PSYCHOSOCIAL SUPPORT AFTER DISASTERS: **FIELD PRACTICES HANDBOOK**

Co-funded by the European Union

Avrupa Birliği tarafından finanse edilmiştir.

Avrupa Birliği tarafından finanse edilmiştir.

Co-funded by the European Union

TÜRKİYE ULUSAL AJANSI
TURKISH NATIONAL AGENCY

AID
ULUSLARARASI DOKTORLAR

ANDCTR

İçindekiler

Preface/5
0. Introduction: Fundamental Concepts of Disasters and Psychosocial Support/7
0.1. What Is a Disaster?/8
0.2. What Is Psychosocial Support?/9
0.3. Framework of Psychosocial Support in Disasters/10
0.4. Role of the Psychosocial Support Team/11
1. Preparation for Field Visits/13
1.1. Key Principles of Preparation/14
1.2. Logistical and Operational Preparedness/15
1.3. Training and Awareness Approaches/16
1.3.1. Team Capacity Building/16
1.3.2. Community Training/16
1.3.3. Multi-Stakeholder Collaboration/16
2. Communication with Affected Communities/19
2.1. Fundamental Communication Principles/20
2.2. Emotional Support Skills/20
2.3. Communication During Crisis Moments/21
3. Challenges in Post-Disaster Support Processes/23
3.1. Emotional Burden and Secondary Trauma/24
3.2. Transportation, Safety, and Logistical Challenges/24
3.3. Challenges in Building Trust with the Community/25
3.4. Resource Constraints and Capacity Limitations/25
3.5. Inter-Agency Coordination Challenges/26
3.6. Case Study/26
3.7. Case Study/28
4. Team Well-Being and Self-Care/29
4.1. Psychological Safety Within the Team/30
4.2. Core Components of Self-Care/31
4.3. Collective Care and Peer Support Mechanisms/32
4.4. Case Study/34
4.5. Case Study/35
4.6. Rapid Implementation Steps/36
4.6.1 Pre-Field Phase/36
4.6.2 In-Field Phase/36
4.6.3 Post-Field Phase/37
4.7 Case Example: Secondary Trauma After Returning from the Field/37
4.7.1 Connection to Post-Field Phase/38

Co-funded by the European Union

4.7.2 Recommended Interventions/38
5. Ethical Principles and Cultural Sensitivity in Psychosocial Work/39
5.1 Ethical Principles/40
5.2 Cultural Sensitivity/41
5.3 Case Study/42
5.4 Case Study/42
6. Local Actors and Coordination with Institutions/43
6.1. Importance of Coordination/44
6.2. Collaboration with Local Authorities and Health Units/45
6.3. Working with Civil Society and Community Organizations/46
6.4. Resource and Role Sharing/46
6.5. Meeting and Reporting Mechanisms/47
6.6. Case Study: Coordination and Crisis Management in Pazarcık Field/47
6.7. Medication Management and Pharmacy Unit/48
6.8. Case Study: Inter-Agency Coordination Conflict/49
7. Afet Alanlarında Bilgi Kirliliği/51
7.1. Understanding Misinformation/52
7.2. Methods for Information Verification/53
7.3. Community Meetings and Announcements/54
7.4. Proper Use of Social Media/54
7.5. Strategies for Correcting Misinformation/54
7.6. Case Study/55
8. Example Activities and Activity Recommendations/57
8.1. Sample Activities for Children/58
8.1.1. Routine and Structured Play/58
8.1.2. Activities by Age Group/58
8.1.3. Inclusivity (Children with Disabilities)/59
8.2. Group Activities for Adults/59
8.3. Community Resilience Activities/61
8.4. Information and Guidance Activities/63
8.5. Case Study/65
8.6. Case Study/67
9. Compliance with Sphere Standards/69
9.1. What is Sphere?/70
9.2. Relevance to Psychosocial Work/70
9.3. Ensuring Sphere Compliance in Psychosocial Interventions / 71
9.4. Case Study: Post-Earthquake Child-Friendly Space Implementation/72
9.5. Case Study: Post-Flood Mobile Psychosocial Teams/73
İngilizce Kaynakça_?/ 74
Katkı Sunanlar / Teşekkürler / 75

Co-funded by the European Union

Preface

Disasters are complex crises that not only cause physical destruction but also disrupt the emotional, social, and economic balance of individuals, families, and communities. Post-disaster psychosocial support is a core component of the recovery process and plays a critical role in rebuilding community resilience. This handbook has been prepared within the framework of the Erasmus+ KA210 project *Empowerment of Psychosocial Support Skills After Disasters* and aims to provide professionals, volunteers, and local actors working in the field with a systematic, evidence-based, and culturally sensitive guide.

This work brings together international standards in the field of psychosocial support, including Sphere and IASC guidelines, alongside field experience and local practices, to create a comprehensive practical guide. Drawing on lessons learned from disaster settings, the handbook offers both theoretical insights and practical case analyses, providing practitioners with a realistic, applicable, and ethically grounded roadmap.

We extend our gratitude to all experts, field workers, and project partners who contributed to the preparation of this document. We hope that this handbook will serve as a valuable resource for all professionals involved in post-disaster interventions.


IHH
IHH

0

Introduction: Fundamental Concepts of Disasters and Psychosocial Support

0.1. What Is a Disaster?

A disaster is an event that severely disrupts the normal functioning of a society, causes large-scale physical, economic, and social losses, and exceeds the coping capacity of affected communities. The defining feature of a disaster is not the magnitude of the event itself but the extent of its impacts and the difficulty it creates for communities in managing the situation.

Disasters may be natural (earthquakes, floods, landslides, storms), human-made (technological accidents, industrial explosions), or of mixed origin. Their consequences are not limited to physical destruction; they also cause long-term disruptions in the social fabric of communities, economic losses, and widespread psychological impacts (UNDRR, 2020).

Today, the concept of disaster is addressed from a risk-management perspective and is defined as a condition emerging from the interaction of hazard, exposure, and vulnerability (Wisner et al., 2014).

0.2. What Is Psychosocial Support?

Psychosocial support is a holistic intervention approach aimed at protecting and strengthening the emotional, social, behavioral, and cognitive functioning of individuals and communities after a disaster or crisis. It helps people cope with stress, reorganize their relationships, and maintain their daily functioning.

Psychosocial support encompasses both psychological and social dimensions. The psychological dimension includes emotional well-being, mental health, coping skills, and processes of dealing with trauma. The social dimension refers to community solidarity, family relationships, continuity of social roles, and access to support resources (IASC, 2007).

In this context, psychosocial support is a multi-layered approach that includes providing information, creating safe spaces, community activities, group work, psychoeducation, basic mental health interventions, and professional referrals when needed.

0.3. Framework of Psychosocial Support in Disasters

Psychosocial support in disaster settings is implemented through a multi-layered service model in accordance with international standards. The most widely recognized framework is the Inter-Agency Standing Committee (IASC) model for *Mental Health and Psychosocial Support (MHPSS)*, which consists of four core levels:

1. Basic Services and Security

Ensuring safety— the most critical need after a disaster— along with shelter, healthcare, water, and food forms the foundation of psychosocial well-being. The aim at this level is to help individuals regain a sense of control and safety.

2. Community and Family Support

This level includes interventions that enhance social cohesion, strengthen community ties, and facilitate mutual support. Community-based activities, support groups, and school-based initiatives are examples of such interventions (IASC, 2007).

3. Focused, Non-Specialized Psychosocial Support

This level involves structured but non-clinical psychosocial programs for individuals exhibiting more visible stress reactions. Psychoeducation, short-term supportive sessions, and low-intensity psychological interventions such as Problem Management Plus (PM+) fall within this category (WHO, 2016).

4. Clinical Mental Health Services

This level includes professional clinical care for severe mental health conditions such as post-traumatic stress disorder (PTSD), major depression, psychotic disorders, or suicidal risk. These services are provided by psychiatrists, clinical psychologists, and mental health professionals.

Co-funded by the European Union

0.4. Role of the Psychosocial Support Team

The psychosocial support team consists of professionals and volunteers who work in a coordinated manner to protect and strengthen the emotional well-being of individuals and communities after a disaster. The team's primary aim is to help affected people regain a sense of safety, control, and coping capacity.

Main responsibilities include:

- **Conducting needs assessments:** Identifying psychosocial needs and planning appropriate interventions.
- **Creating safe and supportive spaces:** Establishing child-friendly spaces, women-friendly areas, and temporary social zones.
- **Providing information and psychoeducation:** Sharing clear information about normal reactions, coping strategies, and available services.
- **Delivering individual and group-based support:** Offering brief supportive sessions, group activities, and structured psychosocial programs.
- **Ensuring referrals:** Directing individuals who require medical, social, or mental health services to appropriate providers.
- **Supporting team well-being:** Promoting self-care and supervision to prevent staff burnout.

The psychosocial support team plays a vital role in enhancing both individual recovery and community resilience after disasters.

Co-funded by the European Union

1

Preparation for Field Visits

Providing psychosocial support in disaster or conflict settings requires teams to be well-prepared before deployment and flexible during field operations. This section focuses on the core principles that guide team preparedness, collaboration with communities, and operational safety.

1.1. Key Principles of Preparation

Planning and Flexibility

- Multiple scenarios are prepared with the assumption that conditions may change rapidly.
- Alternative workspaces, team arrangements, and route options are identified.

Redundant Supply Management

- First aid materials, MHPSS tools, communication devices, and essential supplies are stocked with redundancies.
- Printed and digital forms are stored securely; multilingual and child-friendly materials are prepared.

Early Coordination

- Early contact is established with local authorities, NGOs, educational institutions, and community representatives.
- A shared approach to identifying vulnerable groups is developed.

Risk Assessment

- Physical, health-related, and security risks are regularly assessed.
- Social tensions, community dynamics, and team vulnerabilities are taken into account.

Cultural Adaptation

- Basic local language expressions and communication norms are learned; interpreters are assigned when necessary.

Co-funded by the European Union

- Inclusive communication is prioritized across age, gender, and disability dimensions.

Task Distribution and Communication

- Roles and responsibilities are clearly defined for the entire team.
- Reporting and information-sharing procedures are established.

Emergency Communication System

- A multi-channel communication system is prepared, including phones, radios, and satellite devices.
- Daily situation updates and protection reporting mechanisms are structured.

1.2. Logistical and Operational Preparedness

- **PPE Readiness:** Personal protective equipment suitable for the region is procured and accompanied by usage training.
- **Communication Devices:** Multiple devices, spare batteries, and printed contact lists are carried.
- **Forms and Digital Security:** Assessment, referral, and incident forms are prepared in multiple languages; confidentiality is ensured.
- **Vehicle and Route Planning:** Safe and alternative routes are mapped; appropriate accommodation is planned.
- **Measures for Access Constraints:** Alternative transportation and temporary workspaces are arranged for hard-to-reach areas.

1.3. Training and Awareness Approaches

1.3.1. Team Capacity Building

- **Orientation:** Foundational training on psychosocial support, protection protocols, and disaster response is provided.
- **Psychological First Aid:** All team members obtain PFA certification.
- **Cultural Competence:** Local norms, language, and stigma-related issues are addressed.
- **Ethics and Safety:** Confidentiality, "do no harm," and reporting mechanisms are reinforced.
- **Self-Care:** Plans for team support and rest periods are developed to reduce secondary trauma risks.

1.3.2. Community Training

- Pre-disaster risk education is conducted in collaboration with local leaders.
- Practical preparedness guidance is provided for household and child safety.
- Psychosocial services are communicated through simple and appropriate methods during crises.
- Anti-stigma messages are disseminated with trusted community figures.
- Volunteers are equipped with basic psychosocial support and referral skills.

1.3.3. Multi-Stakeholder Collaboration

- Inter-agency coordination is strengthened.
- Community feedback is regularly evaluated and integrated into training processes.

Co-funded by the European Union

Psychosocial Support – Field Visit Checklist

A. Before the Field Visit

- Review current situation reports and needs assessments.
- Ensure the team has completed Psychological First Aid (PFA) training and is trauma-informed.
- Attend security briefings; check the suitability of personal protective equipment (PPE).
- Clarify task distribution and the communication plan.
- Review cultural and ethical reminders.
- Gather local referral resources.
- Prepare forms, translation tools, and backup materials.
- Assess the team's physical and psychological readiness.
- Identify coordination points with local stakeholders.

B. In the Field

1. Team Safety

- Monitor your physical and emotional state.
- Conduct regular internal team updates.
- Ensure all communication devices are functioning.

2. Community Engagement

- Introduce yourself and your role clearly and simply.
- Assess safety conditions; maintain confidentiality.
- Observe urgent needs and vulnerable groups.
- Communicate respectfully and without pressure.
- Share basic coping information.

3. Support and Referral

- Facilitate access to practical assistance.
- Promote a sense of safety and calm.
- Encourage social connections.

- Refer individuals at acute risk to specialized support.
- Strengthen the person's own coping abilities.

C. Documentation and Follow-Up

- Record interactions and referrals while maintaining confidentiality.
- Create a plan for cases requiring follow-up.
- Keep feedback mechanisms active.
- Conduct daily team debriefings.

D. After the Visit

- Share situation and activity reports.
- Evaluate the intervention from ethical and operational perspectives.
- Participate in team support or debriefing sessions.
- Replenish materials and update preparations for the next field deployment.

2

Communication with Affected Communities

2.1. Fundamental Communication Principles

When communicating with individuals affected by any disaster, crisis, or emergency, certain principles must be taken into consideration. Since traumatic experiences can alter individuals' perceptions of reality, establishing a healthy and trusting connection is a critical first step. Clear, simple, and understandable language should be used, avoiding technical jargon or field-specific terminology. The communication style should reflect the everyday language of the affected individuals.

Communication must be grounded in understanding, and therefore an empathic approach is essential. It is also important to avoid asking intrusive personal questions and to rely instead on standardized communication techniques and methods. In interactions with survivors, feelings of compassion may trigger an urge to help, which can lead to making promises intended to comfort them. However, offering commitments that cannot be fulfilled may ultimately cause harm rather than benefit. The primary aim should be to create a space for affected individuals to express themselves freely. Their personal boundaries must be respected.

2.2. Emotional Support Skills

Individuals exposed to traumatic or distressing life events may show resistance when expressing themselves and may display reactions that appear unusual. Professionals should refrain from making judgments or offering unsolicited advice. One of the most important elements of post-disaster communication is providing a safe space where individuals can express themselves freely.

A non-judgmental environment must be created so that individuals feel comfortable sharing their emotions. Practitioners should maintain an encouraging and supportive tone, keeping in mind that emotional expression may be difficult for some people.

Co-funded by the European Union

2.3. Communication During Crisis Moments

Crisis moments can be periods in which individuals feel they have lost control. Managing panic is vital to reducing potential harm in any disaster or emergency situation. Although challenging, there are strategies and techniques that can be used to support this process.

During moments of panic, misinformation can spread rapidly, contributing to fear, distrust, and chaos within the community. Therefore, it is important to wait for reliable information from credible sources. Practitioners should maintain a confident tone and demeanor. Consistency between one's words, actions, and behavior is essential. A calm and reassuring presence helps convey that emotions and reactions are under control.

3

Challenges in Post-Disaster Support Processes

3.1. Emotional Burden and Secondary Trauma

Professionals working in disaster settings are exposed to significant emotional strain and face a heightened risk of secondary trauma. Continuous exposure to traumatic narratives, long hours in high-stress environments, and the need to support others while managing their own personal losses can lead to burnout, reduced empathy, and emotional numbing (Figley, 1995; Bride, 2007).

According to the IASC MHPSS guidelines, when the emotional well-being of psychosocial teams is overlooked, the overall quality of services decreases and ethical risks increase (IASC, 2007). Factors such as lack of supervision, heavy caseloads, and uncertainty created by field conditions further intensify secondary trauma (WHO, 2016).

For this reason, regular psychological support, supervision, and access to self-care strategies are essential components for maintaining the quality and ethical standards of interventions in disaster settings (Hobfoll et al., 2007).

3.2. Transportation, Safety, and Logistical Challenges

In the aftermath of a disaster, the collapse of transportation, communication, and safety infrastructures significantly limits the ability of psychosocial teams to reach affected areas. The Sphere Standards emphasize the need for safe working environments, appropriate spaces, and accessibility to sustain psychosocial services (Sphere Association, 2018).

In rural or heavily affected regions, road closures, safety risks, aftershocks, and structural collapses may prevent access to certain areas. This not only restricts the mobility of response teams but also increases the invisibility of highly vulnerable groups (Norris et al., 2002).

Moreover, the absence of appropriate spaces for private conversations undermines confidentiality, which raises serious ethical concerns (IASC, 2007).

Co-funded by the European Union

3.3. Challenges in Building Trust with the Community

In communities affected by disasters, the sense of trust is often severely damaged. Uncertainty regarding the identity, intentions, and permanence of external teams makes establishing a trust-based relationship difficult (Bonanno et al., 2010). Repeated assessments of the same families or uncoordinated interventions carried out by different organizations can increase the perception of "institutional distrust" within the community.

Cultural dynamics, language barriers, perceptions of privacy, and mourning rituals are important factors that influence the process of building trust. In the MHPSS literature, cultural appropriateness is defined as one of the key determinants of intervention quality (Kohrt et al., 2014).

Gaining trust is possible not only through technical expertise but also through continuity, consistency, and an approach that is sensitive to the values of the community (IASC, 2007).

3.4. Resource Constraints and Capacity Limitations

In the post-disaster period, local institutions—schools, social service centers, primary healthcare units—may become non-functional due to physical damage and loss of personnel. According to the World Health Organization, while the demand for mental health services increases after disasters, capacity and infrastructure do not typically expand at the same rate (WHO, 2013).

Local professionals may themselves be disaster survivors, limiting the human resources both physically and emotionally (Norris et al., 2002). Short-term funding mechanisms make it difficult to ensure sustainable service provision. Lack of supervision and non-standard interventions by volunteers increase ethical risks (IASC, 2007).

Without long-term capacity building, localization efforts, and community-based approaches, sustainability of psychosocial interventions cannot be achieved (Hobfoll et al., 2007).

3.5. Inter-Agency Coordination Challenges

The simultaneous operations of multiple organizations in disaster settings make coordination one of the most critical challenges. Role ambiguity, gaps in data sharing, duplicated activities, and neglected priority areas are frequently reported issues in the literature (Norris et al., 2002).

Although MHPSS working groups and protection sub-clusters are established to ensure sectoral integration, sustainability, regularity, and data standardization often remain limited in practice (IASC, 2007). Organizations' concerns about visibility and recognition may lead to reluctance in sharing information, weakening overall coordination (Sphere Association, 2018).

Psychosocial support becomes effective only when it is integrated with sectors such as shelter, protection, education, and health (WHO, 2013).

3.6. Case Study

A Vulnerable Individual Unable to Access Psychosocial Support Due to Access Barriers

Scope:

Logistical obstacles, accessibility challenges, and disruption of service delivery.

Incident Summary:

After a disaster, psychosocial support is intended for an individual with an orthopedic disability living in a rural village. However, all access roads to the area have collapsed, leaving the village nearly isolated. The psychosocial team cannot reach the village due to the lack of a safe route. At the same

Co-funded by the European Union

time, the individual cannot reach the nearest aid point, as the path is filled with debris and is inaccessible to a wheelchair.

Key Issues:

- Lack of physical access: road closures and blocked transportation routes (Sphere, 2018).
- Inability to ensure confidentiality and access to safe interview spaces.
- Increased invisibility of vulnerable groups: persons with disabilities face heightened risks during disasters (WHO, 2013).
- Breakdown of referral mechanisms in emergency contexts.

Impact on Intervention:

The team can only gather indirect information through neighbors; the individual's psychosocial condition cannot be assessed, and sustainable support cannot be provided. This demonstrates that logistical barriers create dual obstacles for both service providers and those seeking assistance.

Lessons Learned:

- Accessibility planning is a critical component of disaster preparedness.
- Proactive monitoring of vulnerable groups (disabled, elderly, individuals living alone) is essential.
- Local community leaders and neighborhood-based volunteers play a key role in overcoming access barriers.
- Mobile teams and community-based support points can serve as alternative solutions.

3.7. Case Study

Secondary Trauma and Burnout Symptoms in an Emergency Hotline Worker

Scope:

Secondary trauma, staff well-being, and the need for supervision.

Case Summary:

An expert working on an emergency psychosocial support hotline established after a disaster answers hundreds of calls over several days. One night, after a detailed conversation with an earthquake survivor experiencing intense stress and panic, the worker begins to feel hypervigilance, restlessness, and difficulty falling asleep. Although the professional maintained composure during the call, the emotional load becomes apparent afterward.

Key Issues:

- Continuous exposure to traumatic narratives → risk of secondary trauma (Figley, 1995).
- Long working hours and lack of rest.
- Lack of supervision and staff support mechanisms.
- Crisis management in emergency periods often prioritizes immediate response over staff well-being.

Impact on Intervention:

The professional's emotional capacity is strained, affecting service quality and decision-making ability. Continuous exposure and lack of support increase the risk of burnout.

Learning Points:

- Staff well-being is fundamental for sustainable disaster response (IASC, 2007).
- Regular supervision, debriefing sessions, and shift planning reduce secondary trauma.
- "Protecting helpers" should be integrated into intervention plans.
- Personal boundaries, self-care skills, and intra-team support mechanisms should be strengthened.

Co-funded by the European Union

4

Team Well-Being and Self-Care

4.1. Psychological Safety Within the Team

Teams working in disaster settings face high stress, heavy responsibilities, and emotional load; therefore, psychological safety is a key component of team effectiveness. When psychological safety is low, processes such as mobbing, exclusion, communication breakdowns, and misuse of hierarchical power may occur.

This can:

- Reduce collaboration within the team
- Lead to communication errors
- Hinder rapid decision-making
- Increase risk of burnout and secondary trauma
- Decrease professional functionality

Exclusion of a team member during post-disaster interventions can disrupt information flow and reduce service quality. Field observations show that a marginalized team member may struggle to request support during challenging cases, affecting both personal well-being and intervention quality.

Psychological safety is not merely the absence of conflict; it includes open communication, a culture of feedback, and the right to make mistakes.

Ways to strengthen safe communication spaces:

- Short daily or shift-start check-in meetings
- 10–15 minute mini debriefing sessions after challenging incidents
- Designate a tent/room as a “safe speaking space”
- Standardize a constructive feedback culture
- Provide new team members with a “psychological safety orientation”

Co-funded by the European Union

Example: A field team routinely held a 15-minute "check and share meeting" every evening to reduce conflicts and strengthen team cohesion in high-stress environments.

4.2. Core Components of Self-Care

Emotional Resilience

Emotional resilience is strengthened when disaster workers recognize, regulate, and seek support for challenging emotions.

Key components based on the content:

- Short emotional check-ins during the day (3–5 minutes)
- Avoid suppressing emotions; share safely
- "Emotional boundary techniques" to avoid personalizing traumatic narratives
- Seek professional support when needed
- Regular self-compassion statements (e.g., "I am doing my best in these conditions")

Rest and Recovery Cycles

Self-care in the field involves physiological as well as emotional processes.

Strong recovery cycle includes:

- 6–8 hours of sleep
- Regular nutrition and hydration
- 10–15 minute breaks every 2–3 hours
- Shifts no longer than 8 hours
- Protective equipment against environmental stressors (cold, dust, noise, etc.)

Stress Management

Short, practical stress management techniques are effective in the field.

Techniques from the materials:

- 1-minute mini-breathing cycles
- 5-4-3-2-1 grounding technique
- "Stop—breathe—notice—continue" protocol
- Mini self-compassion statements
- Pre-field regulation rituals

4.3. Collective Care and Peer Support Mechanisms

Buddy System

Team members are paired to work together in the field.

Benefits:

- Prevents isolation
- Provides rapid support in risky situations
- Allows one member to take over if the other struggles
- Distributes emotional load

Example: In earthquake-affected areas, two-person teams using the buddy system significantly reduced secondary trauma.

End-of-Day Evaluations

Short 10–20 minute meetings at the end of the day strengthen team cohesion and provide emotional release.

Content:

- A challenging event of the day
- Something that went well

Co-funded by the European Union

- Brief plan for the next day
- Sharing of emotional load

Emotional Release Meetings (Debriefing)

Short debriefing sessions conducted after challenging days:

- Reduce secondary trauma
- Provide emotional support
- Prevent feelings of isolation
- Strengthen team solidarity

4.4. Case Study

Communication Breakdown and Conflict Management in the Field

Summary:

Two team members working in a disaster-affected area experience a disagreement due to high emotional load and time pressure. Because of disrupted information sharing, a client appointment is confused, and the individual is directed to two separate locations.

- **Problems:**
- Communication breakdown
- Ambiguity in task allocation
- Tension spreading to other team members
- Reduced psychological safety

Solution Process:

- Conducted a 15-minute end-of-day mini meeting
- Both members expressed their feelings and expectations in a safe space
- Responsibilities were clarified
- Team leader reminded members of the feedback culture
- Members were paired as buddies

Learning Points:

- Importance of communication protocols during high-pressure periods
- Early detection of conflict is critical
- Risk of errors increases in teams lacking psychological safety

Co-funded by the European Union

4.5. Case Study

Burnout Symptoms After High Exposure

Summary:

A team member conducts an excessive number of sessions over three days, cannot rest adequately, and begins to show signs of "emotional numbness, irritability, and hopelessness."

Problems:

- Long working hours
- Insufficient sleep
- Continuous exposure to traumatic narratives
- Inability to release emotional load

Solution Process:

- Immediate placement on a 48-hour rest rotation
- Individual meeting with the team leader
- Referral to weekly supervision
- Buddy system restructured
- Daily breathing exercise routine implemented

Learning Points:

- Early recognition of burnout signs
- Critical role of rotation
- Necessity of institutional support mechanisms

4.6. Rapid Implementation Steps

4.6.1 Pre-Field Phase

Clarifying Expectations

Before field deployment, the team is briefed on physical conditions and possible emotional impacts in the area. If possible, a short presentation or orientation introducing the environment is provided.

Mental Health and Well-Being Training

Short materials (documents and videos) on self-care, points to consider while working with disaster-affected individuals, and managing psychological load are shared.

Peer Learning Session

Experienced staff/volunteers who have previously worked in the field are invited to share experiences. This session helps set realistic expectations and enhances emotional preparation.

4.6.2 In-Field Phase

Buddy System Implementation

Each team member is paired with a "buddy." Buddies regularly monitor each other's sleep, nutrition, and emotional resilience. This system reduces feelings of isolation in the field.

Access to Psychological Support

A mechanism should be established for team members experiencing emotional strain to receive professional psychological support in the field.

Rest and Rotation Plan

The work schedule should include regular breaks and rotation. Continuous long hours increase the risk of burnout.

Co-funded by the European Union

Maintaining Personal Connections

For long-term deployments, team members are encouraged to maintain regular contact with family and close ones, enhancing emotional resilience.

4.6.3 Post-Field Phase

Maintaining Psychological Support

Returning from the field does not automatically reduce the psychological load. Support processes should continue to prevent secondary trauma.

Reflection and Transformation Process

Team members are given the opportunity to evaluate their field experiences, process their emotional load, and transform their experiences into reports, narratives, or tools. This process supports recovery.

4.7 Case Example: Secondary Trauma After Returning from the Field

Case Summary

Aylin, a volunteer psychologist providing Psychosocial First Aid in an earthquake-affected area for two weeks, appears functional during her assignment but begins showing intense secondary trauma symptoms after returning.

Aylin experiences:

- Waking up at night feeling as if an earthquake is happening
- Difficulty falling asleep and fragmented sleep
- Startle responses, hypervigilance, and high tension during the day
- Emotional detachment, guilt, and persistent rumination

Even though she is no longer in the field, the psychological effects disrupt her daily life.

4.7.1 Connection to Post-Field Phase

This case is particularly related to two aspects:

- Maintaining psychological support
- Reflection and transformation process

4.7.2 Recommended Interventions

1. Structured Psychological Follow-Up (1:1 Support)

Aylin should have regular sessions with a mental health professional after returning. This process includes:

- Psychoeducation on secondary trauma and hyperarousal
- Grounding techniques for night-time earthquake sensations
- Sleep hygiene planning
- Monitoring for acute stress disorder or PTSD symptoms This follow-up helps normalize symptoms and prevent long-term effects.

2. Guided Debriefing and Meaning-Making Process

A structured debriefing session, individually or in a group, should be provided. In this session:

- Field experiences are discussed
- Emotional load is processed
- Feelings of guilt or incompleteness are addressed

Aylin is encouraged to transform her experiences into:

- A reflective report
- Brief field notes for new volunteers
- A short narrative

This process supports recovery and contributes to institutional learning.

Co-funded by the European Union

5

Ethical Principles and Cultural Sensitivity in Psychosocial Work

Psychosocial support work touches individuals at highly vulnerable points in their lives, requiring a strong ethical foundation and high cultural sensitivity. Professionals in this field must strictly adhere to principles of:

- Do no harm
- Confidentiality
- Informed consent
- Voluntariness
- Non-discrimination
- Maintaining professional boundaries

at all stages of their work.

Because cultural context directly affects how psychosocial support is delivered, practitioners must understand the local culture and adapt their practices accordingly.

5.1 Ethical Principles

Do No Harm: All interventions must be carried out without jeopardizing the individual's psychological, social, or physical safety.

Confidentiality: Protecting client information and sharing it only when ethically or legally necessary.

Informed Consent: Providing clear information about the work, methods, and limits, and obtaining voluntary agreement.

Voluntariness: Participation must be free from pressure and entirely voluntary.

Non-Discrimination: Equal treatment regardless of language, religion, ethnicity, gender, age, disability, or socioeconomic status.

Maintaining Professional Boundaries: Prevents staff burnout and ensures a safe and ethical client relationship.

Co-funded by the European Union

5.2 Cultural Sensitivity

Cultural sensitivity is essential for effective, safe, and respectful psychosocial support. Cultural norms shape:

- Emotional expression
- Meaning-making of trauma
- Family roles
- Privacy perceptions
- Communication styles
- Help-seeking behaviors

Psychosocial support workers should:

- Understand the local culture, sensitivities, and social structure
- Use culturally appropriate communication methods during sessions
- Be aware of societal expectations regarding age, gender, and role hierarchy
- Follow cultural ethical principles when collecting data

Work with reliable, neutral, culturally competent interpreters when language barriers exist

Language is a key component of cultural transmission. Interpreter selection must adhere to ethical principles, ensuring confidentiality, neutrality, and cultural competence to prevent misunderstandings and loss of trust.

5.3 Case Study

A psychosocial support worker in a temporary shelter after an earthquake conducts a session with a female client who speaks Arabic and has difficulty expressing herself in Turkish. To ensure effective communication, the worker collaborates with a female interpreter familiar with the community's dialect, cultural norms, and sensitivities.

Before the session, the interpreter is briefed on confidentiality, neutrality, avoiding adding interpretations, and accurately conveying the client's emotional tone. Seating arrangements are planned to avoid making the client feel interrogated.

During the session, the interpreter accurately conveys both verbal expressions and emotional tone, enabling the worker to respond empathetically and culturally appropriately. Only necessary explanations are provided for culture-specific expressions, and professional boundaries are maintained. At the end of the session, the client reports feeling fully understood.

This case highlights the critical role of an ethically responsible interpreter in trust-building and effective psychosocial support.

5.4 Case Study

A Turkish female psychologist is deployed for the first time to work with Syrian migrants in a container city. However, due to differences in mourning rituals, family roles, privacy perceptions, and emotional expression styles compared to her own culture, communication breakdowns and misunderstandings occur during sessions.

During supervision, it is determined that the psychologist needs comprehensive training on Arab culture, the social structure of Syrian communities, gender roles, and culturally specific trauma responses. After this training, the psychologist learns to adapt her communication style to the community's cultural expectations, strengthening relationships with clients and enabling deeper sessions.

This case demonstrates how cultural preparation, awareness, and appropriate training are critical in preventing errors and strengthening trust in psychosocial support.

Co-funded by the European Union

6

Local Actors and Coordination with Institutions

6.1. Importance of Coordination

In post-disaster crisis situations, it is critical that field personnel work in a coordinated manner. Particularly within the first 72 hours, coordinated efforts can save many lives. During this coordination, the roles of field teams must be clearly defined and should not overlap.

Lack of communication between different institutions working in the same area can lead to:

- Time loss
- Mismanagement of resources
- Redundant provision of services that are not needed

Co-funded by the European Union

Additionally, necessary services may fail to reach those in need, which is a direct consequence of poor coordination among teams.

6.2. Collaboration with Local Authorities and Health Units

Local authorities play a key role in managing a region after a disaster. Municipalities and district offices often have the most up-to-date needs assessment of the area. These local structures are primarily responsible for:

- Infrastructure
- Transportation
- Logistics
- Temporary shelter
- Management of collective spaces

Health units provide:

- Emergency response
- Triage

- Epidemic control
- Psychosocial support
- Preventive and protective health services

Effective collaboration with these local actors requires a joint needs assessment. During this assessment, the scope of volunteers' authority should be defined. Sharing updated information with local actors after this assessment facilitates the placement of mobile clinics and management of patient flow.

6.3. Working with Civil Society and Community Organizations

Local NGOs, neighborhood head offices, and community leaders are well-acquainted with the socio-cultural and geographical dynamics of the region, providing significant advantages in identifying the needs of affected populations.

These local organizations are valuable in:

- Collecting information
- Providing support
- Establishing trust with local communities

When working with local NGOs, important considerations include:

- Ethical and secure handling of beneficiaries' data
- Clear distribution of tasks and responsibilities among field staff
- Clear definition of roles, especially in densely affected areas

6.4. Resource and Role Sharing

Resources in disaster and crisis zones are limited. Efficient sharing of equipment, food, tents, vehicles, personnel, and similar resources increases the effectiveness of interventions.

In particular, coordination of material and personnel is critical for field hospitals and mobile health teams. During the crisis, it is essential to define:

Co-funded by the European Union

- Who does what
- Which institutions provide which resources
- Who is responsible for which areas

Establishing the chain of command from the outset is crucial to prevent potential problems and ensure efficient use of resources.

6.5. Meeting and Reporting Mechanisms

Coordination meetings should be held daily, or at least every two days. These meetings allow:

- Sharing updates from the field
- Assessing the current situation
- Identifying new risks and needs promptly
- Reducing duplication of efforts
- Enabling rapid inter-institutional decision-making

The result is an improvement in the quality of services provided in the disaster area.

Reporting should occur daily, weekly, and monthly. A shared reporting language among all service providers in the field ensures systematic transmission of case numbers, needs, observations, and risk areas.

6.6. Case Study: Coordination and Crisis Management in Pazarcık Field

Situation

Following the February 6, 2023 earthquake, a field hospital setup in Pazarcık was assigned.

A truck transporting field hospital tents from Germany broke down in Austria, delaying equipment arrival to the site by three days. Immediate medical services were required on-site.

Field Observation

Three newly delivered containers were seen at the edge of the hospital site. It was discovered that these containers were intended for doctors from a road aid company scheduled to arrive in the region two days later.

Coordination Step

The arrival time of the road aid team was confirmed by consulting the Turkish Ministry of Health field staff.

Permission was obtained to use the containers as temporary health units for two days.

Implemented Temporary Solution

The containers were quickly arranged to provide healthcare services, and the team began service delivery from day one.

The critical first 48 hours were managed without interruption thanks to the temporary structure.

Inter-Team Task Distribution

After the road aid team arrived:

- Road aid team: Mobile health services to surrounding villages
- German team: Health services in the central area

This distribution was determined through a short coordination meeting and mutual agreement.

Field Hospital Setup

When the tents arrived, all health teams jointly completed the setup of the field hospital.

6.7. Medication Management and Pharmacy Unit

Vacated containers were repurposed as a pharmacy unit based on decisions made during coordination meetings. All medications from field teams were

Co-funded by the European Union

collected and systematically recorded in this unit. Inventory management, traceability, and distribution processes were significantly improved.

Conclusion:

This case demonstrates the critical role of:

- Rapid problem-solving,
- Institutional coordination,
- Flexible resource utilization, and
- Collaboration between national, local, and international stakeholders

...in ensuring uninterrupted service delivery in disaster settings.

6.8. Case Study: Inter-Agency Coordination Conflict

Scenario:

In a disaster site where multiple organizations were operating, a dispute arose in the shared area of temporary structures regarding team placement.

- One organization began preparing to place portable toilets near its temporary structures.
- The field officer from another organization objected, considering it inappropriate.
- The first team insisted there were no feasible alternatives, leading to a short but intense conflict.
- The second organization's officer bypassed the usual chain of command and escalated the issue directly to top management.

Outcome:

The local health authority, citing the communication style and breach of authority protocols, requested the removal of the external team from the field.

Lesson:

This case illustrates that failure to respect communication protocols, coordination procedures, and hierarchical processes in disaster settings can completely halt service delivery.


Funded by the European Union
AID
INTERNATIONAL DOCTORS
ANDCTR
EMPOWERMENT OF PSYCHOSOCIAL SUPPORT SERVICES IN POST-DISASTER COMMUNITIES:
A FOCUS ON PROFESSIONAL DEVELOPMENT

7

Misinformation in Disaster Settings

In post-disaster contexts, the rapid flow of information can easily mix accurate and inaccurate messages, directly affecting the psychosocial well-being of affected communities. Misinformation not only disrupts operational processes but also undermines trust within communities, impairs decision-making mechanisms, and significantly reduces the effectiveness of humanitarian interventions. Therefore, ensuring the reliability of information is a critical priority in disaster management.

7.1. Understanding Misinformation

In disaster contexts, misinformation can distort individuals' risk perception, leading to irrational behaviors, unnecessary panic, and misdirected aid. Research indicates that false information spreads particularly quickly during periods of uncertainty and high stress. This undermines social cohesion and can cause critical errors in health, safety, and logistics. Additionally, the spread of rumors increases community polarization and slows post-disaster recovery processes.

Co-funded by the European Union

7.2. Methods for Information Verification

Ensuring the accuracy of information in disaster settings is a fundamental element of effective crisis management. Verification should not rely on a single source but instead employ a **multi-source verification** approach. International humanitarian standards recommend cross-checking information using different, independent sources (Sphere Association, 2018).

Multi-source verification involves evaluating the reliability of sources, comparing information with local authorities and technical experts, analyzing field data alongside community feedback, and confirming information with independent witnesses. Literature shows that unverified information deepens crises, increases panic behavior, and reduces response capacity. Robust verification mechanisms thus strengthen community trust and maintain a healthy flow of information.

7.3. Community Meetings and Announcements

Community-based communication is one of the most effective methods to prevent misinformation. Regular informational meetings help reduce the sense of uncertainty among disaster-affected individuals and prevent the spread of false information. During these meetings, it is crucial to use simple language, ensure that the content is easily understood by everyone, and communicate announcements equally to representatives of different community groups. Recognizing community leaders as reliable sources of information further strengthens the integrity of the information being shared.

7.4. Proper Use of Social Media

Social media is a dual-purpose tool in disaster situations: it enables rapid information flow but can also cause misinformation to spread quickly. Therefore, proper use of digital platforms is particularly important for crisis communication. Verified posts from official accounts help reduce misinformation and build trust within communities. Conversely, the spread of unverified content disrupts operational processes and complicates resource management in disaster-affected areas.

7.5. Strategies for Correcting Misinformation

Correcting misinformation requires a multi-layered communication strategy, not merely highlighting the inaccuracy. During crises, false information spreads much faster than verified information, making it crucial for correction mechanisms to be both rapid and evidence-based. According to the World Health Organization's outbreak communication guidelines, effective correction involves explaining why the misinformation

Co-funded by the European Union

is incorrect while presenting accurate information clearly, empathetically, and in an actionable manner. This approach helps prevent misinformation from persisting in the mind due to cognitive consistency mechanisms. The principle of "non-repetition" is important in this process; repeating the false content may inadvertently propagate it. Instead, the correct and alternative explanation should be emphasized. Community leaders and local actors play a critical role in preventing the spread of misinformation. Rumors spread through social trust networks, so the correction process should not only rely on institutional channels but also leverage trusted community members. This approach increases message acceptance and accelerates the dissemination of accurate information.

7.6. Case Study

In a disaster area, rumors began to circulate that aid distribution lists were being provided preferentially to certain groups. This claim created distrust within the community and caused significant disruptions in distribution processes. Investigations revealed that the lists were entirely based on needs prioritization. This case demonstrates the critical importance of transparent process management and clear communication in combating misinformation.


DEPREM ACİL YA
TÜRKİYE 202
AID
ALLIANCE OF INTERNATIONAL DOCTORS
ULUSLARARASI DOKTORLAR DERNEĞİ
MÜNCHEN
TOMMY HILFIGER
EST. 1985

8

Example Activities and Activity Recommendations

The activity recommendations in this section are compiled based on IFRC (International Federation of Red Cross and Red Crescent Societies) field standards and our experience in Adıyaman following the Kahramanmaraş-centered earthquakes. The main objective is not merely to play games but to provide children with a safe environment, establish routines, and protect them from physical and emotional risks.

8.1. Sample Activities for Children

According to the IFRC report *"Child-Friendly Spaces in Emergencies"*, the primary purpose of activities is to provide children with a safe environment, establish routines, and protect them from physical and emotional risks.

8.1.1. Routine and Structured Play

Children need predictability to cope with uncertainty during crises. IFRC findings indicate that providing children with predictable structures improves their well-being.

Field Experience (Adıyaman): After the earthquake in Adıyaman, we implemented this principle in play tents. Activities were held at the same time each morning, beginning with a "Good Morning Circle." Even knowing that they would go to the tent each morning helped children manage their anxiety amidst chaos.

8.1.2. Activities by Age Group

Young Children (Preschool and Early Primary): According to the IFRC, young children in crisis may regress, showing behaviors such as clinging to caregivers, thumb sucking, or bedwetting.

Field Observation: In Adıyaman, during aftershocks or rumors of earthquakes, children paused their activities and ran to caregivers. Some children would retreat to corners even in safe spaces like art workshops.

Co-funded by the European Union

Over time, with continued routines and safe space activities, these regressive behaviors noticeably decreased.

Adolescents (12–17 Years): IFRC lessons indicate that adolescents are often the most neglected group during emergencies. It is crucial to create spaces for them to socialize, not just play games. **Field Solution:** In the field, we observed that adolescents were disengaged and isolated. We organized volleyball and football tournaments specifically for them and created "mock café" spaces where they could sit, chat, and share experiences with peers. These spaces were critical for self-expression.

8.1.3. Inclusivity (Children with Disabilities)

Activity areas must be designed to include children with physical or cognitive disabilities. IFRC standards mandate intentional action and planning to ensure inclusivity.

Self-Reflection and Learning: Initially, we had not pre-planned for children with disabilities during the crisis's peak intensity. Over time, we a

8.2. Group Activities for Adults

Activities for adults are based on the "Link" principle in the WHO Psychological First Aid (PFA) guide. The primary goal is to strengthen individuals' coping mechanisms and break social isolation.

Conversations Promoting Positive Coping Strategies: According to the WHO guide, everyone has natural coping methods, and individuals should be encouraged to recall and use these strengths. **Field Experience (Adıyaman):** Although we did not have clinical expertise to conduct "formal" group sessions, we witnessed the healing power of naturally flowing conversations. During tent visits, disaster-affected individuals welcomed us with hospitality and spent minutes sharing their experiences, which acted as a natural "emotional ventilation" method. These visits allowed them to feel like empowered individuals, not just "aid recipients."

Reviving Social Support Networks and Engagement

ctivities: Spending time with family and neighbors is critical for strengthening social bonds. Bringing together people with similar experiences to discuss daily life practices helps prevent isolation. **Field Application (Women):** We organized "knitting workshops" where women could participate without children. These workshops served as a safe space for socialization and mutual support rather than a production activity. **Field Observation (Men):** Unlike women, we did not plan specific psychosocial activities for men. The different ways men express emotional needs made it difficult to conduct a general needs analysis. This was noted as an area for improvement in future interventions.

Participation and Decision-Making Processes: WHO and IASC guidelines recommend including affected communities in decision-making (participation).

Field Experience: We conducted regular meetings with adults in the tent city to identify problems and gaps. Approaching them not merely as aid recipients but as partners in problem-solving helped break the sense of passivity caused by the disaster and restored a sense of control and agency.

Co-funded by the European Union

8.3. Community Resilience Activities

Supporting a community's capacity for self-recovery is essential. The WHO guide recommends enabling people to help themselves.

Cultural and Spiritual Rituals: Beliefs and rituals play a critical role in meaning-making and hope during crises.

Field Observation: Although direct intervention was limited due to the scale of the activities, we observed that condolence tents and collective prayer areas organized in collaboration with community leaders and state institutions were vital in ensuring that individuals did not experience grief alone. As noted in the WHO PFA guide, respecting and facilitating faith practices is an essential part of psychosocial recovery.

Mutual Aid and Shared Responsibility in Communal Areas: According to WHO, helping others or participating in community tasks during a crisis restores a sense of control and alleviates stress.

Field Observation and Good Practice Example (Adıyaman): We observed the psychological impact of physical conditions through hygiene areas.

Problem: In the first days, toilets and bathrooms were used by everyone and thus effectively "owned by no one." Poor lighting and lack of ownership caused these areas to become dirty and unusable, increasing feelings of helplessness and anger.

Solution and Transformation: The tent city management divided the area into sections and assigned responsibility for specific toilets to particular tent groups.

Outcome: Assigning responsibility fostered a sense of ownership. People began to clean, maintain, and use their areas more carefully. This not only improved hygiene but also restored a sense of control over their living spaces amidst uncertainty.

Co-funded by the European Union

8.4. Information and Guidance Activities

According to the WHO PFA guide, access to accurate information is a fundamental need during crises, as uncertainty increases anxiety while correct information builds trust.

Preventing Misinformation and Managing Rumors: When official information flow is interrupted, rumors fill the gap. The WHO guide emphasizes that rumors can spread widely and that aid workers must provide verified information in response to uncertain sources. **Field Experience and Case Analysis (Adıyaman):** We experienced firsthand how misinformation can lead not only to confusion but also to physical conflict and service disruption.

- **Incident:** Rumors in the tent city suggested that security forces harassed young girls, escalating to a physical altercation between a father and a staff member.
- **Impact:** Due to this tension and the network of unverified rumors, aid workers were prohibited from meeting with the young girls, severely restricting our operational area.
- **Lesson:** Even if events are later clarified, a lack of proper information flow can paralyze services. Regular "information verification meetings" with community leaders are therefore vital.

Service Mapping and Visibility (Guidance): Helping people access essential services is part of psychosocial support. The IFRC report recommends posting visual materials (posters, signs) in visible locations, particularly for children and those who cannot read.

Field Observation and Needs Assessment: We encountered many elderly people lost in the maze-like structure of the tent city, as well as children who could not locate their tents.

Implementation Recommendation: As per IFRC standards, large directional boards using visual icons (e.g., a plate for food, a crescent for a doctor) should be placed at key intersections to prevent disorientation and secondary trauma. Additionally, clear referral pathways for unaccompanied children should be visibly posted.

Co-funded by the European Union

8.5. Case Study

Title: "From Production to Recovery: Creating Social Spaces for Women"
Context: In the tent city established after the earthquake, it was observed that women spent their days confined in shrinking living spaces (tents), occupied with childcare and household tasks, with no private area of their own. Many women reported feelings of "worthlessness" and were found to continuously ruminate on traumatic memories.
Problem: Social isolation began among adult women, and the grieving process started to be experienced inwardly. As highlighted in the WHO PFA guide, the breakdown of social bonds is one of the most significant factors delaying recovery.

Intervention: Upon women's request, the psychosocial support team established a "Knitting and Conversation Tent."

Structure: This space was designed not as a clinical therapy area but as a "neighborhood space."

Process: Yarn and knitting needles were provided. Women began crafting while simultaneously engaging in tea/coffee conversations.

Critical Touch: Team members acted not as "instructors" but as guests, accepting hospitality. This allowed women to move beyond their "disaster-affected" identity and remember themselves as "hosts/empowered individuals."

Outcome: Women participating in the workshop developed a sense of "healing together." Listening to each other's grief stories helped them feel less alone. The crafted items helped them regain a sense of control and competence. This practice created a natural support mechanism aligned with IFRC's principle of "community-based protection."

Lesson Learned: Sometimes the most effective psychosocial intervention is not a professional technique but providing a safe gathering space that aligns with cultural codes (hospitality, handicrafts).

Co-funded by the European Union

8.6. Case Study

Title: "The Healing Power of Movement: Outdoor and Music Activities"
Context: Due to limited indoor space, activities within the tent were restricted to preschool children. However, school-age children (6–12 years) needed a safe area to expend physical energy, as they were observed wandering aimlessly between tents.

Problem: Stress from the disaster manifested in children as physical tension, aggression, and irritability. IFRC reports indicate that children over six years of age (middle childhood) need organized physical activities in addition to drawing.

Intervention: The wide open space adjacent to the tent was organized as a "Song and Dance Area."

Activity Variety: Musical dances, jump rope, and dodgeball were organized as group games.

Accessibility: The space was strategically utilized to allow multiple groups (jump ropers, dancers) to be active simultaneously without creating "waiting line" stress.

Continuity: Activities were carried out in long cycles of music and movement.
Outcome and Case Example: The effect of physical discharge on children's mental health was observed in a concrete case.

- **Case:** A parent of an 8-year-old child reported that in the initial days after the disaster, the child became very aggressive, impatient, and woke up at night crying and going to the parent.
- **Development:** After regular participation in outdoor musical dances and dodgeball games, the parent reported a significant reduction in these behaviors, particularly night fears and aggression, and thanked the team.
  Lesson Learned: Recovery for children is achieved not only through "talking" but also through "moving." Music and dance are among the most effective and natural tools for releasing traumatic stress from the body.

Co-funded by the European Union

9

Compliance with Sphere Standards

9.1. What is Sphere?

Sphere is a global set of standards aimed at ensuring that post-disaster humanitarian interventions are carried out according to principles of quality and accountability. The core principle underpinning the guide is "to protect human dignity." These standards consist of the Humanitarian Charter, Protection Principles, and minimum standards specific to humanitarian sectors. Sphere defines a holistic humanitarian approach that safeguards the rights of disaster-affected communities.

9.2. Relevance to Psychosocial Work

Psychosocial support activities are directly related to Sphere's protection principles. The guide emphasizes the humanitarian responsibility to support the "well-being" of individuals. This approach highlights that

Co-funded by the European Union

psychosocial support is as vital as physical assistance. Psychosocial interventions are integrated into the Sphere framework as processes that strengthen community resilience, support individuals' emotional and social functioning, and prioritize personal safety.

9.3. Ensuring Sphere Compliance in Psychosocial Interventions

Sphere requires that psychosocial interventions are conducted on an ethical framework based on "do no harm." During interventions, individuals' safety, privacy, and rights are protected.

Key Practices for Compliance:

Application of Protection Principles

Activities focus on creating safe spaces, preventing discrimination, and respecting individual dignity.

Strengthening Community Participation

The guide recommends practices that support individuals' participation in their own well-being. Therefore, collaboration with community leaders, capacity building at the local level, and participation in decision-making processes are essential.

Support for Vulnerable Groups

The needs of children, the elderly, persons with disabilities, and socially disadvantaged groups are prioritized.

Observance of Ethical Framework

Principles such as confidentiality, informed consent, and equal access are core components of psychosocial interventions.

Monitoring and Feedback Mechanisms

Programs are regularly evaluated and adapted based on feedback from community members.

9.4. Case Study: Post-Earthquake Child-Friendly Space Implementation

After a major earthquake, a child-friendly safe space was established in temporary shelter centers to address increasing anxiety and behavioral issues among children. The implementation was designed based on the principles of “strengthening participation” and inclusivity.

The area was structured with arrangements ensuring physical safety, designated private spaces for consultations, and activities suitable for each child’s participation. A referral mechanism was developed to direct at-risk children to psychosocial counseling services.

This initiative reduced children’s stress levels, increased social interaction, and supported families’ coping strategies.

Co-funded by the European Union

9.5. Case Study: Post-Flood Mobile Psychosocial Teams

Following a flood disaster, damaged infrastructure prevented many villages from accessing services. Mobile psychosocial support teams were therefore established and visited villages at regular intervals.

Interventions were structured in accordance with Sphere's principles of equal access and protection. Vulnerable groups such as pregnant women, the elderly, and persons with disabilities were prioritized. Group support sessions, psychoeducation, and individual consultations were conducted while maintaining transparency and informed consent in information-sharing processes.

This practice enhanced community resilience, particularly in hard-to-reach areas, and accelerated the post-disaster recovery process.

References

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work,* 52(1), 63–70.

Bonanno, G. A., Brewin, C. R., Kaniasty, K., & La Greca, A. M. (2010). Weighing the costs of disaster: Consequences, risks, and resilience. *Psychological Science in the Public Interest,* 11(1), 1–49.

Figley, C. R. (1995). *Compassion fatigue: Secondary traumatic stress disorders from treating the traumatized.* Brunner/Mazel.

Hobfoll, S. et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention. *Psychiatry,* 70(4), 283–315.

IASC. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.* Inter-Agency Standing Committee.

Kohrt, B. A. et al. (2014). Cultural concepts in disaster mental health. *International Review of Psychiatry,* 26(6), 528–538.

Norris, F. H., Friedman, M. J., & Watson, P. J. (2002). 60,000 disaster victims speak: Part I. An empirical review. Psychiatry, 65(3), 207–239.

Sphere Association. (2018). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response.*

UNDRR. (2020). *Terminology: Disaster definitions.* United Nations Office for Disaster Risk Reduction.

WHO. (2013). *Building back better: Sustainable mental health care after emergencies.* World Health Organization.

WHO. (2016). *Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity.*

Co-funded by the European Union

Contributors / Thanks

Ayça Yıldırım

Fatma Rana Argun

Şeyma Sevim

Nourhan Hassanien

Abdülhamit Aydın

Muhammed İkbal Çete

Beyzanur Küçükgüzel

Beyzanur Paşahan

Burak Gündoğan

Cristian Ostafe

Madalina Ostafe

Ebru Sofi

Co-funded by the European Union

AID Uluslararası
Doktorlar Derneği
Derviş Ali, Aktar Kerim Sk.
No:21, 34087 Fatih/İstanbul

0212 53310 13
info@doctors.org

AID
ULUSLARARASI
DOKTORLAR