

## Reminder document for providing PFA, Wellbeing Sessions and Well Checks

### Support for Individuals

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

### Elements of Psychological First Aid:

1. **Promote Safety** – ensure you are safe/psychologically ready to provide support, 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, discourage from situations that may cause distress.
2. **Promote Calm** – as much as possible, provide a calm environment away from stressful sights, sounds, people, smells. Demonstrate calm yourself to allow mirroring. Lower your volume and tone, maintain relaxed and open body language. Listen to those who wish to share their stories, emphasising there is no right or wrong way to feel and that they don't have to share details of the event. Encourage controlled breathing if needed (e.g. box breathing).
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 and continuing with usual routines and interests where possible.
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 likely have what they need to cope and most people return to their usual functioning in 2-6 weeks. Help them to tap into existing resources.

### **The Wellbeing Information session (group setting)**

The wellbeing information session occurring post-incident should be very clear on the objectives and process. It is important to do the following structure:

1. Acknowledge the incident
2. Recognise that some people may be affected, both physically and mentally
3. Confirm the SLSNSW critical incident support process
4. Advise individual support is available and people will be contacted for a well check (noting that it may be the Peer Support Officer or the SLSNSW Wellbeing Team)
5. Provide any positive feedback on what was done well
6. Highlight resources available to members such as MAP, written material, website, apps (advise names/emails are collected and they will receive written info on resources)

Where time/wellbeing of group permits (i.e. consider the primary need may be to get people home), provide some basic information about possible reactions. This may include sharing

- Following an incident some people can have a few strong reactions that can last for a few hours, days or weeks, which changes to thoughts, feelings, behaviour and body sensations
- In most cases, within a short time frame, things settle down again
- These could be things such as feeling “pumped” or on edge, feeling shaky or even numb
- Some people feel other things such as sadness, fear or uncertainty
- People often have thoughts around “what if” and hypothetical scenarios
- Sometimes sleep can be disrupted for a few nights, but returns to normal for most
- Exercise can be helpful to burn off some of the tension – try keep up with your typical routines even if you may feel a bit fatigued. Relaxation activities such as yoga, mindfulness, and breathing exercises can also help the body realise it is safe and no longer in fight/flight
- If you feel like talking to people, do so. Remember some people do prefer to process things alone and that is ok too (as long as this is their ‘usual’ way and they are not isolating/avoiding all social contact)
- Sometimes people just need downtime doing what makes them feel happy/safe
- There is no right or wrong answer about what you have to do or what works for everyone but if you are feeling unsafe, or your work life or relationships are significantly impacted, you may need to seek some support

Finish by reminding the group that various resources and support options will follow individually:

- Someone from the Peer Support and/or SLSNSW Wellbeing Team will follow up with you over the next few days
- Provide everyone with the member support business cards for access to support services
  - 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
  - Additional support can be accessed through Lifeline 13 11 14, the National Emergency Worker Support Service, by talking 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.
- Remind them where you are/how long you will be there after the session if they have immediate questions/needs

**Escalation: Always escalate if concerns for safety of the member/staff or others. Risk will always override confidentiality. Utilise 000 for safety emergencies.**

Importantly, **this session is not Psychological or stress debriefing**, which has little supportive empirical evidence and can be harmful in some situations. The group session should **not**:

- Move toward becoming a group counselling or therapy session;
- Encourage people to disclose feelings, ventilate or air their experiences or emotions;
- Probe further into what people saw, heard or felt;
- Specifically identify people who appear to be reacting or may be experiencing other stressors – if someone is clearly agitated or upset during the session, either pause and speak with them privately, or acknowledge that you can see they have questions and will speak with them following the session.
- Suggest or imply that people may become unwell or suffer long-term effects;
- Minimise the incident or potential impact on some people;
- Delve into the details of the operational component and individual actions or decisions made (including individual emotional/behavioural) responses, when people may still be in shock or potentially traumatised; and
- Imply blame, identify errors, or reprimand people. Review of failures in response can occur at a separate distinct operational review, once some of the initial reaction and emotion have subsided.

**Suggested Scripts** \*you will find your own style but remember these are prompts\*

**Well check 1 (24-72 Hours) – 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. Is now a good time to talk (acknowledge they may be at work/school/open area without confidentiality – reschedule if needed).

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.
  - b. If they disclose personal experiences, thank them, and ask if they would like advice/support on it (they may have already resolved and not want strategies)
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:***

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

- a. Acknowledge that it has only been (24-72 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 impacted after critical incidents but if these persist beyond a week or two/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
- Healthy 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."

- b. Check if there's a preferred time to call/way to contact them, remembering to give them the control over how support occurs.

### **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)

Peer Support Officer, Wellbeing Team will complete Well checks 2-3.

*Remember if you cannot complete a WC 2/3 for ANY reason (including conflict of interest, discomfort, unavailability, etc), you MUST advise the Wellbeing team so another support can contact them.*

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]. Are you in a position to talk privately for a little bit?

- 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.**

***Following each Well Check – contact the Wellbeing Team to update/advise of any issues, using the spreadsheet provided on the QR code.***

**What to document:**

- Date of contact
- Contact attempt/s (and if call/voicemail left/text left)
- One sentence on what was discussed or recommended including information if a referral/recommendation to EAP/GP was made.
- Any agreed next steps eg: the next follow up date or referral to a professional or another service.