

## Well Check Scripts

The following are some suggestions that may aid you with providing the well check and Psychological First Aid. These are suggestions only and it is important to find your own approach and style that feels natural and authentic, but also empathic and focused on the member/staff. The key focus is to observe any reactions or signs the member/staff may be struggling or distressed, provide information around critical incidents and link them in with appropriate supports.

Elements of Psychological First Aid:

1. Promote Safety – remove from or reduce exposure to threat of harm. Attend to any basic needs (food, water, shelter, medical attention, towel/blanket/clothing). Encourage avoidance of media reports, protect from situations that may cause distress.
2. Promote Calm – as much as possible, provide a calm environment away from stressful sights, sounds, people, smells. Show calm, don't force calm. Lower your volume and tone, maintain calm and controlled body language. Listen to those who wish to share their stories, emphasising there is no right or wrong way to feel. Encourage controlled breathing exercise.
3. Promote Connectedness – help them to connect with fellow members/staff they are comfortable with, friends and loved ones, other internal/external avenues of support. Connection made through the well check, Encourage spending time with family and friends.
4. Promote Self and Community Efficacy – encourage them to meet their own needs, foster adaptive coping and self-care strategies. Have they been through something similar and what worked then? We are all different and we have existing and natural ways of coping.
5. Promote Hope – encourage ways to enhance member/staff's natural resilience, eg "What has helped you cope with high stress experiences in the past?". Normalise feelings post incident. Remind people that they do have what they need to cope. Help them to tap into existing resources.

### Well check 1 (on the day) – for Branch Peer Support Officers

Initiating the conversation:

- It has been a big day, tell me, how are you going?
- What do you think is best for you right now?
- What works for you when you are under pressure or having a tough day?
- How do you relax and look after yourself?
- Anything else going on in your life at the moment that is major / challenging?
- Who is at home / who do you live with?
- Will there be someone around when you get home if needed? / Who can you contact for support?
- How are you getting home? (watch for safety if driving)
- Is there anything I can do to support you?

Once some initial review and check-in has occurred, provide some basic information about possible reactions.

- Following an incident some people have a few strong reactions that can last for a few hours, days or weeks.
- These could be things such as feeling "pumped" or on edge, feeling "racy" or feeling in shock.

- Some people feel other things such as sadness, fear or uncertainty.
- People often have thoughts around “what if” and hypothetical scenarios.
- There can be changes in your thoughts, body, feelings or actions.
- Sometimes sleep can be a bit funny for a few nights.
- In most cases, within a short period of time things settle down and go back to normal.
- Exercise usually helps and burns off some of the tension.
- If you feel like talking to people, do so. If not, that is fine too.
- Sometimes people just need downtime and recovery.
- There is no right or wrong answer about what you have to do or what works for everyone.
- Often, doing some relaxation can help. Yoga, slow breathing, and rest.
- Sometimes distraction is useful, watch some TV, read a book, play some music or games.

Finish by reminding the person of the various resources and support options:

- Any concerns or other things you would like to discuss?
- Someone from the SLSNSW Wellbeing Team will follow up with you over the next week.
  - EAP can be accessed without a referral for staff and for members for all incidents involving lifesaving. SLSNSW EAP is Converge International - 1300 687 327
  - Provide phone numbers such as Lifeline 131114 and National Emergency Worker Support Service <https://www.blackdoginstitute.org.au/national-emergency-worker-support-service/>, talk to their GP, talk to a Peer Support Officer etc.
  - Wellbeing resources on the SLSNSW website.
- If you need anything in the meantime or have any questions, please get in touch straight away.

**Escalation: Always escalate if concerns for safety of the member/staff or others. Risk will always override confidentiality.**

### Well check 1 (24-48 Hours) – Branch Peer Support Officer, Wellbeing Team

Hi [name], My Name, is [your name] and I am calling from the Wellbeing Team at SLSNSW. I wanted to reach out to you after you were involved in XX.

There are two purposes to this call, first I would like to check in and see how you are going post incident and secondly talk about some of the support that is available to you.

What we talk about today is confidential unless I have concerns for your safety or the safety of others.

1. Establish rapport, acknowledge incident:
  - a. Pass on thanks for their efforts from SLSNSW/on behalf of partner agencies as appropriate.
  - b. How long have you been a member/staff / part of the call out team / what role do you hold in the club?

2. Ask how they are going, if they've had any concerns if they are thinking about the incident etc.
  - a. Ask follow-up questions as required about how they are feeling (usually very flexible to the person). Empathise and normalise reactions. Common reactions are listed in the "Signs of Psychological Distress" table below.
3. Talk about some common impacts to be aware of:
 

*this can be pitched as – often when we chat to members/staff, we ask them to look out for XXX in themselves and others, and if they see or feel something that might need support please let us know.*

**Signs of Psychological Distress:**

<p><b>Emotional</b></p> <p>Emotional outbursts or exaggerated emotions</p> <p>Reduction in empathy</p> <p>Irritability</p> <p>Rapid changes in mood</p> <p>Cynicism</p>	<p><b>Behavioural</b></p> <p>Increased use of alcohol or drugs</p> <p>Avoidance of reminders of event (eg people, place)</p> <p>Withdrawal</p> <p>Changes in habits eg eating, exercise, sleep</p> <p>Making Errors</p>
<p><b>Cognitive</b></p> <p>Flashbacks</p> <p>Nightmares</p> <p>Invasive thoughts</p> <p>Difficulty concentrating</p> <p>Reduced motivation</p> <p>Poor memory recall</p>	<p><b>Physical</b></p> <p>Changes in physical appearance</p> <p>Headaches, stomach aches</p> <p>Startle response, constantly vigilant</p> <p>Change in appetite</p> <p>Fast breathing</p> <p>Muscle tension</p>

- a. Acknowledge that it has only been (24-48 hours) so they may or may not have noticed any impacts. Ask if they have experienced any of these reactions/changes since the incident eg Disruption to sleep, thinking about the incident, avoiding the surf club etc.
- b. Mention that many of these symptoms are normal and many members/staff can feel an impacted after critical incidents but if these persist beyond a few days/cause disruptions to their lifestyle that may be a good indicator to reach out for further support.
- c. Ask about self-care – what have they done to look after themselves after the incident? What would be helpful? What do they usually do or find helpful following a stressful situation? (reinforce what they are doing and/or encourage connections, adaptive self-care strategies, promote hope)

*Adaptive coping strategies include:*

- Acknowledging your emotions
- Talking to a someone you trust, social connections
- Writing/journaling
- Rest/relaxation, breathing, mindfulness, yoga
- Exercise
- Enjoyable activities
- Health sleep habits

- Eating a well-balanced diet
4. Introduce EAP/MAP Program
    - a. Highlight that *free confidential support* is available through converge international and chat to them about how to access it. Also introduce the Wellbeing Resources on the SLSNSW website and NEWSS.
    - b. Refer to the email that has been sent with details of the program. Ask if they have received the email.
    - c. If they have mentioned signs/symptoms that indicate compromised wellbeing, “I’m concerned about you and want to help you get support. Could we discuss some options?”
  5. Ask them about some of their surf club activities, when their next patrol is; are they a competitor.
    - a. Ask if they are looking forward to these activities or worried. Ask them what, if any support, they need. Talk about some of the support that the club can put in place to support their return to patrol. (Also is a great segue for WC2/3 to ask them how their patrol/competition/training was)
  6. Remind them of the support available and that there will be a WC2/3 (If applicable allow them to opt out).
    - a. Say that will be following up in a week/months’ time and remind them that they can always get in touch with the SLSNSW wellbeing team to support them/their peers. Eg “Sometimes symptoms may arise in the days and weeks after an incident. Therefore, we will call you in a week and a month’s time to check in with you again.” Or “Usually the reactions you’ve described will dissipate with self-care and resuming your normal routine, however, we will call you next week/in a few week’s time to check in with you again.”

### Opting out:

A member/staff can always opt out of the well checks at any time. Whilst we encourage participation, participation is voluntary.

If the member/staff says they are fine and don’t need a follow up, you can mention that this is SLSNSW protocol as the research shows sometimes people can experience reactions to the event after several days or weeks. However, if they insist on not having a follow up call, refer them to the available supports in the email and that they can contact the wellbeing team at any time. (file note this).

If the member/staff is hostile or unreceptive to your initial call you can say something such as: “I’m glad to hear that you are feeling well. Sometimes people can experience reactions in the days and weeks after an event. Would it be okay if I call you to check in next week?” (file note if they refuse).

If they are rude/aggressive/unwilling to participate, remind them of the support options available (in the email), advise that you will not call them again in relation to this incident, however, will advise their Duty Officer/Supervisor and they can contact the wellbeing team at any time. (file note this).

**Well check Two (one week) and Three (one month)** - Branch Peer Support Officer, Wellbeing Team will complete Well checks 2-3.

The purpose of Well check 2-3 is:

- Review how the Member/staff is coping and feeling, and screen for any indications of distress, trauma or other concerning reactions eg: interrupted sleep, intrusive thoughts, anxiety or hyperarousal. For some people, the reactions to the event only commence a number of days/weeks after the incident.
- Check if the member/staff has remained/returned to pre-incident function and coping – review any previously mentioned reactions to see if they have improved or worsened.
- Should there still be trauma reactions and distress after one-month, there may be more serious clinical issues, and this can be escalated to the Wellbeing Team for referral to EAP/MAP for a more detailed clinical assessment.

Following are some suggestions for questions to guide the second and third well check conversations.

Hi [member/staff name], My Name, is [your name] and I am calling from the SLSNSW Wellbeing Team to check in following our chat [last week/a few weeks ago].

- How have things been over the past week/month?
- How are you going generally?
- Any concerns or worries?
- Any observations or changes that you have noticed? (refer to any signs/symptoms they mentioned in previous well check – any declines or improvements?)
- How is your sleep? Normal? Sleeping through the night?
- Any thoughts about the incident?
  - If yes, how often? What is the nature of them?
  - How are you managing / coping with them?
- How would you describe your mood?
- Do you feel as if you are back into your normal routine? (we are looking here for any avoidance of normal duties as a result of the incident and resulting fear). Have you been visiting the surf club more or less often than usual?
- Refer to any previous self-care plans/strategies discussed – are these helping? If yes, encourage continuation, if not, explore additional strategies/tools/resources.
- Remind again on support options and any future planned follow up.

**Escalation: Always escalate if concerns for safety of the member/staff or others. Risk will always override confidentiality.**

**What to document:**

- Date of contact
- Contact attempt/s
- One sentence on what was discussed or recommended
- Any agreed next steps eg: the next follow up date or referral to a professional or another service.