

**DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION**

**SPECIFICATIONS FOR PSYCHIATRIC AND PSYCHOLOGICAL EVALUATIONS IN CASES INVOLVING
SUBSTANCE ABUSE/DEPENDENCE**

When a history of substance abuse/dependence is in question in an applicant for medical certification, it is the responsibility of the Office of Aviation Medicine to determine whether a problem does exist; and if it does, whether there is satisfactory evidence of recovery. To this end, both current psychiatric and psychological evaluations are required, as well as all records of observation and treatment. The psychiatrist and psychologist should submit separate reports.

I. A report by a qualified psychiatrist is required. It is recommended that the psychiatric evaluation be conducted by a psychiatrist experienced in the diagnosis and treatment of all types of addiction. All pertinent medical records and professional reports should be made available to the psychiatrist prior to the preparation of the report. The usual elements of an evaluation, such as past history, family history, and current mental status should be included as well.

Evidence pertaining to the quality of recovery should also be included in the psychiatrist's report. An opinion as to whether there is a history of addiction should be based upon the following definitions contained in the Federal Aviation Regulations, Sections 67.107,.207,.307(a)(4) and (b).

SUBSTANCE DEPENDENCE. As used in this section, means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages.

SUBSTANCE ABUSE. (no substance abuse within the preceding 2 years). As used in this section, means use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous.

II. A report is also required by a qualified clinical psychologist who is experienced in administering such tests. (A qualified psychologist is preferably one with a state license or certification with a Ph.D. in Clinical Psychology, or is listed in the National Register of Health Service Providers in Psychology). The applicant may contact the local psychological association for a referral.

The report (including a copy of the test protocols) should contain a detailed psychological evaluation based on a battery of psychological tests. Such a battery should include: (1) the complete Wechsler Adult Intelligence Scale - Revised (WAIS-R); (2) the Minnesota Multiphasic Personality Inventory (MMPI-2/MMPI); and, as considered appropriate by the practitioner, any three or more of the remaining tests or their equivalents.

- a. A cognitive function screening test such as the Trails Making Test, the Category Test (Booklet or Machine), or a memory scale (Wechsler Memory Scale, California Verbal Learning Test, Rey Auditory Verbal Learning Test).
- b. A projective test such as the Rorschach or Sentence Completion.
- c. A personality inventory test such as the NEO-R, the Personality Assessment Inventory, the Millon Clinical Multiaxial Inventory (MCMI).
- d. A symptom screening test such as the Beck or Hamilton for depression, or the MAST for Alcoholism.

The evaluating psychologist should select the particular tests based upon his or her experience, considering the particular issues involved.

GUIDELINES FOR INITIAL ASSESSMENT OF AIRMEN WITH HISTORY OF MISUSE OF DRUGS OR ALCOHOL

When the presence of a drug or alcohol problem is in question in an applicant for airman medical certification, it is the responsibility of the Office of Aviation Medicine to determine whether a history of substance abuse or dependence does exist; and if it does, whether there is satisfactory evidence of recovery.

If it is determined that a problem does exist, the Federal Aviation Administration requires that the applicant submit an evaluation by a professional who has had special training in diagnosis and/or treatment of addiction. This would include certified substance abuse counselors, psychologists or psychiatrists, other physicians with special training in addictive disorders, and members of ASAM (American Society of Addiction Medicine).

The report should contain adequate information to determine whether a problem exists, including significant negatives. This should include, though not necessarily be restricted to the following information that may be related to substance misuse.

PERSONAL:

- Anxiety, depression, insomnia
- Suicidal thoughts or attempts
- Personality changes (argumentative, combative)
- Loss of self esteem
- Isolation

SOCIAL:

- Family problems
- Separation
- Divorce
- Irresponsibility
- Abuse, Child/spousal

LEGAL:

- Alcohol-related traffic offenses
- Public intoxication
- Assault and battery

OCCUPATIONAL:

- Absenteeism or tardiness at work
- Reduced productivity
- Demotions
- Frequent job changes
- Loss of job

MEDICAL:

- Blackouts
- Memory problems
- Stomach, liver or cardiovascular problems
- Sexual dysfunction

ECONOMIC:

- Frequent financial crises
- Bankruptcy
- Loss of home
- Lack of credit

INTERPERSONAL ADVERSE AFFECTS:

- Separation from family, friends, associates, etc.

ADDITIONAL FACTORS:

- Tolerance
- Withdrawal
- Loss of control
- Preoccupation with use
- Continued use despite consequences

When appropriate, specific information about the quality of recovery should be provided, including the period of total abstinence. Summary, appraisal, etc., with final diagnoses in accordance with standard nomenclature is of particular significance.

Further information may be required, including treatment and traffic records, psychological testing, as well as other medical and laboratory records (random drug testing, liver profile, etc.). It may be appropriate for the evaluator to interview or contact a significant other in the process of this evaluation.