

Continuum of intervention for first responders essay example

[Health & Medicine](#), [Stress](#)



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Abstract

First responders who are also referred to as emergency medical personnel are often considered as a high risk occupational group due to fact that they face a wide range of mental and health consequences because of the exposure to various critical incidents. If first responders are affected by such things, it becomes almost impossible for them to perform their jobs to the best of their ability. Therefore, there is a great need for intervention procedures to initiate for first responders to ensure that they are not affected by the exposure to critical incidents. These interventions should be designed to ensure that even if first responders come across or witness gruesome scenes in their workplace, these do not have a mental or physical effect on the responders and they therefore do not affect or interfere with how the responders carry out their duties. When it comes to intervention, there are four broad areas that are usually considered. These four areas include the setting, the types of interventions, the time frame and finally the participants. This paper will discuss the four areas one by one and show their relationship to the intervention process and how they affect the overall outcome of the intervention process

This continuum comprising of four elements provides for a variety of different models that can be used to address the various stress issues and other related emotional concerns of first responders (Regehr & Bober, 2005). The four elements are interconnected and in one or another determine, for example, the most effective procedure to intervene, when to intervene and how to intervene.

One of the four dimensions of the continuum of intervention for first responders is the setting. The setting has a huge influence on the intervention. The scenario or incidence that the first responder has been exposed to has a huge effect on the level and type of stress. Normally, responders are usually trained on how to react and behave at critical incident sites, but some incidences may be beyond what the responders have been trained (Benedek et al., 2007). Although first responders are routinely exposed to deeply traumatic events in the course of disseminating their duties, one can never get used to it regardless of the number of times that one is exposed to such incidents. Some settings may accentuate the emergence and development of stress among first responders. Some situations or settings, therefore, increase an individual's vulnerability to stress (Benedek et al., 2007). Some of these, for instance, include not having any control over the calls volume, being forced to respond to calls especially if the particular call is very disturbing, being in the emergency or the first response service for a long time. A prolonged rescue that ultimately fails is another setting that may increase the likelihood of stress development, having a peer or a partner killed in the course of work, running out of air, for instance in putting out a fire, witnessing horrific things, experiencing the death

of a baby or a minor, responding to an unknown responder or one whose location is unknown are all situations that can accentuate the likelihood of stress development among first responders (Benedek et al., 2007). The setting does not trigger one's vulnerability to stress development but also plays a key role in determining the kind of intervention that one should be subjected to. Before deciding on the kind of intervention to advance to someone, it is crucial to conduct a study of the background or the setting that triggered stress development in the first place. If, for instance, the first responder witnessed a particularly gruesome activity, then the intervention can be centered on that event and be designed to help the responders cope with or forget that event.

The type of intervention is the second dimension of interest. There are many types of interventions that are available, and that can be used for first responders. However, the type of intervention to be used on particular responder greatly varies depending on the level of stress in the responder, and the situation that triggered the stress. Professional intervention is normally used when the first responder exhibits full signs of stress after witnessing a traumatizing event (Alexander & Klein, 2009). For instance, workers may notice a change of behavior in the individual. The person may become aggressive and may prefer isolation. Choosing the type of intervention to be used is a very critical process that should not be done anyhow (Regehr & Bober, 2005). This is because an improper and inapplicable type of intervention may lead to the aggravation of the individual's stress level rather than helping to bring it down (Alexander & Klein, 2009). Most interventions are usually in the form of counselling,

education and training. Education and training is usually conducted prior to exposure to an event and is usually done when there is anticipation for stress development from the first responder. Counselling and related therapy is usually instituted after an individual has already been exposed to a traumatic accident. However, the baseline in all this is that the type of intervention chosen should be congruent with the individual needs and status of the first responder.

Timing is also a crucial dimension when it comes to intervention. The most important aspect in regard to this dimension is that the intervention should be introduced at the earliest time possible. It is impractical to introduce an intervention when the stress levels of the first responder have risen to very high levels. Addressing issues related to stress is a desirable intervention format as it ensures that the patient's conditions do not develop and become worse. In fact, symptoms can become so bad that introducing an intervention may end up being fruitless (Figley, 1995). The other important factor is the duration of the intervention. Some levels of stress in patients may be so high, and patients may require a longer intervention time (Regehr & Bober, 2005). In addition, some patient may be so badly affected that a long time may be taken before the intervention is observed to have any effect at all (Alexander & Klein, 2009). Other responders may have quick resilience, and intervention may only be required for a short time before the affected individual is back to normal and ready to go back to work.

The participants is the other dimension that is key when it comes to intervention for first responders. The individuals involved in helping in the

intervention should first of all be well trained and should also possess enough knowledge and skills to be able to determine when and how to intervene (Figley, 1995). The participants greatly determine the type of intervention adopted. A quick study of the participants by a skilled member of the intervention team can help to reveal the best intervention technique and procedure that can be instituted and be effective as well as the time frame of this intervention technique and procedure (Figley, 1995).

Conclusion

Although first responders are routinely exposed to deeply traumatic events in the course of disseminating their duties, in actual sense, they never get used to it regardless of the number of times that they are exposed to such incidents. They are considered as a high-risk occupational group due to fact that they face a wide range of mental and health consequences because of the exposure to various critical incidents. This creates a great need for intervention procedures to be initiated for first responders to ensure that they are not affected by the exposure traumatic scenarios. Intervention usually encompasses four broad areas that are interrelated and ultimately affect the total outcome of the intervention process. These include the setting, the types of interventions, the time frame and finally the participants.

References

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