

# Exploring the Integration of Psychological First Aid in Prehospital Trauma Care: A Conceptual Framework

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## Article History

Received: 01.09.2024

Accepted: 14.09.2024

Published: 17.10.2024

**Abstract:** - This study explores the integration of Psychological First Aid (PFA) into prehospital trauma care, addressing the urgent need to incorporate psychological support into emergency response systems. Given that approximately 70% of individuals will experience a traumatic event in their lifetime, the psychological impact of trauma often remains unaddressed in traditional care settings. This research employs a systematic literature review methodology to assess the current state of PFA practices, analyze barriers to implementation, and develop a conceptual framework for its integration into prehospital protocols. Key findings reveal that while PFA effectively reduces immediate psychological distress, its long-term impact on conditions such as PTSD and depression remains inconclusive. Variability in training and delivery methods among responders complicates standardization and effectiveness. The proposed framework emphasizes creating safe environments, fostering social connections, and instilling hope among trauma patients. By equipping Emergency Medical Services (EMS) personnel with tailored training and resources, this research aims to enhance the overall effectiveness of trauma response systems, ultimately promoting better mental health outcomes for affected populations. The findings advocate for a cultural shift within EMS to prioritize integrated care that addresses both physical and psychological needs in the aftermath of trauma.

**Keywords:** Psychological First Aid, prehospital care, trauma care, emergency medical services, mental health.

## Cite this article:

Alkatheri, A. M., Zanim, M. S., Aldirhami, A. I., Sahl, A. A., Harthi, A. H., Hunayshi, A. M., Doshi, A. A., Alkhayri, A. B., Alqahtani, A. M., Alsohemi, F. H., (2024). Exploring the Integration of Psychological First Aid in Prehospital Trauma Care: A Conceptual Framework. *ISAR Journal of Medical and Pharmaceutical Sciences*, 2(10), 23-29.

## 1. Introduction

Psychological First Aid (PFA) has emerged as a fundamental intervention strategy in the wake of traumatic events, including natural disasters, acts of violence, and personal crises. Designed to provide immediate psychological support to individuals experiencing acute distress, PFA aims to alleviate suffering and foster resilience through practical assistance and emotional support (World Health Organization, 2011). Research indicates that approximately 70% of individuals will encounter a traumatic event in their lifetime, with a substantial proportion developing psychological disturbances such as post-traumatic stress disorder (PTSD), anxiety, and depression (Benjet et al., 2016; Kessler et al., 2017). This context underscores the necessity for effective early interventions to mitigate the psychological fallout of trauma.

Trauma is a leading cause of morbidity and mortality worldwide. While immediate physical care has been well established in prehospital settings, the psychological impact of trauma is often overlooked (McCabe, 2013). PFA is an evidence-based approach

designed to provide emotional support and mitigate psychological distress following traumatic events. Traditional trauma care primarily focuses on physical injuries, often neglecting the psychological needs of patients, which can lead to long-term psychological issues if not addressed promptly (Tannvik, 2012). The World Health Organization (WHO) endorses PFA as a critical component of trauma care; however, its application in prehospital settings remains underexplored (WHO, 2011).

This study aims to explore the integration of PFA into prehospital trauma care, developing a conceptual framework that will guide practitioners in implementing these essential psychological interventions. Despite the recognized importance of PFA, gaps remain in understanding its effectiveness and implementation. While studies suggest that PFA can reduce anxiety and promote adaptive functioning shortly after trauma exposure (Wang et al., 2024), the evidence for its long-term impact on PTSD and depressive symptoms is less conclusive (Movahed et al., 2023). Moreover, challenges related to variability in training, delivery methods, and fidelity of implementation among lay providers

complicate the landscape of PFA, raising questions about its standardization and effectiveness in diverse contexts (Shultz & Forbes, 2014). This variability may hinder the ability to draw definitive conclusions about best practices for PFA delivery, emphasizing the need for a structured framework to guide its implementation.

The significance of this research is multifaceted. First, it seeks to clarify the effectiveness of PFA as a therapeutic intervention in various traumatic contexts, contributing to the broader field of trauma-informed care. Understanding the components and mechanisms of PFA can enhance its application, ensuring that individuals receive timely and appropriate support during crises. Second, by examining the experiences of both recipients and providers, this study aims to identify barriers and facilitators to effective PFA implementation, ultimately informing training and intervention strategies. Additionally, insights gained from this research can guide policymakers and practitioners in refining PFA protocols and establishing evidence-based practices that can be implemented globally, thereby improving mental health outcomes in populations affected by trauma.

Finally, this research will raise awareness about the importance of psychological care in trauma situations, encouraging a cultural shift within Emergency Medical Services (EMS) toward a more integrated approach to health care that values both physical and mental well-being. By developing a conceptual framework for the integration of PFA into prehospital trauma care, this study aspires to enhance the overall effectiveness of trauma response systems, ensuring a holistic approach that addresses the comprehensive needs of individuals affected by traumatic events.

## 2. Objectives of the Study

1. To assess the current state of psychological interventions in prehospital trauma care.
2. To analyze existing frameworks for PFA implementation in healthcare settings.
3. To develop a conceptual framework that integrates PFA into prehospital trauma care.
4. To identify potential barriers and facilitators to the implementation of PFA in prehospital settings.

## 3. Methodology

### 3.1. Study Design

This research employs a systematic literature review methodology to explore the integration of Psychological First Aid (PFA) into prehospital trauma care. This approach allows for a comprehensive synthesis of existing research, identifying gaps, inconsistencies, and best practices in the application of PFA in emergency settings.

### 3.2. Literature Search Strategy

A structured search strategy will be implemented to identify relevant peer-reviewed articles, reports, and guidelines related to PFA and its integration into prehospital trauma care. The study utilized various databases such as Google Scholar, ScienceDirect, pubmed, and Web of Science. The search terms include combinations of keywords such as "Psychological First Aid," "PFA," "prehospital care," "trauma care," "emergency medical

services," and "psychological interventions." Boolean operators (AND, OR) will be used to refine the search results.

### 3.3. Inclusion and Exclusion Criteria

The following criteria will guide the selection of literature:

#### 3.3.1. Inclusion Criteria:

- Peer-reviewed articles published from 2000 to the present.
- Studies that focus on PFA in the context of prehospital trauma care.
- Articles discussing the effectiveness, implementation, and experiences related to PFA.
- Guidelines or reports from reputable organizations (e.g., World Health Organization).

#### 3.3.2. Exclusion Criteria:

- Articles not available in English.
- Studies that do not specifically address PFA in prehospital settings.
- Commentaries, opinion pieces, and non-peer-reviewed content.

### 3.4. Data Extraction and Synthesis

Data will be extracted from selected articles using a standardized data extraction form, which includes the following information:

- Author(s) and year of publication
- Study design and methodology
- Sample size and characteristics
- Key findings related to the effectiveness and implementation of PFA
- Identified barriers and facilitators to PFA in prehospital care

A narrative synthesis will be employed to summarize qualitative findings, while quantitative data will be aggregated where applicable. By integrating qualitative insights from the literature, the synthesis aimed to provide a comprehensive overview the integration of PFA into prehospital trauma care, developing a conceptual framework that will guide practitioners in implementing these essential psychological interventions.

### 3.5. Quality Assessment

The quality of the included studies was assessed using established criteria tailored for qualitative and mixed-methods research. This assessment focused on aspects such as the clarity of research objectives, appropriateness of the methodology, rigor of data collection and analysis, and the credibility of the findings. By applying these criteria, we aimed to ensure that only studies of sufficient quality were included in the synthesis, thereby enhancing the reliability of the conclusions drawn from the literature.

### 3.6. Ethical Considerations

As this study involves a review of existing literature, ethical approval is not required. However, proper citation and acknowledgment of all sources will be maintained to uphold academic integrity.

## 4. Literature Review

The integration of Psychological First Aid (PFA) into prehospital trauma care is increasingly recognized as essential for addressing the psychological needs of individuals affected by traumatic events. This literature review aims to explore three key areas: the effectiveness of PFA in various settings, current practices in prehospital trauma care, and the barriers to implementing psychological support within emergency medical services (EMS). First, the review assesses the effectiveness of PFA, focusing on its impact on reducing psychological distress, including anxiety, depression, and post-traumatic stress disorder (PTSD). Next, the review examines how EMS providers currently incorporate psychological support into their practices. Finally, the literature addresses the barriers to integrating psychological support into EMS, including challenges related to training, resources, and provider awareness. Thus, reviewing these aspects will contribute to a deeper understanding of how to effectively incorporate PFA into prehospital

### 1. Effectiveness of PFA in Various Settings

The study by Wang et al. (2024) examines Psychological First Aid (PFA) as an early intervention following traumatic exposure. It emphasizes the high prevalence of trauma in the general population and the necessity for effective interventions to mitigate adverse outcomes, including PTSD. The review synthesizes evidence from various studies, highlighting that PFA can effectively reduce anxiety and support adaptive functioning in the immediate aftermath of trauma. However, its effectiveness in reducing PTSD and depressive symptoms is less clear. The analysis reveals common techniques used in PFA, which align with four of Hobfoll's five essential elements: safety, calm, efficacy, and connectedness, although the "hope" element is less emphasized. The study identifies significant variability in how PFA is implemented, including differences in format, timing, and provider training, which complicates the establishment of best practices. Despite these challenges, PFA is endorsed as a critical initial response to trauma, particularly by non-specialist providers in varied settings.

The study by Fox et al. (2012) investigates the effectiveness of Psychological First Aid (PFA) as an intervention tool for disaster response. Conducted by an independent panel for the American Red Cross, the research analyzes peer-reviewed literature from 1990 to 2010. The findings indicate that while there is a lack of robust scientific evidence supporting the efficacy of PFA, it is widely endorsed by expert opinion. The authors conclude that PFA can be a safe and feasible option for non-professional responders to offer basic care and support to individuals who have experienced trauma. However, they emphasize that PFA should not be seen as a treatment for mental health issues, which require professional intervention. The study calls for further research to establish more concrete evidence regarding PFA's effectiveness.

Dijlts et al. (2014), investigate the existing evidence surrounding Psychological First Aid (PFA) to identify effective practices for training volunteers in disaster response. Despite the widespread belief in the importance of PFA, a systematic review of five practice guidelines and two systematic reviews revealed a significant lack of solid evidence supporting the effectiveness of PFA interventions. The study conducted a comprehensive literature

search across multiple databases but failed to identify any high-quality studies that demonstrated the efficacy of PFA. Consequently, the authors concluded that current literature does not provide a reliable basis for developing evidence-based guidelines for PFA practices, highlighting the urgent need for further research in this area.

Bisson (2009) evaluates the evidence surrounding Psychological First Aid (PFA) as an intervention following traumatic events. It highlights that psychological distress is common after traumatic experiences, with some individuals developing serious conditions like PTSD, anxiety, and depression. The authors note that while PFA is widely recommended, there is a lack of empirical evidence supporting its effectiveness. The systematic review found no randomized controlled trials (RCTs) or quantitative data that directly assess PFA's impact. However, it discusses PFA as an evidence-informed, modular approach designed to address psychosocial needs after disasters. The authors emphasize the importance of social support and practical assistance in mitigating distress and promoting resilience. Despite the absence of direct evidence, the study supports the principles of PFA, advocating its use in the immediate aftermath of trauma to provide basic care and facilitate recovery, while cautioning against formal clinical interventions unless a diagnosable condition arises.

The study by Forbes et al. (2011) discusses the implementation and evaluation of Psychological First Aid (PFA) as an early intervention for trauma survivors, especially in high-risk organizational settings. It highlights the urgent need for evidence assessing PFA's effectiveness, proposing a phased approach for its implementation and evaluation. The authors outline a framework that includes pre-event and post-event actions to enhance mental health outcomes for individuals exposed to potentially traumatic events. They emphasize the importance of tailored interventions based on the specific context, ensuring that PFA is delivered effectively to promote recovery and resilience among affected individuals.

The study by Gilbert et al. (2021) reviews the use of Psychological First Aid (PFA) specifically for children exposed to mass trauma. While PFA has gained popularity as a short-term intervention to support coping and long-term functioning after disasters, earlier reviews have highlighted a significant lack of empirical outcome studies. This review presents recent findings that suggest PFA is well-received by children, families, and providers, and is associated with reductions in depressive and posttraumatic stress symptoms. Key themes include the flexibility of PFA's modular approach and the importance of cultural adaptations. Despite positive indications, the authors stress the need for more rigorous research to evaluate PFA's effectiveness and address challenges in conducting these studies, particularly in chaotic disaster settings.

The study by Shah et al. (2020) examines the role of Psychological First Aid (PFA) in supporting public mental health during the COVID-19 pandemic. It highlights PFA as a crucial intervention for individuals experiencing trauma or distress, particularly in the context of crises like pandemics. The authors discuss the psychological impact of COVID-19, including fear, anxiety, and social isolation, which necessitates timely psychological interventions. They emphasize the importance of training health workers in PFA to enhance community resilience and mitigate mental health issues. The paper reviews various PFA models and

their implementation during past epidemics, underscoring the need for widespread training and integration of PFA in disaster response efforts.

## 2. Current Practices in Prehospital Trauma Care

The study conducted by Tessier et al. (2022) explores the perceptions of Emergency Medical Services (EMS) workers who received Psychological First Aid (PFA) after exposure to traumatic events. Using a qualitative inductive approach, the researchers interviewed 13 EMS workers to understand their experiences with PFA administered by peer helpers. The findings reveal that PFA effectively addresses the immediate needs of EMS workers by providing emotional support, fostering a sense of belonging, and equipping them with coping strategies. Key components that made PFA valuable included the closeness and competence of peer helpers, the accessibility of the intervention, and the normalization of stress reactions. The study highlights the importance of PFA in reducing stigma and enhancing help-seeking behaviors among EMS workers post-trauma.

Jayaraman et al. (2009), investigate the impact of a one-day basic prehospital trauma care program designed for lay first responders in Kampala. The study followed 307 trainees—including police officers, taxi drivers, and community leaders—for six months to assess the program's effectiveness and scalability. Results showed that 97% of participants used skills learned in the course, with a significant retention of knowledge demonstrated by a mean test score increase from 86% to 92%. The training led to increased confidence in providing first aid, and the estimated cost of scaling the program was found to be modest at \$0.12 per capita. The study concludes that training lay first responders is a practical and cost-effective step toward developing formal emergency services in resource-constrained settings like Uganda.

The chapter by Pinciroli et al. (2019) discusses the critical phases of trauma management, focusing on prehospital and in-hospital settings. It emphasizes that more than half of trauma-related deaths occur within the first 24 hours, highlighting the importance of timely emergency care. The study categorizes emergency medical services (EMS) into three systems: Basic Life Support (BLS), Advanced Life Support (ALS), and Physician-led Advanced Life Support (MD-ALS). It explores two main strategies for prehospital trauma care: "Stay & Play" and "Scoop & Run," outlining the procedures for assessing and stabilizing trauma patients efficiently. Key points include the significance of early intervention, the complexities of trauma triage, and the controversial role of intravenous fluid therapy in shock management. The authors advocate for a structured approach to trauma care, emphasizing teamwork, shared protocols, and effective communication to improve patient outcomes.

The study by McCabe et al. (2014) presents a competency-based training model for Psychological First Aid (PFA) aimed at enhancing the preparedness of both professional and lay responders during disasters. It addresses the growing demand for mental health services following emergencies and highlights the shortcomings of existing PFA training programs, such as variability in content and lack of measurable outcomes. The authors outline the development of a standardized curriculum that includes six core competency domains: initial contact, assessment, intervention, triage, referral, and self-care. The model incorporates evidence-based practices and pedagogical principles to ensure effective learning and application

in real-world scenarios. The study emphasizes the importance of building a trained cadre of responders to improve mental health outcomes in crisis situations.

The article by Wade et al. (2013) discusses the critical role of general practitioners (GPs) in providing early responses to psychological trauma. It emphasizes the high prevalence of trauma exposure among primary care patients and outlines the principles of Psychological First Aid (PFA) as an effective approach for initial support. The authors recommend five key principles: promoting a sense of safety, calming, fostering self-efficacy, enhancing connectedness, and instilling hope. They argue against the routine use of structured interventions like psychological debriefing in the initial weeks post-trauma, citing potential ineffectiveness and possible harm. Furthermore, the article advocates for a stepped-care approach, where GPs provide varying levels of support based on the severity of the patient's symptoms. The authors highlight the importance of GP self-care in managing the demands of post-trauma care, ensuring that GPs can effectively support their patients.

McCabe et al. in 2011, explores a partnership model aimed at enhancing the capacity of rural emergency responses to mental health needs following disasters. The investigation involved collaborations among local health departments, faith-based organizations, and an academic health center to recruit and train community members as paraprofessionals in Psychological First Aid (PFA). The study employed a quasi-experimental design, evaluating the feasibility, effectiveness, and impact of a one-day PFA workshop on 178 individuals from rural Maryland. Results indicated high participant agreement on the training's effectiveness in improving knowledge and perceived self-efficacy in applying PFA techniques. Notably, 31.5% of participants applied to join the Maryland Medical Professional Volunteer Corps, reflecting a policy change that recognized trained lay members as valuable resources in disaster response.

## 3. Barriers to Implementing Psychological Support within EMS

Lewis et al. (2014) examines the effectiveness of PFA training designed for managers and peer supporters within a high-risk organizational context, specifically the Queensland Police Service in Australia. The authors highlight the Phased PFA model, which emphasizes tailored training for different roles within organizations to enhance the capacity for responding to potentially traumatic events (PTEs). The study involved training 321 managers and 261 peer supporters, measuring changes in knowledge, skills, and confidence related to PFA. Results indicated significant post-training improvements in all three areas for both groups. The findings support the argument that comprehensive training for personnel at all levels can enhance the implementation of PFA and facilitate better support for individuals affected by trauma.

The article by Bisson (2014) discusses the optimal response to traumatic events, highlighting the challenges of early psychosocial interventions. The study reflects on the aftermath of the 2011 Norway terrorist attacks, noting that not all individuals exposed to trauma develop PTSD, indicating resilience among survivors. Bisson critiques traditional single-session psychological debriefing, which has shown neutral, or even harmful, effects, and emphasizes the need for practical, empathic support rather than formal psychological interventions immediately after trauma. He

advocates for the principles of Psychological First Aid (PFA) as a means of providing effective early psychosocial support, integrating these efforts within a coordinated response plan. The article concludes that while evidence-based treatments exist for established disorders, early interventions should focus on enhancing resilience and supporting individuals through practical means.

In Chapter 10 of *A Clinical Guide to the Treatment of the Human Stress Response* by Everly and Lating (2019), the authors explore crisis intervention and Psychological First Aid (PFA) as essential strategies for responding to acute psychological distress following traumatic events. They define a psychological crisis as a state where an individual's coping mechanisms fail, leading to distress and functional impairment. The authors emphasize the importance of crisis intervention, which focuses on stabilization and symptom reduction rather than deep therapeutic engagement. The chapter outlines the principles of effective crisis intervention, including proximity, immediacy, and expectancy, and highlights the positive long-term effects of these interventions, particularly in military and disaster contexts. Everly and Lating advocate for PFA as a compassionate approach to provide immediate support, stabilization, and connection to resources, emphasizing its applicability in both disaster scenarios and everyday crises. They also introduce the RAPID PFA model, designed for those with minimal mental health training, to enhance community resilience and preparedness.

## 5. Framework Development

The integration of Psychological First Aid (PFA) into prehospital trauma care represents a significant advancement in addressing the psychological needs of individuals experiencing traumatic events. This framework development draws upon the insights gained from the literature review and aims to outline essential components of PFA, strategies for its integration within existing prehospital protocols, and the training and resource needs for Emergency Medical Services (EMS) personnel.

### 5.1. Key Components of PFA Relevant to Trauma Care

Psychological First Aid (PFA) is designed to provide immediate psychological support to individuals in distress, and its effectiveness in trauma care can be enhanced by focusing on several key components. One critical aspect is creating an environment that promotes safety and calm; as noted by Wade et al. (2013), a primary goal of PFA is to instill a sense of safety in individuals who have experienced trauma, which encompasses not only physical safety but also emotional reassurance. This allows patients to feel secure enough to process their experiences, significantly reducing anxiety and immediate distress while facilitating a supportive environment for recovery. Additionally, fostering social connections and enhancing individuals' belief in their ability to cope are essential elements of PFA. Wang et al. (2024) emphasize that connectedness can mitigate feelings of isolation often associated with traumatic experiences, and encouraging individuals to reach out to their support networks, along with emphasizing their strengths and coping abilities, fosters resilience. This empowerment is vital for recovery, as it helps trauma survivors regain a sense of control over their circumstances. While not always emphasized in the literature, the element of hope remains fundamental to effective trauma care; Gilbert et al. (2021)

discuss how instilling hope can significantly influence long-term recovery outcomes, providing individuals with a vision of recovery and the possibility of a positive future, which enhances their motivation to engage in the healing process.

### 5.2. Strategies for Integration within Existing Prehospital Protocols

To effectively incorporate Psychological First Aid (PFA) into existing prehospital protocols, a series of strategic recommendations must be established. The framework will advocate for contextualizing PFA interventions to account for the unique needs of trauma patients, as emphasized by Forbes et al. (2011), who highlight the importance of tailoring PFA based on specific circumstances. This approach requires EMS personnel to adapt their strategies according to the nature of the trauma and the individual's psychological state, allowing them to provide more relevant and effective support during initial assessments and interventions. Another vital strategy involves implementing a phased approach to PFA delivery; Lewis et al. (2014) suggest that a structured framework, which includes immediate response protocols followed by ongoing support, can significantly enhance the effectiveness of interventions. This method facilitates the initial provision of emotional support, followed by follow-up care to ensure continuity and address evolving psychological needs. Furthermore, collaboration between EMS personnel and mental health professionals is crucial for the successful integration of PFA into prehospital care. Studies by McCabe et al. (2011) and Everly and Lating (2019) stress the necessity of coordinated efforts in providing psychological support. By establishing protocols for communication and collaboration, EMS can ensure that trauma patients receive comprehensive care that addresses both their physical injuries and psychological distress.

### 5.3. Training and Resource Needs for EMS Personnel

Effective implementation of Psychological First Aid (PFA) in prehospital settings requires adequate training and resources for EMS personnel. Developing comprehensive training programs tailored to PFA is essential; McCabe et al. (2014) advocate for a standardized curriculum that includes core competencies such as initial assessment, intervention strategies, and self-care for responders. This structured training will equip EMS personnel with the necessary skills to deliver PFA effectively, ensuring they are prepared to respond to the psychological needs of trauma patients. Additionally, providing EMS personnel with accessible resources, such as guidelines and toolkits for implementing PFA, is critical. Bisson (2014) highlights the importance of practical resources in supporting effective interventions, emphasizing that these materials should be easily accessible and designed to assist EMS personnel in their decision-making processes during emergency situations. Furthermore, establishing ongoing training and professional development opportunities is vital for keeping EMS personnel updated on best practices and emerging research related to PFA. The variability in training approaches noted by Shultz and Forbes (2014) underscores the need for continuous education in this area; regular workshops, refreshers, and updates on new techniques will help ensure that EMS personnel are well-equipped to provide high-quality psychological support.

The development of a comprehensive framework for integrating Psychological First Aid into prehospital trauma care is crucial for

enhancing the overall effectiveness of trauma response systems. By focusing on key components of PFA, implementing strategic integration within existing protocols, and addressing the training and resource needs of EMS personnel, this framework aims to create a holistic approach to trauma care. Such an approach not only addresses the immediate physical needs of trauma patients but also recognizes and supports their psychological well-being, ultimately promoting resilience and recovery in the aftermath of traumatic events.

## 6. Discussion and Implications

The integration of Psychological First Aid (PFA) into prehospital trauma care is a vital advancement in addressing the psychological needs of trauma survivors. This study's findings reinforce the effectiveness of PFA as an immediate intervention that mitigates psychological distress and promotes resilience among individuals exposed to traumatic events. The evidence indicates that timely psychological support is crucial, particularly in prehospital settings where both physical and emotional needs must be concurrently addressed.

### 6.1. Interpretation of Findings

The literature review reveals a consensus on the necessity of PFA in trauma care, highlighting its role as a critical component of emergency response. Studies, such as those by Wang et al. (2024) and Forbes et al. (2011), emphasize that while PFA can effectively alleviate acute distress and support adaptive functioning, its long-term impact on conditions like PTSD and depression remains less certain. This finding resonates with Bisson's (2009) critique of the lack of empirical evidence supporting PFA's effectiveness over time. Such variability in outcomes may stem from differences in training, implementation fidelity, and contextual factors influencing PFA delivery, underscoring the complexity of establishing best practices.

### 6.2. Contextualization within Existing Literature

Our findings align with previous research that has identified the need for structured frameworks to guide the implementation of PFA. Bisson (2014) and Lewis et al. (2014) similarly note significant gaps in the evidence base regarding PFA's long-term effectiveness, suggesting the necessity for rigorous evaluation and standardized training protocols. Moreover, the variability in PFA application across different contexts echoes concerns raised by Shultz and Forbes (2014) about the standardization of training and delivery methods, reinforcing the need for a comprehensive framework to ensure consistent and effective implementation.

### 6.3. Practical Implications for Practitioners and Policymakers

For practitioners, the development of a comprehensive framework for integrating PFA into prehospital trauma care provides actionable insights for enhancing patient outcomes. Training programs tailored to the unique needs of Emergency Medical Services (EMS) personnel are essential to equip responders with the necessary skills for delivering effective psychological support. The studies by McCabe et al. (2014) and Wade et al. (2013) underline the importance of promoting a sense of safety and connectedness, which can be incorporated into training curricula to improve EMS responders' effectiveness.

Policymakers should prioritize the establishment of guidelines that facilitate the incorporation of PFA into existing protocols, ensuring that both physical and mental health needs are addressed in emergency care settings. The necessity for collaboration between EMS personnel and mental health professionals, as emphasized by Everly and Lating (2019), is crucial for the successful implementation of PFA. Establishing clear communication channels and protocols for referrals to mental health services can enhance the quality of care provided to trauma patients, leading to better mental health outcomes.

### 6.4. Limitations of the Study

Despite its contributions, this study is not without limitations. The reliance on existing literature means that the findings are contingent on the quality and scope of the studies reviewed. Additionally, the variability in study designs and methodologies among the included research may limit the ability to draw definitive conclusions. Future research should aim to conduct longitudinal studies assessing the long-term impacts of PFA on psychological outcomes among trauma survivors, as well as investigate the effectiveness of different training models for EMS personnel.

### 6.5. Directions for Future Research

Future studies should focus on developing standardized training protocols and evaluating their effectiveness in enhancing the delivery of PFA in prehospital settings. Research by Dieltjens et al. (2014) highlights the urgent need for further investigation into the evidence base supporting PFA practices. Additionally, exploring the experiences of EMS personnel and trauma survivors with PFA implementation can provide valuable insights into the barriers and facilitators of effective practice. Investigating cultural and contextual factors influencing the applicability of PFA across diverse populations and settings will ensure that interventions are tailored to meet the needs of various communities.

The integration of PFA into prehospital trauma care is a crucial step toward improving the overall effectiveness of trauma response systems. By addressing both the physical and psychological needs of individuals affected by traumatic events, we can foster resilience and support recovery in the aftermath of crises, ultimately enhancing mental health outcomes in affected populations.

## 7. Conclusion

The integration of Psychological First Aid (PFA) into prehospital trauma care represents a significant advancement in addressing the psychological needs of individuals impacted by traumatic events. This study highlights that while PFA can effectively reduce immediate psychological distress and foster resilience, challenges remain regarding its long-term efficacy and implementation consistency. The findings underscore the critical role of timely psychological support in enhancing recovery outcomes for trauma survivors. The proposed conceptual framework serves as a structured guide for practitioners, emphasizing the importance of creating safe environments, fostering social connections, and instilling hope in trauma patients. By tailoring PFA interventions to the unique needs of each situation and ensuring that EMS personnel are well-trained and equipped with adequate resources, we can improve the delivery of psychological support in emergency settings. The potential impact of this framework is profound: it aims to cultivate a more holistic approach to trauma

care that values both physical and mental well-being. By prioritizing psychological care alongside traditional medical interventions, we can significantly enhance the overall effectiveness of trauma response systems, ultimately leading to better mental health outcomes for affected populations. This research advocates for a cultural shift within Emergency Medical Services (EMS) towards an integrated model of care, reinforcing the necessity of addressing the comprehensive needs of individuals in the aftermath of trauma.

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