HIMS

FAMILY

HANDBOOK

HIMS Family Handbook

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Introduction

Human Intervention Motivational Study (HIMS)

This handbook is for family members of pilots who participate in their respective airlines' Human Intervention Motivation Study (HIMS) program. The intent is to offer education and support to family members to build a broad support system for the entire family unit.

Some of the information shared in the handbook pertains to the pilot's treatment experience but it also provides pieces just for you as you begin your own journey of recovery from the family disease of addiction. At the end of the handbook, you will find some helpful resources as day-to-day life will go on and we want to support your journey along the way.

HIMS is an aviation-wide effort in which the pilot will work with healthcare professionals, their pilot union, airline management, and the FAA to get the help he or she needs to return to work as soon as possible. This handbook provides you with important information that helps you understand and address recovery needs together.

Implemented by the FAA, HIMS provides a system whereby pilots are treated and successfully returned to the cockpit under the FAA Special Issuance Regulation 14 CFR 67.401. Please see www.himsprogram.com for more information.
The impaired airline pilot should receive a copy of their company's HIMS handbook prior to discharge from treatment which explains the process of pre- and post-treatment HIMS requirements he/she must fulfill in order return to the cockpit. The information included in this handbook is a sample of helpful information and resources for family members. It is not meant to be an exhaustive compilation, but rather to begin the process of education and support for family members of pilots who have been referred to treatment.

The National Council on Alcohol and Drug Dependency (NCADD) states that "***addiction is a family disease that can stress the family to the breaking point, impacts the stability of the home, the family unit's mental health, physical health, finances, and overall family dynamics.***" Living with an alcoholic can put family members under unusual stress. Since addiction is considered a family disease, it's important for family members to receive education, appropriate treatment (if needed), and support as well as be aware of resources available to help the family before, during, and after treatment.

The Disease of Addiction

Studies show that family involvement in the treatment and recovery process is critical for long term recovery, and positive outcomes of individuals recovering from addiction. It's important for family members to accept that addiction is not your fault; nothing you did or didn't do caused it and nothing you do or do not do will cure it. However, you can recover from the consequences of the disease. This handbook may help you start your own recovery.

Definition of Addiction

One definition of addiction is continued use of any mind-altering substance despite negative consequences.

The American Society of Addiction Medicine offers this definition:

> Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Understanding Addiction

Addiction is a primary, chronic disease of brain reward, motivation, memory, and related neurochemical pathways. Dysfunction in these neurochemical circuits and brain structure leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in the individual pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by impairment in behavioral control, craving, inability to consistently abstain, and diminished recognition of significant problems with one's behavior and interpersonal relationships.

Like other chronic diseases, addiction involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Attending OPEN meetings of AA (those not in recovery may attend) can be helpful and informational as well as other self-help meetings specifically for those individuals who are affected by a family member who suffers from addiction.

Codependency

Today it is well known that addiction is considered a family disease. This is not because the family members or loved ones of an alcoholic or addict also suffer from a substance abuse problem. Those who love a person with a problem, over time, are affected in many ways even to the extent of changing their own behavior to adapt to a situation that has grown to feel normal to them. We adapt our behaviors to what we view as the problem. Is this you?

Without personal knowledge or education that addiction is a disease, family members are left to cope and problem solve on their own. This is a tall order and can create significant dysfunction among family members and loved ones. The goal is "to help and support...make it better". Over time the behaviors can become enabling and contribute to the problem. The abnormal behavior on the part of all begins to feel normal since what started out as a goal of helping became enabling and supportive of the using behavior. The entire family unit becomes dysfunctional.

The Big Book of Alcoholics Anonymous mentions the impact of alcoholism on family members in Chapter 9. In fact, the term "codependency" was initially coined in the 1970's by those associated with Alcoholics Anonymous (AA). It was used to describe the dysfunctional dynamics within families of alcoholics. Much discussion has been focused on the development of a lopsided or dysfunctional relationship between alcoholics and family members; all with the best of intentions. Without education on the disease of addiction and how it impacts families, it's quite reasonable to see how efforts to help can eventually become enabling behavior and contribute to the problem.

Most treatment facilities that treat this disorder include this information during their family program. Treatment "for all" is the gold standard. It is well documented that those suffering from addiction experience better outcomes and longer periods of continuous sobriety when their loved ones have the opportunity to get support and education for themselves and learn how they too have been impacted by the disease of addiction. Thus, the consideration of Addiction as a Family Disease.
Is codependency an Illness? Some professionals say codependency is not a disease; but rather a normal reaction to abnormal people (Melody Beattie, ***Codependent No More***, 1986, Hazelden Publishing). Regardless, consider that the best outcomes for all results from the inclusion of all in the treatment process.

Several well-known authors have contributed significantly to literature development to define and enlighten on the dynamics of codependency. You can find their information at the back of this handbook and are strongly encouraged to review the writings. Melody Beattie is one author who is well known for her work on codependency. She wrote many self-help books on the topic that are highly recommended for loved ones of those battling addiction.

One last note on the topic of codependency. You are not alone in this. There are many other spouses and family members of pilots that have experienced the same type of codependent behaviors. While we aren't professionals or perfect, there are Family Support Volunteers who are ready and willing to connect with you and share their experiences and support. Information on how to connect with one is available on the Family Support page on the main HIMS program website.

Disease Model

The American Medical Association has recognized alcohol dependence as a disease since 1956. Alcohol dependence fits the disease model because it is a dysfunctional state with a characteristic form.

Use of some drugs, including alcohol, may cause dependency. The medical term for this dependency, or addiction, is Chemical Dependency. For a chemical to be addictive it must possess three properties. It must be: 1) mind altering or mood changing, 2) euphorigenic (leading to a sense of well-being), and 3) reinforcing, that is taking the chemical stimulates taking more of the chemical.

Chemical Dependency

Chemical Dependency includes alcoholism and any other drug dependency. It **manifests as a loss of control, compulsive use, and continued use despite adverse consequences** and is sometimes referred to as addiction. Psychoactive chemicals that are addictive fall into six or more categories:

1. Opioids - narcotic pain relievers, e.g. Morphine, Codeine, Demerol, Dilaudid, Percodan, Talwin, Darvon, Methadone, OxyContin, and non-prescription opioids including Fentanyl, Tianeptine, Heroin, etc.
2. Sedatives/hypnotics/anxiolytics - Alcohol, sleeping pills, and minor tranquilizers, plus Barbiturates and Benzodiazepines such as Valium, Librium, Ativan, Xanax, Restoril, Halcion, Ambien, etc.
3. Stimulants - all the Amphetamines, MDMA(Ecstasy), Preludin, Cylert, Cocaine, Adderall, Ritalin, Nicotine, and Caffeine.
4. Perceptual Distorters - formerly called hallucinogens and includes LSD, PCP, Mushrooms, and Mescaline.
5. Cannabinoids - Marijuana (pot) and cannabis in all its forms.
6. Inhalants - volatile hydrocarbons that are sniffed such as gasoline, toluene, paint thinner, and airplane glue.

Contrary to what many believe and what is often portrayed in the media, there are many more injuries, medical problems, and deaths from the use/misuse of legal drugs in America than the use of illegal drugs. Each day in the United States approximately 10 people die from illegal drug use, while there are more than 300 alcohol related deaths per day, and over 1000 daily deaths attributable to nicotine addiction.

Some drugs are, of course, more addictive than others. Cocaine is one of the most addictive “street” drugs. The addictive potential of other common drugs in relative decreasing order are heroin, nicotine, narcotic pain relievers, other stimulants, alcohol, sedative/hypnotics, perceptual distorters, and marijuana.

There are also misconceptions about who suffer from alcoholism. Only 5% of alcoholics are in the chronic stages of the disease and live "under a bridge." Most alcoholics are still quite functional. They often exercise regularly, are engaged in productive work, and live with other family members. Over time, for alcoholics, the normality of these areas of life deteriorates. He or she often becomes socially isolated, physically ill, and emotionally stressed while experiencing financial difficulties, legal problems, and spiritual conflict. In many cases, the alcoholic experiences one or more of these problems before his or her dependency becomes apparent to others or is realized by self.

Chemical dependency is a **chronic** condition, meaning that it is permanent and prone to relapse. It is also **primary**, meaning it exists independently and is not secondary to some other underlying mental illness; and, it is **progressive**, meaning it gets worse over time.

Addiction is present across all lines of race, gender, intelligence, and occupation. In 2023 28.9 million people ages 12 and over had alcohol use disorder (AUD). Genetics and environmental factors influence a person's risk for alcohol use disorder. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) 50-60% of the vulnerability to AUD is inherited.

The chemical processes that occur in the brain of the individual who is genetically predisposed are significant and different than the activity in a "normal" individual. When using an addictive substance, the activation of the brain's centers of pleasure and wellbeing is so rapid and strong the individual almost immediately develops a strong emotional attachment to the drug. Over time, this emotional attachment is accompanied by a physical need for increasing amounts of the substance. For alcoholics, sudden abstinence from alcohol can result in physical withdrawal symptoms ranging from headaches, sweating, and shaking hands to seizures, convulsions, and death. As mentioned previously, dependency (or addiction) is manifested in three ways: Loss of **C**ontrol, **C**ompulsive Use, and Continued Use despite Adverse **C**onsequences. These characteristics are sometimes referred to as the three **C**'s of addiction.

Loss of **control** means the loss of predictability. That is, a chemically dependent individual cannot predict three things when faced with taking a drink or a drug: will they use? how much they will use? and what behavior will result? Loss of control is the most typical symptom in the early stages of the disease, but it is difficult to identify because it may be present intermittently.

For the pilot population, loss of control may also be masked because of the strict rules and regulations associated with alcohol use as it relates to flying.

FAA's 8 hour "bottle to throttle" regulation and company rules which often prohibit drinking alcohol within 12 or 24 hours of a duty period affect pilot's drinking behavior. Often problematic drinking or early signs of dependency are evident in

"binge" drinking behavior. Binge drinking is defined as 5 standard drinks in a setting for a male or 4 standard drinks for a female. Such drinking behavior may be evident even when not associated with flying periods. For airmen, loss of control usually first manifests as drinking more than intended or as a violation of company or FAA limits on consumption.

A **compulsion** is an irrational repetitive act that is done despite a firm intention not to do it. It arises from an obsession which is an omnipotent thought; so powerful it takes precedence over other very powerful thoughts, even survival-type thoughts such as food, water, procreation and child-rearing. This compulsive behavior is why alcoholics will risk their jobs, health, relationships, and every other aspect of their lives to get a drink or continue to drink. In short, it means an alcoholic has lost the power to make a rational choice and drinks the way they do not because they want to, but because they must.

For alcoholics who have not yet reached the chronic stage of the disease, they may still choose to abstain from drinking temporarily. However, once alcohol is induced into the individual's system, the three **C**s once again become manifest. So, for most alcoholics, the problem isn't stopping their drinking, it's staying stopped. If a person continues to drink despite adverse **consequences**, one can be assured the person is beginning to enter a disease state.

Similarly, the three **C**s are present in those addicted to drugs other than alcohol. Often the use of prescription medications can lead to symptoms of dependency for those who are genetically predisposed. Using addictive medications not in accordance with the doctor's orders, using medication that is not prescribed for that individual, or using medication that is not warranted by the presence of the associated symptoms are all signs of possible abuse/dependency. And, like alcoholics, addicts will protect their supply, rationalize their behavior, and exhibit denial about their misuse.

Denial

Denial is a subconscious defense mechanism used to avoid bad news or uncomfortable feelings. It is not a manner of thinking limited to Chemical Dependency. If a patient were told by the physician that he/she only had 6 months to live, it would be typical for a patient to react by saying the doctor must be mistaken and that they wanted a second opinion. This is an example of **denial**, which is a natural defense mechanism.

In the case of Chemical Dependency, a person using drugs or alcohol enjoys the experience. If he/she were to acknowledge that use of drugs or alcohol created problems in his/her life, it would be a normal and sane response to limit or stop his/her use. Since the alcoholic or addict doesn't want to stop using, they play a psychological trick on themselves and **deny** the cause-and-effect relationship of using and having problems. This **denial** is so strong, consistent, and common that it is considered a defining characteristic of the disease of addiction.

It is important to understand that **denial** is not lying. It is not a conscious distortion of the facts. It is a subconscious mechanism that distorts reality as it relates to the person's chemical use. The alcoholic or addict simply sees no problem with using their drug of choice. In fact, they often distort reality to the point they reverse the relationship saying their problems cause chemical use, and not vice versa.

There are reasons other than denial that could be invoked to explain continued chemical use despite adverse consequences. One might presume that alcoholics and addicts are simply stupid, or immoral, or lack will power, or have some other primary mental illness. Thorough investigation reveals, however, that none of these other explanations suffice. Alcoholics and addicts are no different than the general population in any of these characteristics. Of course, chemically dependent people may behave stupidly, or immorally, but this behavior is either directly attributable to being impaired by the chemical or was created over time as a result of their disease.

So, what does the presence of denial tell us about alcoholics and addicts? It tells us that we're dealing with people who are sick. Recognizing that the chemically dependent person is sick is an important step in determining the proper method of dealing with the problem. It also encourages us to have compassion for people we might otherwise judge more harshly.

Summary of Chemical Dependency

One's understanding of the disease of chemical dependency can be determined by how one answers the following questions.

A. Is a person an alcoholic because they drink too much?

or

B. Does a person drink too much because they are an alcoholic?

The correct answer is B: a person drinks too much over a long period of time because they are an alcoholic. While many people misuse alcohol while learning how to imbibe moderately, over time the negative consequences of misuse result in a reduction in overindulgent behavior. For some people, however, the negative consequences are denied, and excessive consumption continues. When this **denial** is accompanied by **loss of control, compulsive use,** and **continued use despite adverse consequences,** we know the disease of Chemical Dependency is present. In this event, a medical solution to the problem is warranted. The HIMS program seeks to provide the opportunity for medical assistance to pilots suffering from the disease of Chemical Dependency with dignity and confidentiality.

Airline Culture

Although chemical dependency is a common illness in any large workforce, identification in an airline setting is often difficult. Most of the people in the industry use alcohol appropriately, as do those in society. However, when misuse occurs, the unique historical culture of aviation and the unusual work environment make misuse difficult to identify.

The men and women who pioneered aviation were thought of as courageous people who put their lives on the line every time they took to the air. It was not surprising that a little "fast living" was considered acceptable for those who operated so continuously "on the edge." And, since many early flights took place in the context of war, the dangers were quite real, and alcohol misuse was tolerated. Over time, a culture of "fly hard and play hard" developed and was even encouraged and romanticized. In today's world, the attitudes and ideas related to this special aviation culture still linger.

Of course, today's aviation is much different than aviation in those early days. It is the safest form of transportation. The FAA and airlines provide strict rules and regulations related to the consumption and/or presence of alcohol or drugs in the industry workforce. Compliance with these restrictions is enforced through mandatory testing that can impose severe penalties for violations. But there are still some unique factors that discourage the identification of those who misuse alcohol or who develop chemical dependency. Unfortunately, an undiagnosed illness doesn't lessen its presence and, occasionally, there is a highly publicized incident about a pilot reporting for duty impaired. We hope increasing awareness of some warning signs of chemical dependence might be helpful in preventing such instances. Signs and symptoms are included below and, though the examples often refer to drinking, similar behaviors are present in other forms of chemical dependency.

Signs and Symptoms

As chemical dependency progresses, signs of the disease become increasingly noticeable. However, these signs often appear for only limited periods of time or become noticeable in what are apparently unrelated contexts. Some of these signs are not unique to chemical dependency, which makes their root cause difficult to determine. Additionally, signs and symptoms may disappear entirely if the individual attempts to control their consumption through periods of abstinence or chooses to binge drink alone or in geographically remote locations. In any event, it is useful to look at the signs and symptoms of this disease from the differing perspectives of family, peers, and supervisors.

Family

Usually, the family is the first to notice the problem behaviors. Family members may notice an increase in the amount consumed, or a change in the affected person's drinking pattern. The drinker may become more secretive about their drinking, drink at odd hours, or begin to drink prior to events where limited social drinking is expected to occur. The drinker may suddenly change friends, lose interest in family activities, or become moody and irritable. In some cases, the drinker will begin to become verbally or physically violent.

As the drinker develops tolerance to alcohol, he/she may consume significant amounts while showing no visible signs of impairment. Impairment is present, however, and so there is often an increase in accidents or mistakes in judgement. Sometimes this deterioration of ability leads to financial or legal trouble. The drinker may begin to isolate themselves from other family members.

As the drinking problem becomes more apparent, family members may try to insulate the drinker from outsiders and co-workers because of shame and fear associated with the condition. While this reaction is understandable, it often enables the drinker to avoid the natural consequences of their behavior and delays effective treatment of the illness.

This enabling behavior, often referred to as co-dependency, is a desperate attempt to accommodate the unpredictability of the chemically dependent person's behavior. Codependency is a dysfunctional state that often must be treated simultaneously with treatment for the chemically dependent person to restore health to the family unit.

Peers

In the unique working environment of the professional pilot, the pilot often works closely for several days with a small group of people who were, prior to that trip, complete strangers. This circumstance is repeated on a regular basis for months and years at a time. Working regularly with people who have no knowledge or experience of past behavior tends to limit a co-worker's ability to identify a chemical dependency problem. And, even if misuse is identified, the usual predilection is to treat misuse as an isolated incident not worthy of reporting.

Nonetheless, signs of chemical dependency are often present if one is attuned to them. Signs of a possible problem include tardiness, being unprepared for a flight sequence, erratic performance, irritability, mood swings, heavy use of cologne or breath mints, isolation from the rest of the crew during layovers, or observed heavy consumption with no apparent effect, i.e. tolerance to alcohol. Tolerance is a key sign of regular, ongoing heavy consumption and is, therefore, a significant warning sign.

It can be perplexing, however, in that assessing impairment is harder to determine. The person may appear nearly normal, even with alcohol in their system. This problem is compounded if a recent shower or use of other products such as mouthwash, toothpaste, or eye drops masks other signs and symptoms.

Supervisors

For management representatives, often in the Chief Pilot's Office, the signs and symptoms of a possible chemical dependency problem are usually more distant and non-specific in character. They may include formal complaints about a pilot's work behavior such as poor cockpit performance, unprofessional conduct toward flight attendants or other crew members, or training deficiencies. The supervisor may become aware of other alcohol related incidents such as poor conduct reported by hotel staff, DUI's, or public intoxication incidents. A common sign present in many cases is excessive sick leave usage and/or last-minute sick outs.

It should be noted that as the disease progresses an individual experiences more illness. Excessive alcohol use can reduce the effectiveness of the immune system, contribute to an increase in accidents, and be related to other medical conditions like high blood pressure or stress management disorders. The chemically dependent pilot is, therefore, not necessarily "abusing" the sick leave system, but it is often the case that he/she is sick more often than their peers. Last-minute sick outs that occur just prior to the planned departure time are particularly noteworthy. In these cases, the pilot has usually been confronted by a fellow company or airport employee about an impairment concern and has chosen to call in sick rather than be tested for the presence of alcohol. Non-jeopardy testing is extremely useful in these situations to verify the presence of alcohol and to aid in the assessment process.

The Treatment Process: What to Expect

Before Treatment

- AME (Aeromedical Examiner) /EAP (Employee Assistance Program) /HIMS (Human Intervention Motivation Study) representative will identify a treatment facility if the pilot is identified as having a substance abuse problem. You may hear the word AME/IMS, the aeromedical physician that will closely work with the pilot as s/he enters treatment and follows their progress.
- The EAP, AME or HIMS representative will schedule an admit date after obtaining cost of treatment, insurance information, and other information as needed.
- The pilot should review with you or other family members any account numbers, bills to be paid, household responsibilities that need to be handled during his or her absence.
- You should also review any childcare, pet care, or elderly parent needs if applicable.
- Obtain the contact information for the treatment facility and any other important numbers in case of an emergency.
- Seek out and confirm dates for family program participation at the treatment facility.
- Consider obtaining a General/Limited Power of Attorney if applicable.

During Treatment

- Speak with your family member in treatment as often as appropriate based on family situation and treatment facility policy. Many treatment facilities restrict phone usage to limited times or days during treatment.
- Attend the Family Program and take advantage of all family support that is offered. This is “your” opportunity to get help.
- Visit your loved one during treatment if possible and approved by treatment facility.
- Send cards/letters.
- Send family pictures that keep them updated on what is going on.
- Attend Al-Anon/BOAF Al-Anon/self-help meetings.

After Treatment

- Attend Al-Anon/BOAF Al-Anon/self-help meetings.
- Obtain an Al-Anon sponsor.
- Consider family therapy or marriage counseling, if applicable.
- Consider individual therapy, if applicable.

The Recovery Process After Treatment

In most cases when a commercial pilot is referred to treatment, the recommended minimum length of stay is thirty (30) days in residential treatment. This varies among airlines based on their established HIMS programs. Also, not all airlines have established HIMS programs. The process for General Aviation pilots varies depending on the person's particular situation and may not require inpatient treatment.

It's likely this will be a new experience for your family since your loved one had a particular schedule when working. Living with a person in active addition impacts anyone who cares for them. It's common to adapt to the "dysfunction". Since he/she will not be flying for an extended time, there will be a period of adjustment and family members will need a new map. If you had the opportunity to participate in a family program during treatment, you likely will be familiar with what to expect.

The hope is your loved one was given tools to cope with stress and change in treatment. However, it doesn't happen overnight. Thus, a period of time is required prior to return to duty supported by multiple avenues of monitoring. This is a new way of living. The process is referred to as the HIMS Program i.e. Human Intervention Motivation Study. While minimum requirements exist and are standard as set forth by the FAA; each carrier manages their program as designed by their union. The minimum requirements/expectations for all pilots upon discharge from treatment include:

A minimum of 90 AA/NA meeting attendance in 90 days or daily meetings is required. While a few of these meetings can be accomplished virtually, the experience is enhanced if meetings are attended in person. In addition, there are worldwide Birds of a Feather (BOAF) meetings that take place virtually, which is beneficial for pilots. The daily meeting attendance is documented and shared with their respective HIMS AME or IMS. Obtaining an AA sponsor to work the Steps with and having an established "Home Group" is also required. There are alternative mutual support groups to AA but these generally meet less frequently and are not as widely available.

After completion of the 90/90 meeting requirement, the minimum expectation is 2-3 meetings a week although some pilots continue attending meetings much more frequently. This attendance can be documented if required but also verbally reported to the HIMS AME and the HIMS committee.

In addition to attending meetings, your loved one should have acquired an AA/NA sponsor and will begin to work their "12 steps". In a perfect world, they meet with their sponsor at least one time a week in person. Of course, if needed virtual or telephonic is an option especially after returning to flying. This is when the magic

begins. It's common to see evidence of a healthier lifestyle, enhanced coping skills, and a new way of living unfold.

Each pilot is assigned a "peer monitor". This is a company pilot who is active in the HIMS program and serves as support and educator for your loved one. In other words, they have been there-done that. Meetings with peer pilots are at least monthly and frequently weekly and can be virtual, in person, or telephonic. In the return to duty process, the peer monitor will write a monthly letter to the AME/IMS on their behalf which will be added to their Special Issuance application to support their healthy progress.

Monthly meetings with a pilot's chief are required and are managed as set forth by their respective employers. Some airlines accomplish this in monthly group meetings where the chief pilot representative is in attendance while some require individual meetings with the chief pilot in addition to monthly peer meetings. Some airlines do not host a monthly group meeting, so their respective HIMS meetings are on an individual basis.

In addition to the above, weekly group after-care meetings with a credentialed mental health provider are required. The hope is this will be in person, however when not available, virtual is allowed. Aftercare is another support system in place for the pilot and monthly reports are submitted to his/her AME prior to their Special Issuance application. Quarterly aftercare reports are required after the pilot receives their special issuance. This meeting attendance is required by the FAA.

Abstinence testing using urine, blood, breath or sometimes hair or nails is required prior to certification and after the special issuance medical certificate is granted. This testing is done in a no-notice fashion and requires that the pilot report to a testing facility within several hours of the notification. The testing looks for metabolites of addictive substances to verify they have not been consumed in detectable amounts. The frequency of the tests is determined by the AME/IMS but is not less than monthly. The results of the abstinence tests are sent to the AME/IMS immediately.

Sometime after completion of the 90/90 requirements, your loved one will be referred for a "P&P": Neuropsychological and HIMS psychiatric evaluations. This is the final piece of the puzzle. These reports along with all letters, reports, and full medical records are submitted to the FAA by their HIMS AME/IMS in application for a Special Issuance which will allow them to be returned to duty. The wait for a special issuance can tax your family's patience. There are many factors that determine how long it takes. It will be a few months but can be longer than a year depending on the results of testing, reports, and quality of the pilot's recovery.

In specific situations your loved one may have also been referred to individual therapy. You and your spouse may have been referred to couples counseling or family therapy. This process on a case-by-case basis and can be very beneficial in healing past wounds and accelerating the family's recovery.

What Are My Next Steps to Family Recovery?

Upon review of this handbook, you will read that addiction is a family disease and family members are significantly impacted. There is help available. While AA/NA is available for the alcoholic/addict, family members have **Al-Anon, "a fellowship of relatives and friends of alcoholics who share their experience strength and hope in order to share their common problems"** Alateen groups, available for teenagers, is part of Al-Anon. CODA, "Codependents Anonymous, is meant to define codependence but has a list of "characteristics of codependency that involve various behavioral patterns, such as denial, low self-esteem, avoidance, compliance and control.

"Birds of A Feather International" (BOAF), is an AA meeting established specifically for pilots in recovery. A counterpart for family members of pilots in recovery, BOAF Al-Anon, was established to address the special needs of family members of pilots.

You can find more information at https://himsprogram.com/family-support/ and www.boafalanon.org . Be aware that addiction impacts not only the identified addict or alcoholic but anyone that loves that person as well. Everyone deserves the opportunity for healing.

Books and Helpful Resources

Books by Melody Beattie

Beyond Codependency

Codependent No More

Codependent No More Workbook

Codependents' Guide to the Twelve Steps

The Language of Letting Go

The Language of Letting Go Journal

The Lessons of Love

Journey to the Heart

Stop Being Mean to Yourself

Finding Your Way Home

Playing It by Heart, Taking Care of Yourself No Matter What

More Language of Letting Go

Choices

52 Weeks of Conscious Contact

The Grief Club

The New Codependency

Books by Other Authors

12 Essential Insights for Emotional Sobriety – Berger, PhD, Allen

Adult Children of Alcoholics – Woititz, Janet Geringer

Blending Families Successfully – Tabatsky, David & Glass, M.D., George S.

Children of Alcoholics: A Guide for Parents, Educators and Therapists – Ackerman, Robert J.

Choice Making – Wegscheider-Cruz, Sharon

How Al-Anon Works – Al-Anon World Services, Inc.

It Takes a Family – Jay, Debra

It's Not Supposed to be This Way – Terkeurst, Lysa

It Will Never Happen to Me – Black, Claudia

Life's Too Short – Twerski, M.D., Abraham

The Big Book, Alcoholics Anonymous – Alcoholics Anonymous World Services, Inc.

The Twelve-Step Facilitation Handbook – Nowinski, Joseph & Baker, Stuart

Twelve Steps and Twelve Traditions – Alcoholics Anonymous World Services, Inc.

Al-Anon (Alateen), AA, NA sites:

https://al-anon.org/

https://www.aa.org/

https://www.na.org/

Birds of a Feather (BOAF) sites:

https://boafalanon.org/

https://boaf.org/

HIMS Family Support:

https://himsprogram.com/family-support/

Suggested Sections from The Big Book:

The Doctor's Opinion- Letter from William D. Silkworth, M.D. pp: xxv-xxvi

Chapter 8 To Wives. pp: 104-121

Chapter 9 The Family Afterward. pp: 122-135

Therapy

(resources to assist in locating therapist, insurance companies can also help)

Psychology Today

Can filter addiction, family therapy, location
www.psychologytoday.com

Aviation Mental Health Directory

Aviation savvy counselors
www.amhdirectory.com

Barbara D. Woods

LCSW, ACSW, SAP Qualified
972-467-7993 Barbara@barbarawoodsandassociates.com
Willing to assist in locating local therapist

Jessica L. Auslander

MA, PhD, LCAS, LCMHC, NCC/NCSC, ICGC-I, BC-TMH
Professional Wellness Management, PLLC
1932 Weddington Rd. Weddington, NC 28104
704-277-4760

Dr. Bedi's Addiction Presentation:

https://www.youtube.com/watch?v=j4wCgJ55lw0

Dr. McCauley's Addiction Resources:

https://drkevinmccauley.com/

https://www.youtube.com/@PleasureUnwoven

Dr. McCauley's Dvds:

Pleasure Unwoven and Memo to Self

Crisis Hotlines and Resources:

https://www.apa.org/topics/crisis-hotlines

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