confidential. Any notes (paper or electronic) taken

pertaining to a PPS case will be destroyed within 90 days of the close of a PPS pilot call. In the extremely rare case where removal from flight duties is not enough to ensure safety, and there is either an imminent danger or harm to the individual or to others, confidentiality may be waived. See *“Dealing with Imminent Harm”* for additional guidance.

Accessible and Trained Peer Volunteers

The backbone of any peer program is its volunteers. Peers are pilot colleagues with the same professional background, but who are also trained with additional peer-support skills. They are the “connectors” between a pilot needing help and the necessary support. The friendly ear of the volunteer provides the critical link in this process. The peers’ adherence to confidentiality will generate trust from the pilot community in the program.

Peers should be knowledgeable about available ALPA resources, including the expertise of the doctors in ALPA’s Aeromedical Office. Peers assist pilot callers in accessing their own resources and finding appropriate medical and mental health professionals where needed.

Access to PPS peers should be straightforward, with as few barriers to self-referring as possible. Phone conversations are the preferred method of communications; any digital communications must be strictly limited to nonconfidential information.

Independence

The PPS program is independent of airline management and governmental involvement. PPS Committee members are encouraged to educate company managers about the program so they will work to facilitate pilot acceptance and confidence in the program. Likewise, governmental agencies must respect the need for confidentiality for this program to succeed.

Required Training

Initial

New PPS volunteers will attend the initial training course to operate within the ALPA national PPS program (PPS ALPA hotline). This initial training course includes active listening skills, PPS structure, and the “ALPA plan.” Nonprobationary, good-standing pilots

with their MEC’s approval will gladly be accepted into the training. Pilot volunteers from airlines with MEC-specific peer support programs (PAN, PATH, SOAR, etc.) should contact their MEC Peer Support Committee chairs for information pertaining to those programs.

Recurrent

ALPA national PPS volunteers are expected to attend either a recurrent or initial training event at least every 24 months; however, training every 12 months is recommended. If a peer fails to attend training within 24 months, that peer will be deemed inactive unless approved otherwise by the PPS Group chair. The PPS Group chair will maintain a current list of PPS volunteers and their lapse dates. Within a month after expiration, the PPS Group chair will remove the inactive PPS volunteer from the national PPS hotline.

Recurrent training will include an initial training review, current PPS trends, latest best practices, and may include professional guest speakers. The PPS Group chair will be responsible for creating, updating, and maintaining the information within the PPS Recurrent Training program.

Educating Others about PPS/Promoting PPS

Pilots

The pilot group should be informed about what PPS does, how it works, and how to contact a PPS volunteer. The MEC and management should help promote PPS during new-hire and recurrent training. Pilots need to know that PPS is a nonpunitive program offering a support network with the aim of promoting mental health.

MEC and Company Management

MECs and airline management should be briefed about the PPS program and its guidelines. This briefing should include, but not be limited to, mental health literacy topics, independence of the PPS, and confidentiality. Company management also needs to understand that confidential information will not be released. All parties should understand their roles in referring a pilot to the PPS program and the confines of confidentiality.

Aviation Medical Examiners/Company Occupational Health Service Providers

The ALPA national PPS Group chair will promote the PPS program to aviation medical examiners, company, or governmental stakeholders when requested. Education includes information on pilot

support programs—basic principles, functioning, types of problems, and how, when, and whom to refer. Education should also stress the need for awareness training in mental health issues and specific psychosocial stressors associated with being a pilot.

PPS ORGANIZATIONAL STRUCTURE

Within the ASO

The PPS program will reside within the Air Safety Organization under Pilot Assistance. The PPS program will be administered by the ALPA national PPS Group chair. The program may employ a mental health professional as a guide.

Members of the National PPS Call List

PPS instructors may approach new volunteers at the conclusion of initial training to serve on the ALPA national PPS program. The PPS instructors will be looking for dedicated, thoughtful, empathetic, and observant volunteers with good listening skills to work the ALPA-wide hotline.

Chain of Command

There are two scenarios regarding chain of command:

- 1) National PPS volunteer **with** an MEC-based PPS-type program (ex. PAN, PATH, SOAR):

- a. Volunteer and caller are from **same** MEC:
 - In this case, all MEC-based PPS rules and procedures will apply.
- b. Volunteer and caller are from **different** MECs:
 - In this case, the call will be considered a national PPS call and handled in the same manner as scenario 2.

- 2) National PPS volunteer **without** an MEC-based PPS-type program:

- In this case, the national PPS volunteers report directly to the ALPA national PPS Group chair.
- Should immediate assistance be needed and the PPS Group chair is not available, the Pilot Assistance chair, Pilot Assistance vice chair, or the Aeromedical Group chair should be contacted. The following procedures assume this scenario.

PROCEDURES FOR HANDLING CASES

The PPS's primary purpose is to help fellow line pilots. Peers may also assist a pilot's family in finding appropriate resources to support the pilot. Below is a detailed description of expected PPS volunteer protocol for handling cases. PPS volunteers are to follow the chain of command should they be unsure how to proceed. Case information passed properly up the chain of command will not be considered a break of confidentiality.

Receiving a Call

PPS assists pilots who contact the ALPA hotline directly. PPS is not set up to initiate calls to pilots who

have not sought the program's help. Regardless of whether a request comes from another Pilot Assistance Committee, airline management, a fellow pilot, a family member, or another third party, the PPS program practice is the same—PPS does not reach out. Pilots who may be in need of support or assistance should be urged to contact PPS directly. A pilot family member may be given information about other appropriate resources to help the family member calling. Peer volunteers should contact the ALPA national PPS Group chair should they have questions or concerns about any particular situation.

PPS peers who also volunteer for other ALPA committees must follow that committee's protocol when contacted in their other role. However, when an ALPA national PPS volunteer answers a PPS call (on the PPS ALPA hotline), the procedures of ALPA national PPS must be followed with respect to those calls.

It is advisable for a peer to have an opening call script such as: "Hello, my name is _____. I'm a pilot and a PPS volunteer. Can I get your number in case we are disconnected?" During the call, the volunteer should use the "A.L.P.A. Plan" to determine the best course of action. The "A.L.P.A. Plan" is listed in the Quick Reference Handout (QRH, see page 5), a valuable tool to help point the peer in the right direction.

Resources Available

The PPS volunteer should be familiar with all available resources within and external to ALPA. See description of ALPA committees and departments in the *addendum*. PPS volunteers should direct the pilot caller to the MEC's PPS program (where available) for help that requires knowledge of specific company policies, procedures, or benefits. Should the pilot's MEC not have a specific MEC PPS program, contact up the chain of command to help facilitate cross-MEC help. The ALPA national PPS Group chair updates the resource list and makes it available via ppsmaterials.alpa.org.

No Permanent Records

Confidentiality is fundamental to the PPS program. PPS should *not* maintain any permanent (written or electronic) records of any PPS activity. PPS volunteers are urged to use paper over electronic means for

any notes. *All notes and other records should be destroyed as soon as a call is cleared, but never more than 90 days from the last contact with the caller.*

Never send any details whatsoever regarding any PPS case via e-mail. Never use e-mail to discuss a case with another PPS volunteer.

Any case discussion among PPS program peer volunteers should be de-identified. E-mails or texts between PPS members or outside sources will be limited to nonidentifying information, such as "call me at your earliest convenience about a case." Electronic correspondence should not contain any case or pilot-specific

details. Confidentiality is best preserved when pilot volunteers rely only upon their memories and do not keep any notes or written records pertaining to any call or situation they may have handled.

Warning: *Never* send any details whatsoever regarding any PPS case via e-mail. Never use e-mail to discuss a case with another PPS volunteer. Remember—technology enables even "deleted" e-mail to be retrieved, and that documentation constitutes a written record that could be subject to subpoena.

Dealing with Imminent Harm

In the extremely rare case involving self-harm or harm to others, the peer should refer to the QRH for proper handling. It will be a difficult call for a peer to take, and "expanding your team" is always a good motto. In a case of imminent risk of harm, the peer's responsibility is first to protect life and then a pilot's job. If there is an immediate threat to life and the pilot doesn't seem responsive to the idea of self-help, the peer is obligated to forgo confidentiality and reach out for help for the pilot caller. A verbal report should be given to the ALPA national PPS Group chair as soon as possible after the event.

PROMOTING PPS

PPS should be actively and regularly promoted both by management and by ALPA. This promotion should seek to reduce the stigma of seeking help, when needed, including on emotional/mental health issues. PPS

should be accompanied by a comprehensive education program, including easy access resources on mental health issues.



PPS QRH RESOURCE

- A** SSESS NEEDS AND SAFETY
- L** ISTEN NONJUDGMENTALLY
- P** ROVIDE HOPE AND ENCOURAGEMENT
- A** CCESS APPROPRIATE RESOURCES

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THE MENTAL HEALTH CONTINUUM

SELF-CARE AND SOCIAL SUPPORT		PROFESSIONAL CARE	
HEALTHY	REACTING	INJURED	ILL
<i>Normal Functioning</i>	<i>Common and Reversible Distress</i>	<i>Significant Functional Impairment</i>	<i>Clinical Disorder— Severe and Persistent Functional Impairment</i>
<ul style="list-style-type: none"> • Normal mood fluctuations • Takes things in stride • Consistent performance • Normal sleep patterns • Physically and socially active • Usual self-confidence • Comfortable with others 	<ul style="list-style-type: none"> • Irritable/impatient • Nervousness • Sadness • Increased worrying • Procrastination • Forgetfulness • Trouble sleeping (more often in falling asleep) • Lowered energy • Difficulty in relaxing • Intrusive thoughts • Decreased social activity 	<ul style="list-style-type: none"> • Anger • Anxiety • Lingering sadness • Tearfulness • Hopelessness • Worthlessness • Preoccupation • Decreased performance in academics or at work • Significantly disturbed sleep (falling asleep and staying asleep) • Avoidance of social situations • Withdrawal 	<ul style="list-style-type: none"> • Significant difficulty with emotions or thinking • High level of anxiety • Panic attacks • Depressed mood • Feeling overwhelmed • Constant fatigue • Disturbed contact with reality • Significant disturbances in thinking • Suicidal thoughts/intent/behavior

1) IF THIS IS AN EMERGENCY (CRISIS): Call 911

- a. You may need to call 911 if the pilot/caller is at high risk for suicide.
- b. Are there multiple factors that indicate suicide?
 - Ideation
 - Intent/plan
 - Purposelessness
 - Hopelessness
 - Substance abuse
 - Self-harm
 - Uncontrolled anger
- c. If 911 is called, the pilot/caller will be admitted to the hospital for 24–72 hours' observation.
- d. If there is time, get the PPS chair involved. If there is not, always notify the PPS chair after.

	Name	Phone Number
1. MEC PPS Contact:	_____	_____
2. National PPS Chair:	_____	_____
3. National Pilot Assistance Chair:	_____	_____
4. National Lawyer:	_____	_____

IF IT'S NOT AN EMERGENCY (IDEATION):

Suicide Prevention Hotlines: U.S. 1-800-273-TALK / Canada 1-833-456-4566

2) **STRESS**

- a. **Identification:** defensiveness, hostility, performance deterioration, chronic fatigue, insomnia
- b. **Mitigation:** eat well, sleep, normal schedule, structure, exercise, hobbies, volunteer, avoid alcohol/gambling/isolation

3) **GRIEF/BEREAVEMENT**

- a. **Identification:** loss of something meaningful to the pilot or a person
- b. **Mitigation:** talk, peer listens to stories, support system, reading materials

Name	Phone Number
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4) **MEDICAL QUESTIONS**

- a. Call AMAS: 303-341-4435 | www.aviationmedicine.com
- b. MEC Aeromedical Chair: _____
- c. National Aeromedical Chair: _____
- d. National Aeromedical Vice Chair: _____

5) **PILOT SEEKING COUNSELING**

- a. Call AMAS: 303-341-4435 | www.aviationmedicine.com
- b. Know the difference between mental health providers. The provider should be well versed in FAA protocols for pilots and mental health **dos** and **don'ts**.
- c. Remind pilots that all individual mental health provider visits are reportable to the FAA on 8500-8 **except** family/marriage counseling and EAP counseling visits.

6) **PILOT VS PILOT CASE: Contact ProStans**

- a. MEC ProStans Chair: _____
- b. National ProStans Chair: _____
- c. National ProStans Vice Chair: _____

7) **WORK INCIDENT CAUSING STRESS: Contact CIRP**

- a. MEC CIRP Chair: _____
- b. National CIRP Chair: _____
- c. National CIRP Vice Chair: _____

8) **CALLER FROM CANADA: Contact Canadian Pilot Assistance**

- a. MEC Canadian PA Chair: _____
- b. National Canadian PA Chair: _____
- c. National Canadian PA Vice Chair: _____

Name	Phone Number
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9) SUBSTANCE MISUSE/ABUSE: Contact HIMS/ARC*

- a. MEC HIMS/ARC Chair: _____
- b. National HIMS/ARC Chair: _____
- c. National HIMS/ARC Vice Chair: _____

**Once a pilot is referred to HIMS/ARC, HIMS/ARC owns the case*

10) TRAINING OR CHECKRIDE ISSUE

- a. MEC-Level Training Committee Chair: _____

11) PILOT NEEDS TRIP REMOVED: Advise the pilot to execute one of the following plans

- a. If emotionally unfit to fly, IMSAFE checklist = pilot calls in sick
- b. If no sick leave with >24 hours prior to trip:
 - i. MEC Contract Administrator: _____
 - ii. MEC Benefits Specialist: _____
- c. If no sick leave with <24 hours prior to trip: Pilot needs to call ALPA leadership

12) FMLA: For serious health conditions of pilot or immediate family members

- a. MEC Contract Administrator: _____
- b. MEC Benefits Specialist: _____

13) LTD: Long-Term Disability

- a. MEC Contract Administrator: _____
- b. MEC Benefits Specialist: _____

14) LEGAL ISSUE RELATED TO WORK

- a. MEC Legal Counsel: _____
- b. National Legal Counsel: _____

15) BENEFITS QUESTION

- a. MEC Contract Administrator: _____
- b. MEC Benefits Specialist: _____

16) DEPENDENT/FAMILY ISSUE

- a. Suicide ideation:
 - i. Recommend calling 911
 - ii. U.S. Suicide Hotline National Suicide Prevention Lifeline 1-800-273-TALK (<https://suicidepreventionlifeline.org>)
 - iii. U.S. Crisis Text Line: 741741 (24/7 live counselor, text HOME, START, or HELLO in message to initiate contact)
 - iv. Canada Suicide Prevention Service 1-833-456-4566 (www.crisisservicescanada.ca/en)
 - v. Canada Suicide Text Line: 45645 (4:00 p.m.–midnight ET)
- b. Substance abuse:
 - i. Company EAP number: _____

17) STATE BENEFITS: State disability and medical leave

	Pilot's Domicile State	State Website	State Phone Number
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

18) FINANCIAL HARDSHIPS

- a. ALPA's P4P grant for widespread, catastrophic events: www.alpa.org/resources/pilots-4-pilots
- b. MEC programs: _____
- c. 401(k) loans: _____
- d. Company programs: _____

19) DECEASED PILOT: Report to MEC committee leadership or MEC/LEC officers

20) DEATH IN PILOT'S FAMILY: Report to MEC committee leadership or MEC/LEC officers

21) PEER REQUIRES ADDITIONAL INFORMATION: Website

If you have reached the end of this QRH and are still unable to answer the pilot's question, or if you have any doubt, reach out to your immediate superior.

ADDENDUM

ALPA Committees and Departments

The following is a list and descriptions of other ALPA committees and staff. These can be useful resources to provide to pilot callers, where appropriate.

- a. ALPA Pilot Assistance
- b. ALPA Canadian Pilot Assistance Group
- c. ALPA HIMS Group
- d. ALPA Aeromedical Group
- e. ALPA Critical Incident Response Group
- f. ALPA Human Factors and Training Group
- g. ALPA MEC Chairs
- h. ALPA Legal and ALPA Representation

a. ALPA Pilot Assistance

ALPA Pilot Assistance encompasses the Aeromedical, Critical Incident Response, Professional Standards, HIMS, Pilot Peer Support, and, at some airlines, the Canadian Pilot Assistance Groups. Pilot Assistance is dedicated to the promotion of the airline pilots' professional performance, total health, and, when necessary, drug/alcohol intervention and rehabilitation.

ALPA Pilot Assistance acts as an advisor in all matters of human performance, health, and rehabilitation issues. The chair can act as a conduit, directing individual situations to the appropriate groups when needed.

b. ALPA Canadian Pilot Assistance Group

The Canadian Pilot Assistance Group provides peer support for pilots who have lifestyle problems or situations that can or may affect job performance. All contact with the Canadian Pilot Assistance Group is strictly confidential.

c. ALPA HIMS Group

HIMS (Human Intervention and Motivation Study) was initiated by ALPA in the 1970s and became a joint program with the FAA and the airline industry. HIMS refers to an ALPA committee at an airline, as opposed to "Employee Assistance Programs" or "EAPs" which are Company-sponsored benefits or departments. HIMS deals with pilots who have

substance abuse problems, whereas EAPs may deal with a wider range of concerns and generally are for an airline's entire employee population.

If drug or alcohol abuse is suspected, you should encourage the caller to contact the HIMS program at their airline. If you have additional concerns, **contact the ALPA national Aeromedical chair.**

d. ALPA Aeromedical Group

The Aeromedical Group is responsible for assisting pilots with their FAA medical certification needs. The ALPA national Aeromedical chair may be contacted with any question or concerns.

Additionally, the ALPA Aeromedical office (AMAS) in Denver is retained by ALPA to assist pilots directly or through referral to medical specialists in the pilot's home area. You may refer a pilot case directly to the ALPA Aeromedical office in Denver.

e. ALPA Critical Incident Response Program (CIRP) Group

This group helps pilots prevent or lessen the psychological impact of work-related incidents or accidents. Any incident or accident involving the death or injury, or even the possibility of death or injury, of a crewmember or passenger has the potential of resulting in PTSD (post-traumatic stress disorder). CIRP consists of a group of trained peers who help pilots accelerate recovery from these work-related events before harmful stress reactions affect their job performance or health.

If a caller has experienced an accident or critical incident, you may want to refer to them to CIRP. Where there are concerns that additional professional help may be beneficial, the PPS volunteer can encourage the caller to explore obtaining such assistance. AMAS may also help.

f. ALPA Human Factors and Training Group

The ALPA Human Factors and Training Group monitors the programs and procedures used to train and standardize pilots. The MEC Training Committee works with management and the

FAA to ensure that pilots receive the appropriate training to do their jobs.

If a caller has concerns about training-related issues, the pilot should be encouraged to contact their MEC Training Committee. The Training Committee may be able to help resolve any underlying training problems and may also be able to advise and assist a pilot in need of additional training.

Caution: As discussed previously, this information must be kept confidential. Accordingly, you should never recommend to management that a pilot be given a checkride or evaluation as a result of a call you received or information obtained in such call.

g. ALPA MEC Chairs

The ALPA MEC chair at each airline property is the elected officer ultimately responsible for all MEC Committees. All MEC committee chairs report directly to the MEC chair. The MEC chair, and/or their designated representatives, conducts

all ALPA business on a specific airline property with that airline, and the FAA at the direction of the elected representatives on the MEC.

Note, as an ALPA national PPS hotline volunteer, you are volunteering for an ALPA national committee and report directly to the ALPA national PPS chair. PSVs handling cases for their MEC-specific hotline report directly to the MEC PPS chair at their airline (e.g., Delta PAN volunteers report directly to the PAN MEC chair, UAL SOAR volunteers report directly to the SOAR MEC chair, etc.).

h. ALPA Legal Department and ALPA Representation Department

Both the Legal and Representation departments are staffed with attorneys who are employees of ALPA. Among other duties, they are responsible for representing pilots who face possible disciplinary action from management. They may also represent pilots who are facing FAA enforcement action. (ALPA rarely represents pilots facing civil or criminal charges.)

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