

Transcript Details

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Can PTSD be Mitigated?

Welcome to ReachMD's medical focus series. This month, ReachMD explores our nation's progress in disaster medicine and public health preparedness.

Can post-traumatic stress disorder be mitigated? When disaster strikes the human body response, is there something we can do at the scene to delay or prevent the onset of PTSD. You are listening to ReachMD XM 157, the channel for medical professionals. Welcome to the clinician's roundtable. I am your host Dr. Larry Kaskel. Joining me today is Capt. Mimi Tompkins of Aloha Airlines to discuss what physicians need to understand about the implications that a traumatic event has on the physical and psychological being of all the members involved. After a traumatic event, Capt. Tompkins helped establish the Airline Pilot Associations Critical Incident Response Program and now heads the Human Performance Committees of Aloha Airlines and oversees the critical incident response program working closely with the General Aviation Community in Hawaii and assists other airlines when necessary.

DR. LARRY KASKEL:

Mimi Welcome to the show.

CAPT. MIMI TOMPKINS:

Thank you, thank you it is a pleasure to be here.

DR. LARRY KASKEL:

Mimi what made you so involved in this? I imagine something happened in your personal life to make you passionate about this.

CAPT. MIMI TOMPKINS:

Yes in 1988, I was involved in an aircraft accident, a Boeing 737 landed in Maui with 18 feet of its fuselage missing and at that time I was a copilot and the accident or the flight, actually the flight was not the major trauma for me because I felt I was very well trained for that, (01:30) but the aftermath is what actually came to haunt me, I was not prepared for what happened once we landed.

DR. LARRY KASKEL:

So let's talk about the aftermath. Is it an acute onset? Is it a delayed onset? Is it different for everyone?

CAPT. MIMI TOMPKINS:

I think it is different for everyone and for me it was quite a delay before I realized that I was having post-traumatic stress symptoms or problems. I had never heard of post-traumatic stress disorder. I didn't even know that you know severe stress could cause physical problems and psychological problems, so I was uneducated.

DR. LARRY KASKEL:

So you have decided to educate the airline industry and the world?

CAPT. MIMI TOMPKINS:

Well, I educated myself and then I hoped to be able to provide assistance and support to other crew members following incidents and accidents.

DR. LARRY KASKEL:

So, because of you what now is available in the airline industry? What is the standard message that we use to deal with accidents?

CAPT. MIMI TOMPKINS:

I was part of the team, it was not just me putting the program together, but now what standard is following a critical event. And an accident does not actually have to happen or could be a critical event. It could be just a very close call and passengers may know nothing about that, but the crew members could still in their own minds the event played out to may be an accident.

DR. LARRY KASKEL:

What do you call a close call?

CAPT. MIMI TOMPKINS:

It could be almost running off the runway. It could be what we call a go around where you almost land, but there is another airplane right on the runway so if you would have landed you would have hit them (03:00) or may be a near miss in the air and passengers would never know anything about that fortunately.

DR. LARRY KASKEL:

As a pilot if you have a go around what do you say to the people in the cabin? Oh! Ladies and Gentleman we just had a little excitement up here.

CAPT. MIMI TOMPKINS:

No we usually say there is something on the runway, may be a dog, but if they can see the another airplane, there is another airplane on the runway so we are having to go around, they were a little slow getting off, you know, something, something with some humor if possible.

DR. LARRY KASKEL:

Go arounds are not that dangerous because you know all you have to do is hit the speed button and you know when you are in landing mode you are almost in take off mode.

CAPT. MIMI TOMPKINS:

Right, so it just depends on how close the call was.

DR. LARRY KASKEL:

So you would know, the flight attendants would know, but the passengers are clueless.

CAPT. MIMI TOMPKINS:

Right.

DR. LARRY KASKEL:

Which is good. Because you don't need 200 people traumatized.

CAPT. MIMI TOMPKINS:

No we don't.

DR. LARRY KASKEL:

Instead of just 5 or 4.

CAPT. MIMI TOMPKINS:

That's correct.

DR. LARRY KASKEL:

What is the critical incident stress management program? It sounds very intense.

CAPT. MIMI TOMPKINS:

It is actually a simple program where volunteers are trained with a 2-day certification and hopefully more training as they mature as volunteers. The airline would have a notification system where often an e-mail or page would go out to the team leaders that an event happened and the coordinator would quickly mobilize some volunteers to be ready to either meet that plane when it lands in order to talk with the crew as soon as they get on the ground or to at least call them if they were you know in a city too far away to have someone meet them and they would receive what is called a diffusing (04:30) either on the telephone or in person, preferably in person.

DR. LARRY KASKEL:

It is very hard to practice medicine over the phone, do therapy over the phone. It is good to have a human face in front of another human face to kind of actually be empathic and feel things.

CAPT. MIMI TOMPKINS:

Right.

DR. LARRY KASKEL:

I would prefer my diffusion to be face to face.

CAPT. MIMI TOMPKINS:

We prefer that if possible and therefore the different airline teams utilize each other if we at Aloha would not have a peer at Santa Ana John Wayne Airport, we would call one of the other teams and see if they could help.

DR. LARRY KASKEL:

There is a standard now and everybody kind of plays their part when they can.

CAPT. MIMI TOMPKINS:

Yes, we chose at the Airline Industry or Airline Pilot Association to utilize the method that the International Critical Incident Stress Foundation teaches so that all of our volunteers are standardized.

DR. LARRY KASKEL:

If you have just joined us, you are listening to the clinician's roundtable on ReachMD XM 157, the channel for medical professionals. I am Dr. Larry Kaskel and I am talking today with Capt. Mimi Tompkins of Aloha Airlines. We are talking about a program she helped to create, the Critical Incident Stress Management Program.

Mimi, what about internationally? I know that a plane went down recently in, I think, it was Brazil? Does your program have any international reach?

CAPT. MIMI TOMPKINS:

It does. I do not know what the connections are in Brazil, but for the US Airlines and many of the European Airlines, and also Japan has joined our critical incident stress network. We will do everything possible to assist the crew members (06:00) and some times countries that do not have a program will ask our volunteers to help. For example in Germany, there is a program called the Mayday Foundation and they assist in the same way that we do. They are a part of the Airline Pilot Association as pilots and union members and they have a wonderful network in Europe that we have linked into.

DR. LARRY KASKEL:

You know when you diffuse somebody after a trauma do they ever talk about medicating the person then like with a beta-blocker or something that might kind of help with their arousal system so they do not get too riled up.

CAPT. MIMI TOMPKINS:

With the flight attendant, yeah, that sometimes occurs. Now with the diffusing is just a pilot peer volunteer and 4-5 days after the event has ended, and that means the investigation that follows and then there will be a debriefing with the crew member and a debriefing involves a mental health professional and that is about an hour and half to 2 hours of structured briefing, talking in great detail with the entire crew about what happened and that talking together as a group is very healing because each person has a different piece of what happened, but yes after debriefing, the mental health professional will talk with individual crew members who may need additional help and refer them to a psychologist or psychiatrist or another mental health professional and it is not uncommon sometimes for flight attendants to get medication to assist.(07:30)

DR. LARRY KASKEL:

Mimi, in your experience have you learned what kind of predisposes someone to developing PTSD versus someone else, I mean if you put 100 people in a situation some of them are going to develop it, some of them will not, is there some sort of premorbid personality or character disorder that will kind of help you figure out who is going to develop what.

CAPT. MIMI TOMPKINS:

What we are taught and what I have observed in my 15 or 16 years of doing this is that people who have trauma experiences from childhood, physical abuse, sexual abuse, have a much higher chance of reacting with post-traumatic stress disorder or war veterans, which many, many pilots have flown in the various wars and of course they have a much higher chance percentage.

DR. LARRY KASKEL:

Well, you brought up one of my next questions. We are going to have a lot of soldiers returning from war soon hopefully and I am going to guess that many of them are going to have PTSD and is there something in your program that can be used or extrapolated to general internists, to our government, to our VA system to help these guys so they do not all end up all the streets like after Vietnam.

CAPT. MIMI TOMPKINS:

Yes I agree. I hope and pray that they get as much mental health support as they can possibly get. I would advise their personal physicians that they may be seen for problems that may not be clear that it is post-traumatic stress disorder that I would hope that their physicians would encourage them (09:00) to go on and seek professional help from a psychologist or psychiatrist who is familiar and often treats post-traumatic stress disorder. I would hope that this kind of treatment would be what we call in the airline industry automatic because if we leave it up to people to volunteer to get the help they don't want to because there is still a lot of stigma against seeking counseling or psychological help and that stigma has got to be erased and the way that we found that it can be handled is by pre-education and just letting people know this program is automatic. They know that we are going to call and they know that for something really disturbing, they need to go on and seek professional help.

DR. LARRY KASKEL:

Knowing what I know of our government, I am going to say there is no fixed program in place for everybody coming back to go through some sort of program like this and it sounds like they absolutely need it.

CAPT. MIMI TOMPKINS:

I agree absolutely.

DR. LARRY KASKEL:

So it is up to you Mimi to start lobbying once again with our government, get back into your political seats.

CAPT. MIMI TOMPKINS:

There are many, many people doing that and I will definitely continue, but I do think that every single physician could also help by learning something about critical incident stress and post-traumatic stress disorder even just a simple 2-day course and then have a connection, a team, people that they trust and know are confident that they can refer people to because (10:30) what we know is that we have very narrow windows of openings to get people to seek help and I would think that when a person is in a physician's office they are asking for help and they respect their physicians and for this physician to take the time to ask have you experienced a trauma for about you know even just a few minutes and then quickly have some people that they could say you know I think you need to look into this and here is a couple of people I trust and know are confident. I think that could make a huge difference in someone's life.

DR. LARRY KASKEL:

So lets throw this out to every physician listening that every office should have a PTSD disaster plan in place, that if they start having soldiers showing up to their practice, that they should first, first think of PTSD as the most likely diagnosis and have a plan of where they can send these patients because that is the problem we can identify it, but we may have nowhere to send them or therapists in the area that know about it or will even accept their insurance and so that is the struggle, is getting them the care they need.

CAPT. MIMI TOMPKINS:

And if the physician did take the time to attend like a basic critical incident stress management course, at that course would be people who are linked in the community because the police, the fire rescues, the airlines have networks that are well established and they know who the confident mental health people are in the neighborhoods and cities that they serve.

DR. LARRY KASKEL:

Mimi we are almost out of time. Is there somewhere on the web (12:00) that doctors can go to learn any of this.

CAPT. MIMI TOMPKINS:

Well I would just say right off the top of my head would be the International Critical Incident Stress Foundation, then there is also Traumatic Institute of Stress, I believe but there is a couple of different foundations in the country that they could educate themselves even with online courses.

DR. LARRY KASKEL:

Capt. Mimi Tompkins, thank you so much for joining us.

I am Dr. Larry Kaskel and you have been listening to the Clinicians Round Table on ReachMD XM 157, The Channel for medical professionals. For comments and questions send your e-mail to www.xm@reachmd.com. Thank you for listening.

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