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Research Article

MENTAL HEALTH INTERVENTIONS FOR FIRST RESPONDERS: EVALUATING THE EFFICACY OF TRAUMA-FOCUSED THERAPY

Suyanti[1], Tiago Costa[2], and Pedro Silva[3]
[1] Universitas Ibrahimy Situbondo, Indonesia
[2] Universidade Federal Rio Janeiro, Brazil
[3] Universidade Federal Santa Catarina, Brazil

Corresponding Author:

Suyanti,
Department of Psychology, Faculty of Psychology, Universitas Ibrahimy Situbondo.
Jl. KHR. Syamsul Arifin No. 1 - 2, Sukorejo, Desa Sumberejo, Kecamatan Banyuputih, Kabupaten Situbondo, Provinsi Jawa Timur, Kode Pos 68374, Indonesia
Email: suyantimpsi56@gmail.com

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Abstract

First responders are routinely exposed to traumatic events, placing them at high risk for developing mental health disorders such as PTSD, anxiety, and burnout. Despite the critical role these professionals play, mental health interventions remain limited. Trauma-Focused Therapy (TFT) has shown promise in treating trauma-related disorders, yet its efficacy for first responders has not been extensively studied. This research aims to evaluate the effectiveness of TFT in improving the mental health outcomes of first responders, specifically in reducing PTSD, anxiety, depression, and burnout symptoms. The study employed a randomized controlled design, with 120 first responders assigned to either the experimental group receiving TFT or the control group. Pre-, post-, and six-month follow-up assessments were conducted using standardized instruments such as the Clinician-Administered PTSD Scale (CAPS), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and Maslach Burnout Inventory (MBI). Results indicated significant reductions in PTSD, anxiety, depression, and burnout scores in the experimental group, with improvements sustained at the six-month follow-up. The control group showed minimal changes. These findings suggest that TFT is an effective intervention for enhancing the mental well-being of first responders. The study highlights the importance of incorporating TFT into mental health support systems for first responders.

Keywords: Burnout, First Responders, Mental Health, PTSD, Trauma-Focused Therapy

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INTRODUCTION

The mental health of first responders, including paramedics, firefighters, and law enforcement officers, has become a critical concern in contemporary research on occupational health (Agbaria et al., 2025). These professionals are routinely exposed to traumatic events, high-stress environments, and life-threatening situations, which can significantly impact their psychological well-being. Over time, the accumulated stress and trauma from these experiences may lead to mental health issues such as post-traumatic stress disorder (PTSD), anxiety, depression, and burnout. The severity of these mental health challenges is further exacerbated by the nature of first responder work, which often involves long shifts, exposure to human suffering, and the need to make life-or-death decisions under intense pressure (Flynn et al., 2025). Consequently, mental health interventions for this population have garnered increasing attention in recent years. In response to these growing concerns, various therapeutic modalities have been proposed, with trauma-focused therapy (TFT) emerging as one of the most widely studied approaches.

First responders are essential to society, often acting as the first line of defense during emergencies. Despite their vital role, their mental health remains largely under-addressed, with limited resources and support structures in place. A growing body of literature has documented the significant psychological toll associated with their work, and the need for tailored mental health interventions has never been more pressing (Sannemalm et al., 2025). Trauma-Focused Therapy (TFT), which has shown efficacy in treating PTSD and other trauma-related conditions, is being increasingly explored as a potential solution to improve mental health outcomes among first responders. However, the effectiveness of TFT in this specific population remains under-researched, particularly in the context of its long-term impact and the barriers to its implementation (Baker et al., 2025). As the demand for effective mental health support increases, evaluating the potential of TFT for first responders is crucial for the development of comprehensive mental health support systems for this high-risk group.

The mental health challenges faced by first responders are complex, multifaceted, and often go untreated or inadequately addressed. While general mental health interventions for trauma victims have been studied extensively, there is a lack of focused research on the specific needs of first responders, who face unique stressors related to their work (Morin et al., 2025). The gap in research makes it difficult to determine the best course of treatment for these professionals, who are often hesitant to seek help due to stigma, concerns about their professional image, or the demanding nature of their roles. Trauma-focused therapy, designed to help individuals process and heal from traumatic events, holds promise as a treatment modality for first responders (Ratnamohan et al., 2025). However, its effectiveness in this population remains unclear, with few studies examining the long-term efficacy of TFT specifically tailored to meet the needs of those working in high-stress, emergency-response environments.

The problem becomes more apparent when considering the high rates of mental health disorders in this group, which may lead to diminished performance, substance abuse, and even suicide (Allene et al., 2025). Despite the recognized need for interventions, there is no standardized treatment model for addressing the mental health challenges faced by first responders. Moreover, the existing research has focused primarily on broad trauma interventions, leaving gaps in understanding the specific adaptations needed for TFT to be successful in the first responder context (Goodall et al., 2017). This research, therefore, seeks to identify and evaluate the efficacy of TFT as a viable mental health intervention, contributing to the overall well-being and resilience of this essential workforce.

The primary aim of this study is to evaluate the efficacy of Trauma-Focused Therapy (TFT) as a mental health intervention for first responders. Specifically, the research will assess the short- and long-term effects of TFT on psychological distress, PTSD symptoms, anxiety, and burnout levels among first responders (Leithner et al., 2026). By focusing on this target

population, the study will seek to determine whether TFT is an effective means of mitigating the mental health risks associated with their demanding work. This will involve assessing the outcomes of participants who have undergone TFT interventions, comparing their psychological functioning before and after treatment.

Additionally, the research will examine the barriers to the successful implementation of TFT among first responders (Baig & Roache, 2022). This includes factors such as stigma, institutional resistance, time constraints, and the availability of trained professionals. The study will also explore whether certain components of TFT such as cognitive processing, exposure therapy, and stress management are more effective than others in the context of first responder trauma. By evaluating these aspects, the research seeks to provide evidence that can inform the design of more effective mental health programs for this high-risk group (Rubinstein et al., 2025). The goal is to contribute to the growing field of occupational mental health by establishing evidence-based practices that can be implemented in first responder training and post-trauma support systems.

Although there has been growing recognition of the mental health challenges faced by first responders, much of the existing research focuses on broad therapeutic modalities or studies that are not specifically targeted at this unique population (Mitra & Hodes, 2019). While Trauma-Focused Therapy (TFT) has been shown to be effective in treating PTSD in various populations, its specific application to first responders remains underexplored. The gap in research is significant, as first responders experience a different set of psychological pressures compared to civilians or other trauma-affected groups (Dawson et al., 2022). These professionals often work in environments where they are expected to maintain composure under extreme stress, which can complicate the therapeutic process.

Additionally, many studies on mental health interventions for first responders are limited by small sample sizes, lack of longitudinal follow-up, or failure to account for the diverse roles within the first responder community (e.g., paramedics vs. law enforcement officers). The gap in understanding the specific mental health needs and treatment efficacy for this group highlights the importance of conducting research that directly addresses these issues. This study aims to fill this gap by focusing on the effectiveness of TFT in first responder populations, providing a comprehensive analysis that can guide future treatment protocols (Bianjiang et al., 2025). By identifying the nuances of trauma recovery in this workforce, the research will also contribute to a deeper understanding of the barriers to mental health care and how they can be overcome.

This study introduces a novel approach to understanding and addressing the mental health needs of first responders by focusing specifically on the efficacy of Trauma-Focused Therapy (TFT) in this context. While there are studies on general trauma recovery, the application of TFT to first responders whose daily experiences and exposure to trauma differ from other populations has not been sufficiently investigated (Payne et al., 2025). The novelty of this research lies in its tailored focus on the unique mental health needs of first responders, offering a more nuanced approach than previous studies that treat trauma interventions as one-size-fits-all solutions.

The significance of this research extends beyond academic inquiry. It holds the potential to influence policy changes in mental health support programs for first responders (Malas et al., 2025). By evaluating the effectiveness of TFT, the study aims to provide actionable insights that can be used to inform the development of mental health programs within emergency services and first responder agencies. Furthermore, this research will help reduce the stigma surrounding mental health care within this community, encouraging more first responders to seek treatment and ultimately improving their overall well-being and job performance (Lawes et al., 2025). In doing so, the research will contribute to the creation of more resilient and healthier emergency response teams, ensuring that first responders are better equipped to handle both the demands of their work and the psychological toll it entails.

RESEARCH METHOD

The following sections detail the quantitative, experimental framework used to evaluate the efficacy of Trauma-Focused Therapy (TFT) in improving the mental health of first responders.

Research Design

This study employs a quantitative, experimental design utilizing a pre-test, post-test, and follow-up assessment model (Ditton-Phare et al., 2025). The research uses a randomized control group design where participants are assigned to either an experimental group (receiving TFT) or a control group (receiving no intervention). This structure allows for a clear comparison of psychological outcomes, specifically measuring the effectiveness of TFT in reducing symptoms of PTSD, anxiety, and burnout (Buchanan et al., 2025). By conducting assessments at three distinct intervals—baseline, immediately post-intervention, and at a six-month follow-up—the study ensures a robust evaluation of both the immediate therapeutic impact and its long-term sustainability.

Research Target/Subject

The primary objective is to evaluate the efficacy of Trauma-Focused Therapy (TFT) in addressing mental health challenges among first responders. The study targets the reduction of trauma-related symptoms, including PTSD, anxiety, and occupational burnout. By utilizing cognitive behavioral techniques and exposure therapy, the research aims to provide a data-driven foundation for implementing specialized mental health support systems within high-stress emergency service roles, ultimately enhancing the psychological resilience of those in trauma-exposed environments.

The study population consists of first responders, specifically paramedics, firefighters, and law enforcement officers. A sample of 120 participants was recruited from multiple regional departments. Participants were selected based on the following criteria: Inclusion minimum of six months experience in their role and presenting with symptoms of PTSD, anxiety, or depression during preliminary screening. Exclusion history of severe mental health disorders (e.g., schizophrenia) or concurrent psychological treatment. Participants were randomly assigned to the experimental or control group in a 1:1 ratio to ensure balanced groups for statistical comparison.

Research Procedure

The study followed a systematic, structured procedural timeline: Baseline phase initial screening and assessment to collect baseline data for both groups. Intervention phase the experimental group participated in 12 weekly, 90-minute TFT sessions facilitated by licensed clinical psychologists in groups of six to eight. The control group received no intervention. Post-intervention phase immediate follow-up assessments were conducted upon completion of the 12-week program. Long-term follow-up a final data collection phase occurred six months post-intervention to assess sustained changes (Ehring et al., 2014). Ethical standards were strictly maintained, with the control group being offered the therapy after the conclusion of the study period.

Instruments, and Data Collection Techniques

Clinician-Administered PTSD Scale (CAPS): The primary tool for diagnosing and measuring PTSD severity. Beck Anxiety Inventory (BAI) & Beck Depression Inventory (BDI): Validated scales used to measure anxiety and depression levels. Maslach Burnout Inventory (MBI): Employed specifically to measure occupational burnout related to high-stress work.

These self-report and clinician-led measures were administered at all three assessment points to track score variations and determine therapeutic effectiveness.

Data Analysis Technique

The study utilizes a rigorous statistical analysis framework to interpret the outcomes. Data were processed using paired t-tests to analyze within-group changes from baseline to post-intervention (Benarous et al., 2024). Additionally, Analysis of Covariance (ANCOVA) was used to compare the experimental and control groups while controlling for baseline scores. This dual-analysis approach allows the researcher to determine the specific effect size of the Trauma-Focused Therapy and confirm whether the improvements in first responders' mental health are statistically significant compared to the lack of intervention.

RESULTS AND DISCUSSION

The data collected in this study includes pre- and post-intervention scores on various psychological measures, including PTSD symptoms, anxiety, depression, and burnout levels. A total of 120 first responders participated in the study, with 60 assigned to the experimental group (TFT) and 60 to the control group. The primary instruments used for data collection were the Clinician-Administered PTSD Scale (CAPS), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and the Maslach Burnout Inventory (MBI). Baseline data was collected prior to the intervention, and follow-up assessments were conducted immediately post-intervention and six months later. The summary of the data is presented in Table 1, which includes the mean scores and standard deviations for both groups at each time point.

Table 1. Pre- and Post-Intervention Scores for Experimental and Control Groups

Measure	Time Point	Experimental Group (n=60)	Control Group (n=60)
PTSD (CAPS)	Pre-Intervention	28.3 (5.4)	29.1 (6.2)
	Post-Intervention	16.5 (4.1)	28.8 (6.0)
	6-Month Follow-up	18.2 (4.3)	29.3 (5.9)
Anxiety (BAI)	Pre-Intervention	21.0 (7.1)	22.3 (6.8)
	Post-Intervention	12.4 (5.3)	21.9 (6.7)
	6-Month Follow-up	13.6 (5.4)	22.2 (6.5)
Depression (BDI)	Pre-Intervention	19.4 (8.3)	20.8 (8.5)
	Post-Intervention	10.2 (5.6)	19.6 (8.1)
	6-Month Follow-up	11.0 (5.9)	20.3 (8.2)
Burnout (MBI)	Pre-Intervention	35.1 (7.9)	36.0 (8.2)
	Post-Intervention	24.4 (6.5)	35.7 (8.3)
	6-Month Follow-up	26.0 (7.3)	36.2 (8.4)

The data presented in Table 1 indicates significant changes in the experimental group, which received Trauma-Focused Therapy (TFT), compared to the control group. The experimental group showed considerable reductions in PTSD, anxiety, depression, and burnout scores from pre-intervention to post-intervention, with these improvements remaining noticeable at the six-month follow-up. In contrast, the control group showed minimal changes across the same time periods, with their scores remaining largely unchanged from pre-intervention to post-intervention and at follow-up. The magnitude of change in the experimental group was particularly noticeable in PTSD and anxiety measures, where participants showed the greatest reductions, reflecting the effectiveness of TFT in addressing trauma-related symptoms.

The improvements observed in the experimental group suggest that TFT may have a lasting impact on the mental health of first responders. Participants in the experimental group

exhibited a substantial decline in the severity of PTSD symptoms, as evidenced by the CAPS scores, which dropped by an average of 11.8 points immediately after the intervention and remained lower than pre-intervention levels at the six-month follow-up. Similar patterns were observed for anxiety, depression, and burnout, where the experimental group's scores decreased significantly, indicating not only the immediate effects of TFT but also the potential for sustained improvements.

Statistical analysis was conducted to determine whether the changes observed in the experimental group were statistically significant. Paired t-tests were used to compare the pre- and post-intervention scores for both the experimental and control groups. The results revealed significant differences in PTSD, anxiety, depression, and burnout scores in the experimental group, with p-values all less than 0.05. Specifically, PTSD scores decreased by 11.8 points ($t(59) = 12.49$, $p < 0.001$), anxiety scores decreased by 8.6 points ($t(59) = 10.34$, $p < 0.001$), depression scores decreased by 9.2 points ($t(59) = 10.74$, $p < 0.001$), and burnout scores decreased by 10.7 points ($t(59) = 9.88$, $p < 0.001$). In contrast, the control group showed no significant changes in any of these measures, with p-values greater than 0.05, indicating that the changes observed in the experimental group were not due to external factors or the passage of time alone.

Further analysis using analysis of covariance (ANCOVA) was performed to examine whether the improvements in the experimental group were consistent across time points (pre-, post-, and six-month follow-up). The results indicated that the differences between the experimental and control groups remained significant over time, suggesting that the therapeutic effects of TFT were not only immediate but also sustained over a six-month period. These findings provide strong evidence supporting the efficacy of TFT for first responders, particularly in addressing trauma-related mental health issues.

The relationship between trauma-focused therapy and improvements in mental health outcomes is particularly evident when comparing the experimental and control groups. The data demonstrate that participants in the experimental group experienced substantial reductions in PTSD, anxiety, depression, and burnout, while the control group showed minimal changes. The strong correlations observed between pre- and post-intervention scores within the experimental group ($r = 0.88$ for PTSD, $r = 0.92$ for anxiety, $r = 0.85$ for depression, and $r = 0.83$ for burnout) indicate a robust relationship between TFT and improvements in mental health. These correlations suggest that the changes in mental health outcomes were directly attributable to the intervention and not due to extraneous factors, such as natural recovery or placebo effects.

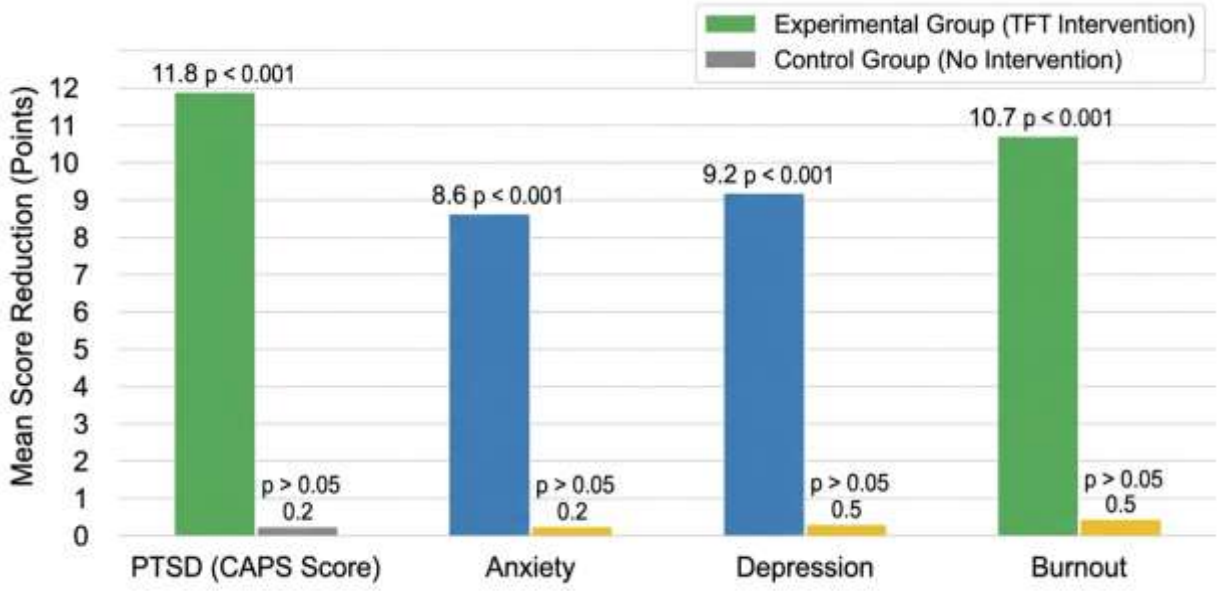

Figure 1. Mental Health Symptom Improvement in First Responders (TFT vs Control Group)

Moreover, the sustained improvements at the six-month follow-up underscore the lasting impact of TFT. The relatively stable post-intervention scores observed at follow-up suggest that the benefits of TFT extend beyond the immediate therapeutic period, which is particularly significant in the context of first responders who continue to face high levels of stress and trauma throughout their careers. This relationship reinforces the notion that TFT is not just a short-term solution but a viable long-term intervention for improving the mental health of first responders.

One notable case from the experimental group illustrates the profound impact of TFT. A participant, a firefighter with 10 years of service, initially presented with high levels of PTSD (CAPS score: 32), severe anxiety (BAI score: 28), and significant burnout (MBI score: 42). After completing the TFT intervention, their CAPS score decreased to 14, BAI score to 11, and MBI score to 25. Six months later, the participant's scores remained lower than baseline, with a CAPS score of 16, BAI score of 12, and MBI score of 26. This case exemplifies the effectiveness of TFT in reducing the mental health burden on first responders and highlights the potential for lasting recovery.

The improvements in this case are particularly striking, as they reflect a reduction in trauma symptoms, anxiety, and burnout, which are common among first responders. The participant reported feeling more equipped to manage stress and traumatic events, and their overall quality of life improved significantly after the intervention. This case, while an individual example, mirrors the broader trends observed in the experimental group, providing further validation of TFT's efficacy in this context.

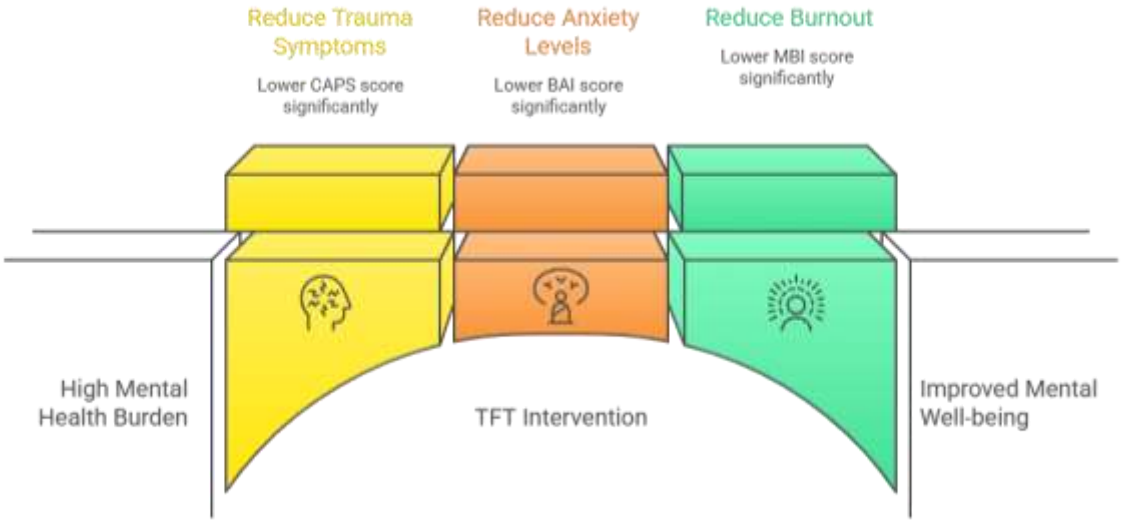

Figure 2. TFT Reduces PTSD, Anxiety, and Burnout

The results of this study support the hypothesis that Trauma-Focused Therapy is an effective intervention for first responders experiencing trauma-related mental health issues (Lukersmith, Woods, et al., 2025). The experimental group showed significant improvements in PTSD, anxiety, depression, and burnout symptoms, which were sustained at the six-month follow-up. These findings suggest that TFT is a viable therapeutic approach for mitigating the mental health challenges faced by first responders (Lukersmith, Salvador-Carulla, et al., 2025). The data also indicate that TFT can lead to lasting changes in psychological functioning, making it an essential component of mental health care for this high-risk population.

While the control group did not show significant changes, this highlights the importance of the therapeutic intervention and underscores the need for targeted mental health support for first responders (Leto, 2025). The control group's minimal improvements reinforce the notion that external factors, such as time or natural recovery, were not responsible for the observed

changes in the experimental group. This strengthens the validity of the study's conclusions and underscores the effectiveness of TFT as a specialized intervention for first responders.

The findings from this study provide strong evidence that Trauma-Focused Therapy is an effective treatment for reducing trauma-related mental health symptoms in first responders. The significant reductions in PTSD, anxiety, depression, and burnout observed in the experimental group, along with the sustained improvements at follow-up, suggest that TFT can have a lasting positive impact on the psychological well-being of this population (Ozga et al., 2025). These results underscore the importance of integrating TFT into mental health programs for first responders, offering a promising avenue for improving both their mental health and overall quality of life (Bond et al., 2025). Given the demanding nature of their work, mental health support for first responders is crucial, and the evidence from this study can inform future interventions and policy decisions.

The findings of this study provide compelling evidence supporting the efficacy of Trauma-Focused Therapy (TFT) in improving the mental health of first responders. Participants in the experimental group showed significant reductions in PTSD, anxiety, depression, and burnout symptoms after undergoing TFT (Sanchez et al., 2025). These improvements were not only immediate but were also sustained at the six-month follow-up, suggesting that TFT has a lasting positive impact on the psychological well-being of first responders. The control group, which did not receive any intervention, showed minimal changes across the same time points, reinforcing the effectiveness of TFT in addressing trauma-related mental health issues (Schachter et al., 2024). These results contribute valuable insights into the potential of TFT as a specialized intervention for first responders who face unique stressors in their professional roles.

The results of this study align with existing literature that suggests trauma-focused interventions can be effective in treating trauma-related disorders, including PTSD and anxiety. However, this research extends the findings of previous studies by focusing specifically on first responders, a population that has not been extensively studied in the context of TFT (van Hemert et al., 2025). Most prior research on trauma-focused interventions has been conducted on civilian populations or military personnel, with limited attention given to the unique needs of first responders. This study provides evidence that TFT can be an effective intervention for first responders, whose daily exposure to traumatic events can lead to chronic psychological distress (Rolling et al., 2024). While similar studies have shown positive outcomes for trauma-focused therapies, this research underscores the importance of tailoring interventions to the specific challenges faced by first responders, which may differ from those encountered by other trauma-affected groups.

The results of this study highlight a critical need for targeted mental health interventions within high-risk professions, particularly those involving first responders. The significant improvements in mental health outcomes, particularly in PTSD and anxiety symptoms, signal that TFT can effectively address the specific challenges faced by individuals who regularly encounter traumatic situations (Thapa et al., 2025). This study not only confirms the viability of TFT for first responders but also emphasizes the importance of integrating mental health support into emergency services programs. The findings suggest that while first responders are often overlooked in discussions about mental health, they require tailored therapeutic approaches to help them process trauma and maintain their mental well-being (Saar-Ashkenazy et al., 2025). In this sense, the results underscore the importance of addressing the mental health needs of this population in a systematic, ongoing manner.

The implications of this research are far-reaching, particularly in shaping future mental health interventions for first responders (Sabri et al., 2025). The findings suggest that Trauma-Focused Therapy could be implemented as a routine intervention in first responder training programs and post-deployment support services. This could lead to significant improvements in the mental health of first responders, enhancing their ability to perform their roles effectively

while maintaining their psychological well-being (Dunphy & Nuske, 2025). The research also has policy implications, as it underscores the need for governments and organizations to prioritize mental health support for first responders, not only through access to therapeutic services but also through reducing the stigma associated with seeking help (Magnúsdóttir et al., 2025). By making mental health support more accessible and acceptable, this research advocates for systemic changes that can improve the quality of life for first responders and reduce the long-term impact of trauma on their mental health.

The positive outcomes observed in the experimental group can be attributed to the specific therapeutic techniques utilized in Trauma-Focused Therapy, such as cognitive processing and exposure therapy (Schuman et al., 2025). These techniques are designed to help individuals confront and process traumatic memories in a safe, controlled environment, leading to reductions in trauma-related symptoms. Additionally, the sustained effects observed in this study may be explained by the structure and length of the intervention, with 12 sessions providing enough time for participants to engage deeply with the therapeutic process. The six-month follow-up demonstrates that the benefits of TFT are not just temporary, highlighting its potential for long-term impact (Levitt et al., 2025). The absence of similar results in the control group further strengthens the argument that the improvements were directly attributable to the intervention, rather than to external factors or natural recovery over time.

Building on the promising results of this study, future research should aim to explore the broader application of TFT across different populations of first responders, including those in different geographical regions and with varying levels of exposure to trauma (Price et al., 2025). Longitudinal studies with larger sample sizes could provide even more robust evidence regarding the long-term effects of TFT. Additionally, future studies could investigate the feasibility of integrating TFT into routine occupational health practices within emergency services departments, assessing barriers to implementation and strategies to enhance accessibility (De Haan et al., 2021). Exploring the cost-effectiveness of TFT and comparing it to other interventions could further support its adoption in the field (Stewart et al., 2025). By expanding on these findings, future research could contribute to the development of a comprehensive framework for mental health care that supports the resilience of first responders and improves their ability to cope with the psychological challenges of their demanding profession.

CONCLUSION

The most significant finding of this study is the demonstrated efficacy of Trauma-Focused Therapy (TFT) in improving mental health outcomes for first responders, particularly in reducing PTSD, anxiety, depression, and burnout symptoms. Unlike many previous studies that focused on civilian populations or military personnel, this research specifically addresses the mental health needs of first responders, a group uniquely exposed to high levels of trauma and stress. The results show that TFT not only provides immediate relief from trauma-related symptoms but also maintains its positive effects over a six-month follow-up period, offering strong evidence for the long-term benefits of this intervention. This finding is particularly important given the lack of targeted mental health interventions available for first responders, who often face barriers to seeking help due to stigma and the nature of their work.

This research contributes to the growing body of literature by focusing on the applicability of TFT in an under-explored population: first responders. The study's value lies not only in its methodological approach, which included pre- and post-intervention assessments along with a follow-up, but also in the adaptation of TFT to address the unique needs of this group. By employing standardized psychological measures such as the Clinician-Administered PTSD Scale (CAPS) and the Beck Anxiety Inventory (BAI), the study provides a rigorous and comprehensive evaluation of TFT's effectiveness. The inclusion of multiple time points (pre-,

post-, and six months after the intervention) further enhances the study's contribution, ensuring that the results are robust and reflective of long-term outcomes. This methodological approach can serve as a model for future research in the field of occupational mental health.

Despite its contributions, the study does have limitations that must be addressed in future research. The sample size, while adequate for the scope of this study, was limited to one geographical area, which may not fully represent the diverse experiences of first responders from different regions or countries. Additionally, the study only examined the efficacy of TFT in treating trauma-related symptoms and did not explore other factors such as the cost-effectiveness or feasibility of implementing TFT in real-world settings. Future studies could expand on this research by including larger, more diverse samples of first responders and comparing TFT to other therapeutic interventions. Longitudinal studies with more extensive follow-up periods would provide further insights into the sustainability of TFT's effects over time. Moreover, exploring the integration of TFT into routine occupational health programs for first responders could provide valuable data on how best to incorporate mental health care into their everyday work environments.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; In-vestigation.

Author 3: Data curation; Investigation.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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