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THE SAFER-R MODEL ADDRESSES BIOPSYCHOSOCIAL ELEMENTS AND ENCOURAGES RESILIENCE FOLLOWING A CRITICAL INCIDENT

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Abstract: *Psychological first aid (PFA) has been endorsed as an important element of mental health-related support services in the aftermath of a critical incident. Understanding the factors that influence resiliency of an individual following a critical incident is important in the area of PFA. Additionally, the biopsychosocial elements of an individual (biophysical, psychological, and social support) can be affected by a critical incident and should be evaluated and/or subject for referral when performing PFA. This paper will review the key components of resiliency and how the SAFER-R model of critical incident stress management addresses the biopsychosocial elements of an individual while performing PFA. Having a better understanding of biopsychosocial elements and how they attend to and/or evaluate the individual following a critical incident will assist the professional performing PFA to effectively assist the individual's immediate response to an adversary-induced experience and encourage resilience.*

Key Words: *Resiliency, biopsychosocial, crisis intervention*

INTRODUCTION

Psychological first aid is a group of skills identified to limit negative health behaviors and distress (Institute of Medicine, 2003). Developing resiliency in the aftermath of a critical incident has several elements that are important to the well-being of the individual who has experienced adversity in order to continue to move forward with their personal and professional lives (Burnett et al., 2019). In developing resiliency, what is the influence of addressing and/or evaluating for referral the biopsychosocial elements of an individual receiving PFA? What steps of a PDA method address the biopsychosocial elements of an individual as they work towards resiliency in response to a critical incident?

RESILIENCY

An adversity-induced critical incident (disaster, war, terrorist attack, pandemic, or individual experience with violence or accident) may challenge an individual's resiliency (Everly, 2020). Resiliency is based on a person's ability to rebound and adapt positively from significant adversity and the distress that is created (Everly et al., 2008). Additionally, resilience is a characteristic of one's personality that promotes adaptation and manages the negative stress that comes from adversity (Ahern et al., 2006). Maintaining a healthy level of psychological and physical functioning over time and having the ability to establish positive emotions and new experiences are hallmarks of resilience (Bonanno, 2008). Human

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resilience exemplifies several core characteristics that include decisiveness, innovation, tenacity, honesty, interpersonal connectiveness, integrity, self-control, and optimism (Everly, 2012; Everly & Lating, 2013). The framework of resilience can be broken into proactive resilience (creating realistic expectations of self-acceptance, fostering active optimism and self-efficacy, and enhancing neurophysiological immunity) and reactive resilience (establishing supportive interpersonal relationships, fostering positive self-fulfilling prophesies, having access to formal crisis intervention services, and focusing on physical health) (Everly, 2017).

There are models to enhance resiliency following a critical incident. The Johns Hopkins Tripartite Model of Resistance is based on protective factors and the capacity to rebound from adversity (Kaminsky et al., 2007). The Johns Hopkins Tripartite Model of Resistance consists of three components: resistance, resilience, and recovery, where self-efficacy and self-confidence are key elements of resilience (Kaminsky et al., 2007; Everly, 2012; Everly & Lating, 2013). Some of the unique predictors of resilience of an individual include chronic disease, trauma exposure, recent and past stressors, and social support (Bonanno et al., 2007). Knowing the psychological challenges that a critical incident may pose to an individual, it is important to keep in mind the impact that adversity has on the individual's ability to resist, exhibit resilience, or display a need for referral for recovery from a critical incident.

BIOPSYCHOSOCIAL ELEMENTS

Part of the "rippling effect" a critical incident may have on an individual includes challenges to the biopsychosocial nature of that person. The biopsychosocial model originated in the late 1970s by Dr. Engel (Engel, 1980; Engel, 2012). Other professionals in psychology have since picked up this concept and have done further research into its efficacy (Ashford et al., 2018). The biopsychosocial model has three elements: biophysical, psychological, and social. The biopsychosocial approach is an approach to better understand the individual's subjective experience as a key contributor to an accurate diagnosis, health outcomes, and humane care (Borrell-Carrio et al., 2004). The same elements that are important in developing resiliency can be found in the biopsychosocial elements of a person, such as: focusing on physical health; realistic expectations of self-acceptance; and establishing supportive interpersonal relationships.

The biopsychosocial approach with patients and clients is a relationship-centered model that is dialogue-focused, where the practitioner's responsibility is to come to some shared understanding of the patient or client's narrative with the individual they are assisting (Borrell-Carrio et al., 2004). The biopsychosocial approach is the hallmark of psychological counseling (DeFreese, 2017). Borrell-Carrio and colleagues, (2004) suggested that the biopsychosocial-oriented clinical approach includes the following seven elements:

1. Self-awareness on the part of the provider
2. Active cultivation of trust
3. Emotional style characterized by empathetic curiosity
4. Self-calibration as a way to reduce bias

5. Educating the emotions of the patient/client to assist with the diagnosis and formulating therapeutic relationships
6. Using informed intuition
7. Communicating clinical evidence to foster dialogue and not just to apply a protocol

Approaching an individual from a biopsychological perspective assists the individual in meeting their needs. The biopsychosocial model was developed and evolved over the past forty-five years to address chronic disease healthcare management. However, the biopsychosocial model can be readily adapted to psychological first-aid following a critical incident as the elements of the biopsychosocial model are incorporated into an approach used following a critical incident, the SAFER-R model of Individual Crisis Intervention. The SAFER-R Model of Individual Crisis Intervention was developed by Dr. George Everly (Everly, 1996). This peer-to-peer support model following the aftermath of a critical incident is used worldwide across several professions (first responders, military, and athletic training). The key elements of the SAFER-R model to address critical stress management to the psychological response to a critical incident are:

- Stabilize the person involved;
- Acknowledge the event;
- Facilitate understanding;
- Encourage effective coping; and
- Recovery or Refer to professional mental health care professionals if indicated (Everly, 1996).

The SAFER-R Model Addresses Biopsychosocial Elements and Help Develop Resiliency

Below are the similarities between the SAFER-R model created by Dr. Everly and how it addresses the biopsychosocial elements of Engel (2012) and further developed by Borrell-Carrio and colleagues (2004), and the elements of proactive and reactive resilience as outlined by Everly (2017)

SAFER-R MODEL:

***S**tabilize: Meeting Basic Needs.*

This first step meets the biophysical needs for addressing the immediate health status of the individual in crisis. Are they safe? Are they injured? Do they need food or drink to help the individual reach a place where they can communicate with the person providing assistance? In the biopsychosocial model, attending to the individual's biophysical health and wellness is the first step. In the *Stabilization of Meeting Basic Needs* step of SAFER-R, Borrell-Carrio and colleagues' (2004) biopsychosocial elements of self-awareness on the part of the provider (#1) and active cultivation of trust with the individual affected (#2) are utilized. Relative to Everly's framework of resilience, the *Stabilization of Meeting Basic Needs* step meets both proactive resilience (focusing on physical health at the start of the intervention) and reactive resilience (having access to formal crisis intervention services and establishing supportive interpersonal relationships).

***A**cknowledge the Crisis*

Reviewing the event and reaction. Here, the immediate psychological component of the biopsychosocial model is introduced. It is at

this point that the psychological first-aid of the psychological component is implemented by reviewing the emotional impact the critical incident has on the individual. In the *Acknowledge of the Crisis* step of SAFER-R, Borrell-Carrio and colleagues' (2004) biopsychosocial elements of active cultivation of trust with the individual affected (#2), emotional style of empathetic curiosity to the critical event (#3), and self-calibration by the PFA provider in order to reduce any biases towards the individual affected (#4) are employed in order to review the incident and gauge the response of the individual. Everly's framework of resilience is met in the *Acknowledge of the Crisis* step in reactive resilience (having access to formal crisis intervention services and establishing supportive interpersonal relationships).

F*acilitate Understanding*

Trying to normalize the situation for the individual. In this phase of the SAFER-R model, the psychological component of the biopsychosocial model is advanced into the cognitive domain necessary to assist the individual into normalization and starting to reassure the person as they progress to the next step of the SAFER-R model, Encouragement. In the *Facilitation of Understanding* step of SAFER-R, Borrell-Carrio and colleagues' (2004) biopsychosocial elements of self-awareness on the part of the provider (#1), active cultivation of trust (#2), emotional style of empathetic curiosity (#3), and educating emotions of the individual to formulate therapeutic relationships (#5) are used to normalize the response of the individual involved in the critical incident. In the *Facilitation of Understanding* step, Everly's framework of resilience is met in both reactive resilience (fostering positive self-fulfilling prophesies) and proactive resilience (creating a realistic expectation of self-acceptance).

E*ncourage Effective Coping*

What are the mechanisms of action to cope with the critical incident? Here again, the psychological component of the biopsychosocial model is utilized as coping styles are a key element to one's psychological makeup and personality traits. The individual is asked how they normally cope with stress. Also, it is during this phase that a return to the biophysical component is used when encouraging and gently educating the individual affected on how to take care of themselves physically via sleep, diet, hydration, and utilizing present coping strategies. Additionally, the last component of the biopsychosocial model, social support, is introduced. It is during this phase of the SAFER-R model that a person providing the intervention starts asking about the social support available to the individual in order to reduce stress and return to normalcy following a critical incident. In the *Encouraging Effective Coping* step of SAFER-R, Borrell-Carrio and colleagues' (2004) biopsychosocial elements of educating the emotions of the individual to formulate therapeutic relationships (#5), using informed intuition to encourage the individual (#6), and communicating clinical evidence to foster dialogue (#7) are utilized to review and encourage effective coping by the individual involved in the critical incident. *Encouraging Effective Coping* through Everly's framework of resilience is observed in both reactive resilience (fostering positive self-fulfilling prophesies, establishing supportive interpersonal

relationships) and proactive resilience (creating a realistic expectation of self-acceptance, fostering active optimism and self-efficacy).

***R**ecovery or **R**eferral*

Access to continued care following the critical incident. It is here where the person providing the intervention acts upon their best judgment and follow-up with the individual involved to ensure that the person involved in the critical incident is recovering effectively or may need additional evaluation or care from a mental health care professional such as a social worker trained in providing psychotherapy. It is at this phase of the SAFER-R model that all of the biopsychosocial components are once again reviewed and applied prior to the end of the intervention to determine if the biophysical, psychological, and social support parameters are being considered before ending the intervention. If those parameters are not satisfactory, a referral to a mental health care professional is appropriate. In the *Recovery or Referral* step of SAFER-R, Borrell-Carrio and colleagues' (2004) biopsychosocial elements of self-awareness by the provider on whether or not a referral to a mental health care provider is appropriate (#1), active cultivation of trust in order to make a recommendation to return to normal activities or referral to mental health professionals (#2), using informed intuition to encourage or refer the individual (#6), and communicating clinical evidence to foster dialogue (#7) are used to encourage a return to normal function or to utilize the trust established to recommend a referral to a mental health care professional. Everly's framework of resilience is met in the *Recovery or Referral* step in both proactive resilience (creating realistic expectations of self-acceptance, fostering active optimism and self-efficacy) and reactive resilience (fostering positive self-fulfilling prophesies for recovery and having access to formal crisis intervention services if a referral is appropriate).

CONCLUSION

While the biopsychosocial model developed by Dr. Engel is for a lifetime of needs, a critical incident may threaten one or all three of the biopsychosocial elements of an individual in the short term. The SAFER-R model is a very effective intervention in addressing the biopsychosocial needs of an individual and fostering resiliency in the immediacy of a critical incident.

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