

Effectiveness Review *Psychological First Aid* as an Early Intervention in Facing a Crisis

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Abstract

Psychological First Aid (PFA) is an early psychosocial intervention provided to individuals experiencing psychological distress following crises, disasters, traumatic events, or health emergencies. This literature review aims to examine the characteristics, principles, components, implementation steps, effectiveness, implementation, and contextual adaptation of PFA across various crisis situations. PFA employs a supportive approach based on the principles of Look, Listen, and Link, emphasizing safety, calmness, self- and community-efficacy, connectedness, and hope. The literature indicates that PFA can be delivered by healthcare professionals and trained non-professionals. Research evidence suggests that PFA provides benefits particularly in improving providers' knowledge, skills, self-efficacy, and preparedness, while also showing potential to reduce distress and anxiety and support adaptive functioning among recipients during the early to intermediate periods following traumatic events. However, evidence regarding its effectiveness in preventing post-traumatic stress disorder (PTSD), depression, and other long-term clinical outcomes remains limited and inconsistent. The implementation of PFA should also consider population characteristics, cultural context, type of crisis, provider competence, and the availability of referral systems. Therefore, PFA may be positioned as part of an early psychosocial response, supported by structured training, ongoing evaluation, and adaptation to the local context.

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1. INTRODUCTION

Crises, disasters, traumatic events, and health emergencies can cause psychological stress or distress in individuals. Psychological responses can include anxiety, fear, confusion, loss of a sense of security, and difficulty performing daily functions. These conditions demonstrate that handling a crisis requires not only physical assistance but also psychological support, provided from the initial phase. *Psychological First Aid* (PFA) is an approach developed to provide psychological and social support to individuals who experience distress after facing critical events [1].

PFA is an early intervention that is supportive, flexible, and oriented towards individual needs. This approach aims to help individuals gain a sense of security, reduce acute distress, maintain or restore coping skills, and connect individuals with appropriate support sources. PFA is not intended as a substitute for psychotherapy or professional

mental health services, but rather as a form of initial assistance that can be provided immediately after a crisis event [1], [2]. These characteristics allow PFA to be applied in a variety of situations, including natural disasters, accidents, violence, conflict, pandemics, and other acute stress conditions [3].

The application of PFA is not limited to mental health professionals. General health workers, volunteers, and trained non-specialists can provide initial psychological support according to their capacity. PFA training has been reported to increase the knowledge, skills, and confidence of providers in providing psychosocial support [4]. Therefore, PFA has the potential to support mental health preparedness and expand access to psychological support in crises, particularly when the number of mental health professionals and resources is limited.

In its implementation, PFA uses principles that place safety, well-being, social connectedness, self-efficacy, and hope as important aspects of the recovery process. One widely used framework is *Look, Listen, and Link*, namely observing the individual's condition and needs, listening empathetically, and connecting the individual with appropriate assistance and resources [1], [5]. This approach emphasizes that providing assistance is not done by forcing the individual to retell their traumatic experience, but by providing safe support, respecting the individual's needs, and helping to meet practical and psychosocial needs.

Although PFA has been widely used in various crises, its effectiveness remains a matter of concern in the literature. Research evidence suggests that the benefits of PFA are more consistently seen in improving the knowledge, skills, and self-efficacy of aid providers, while its impact on the psychological well-being of aid recipients has not shown consistent results [4], [6]. Systematic reviews also indicate that evidence regarding the effect of PFA on mental health and well-being still needs to be strengthened, particularly regarding long-term outcomes [7]. Thus, PFA should be understood not as an intervention that directly guarantees the prevention of mental disorders, but as initial support aimed at helping individuals cope with stress responses and maintain adaptive functioning after a crisis event.

In addition to effectiveness, the implementation of PFA faces challenges in the form of differences in individual characteristics, age groups, cultures, and the environment in which the intervention is delivered. PFA needs to be contextualized so that its principles and implementation are aligned with the needs of the population and local social and cultural norms [8]. These adaptations can include the use of appropriate language, communication approaches, involvement of social support systems, and adjustments to training for health workers, volunteers, teachers, and other groups acting as support providers. Therefore, understanding the implementation and adaptation of PFA is crucial to ensure that initial psychological support remains safe, relevant, and tailored to individual needs.

Based on this growing literature, a comprehensive review of PFA is needed, including its definition, objectives, principles, components, implementation stages, effectiveness, implementation, adaptation, and advantages and limitations. This review aims to outline the role of PFA as an initial intervention in crisis situations and examine evidence regarding its benefits and limitations in supporting mental health. This discussion is expected to provide an understanding of the application of PFA in health practice and serve as a basis for developing PFA training and implementation tailored to the context of individual and community needs.

2. RESEARCH METHODS

This study uses a literature review method to identify, examine, and synthesize literature that discusses *Psychological First Aid* (PFA) as an initial intervention in crisis situations. This approach is used to obtain a comprehensive overview of the definition, objectives, principles, components, implementation stages, effectiveness, implementation, adaptation, and advantages and limitations of PFA.

The literature used in this review includes research articles, scoping reviews, *systematic review*, *integrative review*, and literature related to the implementation of PFA relevant to the discussion topic. The obtained literature was then reviewed based on its suitability to the focus of the study. The literature sources used in the manuscript include research on PFA training, the effectiveness of PFA on mental health and well-being, the implementation of PFA in various situations, and the adaptation of PFA to different group and cultural contexts [1][6].

The research process was conducted through several stages: topic and problem identification, relevant literature search, literature selection based on its relevance to the study's focus, reading and reviewing the literature, extracting relevant information, and synthesizing the results. Information obtained from each source was then grouped based on key themes, including the basic concepts of PFA, principles and components, implementation steps, effectiveness, implementation, adaptation, advantages and limitations, and the relevance of PFA to health practice.

The analysis was conducted descriptively by comparing findings from various sources. Literature discussing the effectiveness of PFA was used to identify the intervention's benefits and limitations, while literature on implementation and contextualization was used to explain the application of PFA to various groups and situations. The synthesis was conducted by considering the similarities, differences, and limitations of the evidence reported in the literature. This approach allows for a structured presentation of the study results and provides an overview of PFA's position as an initial intervention for mental health support in crisis situations.

3. RESEARCH RESULTS AND DISCUSSION

Psychological First Aid (PFA) as an initial psychosocial intervention for individuals experiencing crisis, disaster, trauma, or emergency. The study results are grouped based on the characteristics and objectives of PFA, the principles and components of the intervention, PFA implementation and training, effectiveness for both providers and recipients, implementation across various groups and situations, and the need for adaptation to cultural and environmental contexts. The discussion is conducted by comparing research results to determine the consistency of findings, limitations of evidence, and opportunities for developing PFA in health services.

3.1 Research result

3.1.1 Characteristics and Objectives of Psychological First Aid

The study results show that PFA is an initial intervention provided after an individual experiences an event that has the potential to cause psychological distress. PFA is designed as a practical, immediate, flexible, and individual-oriented approach. PFA is not intended as a substitute for psychotherapy or mental health management, but rather as initial support that can help individuals gain a sense of security, social support, information, practical assistance, and access to appropriate services. Everly and Lating explain that PFA can be used as a crisis-focused psychological intervention in the acute phase of a disaster and can be part of the psychological triage process before individuals receive further psychological or psychiatric intervention [1].

The relatively simple characteristics of PFA also allow its application to be extended beyond mental health workers. *et al.* A scoping review of 23 studies showed that PFA training has been implemented in various groups and using several models, including WHO-PFA, NCTSN-PFA, and RAPID-PFA. The training showed benefits, especially in increasing knowledge about appropriate psychosocial responses, skills in providing support to individuals experiencing distress, self-efficacy, and preparedness for crisis conditions [2].

These findings demonstrate that PFA differs from clinical mental health interventions. PFA focuses on initial responses and immediate needs, while individuals with more severe or persistent psychological problems still require professional assessment and treatment. Therefore, the ability of PFA providers to recognize conditions requiring referral is a critical component of PFA implementation [1], [2].

3.1.2 Principles and Components of PFA

PFA has several core principles oriented toward early recovery after an individual experiences a traumatic event. These principles include enhancing a sense of safety, calm, self-efficacy and community, social connectedness, and hope. These five elements provide a framework for identifying psychosocial needs that should be addressed in the early phase after a traumatic event.

Results of Wang's integrative review *et al.* 2024 showed that various PFA models have relatively similar components. Of the 11 PFA protocols analyzed, seven showed conformities to Hobfoll's four main elements: safety, calm, efficacy, and connectedness. Meanwhile, the hope component was found to be relatively underdeveloped compared to the other four components [3].

In addition to these components, the approach *Look, Listen, Link* is a widely used practical framework for PFA. This approach directs providers to first assess the individual's condition and needs, then listen empathetically, and then connect them with the necessary social support, information, and services. This structure allows PFA to be applied systematically without requiring providers to perform a psychological diagnosis.

Applying this principle is important because individuals experiencing crisis do not always require complex psychological intervention in the initial phase. Some individuals may need more than just a sense of security, information about their current situation, assistance with basic needs, or support from family and social circles. Therefore, PFA prioritizes individual needs and does not force disclosure of traumatic experiences.

3.1.3 PFA Implementation and Training

Training is one aspect that has been extensively researched in the PFA literature. Wang *et al.* found that PFA training produced relatively consistent results in terms of increasing participants' knowledge, skills, and confidence in providing psychosocial support [2]. However, the study also noted limitations in reporting training methods, variations in the models used, limitations in evaluation, and a lack of guidance on how PFA should be adapted for specific groups and contexts [2].

Sea brandy *et al.* conducted a cluster-randomized controlled trial among healthcare workers in Sierra Leone following the Ebola outbreak. The study evaluated a one-day PFA training and assessed participants' knowledge and understanding of psychosocial support principles. This study demonstrated that

controlled evaluation of PFA training is feasible and provides information on changes in participant competency after the training [4].

Similar results were found in a study by Park and Choi, who developed PFA training using a fire disaster simulation with standardized patients. The study involved 30 participants divided into a simulation training group, a lecture group, and a reading group. The results showed an increase in self-efficacy, performance competency, and knowledge, with greater increases in self-efficacy and performance in the simulation group [5].

Another finding was obtained from Park's research *et al.* regarding the development of a Korean version of PFA. The study involved 485 participants consisting of mental health professionals and non-professionals. After participating in PFA training, both groups showed increased understanding of mental health interventions in the acute phase of disasters and perceived ability to conduct PFA [6].

Movahed *et al.* through a systematic review also evaluated the impact of PFA training on aid providers. The results of the study showed that the training had benefits on various aspects of participant competency, although the authors emphasized the variation in methodological quality and the need for more robust evaluation [7].

3.1.4 Effectiveness of PFA on Aid Recipients

Although PFA has been widely used in disaster and trauma response, evidence regarding its effectiveness on beneficiaries is still evolving. Hermosilla *et al.* conducted a systematic review of studies evaluating the impact of PFA on the mental health and well-being of individuals following potentially traumatic events. The review found that evidence regarding the effectiveness of PFA is limited and the quality of available research is not strong enough to draw definitive conclusions about the impact of PFA on various mental health outcomes [8].

These results are important because PFA is often viewed as an intuitively beneficial intervention after a traumatic event. However, theoretical benefits or widespread acceptance cannot be directly equated with evidence of clinical effectiveness. Hermosilla *et al.* emphasized the need for research with stronger designs to determine the impact of PFA on the mental health and well-being of beneficiaries [8].

Wang *et al.* a 2024 integrative review provided a more specific overview. Of the 4,735 records searched, 20 studies met the criteria for analysis. The synthesis of results indicated that PFA had positive effects, particularly on reducing anxiety and improving adaptive functioning in the immediate to intermediate post-trauma period. However, evidence regarding PFA's ability to reduce symptoms of PTSD and depression was deemed less convincing [3].

Thus, the effectiveness of PFA needs to be understood based on the type of outcome and timing of measurement. PFA appears to more consistently demonstrate benefits on initial psychological responses and adaptive functioning than on long-term prevention of mental disorders. This supports PFA's position as an initial psychosocial intervention, rather than a sole therapy for PTSD, depression, or other mental disorders.

3.1.5 Implementation of PFA in Healthcare Workers and Emergency Responders

PFA is not only used for communities experiencing disasters, but can also be provided or used to train healthcare workers and responders exposed to

traumatic situations. *et al* conducted a study of nurses in five hospitals in Palestine using a nine-hour modified PFA training. A total of 150 nurses completed baseline measurements, and the results showed an increase in psychological readiness in the intervention group compared to the control group. Improvements were also found in optimism, self-esteem, and self-efficacy [9].

In the context of emergency medical responders, Peng *et al.* conducted a cluster-randomized controlled trial of 1,399 healthcare workers providing emergency services to disaster survivors in China. The group receiving systems-based PFA training had higher PFA knowledge, skills, and attitude scores after two months compared to the training-as-usual group. The study also found increased self-efficacy, although several other outcomes did not show significant differences [10].

These results indicate that PFA training has the potential to be an integral part of healthcare workers' disaster preparedness. However, improving the competence of aid providers needs to be distinguished from the effectiveness of PFA on aid recipients. Improving healthcare workers' knowledge and skills is an important outcome, but it cannot be used as the sole indicator of intervention success in affected populations.

3.1.6 Implementation of PFA in Students and Educational Environments

PFA has also been applied in educational contexts. Eweida and Rashwan's study of 64 pre-licensure nursing students during the COVID-19 pandemic used a quasi-experimental design with intervention and comparison groups. The results showed decreased psychological distress and increased resilience in the group receiving the PFA intervention, including at a two-month follow-up measurement [12].

Research on PFA training for academic staff also showed that training can improve knowledge and competence in dealing with students who have experienced traumatic events. The study used a one-group pretest-posttest design and identified increased staff competence as one of the primary outcomes [13].

These findings suggest that the educational environment can be a strategic context for implementing PFA, as students and educators can face various psychosocial stresses and traumatic events. However, implementing PFA in educational settings still requires consideration of the competency limitations of providers and referral mechanisms to professional mental health services.

3.1.7 Contextualization and Adaptation of PFA

A key issue in the PFA literature is the need to tailor interventions to population and environmental characteristics. Sim and Wang conducted an integrative literature review of 17 studies on the contextualization of PFA. The review showed that PFA has been adapted to different disasters, population groups, and cultural and regional contexts. Responders also come from a variety of backgrounds, including psychologists, firefighters, social workers, and nurses [14].

Contextualization is important because responses to trauma and how individuals seek help can be influenced by culture, social structure, language, beliefs, and resource availability. Therefore, implementing PFA requires not only translating materials into local languages but also considering

communication methods, social support structures, community norms, and available service systems.

Thus, publicly available research supports the benefits of PFA in improving provider competence, preparedness, self-efficacy, and some initial psychological responses. However, conclusions regarding long-term impacts on mental health disorders should be interpreted with caution.

3.2 Discussion

3.2.1 PFA as Early Intervention in Crisis Conditions

PFA has strong relevance as an early intervention because it is delivered during a period when individuals are vulnerable after experiencing a potentially traumatic event. During this phase, individuals' needs may include safety, information, social support, practical assistance, and emotional stabilization. PFA seeks to meet these needs before determining whether the individual requires further psychological or psychiatric intervention [1,3].

This approach also has the advantage of flexibility. PFA can be applied to a variety of situations, from natural disasters to individual trauma and health emergencies. However, this flexibility can also be challenging because variations in models and implementation methods mean that the PFA components administered across studies vary widely [2,3].

Therefore, the basic principles of PFA need to be maintained even though the implementation methods can be adapted to the conditions. Components such as safety, calmness, efficacy, connectedness, and hope can be used as a basis to ensure that adaptations do not eliminate the main objectives of PFA [3].

3.2.2 Effectiveness of PFA on Distress and Adaptive Function

Based on the research results, the benefits of PFA on acute psychological distress and adaptive function are relatively consistent findings. Wang *et al.* showed a positive effect on anxiety and adaptive functioning in the immediate to medium term after trauma [3]. These results are in line with Tessier's research *et al.* in EMS workers showed that recipients perceived the benefits of PFA in meeting immediate needs after a traumatic event [11].

However, these results cannot be interpreted to mean that PFA definitively prevents all forms of post-traumatic mental disorders. Evidence for PTSD and depression is more limited. Hermosilla *et al.* indicates that the quality of available evidence is not yet strong enough to provide definitive conclusions regarding the effectiveness of PFA on mental health and well-being [8].

These differences in outcomes may be influenced by variations in recipient characteristics, the type of traumatic event, the timing of intervention, the intensity of the trauma, the form of PFA used, and the evaluation method. Therefore, future research needs to use more uniform outcome indicators to better compare results across studies.

3.2.3 PFA and Competency Improvement of Assistance Providers

Evidence regarding the benefits of PFA for providers is relatively more consistent than evidence regarding clinical outcomes for recipients *et al.* found that PFA training can improve knowledge, skills, self-efficacy, and preparedness [2]. The results of Sijbrandij's research *et al.*, Park dan Choi, Said *et al.*, as well as Peng *et al.* also supports increased competence or readiness after PFA training [4], [5], [9], [10].

These findings have important implications for healthcare services. Healthcare workers are among the groups potentially on the front lines during

disasters or emergencies. Improving their ability to provide psychosocial support can help healthcare workers respond to basic psychological needs without turning them into therapists. These competencies can also help them identify individuals who require further referral.

However, PFA training needs to be structured. Training that only provides theoretical knowledge may not be sufficient to develop communication and decision-making skills. Research by Park and Choi shows that a simulation approach can provide greater improvements in some aspects of competence than passive learning methods [5].

3.2.4 Implications for Health Services

Based on the literature synthesis, PFA can be considered a component of psychosocial preparedness in health care. Training can be provided to health workers potentially involved in disaster response, especially those working in facilities that receive large numbers of victims.

PFA can also be integrated into disaster preparedness training for students and healthcare workers. Research on students and academic staff suggests that groups in educational settings can also benefit from increased PFA knowledge and skills [12], [13].

However, the integration of PFA into the healthcare system should be accompanied by standardization of basic competencies, regular training, simulations, supervision mechanisms, and a referral system. This way, PFA is not just a one-time training but part of ongoing psychosocial preparedness.

Overall, the study results indicate that PFA is a relevant approach to providing initial psychosocial support after a crisis or traumatic event. Available evidence is relatively supportive of the benefits of PFA in improving provider competence, self-efficacy, preparedness, and several early psychological outcomes such as anxiety and adaptive functioning. However, evidence regarding the prevention of PTSD, depression, and long-term mental health outcomes remains insufficient. Therefore, PFA should be positioned as part of a stepped psychosocial response system that can be followed by professional assessment and referral if needed. Future research should utilize more robust designs, standardized outcome indicators, longer follow-up periods, and approaches that take into account cultural context and population characteristics [2], [3], [8].

4. CONCLUSION

Psychological First Aid (PFA) is a relevant early psychosocial intervention to help individuals cope with crises, disasters, trauma, and health emergencies. PFA has the potential to increase the knowledge, skills, self-efficacy, and preparedness of providers, as well as help reduce distress and support adaptive functioning in the early to mid-phase following a traumatic event. However, evidence regarding the effectiveness of PFA in preventing PTSD, depression, and long-term mental health outcomes remains limited and inconsistent. Therefore, the implementation of PFA requires support from structured training, adaptations to population characteristics and cultural contexts, and a referral system and ongoing evaluation.

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