

## Milestones and Timelines for a Sample HIMS Case

### “Routine” ETOH Case

#### A. Discovery Phase

**Identification/Evaluation** - Can occur in a number of ways but some are more common than others: 1) DUI(s) charges with subsequent referral for a substance abuse evaluation 2) Layover hotel incident with subsequent evaluation 3) HIMS Committee investigation/intervention/evaluation 4) “Self” referral 5) Positive DOT test 6) TSA related notification/incident 7) Family referral

#### B. Primary Treatment/Early Recovery Phase, Day 0- Day 120

**Initial Treatment** – For airline pilots the vast majority undergo initial 30 day residential treatment. In many successful programs, the pilot will often meet with a union HIMS committee representative and/or airline HR representative sometime during their final week of residential treatment to discuss recovery issues and answer any questions the pilot may have regarding benefits and employment related financial matters. It is recommended that the pilot have their first appointment with the designated HIMS AME/IMS (Independent Medical Sponsor) within 2 weeks of discharge from the residential treatment facility. In this way, the IMS meet the pilot, go over recovery expectations and spell out the FAA requirements of a successful petition for a Special Issuance application to return to flying. FAA recommends a minimum 30 day residential treatment followed by at least weekly **Aftercare Group** attendance. During this initial recovery phase, the IMS will receive monthly reports from the counselor in charge of the Aftercare Group. Also at this time FAA *strongly encourages* that the pilot complete a **“90/90” AA** program ( 90 meetings in 90 consecutive days – not 90 in 45 days or some other combination ) to establish a solid AA based 12 step program, get a home group and acquire an AA sponsor. The pilot should be encouraged to keep a log of AA attendance that will be reviewed by the IMS. The pilot should also meet monthly with his designated **peer pilot monitor** with a monthly report going to the IMS. The IMS is also responsible for seeing that an appropriate **random testing regime** is established to both encourage and verify abstinence compliance.

**Psychiatric and Psychological Evaluation** - No sooner than 30 days from the time of discharge from initial residential treatment, the pilot may be referred for an independent psychiatric and psychological evaluation ( often abbreviated as “P&P” in the FAA/HIMS vernacular ). This is an intensive day-long exam, required by the FAA, to ensure that the recovering pilot does not have any psychiatric or cognitive problems that need to be addressed before a return to flying can be safely contemplated. In most situations, the determination of when the pilot is ready to accomplish this evaluation is made by the IMS, after reviewing the treatment and monitoring reports and consulting with the other members of the HIMS Team. The P&P is conducted by a HIMS trained psychiatrist and neuropsychologist who are not directly involved in the pilot’s clinical treatment. These professionals often have a great deal of

experience in evaluating recovering pilots and can provide valuable feedback to the IMS regarding the strengths and weaknesses of a particular pilot's program. Generally, the pilot should be in stable early recovery before going for this exam as an unsatisfactory performance and subsequent re-examination can be time consuming and costly.

#### C. FAA Case Submission and Review Phase, Day 120-180

During this phase, it is the responsibility of the IMS to gather all of the treatment records, monitoring reports and the P&P reports, do a summary report and recommendation, accomplish the FAA physical examination and forward the completed HIMS "package" to the FAA in Washington for review and consideration of granting the airman a FAA Special Issuance medical certificate. As of this writing in 2014, FAA review normally takes 30-60 days. It is important to remember that, from the perspective of the FAA, by submitting the package with a favorable recommendation, the IMS physician is attesting that the quality and stability of the pilot's recovery is sufficient to warrant granting of a FAA medical certificate to return, under close monitoring supervision, to commercial flying.

To summarize the FAA HIMS guidelines in a "routine" ETOH HIMS case:

Minimum 30 day residential treatment

Weekly Group Aftercare meetings – monthly report to IMS

"90/90" AA – examination of pilot log

Monthly meeting with peer pilot monitor – monthly report to IMS

"Appropriate" random testing regime established – minimum of 1/month

P&P examination – report and recommendations to IMS

IMS Evaluation, FAA Examination, + Recommendation

In an uncomplicated ETOH case with good initial recovery, a reasonable expectation is that the pilot could return to line flying in approximately 5 – 8 months.