

## Traumatic Event Assistance for Aviation Employees

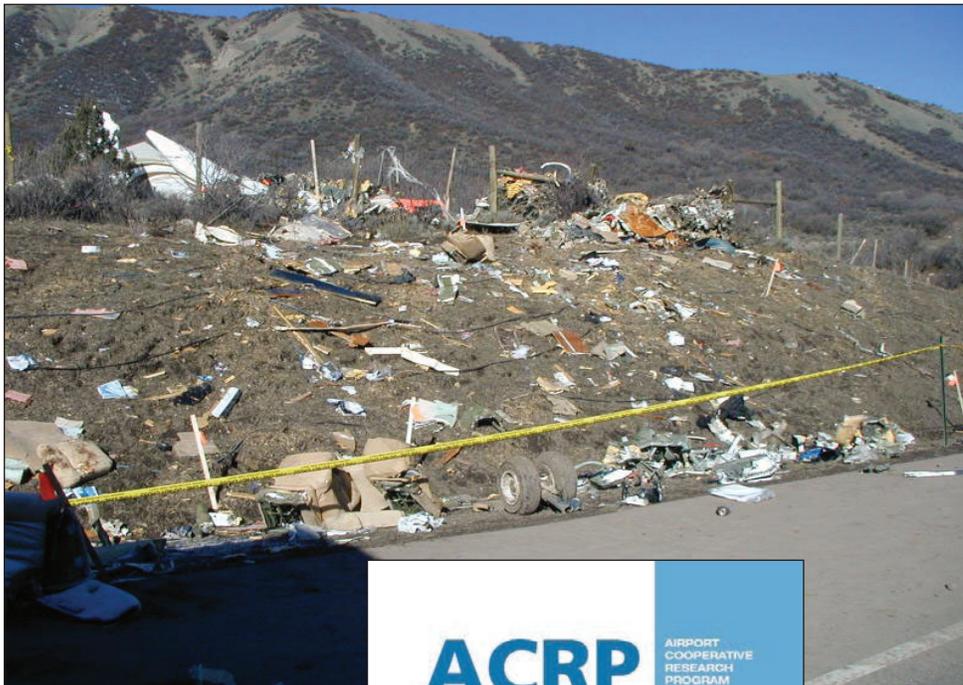
Aircraft collisions, aviation-related terrorism actions, or natural disasters that influence airport operations can result in traumatic experiences for airport and air carrier employees. To help with the psychological health of employees and the eventual return to normal operations, airport management and

administrative staff can benefit from an enhanced knowledge of appropriate responses to traumatic events. *ACRP Report 22: Helping Airport and Air Carrier Employees Cope with Traumatic Events* (2009) is a resource manual to assist with trauma experienced by those involved in a disaster. *ACRP Report 22* provides fundamental aspects

of traumas and practical guidance for addressing emotional and psychological effects due to involvement in a traumatic incident. Anyone involved in the well-being of employees could further promote staff welfare before, during, and after traumatic incidents from the principles and strategies presented in *ACRP Report 22*. Advanced planning for response to these events will help management recognize symptoms, mitigate emotional impacts, and direct services to those in need.

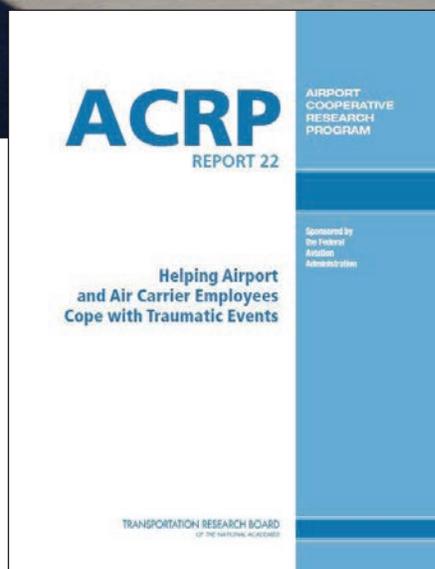
Traumatic events can have a severe effect on the individuals involved, as well as impacts to the operations of the airport and organization. Prior planning within an organization for such events can improve human resiliency, a person's ability to return to their job tasks after a psychological obstacle. To minimize the impacts to operations and business productivity, human resiliency should be promoted in preparation for a disastrous event. *ACRP Report 22* describes a variety of strategies to improve human resiliency and help employees cope with a traumatic event. Training for first-response activities is common, but generally do not include recovery training activities identified in *ACRP Report 22*.

One example of an effective program draws from the post-event response to a chartered flight that crashed on the final approach at Aspen-Pitkin County Airport (ASE) in Aspen, Colorado, on March 29, 2001. All 18 people on board the aircraft were killed. More information about this traumatic event and the response that followed is available in



Above:  
Site of March 29,  
2001 crash at  
Aspen-Pitkin County  
Airport (ASE).

Photo courtesy of  
Hilary Fletcher.



**Traumatic Event Assistance—continued**

*ACRP Report 22* as a case study. Hilary Fletcher was County Manager for Pitkin County at the time of the crash and was instrumental in the effort responding to the crash. *ACRP Report 22* highlights the successful leadership, communication, and continuity of care in response to the crash.

To help communities in Colorado recover from aviation incidents, Fletcher founded the Colorado Aviation Recovery Support Team (CARST). CARST team members include airport, aviation, and public safety professionals who have a detailed knowledge of the National Incident Command System and a minimum ICS-400 standards certification. CARST's mission is to provide mentoring, support, and guidance to assist a community's recovery efforts after a traumatic aviation event. CARST is able to provide their services at no cost to the local community through support from the Colorado Division of Aeronautics, Colorado Aeronautical Board, Colorado Airport Operators Association, and the participants on the team and their respective organizations.

According to Fletcher, *ACRP Report 22* “provides critical information for helping employees cope with traumatic events.” *ACRP Report 22* provided affirmation of the effort in response to the 2001 crash and was a fundamental building block for the formation of CARST. In *ACRP Report 22*, Fletcher found the five essential mental health intervention principles resulting from disasters developed by Hobfoll et al. (2007)<sup>1</sup> to be particularly useful. The five principles include:

1. Promoting a sense of SAFETY to reduce negative post-trauma reactions.
2. Promoting a sense of CALMNESS to reduce dysfunctions in sleep, concentration, and decision making; unrealistic perceptions of dangerousness; and avoidance.

3. Promoting a sense of SELF-EFFICACY or the sense that a person's actions are likely to lead to a positive or desired outcome to ensure a sense of competency, normalize emotions, and solve problems.
4. Promoting CONNECTEDNESS to support information sharing, problem solving, normalization, and emotional support.
5. Instilling HOPE by emphasizing individual and organizational strength, decreasing exaggeration of personal responsibility for causing the event, and stressing that most people recover on their own.

*ACRP Report 22* also provides extensive recommendations for actions to help employees cope with traumatic events, before, during, and after they occur. A model for a mental health recovery plan is provided, which guides an organization through establishing and customizing a mental health recovery plan and incorporating it into their existing emergency planning exercises. The development of Mental Health Recovery training plans include:

1. Planning and preparedness.
2. Developing and deploying mitigation strategies.
3. Response to the incident.
4. Recovery phase, and
5. Evaluation of the plan.

<sup>1</sup>Hobfoll, S.E. et al. (2007). *Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. Psychiatry: Interpersonal and Biological Processes*, 70:283–315.

“It has been found through several studies dealing with various traumatic events, that the mental health considerations of an organization's employees are crucial during the recovery from a traumatic event, and for the continued well-being of an employee.”

*ACRP Report 22: Helping Airport and Air Carrier Employees Cope with Traumatic Events*

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