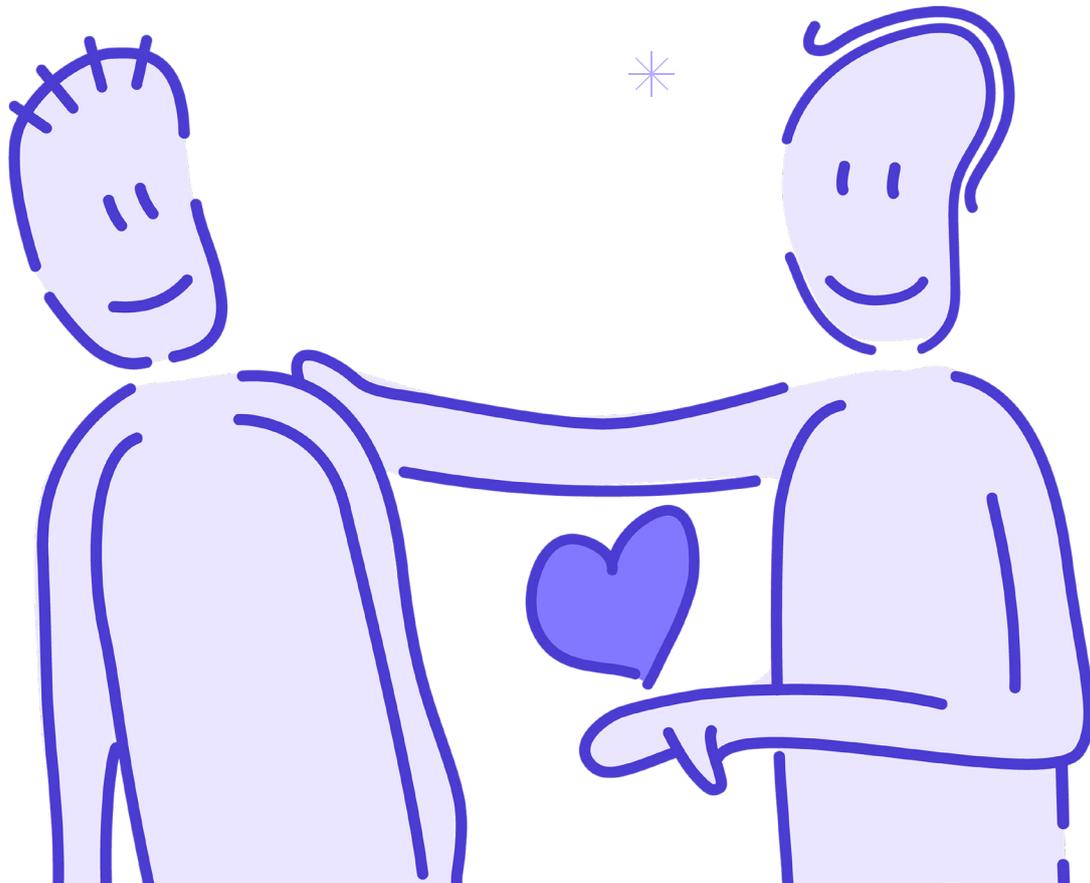


# Side by Side

 ZURICH *Foundation*



## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) RESPONSE HANDBOOK



FOR POST-DISASTER AND EMERGENCY SETTINGS



# Side by Side

 ZURICH<sup>®</sup> *Foundation*

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) RESPONSE HANDBOOK FOR POST-DISASTER AND EMERGENCY SETTINGS

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# Yan Yanayız

Z ZURICH Foundation

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# 1. INTRODUCTION





## 1.1 Purpose and Scope of the Handbook

This manual serves as a practical resource for professionals, volunteers, and institutions involved in Mental Health and Psychosocial Support (MHPSS) interventions following disasters and emergencies. Its primary objective is to outline a principled framework for action that supports the psychosocial wellbeing of individuals and communities affected by crisis. It offers step-by-step guidance, reinforced by actionable methods and illustrative examples of good practice.

The content includes detailed guidance on planning and implementing both individual and group-based psychosocial support interventions in the medium and long term. It draws on field experience and learning generated through the Side by Side (“Yan Yanayız”) Project, implemented by Needs Map (“İhtiyaç Haritası”) in collaboration with Zurich Insurance Group Türkiye and with the support of the Z Zurich Foundation.

Developed in alignment with international humanitarian principles, ethical standards, cultural sensitivity, and the “do no harm” approach, this manual is informed by scientific evidence, field-based insights, and globally recognized reference documents in the field of MHPSS.

**At the same time, it is important to note that the field practices described in this manual are drawn from fieldwork conducted in the specific cultural contexts of regions such as Hatay and Kahramanmaraş in Türkiye.** Hatay is characterized by its deep multicultural fabric, where different religious and ethnic communities have coexisted for centuries, shaping a strong tradition of solidarity and coexistence. Kahramanmaraş, on the other hand, is marked by strong family ties, traditional crafts, literary heritage, and a resilient social structure rooted in more homogenous cultural dynamics. While these examples illustrate effective approaches, every practitioner is encouraged to adapt interventions to the unique cultural dynamics, needs, and resources of the community they serve. Developing culturally sensitive responses is essential to ensuring that psychosocial support is both respectful and effective in diverse settings.

## 1.2 The Role and Mission of Needs Map

Established in 2015 as a non-profit social cooperative, Needs Map (“İhtiyaç Haritası”) uses mapping technologies and community-based verification to foster solidarity and support in fields such as education, health, and arts and culture.

The platform connects people in need with individuals, institutions, and organizations willing to offer support. To date, it has helped meet over 10 million individual needs, generating a social impact equivalent to approximately 497 million Turkish lira in shared value. Since its inception, the platform has been used by more than 120,000 members, over 350 civil society organizations, 70+ private sector actors, and hundreds of public institutions.

Needs Map plays an active role in disaster and emergency response, from the onset of a crisis through to recovery. In humanitarian crises such as earthquakes, floods, fires, and armed conflict, it conducts field-based needs assessments, mobilizes essential supplies, and coordinates equitable delivery to affected populations. Its use of digital tools in disaster response ensures that limited resources are allocated fairly and efficiently. Domestically, it has responded to the Elazığ Earthquake, Kastamonu Flood, wildfires in İzmir, Hatay, and Antalya, and the Kahramanmaraş Earthquake. Internationally, it has carried out field missions in response to the Ukraine Humanitarian Crisis, the Morocco Earthquake, and the Valencia Floods.

Through the Side by Side (“Yan Yanayız”) Project, implemented in partnership with Zurich Insurance Group





Türkiye and supported by the Z Zurich Foundation, Needs Map has gained significant knowledge and experience in providing psychosocial support during crises, both online and in-person. These insights—especially those relevant to working with vulnerable populations—have been integrated into this manual in the form of practical methods and theoretical frameworks. The overarching aim is to promote effective and culturally sensitive psychosocial interventions in post-disaster settings.

### 1.3 Zurich Insurance Group Türkiye

Zurich Insurance Group (Zurich) is one of the world's leading insurance companies, with over 150 years of history and a wide portfolio of insurance services. Today, Zurich operates in more than 200 countries and territories and serving over 75 million customers.

Operating in Türkiye since 2008, Zurich Türkiye pursues its sustainability strategy in line with the Zurich's 'People, Customer and Planet'–focused framework. This approach is based on generating positive impact across the value chain, enabling units to act with a shared vision, and integrating the principles of sustainable development into business processes. The United Nations Sustainable Development Goals (SDGs) are taken into account; through community investment projects and implementations within business units, eight of these goals are directly supported.

The Z Zurich Foundation (The Foundation), which implements Zurich Insurance Group's global community investment strategy, operates in four main areas: climate adaptation, mental wellbeing, social equity, and crisis response. In line with this global framework, concrete and sustainable projects are carried out in collaboration with the Foundation:

Believing that the best insurance policy for societies is investment in women and children, the "Our Teachers: Insurance of Education" project, launched in 2018 in collaboration with Zurich Türkiye, Z Zurich Foundation, Turkish Education Association (TED) and the Ministry of National Education (MoNE), aims to support the personal and professional development of women teachers appointed to rural areas in the early years of their careers. The project seeks to increase young teachers' access to educational resources, help them make a stronger start to the profession, and enable them to create social impact in the regions where they serve. In addition, through the project, both teachers and students find opportunities for development with a social-entrepreneurial perspective; while quality education is supported, the transformation created in rural areas contributes to sustainable development.

Strengthening mental health is one of the most important components of societal resilience. In line with this often-overlooked need, the "Side by Side" project, launched in 2022 in partnership with Zurich Türkiye, Z Zurich Foundation and Needs Map, aims to put individuals' wellbeing at the center. Initiated by providing support to healthcare workers and teachers during the pandemic, the efforts continued after the earthquakes of February 6 with psychosocial support services for disaster-affected regions. At the heart of the program is enhancing the psychological resilience of disaster responders and individuals affected by disasters, and making the expert support they need accessible.

Zurich Türkiye invests in projects that aim to reduce the impacts of climate change on communities and strengthen local resilience. Launched in 2023 in İzmir through the collaboration of Zurich Türkiye, Z Zurich Foundation, İzmir Metropolitan Municipality and ICLEI – Local Governments for Sustainability, the "Climate Resilience for Communities" project contributes to building a community structure that is prepared for, adaptable to, and sustainable in the face of climate-related disasters. Within the scope of the project, work is carried out with local stakeholders to raise risk awareness, support capacity development, and develop long-term adaptation solutions.

In the area of disaster response, priority is given to strengthening social solidarity during natural disasters





and emergencies; in periods such as earthquakes and wildfires, in-kind and cash support programs are implemented, and on-the-ground efforts are supported through employee volunteering.

In the projects carried out, priority is given to practices that support the empowerment of women in society and in the workplace; this approach is reinforced through collaborations with associations working for women's empowerment.

It is believed that preserving cultural heritage creates lasting value for society. With this understanding, since 2014 the insurance sponsorship of İstanbul Kültür Sanat Vakfı (İKSİV) has been undertaken; through the "Dünden Bugüne Türk Klasikleri" project, important works of Turkish cinema are restored and carried into the future. To date, 10 landmark films have been renewed and presented to audiences.

All these efforts are carried out with an understanding that brings together insurance expertise and the responsibility to generate social benefit. In line with the goal of "creating a brighter future together," financial strength is preserved while sustainable value continues to be created for employees, customers, business partners, and society.

#### 1.4 Z Zurich Foundation (The Foundation)

The Z Zurich Foundation collaborates with Zurich Insurance Group employees, civil society partners, governments, and NGOs to build a future where people can thrive despite growing climate-related challenges and crises. It envisions a world where those experiencing life's pressures are empowered to raise their voices, and where marginalized groups are supported to reach their full potential.

Established in Switzerland by members of the Zurich Insurance Group, the Foundation serves as the primary vehicle through which the Group delivers its global community investment strategy.

To learn more about the Foundation's mission and initiatives, visit:

<https://zurich.foundation>

You can also follow Z Zurich Foundation on

[LinkedIn](#)   [Facebook](#)   [Instagram](#)   [YouTube](#)





## 1.5. Side by Side Project

Launched in 2022 as a response to the rising mental health needs during the pandemic, the Side by Side (“Yan Yanayız”) Project was initially developed as an online platform offering individual mental health and psychosocial support (MHPSS) sessions to teachers and healthcare workers—two professional groups heavily impacted by the pandemic.

Following the devastating Kahramanmaraş earthquakes on February 6, 2023<sup>1</sup>, the platform was restructured and expanded to provide support to affected individuals, volunteers, and disaster response personnel.

At the beginning of 2024, three psychosocial support centers were opened in the most severely affected provinces of Hatay and Kahramanmaraş, including two located within Needs Map Container Living Areas.



Through these centers, individual and group sessions were provided—especially for residents of container cities—by teams specialized in trauma, grief, and disaster psychology.

These spaces were not only used for psychosocial support sessions but also functioned as community hubs where knowledge exchange, cultural rituals, and solidarity-based gatherings were held. Sessions aimed to reinforce internal community support mechanisms and strengthen collective resilience and wellbeing.

To improve accessibility, a mobile support approach was also adopted. This enabled teams to reach different container settlements, especially individuals without access to MHPSS services such as those who had lost limbs or belonged to other vulnerable groups.

As part of the “Disaster Worker” component of the Side by Side Project, specific activities were designed for volunteers and disaster personnel directly interacting with affected populations. These initiatives aimed to protect psychological resilience and enhance the delivery of effective support services. In collaboration with public institutions and NGOs, both online and face-to-face psychoeducation sessions and structured group meetings were organized to create safe spaces for peer connection and wellbeing.

<sup>1</sup> The February 6 Earthquakes affected 11 provinces across Türkiye, impacting approximately 14 million people.





Providing strong and sustainable support in the face of future disasters is only possible through effective preparedness. To this end, the project aimed to establish a volunteer network of psychosocial support professionals with field experience. During the implementation period, internship opportunities were offered at the Side by Side Psychosocial Support Centers to undergraduate students and early-career professionals studying in fields such as psychology, guidance and psychological counseling, and social work.

Volunteers who participated in the internship program actively contributed to Mental Health and Psychosocial Support (MHPSS) activities for at least one month. Through this experience, they enhanced their professional development and gained the knowledge and skills necessary to take on psychosocial support roles in future disaster settings, whether in a voluntary or professional capacity.

The organizational model of the Side by Side Project allowed for effective coordination at both regional and national levels. The Project Coordinator was responsible for the strategic planning and overall guidance of MHPSS activities across the country. Working directly with specialized teams, the Coordinator ensured effective communication and operational flow.

Each Psychosocial Support Team consists of the following staff:

- **Antakya PSS Center:** 2 Psychosocial Support Specialists, 1 Field Operations Specialist
- **Samandağ PSS Center:** 2 Psychosocial Support Specialists, 1 Field Operations Specialist
- **Kahramanmaraş PSS Center:** 2 Psychosocial Support Specialists, 1 Field Operations Specialist
- **Staff Care Program (Online) PSS Team:** 4 Psychosocial Support Specialists

The Field Coordinator managed operations in Hatay (Antakya and Samandağ) and Kahramanmaraş, overseeing planning, reporting, and partnerships with local stakeholders. They worked closely with psychosocial support (PSS) specialists and field operations staff to ensure coherent and impactful service delivery.

- The Staff Care Program Coordinator was responsible for designing and implementing activities to promote the emotional wellbeing and professional sustainability of frontline staff. They coordinated the responder support team and built collaborations with relevant institutions.

### The Power of Working with Local Specialists

## GOOD PRACTICE



In Hatay and Kahramanmaraş, many of the specialists delivering psychosocial support were originally from or long-term residents of these areas. This approach significantly enhanced cultural relevance, trust-building, and community engagement.

These local professionals were attuned to the region's social dynamics and community sentiments, allowing for more responsive and empathetic support. In group sessions themed around trauma, grief, and solidarity, their shared experiences fostered a stronger sense of connection and understanding within the community.

Hiring local specialists also contributed to strengthening local capacities, laying the foundation for a sustainable and long-term MHPSS response system.

On the other hand, as these specialists were also directly affected by the disaster, their living conditions, trauma exposure, and psychological wellbeing should be carefully considered, with effective support and supervision mechanisms in place when needed.



## 2. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Sizi çok



Seviyorum



Keşke hep  
bizimle etkinlik

yaparsanız :)



Children's handwriting (Top): I love you very much

Children's handwriting (Below): I wish you would always organize events with us :)



This section presents key theoretical foundations that underpin psychosocial support interventions, alongside selected lessons learned and field practices from the Side by Side Project. Understanding this theoretical framework is essential for all professionals involved in planning and delivering MHPSS activities, as it provides guidance on the rationale and structure of effective interventions.

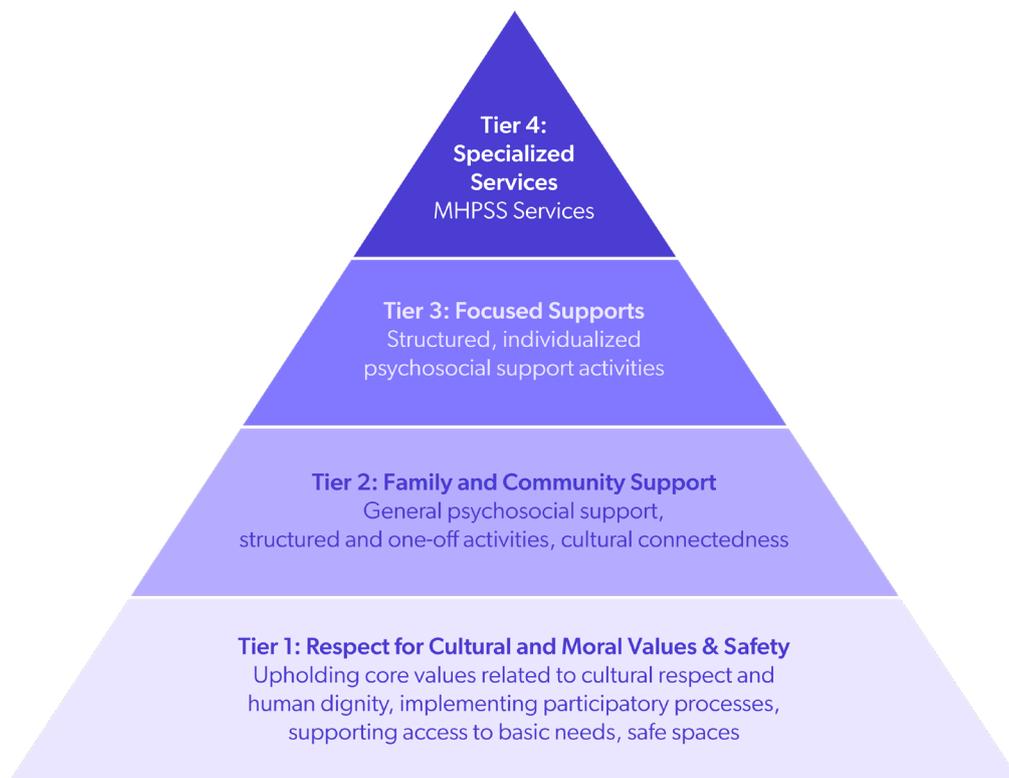
## 2.1 Definition and Significance

The term *psychosocial* refers to the dynamic interaction between psychological, social, and environmental factors that influence individual wellbeing. Psychosocial support (PSS) encompasses a range of interventions that address both the emotional and social needs of individuals in crisis settings.

Emergencies, disasters, and humanitarian crises disrupt not only physical safety but also the mental and emotional wellbeing of individuals and communities. People affected by such events often face intense stress caused by loss, violence, trauma, and uncertainty (WHO, 2019).

Psychosocial support plays a dual role in such contexts: it helps individuals cope with emotional distress while also contributing to the restoration of social cohesion within communities. The impact of traumatic events is not limited to the immediate aftermath—they often carry mid- and long-term consequences. For this reason, MHPSS interventions must go beyond immediate relief efforts and be designed to foster sustainable wellbeing over time.

The Mental Health and Psychosocial Support (MHPSS) Pyramid (see *Figure 1*) provides a structured framework for addressing the diverse needs of crisis-affected populations. The model emphasizes a layered system of care, where interventions are organized across multiple levels—from basic services and community support to specialized care—ensuring that responses are both comprehensive and contextually appropriate (UNICEF, 2018).



**Figure 1. Mental Health and Psychosocial Support (MHPSS) Pyramid**





At the base of the MHPSS pyramid lies the provision of basic needs such as food, water, shelter, and physical safety. Without a sense of security, psychosocial interventions are unlikely to be effective. This foundational level also includes the delivery of humanitarian aid in ways that uphold human dignity and the activation of community-based support systems (Sphere Association, 2018).

The second tier involves family and community support mechanisms. Social solidarity within the community enhances individuals' resilience to trauma. At this level, targeted support programs for children, caregivers, and educators become especially important. Group activities, community gatherings, and recreational initiatives help accelerate psychological recovery.

The third tier introduces focused, non-specialized psychosocial support. At this stage, trained community workers and volunteers provide emotional support to individuals in distress. Interventions include psychological first aid for people affected by trauma, the creation of safe spaces for women and children, and assistance in resolving localized crises. These efforts help individuals stabilize without requiring clinical mental health interventions.

At the top of the pyramid are specialized mental health services. Some individuals may require advanced and sustained support from mental health professionals. This includes psychotherapy, psychiatric care, medication, and long-term rehabilitation delivered by specialists such as clinical psychologists and psychiatrists.

The effectiveness of this multi-layered system depends on the integration and coherence of all levels. Without a strong foundation at the base, services offered at the top of the pyramid may fall short. For example, for someone to benefit from trauma counseling, they must first have their basic needs met and access to a supportive community and basic psychosocial services (UNICEF, 2018). Therefore, psychosocial support efforts must be designed not only for individuals but also to reinforce the community structures around them.

The goal of MHPSS programming is not limited to providing psychological first aid during crises. It also involves enhancing the long-term resilience of individuals and communities. For people to regain stability after a crisis, sustainable support systems must be developed. Rebuilding trust and solidarity within the community is one of the most powerful contributors to renewed hope and recovery. As such, psychosocial support should involve not only mental health professionals but also humanitarian workers, educators, social workers, and community leaders (IASC, 2007).

The MHPSS pyramid serves as a guiding framework for humanitarian actors and policymakers to assess the diverse needs of crisis-affected populations and to coordinate interventions accordingly (UNICEF, 2018). Its effective implementation is critical for minimizing the long-term impact of crises and fostering psychosocial wellbeing. Within the Needs Map programming, psychosocial support activities are implemented as a dynamic process that incorporates every layer of the MHPSS pyramid.

## 2.2. Mental Health and Psychosocial Impacts of Emergencies

Emergencies are traumatic events that leave profound psychosocial impacts on individuals and communities. Crises such as disasters, pandemics, conflicts, and natural hazards can lead to a range of stress responses in affected populations (WHO, 2019).

These responses may vary from mild and temporary anxiety to long-term psychosocial disruptions. People react differently to uncertainty, threats to safety, loss, and difficult living conditions (see Table 1). While some recover shortly after the crisis, for others, psychosocial effects may become more pronounced over time (IASC, 2007).





**Table 1. Mental Disorder Prevalence Estimates in Humanitarian Settings**

Type of Mental Disorder	Prevalence (%)
<b>Total Mental Disorders</b> (Depression, Anxiety, PTSD, Bipolar Disorder, Schizophrenia)	22,1
<b>Mild Mental Disorders</b>	13,0
<b>Moderate Mental Disorders</b>	4,0
<b>Severe Mental Disorders</b> (Schizophrenia, Bipolar Disorder, Severe Depression, Severe Anxiety, Severe PTSD)	5,1

*World Health Organization. (2022). Mental health and psychosocial wellbeing in humanitarian emergencies: WHO estimates of prevalence and burden of mental disorders in conflict-affected populations. Geneva: World Health Organization.*

Among the psychological responses that may emerge during emergencies are fear, anxiety, hopelessness, anger, sleep disturbances, difficulty concentrating, and social withdrawal. These effects tend to intensify when individuals do not feel safe or lack access to social support systems (Sphere Association, 2018). Vulnerable groups, such as children and older adults, are more likely to experience the impact of disasters more acutely and may require tailored support.

Beyond individual impacts, emergencies can also disrupt the broader social fabric. The breakdown of social structures, weakening of solidarity, and erosion of trust may further complicate recovery and adaptation processes.

It is well recognized that most stress reactions can resolve more quickly when individuals regain access to supportive environments or feel safe again (WHO, 2019). For this reason, post-emergency interventions must ensure access to psychological and social support systems. Psychosocial support services provided after disasters should be designed to help individuals process trauma, regain a sense of safety, and reestablish their social roles (UNICEF, 2018).

### The Importance of Preparedness for Disasters

## LESSONS LEARNED



Individuals' psychosocial resilience significantly influences how they navigate and recover from crises. For this reason, enhancing disaster preparedness capacity should be one of the primary areas of focus. When a disaster or emergency occurs, there is no time to build this capacity from scratch.

In the preparedness phase, it is recommended that professionals expected to work in the field of Mental Health and Psychosocial Support (MHPSS) complete essential trainings in advance. In addition, these trainings should not be limited solely to MHPSS content. A broader and more inclusive framework should be adopted to help professionals develop a holistic perspective on crisis and disaster contexts. Such an approach would enable them to assess each emergency situation through its unique dynamics and respond with greater sensitivity and contextual awareness.





The mental health and psychosocial impacts of emergencies are complex and multilayered. Implementing psychosocial support programs that address both the immediate and long-term needs of individuals affected by crises can significantly accelerate recovery at both personal and community levels. In particular, strengthening social support systems, preventing stigma, and promoting interventions that enhance psychological resilience are essential to safeguarding psychosocial wellbeing in the aftermath of emergencies (UNHCR, 2020).

### 2.3. Protection Protocols and Responsibilities in Disasters and Emergencies

Protection protocols in emergencies are designed to ensure the safety and uphold the rights of individuals affected by crises. Grounded in a human rights-based approach, these protocols prioritize the principles of “do no harm,” participation, and inclusivity (Sphere Association, 2018). During disasters and emergency contexts—where vulnerability increases, particularly among children, older adults, persons with disabilities, and other at-risk groups—it is essential that the responsibilities outlined in protection protocols are clearly understood at both institutional and individual levels and are implemented with diligence throughout all stages of the response (IASC, 2007).

#### 2.3.1 Core Operational Principles

All activities conducted in disaster and emergency contexts must adhere to ethical and protection standards and be guided by clear operational principles. Respect for human rights, the principle of do no harm, participatory approaches, and an inclusive, non-discriminatory stance form the foundation of these processes (Sphere Association, 2018). Adherence to these principles ensures that interventions are fair, effective, sustainable, and free from harm.

##### a. Respect for Human Rights and Equality

All activities should be implemented in a manner that upholds human dignity. Communities receiving assistance must have equal access to services regardless of religion, language, race, gender, age, sexual orientation, disability, or social status (UNHCR, 2020). The fundamental rights and freedoms of every individual must be respected and protected without discrimination. Special attention must be given to vulnerable groups who are often more affected by crises, such as children, women, older adults, and persons with disabilities (IASC, 2007).

#### Language Barriers and Lack of Interpreters

### LESSONS LEARNED



In the field implementation of psychosocial support activities, language barriers can become a significant obstacle when working with groups who speak different languages. This challenge is particularly evident in sessions involving refugees or foreign nationals, where difficulties in mutual understanding hinder participants’ ability to express themselves and receive support tailored to their needs.

In the absence of interpreter support, communication gaps may prevent the delivery of equitable and effective services. To address this, it is essential to understand the linguistic and cultural dynamics of the target community. Where necessary, interpreters fluent in local languages should be deployed and trained specifically for psychosocial support contexts.

If hiring professional interpreters is not feasible, engaging qualified volunteer interpreters or partnering with interpreter service providers may be considered. In addition, written and visual materials should be developed in plain, accessible language and translated into multiple languages to reflect the linguistic diversity of participants.





### b. Do No Harm

Although all interventions are intended to be beneficial, the primary principle that must always be observed during disaster response is to ensure that no harm is caused at any stage of the intervention. Before initiating any activity, potential risks that may cause harm during the process should be carefully assessed. Necessary precautions must be taken to eliminate these risks. Solutions should be developed and implemented to mitigate any potential harm (Sphere Association, 2018). If the risks cannot be adequately addressed, the planned intervention should be postponed, suspended, or redesigned with alternative methods. These efforts should always take into account both the short- and long-term impacts of the intervention, with a strong emphasis on respecting the community’s cultural values and beliefs.

### c. Participatory Approach

Communities should be actively involved in all stages of the intervention process, with particular attention paid to the perspectives and needs of individuals directly affected by the crisis. Involving community members in the design and implementation of programs increases their acceptance and long-term sustainability (UNICEF, 2018). Special care should be taken to ensure that vulnerable groups—including women, children, older adults, and persons with disabilities—are included equally and meaningfully in all participation efforts.

### d. Valuing Feedback

Accessible, understandable, and reliable feedback mechanisms should be established from the outset of any intervention. Creating safe spaces where individuals can share their complaints, suggestions, and concerns is essential. These mechanisms are critical tools for understanding community needs, evaluating the effectiveness of interventions, and making necessary adjustments to improve outcomes (IASC, 2007).

## Feedback Mechanisms

## GOOD PRACTICE



In the psychosocial support centers established under the Side by Side Project, multi-channel feedback systems were developed to enable participants to safely share their opinions, suggestions, and complaints. To ensure that these tools are used effectively and serve their intended purpose, all feedback channels were introduced to beneficiaries during the initial contact. The feedback system included the following components:

- **Face-to-Face Feedback:** Each session included designated time for verbal feedback and closure discussions. For children, this process was supported with creative methods such as emotion boards and [smiley face scales](#).
- **Feedback Boxes:** Anonymous, written feedback was collected through boxes placed in the psychosocial support centers. This allowed individuals to share feedback in a safe and secure manner. Child-friendly boxes were specially designed and placed at children’s eye level. All submissions were reviewed monthly. The process was as follows: two designated staff members per field site opened the boxes on specific dates, sealed all submissions in envelopes without reviewing their content, and mailed them to the ethics unit for review. These staff members signed confidentiality agreements to ensure ethical handling of feedback.





## Feedback Mechanisms

## GOOD PRACTICE



- **Mobile Feedback Boxes:** Portable feedback boxes were used in outreach and mobile field activities. These were placed in easily accessible locations by the field staff responsible for the event. During the group session's opening phase, right after introductions, the purpose, function, and usage of the feedback and complaint boxes were clearly explained to participants.
- **Email Feedback:** Beneficiaries could send their opinions, suggestions, and complaints at any time to [etik@yanyanayiz.com.tr](mailto:etik@yanyanayiz.com.tr). This email address was visibly displayed on informational posters in in-person service areas and on the online support platform. It was monitored exclusively by the authorized Ethics Unit of Needs Map.
- **Feedback Forms:** At the end of individual or group PSS processes, anonymous feedback forms were collected to evaluate the effectiveness and relevance of services. Online versions of these forms were also used to gather feedback on remote activities. These forms were shared via direct link or QR code.
- **Needs-Based Feedback Sessions:** These involved open discussions with participants on specific topics to gather direct input. For example, on the anniversary of the February 6 earthquakes, participants were asked what kind of commemorative activities they would like, and events were designed accordingly.

Thanks to this comprehensive system, the feedback process was conducted with a community-based and safety-oriented perspective. Feedback received was regularly reviewed and used to guide revisions and improvements in ongoing activities.

## Feedback Practice

## NOTE TO PRACTITIONER



Access to technology, digital literacy, and internet usage can vary significantly depending on the region. In rural areas or when working with disadvantaged groups, participants may not have access to internet connections, smartphones, or basic digital skills. Therefore, while digital forms can be a useful way to collect feedback, it is strongly recommended to always have a paper-based version available for manual completion.

Any feedback collected on paper should, whenever possible, be regularly transferred into the digital reporting system by the relevant staff or designated personnel. This ensures data consistency and allows the evaluation processes to be carried out in a centralized and coordinated manner.

### e. Inclusive and Non-Discriminatory Approach

Throughout all phases of the intervention, care must be taken to ensure that no individual is subjected to discrimination and that everyone is treated with equal rights and dignity. The needs of individuals from different genders, sexual orientations, age groups, persons with disabilities, ethnic and religious minorities, and other marginalized communities must be equally considered. Service providers should also take proactive measures to prevent discrimination against these groups in all aspects of service delivery (UNHCR, 2020).





## Ensuring Inclusivity

## LESSONS LEARNED



In physical service settings, inclusivity is often reduced to fulfilling basic standards. However, ensuring accessibility and safety for diverse social groups and individuals plays a critical role in the effectiveness of services. For instance, the initial design of the PSS Center established in Hatay did not include a disability ramp. Following household visits after the settlement of the container site, the presence of individuals with disabilities within the community was identified. A ramp was promptly added to make the center accessible for them. This not only improved physical accessibility but also enhanced the inclusivity of the services provided.

This experience highlighted the importance of regularly reviewing service areas and conducting needs assessments to ensure they remain accessible and appropriate for the target population. For example, as the program progressed, the need for increased privacy and comfort in waiting areas for women, elderly people, and children was identified, leading to subsequent improvements in the facility within the means available.



### f. Best Interests of the Child

Child protection is one of the most critical areas of disaster response. Throughout all interventions, the best interests of the child must be prioritized, with special attention given to meeting their physical, psychological, and social needs. Including children's voices in decision-making processes and giving due weight to their views should be embedded as part of the organizational culture. Implementing child-friendly practices, establishing safe and accessible child-friendly spaces, and offering tailored psychosocial support mechanisms are essential steps to operationalize this principle (IASC, 2007; UNICEF, 2018).

#### 2.3.2. Protection and Human Rights Standards

Upholding human rights standards in disaster response is essential to ensuring interventions are ethical, fair, and effective. Institutions must adhere to these standards at every stage of the response process (Sphere Association, 2018).





### a. Zero Tolerance Policy

A zero-tolerance approach must be adopted for all forms of abuse, exploitation, misconduct, and discrimination. This policy should be clearly communicated to all staff members and stakeholders. Regular in-house training and awareness campaigns should be conducted to embed this approach into the organizational culture. To ensure accountability and applicability, monitoring mechanisms must be established and continuously updated (UNHCR, 2020).

### b. Child Safeguarding

Children are among the most vulnerable groups in emergencies. Child safeguarding policies must be implemented with particular care, especially to prevent harm to unaccompanied or otherwise at-risk children. Regular training on child safeguarding should be provided, not only to frontline staff and volunteers but also to management and board members. Whenever necessary, partners and affiliates should also be included in capacity-building and awareness activities to ensure a shared understanding and consistent application of child protection principles (UNICEF, 2018).

#### Child Safeguarding Practices

#### GOOD PRACTICE



Needs Map adopts the principle of the best interests of the child as a core component of all post-disaster response efforts. The following key practices were implemented within the scope of the Side by Side Project:

- **Child Safeguarding Policy and Trainings:** All team members received training on child protection standards, signs of abuse and neglect, and safe referral processes. These principles have been fully integrated into the organization's operations. Additionally, when collaborating with external institutions, procuring services, or hosting visitors in the field, partners were provided with briefings and training to ensure their conduct aligns with child safeguarding standards.
- **Child-Friendly Feedback Mechanism:** Feedback posters using child-appropriate language and visuals were displayed to regularly gather children's input. In any case of suspicion or report of abuse, appropriate protection mechanisms were activated without delay.
- **Child-Friendly Spaces:** Inclusive, safe, and age-appropriate spaces were established to ensure that children felt physically and emotionally secure during all activities.
- **Risk Assessments:** Before conducting off-site events or special activities, teams held structured risk assessment meetings. These evaluations reviewed all aspects of planned events to identify physical, psychological, or social risks that children might be exposed to. Appropriate preventive measures (e.g. site safety, health precautions, emergency protocols) were then developed and implemented. If risks were deemed excessive or potentially harmful, the activity was cancelled to prioritize child safety.

### c. Data Protection and Informed Consent

The protection of personal data is especially critical in disaster settings where sensitive information is often collected. All data handling processes must strictly adhere to relevant national and international regulations, including the Law on the Protection of Personal Data and informed consent procedures. Data must be stored, processed, and shared in line with the organization's data security policy and applicable legal frameworks to ensure confidentiality and privacy (UNHCR, 2020).





#### d. Complaint and Feedback Mechanism

Monitoring service quality and ensuring responsive interventions require accessible, safe, and inclusive complaint and feedback mechanisms. These systems must be designed to accommodate vulnerable groups and offer multiple channels for input. Beyond simply establishing the mechanism, organizations must actively value and utilize the feedback received. All complaints and suggestions should be regularly reviewed, documented, and used to improve interventions in accordance with the principle of accountability (Sphere Association, 2018).

##### 2.3.3. Institutional Codes of Conduct and Policies

Codes of conduct serve as essential guidelines for personnel, outlining how they are expected to behave during crises and clarifying ethical boundaries. Policy documents and supporting manuals should clearly define the responsibilities of each staff member in ensuring safety within the operating environment. All staff and volunteers must adhere to the established ethical standards (IASC, 2007).

The effective implementation of protection procedures during disasters and emergencies is key to safeguarding the rights of affected individuals and ensuring that humanitarian efforts are conducted in line with ethical principles. Each policy and mechanism developed within this framework plays a crucial role in fostering a sense of safety and supporting communities in adapting to post-crisis recovery (UNICEF, 2018).

#### Internal Guidelines

#### GOOD PRACTICE



- **Staff Code of Conduct:** To ensure that all personnel involved in disaster and emergency response activities act in accordance with ethical principles and institutional policies, a Staff Code of Conduct was developed and implemented. This code clearly defines the responsibilities of staff working in settings where power dynamics may be unequal and where vulnerable groups are receiving support. Key ethical principles outlined in the code include: prevention of sexual exploitation and abuse (PSEA), child safeguarding, anti-discrimination, prevention of harassment, threats and bullying, protection of confidentiality, anti-corruption, and delivery of humanitarian aid in accordance with the principle of impartiality.

The Staff Code of Conduct is applicable not only in times of crisis but also in routine operations. It is introduced to all new staff during the onboarding process and formal written consent is obtained. For current staff, regular training sessions are conducted to ensure their knowledge of relevant policy documents remains up to date.

- **Visitor Acknowledgement Form for Child and Adult Safeguarding Policy:** During site visits to disaster-affected areas and psychosocial support centers, a structured information and consent process was implemented to ensure the safety of children and adults. Prior to the visit, all visitors were provided with the “Child and Adult Safeguarding Policy Acknowledgement Form,” which they were required to read and sign to confirm their understanding and commitment to abide by the behavioral guidelines.

The form included key safeguarding rules such as avoiding physical contact with children, not sharing personal information, prohibition of photography or video recording, and mandatory reporting obligations. This practice ensured that a safe and child protection-compliant environment was maintained during field visits.

In cases of any violation, a safe and confidential complaint mechanism must be in place, and both individual and institutional procedures should be followed accordingly.



### 3. POST-DISASTER RECOVERY AND LONG-TERM SUPPORT

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The previous sections presented the conceptual and theoretical framework of mental health and psychosocial support (MHPSS) interventions. This section focuses on the practical applications implemented during the post-disaster recovery phase.

Drawing from experiences gained through the *Side by Side Project*, this section outlines mid- and long-term psychosocial support interventions and exemplary activities targeting disaster-affected communities, humanitarian workers, and volunteers.

By showcasing a wide range of intervention methods—from structured sessions to mobile and online activities—this section aims to demonstrate the diversity, adaptability, and practical implementation of field-based MHPSS responses.

### 3.1 Disaster-Affected Communities

Although disaster response typically begins in the emergency phase, addressing the full scope of community needs and supporting recovery requires planning for mid- and long-term programs. While short-term humanitarian aid focuses on saving lives and meeting basic needs, mid-term interventions should prioritize rehabilitation, and long-term efforts should shift toward sustainable development (IASC, 2007).

A similar transition is necessary in the field of MHPSS. Initial interventions such as psychological first aid must gradually evolve into programs that foster community resilience and establish lasting support systems (IFRC, 2018).

#### 3.1.1 Psychosocial Support Centers

Psychosocial Support (PSS) Centers are fixed facilities or temporary service points designed to provide accessible, continuous, and on-site psychosocial support services to individuals and communities affected by disasters or crises. These centers offer safe spaces in the aftermath of a disaster, supporting individuals in processing traumatic experiences, developing coping skills, and rebuilding social connections (IASC, 2007).

PSS Centers integrate a wide range of services under one roof, including individual counseling, group sessions, psychoeducation, and activities tailored for children and youth. Locations of the centers should be selected based on criteria such as safety, accessibility, confidentiality, and cultural appropriateness. The teams working at these centers should consist of trained professionals in psychosocial support, as well as community-based volunteers (UNICEF, 2018; Sphere Association, 2018).





This on-site service model aims not only to promote individual wellbeing but also to strengthen community resilience. Psychosocial Support Centers also play a critical role in needs assessment, referral services, and coordination with other social services, thus laying the groundwork for a comprehensive intervention (IFRC, 2018).

The activities carried out at the Side by Side Centers were designed at individual, group, and community levels with a needs-based approach. Each level of support aims to address the multifaceted impact of the disaster on individuals and communities. In addition to promoting individual psychosocial wellbeing, inclusive methods that foster social cohesion have also been employed. Accordingly, the psychosocial support services provided at these centers are described below under three categories: individual support, structured group sessions, and one-off group activities.

### Psychosocial Support Centers as Information and Support Hubs

## GOOD PRACTICE



Psychosocial Support Centers were not designed as sterile spaces limited to psychological support; they also functioned as information hubs in the aftermath of the disaster. Given the challenging post-disaster conditions, residents of container cities frequently came to these centers to obtain information on issues such as school enrollment or the procedures for transitioning to permanent housing. Therefore, it was crucial for staff to be knowledgeable not only in psychosocial matters but also in basic administrative and social service procedures, to provide accurate referrals when needed.

Furthermore, making the centers physically welcoming helped to reduce stigma and facilitated rapport with beneficiaries. For example, residents of container cities often visited the centers simply to make photocopies or print out documents. These everyday practices transformed the centers into accessible, familiar, and functional spaces for the community. (see [Good Practice: The Power of Working with Local Specialists](#)).

### Authorization Processes and Logistical Delays

## LESSONS LEARNED



The establishment and operationalization of post-disaster support centers are often delayed due to authorization procedures and logistical challenges. Delays in obtaining formal permissions can significantly hinder the launch of services, while difficulties in accessing construction materials, technical equipment, and qualified personnel can further complicate implementation.

In Türkiye, the coordination of mental health and psychosocial support (MHPSS) services during disaster and emergency responses falls under the responsibility of the Ministry of Family and Social Services. The Disaster and Emergency Management Authority (AFAD) serves as the primary partner to the Ministry under the Türkiye Disaster Response Plan (TAMP). Permissions, accreditations, site identification, and supervision processes for MHPSS providers are managed by the Ministry.

To mitigate the impact of delays caused by authorizations or logistical bottlenecks, it is recommended to initiate permission procedures in advance. Maintaining regular communication with public authorities and closely monitoring the process through designated focal points can expedite approvals. To address logistical delays, temporary service points may be set up, and existing safe spaces can be utilized as interim centers. However, any temporary solution must adhere to minimum humanitarian standards, ensuring safety and privacy for all participants. These measures help preserve the quality and accessibility of services in challenging conditions.





## A. Individual Psychosocial Support Services

Individual sessions conducted at Psychosocial Support (PSS) Centers offer a safe and confidential space for individuals affected by disasters to receive one-on-one support. These sessions are designed specifically for people experiencing high levels of stress, grief, or uncertainty. Delivered by trained PSS specialists, the support is tailored to each person's unique experience and needs (Sphere Association, 2018).

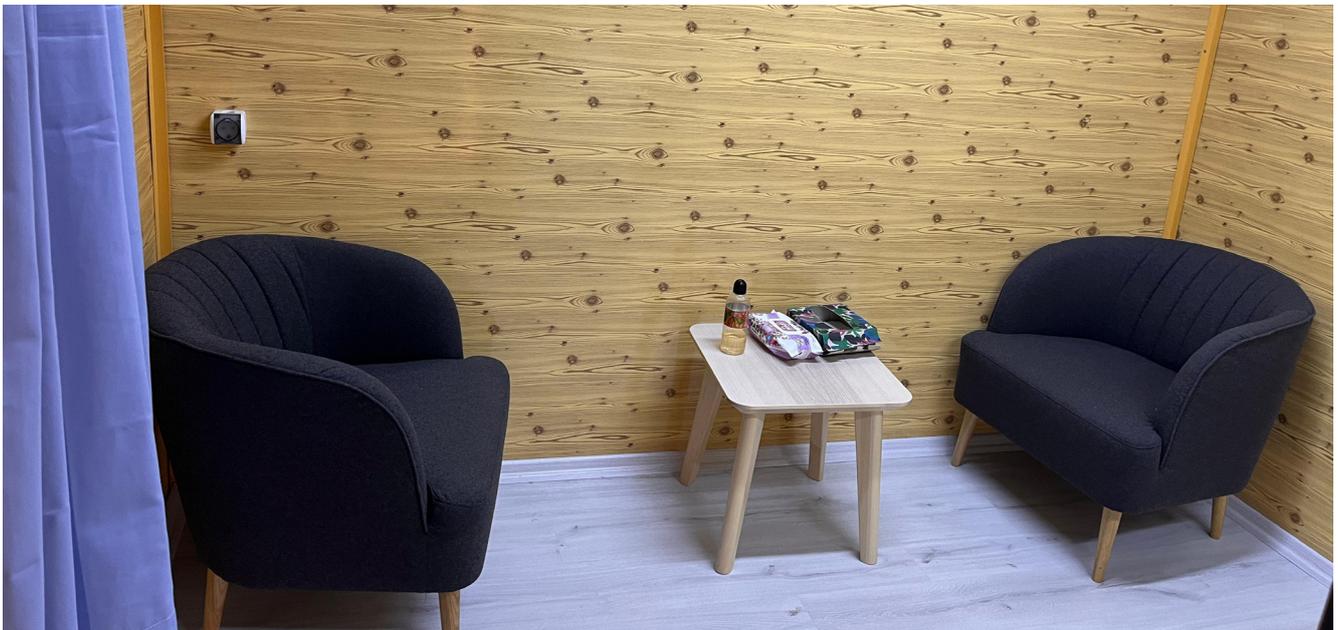
Sensitive issues or emotions that may be difficult to express in group settings can be safely explored during these individual sessions. Topics commonly addressed include personal loss, traumatic memories, anxiety about the future, and shifts in family roles following a disaster. These sessions aim to help individuals process their experiences, strengthen coping mechanisms, and begin to rebuild a sense of stability.

### Framework for Individual Psychosocial Support Sessions

### NOTE TO PRACTITIONER



- Individual sessions can be scheduled on a weekly basis and follow a semi-structured format that allows flexibility based on specific needs.
- The initial session should include a needs assessment to identify the individual's psychosocial status, coping strategies, protective factors, and risk factors.
- Active listening, emotional reflection, empathy, and problem-solving techniques should be applied consistently throughout the sessions.
- Psychoeducation must be integrated into the process to help individuals make sense of their symptoms and develop effective coping skills
- If clinical-level needs are identified (e.g. risk of suicide, severe depression), individuals should be referred to appropriate specialized mental health services.



Within the scope of the Side by Side Project, individual counseling sessions were conducted at three different Psychosocial Support Centers established in Hatay and Kahramanmaraş. These sessions were carried out by psychosocial support specialists, including psychologists, psychological counselors, and social workers. Beneficiaries participated in individual psychosocial support processes consisting of 5 to 8 sessions, which were structured according to their specific needs.





## Skills for Psychosocial Recovery (SPR)

The individual sessions were conducted based on the Skills for Psychosocial Recovery (SPR) model (Brymer, Louie, & Griffin, 2019). SPR is an evidence-based model implemented after the acute phase of disasters and emergencies. It is adaptable to all age groups and tailored to individuals' needs, aiming to help them cope with the situations and emotions they experience.

Within this framework, the goal of individual sessions was to safeguard the mental health of disaster-affected individuals by providing coping skills grounded in the principles of SPR, addressing their needs and concerns, supporting their recovery process, and preventing maladaptive behaviors.

SPR consists of six core skills designed to support individuals' wellbeing in the aftermath of disasters and traumatic events. These skills are not applied in a fixed sequence but are selected flexibly according to the immediate needs of the individual. At each session, the participant's current situation is assessed, and the relevant skill(s) to focus on are identified based on their priorities. This approach ensures that the intervention remains personalized and goal-oriented.

The six SPR skills include:

- **Gathering Information and Prioritizing Assistance:** Identifying the individual's current needs and challenges. Information is gathered about negative emotions, losses, and stressors experienced post-disaster. The most urgent needs are prioritized, and a solution-focused action plan is created accordingly.
- **Building Problem-Solving Skills:** Supporting individuals in addressing their difficulties. Specific goals related to the problems are identified, possible solutions are discussed, and the most suitable option is selected. This process helps enhance the individual's problem-solving abilities and encourages active participation.
- **Encouraging Positive Activities:** Helping individuals regain a sense of enjoyment by identifying pleasurable and relaxing activities. A realistic plan is created for regularly engaging in these activities, with practical suggestions provided.
- **Managing Reactions:** Identifying distressing emotional and physical reactions stemming from traumatic events and teaching coping strategies to manage them. Techniques such as relaxation and emotional awareness exercises are introduced to help manage stress and regulate emotional responses.
- **Promoting Helpful Thinking:** Supporting individuals in recognizing and reframing negative thoughts with more helpful and healing ones. Individuals are guided to question their unhelpful thoughts, replace them with healthier alternatives, and practice integrating these into their daily lives.
- **Rebuilding Healthy Social Connections:** Aiming to strengthen the individual's social relationships. This includes reestablishing and reinforcing ties with family, friends, and the community to facilitate both emotional healing and the rebuilding of support networks.

The individual sessions conducted in line with the SPR model help participants take concrete steps toward emotional, social, and psychological recovery.





## IMPLEMENTATION FLOW

### 1. First Contact

The initial contact occurs either through the individual's self-referral or via a referral from an external institution. Applications can be submitted through the Side by Side Platform, via field centers, or through partner organizations. Individual applications are processed using the [Individual Psychosocial Support Application Form](#). If the individual has not directly approached the center, initial communication usually takes place over the phone. During this call, general information regarding the participant's current situation is collected, and the coordinator refers them to a suitable psychosocial support specialist.

#### Collecting Personal Information

### NOTE TO PRACTITIONER



During the application process, some participants may be reluctant to share personal details such as their ID number. This may stem from concerns about stigmatization or past negative experiences. It is therefore essential to respect each individual's right to privacy and voluntary participation.

To maintain the participant's sense of trust, personal information should only be requested with explicit consent. Providing identification should not be a prerequisite for accessing services. This approach helps reduce access barriers caused by stigma and supports the development of a trust-based relationship.

- The application form should include only the basic information necessary to provide the service.
- If more detailed information, such as ID numbers, is required, it should be collected during the first session and only with the participant's informed consent.
- The principles of confidentiality and voluntariness must be upheld at every stage of the process.

As part of the project, psychosocial support services were also provided to children aged five and above. For child participants to receive individual psychosocial support, the application process must be initiated by their caregivers. At this stage, the [Child Individual Psychosocial Support Application Form](#) is used.

This initial contact is essential for gathering basic information about the child's urgent needs and emotional condition. A follow-up appointment is also scheduled during this stage. In accordance with the principle of 'do no harm', participants receive detailed information at the initial stage, and their written consent is obtained based on this information. The forms used during this process are as follows:

**a. Personal Data Protection Consent Form (in accordance with the Law on the Protection of Personal Data):** The privacy and security of participants' personal data must be safeguarded in line with national and international legal frameworks. In Türkiye, this is done in accordance with the Law on the Protection of Personal Data, through which participants give their explicit consent for the collection, processing, and storage of their data. The form outlines that personal information will be protected in accordance with confidentiality and data security principles and will only be used for approved purposes.

**b. Informed Consent Form:** Each participant receiving individual psychosocial support is informed about the scope of the service, their rights and responsibilities, and this is formally documented through the [Informed Consent Form](#).

The form clearly explains the purpose of the psychosocial support, the confidentiality policy, the





voluntary nature of participation, the scope of the assistance to be provided throughout the process, and the possibility of referral if needed. It serves as a mutual agreement between the participant and the psychosocial support specialist, offering a transparent framework regarding how the participant will benefit from the service.

### The Function of the Informed Consent Form

## NOTE TO PRACTITIONER



When psychosocial support services are offered free of charge—especially in disaster-affected areas or contexts with rapidly changing living conditions—it is common for some participants to attend sessions irregularly. This can reduce the efficiency of resource use and limit access for others due to extended waiting lists.

For this reason, it is essential to clearly communicate the scope of the service, confidentiality rules, principles of voluntariness, and cancellation policies from the outset using the Informed Consent Form.

Informing participants about their rights and responsibilities not only increases their motivation to attend sessions consistently, but also ensures a fair and transparent service delivery that protects both the practitioner and the participant. When explaining the form, it is advisable to consider factors such as limited literacy or high stress, and to provide verbal explanations using simple and accessible language.

**c. Caregiver Consent Form for Child Beneficiaries:** Children under 18 can only access psychosocial support services through a specific consent process designed to protect their rights and safety. In this process, informed consent is obtained from the child’s legal guardian or caregiver, and this consent is documented via the [Caregiver Consent Form](#).

The form provides information to the caregiver about the scope of the service the child will participate in, the principle of confidentiality, and the rights and responsibilities of both parties. It also formally records the caregiver’s consent.

From the first point of contact, these forms help establish a safe and confidential environment for the beneficiary and ensure clear and transparent communication. This process forms the first step of an ethically grounded service provision.

## 2. Assessment Interview

Before beginning the intervention, an assessment interview is conducted to understand the beneficiary’s current mental and psychosocial state. The [Pre-Assessment Form](#) is used in this stage. The aim is to comprehensively and systematically evaluate the individual’s symptoms, coping strategies, and support needs.

This process does not follow a traditional questionnaire format. Instead, the psychosocial support practitioner guides the interview verbally and records the responses on the form. This method enables a standardized yet trust-building approach.

The assessment interview consists of seven core sections:

- **Current Issues:** Stressors, onset, symptoms, past experiences (including previous treatments if any), impact on work, family, and others.





- **Personal, Family and Social Background:** Developmental history, ethnic and cultural background, family dynamics, siblings, violence, substance use, caregivers, social support, education, hobbies, and friendships.
- **Sensitive Issues:** Substance abuse, suicide risk or attempts, neglect and abuse, violence, and criminal behavior.
- **Medical History:** Birth history, physical health, major illnesses, surgeries, hospitalizations, medication, eating and sleeping disorders, somatization.
- **Family History:** Identification of family and close relatives, any psychological or physical health issues.
- **Mental Status Evaluation:** Appearance, behavior, mood, thought process and content, language, orientation, attention, abstract thinking, insight, and judgment.
- **Characteristic Traits:** Boundary responses, impulsivity, distractibility.

This stage provides a comprehensive understanding of the individual's trauma history, emotional condition, stressors, and other significant psychological needs.

### 3. Determination of Intervention

Following the assessment, the practitioner identifies which [Skills for Psychosocial Recovery \(SPR\)](#) modules will be most beneficial based on the individual's needs. The intervention plan is shaped to support post-traumatic psychological healing. The selected skills aim to address problems, enhance coping strategies, and accelerate recovery, tailored to each individual's profile.

### 4. Delivery of Psychosocial Support

The primary aim of individual sessions is to support the participant's emotional recovery by applying [Skills for Psychosocial Recovery \(SPR\)](#). During these sessions, core SPR components are implemented, including gathering information, problem-solving, encouraging positive activities, managing reactions, promoting helpful thinking, and rebuilding healthy social connections. Various coping strategies and practical skills are introduced to help participants achieve goals set collaboratively. Techniques and tools are also developed to help individuals manage the impact of traumatic experiences.

Psychosocial support sessions are structured to last approximately 50 minutes each. They are generally scheduled once a week, with flexibility depending on the participant's needs.

The standard practice involves five sessions. However, in some cases, the process may be extended based on the specialist's assessment or upon the participant's request. In such situations, up to three additional sessions may be planned. This allows the process to extend to a maximum of eight sessions, offering the flexibility to accommodate each individual's pace and support needs.

### 5. Referral

If the individual's needs go beyond the scope of psychosocial support or require longer-term professional assistance, they are referred to an appropriate institution or specialist.

This referral process is designed to ensure continuity of care and optimal support for the individual's recovery journey. Communication is maintained with the referred service provider to coordinate follow-up and ensure the individual receives ongoing care.





Referral Procedures

NOTE TO PRACTITIONER



When a participant's needs exceed the scope of available psychosocial support services, or when long-term or specialized support is required, a safe and coordinated referral process should be implemented.

Within the Side by Side Project, up-to-date service maps—developed and maintained through regional or national MHPSS and Protection Coordination Groups—were actively used to identify the most appropriate and accessible services for each participant. These maps include services provided by both NGOs and public institutions and are updated regularly. In addition, the referral pool was expanded through active participation in sector-specific coordination groups at the regional level (e.g. MHPSS, Child Protection, Gender-Based Violence).

Existing collaborations with public institutions also supported participants' timely access to healthcare, social services, shelter, and protection-related support.

To ensure the referral process is standardized, it is essential to develop a comprehensive service map. This can be done using the [Contact Person-Focused Service Mapping](#) template, where thematic focal points and service providers are listed according to region and updated regularly.

To promote consistency, the [Interagency Referral Form](#)—developed by UNHCR and widely used among multiple organizations—was utilized as a shared referral tool.

This multi-layered approach allows for safe referral of participants to specialized services and enables psychosocial support to function as an integrated part of a broader protection system.

## 6. Closure and Termination

The psychosocial support process is concluded with a structured closure session held with the participant. During this session, the participant's progress throughout the intervention, achieved gains, encountered challenges, and areas of change are reviewed collaboratively.

If the participant's psychological recovery is not yet complete, guidance is provided on potential next steps, including referrals and planning to ensure access to needed support services.

At the closure stage, the [Case Closure Form](#) is completed to ensure systematic documentation and is archived in the participant's file. In addition, the [Final Assessment Form](#)—a modified version of the initial assessment tool—is administered during the final session to capture measurable progress in the participant's psychosocial wellbeing through a comparative analysis.

When working with child participants, practitioners complete the [Child Case Closure Form](#) at the end of the support process. This form documents changes and improvements in the child's psychosocial wellbeing, identifies any additional support needs, and outlines any referrals made.

## 7. Monitoring, Evaluation, and Reporting

The sessions are followed through a structured monitoring and evaluation mechanism. The effectiveness of interventions is assessed throughout the process, while the participant's psychological recovery is closely observed. During the monitoring phase, changes in the participant's emotional and psychological state, progress made, areas of improvement, and ongoing support needs are evaluated. Any additional support requirements are also identified based on the participant's evolving needs.

Following each session, a brief summary report is prepared, outlining the main topics covered. These reports are written in accordance with confidentiality principles, and measures are taken to protect





personal data and ensure privacy. (For more information on reporting, see [Note to Practitioner: Regular Information Flow and Reporting from the Field.](#))

At the end of the psychosocial support process, feedback is collected from participants using a [Feedback Form](#). The data obtained is analyzed to evaluate the effectiveness of the service, improve the support process, and enhance intervention strategies. This feedback serves as a valuable resource for ongoing development by tracking participants' experiences and levels of satisfaction (see [Good Practice: Feedback Mechanisms](#)).

### Cross-Application Method

## GOOD PRACTICE



For participants receiving in-person services, the Feedback Form was provided in hard copy following the final session. To ensure the objectivity of the evaluation process, the form was administered not by the psychosocial support specialist who conducted the sessions, but by a different specialist. This method allowed participants to share their feedback freely and without pressure.

### Feasibility and Accessibility of Online Forms

## LESSONS LEARNED



For participants unable to complete forms in person, forms are sent via SMS or email. However, field implementation has shown that many participants do not have active email accounts, limiting the effectiveness of this method. In such cases, sending forms via SMS has proven to be a more practical and accessible option under field conditions.

All feedback forms are completed anonymously. This approach prioritizes participant privacy and safety while upholding ethical principles and ensuring accountability. The feedback collected is regularly analyzed by the project coordinator and field coordinator. Based on the data received, necessary updates are made to improve implementation. In addition, relevant field staff are informed of the feedback, enabling field practices to evolve in alignment with participant input.

For child participants, feedback is collected from parents or caregivers following the sessions. In this process, the [Child Feedback Form](#) is shared with parents, and responses are gathered anonymously. The results of these forms offer valuable insight into children's experiences with psychosocial support services from the caregiver's perspective and serve as an important reference for enhancing service effectiveness.

*To learn more about working with children, refer to [Child Safeguarding Practices](#).*





## B. Group Psychosocial Support Activities

### B.1. Structured Sessions

Structured group sessions are planned psychosocial support activities carried out with individuals who have shared experiences following a disaster. These sessions are implemented over a set period and with a specific objective. The goal is not only to enhance participants' coping skills but also to facilitate peer support, reduce feelings of isolation, and strengthen social connectedness (UNICEF, 2018).

The group setting offers a safe space where individuals can share their experiences, learn coping strategies, and foster solidarity. In group sessions, the healing effect stems not only from the specialist or the session content, but also from the active involvement of all group members.

In the Side by Side Project, structured group sessions were conducted by bringing together a specific group of participants for multiple sessions. These sessions followed a pre-planned content framework and were generally implemented as a series of 4 to 8 sessions, with each session building upon the previous one.

#### High Rates of Session Cancellations and Dropouts

### NOTE TO PRACTITIONER



Despite individuals enrolling in psychosocial support processes, there have been high rates of session cancellations and incomplete participation. This issue has been particularly prominent in group sessions. Beneficiaries have often been unable to attend structured sessions regularly due to factors such as workload, family responsibilities, and physical or emotional fatigue.

To increase participation rates, it is necessary to adopt beneficiary-centered practices, such as offering flexible session hours, sending reminder messages, and considering hybrid (online/in-person) options based on needs.

Through group activities, participants were encouraged to learn from one another, strengthening mutual support mechanisms.

Group interventions also contributed to restoring a sense of community by activating natural support systems such as family, friendships, and neighbor relations. Structured groups were specifically designed for sub-groups with shared characteristics—such as women, children, and adolescents—thus creating a safe space where participants could express themselves more comfortably.

#### Framework for Group Sessions

### NOTE TO PRACTITIONER



- When planning group sessions, it is important to form homogeneous groups. For example, separate groups should be established for women, children, adolescents, and older individuals who share similar ages or life experiences.
- Each participant's suitability for the group should be carefully assessed. Beneficiaries whose needs align with the group's purpose and who are likely to benefit from group work should be included. If a participant has specific traumatic experiences or is highly prone to triggering, individual support may be prioritized instead.



**Framework for  
Group Sessions****NOTE TO PRACTITIONER**

- The content of each group activity should be structured based on its goals and the needs of the participants.
- Groups may run for 4 to 8 sessions, typically held once or twice a week. This frequency can be adjusted based on the group's needs and dynamics.
- Group sessions should begin with trust-building and the establishment of a group agreement. Principles such as confidentiality, respect, voluntariness, and non-judgment should be clearly articulated.
- Confidentiality must be emphasized in the group setting, and it should be ensured that all participants agree not to share what others have disclosed without permission.
- Following a consistent weekly session structure (such as opening, warm-up, main activity, and closing circle) helps reinforce participants' sense of safety and makes it easier for them to follow along.
- Each group session should be facilitated by at least two specialists. One acts as the lead specialist responsible for delivering the session content and managing the group, while the co-specialist observes individual needs and provides targeted support.
- Although sessions follow a structured format, flexibility should be allowed so that specialists can adapt the content based on group dynamics.
- Facilitation skills should be actively employed throughout the group process.
- It is important to encourage active participation, but no one should be forced to speak or engage if they are not willing.
- Each session should end with a brief check-in or emotional state reflection. Participants' emotional responses and possible triggers should be monitored, and individual support should be provided after the session if needed.

**Content of Structured Group Activities**

Before initiating group activities, the target groups are identified and preliminary assessments are conducted. Groups are formed based on age, level of impact from the crisis, social support systems, and cognitive development. Voluntary participation is essential; participants receive prior information about the process, and group safety and confidentiality are emphasized as core principles.

Within the scope of the Side by Side Project, structured group activities were implemented in the form of both [Skills for Psychosocial Recovery](#) (SPR) groups and thematic sessions specifically designed according to needs identified in the field.

Throughout implementation, various group contents were developed and delivered based on needs assessments and field feedback. These included topics such as coping with peer bullying, women's solidarity groups, and privacy and boundaries for children. These group sessions aimed to empower participants in relation to their experiences, encourage emotional expression, strengthen coping skills, and enhance social support mechanisms.





**Structured Group Activities and  
 SPR Resource Library**

**GOOD PRACTICE**



Within the scope of the Side by Side Project, structured group session contents were developed for both children and adults in response to field demands. These materials were specifically adapted to address the commonly observed psychosocial needs following emergencies.

Based on the skills and training backgrounds of field specialists, the materials were gradually standardized into a resource library. Now referred to as the MHPSS (Mental Health and Psychosocial Support) Library, this collection serves as a practical toolbox for field specialists and is used as a structured resource when needed. Two highlighted examples include:

- **Coping with Bullying Series (Ages 4–6):** This program, designed for preschool-aged children, aims to introduce the concept of bullying, foster emotional awareness and expression, build empathy, and promote healthy coping mechanisms. Through the use of storytelling, games, creative art activities, and group rituals, the sessions offer an interactive and age-appropriate learning environment.
- **Tree of Life Group Activity (Adult Women):** This workshop supports women in exploring their life experiences, strengths, and sources of resilience in the post-disaster period. Structured around the “tree of life” metaphor, it helps participants connect their past experiences, core values, and future aspirations, facilitating healing and empowerment. The group format also encourages safe sharing and collective solidarity.

**IMPLEMENTATION FLOW**

The implementation is based on the six core skill areas of the [\*SPR \(Skills for Psychosocial Recovery\)\*](#) model, as outlined in the previous section.

The sessions addressing these core areas are implemented using diverse and creative methods such as case studies, group exercises, and hands-on activities. A balanced approach is maintained between psychoeducation, practical application, and sharing experiences within the group. Active participation and the development of personal insight are consistently encouraged throughout the process.

Throughout the program, short debriefings are conducted at the end of each session. Group dynamics, participant responses, and learning outcomes are regularly documented. In cases where high-risk situations or specific needs are observed, participants are referred to individual sessions or other specialized services as appropriate.

Group interventions conclude with a final session once the planned number of sessions has been completed. This session focuses on reinforcing key gains, reminding participants of available support resources, and creating space for a structured closure and farewell.

**1. Needs Assessment**

Before initiating structured group activities, a needs assessment process is carried out to accurately and comprehensively identify the needs of the target group in the field. This step is of critical importance for designing interventions that are appropriate to both the participant profile and the local context.

Various methods are used during this process. PSS specialists observe individuals they interact with during one-off activities. These observations help identify which age groups or subgroups may need





specific types of support. In addition, specialists meet with community representatives or focal points to identify unmet needs or vulnerable groups in the planned field that may otherwise go unnoticed. (For more information on needs assessment, see [Note to Practitioner: Why Needs Assessments Matter.](#))

## 2. Determination of Intervention

Based on data gathered through field observations and interviews, participants' needs are analyzed to determine the objectives, number of sessions, and content of the group intervention. Each group activity is customized according to its purpose and target group; during the planning process, content is developed in line with the participant's age and developmental level, cultural sensitivity, and psychosocial principles. Each session has a specific theme, learning objective, and implementation method.

Following this planning phase, decisions are made about which [Skills for Psychosocial Recovery](#) (SPR) to implement based on the participants' needs. The skills within the SPR model are applied in a specific sequence to strengthen emotional resilience, support problem-solving capacity, and enhance coping strategies. In this way, the group intervention is designed to be both goal-oriented and supportive of participants' psychosocial wellbeing.





### 3. Group Formation

The safety and rights of participants in group psychosocial support activities are safeguarded in line with ethical principles, and information and consent procedures are carried out based on the principle of do no harm. Therefore, the group formation process begins with obtaining the necessary approvals and permissions.

**a. Personal Data Protection Consent Form:** The personal data of participants in group activities are protected in accordance with the Personal Data Protection Law and international data privacy standards. Explicit consent is obtained regarding the collection, processing, and storage of participants' data, and this consent is documented through a standardized form. The form clearly states that personal data will only be used for authorized purposes and in line with confidentiality principles.

**b. Informed Consent Form:** All participants in group psychosocial support activities are informed about the purpose of the group sessions, the principle of confidentiality, and the voluntary nature of participation. This information is recorded using the [Group Informed Consent Form](#), which outlines that participation is voluntary, confidentiality will be maintained, and information shared within the group will not be disclosed without permission.

**c. Caregiver Consent Form for Child Participants:** To ensure that children under the age of 18 can safely and legally access psychosocial support services, a specific consent process is applied. During this process, the caregiver's explicit consent for the child's participation is obtained and documented using the [Caregiver Consent Form](#).

### 4. Delivery of Psychosocial Support

To assess the current mental health and psychosocial condition of participants joining the group sessions, the [Group Pre-Assessment Form](#) is used. This form allows for a systematic evaluation of participants' symptoms, coping skills, and support needs. It helps identify common needs among group members and define the goals of the group activity. Additionally, it records the participants' initial status to track progress throughout the process.

Group activities are carried out through structured sessions held at regular intervals with the same group members and pre-defined content.

- **Opening:** Participants arrive at the venue, the concept of a safe space is revisited, and connections are drawn with the previous session.
- **Main Content:** The session proceeds through psychoeducation, interactive exercises, group activities, and creative methods based on the selected theme.
- **Closure:** Participants are encouraged to share their thoughts and emotions. If necessary, emotional regulation exercises are conducted, and preparation for the next session is initiated.

Throughout the sessions, active participation, mutual respect, and the principle of confidentiality are emphasized.

### 5. Referral

Throughout the group process, internal and external referral mechanisms are implemented—within the appropriate ethical frameworks—for participants who display a need for advanced psychosocial support. Where necessary, individual psychosocial support is also provided.





Referrals are made in collaboration with local service providers and protection mechanisms, based on existing service mapping. Common reasons for referral include cases involving violence, abuse, severe trauma responses, chronic psychiatric conditions, or safety risks (see [Note to Practitioner: Referral Procedures](#)).

### Cases Requiring Protection or Psychiatric Referral

## LESSONS LEARNED



Some participants were identified as having needs beyond the scope of psychosocial support services, requiring protection interventions or psychiatric care. These included, for example, individuals at risk of suicide, children subjected to violence, or cases where access to healthcare was not available. In such situations, the absence of a systematic referral mechanism delayed the provision of timely and effective responses.

To ensure adequate intervention in high-risk cases, a clear referral mechanism should be established, and PSS specialists must be informed about relevant procedures. During referral processes, collaboration with local health authorities, social services, and other civil society organizations can be instrumental.

A regularly updated service mapping should be used to manage this process effectively. In more complex or high-risk cases, designated focal points within the team should convene to evaluate the situation in detail before taking action. For emergencies that require immediate intervention, Standard Operating Procedures (SOPs) for Emergencies should be developed and made known to all staff members.

## 6. Closure and Termination

Once the planned number of sessions has been completed, the group intervention is finalized through a structured closure process. During this stage:

- Feedback is collected from group members regarding the overall process,
- The value of shared experiences and participants' contributions is acknowledged,
- Skills and coping strategies gained during the process are reviewed together,
- Future support resources and emergency contact mechanisms are shared with participants.

At this stage, the practitioner completes a [Case Closure Form](#) to ensure systematic documentation of the process; this form is added to the participant's file and archived.

To assess change over the course of the intervention, a revised version of the initial assessment tool — the [Group Final Assessment Form](#) — is administered during the last session.

This allows for comparative, evidence-based reporting on the participant's progress in psychosocial wellbeing.





## Ensuring Men's Participation

## LESSONS LEARNED



In post-disaster psychosocial support efforts, it was observed that men's participation in group sessions remained limited. This may be attributed not only to practical reasons such as time constraints and workload, but also to certain socio-cultural dynamics.

Gender norms often promote a concept of masculinity that views emotional expression as a sign of weakness, which can hinder participation in group activities. Common concerns about stigma and privacy further discourage involvement. Additionally, help-seeking behaviors among men are less developed, or perceived as less socially acceptable, which limits their ability to express needs and seek support. The fact that many activities were attended predominantly by women and children may have caused some men to feel excluded or disengaged from the process.

To address this issue, alternative approaches were implemented to increase male participation. These included designing specific themes, organizing individual or small-group sessions at flexible hours, enhancing interaction between male practitioners and the community, and offering enjoyable workshops such as backgammon and sports activities. While these efforts did lead to increased engagement, participation levels still fell short of expectations.

Future programming should take this challenge into account during the planning phase. Focus group discussions or field visits can be conducted to better understand the life dynamics, preferences, and needs of men in the target group. This will help design programs that are more inclusive and effective in increasing participation.





## 7. Monitoring, Evaluation, and Reporting

After each session, brief evaluation and observation notes are recorded to systematically document participants' engagement, key takeaways, and any emerging risk factors. Once the group intervention concludes, the process is reported internally by the psychosocial support specialist through an [Activity Report](#) that includes both quantitative (e.g. number of participants, session frequency) and qualitative (e.g. observations, progress) data.

This report outlines the overall scope of the group intervention, its target population, number of participants, and the content covered. It is used to monitor activities, assess effectiveness, and serve as a reference for future programming.

Following child-focused sessions, feedback is collected directly from the child participants to ensure their voices are included. To facilitate this, the [Smiley Face Scale](#), designed to match children's developmental stages and ages, is used. This tool includes a five-point smiley face scale that helps children express how they felt about the session and their overall experience. These insights are essential for understanding the emotional impact of the sessions on children and evaluating the effectiveness of the intervention. (For more information on working with children, see [Good Practice: Child Safeguarding Practices](#).)

### Smiley Face Scale: Child-Friendly Feedback

## GOOD PRACTICE



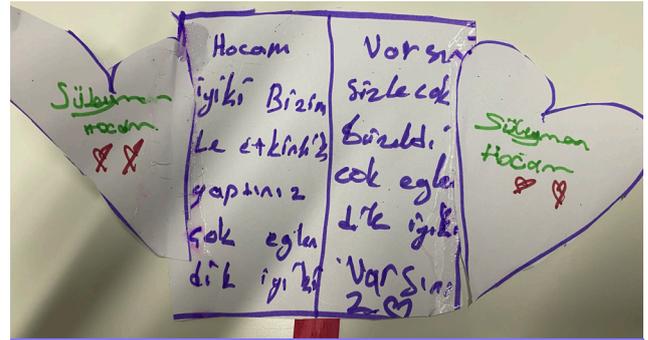
Child-friendly systems have been developed to gather feedback from children participating in activities. One of these systems is the "Smiley Face Scale." The implementation steps are as follows:

- At the end of each activity, the specialist introduces a 5-level smiley face scale to the children. In this scale, the first face—a big smile—represents that the child found the activity very helpful, enjoyable, and is leaving happy. The fifth face—a sad expression—indicates that the child did not enjoy the activity, found it unhelpful, and is leaving feeling unhappy.
- Children are asked to reflect on the activity of the day and rate it from 1 to 5. They are informed that the evaluation will be anonymous and that their feedback is important to help improve the sessions. Any questions from the children are answered.
- Each child receives a paper with the smiley faces and some coloring pencils. They are then asked to color in the face that best represents their experience. Afterward, the children fold their paper so the responses are not visible and place it into a box.
- At the end of each session, the specialists collect the smiley scores and calculate an average by dividing the total score by the number of participants. This average score is recorded in the activity report.
- In addition to verbal and written feedback, this method allows children to evaluate the activity in an anonymous and comfortable way. It also helps reduce inequalities in giving feedback caused by differences in literacy or developmental levels.

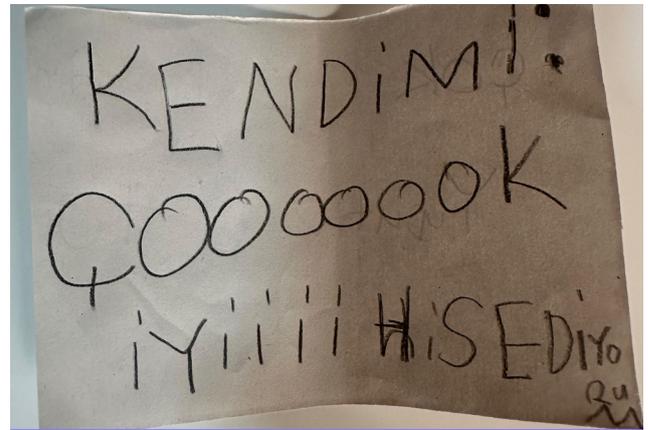




I'm so glad you exist.  
My teacher Suleyman.



Teacher, we're so glad you did this activity with us, we had so much fun. Thank you for being here.



I feel great.

To improve the quality of support, anonymous feedback is collected from participants through the [Feedback Form](#) after the completion of the group process. For child participants, this process is carried out by collecting feedback from their caregivers following the sessions. In this context, caregivers are provided with a link to the [Child Feedback Form](#), and their responses are collected anonymously. The results of the survey offer valuable insights into the children's experiences in the psychosocial support process from the caregivers' perspective and serve as an important reference for enhancing service effectiveness (see [Good Practice: Feedback Mechanisms](#)).

### Regular Information Flow and Reporting from the Field

## NOTE TO PRACTITIONER



For MHPSS interventions to be effective, regular information flow and reporting are essential. A continuous, systematic, and reliable reporting system facilitates adaptation to rapidly changing field conditions. This also enables the implementation of transparency and accountability principles. The continuity of information flow not only supports intervention planning and project development but also serves an early warning function; detecting newly emerging risks or needs in advance allows for timely action.

- To ensure regular reporting, it should be clearly defined how often, in what format, by whom, and to whom the reports will be submitted. For example, monthly activity reports and quarterly evaluation reports can be prepared. Monthly reports typically include output-level data (number of people reached, activities conducted, key observations), while quarterly reports may focus on outcome-level analysis (service quality, needs met, feedback received, challenges encountered).





### Regular Information Flow and Reporting from the Field

## NOTE TO PRACTITIONER



- Report formats should be designed in a simple and comprehensible way that allows all teams to use them easily in the field. These forms may include: conducted activities, number of people reached (disaggregated by gender, age, geographic area, etc.), identified critical needs, observed key trends, challenges, and planned actions.
- Including feedback received from affected communities (satisfaction, criticism, suggestions, etc.) in reports helps make community participation visible.
- It is important to remember that information flow is bidirectional. While field teams provide up-to-date information to other teams, they should also receive updates on strategic plans, future developments, etc. In this way, field teams can understand the impact of their own work.
- Where possible, summary situation reports compiled from regular reports can be produced. These reports can be shared with management teams, the affected population, authorities, and stakeholders.

### B.2. One-off Sessions

One-off sessions refer to single-session group activities typically designed in the format of trainings, workshops, psychoeducation, or solidarity meetings (IASC, 2007).

In post-disaster contexts, these sessions aim to rapidly address a specific need or to reach a broader audience within a short period. They offer an opportunity for initial contact and access to support, particularly for individuals who are unable to participate in multi-session structured MHPSS interventions due to challenging living conditions.

These sessions are strategically used as introductory touchpoints to either meet the urgent informational needs of target groups or to refer individuals into the wider psychosocial support system. For instance, one-off hygiene education sessions are delivered to women in temporary shelters, single-session art workshops are organized for children, or sessions on exam stress are conducted with adolescents.

### Framework for One-off Group Sessions

## NOTE TO PRACTITIONER



- The duration of a one-off session can be planned for 1 to 2 hours, allowing for a balanced inclusion of both informative content and interactive activities.
- The session should begin with ice-breaker activities to help participants get to know one another and feel at ease.
- A typical session flow should include: welcoming, introductions, warm-up activity, main content, hands-on activity, and open sharing/feedback.
- Providing participants with take-home reminder materials (e.g., brochures, info cards, visual aids) is recommended to increase the effectiveness of the session.
- At the end of the session, participants should be informed about available psychosocial support services and, if needed, referred to them directly.
- One-off sessions, especially those with emotionally sensitive topics, must be planned with caution; asking participants to share traumatic memories or using triggering methods in a one-off setting may cause harm.





### Framework for One-off Group Sessions

## NOTE TO PRACTITIONER



- These sessions should not be seen as a standalone solution, but rather as an entry point to the broader psychosocial support process.
- Shared information should be updated regularly, and session content revised in line with emerging needs and new findings.

As part of the Side by Side Project, numerous one-off sessions were organized to respond to the diverse needs observed in the field. These single-session activities aimed to reach the right audience at the right time.

Through these sessions, individuals who were previously unaware of available support services were reached, and initial engagements often served as a stepping stone toward more structured support processes.

### Strategic Importance of One-off Sessions

## GOOD PRACTICE



Within the Side by Side Project, one-off group sessions were used as a strategic outreach tool for individuals who could not participate in structured group interventions or individual support processes. These sessions offered an opportunity for initial engagement and needs identification, paving the way for longer-term support services.

Examples include:

- Coffee gatherings for women provided a safe group space that fostered peer solidarity while also enabling discussions around psychosocial support needs, which led to appropriate referrals.
- One-off art workshops for children offered fun and creative spaces for expression, while also allowing specialists to observe the children and refer them to further support services if needed.

One-off sessions have provided the Side by Side team with a valuable opportunity to respond swiftly and flexibly to emerging urgent needs in the field. These activities have also served as an entry point to connect with individuals who had never visited the center before, offering a chance for initial engagement and, when appropriate, referral to individual or group support services.

## IMPLEMENTATION FLOW

### 1. Needs Assessment

When planning a one-off session, the first step is to identify the target group. The session topic is determined based on observed needs in the field or specific requests from participants. For instance, themes may include anxiety management for children, hygiene education for women, or exam stress management for youth.

Selecting content that aligns with the needs of the target group enhances the effectiveness of the session and ensures a more meaningful response to their circumstances. (For more information on needs assessment, see [Note to Practitioner: Why Needs Assessments Matter.](#))





## 2. Content Planning

Since single-session activities can be quite intensive, the session content is carefully designed. The duration is usually planned for 1.5 to 2 hours, allowing time for both information sharing and interactive activities.

- **Opening:** The session begins with a warm-up or icebreaker activity to help participants get to know each other and build trust.
- **Main Content:** Within the chosen theme, an informative presentation or talk is delivered to provide participants with theoretical knowledge. For example, in a session on coping with stress, psychoeducation is offered on the effects of stress.
- **Practice Segment:** An experiential activity is conducted to help participants gain practical knowledge and skills. This may include a relaxation exercise, breathing technique, role-play, or art-based activity.
- **Closure and Sharing:** At the end of the session, a space is opened for participants to express their feelings and thoughts, often through a Q&A or open sharing segment.

During the content planning process, collaboration may be established with another institution or expert depending on the topic at hand. For example, if the session aims to provide information on legal procedures related to gender-based violence, a lawyer from the bar association is invited. This ensures that participants receive accurate and reliable information.

## 3. Outreach

When planning one-off group sessions, participant outreach is carried out through context-specific methods, and tailored strategies are developed for each field location to ensure effective access.

For activities conducted in container cities or tented settlements, coordination is established with site management teams, and announcements are shared via online messaging groups specific to the neighborhood or region. Additionally, a visible presence is maintained on the ground through household visits, during which both services and event details are introduced.

For one-off psychosocial support sessions designed for children, collaboration is established with caregivers. In such cases, a [Caregiver Consent Form](#) is also completed to allow the child's participation.

### Collaboration with Institutions and Local Actors

### GOOD PRACTICE



In some cases, reaching specific groups may be challenging due to cultural dynamics. Within the Side by Side Project, communication was established with local community leaders who had established trust, and joint planning was conducted accordingly.

Outreach efforts frequently involved collaboration with other institutions and organizations. For example, in Türkiye, cooperation with the Provincial Directorate of Family and Social Services made it possible to reach individuals in high-need areas. When necessary, coordination was also established with other civil society organizations to provide support to groups they had access to. In this way, the inclusiveness of community-based services was strengthened.





## 4. Session Delivery

Following outreach efforts, the session is conducted at the announced time and location. As these sessions are open-invitation, they provide an important opportunity for first contact with many participants.

To ensure continuity in communication after this initial engagement, participants are informed—within the framework of personal data protection—and their written consent is obtained before collecting contact information. Basic contact and demographic details are gathered using the [Participant List](#) form.

## 5. Closure and Referral

At the end of the session, participants are provided with information about available follow-up support services (e.g., “If needed, you may access individual counselling at our center”). Such information is crucial in terms of ensuring accessibility to services.

To evaluate the effectiveness of the session and gather participant feedback, a [Feedback Form](#) is administered at the end of single-session group activities. This form assesses participants’ perceived benefits from the session, their opinions on the content and facilitation, and their overall satisfaction.

Following single-session activities with children, the Smiley Face Feedback Form—designed to suit their age and developmental level—is used to gather feedback. The form includes a five-point smiley face scale that allows children to express their experience and emotions about the session. The collected feedback is important for understanding how children were affected by the activity and for evaluating the effectiveness of the intervention (see [Good Practice: Smiley Face Scale – Child-Friendly Feedback](#)). (For more information on working with children, see [Good Practice: Child Safeguarding Practices](#).)

After the completion of the one-off session, the PSS specialist fills out the [Activity Report](#).

***The following section will cover psychoeducation sessions and special day activities, as they are structurally included under one-off sessions.***

### B.2.1 Psychoeducation Sessions

Psychoeducation is implemented in post-disaster mental health and psychosocial support (MHPSS) efforts both as a standalone intervention method and as an integral part of individual and group interventions. This approach aims to provide individuals affected by the disaster with accurate information about what they have experienced, possible psychological and social reactions, and coping strategies. Uncertainty and lack of information can increase anxiety and slow down the adjustment process, whereas having access to clear and reliable information plays a key role in the recovery process.

In individual sessions, psychoeducation is tailored according to the specific needs of the participant. For example, it may involve normalizing common reactions such as sleep disturbances that develop after trauma.

In group sessions, psychoeducation is delivered through interactive presentations or mini-seminars based on commonly observed needs or shared concerns among participants.

Psychoeducation can be conducted through various channels including in-person sessions, printed materials (e.g., brochures, handbooks), visual aids (e.g., posters, infographics), and digital content (e.g., websites, social media). Participants are provided with reliable resources such as informative booklets, helpline contact information, or online materials, enabling them to access accurate information whenever needed.





### Key Considerations for Psychoeducation Sessions

## NOTE TO PRACTITIONER



- Sessions should adopt an empathetic and participatory approach.
- Sensitivity to cultural beliefs must be maintained; scientific information should be shared in a balanced way without excluding religious or traditional explanations.
- When using printed materials, readability and literacy levels should be considered, and verbal explanations should be provided when needed.
- The information shared through psychoeducation should be scientifically accurate, up to date, and communicated in a clear, accessible manner. Technical terms that do not have equivalents in the local language or dialect should be replaced with everyday expressions that everyone can understand.
- Care must be taken to avoid triggering traumatic memories. For instance, brochures or presentations that contain vivid imagery should be avoided as they may reactivate traumatic recollections.

Psychoeducation activities are frequently incorporated into the psychosocial support services implemented in disaster-affected areas under the Side by Side Project. The content of these activities is shaped by the observations of specialists and the needs expressed by participants. In addition, preventive and resilience-building efforts are included based on an assessment of potential future needs, challenges, and risks.

### Using Arts-Based Activities as a Tool

## GOOD PRACTICE



Psychoeducation sessions are sometimes gently integrated into arts-based activities or informal gatherings such as tea talks. These culturally sensitive and inclusive settings provide a supportive space where psychoeducational content can be shared in a more accessible and engaging way. For example:

As part of community-based psychosocial support activities, embroidery workshops were held with women participants. These arts-based sessions served not only as cultural activities but also as opportunities for women to come together over tea or coffee and build connections. The group setting encouraged social interaction and provided a safe space for participants to share common experiences. This sense of togetherness helped foster belonging and alleviate feelings of loneliness and isolation. The workshops offered a calm and focused environment where participants could remain present and momentarily distance themselves from distressing thoughts. The repetitive and creative nature of embroidery supported emotional regulation and mental relaxation. Through conversations facilitated by the psychosocial support specialist, psychoeducation was provided on how creative practices and artistic expression can enhance emotional resilience and overall wellbeing. At the end of the session, participants were encouraged to integrate the theme of self-care into their daily lives.





### Widespread Use of Psychoeducation

## GOOD PRACTICE



Within the Side by Side Project, psychoeducation is delivered through a variety of methods, including:

- **Face-to-Face Individual Sessions:** Psychoeducation is tailored to the beneficiary's needs and challenges, helping individuals make sense of their reactions and develop coping strategies.
- **Group Sessions:** Structured as seminars, information-sharing events, or workshops, group sessions allow participants to learn and share through common experiences
- **Printed Materials:** Informative brochures and handbooks are distributed to provide participants with lasting resources. The content is designed to be clear, simple, and culturally appropriate.
- **Visual Tools:** Posters are used to visually convey critical information, making it more engaging and memorable.
- **Digital Content:** Psychoeducational materials are regularly shared via the Side by Side project's website and social media platforms, using videos, infographics, and articles to reach a wider audience.

Delivering psychoeducational information through multiple channels has enhanced accessibility. This multidimensional approach has strengthened the impact of psychoeducation and supported its widespread use.

Delivering psychoeducational information through multiple channels has enhanced accessibility. This multidimensional approach has strengthened the impact of psychoeducation and supported its widespread use.





Following group psychoeducation sessions, participants' levels of awareness and remaining needs are assessed. When necessary, they are referred to individual sessions or other group activities. Individuals who are struggling to cope with traumatic experiences are offered individual psychosocial support services.

Group psychoeducation sessions are systematically monitored, evaluated, and documented using tools such as the Data Privacy Consent Form, [Participant List](#), [Feedback Form](#), and [Activity Report](#).

### Field-Based Psychoeducation Sessions

## GOOD PRACTICE



To illustrate the scope of group psychoeducation efforts implemented in the field, two examples previously conducted with women and children are shared below:

In a container settlement in Samandağ, Hatay, a needs assessment and introductory session was held with women attending a local sewing course. During the session, participants shared the challenges they face due to their multiple roles and responsibilities in life. Based on this identified need, a psychoeducational session titled "Setting Boundaries and Saying No" was designed by a PSS specialist. During the session, participants expressed how difficult and unfamiliar it was for them to say no or set boundaries. Through interactive activities and role-play exercises, the group explored the idea that setting boundaries is a fundamental step toward establishing healthy relationships. The session also included practical exercises where participants practiced saying no in various scenarios. At the end of the session, the women were encouraged to try three "no-saying" exercises during the following week as a way to apply what they had learned and reinforce their new skill.

In another example, a session titled "Recognizing My Emotions" was conducted with children living in the same container settlement. The goal of the session was to help children identify and express basic emotions such as anger, sadness, and fear in healthy ways. The session was led by a PSS specialist and included games and creative activities designed to raise awareness about emotions. Children engaged with emotion cards, facial expression games, and storytelling activities to better understand and express their feelings. Through guided discussions and scenarios, they practiced appropriate emotional responses to anger, sadness, and fear. The specialist emphasized that all emotions are normal and that expressing them in a healthy way is important.

In the Side by Side Project, psychoeducation not only supports individuals and communities in understanding and coping with the challenges they face after a disaster, but also contributes to their recovery processes and strengthens their resilience.

### B.2.2 Special Day Activities

Special day activities are organized to commemorate, celebrate, or raise awareness on certain dates that hold significance for communities in the aftermath of a disaster (e.g., national/religious holidays, international awareness days, disaster anniversaries, etc.)

These dates may include nationally or culturally significant days such as national holidays, religious festivals, World Children's Day, International Women's Day, or Mother's Day, as well as dates directly related to the disaster itself, such as its anniversary.

In the context of psychosocial support, the importance of these activities lies in reminding communities that life continues after the disaster and that social and cultural rituals persist (UNICEF, 2018).





Re-establishing routines and celebrating special days is particularly critical for children, as it fosters a sense of normalcy and security. The positive impact of allowing communities to carry out their own cultural rituals on healing and recovery should not be underestimated. For instance, organizing commemorative ceremonies or celebration events helps to strengthen social cohesion and supports collective healing through shared mourning or joy.

Therefore, special days should not be overlooked in post-disaster psychosocial support programs; instead, they should be actively incorporated into planning and implementation.

In the Side by Side Project, special day activities have been regularly planned and implemented to support post-disaster normalization and strengthen community bonds. These events are designed with attention to the cultural and emotional needs of the communities and include both commemorative and celebratory components. During these gatherings, the psychosocial support team mainly takes on a facilitative role, allowing participants to socialize freely and engage in their own rituals.

### Planning Special Day Activities

When planning special day activities, the primary consideration is the significance of that day for the community.

- **Celebratory Days** (e.g., Children’s Day, New Year): Joyful and entertaining activities are planned. For children, these include festivals and drawing competitions; for adults, music performances are organized. Psychosocial content is also integrated into these events; for example, during a National Sovereignty and Children’s Day activity, children not only play fun games but also learn about children’s rights.
- **Commemorative Days** (e.g., anniversary of the earthquake): These days focus on themes such as emotional expression and instilling hope for the future. It is expected and considered healthy for individuals to become emotional during such commemorations; psychosocial support teams should be present to provide psychological first aid during these events. At the same time, it is important to take cultural and religious values into consideration. For example, during the commemorations of the February 6 earthquake, a religious official was invited to recite a prayer in consultation with the beneficiaries, and halva<sup>2</sup> was prepared and shared. Such rituals have provided spiritual support for the community and strengthened the sense of unity.
- **Awareness Days** (e.g., World Mental Health Day): On these days, informative sessions or activities are organized. The aim is both to increase public awareness on these issues and to help individuals feel that they are part of a larger movement (WHO, 2013). For example, during the events organized on 8 March, International Women’s Day, themes such as women’s empowerment, gender equality, and women’s rights were emphasized, aiming to raise participants’ awareness through workshops and artistic activities. Similarly, on 30 July, International Day of Friendship, friendship-themed sessions were held with children, focusing on fostering empathy, peer support, and the strengthening of peer relationships.

<sup>2</sup> Helva (halva) is a traditional sweet in Türkiye, typically prepared and distributed after someone’s death as a way of honoring their memory and fostering community solidarity.





### Opportunities for Collaboration

## NOTE TO PRACTITIONER



Special day activities can be organized through multi-stakeholder collaboration. Local authorities, NGOs, and volunteer groups can be involved to share resources and improve outreach to participants. For example, during a Ramadan holiday event, the municipality provided food support while the psychosocial team organized games for children.

Re-establishing routines and celebrating special days is particularly critical for children, as it fosters a sense of normalcy and security. The positive impact of allowing communities to carry out their own cultural rituals on healing and recovery should not be underestimated. For instance, organizing commemorative ceremonies or celebration events helps to strengthen social cohesion and supports collective healing through shared mourning or joy.

### Sensitivity and Inclusiveness

## GOOD PRACTICE



When planning special day activities, the cultural and emotional differences within the community are taken into account. Not every special day holds the same meaning for everyone. Therefore, activities are designed with sensitivity. For example, while organizing a Mother's Day event, it is important to remember that some children may have lost their mothers, or some mothers may have lost a child; in such cases, alternative activities are planned, or a more inclusive approach is adopted.

Cultural diversity is also considered: if there are different ethnic or faith groups within the community, celebrations such as religious holidays are arranged with respect to everyone's beliefs. Whenever possible, space is given to recognize the special days of each group.

All these activities reflect the Side by Side Project's approach of not overlooking important milestones in post-disaster life but instead transforming them into opportunities for solidarity and recovery, thereby strengthening social bonds within communities.

### 3.1.2. Mobile Activities

#### Mobile Psychosocial Support Activities

Mobile psychosocial support is a field-based service model designed to reach individuals living in rural or disadvantaged areas with limited access to fixed centers. This approach is critical for including hard-to-reach groups in the support process and ensuring equality in the accessibility of services (UNICEF, 2018).

### Framework for Mobile Psychosocial Support Activities

## NOTE TO PRACTITIONER



- Mobile teams should include at least two members.
- At least one psychosocial support specialist must be part of the team, and it is recommended that at least one member be familiar with the local community and context. If this is not possible, prior to fieldwork, the team should consult local actors, community leaders, or other NGOs to gather contextual information.





**Framework for Mobile Psychosocial Support Activities**

**NOTE TO PRACTITIONER**



- Teams should conduct regular field assessments and coordinate with local actors to identify needs.
- Activities should be structured either individually or in groups, depending on emerging needs.
- Services should always be carried out in line with ethical standards and confidentiality principles, respecting the privacy and safety rights of individuals.

**Physical Accessibility Constraints**

**LESSONS LEARNED**



Reaching support centers has been challenging for individuals living in rural and remote areas. Limited transportation options, physical barriers, or health conditions have further complicated this situation.

Ensuring accessibility and overcoming such barriers in times of disaster and crisis is a core responsibility of institutions. Increasing mobile support teams and online service options strengthens accessibility. Regular field visits and collaboration with community leaders can also enable support services to reach a wider population.

Within the Side by Side Project, mobile psychosocial support services were added after identifying individuals in Hatay and Kahramanmaraş who could not access established psychosocial support centers. In this way, the project did not only provide services through centers and online platforms, but also reached thousands of people through field-based activities. This approach went beyond center-focused services and ensured the inclusion of previously unreachable communities.

Specific arrangements were made to improve accessibility for persons with disabilities, and the [Field Access Form](#) was used to standardize accessibility activities. This form served as a guiding tool for practitioners by outlining the framework of field interviews.

Moreover, when information transfer was requested from professionals, efforts were made to provide accurate, clear, and up-to-date information. To prevent anxiety caused by misinformation or rumors, beneficiaries were directed to reliable sources or relevant institutions.

The Side by Side experience highlighted that accessibility after disasters is a fundamental responsibility of institutions and an inseparable part of comprehensive MHPSS interventions.

**IMPLEMENTATION FLOW**

**1. Site Selection**

In provinces heavily affected by the disaster, such as Hatay and Kahramanmaraş, target areas for mobile psychosocial support activities were identified. These included tent cities, temporary shelters, villages, and rural regions that were difficult to access and particularly disadvantaged.





Target areas were determined through observations, local requests, and needs assessments conducted by field stakeholders. Collaboration with local community leaders (e.g., village heads, community leaders) and volunteers ensured that local knowledge and experience were utilized, and rapid adaptation to changing field conditions was possible.

### Lack of Inter-Agency Coordination and Its Impact

## LESSONS LEARNED



In disaster contexts, effective delivery of mental health and psychosocial support (MHPSS) services requires strong and clear inter-agency coordination. However, when multiple institutions operate in the same area without clearly defined roles and responsibilities, several problems may arise. For example, some individuals may receive repetitive support from different institutions, while others may have critical needs overlooked.

Such coordination gaps reduce the efficiency of services and undermine the trust of affected communities. Strengthening inter-agency collaboration through regular information sharing, joint service mapping, and clear role definitions is therefore essential. Additionally, regular coordination meetings and joint protocols between local authorities and other stakeholders should be established.

When determining target areas, the local community's dynamics, cultural sensitivities, and demographic structure must also be taken into account. Because mobile fieldwork requires significant effort, time, and resources, careful planning of team routes and schedules is crucial to ensure effective interventions and efficient use of resources.

## 2. Team Formation

Mobile psychosocial support teams are formed by taking into account field dynamics and work plans. Typically, teams consist of two or more specialists, with attention given to gender balance and sensitivity to local culture. In addition to psychosocial support specialists, volunteers or local representatives who are knowledgeable about the local context and cultural dynamics may also be included in the teams as needed.

For effectiveness and safety, each team member's responsibilities are clearly defined, and constant communication and coordination are maintained during fieldwork. Furthermore, teams receive regular supervision support and are encouraged to continuously develop their skills in psychosocial first aid.

## 3. Needs Assessment

Mobile teams conduct needs assessments in targeted areas. These assessments are carried out through household visits, group discussions, and meetings with local leaders. During needs assessments, the following data are collected:

- Demographic Information: Age, gender, socioeconomic status, ethnic background.
- Psychosocial Situation: Main psychosocial challenges faced by affected individuals (loss, trauma, stress, uncertainty).
- Risk Groups: Vulnerable populations such as children, older adults, persons with disabilities, and women are identified and prioritized.





- Existing Support Mechanisms: The existing social support networks and coping strategies of individuals and communities are evaluated.

During these needs assessment interviews, supportive conversations are sometimes held with participants, and when necessary, individuals are referred to appropriate centers. Importantly, these assessments are conducted as a two-way communication process, ensuring that participants are actively engaged.

The collected data guide the planning and structuring of mobile activities. All information is stored in line with confidentiality principles, ensuring the security of personal data.

### Why Needs Assessments Matter

## NOTE TO PRACTITIONER



Needs assessments are essential to understand which areas require interventions after a disaster and to strategically allocate resources. However, this process is not only about collecting data but also about building trust-based relationships with affected communities.

When conducting needs assessments:

- Ensure active participation of community members. Special effort should be made to hear the perspectives of women, children, older adults, and persons with disabilities.
- While immediate needs may be addressed through rapid initial observations, more comprehensive analyses should continue in parallel.
- Alongside surveys and quantitative methods, discussions with focus groups and community leaders should be included.
- Existing resources, services, and social support networks must be identified.
- Individual needs (stress, trauma, isolation) and community-level needs (safe spaces, community centers) should be considered separately.
- Data should be prioritized based on urgency and potential impact. For instance, some MHPSS interventions may be ineffective if trust is not first established with the community.

An effective needs assessment supports the efficient use of resources and ensures accurate identification of intervention priorities. A participatory approach that involves community members (especially women, children, older adults, and persons with disabilities) enhances local ownership and sustainability. From a psychosocial perspective, distinguishing between individual and community needs enables the development of more effective interventions.

## 4. Planning and Delivery of Psychosocial Support

Following the needs assessment, the content and format of services to be delivered by the teams are determined. Activities may be planned as structured individual or group support services, psychoeducation sessions, or social support activities

- **Individual Sessions:** In mobile interventions, individual psychosocial support is conducted within the framework of *Skills for Psychosocial Recovery* (SPR). Sessions are held in safe and private spaces, with the principle of “do no harm” always upheld.

Psychosocial support staff providing the service receive regular or additional supervision when needed. Sessions are conducted entirely on a voluntary basis, and participants are never forced to share or engage in any interventions.





Cultural sensitivity is observed throughout the process. While local coping strategies are acknowledged and respected, not every traditional practice is assumed to be beneficial.

- **Group Sessions:** In mobile interventions, group psychosocial support is structured within the framework of *Skills for Psychosocial Recovery* (SPR) or delivered as one-off psychoeducational sessions. The number of participants in group sessions is kept manageable by two specialists (typically 6–12 people). For each group, a clear framework and rules (confidentiality, respect, voluntariness, etc.) are established at the outset.

The content of the sessions is shaped according to identified needs. Specialists are supported in developing their facilitation skills during these processes.

In off-site (non-center) activities, particular care is taken to ensure that the meeting spaces are safe, private, and accessible.

### The Impact of Stigma and Cultural Dynamics on Access to Psychosocial Support

## LESSONS LEARNED



One of the biggest challenges in providing mental health and psychosocial support (MHPSS) services in post-disaster contexts is widespread stigma around mental health. In rural and traditional communities, seeking psychological support is often perceived as “weakness,” “madness,” or “lack of faith,” significantly limiting help-seeking behavior.

Psychological distress is often expressed through somatic complaints (e.g., headaches, nausea, fatigue), which are typically perceived as physical rather than psychological issues. Additionally, individuals may interpret their distress through religious or cultural frameworks such as “destiny,” “a test,” or “God’s will,” which further discourages seeking professional support.

If MHPSS services are not designed with these contexts in mind, target groups may not participate or may disengage prematurely. In group interventions, concerns about privacy, gender roles, and fear of stigmatization also limit participation.

To address these challenges, it is critical to:

- Carefully analyze cultural references when planning and implementing MHPSS interventions.
- Use non-judgmental language.
- Build partnerships with supportive structures (e.g., religious leaders, community leaders).
- Adapt intervention formats to align with social norms.

Raising awareness within communities about psychosocial support helps reduce stigma. Promotion and outreach activities should emphasize confidentiality. Options for anonymous participation should be provided for those unwilling to disclose personal information.

These considerations should also be carefully monitored during the stages of monitoring, evaluation, and reporting.

## 5. Referral

During fieldwork, referrals are made based on additional needs expressed by participants or identified by specialists. These needs may include:

- Health services (physical and mental health)





- Legal and social counseling services
- Education and child protection services

Referrals are carried out in collaboration with relevant institutions and recorded using standardized referral forms. This ensures that individuals access the appropriate services and that the process is properly monitored (see [Note to Practitioner: Referral Procedures](#)).

### Outreach Activities

Outreach activities aim to increase access to psychosocial support services for individuals who may otherwise remain unreached in the aftermath of a disaster. These efforts specifically target the most vulnerable groups such as older persons, persons with disabilities, and those living in rural areas.

During these activities, teams ensured both their own safety and the confidentiality of the people they engaged with. Conversations were conducted in line with confidentiality principles; sensitive topics were not discussed in crowded environments, and safe, private spaces were chosen whenever necessary.

#### The Impact of Outreach Activities

#### GOOD PRACTICE



Through outreach activities, face-to-face interactions with individuals have facilitated the establishment of trust between practitioners and participants, enabling the effective use of both verbal and non-verbal communication elements and helping participants feel safer. While online services were available, in areas with limited access to the internet and digital tools, face-to-face contact increased the accessibility of services. In addition, inequalities that could arise from low levels of digital literacy were prevented.

Mobile fieldwork made it possible to address the needs of individuals seeking support directly and in a timely manner. After conducting outreach activities, one practitioner described the experience as follows: “Going into people’s tents and containers to check on how they are doing made a big difference.” This reflection demonstrated how effective mobile support activities were, and highlighted the necessity of outreach in community-based interventions.

### 3.1.3. Online Psychosocial Support Services

In the context of disasters and crises, ensuring that individuals have safe, timely, and accessible access to psychosocial support services is critically important for maintaining wellbeing and strengthening psychological resilience. Online psychosocial support services have been developed as an innovative intervention model to respond to this need. In extraordinary situations such as pandemics, natural disasters, or conflicts—where access to face-to-face support is restricted—online platforms enable individuals to preserve their psychological resilience and sustain their wellbeing (WHO, 2020; IFRC, 2018).

Online psychosocial support services are provided through individual consultations and group sessions, creating a safe environment in which individuals can express their feelings, thoughts, and experiences. These platforms are designed in line with data protection principles and operate based on confidentiality to ensure user privacy and safety (UNICEF, 2018; Sphere Association, 2018).

For individuals directly affected by disasters and crises, online support services provide an effective means of addressing emotional challenges such as stress, anxiety, grief, and trauma. Online platforms overcome





geographical barriers, making it possible for individuals in disadvantaged regions to access support services. Furthermore, because anonymity and confidentiality are ensured, many users feel more comfortable and secure in sharing their emotions (IASC, 2007; WHO, 2013).

However, the nature of online services also comes with limitations and considerations. The absence of face-to-face interaction, technical barriers such as internet access or digital literacy, and challenges during the implementation of interventions—such as the inability to fully observe nonverbal cues—may reduce the effectiveness of services. For this reason, it is essential to design online support programs with these risks in mind.

## Side by Side Project – Psychosocial Support Platform

As part of the Side by Side Project, the [Side by Side Psychosocial Support Platform](#) was established to provide individuals with free and easy access to psychosocial support services during crises and disaster situations. Designed for both individual and group psychosocial support sessions, the platform's consultations are conducted by trained psychosocial support specialists.

While face-to-face services are also available for children aged 5 and above, the online platform is limited to individuals aged 18 and over. The main reasons for this include the ethical boundaries of working online with children, the sensitivity of safety and consent procedures, and the fact that interventions for children require the direct participation of parents or legal guardians. Additionally, psychosocial work with children necessitates a specially designed clinical environment and specific expertise.

The platform was initially launched during the COVID-19 pandemic in response to the high rates of anxiety, depression, and burnout observed among healthcare workers and teachers. During this period, free online individual sessions were provided, offering direct support to these professional groups.

Following the February 6, 2023 earthquakes centered in Kahramanmaraş, the increased need for psychosocial support and the collective trauma experienced in the region prompted a restructuring of the platform's target audience and scope of services. Initially offering online individual support sessions for healthcare workers and teachers, the services were later expanded to reach a broader segment of society.

The groups supported during this period included:

- **Individuals who experienced the disaster and remain in the same city, as well as those who relocated to another city<sup>3</sup>:** People dealing with trauma, loss, uncertainty, and adjustment difficulties.
- **Professionals working or who have worked in disaster areas<sup>4</sup>:** Public sector and civil society employees, search and rescue teams, first responders, and psychosocial support specialists (psychologists, sociologists, social workers, etc.).
- **Volunteers providing or who have provided support in disaster areas:** Volunteer teams active in the field following the disaster.
- **Teachers affected by the disaster:** Teachers and academics directly or indirectly impacted (e.g., working with students affected by the disaster).
- **Healthcare workers affected by the disaster:** Doctors, nurses, emergency medical staff, and others directly or indirectly impacted.

<sup>3</sup> This section focuses on the online psychosocial support services provided to individuals directly affected by the disaster. The details of services offered to professionals and volunteers are covered in Section 3.2: Disaster Workers, Disaster Volunteers, Healthcare Workers, and Teachers..

<sup>4</sup> The 11 provinces affected by the February 6, 2023 earthquakes are: Kahramanmaraş, Hatay, Adıyaman, Gaziantep, Malatya, Osmaniye, Kilis, Diyarbakır, Şanlıurfa, Adana, and Elazığ.





The Side by Side Project Platform offers a multi-layered structure enabling users to access different levels of support. Services range from individual and group support sessions to a variety of digital resources.

**Individual Psychosocial Support Sessions:** Users can access 50-minute online one-on-one video sessions once a week. Initially planned as a five-session support process, this may be extended to up to eight sessions based on need and the professional’s assessment. These sessions are conducted by psychosocial support specialists trained in disaster, crisis, and trauma response, in line with confidentiality and ethical principles.

**Digital Resources and Information Sections:** The platform provides written and visual materials to facilitate easy access to information that supports individuals’ psychosocial wellbeing. These resources were developed as part of the project’s Side by Side with Youth campaign, aimed particularly at increasing young people’s mental health awareness, helping them understand emotional challenges, and strengthening their coping skills. For example, the “Gençler, Nasılız?” (TN: Hey, Youth! How Are We?) video series was produced for this purpose and has been well-received by young audiences. However, the digital content produced under this campaign is not included in this manual, as this document focuses primarily on field-based practices and psychosocial support approaches for professionals.

### Individual Psychosocial Support Activities

The Side by Side Psychosocial Support Platform was designed with a simple, user-friendly structure to ensure individuals can easily and quickly access the support they need.

The content of individual sessions was delivered based on the [Skills for Psychosocial Recovery](#) (SPR) model. Within this framework, the primary goal of these sessions was to protect the mental health of individuals affected by disasters, address their needs and concerns, encourage recovery, strengthen skills, and prevent maladaptive coping behaviors.

Individual sessions grounded in the core principles of the SPR model aimed to take concrete steps toward accelerating participants’ emotional, social, and psychological recovery processes.

## IMPLEMENTATION FLOW

### 1. Online Application and Appointment

The initial contact takes place when individuals seeking support submit an application via the platform’s “Book an Appointment” section. During the application stage, the applicant’s basic identity and contact details are collected, and their appointment preferences are recorded. Questions on the application page include: full name, identification details, nationality, gender, phone number, email, emergency contact, and preferred meeting day and time.

#### Simplified Intake for Inclusive Access

### NOTE TO PRACTITIONER



In psychosocial support services, demographic information (such as occupation and education level) is often collected during the application phase. However, on this platform, the application form for scheduling appointments was kept deliberately short, requesting only essential information (name, age, contact details, etc.)

The main reasons for this approach are:

- Avoiding a decrease in applicant motivation





### Simplified Intake for Inclusive Access

## NOTE TO PRACTITIONER



- Ensuring inclusivity for individuals with low digital literacy
- Preventing delays in crisis situations by enabling quick access to the support system

The detailed information collection process is integrated into the first session and completed jointly with the beneficiary by the specialist. This ensures that beneficiary information is addressed comprehensively while using a more functional, accessibility-focused method.

At this stage of first contact, applicants are also provided with various disclosures under ethical principles, and their consent is obtained. These disclosures include:

**Personal Data Protection Consent Form (in accordance with the Law on the Protection of Personal Data):** The privacy and security of participants' personal data must be safeguarded in line with national and international legal frameworks. In Türkiye, this is done in accordance with the Law on the Protection of Personal Data, through which participants give their explicit consent for the collection, processing, and storage of their data. The form outlines that personal information will be protected in accordance with confidentiality and data security principles and will only be used for approved purposes.

**Informed Consent Form:** Each participant receiving individual psychosocial support is informed about the scope of the service, their rights and responsibilities, and this is formally documented through the [Informed Consent Form](#). The form clearly explains the purpose of the psychosocial support, the confidentiality policy, the voluntary nature of participation, the scope of the assistance to be provided throughout the process, and the possibility of referral if needed. It serves as a mutual agreement between the participant and the psychosocial support specialist, offering a transparent framework regarding how the participant will benefit from the service (see [Note to Practitioner: Function of the Informed Consent Form](#)).

Once the application is completed, applicants receive an email and SMS with the session date, time, and online meeting link. This timely communication ensures clarity about appointment details, increases attendance, and strengthens service continuity.

### Ensuring Equal Access to Support

## GOOD PRACTICE



The Side by Side Project aims to ensure that psychosocial support services are accessible to all individuals within its target population whenever they need them. Following a disaster or crisis, as people live in unpredictable and challenging conditions, psychosocial support must be delivered ethically and effectively.

Key measures taken to improve accessibility included:

- **Flexible Scheduling:** Session times were planned with consideration for school hours of young people and working hours of adults. For example, services were offered after working hours or school hours, with evening and weekend slots available when necessary.
- **Free of Charge:** Providing services free of charge is a crucial element of accessibility. In disaster contexts, it is essential—based on quality and ethical standards—that core health and psychosocial support services be delivered free or at a symbolic fee. This ensures that individuals economically affected by the crisis can still access psychosocial support.





### Ensuring Equal Access to Support

## GOOD PRACTICE



- **Digital Accessibility:** Factors affecting digital access include the need for technical equipment and varying levels of digital literacy. To ensure equal access to online interventions for all in need, the platform considered both the availability of technology and users' ability to use it. Informative videos were prepared to explain how the platform works, and specialists guided beneficiaries through the process.

## 2. First Contact

Based on the application submitted through the platform, a coordinator responsible for case management assigns the applicant to a suitable psychosocial support practitioner. This allows the beneficiary to receive a general overview before the first session and provides an opportunity to ask any initial questions during that first meeting. Additionally, to ensure faster communication in case of emergencies or issues such as cancellations or rescheduling within the online support process, the practitioner's institutional contact number is also shared with the beneficiary.

## 3. Assessment Interview

At the scheduled time, the beneficiary and the practitioner meet online via the platform. During the assessment session, the practitioner provides information about the structure, purpose, and goals of the psychosocial support sessions, clearly explaining the framework of the process. This step involves clarifying the beneficiary's rights and the scope of the services to be provided. The beneficiary is informed about the number of sessions available, the duration of each session, the content of the sessions, and the conditions under which referrals to other services may occur. Additionally, the flow of the psychosocial support process, confidentiality policies, and technical instructions (e.g., how to use the video conferencing platform) are conveyed in clear and accessible language.

During the assessment session, the [Online Individual Application Form](#) and the [Pre-Assessment Form](#) are completed together with the beneficiary. Any missing demographic information that was not collected during the appointment scheduling process is also completed through these forms. The relevant practitioner then records the pre-assessment data into the platform. The assessment session consists of six core components, as outlined below:

- **Presenting Problems:** Triggering stressors, onset, symptoms, past experiences (including any previous treatment), impact on work, family, and others.
- **Personal, Familial, and Social Background:** Developmental history, ethnic and cultural background, family dynamics and relationships, siblings, exposure to violence or substance abuse, caregivers, levels of closeness within the family, social support systems, education, hobbies, and friendships.
- **Sensitive Issues:** Substance misuse, risk or history of suicide, neglect and abuse, exposure to violence or criminal behavior.
- **Medical History:** Birth process, physical health status, major illnesses, surgeries, hospitalization history, medication use, eating and sleeping disorders, somatization.
- **Mental Status Examination:** Appearance, behavior, mood, thought process, thought content, language use, orientation, attention and concentration, abstract thinking, insight, and judgment.





- **Characteristic Traits:** Response to boundaries, dysfunctional thought patterns, distractibility.

At this stage, the beneficiary’s past traumatic experiences, current emotional state, ongoing stress factors, and other key psychological needs are assessed. The individual’s mental and psychosocial condition is examined in a comprehensive manner.

#### 4. Determination of Intervention

Following the assessment, the specialist decides which *Skills for Psychosocial Recovery* (SPR) skills to focus on, based on the beneficiary’s needs. The intervention plan is designed to support psychological recovery after trauma. Selected skills are applied in a specific sequence to help address the beneficiary’s problems, strengthen coping strategies, and accelerate recovery.

#### 5. Delivery of Psychosocial Support

The beneficiary and the specialist proceed with sessions in line with the SPR methods identified in the first meeting, focusing on the agreed problem area. The process is planned for a minimum of five sessions, each lasting 50 minutes, with the option to extend up to eight sessions based on need and the specialist’s assessment. Sessions are conducted via secure online video conferencing, aiming to replicate, as closely as possible, the standards of in-person psychosocial support.

Sessions are delivered using evidence-based methods, aiming to strengthen and build the resilience of individuals in need of psychosocial support. Key interventions include Psychological First Aid techniques, emotion regulation exercises, and problem-solving skills training. Throughout the process, the “do no harm” principle is upheld—for example, beneficiaries are never pressured to recount traumatic memories and are allowed to progress at their own pace.

Specialists work with cultural sensitivity, respecting the beneficiary’s beliefs and values.

#### Privacy and Confidentiality Principles in Online Support

### NOTE TO PRACTITIONER



Confidentiality is a fundamental principle of psychosocial support. In online settings, ensuring privacy requires both technical and ethical sensitivity. The following principles guide the maintenance of a safe and ethically sound environment throughout the online support process.

- **Confidentiality Commitment:** All parties involved in the support process (including specialists, beneficiaries, and interpreters if applicable) must commit to upholding confidentiality. In group sessions, the principle of “What is shared here, stays here” must be clearly stated at the beginning, along with the explanation of exceptional cases. The personal information shared in the application form must only be visible to the matched specialist.
- **Environmental Privacy:** It is essential to maintain privacy in the physical environment of both the specialist and the beneficiary during sessions. Therefore:
  - No third parties (adults or children) should be present during the session.
  - Headphones should be used, and a quiet environment should be ensured.
  - Sessions should not be audible to people nearby.
  - All meetings must be conducted via secure, invitation-only links.





### Privacy and Confidentiality Principles in Online Support

## NOTE TO PRACTITIONER



- **Data Protection:** Session notes, forms, and other data must be stored in compliance with national personal data protection legislation and international data security standards. During the first session, the specialist must explain the Informed Consent Form and ensure the beneficiary understands the process. Personal information must not be shared with third parties; any data used for statistical purposes must be anonymized.
- **Maintaining a Culture of Confidentiality:** In group sessions, confidentiality should be periodically emphasized, not just at the start. For instance, using closing messages like, “Thank you for respecting each other’s privacy—please remember not to share what was discussed outside this group,” reinforces institutional commitment to confidentiality.
- **Post-Support Confidentiality:** Confidentiality obligations remain in place even after the support process ends. Specialists must not disclose any information shared during sessions once the service has been completed. Maintaining this trust is vital to encourage individuals to seek similar support in the future.
- **Exceptional Situations:** Exceptions to confidentiality must be clearly communicated to beneficiaries at the outset of the process.

If there is a risk of harm to self or others (e.g., suicidal ideation, severe risk of violence), the specialist may share limited information with local authorities.

Beyond such cases, all information must remain protected according to confidentiality standards.

## 6. Referral

If, during a follow-up session, the psychosocial support specialist determines that the beneficiary’s needs persist or new needs have emerged, the individual is referred to appropriate service providers. If the online session reveals that the beneficiary is at risk of suicide, experiencing severe depression, or requires psychiatric treatment, the specialist proceeds with necessary referral steps upon obtaining the beneficiary’s consent. In such cases, referrals are made to relevant healthcare institutions or specialist physicians.

When a beneficiary requests in-person support, they are referred via the existing service map, which includes professionals providing institutional mental health and psychosocial services. In these instances as well, the beneficiary’s informed consent is obtained, and the [Interagency Referral Form](#) is completed to finalize the process (see [Note to Practitioner: Referral Procedures](#)).

## 7. Closure and Termination

The psychosocial support process concludes either upon reaching the planned number of sessions or through a mutual decision between the beneficiary and the specialist for a structured termination. In the final session, the process is reviewed collaboratively; acquired coping skills are summarized, and a forward-looking plan is developed to help the beneficiary manage future challenges.

If the beneficiary has not yet completed the development of psychological recovery skills, guidance is provided regarding next steps and additional support options. At the closing stage, to measure the change achieved during the intervention process, the specialist administers the [Final Assessment Form](#)—an adapted version of the evaluation tool used in the initial session—to the beneficiary.





When necessary, a follow-up session can be scheduled for one month later, based on a shared decision between the beneficiary and the specialist.

## 8. Monitoring, Evaluation, and Reporting

The psychosocial support process is flexibly structured according to the beneficiary's evolving needs. As sessions progress, the beneficiary's status is closely monitored. At the beginning of each session, changes and developments since the previous session—as well as the impact of applied interventions—are assessed. This monitoring allows the intervention plan to be revised when necessary. For instance, based on psychological needs, additional sessions or follow-up meetings may be suggested.

Monitoring also plays a key role in sustaining engagement. If a beneficiary discontinues attendance, outreach is made to remind them of upcoming sessions or to identify and address participation barriers.

To evaluate service quality and increase effectiveness, feedback is systematically collected from beneficiaries. After the final session, a [Feedback Form](#) is sent, allowing individuals to anonymously share their experiences and perceptions. This participatory evaluation model helps ensure that the process remains user-centered.

Data gathered through this approach is used to evaluate impact, improve intervention strategies, and optimize the psychosocial support process. Based on these findings, session content may be updated, supervision support provided to specialists, and platform infrastructure improved when necessary.

Ultimately, beneficiary feedback serves as a valuable resource for continuous improvement and tracking satisfaction with the psychosocial support experience (see [Good Practice: Feedback Mechanisms](#)).

### 3.2. Disaster Workers, Volunteers, Healthcare Professionals, and Teachers

Individuals affected by a disaster—whether directly exposed, witnessing the event, or those offering help—often face new challenges in the weeks and months that follow. This is particularly true for disaster workers, volunteers, teachers, and healthcare professionals, who continue providing critical services under intense stress while coping with their own difficulties.

These challenges may include disruptions to living or working conditions, the loss of loved ones or colleagues, and a diminished sense of safety and security. The psychological and emotional impacts can manifest as:

- Difficulty adapting to changed living conditions,
- Developing a more hopeless outlook on life,
- Loss of motivation,
- Struggles in recognizing, expressing, or sharing emotions,
- Feeling more unhappy, withdrawn, irritable, or angry compared to before,
- Loss of interest in previously enjoyable activities.

Under the Side by Side Project, psychosocial support services were offered to volunteers and professionals working with high-risk populations in the post-disaster period. This support was delivered under the name “Staff Care”.

Staff Care Model, developed and implemented on the project's digital platform, stands out as a pioneering approach in its field. It helped challenge the stigma surrounding help-seeking among





disaster responders and emphasized the importance of self-care for those in caregiving and frontline roles. The model was designed to strengthen the psychological, emotional, and mental wellbeing of those working under the difficult conditions of disaster settings.

Target groups who received support under this model included:

- **Professionals working in disaster areas:** This group included public sector and NGO employees, search and rescue teams, first responders, and psychosocial support providers (e.g., psychologists, sociologists, social workers).
- **Volunteers active in disaster zones:** Individuals who volunteered during or after the disaster and were involved in field operations.
- **Teachers affected by the disaster:** Educators who were directly impacted or who work with students affected by the disaster, including teachers and university faculty.
- **Healthcare professionals affected by the disaster:** This group encompassed doctors, nurses, emergency medicine professionals, and others directly or indirectly impacted by the event.

By offering targeted, sensitive, and professional support, this model aimed to reinforce the resilience and recovery of those who care for others—reminding them that their own wellbeing matters just as much.

## Support Services Provided Under the Staff Care Program

Within the Side by Side Project, a range of support services were offered under the Staff Care component, addressing the varying needs of those working in disaster settings. These services included:

- **Individual Psychosocial Support Sessions:** Participants had access to weekly one-on-one sessions lasting 50 minutes each. Initially offered as a five-session package, this support could be extended up to eight sessions based on individual needs and professional assessment. All sessions were conducted by psychosocial support specialists, in accordance with confidentiality and professional ethical standards.
- **Group Psychosocial Support Sessions:** These sessions brought together participants from similar backgrounds or roles, aiming to enhance their coping skills, help them process and make sense of their emotional responses, and improve their overall psychological wellbeing. Group sessions were delivered either online or in person, depending on the context and participants' preferences.

### A. Individual Psychosocial Support Activities

The Side by Side Psychosocial Support Platform aims not only to support individuals directly affected by disasters but also to strengthen the coping capacities and psychological wellbeing of disaster workers and volunteers who face ongoing challenges during disaster response and recovery.

Designed with a user-friendly interface and grounded in the [Skills for Psychosocial Recovery](#) (SPR) model, the platform provides structured one-on-one support tailored to the unique needs of disaster workers and volunteers.





## IMPLEMENTATION FLOW

### 1. Online Application and Appointment

Teachers, healthcare workers, disaster workers, and volunteers submit their applications through the “make an appointment” tab on the platform. During the application process, the applicant’s basic identity and contact information is collected, and preferences regarding the meeting process are requested. Information requested on the application screen includes name–surname, Turkish ID number, nationality, gender, phone number, email address, emergency contact person details, and preferred day and time for the meeting (see [Note to Practitioner: Simplified Intake for Inclusive Access](#)).

At the initial contact stage, applicants are provided with various explanations within the framework of ethical principles, and their consent is obtained based on this information. These explanations include:

#### **Personal Data Protection and Consent Form under the Law on the Protection of Personal Data:**

The privacy and security of participants’ personal data must be safeguarded in line with national and international legal frameworks. In Türkiye, this is done in accordance with the Law on the Protection of Personal Data, through which participants give their explicit consent for the collection, processing, and storage of their data. The form outlines that personal information will be protected in accordance with confidentiality and data security principles and will only be used for approved purposes.

**Informed Consent Form:** Each participant receiving individual psychosocial support is informed about the scope of the service, their rights and responsibilities, and this is formally documented through the [Informed Consent Form](#). The form clearly explains the purpose of the psychosocial support, the confidentiality policy, the voluntary nature of participation, the scope of the assistance to be provided throughout the process, and the possibility of referral if needed. It serves as a mutual agreement between the participant and the psychosocial support specialist, offering a transparent framework regarding how the participant will benefit from the service, (see [Note to Practitioner: Function of the Informed Consent Form](#))

After the application is completed, the date, time, and online link for the meeting are sent to the applicants via email and SMS. Through this information process, individuals receive clear details about their appointment time and are supported in attending the session. Systematic and timely notifications increase attendance and continuity, significantly strengthening the effectiveness of the service.

#### Postponing or Avoiding Seeking Help

### LESSONS LEARNED



In any crisis situation, the significant role played by certain professional groups in society’s recovery often leads to the postponement or deprioritization of their own psychological support needs. Especially among these groups, where traits such as being rescuers, self-sacrificing, or overly giving are common, lower participation rates in individual or group psychosocial support processes have been observed.

Factors that may contribute to the postponement or avoidance of seeking help include:

**Internalizing the Helper Role:** Disaster workers and volunteers may internalize their identity as helpers, thereby deprioritizing their own human needs. The belief of “I’m the one who helps, I can’t be the one in need” is frequently observed.





### Postponing or Avoiding Seeking Help

## LESSONS LEARNED



**Freeze and Normalization Responses:** Professionals who work closely with traumatized or grieving groups may recognize their own psychological and emotional struggles later due to secondary traumatic stress. In some cases, workers display emotional suppression, freezing, numbness, or a tendency to “normalize” the event.

These factors were addressed in open psychoeducation sessions, aiming to raise awareness among individuals about their tendencies to delay or avoid seeking help.

## 2. First Contact

Based on the applicants’ submission through the platform, the coordinator responsible for case management assigns the case to a psychosocial support specialist to ensure an appropriate match. The specialist then contacts the beneficiary and sends a detailed introductory message about the support process. This gives the beneficiary a general framework before the first session and the opportunity to ask questions. Additionally, to ensure quick communication during the online support process — especially in case of emergencies, cancellations, or changes — the specialist’s institutional contact number is shared with the beneficiary.

## 3. Assessment Interview

At the scheduled date and time, the beneficiary and the specialist meet online via the platform. During this assessment session, the specialist explains the structure, purpose, and goals of the psychosocial support sessions, providing clarity about the service framework. The beneficiary is informed about the number of sessions, duration, session content, and referral procedures. They are also guided in clear language about how the support process will proceed, the confidentiality policy, and technical usage instructions (e.g., how to use the video call platform).

During the assessment interview, the [Online Individual Application Form](#) and [Pre-Assessment Form](#) are completed with the beneficiary. Any demographic information not collected during the application is gathered through this form, and pre-assessment data is entered into the platform by the specialist.

The assessment interview consists of six main parts:

- **Current Problems:** Triggering stressors, onset, symptoms, prior history (if applicable), impact on work, family, and others.
- **Personal, Familial, and Social Background:** Developmental history, ethnic and cultural background, family dynamics, siblings, experiences of violence, social support networks, educational history, hobbies.
- **Sensitive Issues:** Substance abuse, suicide risk and attempts, neglect and abuse, incidents of violence or crime.
- **Medical History:** Prenatal history, physical health, major illnesses, past surgeries or hospitalizations, medications, eating and sleep disorders, somatization.
- **Mental State Examination:** Appearance, behavior, mood, thought process, content of thought, language use, attention and concentration, abstract thinking, insight, and judgment.





- **Characteristic Traits:** Response to boundaries, impulsivity, distractibility.

At this stage, the beneficiary’s past trauma, current emotional state, stressors, and other key psychological needs are assessed in detail, providing a comprehensive understanding of their mental and psychosocial condition.

#### 4. Determination of Intervention

Following the assessment interview, a decision is made regarding which [Skills for Psychosocial Recovery](#) (SPR) to focus on, in accordance with the beneficiary’s needs. At this stage, a plan is developed to support the beneficiary’s post-traumatic psychological recovery. The skills from the SPR model are applied in specific sequences to strengthen the emotional and psychological healing process. Skills that can help resolve the beneficiary’s issues, develop coping strategies, and accelerate recovery are selected.

#### 5. Delivery of Psychosocial Support

The beneficiary and the specialist continue their sessions by focusing on the SPR skills identified in the initial meeting. The support process is planned for a minimum of five sessions and may be extended up to eight sessions based on the beneficiary’s needs and the specialist’s assessment. These sessions aim to empower the individual in need of psychosocial support and enhance their resilience through evidence-based methods. On the Side by Side Psychosocial Support Platform, each beneficiary is scheduled to receive five weekly sessions, each lasting 50 minutes. Sessions are conducted via online video conferencing, aiming to provide a safe environment as close as possible to the standard of in-person psychosocial support.

Primary interventions during the sessions include psychological first aid techniques, emotion regulation exercises, and problem-solving skills development. Throughout the process, the principle of “do no harm” is observed; for example, the beneficiary is not forced to recount traumatic memories and is allowed to progress at their own pace.

Specialists act with cultural sensitivity and respect the beneficiary’s beliefs and values.

#### 6. Referral

If ongoing or new needs are identified during the follow-up session, the psychosocial support specialist refers the beneficiary to the appropriate service providers.

In cases where suicide risk, severe depression, or a condition requiring psychiatric treatment is detected during online sessions, the specialist takes the necessary steps to refer the beneficiary to an appropriate healthcare institution or provider (see [Note to Practitioner: Referral Procedures](#)).

#### Inadequacy of Referral Mechanisms

### LESSONS LEARNED

During the worker support sessions, when individual needs or other psychosocial support needs were identified and there was an attempt to refer participants to more specialized services, it was observed that resources were insufficient. There is a clear need to maintain and increase the support services available for workers.

To address this issue, it is essential to strengthen inter-agency referral mechanisms and advocate for the expansion and continuity of worker support services.





## 7. Closure and Termination

The psychosocial support process is completed when the targeted number of sessions has been reached or when both the participant and the practitioner mutually decide to end the process in a planned manner. During the final session, the overall process is reviewed, the coping skills acquired are summarized, and a plan is developed on how to deal with possible future challenges.

If the participant has not yet fully developed the necessary *Skills for Psychosocial Recovery*, guidance is provided on possible pathways following the current support, and relevant information is shared to assist their continued progress.

At the closure stage, to measure the changes throughout the intervention process, the adapted version of the initial assessment tool — the *Final Evaluation Form* — is provided by the practitioner. This allows the participant’s progress in psychosocial wellbeing to be documented through comparative and concrete data.

If needed, and based on mutual agreement between the participant and the practitioner, a follow-up session may be scheduled to take place one month later. This follow-up is conducted by phone.

Regular follow-up by the practitioner constitutes a proactive approach to protecting the mental health of individuals and workers affected by disasters and crises. It is also applied as part of preventive mental health services. In this way, not only are individual workers supported in becoming more resilient, but the sustainability of intervention teams’ long-term efforts is also strengthened.

## 8. Monitoring, Evaluation, and Reporting

The psychosocial support process is structured flexibly based on the participant’s emotional and psychological needs. While sessions are conducted at predetermined times, the participant’s condition is closely monitored. At the beginning of each session, any changes since the previous week and the skills practiced are evaluated. Monitoring also includes making adjustments to the intervention plan when necessary. For instance, if the participant’s condition unexpectedly deteriorates or an urgent situation arises, additional sessions may be scheduled. In such cases, follow-up sessions are recommended.

Monitoring is also important for ensuring regular participation in the service. Participants who discontinue sessions are contacted, and if needed, session reminders are sent. Any obstacles they may be facing are identified and addressed with solutions to support their continued engagement.

Following their weekly sessions, psychosocial support practitioners report information about participants as quantitative data through the system. Weekly reports include the participant’s name and surname, the application category (teacher, healthcare worker, disaster worker, or disaster volunteer), form data, and session attendance status (session completed, participant did not attend, system error, reschedule, cancel). These reports are updated weekly via the platform.

### Qualitative Reporting on Session Content and Process Monitoring

### GOOD PRACTICE



Psychosocial support enables individuals to express inner difficulties and emotions, supports the development of insight into situations they struggle to accept or make sense of, and aims to strengthen their coping skills. Psychosocial support practitioners are responsible for monitoring the growth and change processes of the participants they serve.





### Qualitative Reporting on Session Content and Process Monitoring

## GOOD PRACTICE



In addition to the quantitative reports (e.g., number of sessions, number of participants) generated through the Side by Side Psychosocial Support Platform, practitioners also report qualitative information about the session content in a separate document. These reports do not include any personal identifiers of the participants and cover content from individual and group sessions, prominent challenges discussed during sessions, skills that were practiced, referrals made, and notes from weekly supervision meetings.

This approach enables deeper analysis of the most frequently encountered issues, participant needs, and the overall roadmap followed throughout the process, thereby ensuring the effectiveness and efficiency of the service. These qualitative reports are shared only with relevant parties.

To assess and improve service quality, feedback is collected from participants. After the final session, a [Feedback Form](#) is shared with the participants, adopting a participatory evaluation approach that allows them to anonymously share their opinions (For more detailed information, see [Good Practice: Feedback Mechanisms](#)).

The data collected is analyzed to evaluate the effectiveness of the service, enhance the support process, and improve intervention strategies. Based on the findings, session content may be updated, additional supervision may be provided to psychosocial support practitioners, or technical improvements may be made to the platform infrastructure.

These feedback reports serve as a valuable source of data for continuous improvement by monitoring participant experiences and levels of satisfaction.

### Ensuring Confidentiality and Privacy

## NOTE TO PRACTITIONER



Confidentiality is one of the cornerstones of the psychosocial support process. To build trust with individuals working in disaster and crisis settings and to encourage open sharing, a strong assurance must be provided that all shared information will be protected (For more detailed information, see [Note to Practitioner: Privacy and Confidentiality Principles in Online Support](#)).

## B. Group Psychosocial Support Activities

Psychosocial support can be offered not only to individuals but also in group settings. Group sessions within the scope of the staff care aim to strengthen participants' coping skills in the face of shared challenges, help them make sense of their emotions, and enhance their psychological wellbeing. In the long term, these sessions focus on strengthening emotional, psychological, and mental resilience in the face of secondary traumatic stress experienced by workers, reducing burnout, and developing coping strategies for stress and related problems.

The content of staff care sessions varies according to the dynamics of the participant group. These include group psychosocial support sessions for professionals working in disaster-related institutions, as well as one-off psychoeducation groups designed for mixed groups composed of individuals working in different institutions or affected by disasters. These group sessions are conducted both in-person and online.





## B.1. Structured Sessions

### B.1.1 Organization-Specific Sessions

In sessions planned in cooperation with institutions working in the field of disaster response, the aim is to bring together professionals and volunteers from the same organization to discuss shared challenges, explore collective solutions, and strengthen coping skills.

#### IMPLEMENTATION FLOW

#### 1. Application Process

Institution representatives (e.g., managers, team leaders) submit their requests on behalf of their organization via the [Group Psychosocial Support Request Form](#). This form collects key information from the designated contact person, such as the institution’s name, their position, expectations from the group sessions, and the number of participants. The Personal Data Protection and Informed Consent Forms are also approved within the same request form by the responsible contact person.

**a. Personal Data Protection Consent Form:** The personal data of participants in group activities are protected in accordance with the Personal Data Protection Law and international data privacy standards. Explicit consent is obtained regarding the collection, processing, and storage of participants’ data, and this consent is documented through a standardized form. The form clearly states that personal data will only be used for authorized purposes and in line with confidentiality principles.

**b. Informed Consent Form:** All participants in group psychosocial support activities are informed about the purpose of the group sessions, the principle of confidentiality, and the voluntary nature of participation. This information is recorded using the [Group Informed Consent Form](#), which outlines that participation is voluntary, confidentiality will be maintained, and information shared within the group will not be disclosed without permission.

#### Outreach and Dissemination Efforts

#### GOOD PRACTICE



As part of the Side by Side Project, informational meetings are held to promote the staff care sessions among public institutions and civil society organizations operating in disaster-affected areas. These meetings may be organized within the scope of MHPSS Coordination Meetings or upon request from institutions seeking more detailed information about the project.

In addition, outreach is conducted through emails and phone calls to organizations working in the field of disaster response. During these awareness-raising sessions, the Group Psychosocial Support Request Form and related informational materials are shared with participants.

For example, an informational session on the Side by Side Online Psychosocial Support Platform was conducted as part of the “Inspiring Good Practice” example series by the Disaster Psychology Platform Association.





## 2. Needs Assessment

In groups formed by beneficiaries coming from different institutions, needs assessments are addressed in more detail during the evaluation interviews. The scope and framework of each group session are tailored according to the specific needs of the relevant target group. These groups are created based on observations and requests gathered through individual and group sessions conducted with professionals who have been working in the disaster area for an extended period, and are announced to potential beneficiaries through social media channels. (For more information on needs assessment, see [Note to Practitioner: Why Needs Assessments Matter.](#))

## 3. Group Formation

Groups are formed with a minimum of 5 and a maximum of 12 participants. Although the process is carried out within the framework of institutional cooperation, participation in the group sessions is based on individual voluntariness. Depending on the participants' needs, the sessions are planned to last at least 4 weeks and up to 8 weeks. For groups targeting institutional staff, efforts are made to bring together individuals with similar professions or positions, as this helps maintain group homogeneity.

### Group Homogeneity for a Safe Sharing Environment

### NOTE TO PRACTITIONER



When forming psychosocial support groups, ensuring a certain degree of homogeneity among participants in terms of profession, position, or level of stress exposure can enhance the effectiveness of the group process.

Individuals working in similar contexts tend to feel more understood, experience less anxiety about being judged, and become more open to sharing their experiences. This approach contributes to the creation of a psychologically safe space within the group, enabling participants to recognize shared challenges, learn from one another, and develop coping strategies that are relevant to their professional realities.

At the same time, when individuals from different hierarchical levels (e.g., managers and team members) are placed in the same group, it should be taken into account that some participants may feel less comfortable expressing themselves freely. Therefore, power dynamics and confidentiality should be carefully considered during the group formation process.

However, complete "sameness" should not be the goal. Striking a balance between similarity and diversity both fosters trust and empathy, and enhances the group's learning potential through the inclusion of different perspectives.

Once the participants for the group session are determined, a specialist and session time are assigned to the group. The assigned specialist sends an introductory email to the group participants, which includes the [Application Form](#) and the [Pre-Assessment Form](#). In the Pre-Assessment Form, participants are asked about the issue they are applying for, the extent to which this issue has affected them recently, and their overall wellbeing.

To facilitate communication, a messaging group is created by the specialist, through which necessary announcements and updates are shared. Before each session, participants are contacted to confirm their attendance.





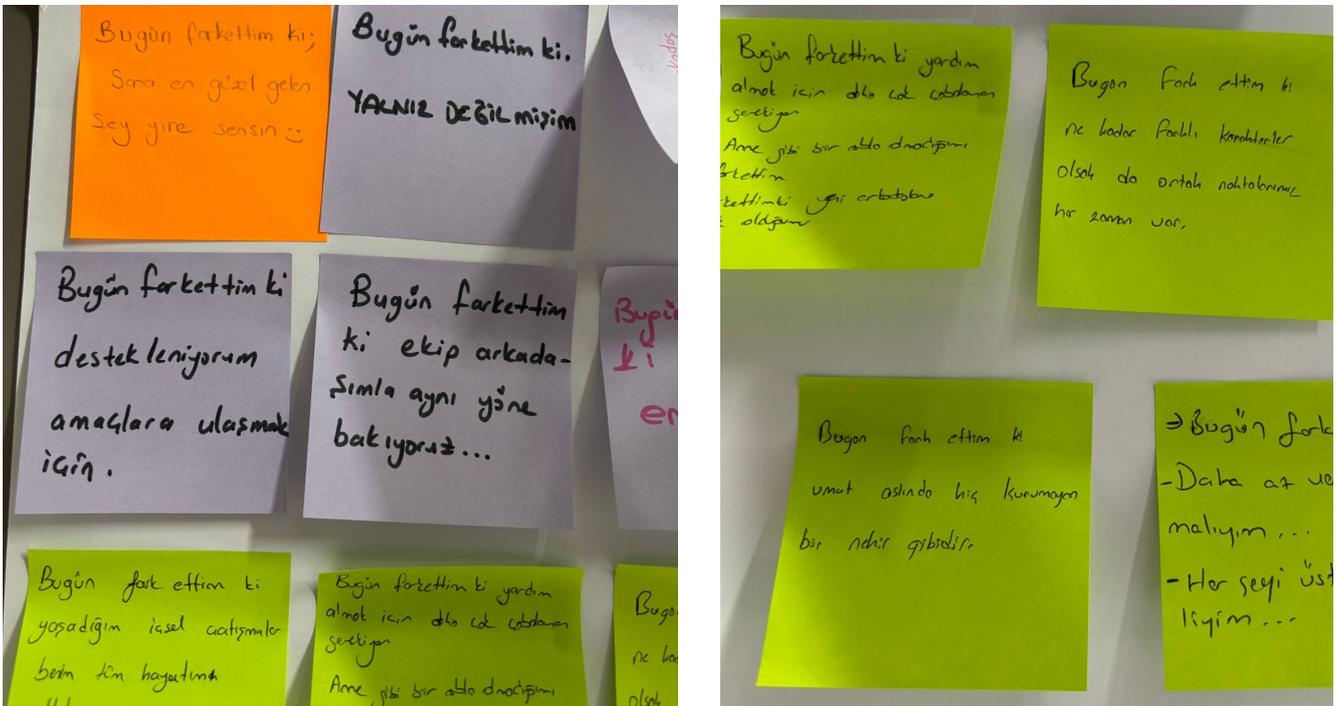
### Institutional Collaboration for Sustainable Group Support

## GOOD PRACTICE



Institutional representatives and managers play a critical role in forming and sustaining support groups. Therefore, close collaboration is established with these stakeholders before launching the groups. This cooperation allows for schedule adjustments during working hours according to the needs of the staff, and also supports improvements in internal support systems based on needs that arise during the sessions.

For example, group sessions were held every other Friday during working hours for disaster workers affiliated with the Provincial Directorate of Family and Social Services in the Onikişubat and Dulkadiroğlu districts of Kahramanmaraş. In coordination with institutional managers, flexibility was provided to participants regarding transportation, leave, and temporary assignments to other departments—creating a supportive working environment for staff mental health and wellbeing.



Post-it notes capturing participants' reflections after a group session, for example:  
'Today I realized that I am not alone.'  
'Today I realized that I don't have to carry everything on my own.'

## 4. Assessment Interview

At the scheduled date and time, participants and the specialist meet online via the platform for the assessment session. During this session, the specialist provides information about the structure, purpose, and goals of the group psychosocial support sessions, outlining the scope of the support process. This step includes explaining participants' rights and the scope of services to be provided. Participants are informed about the number of sessions they will attend, the duration of each session, the session content, and conditions for referrals to other services.

In addition, clear explanations are provided regarding how the group psychosocial support process will function, the confidentiality policy, and technical guidelines (e.g., how to use the video conferencing platform). Participants are also reminded to complete the Pre-Assessment Form during this session.





## 5. Delivery of Psychosocial Support

Based on the findings gathered during the initial assessment sessions, a semi-structured intervention program is designed for the participants. This program is built upon [Skills for Psychosocial Recovery](#) and aims to support psychological wellbeing in the aftermath of a disaster. It includes informative content intended to strengthen participants’ coping mechanisms.

### Fear of Stigma and Concerns About Confidentiality

## LESSONS LEARNED



Receiving psychological support can be perceived as a sign of weakness, particularly for professionals who are in helping roles. When combined with the belief that “I must stay strong,” this perception can become a barrier to help-seeking behavior. Stigmatization has been observed to be more prominent among male workers. This issue has limited the effectiveness of group sessions.

In addition to that, concerns about confidentiality have especially affected those working in the same field or institution. Some individuals have hesitated to attend individual or group sessions due to fears that confidentiality may not be fully maintained, or that their colleagues might find out and they would be stigmatized. This situation has been observed to negatively impact participation in psychosocial support processes and the sharing of experiences. Based on these insights, mixed group sessions involving people from different institutions and one-off psychoeducation sessions have been organized within the scope of group psychosocial support activities, and various strategies have been developed to address concerns about stigma and confidentiality. Similarly, short videos prepared by experts on our social media platforms have addressed issues such as confidentiality, stigma, and the nature of psychosocial support. These materials aimed to challenge prejudices and normalize help-seeking behavior.

## 6. Referral

Among the participants attending group sessions, some individuals may occasionally be observed to need individual psychosocial support. When the specialist identifies such a need, the participant is referred to individual psychosocial support services. These referrals are carried out in cooperation with local service providers and protection mechanisms, based on existing service mapping (see [Note to Practitioner: Referral Procedures](#)).

## 7. Closure and Termination

In the closing session, an assessment is conducted regarding the knowledge and skills gained by participants throughout the group process. Verbal feedback is gathered from participants about the skills they have acquired, and the coping strategies developed during the process are reviewed together. Additionally, information about future support resources and emergency contact mechanisms is shared with the participants.

In the final session of group work, which lasts at least four weeks, participants are asked to complete the [Final Assessment Form](#) again to reflect on their personal progress throughout the process. In addition, the [Feedback Form](#) is provided to allow participants to share their opinions on both the specialist and the overall support process.





## 8. Monitoring, Evaluation, and Reporting

The group psychosocial support process aims to help participants recognize that they are not alone in the emotions, challenges, and problems they experience collectively, to support them in making sense of their experiences, and to promote the development of functional psychological coping skills.

Weekly sessions are documented by the specialist in a written report. These reports include the date and time of the session, the names of participants who attended, the topics and skills addressed, and, where applicable, examples of participant feedback (also see [Good Practice: Feedback Mechanisms](#)).

### B.1.2 Mixed Group Sessions

These are mixed groups composed of individuals working in various civil society and public institutions operating in disaster-affected areas. The aim of these groups is to bring together professionals from similar occupational backgrounds — such as psychosocial support specialists (psychologists, psychological counselors, social workers, child development specialists, etc.) — working in disaster zones, to help them recognize that they are not alone in the challenges they face and to strengthen their healthy coping skills.

## IMPLEMENTATION FLOW

### 1. Application Process

Applications for these groups—composed of individuals working in various institutions within the disaster response field—are disseminated through announcements shared via social media channels and messaging groups used by relevant professionals.

These announcements include information such as the target group, group date and time, application deadline, the scope and framework of the activity, as well as the [Group Psychosocial Support Request Form](#) for those who wish to apply. Additionally, participants joining the group sessions are required to approve the **Personal Data Protection Form** and the **Informed Consent Form**.

**a. Personal Data Protection and Consent Form:** The personal data of participants in group activities are protected in accordance with the Personal Data Protection Law and international data privacy standards. Explicit consent is obtained regarding the collection, processing, and storage of participants' data, and this consent is documented through a standardized form. The form clearly states that personal data will only be used for authorized purposes and in line with confidentiality principles.

**b. Informed Consent Form:** All participants in group psychosocial support activities are informed about the purpose of the group sessions, the principle of confidentiality, and the voluntary nature of participation. This information is recorded using the [Group Informed Consent Form](#), which outlines that participation is voluntary, confidentiality will be maintained, and information shared within the group will not be disclosed without permission.

After the application period has ended, psychosocial support specialists individual conduct assessment interviews with the applicants. The purpose of these interviews is to evaluate whether the applicant is suitable for the identified target group. If, based on the comparison between the applicant's expectations and the group's objectives, participation is deemed appropriate and beneficial, the applicant is included in the group. Each group is formed with a minimum of 5 and a maximum of 12 participants.





## 2. Needs Assessment

In groups formed by participants from different institutions, the needs assessment is addressed in more detail during the assessment meeting. The scope and framework of the group session to be conducted is pre-designed to meet the needs of the target group. If this scope and framework align with the expectations and needs of the participants, they proceed to complete the [Group Psychosocial Support Request Form](#).

The scope and framework are determined based on observations and demands gathered through individual and group sessions previously conducted with workers who have been active in the field for an extended period, and are then shared with potential participants via social media announcements. (For more on needs assessment, see [Note to Practitioner: Why Needs Assessments Matter](#).)

## 3. Group Formation

Once the participants for the group sessions are identified, a specialist and session time are assigned. The assigned specialist sends an introductory email to the participants, which includes the [Application Form](#) and the [Pre-Assessment Form](#). The Pre-Assessment Form gathers information on the problems participants are seeking support for, how these issues have affected them recently, and general indicators of their wellbeing.

To facilitate communication, the specialist also creates a messaging group through which announcements and updates are shared. Before each session, participants are contacted to confirm their attendance.

## 4. Assessment Interview

At the designated time, participants and the specialist meet online for the assessment meeting. During this meeting, the specialist provides information on the purpose, structure, and goals of the group psychosocial support sessions. This step includes an explanation of the participants' rights and the scope of the services they will receive.

Participants are informed about the number of sessions, their duration, the topics to be covered, and conditions for potential referrals to other services. They are also briefed clearly on the group psychosocial support process, confidentiality policies, and technical guidelines (e.g., how to use the video conferencing platform).

Participants are reminded to complete the [Pre-Assessment Form](#) if they haven't already. The aim of this meeting is to build trust between participants and the specialist. Detailed information on the scope and framework of the sessions is shared. Sessions are planned for a minimum of 4 meetings and can be extended up to 8 based on group needs and mutual agreement between the specialist and participants.

The [Pre-Assessment Form](#) gathers information about the problem that brought the participant to the group, the impact it has had recently, and general indicators of wellbeing.

## 5. Delivery of Psychosocial Support

Following the needs assessment session, an intervention plan is developed based on the shared emotional experiences and needs of the participants, using the [Skills for Psychosocial Recovery](#) (SPR) framework. These closed and mixed support groups aim to create a safe space to make sense of emotional experiences, enhance coping skills for difficult emotions (e.g., grief, anger, anxiety, burnout), reduce feelings of isolation through shared experience, and encourage mutual support among participants through peer resources.





## 6. Referral

Among group participants, there may occasionally be individuals who require individual psychosocial support. When such needs are identified, the specialist refers the participant to individual services. Referrals are made in accordance with existing service maps and in collaboration with local service providers and protection mechanisms (see [Note to Practitioner: Referral Procedures](#)).

## 7. Closure and Termination

The final session includes an evaluation of the knowledge and skills developed throughout the group process. Verbal feedback is gathered on the skills participants have gained. Coping strategies are reviewed together, and forward-looking support resources and emergency contact mechanisms are shared with the group.

At the end of the group process, which lasts at least 4 weeks, participants complete the [Staff Care Post-Assessment Form](#) to reflect on their personal development during the sessions. In addition, they are invited to fill out a [Feedback Form](#) to share their opinions about the specialist and the overall process.

## 8. Monitoring, Evaluation, and Reporting

Psychosocial support groups facilitated in mixed group formats bring together professionals from different institutions who serve the same target population. Their monitoring and evaluation processes are carried out in a similar manner to those of institution-based groups.

Detailed weekly reporting is conducted by the specialists in quantitative format. These reports include the date and time of the session, participant attendance, the topics and skills addressed, and, if applicable, examples of participant feedback (see [Good Practice: Feedback Mechanisms](#)).

### B.2. One-off Sessions

#### B.2.1 Psychoeducation Sessions

Making sense of challenging experiences after a disaster, normalizing emotional responses, and sharing accurate information are of great importance during such times. Based on this need, one-off psychoeducation sessions open to all participants are organized to provide information about the psychological effects of the process, help individuals realize that they are not alone in their experiences, and strengthen coping skills. These psychoeducation sessions—primarily intended for disaster workers and volunteers, but open to anyone interested—are generally held online, on a fixed day and time each week. To ensure broad participation, the sessions are publicly announced. They can also be conducted face-to-face upon invitation or in collaboration with institutions.

To collect anonymous feedback on the event, participants are provided with a [Feedback Form](#) either online or via a QR code at the venue.





### Online Psychoeducation Series for Strengthening the Psychological Wellbeing of Emergency Response and Recovery Workers

## GOOD PRACTICE



The topics of the psychoeducation sessions were determined based on the common challenges reported by participants actively engaged in individual and group psychosocial support sessions, as well as areas of need identified by psychosocial support specialists. These topics are designed to address specific issues faced by disaster workers, while also aiming to shed light on the broader difficulties encountered in disaster contexts.

Some of the sessions held as part of the Psychoeducation Series for Strengthening the Psychological Wellbeing of Emergency Response and Recovery Workers include:

- **Ethics in the Field: The Foundation of Humanitarian Response:** This session focused on the ethical principles that disaster workers must adhere to in the field. It emphasized how to approach complex situations with an ethical lens, covering fundamental concepts such as “do no harm,” setting boundaries, and maintaining confidentiality.
- **The Invisible Burden of Disaster Workers: Compassion Fatigue and Psychological Resilience:** Working under stressful conditions, witnessing others’ suffering, and being in constant roles of care and support can be overwhelming for disaster workers. This session explored the symptoms and impact of compassion fatigue, with a focus on recognizing personal needs, setting boundaries, and developing healthy coping strategies.
- **Secondary Traumatic Stress in Humanitarian Workers:** Secondary traumatic stress is a condition that arises from closely witnessing the trauma of others and carrying their emotional burdens. This session covered the symptoms of secondary traumatic stress, contributing factors, risk indicators, and protective elements. The importance of self-care as a critical component of stress management was also discussed.
- **A Familiar Feeling in the Field – Anger:** In the high-pressure, uncertain, and at times helpless environment of disaster zones, anger is a common emotional response. This feeling is often intertwined with perceptions of injustice, loss of control, inadequacy, or ethical dilemmas. This session presented both an evolutionary and psychological understanding of anger, offering a theoretical framework on how it manifests in disaster settings, what it represents, and how it can be managed effectively.

### Session Scheduling

## NOTE TO PRACTITIONER



Session times should be planned in consideration of the needs and work schedules of the target group. Organizing sessions during times that are convenient for participants—particularly outside of regular working hours—can help increase attendance and enhance the effectiveness of the intervention.

### Outreach

## GOOD PRACTICE



While announcements for psychoeducation sessions shared via social media accounts have reached large audiences, it has been observed that sharing information within joint WhatsApp coordination groups that include relevant staff has been more effective in ensuring active participation of the target group. This method facilitates direct outreach to specific target audiences and helps increase participation rates.





### Collaboration with Volunteer Student Groups

## GOOD PRACTICE



Within the scope of the Side by Side Project, the psychoeducation sessions organized as part of the series to strengthen the psychological wellbeing of disaster workers and volunteers have attracted the attention of individuals from various institutions and professional fields. For example, a special collaboration was carried out to enable the volunteer scout team to benefit from these sessions as part of the “Post-Disaster Scout Support Team Formation” project jointly implemented by Hacettepe University’s Scouting Club and the Ministry of Youth and Sports.

Collaborations with university clubs are highly valuable for enhancing young volunteers’ psychosocial support capacity in post-disaster contexts. To expand similar initiatives, an open, collaborative, and participatory approach to inter-institutional communication should be adopted.

### In-Person Staff Support Psychoeducation Sessions as Part of Advocacy Activities

## GOOD PRACTICE



Advocacy activities generally aim to raise awareness about the issues faced by individuals or communities, promote improvement efforts, and support rights-based initiatives. In the context of disaster response, advocacy efforts targeting workers focus on making visible the challenges experienced by professionals and volunteers operating in trauma and crisis settings, and on voicing their needs and rights.

As part of the Side by Side Project, in addition to providing individual and group psychosocial support services for disaster workers, volunteers, teachers, and healthcare workers, various advocacy efforts were also carried out. For instance, a staff support session was conducted during the Protection Sector Planning Workshop in Southeast Türkiye organized by the United Nations High Commissioner for Refugees (UNHCR).

In this session for protection sector staff, research was conducted on the challenges, emotions, and sources of motivation experienced after the February 6 earthquakes. Participants were supported in recognizing that they were not alone in their difficulties and shared emotions, and were empowered through the recollection of the resources that had helped them stay motivated and committed to their work in the field.





## B.2.2 Social Recovery Activities

Working in disaster areas for extended periods, combined with fatigue, limited access to social and cultural activities, and constant exposure to secondary trauma, can negatively impact the psychological wellbeing of response workers. Creating spaces for disaster workers to come together and socialize outside of work is important for sustaining their efforts and protecting their mental health. Therefore, it is essential to organize various social recovery activities for those who have been deployed in the field for a long time.

As part of the Side by Side Project, different games, movie nights, and sports activities were organized for disaster workers to meet after working hours. These activities were announced and promoted through various messaging groups used by disaster workers. A separate planning and announcement group was also created for those who wished to participate.

Participants were offered various activity, date, and time options through the announcement group. The most suitable options were determined in consultation with participants. The planned activities aimed to provide spaces where participants could socialize and have fun. Examples include volleyball, table tennis, movie nights, street games, and board games.

On the day of the activity, participants gathered at the designated location. Following the opening and introductions, participants were asked to complete the Personal Data Protection Form. In addition, a Participant List containing their names and relevant information is also completed during the session. If the planned activity took place in a container city area inhabited by children and adults, participants were briefed on institutional Child and Adult Safeguarding Procedures before the event began. After the event, participants gathered in the designated closing area to share verbal feedback.

To collect anonymous feedback, a [Feedback Form](#) was also shared with participants via their contact numbers or through a QR code provided at the event location.



## 4. PSYCHOSOCIAL SUPPORT SPECIALIST TRAININGS AND CAPACITY BUILDING





In disaster response processes, professionals assigned to work in the field of Mental Health and Psychosocial Support (MHPSS) are required to complete certain foundational trainings. These trainings are not limited to MHPSS content alone; they also aim to help professionals develop a holistic perspective on crisis and disaster situations, and the ability to evaluate each scenario—which may have different dynamics—based on its specific context. In addition to increasing theoretical knowledge, the trainings contribute to the development of ethical, safe, and effective intervention skills in crisis environments such as disasters.

Accordingly, the activities carried out to strengthen the capacity of specialists are grouped under four main categories:

- Basic Disaster Trainings
- MHPSS Interventions in Disasters and Emergencies
- Capacity Building Activities, and
- Supervision of MHPSS Programs

## 4.1 Basic Disaster Trainings

The basic trainings that all specialists are required to complete prior to field deployment in disaster settings are of critical importance for ensuring personal safety and enabling effective and informed interventions on the ground.

### a. Disaster Awareness Training

Disaster awareness training is vital for personnel working in disaster settings to ensure their own safety and to guide the community in an informed manner regarding disaster preparedness. This training includes:

- Types and impacts of disasters
- Preparedness and risk reduction strategies
- Safe evacuation, assembly, and first response practices
- Personal safety measures and basic equipment usage
- Recognizing the psychosocial impacts of disasters

By the end of this training, participants should gain the ability to make quick and safe decisions during a disaster and develop a perspective that is aware of both physical and psychological risks (IASC, 2007; WHO, 2022).

### b. Core Principles, Standards, and Ethics in Humanitarian Aid

All individuals involved in humanitarian work must uphold fundamental humanitarian values. Therefore, this training should cover:

- Principles of humanity, neutrality, independence, and impartiality
- Sphere standards and the ethical framework
- Rights and privacy of aid recipients
- Gender-sensitive and culturally respectful approaches
- Rights and ethical responsibilities of volunteers

By the end of this training, participants should be prepared to work in the field with an inclusive, rights-based approach grounded in ethical principles (Sphere Association, 2018; IFRC, 2018).





### c. Child Safeguarding

Children are among the most vulnerable groups during disasters. Therefore, it is essential that all personnel receive training on child safeguarding policies and protection principles. The core content includes:

- Child rights and protection principles
- Identifying types of neglect, abuse, and exploitation
- Reporting procedures and intervention protocols for suspected cases
- Rules for safe communication and appropriate boundaries

By the end of this training, participants should be prepared to work in the field with an inclusive, rights-based approach grounded in ethical principles (Sphere Association, 2018; IFRC, 2018).

### d. Trauma Awareness

Trauma awareness training helps professionals working with individuals who have experienced direct or indirect trauma during disasters understand the nature, impact, and sensitivities of trauma. The training aims to build the following competencies:

- Understanding the psychological, physical, and social effects of trauma
- Recognizing post-traumatic stress responses
- Providing services that prevent re-traumatization
- Principles of trauma-informed care (safety, choice, collaboration, empowerment, cultural sensitivity)

This training should ensure that practitioners adhere to the “do no harm” principle during intervention processes (IASC, 2007).

### e. Ethical and Effective Communication with Communities

In disaster and crisis settings, establishing communication with affected individuals that is trust-based, sensitive, and respectful is of vital importance. This training includes the following topics:

- Principles of clear, respectful, and open communication with communities
- Culturally and religiously sensitive approaches that account for language and belief differences
- Informed consent and accurate information sharing
- Trauma-informed listening and response skills
- Communication methods that encourage community participation

By the end of this training, participants are expected to develop a communication style with communities that is trust-based, culturally sensitive, and aligned with ethical principles (IASC, 2007; UNICEF, 2018).

### f. Coordination and Information Sharing

In disaster response, effective outcomes depend critically on inter-agency coordination and information sharing. This training focuses on:

- Role and responsibility distribution during emergency response





- Secure, accurate, and timely transmission of field data
- Collaboration and referral mechanisms with other institutions and stakeholders
- Standards for information confidentiality and data protection
- Active participation in coordination meetings and reporting

The goal is to enable participants to build effective partnerships, ensure reliable information flow, and take on proactive roles in multi-actor response efforts. (IASC et al., 2021; Sphere, 2018).

### Coordinated Civil Society Response The Disaster Platform Model

## GOOD PRACTICE



In disaster and crisis situations, effective communication and task sharing among stakeholders — when conducted through pre-established communication channels and coordination platforms — significantly enhances the efficiency, speed, and inclusivity of response efforts.

In this context, the Disaster Platform, of which Needs Map is one of the founding members, serves as a model for civil society collaboration. The platform brings together NGOs, volunteer initiatives, academic institutions, and local actors from across Türkiye.

The Disaster Platform was founded on January 24, 2020, following the Elazığ-Malatya earthquake. It was established by a group of civil society organizations aiming to act collectively, ensure reliable information flow, coordinate the effective use of resources, and transparently share responsibilities in the field to minimize the adverse effects of disasters.

The main functions of the Disaster Platform include:

- **Preparedness:** Strengthening capacity through information and resource sharing, trainings, and drills.
- **Coordination during emergencies:** Facilitating rapid communication and cooperation among member NGOs to ensure complementary — not overlapping — aid efforts.
- **Post-disaster recovery:** Coordinating psychosocial support, shelter, basic needs, and long-term recovery efforts.
- **Advocacy:** Enhancing civil society participation in disaster-related policymaking and promoting a rights-based approach.

During the February 6, 2023 earthquakes centered in Kahramanmaraş, the platform evolved into a large-scale structure involving dozens of stakeholders. It played a critical role in both rapid response and long-term recovery efforts. This experience demonstrated not only the importance of speed and efficiency in disaster response but also the value of social solidarity, participation, and trust-based collaboration. By mobilizing the collective capacity of civil society, the Disaster Platform highlighted that building a more prepared and resilient society for future disasters is both possible and more effective through coordinated action.





## 4.2. MHPSS Intervention Trainings in Disasters and Emergencies

Understanding the scope of mental health and psychosocial support (MHPSS) interventions, maintaining an ethical framework, and delivering effective responses are essential to strengthening the competencies of professionals. MHPSS-focused trainings are a key component in enhancing the capacity of practitioners.

### a. Understanding Psychosocial Support in Humanitarian Emergencies

This training aims to clarify the scope and boundaries of psychosocial support (PSS). It is particularly important for distinguishing the roles and responsibilities of field workers and mental health professionals. Key topics covered in this training include:

- Definition and objectives of psychosocial support
- Differences from clinical interventions
- Principles of intervention (do no harm, voluntariness, confidentiality, etc.)
- Avoiding harmful practices

By setting clear parameters, this training helps prevent misdirection and unethical interventions in the field (IASC, 2007).

### b. Psychological First Aid (PFA)

In disaster and crisis settings, professionals must be equipped with the skills to provide basic support to individuals affected by trauma. This training covers:

- Core principles of Psychological First Aid (safety, calmness, connection, hope, and access to support)
- Establishing contact and building trust during a crisis
- Recognizing and responding to emotional reactions
- Avoiding harmful interventions
- Referring individuals to appropriate support services

By the end of the training, participants are expected to gain the ability to engage with emotionally distressed individuals in a safe, supportive, and dignity-centered manner (WHO, 2022; IASC, 2007).

### c. Stress Management

Disaster and crisis environments carry high levels of stress for both affected individuals and responders. This training helps staff recognize their own stress levels and develop healthy coping strategies. Main topics include:

- **Supporting individuals under stress:** Understanding the emotional, behavioral, and cognitive reactions of people exposed to crisis; learning to intervene with a calm, flexible, and reassuring approach.
- **Identifying signs of stress and anxiety:** Discussing symptoms such as insomnia, freezing, and hypervigilance.
- **Relaxation and stress management techniques:** Introducing breathing exercises, body awareness practices, and brief relaxation methods.





- **Seeking and providing help:** Exploring internal support mechanisms, supervision opportunities, and referrals to mental health professionals when needed.

#### d. Self and Collective Care

This training focuses on promoting awareness and care for both oneself and colleagues, especially for those who have been deployed in the field for extended periods. It aims to strengthen individual self-care practices and peer support within teams. Topics covered include:

- **Awareness and self-care:** Enhancing body–mind awareness, setting personal boundaries, and recognizing the need for rest
- **Peer support:** Sharing challenges within the team and exploring ways to develop collective solutions
- **Recognizing signs of stress and burnout:** Providing information about physical, mental, and emotional exhaustion
- **Stress management and help-seeking:** Informing participants about internal support systems and pathways to external resources

#### Practitioner Burnout and Service Continuity

#### LESSONS LEARNED

Mental health and psychosocial support (MHPSS) professionals working in post-disaster settings are not only exposed to high demand but also to secondary traumatic stress. During disaster response efforts, practitioners in the field frequently experience professional burnout due to emotional strain, excessive workloads, organizational uncertainty, and lack of resources. This state of burnout not only threatens the wellbeing of the service providers themselves but also directly affects the continuity, quality, and effectiveness of the interventions being delivered.

The fast-paced, uninterrupted cycle of intervention in the field—when not supported by adequate supervision and structured self-care mechanisms—can significantly limit practitioners’ ability to provide services effectively.

To prevent burnout among psychosocial support professionals and ensure the continuity of services in post-disaster settings, regular supervision, self-care training, and the consistent use of scheduled leave are critical. These considerations should also be integrated into the planning phase of projects, ensuring that supervision flows and budgeting processes include a focus on staff wellbeing.

### 4.3. Capacity Development Trainings

In disaster and emergency contexts, it is essential to strengthen the capacity of mental health and psychosocial support (MHPSS) teams to respond creatively, strategically, and sensitively to the complex, unpredictable, and dynamic situations that may arise. Capacity development activities serve as a core practice that supports both the professional and personal growth of field practitioners, reinforces implementation, and enhances the quality of interventions.

Going beyond standard training sessions, capacity development efforts aim to continuously update practitioners’ knowledge, skills, and reflexes. These activities empower teams to respond to crises with greater flexibility, creativity, and resilience.





**MHPSS Content and Tools Library**

**GOOD PRACTICE**



As part of the Side by Side Project, a Mental Health and Psychosocial Support (MHPSS) Library was developed to ensure that specialists have fast, reliable, and centralized access to shared resources. This digital content pool includes both structured group session materials and tools and reading materials for use in individual interventions.

The library features session outlines, activity suggestions, and psychoeducational materials designed for children, adolescents, adults, and special groups. It also includes informative briefs compiled from up-to-date resources on topics such as trauma, grief, self-care, boundary-setting, and managing challenging cases.

Each new tool and material developed throughout the project is added to this shared pool and made accessible to all field professionals. In this way, both the quality of content is standardized, and knowledge-sharing among professionals is fostered, supporting collaboration. This practice has improved access to resources while also enhancing the functionality and sustainability of the tools created.

Among the capacity-building activities, trainings have been a central component. Psychosocial support specialists received [SPR](#) practitioner training to implement structured group and individual psychosocial support sessions. The theoretical training was reinforced with regular supervision sessions throughout the process to strengthen practical application.

In addition, thematic capacity-building trainings were organized based on emerging needs or requests from professionals. These trainings provided space for teams to update their knowledge, learn new approaches, and reflect on their own practices.

**Capacity-Building Series on Skills and Competencies for Working with Children**

**GOOD PRACTICE**



To strengthen the competencies of the psychosocial support team working with children, a capacity-building series titled “Working with Children” was conducted. This process was designed in response to field-based requests and carried out with the support of a specialist who had long-standing experience working with children and adolescents. The first step involved a needs assessment meeting to identify shared challenges and training priorities. Based on these needs, the training series was structured to include both theoretical knowledge and case-based supervision.

The four-session program included the following:

**Session 1 Introduction and Identification of Shared Needs:** Key challenges and needs in working with children and adolescents were discussed. Field observations, case examples, and parental expectations were shared. The training content was shaped accordingly.

**Session 2 Child Development – Theoretical Foundations:** The developmental characteristics and psychosocial needs of children aged 5–12 were explored. Age-appropriate support strategies, emotional responses in post-disaster settings, and secure attachment practices were discussed.

**Session 3 Adolescent Development – Theoretical Foundations:** This session focused on the psychosocial features and emotional needs unique to adolescence. Common stress responses among adolescents, behavioral and emotional reactions during crises were examined. Key themes such as family dynamics, peer relationships, and identity formation were addressed. Discussions were held around common challenges





### Capacity-Building Series on Skills and Competencies for Working with Children

## GOOD PRACTICE



faced by specialists, and strategies were proposed on effective communication, boundary setting, and building trust.

**Session 4 Case Presentation and Supervision:** Each team presented a case from their respective working areas. Supervision was provided on the approaches and intervention techniques used. Group reflections were held on ethical responsibilities, boundary setting, and strategies for managing difficult situations.

### 4.4. Supervision of MHPSS Programs

In emergency and disaster settings, MHPSS teams often face intense emotional stress, secondary trauma, burnout, and uncertainty. The demanding pace of work, continuous exposure to high-risk cases, and occasional ethical dilemmas are among the key factors that can weaken professional resilience. In this context, supervision is not only a process for supporting professional development but also a critical protective mechanism for safeguarding the psychological wellbeing of personnel (IFRC, 2018).

Studies show that staff who receive regular supervision develop stronger feelings of self-efficacy and adopt more inclusive and sensitive approaches to trauma response (Sphere Association, 2018). For professionals working in high-stress environments or field settings, developing regular and structured supervision mechanisms is essential for maintaining professional resilience and providing sustainable support within ethical boundaries.

### Supervision: A Space for Sharing, Learning, and Emotional Support

## NOTE TO PRACTITIONER



Supervision practices can be conducted at both individual and group levels. Individual supervision sessions should create space for case-based evaluations, focusing on specific challenges faced by the practitioner and the beneficiary. Group supervision, on the other hand, should support experience sharing, professional solidarity, and mutual learning among practitioners working on similar themes.

In both formats, supervision sessions should include:

- Case discussions and reflection on ethical decision-making processes
- Strategies for setting boundaries, recognizing, and managing burnout
- Self-care and personal support practices
- A safe space where emotional burdens can be shared and trauma impacts can be acknowledged

Studies show that staff who receive regular supervision develop stronger feelings of self-efficacy and adopt more inclusive and sensitive approaches to trauma response (Sphere Association, 2018). For professionals working in high-stress environments or field settings, developing regular and structured supervision mechanisms is essential for maintaining professional resilience and providing sustainable support within ethical boundaries.





- These sessions were conducted online every two weeks, with active participation from psychosocial support practitioners.
- Each session lasted approximately two hours and focused on case formulation, intervention planning, ethical evaluation, and sharing of professional challenges.
- Practitioners often brought complex cases to the supervision sessions, allowing for evaluation through multiple perspectives in collaboration with other professionals.
- Given that many of the practitioners were themselves members of communities affected by the earthquake, supervision played a critical role in enabling emotional expression and fostering self-care.
- Additionally, online service providers held peer supervision meetings at regular intervals. These peer sessions strengthened professional solidarity among practitioners, created space for sharing emotional experiences, and promoted a culture of mutual learning.

### MHPSS Advisory Board Model

## GOOD PRACTICE



To strengthen post-disaster psychosocial intervention capacity and build a systematic framework grounded in ethical principles, the Side by Side Project established a Mental Health and Psychosocial Support (MHPSS) Advisory Board composed of expert psychologists and academics specializing in disaster psychology and trauma. This board led the development of response models that were academically informed and responsive to field realities.

- The core contributions of the Advisory Board included:
- Developing a psychosocial support framework grounded in a disaster risk management perspective;
- Designing preventive intervention programs for both local communities and field practitioners, guided by a community-based recovery approach;
- Conducting capacity-building activities that fostered a shared understanding among all staff members;
- Establishing supervision mechanisms for practitioners working at both individual and group levels;
- Providing expert consultation for the development of content for group work and social cohesion activities;
- Guiding the design of monitoring, evaluation, and impact analysis systems.

The Advisory Board served as a strategic partnership model for long-term capacity building and the formation of sustainable support systems. It contributed to institutional memory while fostering a safe space for growth and development within the MHPSS field.



## 5. VOLUNTEERING ACTIVITIES





Recovery in the aftermath of disasters and emergencies requires not only the efforts of professional teams but also the coordinated contribution of trained and empathetic volunteers. Volunteering in such contexts is not merely about being present in the field or offering help—it entails upholding human dignity and adhering to ethical principles. Thus, in disaster settings, volunteering is not only a form of support during crises but also a continuous process in which individuals commit to personal growth and share responsibility alongside other stakeholders.

Truly effective volunteering can only be achieved through prior high-quality training and a well-structured preparation process. This preparation should not only equip volunteers with relevant knowledge but also enable them to make sound decisions in crisis settings, understand their personal limits, and build trust-based relationships with those they support.

In post-disaster mental health and psychosocial support (MHPSS) interventions, volunteering can take place both face-to-face in the field and online. The following sections explore volunteering activities under two main categories: field-based and remote (online) volunteering.

## 5.1 Field-Based Volunteering

Field-based volunteering involves being physically present in disaster-affected areas, directly engaging with local communities, identifying needs on-site, and delivering support in person.

### 5.1.1 Volunteer Training

For volunteers to play an active and effective role in disaster response, goodwill alone is not enough; they must undergo a structured and systematic training and preparation process. Before deployment, volunteers should be both personally prepared and equipped with the knowledge and skills necessary to offer sensitive, safe, and effective support to the communities they will serve.

Volunteering in disaster contexts must be viewed as an ethical responsibility and an integral part of professional intervention.

As part of disaster preparedness, volunteer training aims to increase individual and community resilience, minimize psychosocial impacts, and ensure that volunteers operate in disaster-affected settings in a functional and safe manner. Through this process, volunteers learn about their roles and responsibilities, how to communicate with communities, how to behave during crises, and how to protect their own emotional boundaries.

Trained volunteers are better equipped to maintain their own safety while approaching disaster-affected individuals with respect, sensitivity, and ethical awareness.

As part of disaster preparedness efforts, the following core trainings are recommended for volunteers:

- **Disaster and Emergency Response Procedures:** Volunteers are provided with information on intervention methods based on the type of disaster, emergency response hierarchy, safety precautions, internal protocols, and field coordination. The aim is to enable volunteers to make quick and effective decisions in times of crisis.
- **Basic First Aid and Psychosocial Support Skills:** Volunteers are trained in basic health knowledge along with the principles of psychological first aid, active listening, empathetic communication, establishing safe connections, and providing referrals when needed.





- **Child Protection and Ethical Principles:** Volunteers are expected to gain awareness and competence in child protection principles, preserving privacy, ensuring safe interactions, and reporting any signs of abuse or suspicious behavior.
- **Gender Sensitivity and Cultural Awareness:** Volunteers are encouraged to adopt inclusive and equality-based approaches while working with individuals from diverse cultural, religious, and lifestyle backgrounds.
- **Stress Management and Self-Care:** Volunteers are equipped with skills to recognize signs of personal stress, maintain mind-body balance, set boundaries, seek help when necessary, and protect themselves from burnout while working in the field.

### 5.1.2. Orientation Process

Volunteers who complete the training process should be provided with a structured orientation program before being deployed to the field. This program aims to prepare them for both the operational framework of the organization and the specific context of disaster response. The orientation should cover the following areas:

- **Organization Overview and Disaster Awareness:** Volunteers should be informed about the organization's mission, ethical principles, operational model, types of disasters, and the psychosocial impacts of crisis situations.
- **Simulations and Practical Workshops:** Scenario-based simulations should be used to test how volunteers apply their theoretical knowledge in practice. These exercises aim to improve crisis management skills and foster collaborative action during emergencies.
- **Role Descriptions and Field Structure:** Each volunteer should be assigned to a role that matches their knowledge, skills, and experience. Clearly defined roles help prevent confusion and conflict within teams.
- **Psychosocial Preparation:** Psychoeducational sessions should be organized to strengthen volunteers' emotional resilience against potential challenges they may face in the field. These sessions should cover setting personal boundaries, coping with emotional strain, and seeking support when needed.

This holistic preparation process not only supports effective intervention in the field but also prioritizes the wellbeing of the volunteers themselves. Prepared, sensitive, and ethically grounded volunteers play a crucial role in disaster response and make meaningful contributions to community recovery.

As part of the Side by Side Project, the Preparedness for Future Disasters Volunteer Program was developed to equip individuals with the necessary tools to address the psychological effects of disasters and to strengthen community resilience. The program aims to build a more prepared society in the face of future disasters.

The program is designed for individuals currently studying or graduated from fields such as psychology, psychological counseling and guidance (PCG), social work, and education. During the program, volunteers actively participate in fieldwork while receiving training in disaster management and psychosocial support, gaining hands-on experience throughout the process.





**Volunteer Program Implementation Principles and Social Contribution**

**GOOD PRACTICE**



As part of the volunteer program, individuals assigned to fieldwork are provided with logistical support to cover basic needs such as transportation, accommodation, and meals throughout the program duration. Volunteers also receive financial support in line with per diem policies, thereby minimizing economic barriers to participation.

At the end of the program, all volunteers are issued certificates of participation, enhancing the visibility of their contributions and supporting their professional development.

This volunteering model aims not only to supply human resource support in disaster zones, but also to promote a broader culture of volunteering and to empower young professionals in the field of disaster psychology. While providing volunteers with hands-on experience in crisis settings, the program also encourages the participation of well-informed, well-equipped, and empathetic individuals in the post-disaster community recovery process.

In this way, the program fosters not only individual learning but also the development of collective resilience.

**IMPLEMENTATION FLOW**

**1. Volunteer Selection**

Participants apply to the program through open calls announced periodically. Following the application process, a preliminary evaluation is conducted to create a shortlist. Candidates suitable for the program are then selected through online interviews conducted by expert and coordination teams. Successful candidates are formally invited to join the program with a written offer of volunteer engagement.

**Sensitivity to the Psychosocial Wellbeing of Local Volunteers**

**NOTE TO PRACTITIONER**



When it is not possible to assign volunteers from outside the affected area, volunteers from the disaster-affected region—who can access the field more easily—may be selected. These local volunteers, familiar with the area and culturally sensitive, offer significant advantages. However, it should be considered that they may also have been directly affected by the disaster and could be psychologically distressed. Therefore, the selection process should involve a careful evaluation that prioritizes both the volunteer’s wellbeing and the quality of support to be provided.

**2. Orientation and Training**

Before the program begins, all volunteers participate in a structured orientation process. During this process, they receive comprehensive training on their roles and responsibilities, ethical principles, and the boundaries of volunteer engagement. Volunteers are also required to sign institutional documents, including the Personal Data Protection Law confidentiality agreement, volunteer contracts, and other





relevant policies. This marks the official start of their volunteer duties.

Throughout the program, volunteers continue to receive supportive trainings such as field orientation, self-care sessions, and psychosocial supervision. These trainings are designed to ensure that volunteers work in alignment with ethical guidelines and protect their own mental wellbeing while providing effective support to others.

### 3. Supervision

Each volunteer is assigned a psychosocial support specialist as a supervisor. The supervisor monitors the volunteer's development, provides guidance throughout field activities, and supports them in fulfilling their responsibilities. Educational background and areas of expertise are considered when assigning supervisors—for example, efforts are made to match psychology students or graduates with supervisors who are trained psychologists.

### 4. Volunteer Responsibilities

Volunteers are actively involved in the psychosocial support centers located in Hatay (Antakya and Samandağ) and Kahramanmaraş for an average period of eight weeks. Their responsibilities include:

- Preparing weekly observation reports
- Participating in field activities
- Developing informative materials for the project's target audience (e.g., brochures, written resources, and social media content)
- Designing and facilitating psychoeducation activities in the field

### 5. End-of-Program Feedback and Evaluation

At the end of the program, volunteers present a comprehensive summary of their field experiences and observations. They also complete a [Volunteer Exit Form](#) to provide feedback on the overall experience, including training and supervision. This feedback is used to improve the program and ensure greater effectiveness in the future.

#### 5.2. Online Volunteering

During and after emergencies, there is often a widespread need for human resources in various areas. However, not every individual willing to volunteer can be physically present in the field. With the advancement of digital infrastructure, online volunteering has become a valuable and complementary component of disaster response and psychosocial support.

Online volunteers may contribute in various ways, including information sharing, managing online support hotlines, reporting, and assisting in communication and coordination efforts.

This mode of volunteering enables broader participation across geographies, helps overcome physical access barriers, and alleviates the burden on field teams, especially those physically affected by the disaster. It offers an accessible and meaningful way for individuals with relevant expertise—or those eager to gain experience in this field—to actively participate, even if they are unable to be on-site.

The volunteer preparation process should be adapted to include online volunteers as well. Topics such





as ethical principles, confidentiality, data security, and online communication protocols should be integrated into their training. Volunteers who go through a common orientation—whether working on-site or online—can collaborate in a more coordinated and effective manner.

The volunteer preparation process should be adapted to include online volunteers as well. Topics such as ethical principles, confidentiality, data security, and online communication protocols should be integrated into their training. Volunteers who go through a common orientation—whether working on-site or online—can collaborate in a more coordinated and effective manner and contribute holistically to disaster response processes.

### Side by Side Project Volunteer

## GOOD PRACTICE



Throughout the Side by Side Project, online volunteers contributed actively to the program. These volunteers, selected from recent psychology graduates and students, worked closely with the professional project management and psychosocial support team of Needs Map and played an active role in off-site operational processes. Their support primarily focused on areas such as monitoring and evaluation, reporting, content creation, meeting coordination, and document management.

This process enabled the volunteers to closely observe project cycle management in the civil society context, mental health interventions in disaster settings, and internal team dynamics. Additionally, volunteers received tailored mentorship support and gained access to workshops and trainings that contributed to their professional development.

This practice not only provided young professionals with valuable experience but also strengthened the capacity of the project team. Therefore, the contribution of volunteers evolved into more than just supportive involvement—it became a vital component of mutual learning, active participation, and sustainable capacity development.



6. APPENDICES



Yan Yanayız

Z ZURICH Foundation



This section includes tools, guidelines, and sample documents used throughout the Side by Side Project. These resources are designed to support both theoretical knowledge and practical implementation for PSS teams and field staff.

- **PFA, PSS, and Sample Content Modules:** Materials used in structured individual and group-based psychosocial support sessions, including Psychological First Aid (PFA) and Structured PSS Intervention content samples.
- **International Guidelines**
  - [\*IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings\*](#)
  - [\*IFRC Psychosocial Support Supervision Guidelines\*](#)
- **Sample Forms and Reports**
  - Case formulation and follow-up forms used in PSS sessions
  - Group session evaluation templates
  - Sample intervention planning formats
- **Field Observation and Assessment Forms**
  - Observation and feedback tools used by PSS specialists and volunteers during field implementation
- **Volunteer and Team Member Evaluation Forms**
  - Monitoring, evaluation, and feedback forms used throughout the volunteer engagement process
- **Consent and Authorization Documents**
  - Personal Data Protection Law consent forms
  - Visual/media release forms
  - Official volunteer agreements and institutional policy declarations





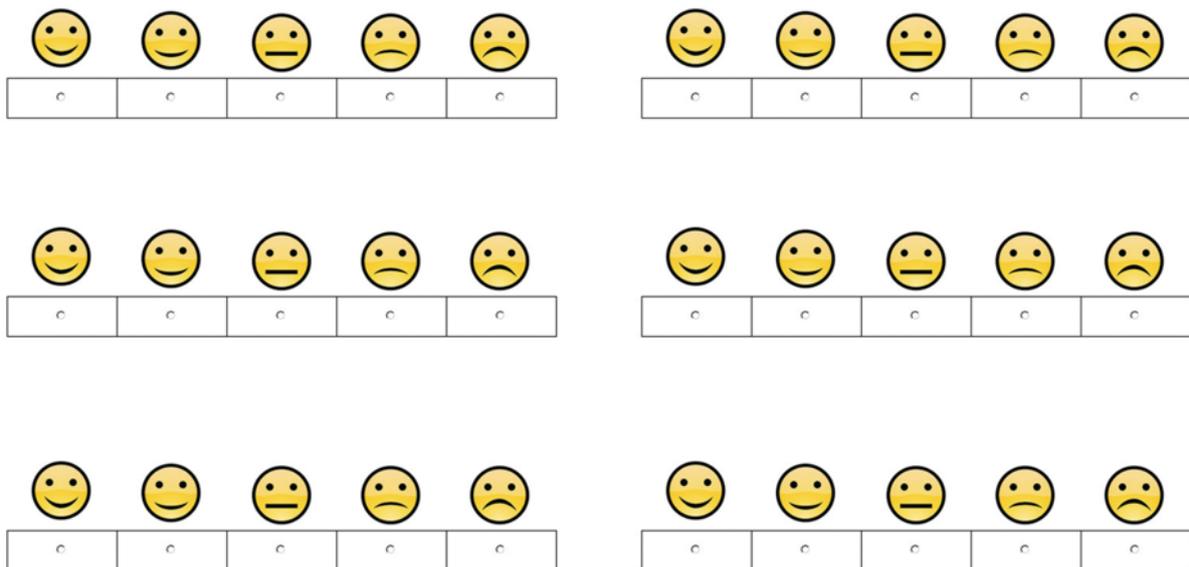
## Smiley Face Feedback Tool and Application

Evaluating the impact of psychosocial support sessions on children is crucial for understanding how the sessions influence their emotional states, participation, and overall experiences. To support this process, the Smiley Face Feedback Tool offers a practical and child-friendly way for children to share their feelings — even when they may struggle to express themselves verbally.

The form features a five-level smiley face scale representing the following emotions: very happy, happy, neutral, sad, and very sad. At the end of each session, children are asked to select the face that best reflects how they felt. This approach is particularly effective for helping younger children express their emotions in a simple and comfortable way.

Thanks to its visual simplicity and use of universal facial expressions, the smiley face scale eliminates language barriers and makes the evaluation process more accessible. For facilitators, these forms provide valuable data to assess how children are affected by the sessions, which activities are well-received, and which ones may be challenging.

Overall, this tool plays a critical role in building a supportive environment where children feel safe, can participate actively, and have their needs taken into consideration.





## ONLINE INDIVIDUAL APPLICATION FORM

**INFORMED CONSENT** I approve ( ) I do not approve ( )

The information you provide below will be used solely for reporting purposes and will not affect your application evaluation in any way. Do you consent to the confidentiality of all information you provide being evaluated by Needs Map's expert psychosocial support teams?

( ) Yes ( ) No

### 1- SOCIO-DEMOGRAPHIC AND GENERAL INFORMATION

How did you hear about our platform?	(1) Social Media (2) Society (Friends/Contact...) (3) Project Skateholders (4) Other .....	
Name		
Surname		
Gender	(1) Female (2) Male (3) Other .....	
Date of Birth		
ID Number	( ) T.C. ID No:	
	( ) Foreigner ID No:	
Address and Contact Information	The city you live in	
	Phone	
	Mail Address	
Contact Information for a Person to Contact in Case of Emergency:	Name Surname	
	Closeness	
	Phone	
Occupation?		





Education	(1) Illiterate (2) Literate (3) Primary School (4) Secondary School	(5) High School (6) Associate Degree (7) Bachelor's Degree (8) Master Degree
Who do you live with?	(1) Alone  (2) Family <i>(Please indicate the total number of people including yourself.)</i>	(3) Relative <i>(Please indicate the total number of people including yourself.)</i>  (4) Friends <i>(Please indicate the total number of people including yourself.)</i>  (5) Other <i>(Please indicate the total number of people including yourself.)</i>
Do you have any chronic illness?	Yes (1) <i>(Please specify)</i>	No (2)
Do you take medication regularly?	Yes (1) <i>(Please specify)</i>	No (2)





## 2- WELLBEING ASSESSMENT

1. How would you rate your overall mental health/ psychology after the February 6th earthquakes?	(1) Very bad (2) Bad (3) Neither good nor bad (4) Good (5) Very good (6) I do not want to answer
2. How have you been feeling in general lately? (You can think about the last month)	(1) Very bad (2) Bad (3) Neither good nor bad (4) Good (5) Very good (6) I do not want to answer
3. Have you ever received individual psychosocial support?	(1) Yes (Please specify) (2) No (3) Prefer not to answer
4. To what extent do you think you will benefit from psychosocial support services?	(1) Very little (2) A Little (3) Undecided (4) A Lot (5) Too much (6) I do not want to answer
5. How did you hear about our platform?	





## CHILD INDIVIDUAL PSYCHOSOCIAL SUPPORT APPLICATION FORM

### 1- CAREGIVER SOCIO-DEMOGRAPHIC AND GENERAL INFORMATION

Information of the Person Applying on Behalf of the Child

First Name		
Last Name		
Gender	(1) Female (2) Male (3) Other .....	
Date of Birth		
Identity Number		
Address and Contact Information	Address:	
	Mobile Phone Number	
	Email Address	
Emergency Contact Information	First Name	
	Last Name	
	Relationship	
	Mobile Phone Number	
Marital Status	(1) Single (2) Married (3) Widowed	(4) Divorced (5) Other _____ (6) Prefer not to answer
Do you have children?	(1) No	(2) Yes ( <i>please specify the number</i> )





<b>If you are not the mother or father of the child you are applying for, what is your relationship to the child?</b>	<input type="checkbox"/> Maternal / Paternal Grandmother or Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Relative <input type="checkbox"/> Other
<b>Is the child you are applying for currently living with you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Who do you live with?</b>	<input type="checkbox"/> Alone <input type="checkbox"/> Family <input type="checkbox"/> Relative <input type="checkbox"/> Friends /Acquaintances <input type="checkbox"/> Other
<b>Education Level</b>	<input type="checkbox"/> Illiterate <input type="checkbox"/> Literate <input type="checkbox"/> Primary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Postgraduate Degree
<b>Do you have a regular job?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Occupation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> None





<b>2- GENERAL INFORMATION ABOUT THE CHILD BEING APPLIED FOR</b>	
Child First Name	
Child Last Name	
Identity Number	
Age	
Number of Siblings <i>If there are no siblings, please write '0'</i>	
<b>Please explain the reason for your application. What difficulties is the child experiencing?</b> <i>(When did it start? Who is affected? What makes the problem better or worse? If you are not the child's parent, please describe the child's story.)</i>	
<b>Does the child have any known and/or diagnosed health problems or disabilities (hearing, vision, speech and language difficulties, cognitive or physical impairments, mental and emotional disorders, chronic illnesses) and is the child taking any medication?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the child require any special accommodations? (e.g., furniture adjustments, caregiver support, sign language, Braille, etc.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the child have any allergies?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the child previously received any individual psychosocial support services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the child attending school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No





<p><b>How would you rate the child's social relationships on a scale from 1 to 5?</b></p>	<p><input type="checkbox"/> 1 Very bad</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 Very good</p>
<p><b>How are the child's relationships with friends and family members? Please explain.</b></p>	
<p><b>To what extent do you think your child will benefit from the psychosocial support service?</b></p>	<p><input type="checkbox"/> 1 Very little</p> <p><input type="checkbox"/> 2 Little</p> <p><input type="checkbox"/> 3 Not sure</p> <p><input type="checkbox"/> 4 Much</p> <p><input type="checkbox"/> 5 Very Much</p>
<p>I have read the <a href="#">Informed Consent</a></p> <p><input type="checkbox"/> I accept</p> <p>Your personal data shall be processed in accordance with the Informed Consent Statement</p>	





## INFORMED CONSENT FORM

The Side by Side Platform, implemented by Zurich Insurance Group, is a project of the Z Zurich Foundation. The Side by Side Psychosocial Support Centers are operated in consultation with Needs Map (NM).

During the process of receiving psychosocial support, you have certain rights and responsibilities. This form has been prepared to inform you about your rights and responsibilities throughout the psychosocial support process. It also serves as an agreement between the psychosocial support professional and the client regarding the matters outlined in the form. Please read it carefully.

### I. Process

- NM and its affiliated professionals commit to upholding the privacy and confidentiality rights of individuals and institutions throughout the counseling process.
- This support process consists of five sessions, each lasting 50 minutes, conducted once a week. If additional sessions are needed, this must be discussed with the psychosocial support professional.
- During the psychosocial support process, the professional may refer the client to another mental health specialist—either for in-person or online psychosocial support—if deemed necessary. In such cases, the psychosocial support professional will first discuss the referral with the client.

### II. Confidentiality and Boundaries

- All information collected during your application for psychosocial support, as well as any personal details you share during the process, is subject to the principle of confidentiality. Your personal information will not be shared with third persons, except during supervision sessions attended by the psychosocial support professional for the purpose of improving the support provided.
- However, the principle of confidentiality does not apply in certain “exceptional circumstances” described below, where taking specific action is required. These “exceptional cases” include:
  - If you express an intention or plan to cause serious harm to yourself or to others (e.g., attempting to end your own life or someone else’s),
  - If you have committed a crime whose consequences can still be prevented or limited,
  - If there is a high risk that your close contacts may unknowingly be exposed to a serious and contagious disease you carry, if you make a verbal or written statement, or give a serious impression suggesting such a risk, it is mandatory—under general psychosocial support ethical principles and practice standards, Needs Map’s working principles, and the laws of the Republic of Türkiye (see: Turkish Penal Code)—for the psychosocial support professional to inform relevant parties (e.g., the client’s spouse/family members, third parties, and/or authorized authorities) in order to protect you and/or those around you.





- For any reason, if it becomes necessary to share information about you with a third party or institution, this will first be discussed with you. The details of what information will be shared, with whom, when, and how, will be determined jointly by the psychosocial support professional and the client. Your verbal or written consent will be obtained before any disclosure is made.

### III. Possible Risks

- During the psychosocial support process, exploring your emotions and working on an issue may sometimes cause discomfort, pain, or sadness. This is a normal part of the process. The expected outcome at the end of the process is an improvement in resolving your issue and/or in your quality of life.

### IV. Your Rights and Responsibilities as a Client

- During the psychosocial support process, you are responsible for attending sessions at the agreed date and time to ensure that the service provided is effective. Therefore, it is important that you schedule your appointments at mutually convenient times together with your psychosocial support professional. However, if you have a valid reason for missing a session, you are expected to inform your psychosocial support professional via the platform at least 24 hours before the scheduled appointment.
- To preserve your right to the session, you must cancel any appointment you cannot attend by notifying your psychosocial support professional **at least 24 hours in advance**.
- During your psychosocial support process, you have the right to cancel sessions up to 2 times by notifying at least 24 hours in advance.
- If you fail to notify your absence from sessions more than twice, the psychosocial support process may be terminated by the specialist.
- During the psychosocial support process, you have the right to discontinue support at any time. Ending the sessions voluntarily does not impose any obligations on you. However, for the process to be beneficial to you, it is recommended that you share your decision to terminate with the specialist who has been supporting you beforehand, regardless of the reason.
- Individuals who have completed their individual sessions may consult with the psychosocial support specialist for referral support if needed.
- Those whose psychosocial support process has ended will not be able to reapply for the same service through the Side by Side Platform.





## Personal Data Protection Law

*I have read the items written in this form and the Personal Data Protection Law. I have been informed about my rights and responsibilities as a client, as well as the responsibilities of the psychosocial support specialist.*

\_\_\_\_\_ the items in this form  
(please write "I have read and understood").

*I accept / I do not accept to receive psychosocial support assistance and the terms contained in this form.;*

I accept

I do not accept

Name and Surname:

Signature:





## CAREGIVER CONSENT FORM

The Side by Side Platform, implemented by Zurich Insurance Group, is a project of the Z Zurich Foundation. The Side by Side Psychosocial Support Centers are operated in consultation with Needs Map (NM).

During the process of receiving psychosocial support for your child, you have certain rights and responsibilities. This form has been prepared to inform you about your rights and responsibilities throughout the psychosocial support process. It also serves as an agreement between the psychosocial support professional and the client regarding the matters outlined in the form. Please read it carefully.

### I. Process

- NM and its affiliated professionals commit to upholding the privacy and confidentiality rights of individuals and institutions throughout the counseling process.
- This support process consists of a total of 5 sessions, each lasting 50 minutes once a week. Based on the joint decision of the psychosocial support specialist and the caregiver, the sessions may be extended with an additional 3 sessions beyond the initial 5. All sessions are conducted face-to-face.
- During the psychosocial support process, the professional may refer the client to another mental health specialist—either for in-person or online psychosocial support—if deemed necessary. In such cases where a referral is needed, the psychosocial support specialist will first discuss the situation with the child's caregiver.

### II. Confidentiality and Boundaries

- When you apply for the psychosocial support process, the information collected about you, your child, and your family—as well as any personal details you share during the process—will be kept confidential. Your personal information will not be shared with third parties, except during supervision sessions attended by the psychosocial support specialist for the purpose of providing you with better support.
- However, the principle of confidentiality does not apply in certain “exceptional circumstances” described below, where taking specific action is required. These “exceptional cases” include:
  - Your child's physical, emotional and social wellbeing (e.g., suicide, abuse, neglect, etc.)
  - If you express an intention or plan to cause serious harm to yourself or to others (e.g., attempting to end your own life or someone else's),
  - If you have committed a crime whose consequences can still be prevented or limited,
  - If there is a high risk that your close contacts may unknowingly be exposed to a serious and contagious disease you carry,if you make a verbal or written statement, or give a serious impression suggesting such a risk, it is mandatory—under general psychosocial support ethical principles and practice standards,





Needs Map’s working principles, and the laws of the Republic of Türkiye (see: Turkish Penal Code)—for the psychosocial support professional to inform relevant parties (e.g., the client’s spouse/family members, third parties, and/or authorized authorities) in order to protect you and/or those around you.

- For any reason, if it becomes necessary to share information about you with a third party or institution, this will first be discussed with you. The details of what information will be shared, with whom, when, and how, will be determined jointly by the psychosocial support professional and the client. Your verbal or written consent will be obtained before any disclosure is made.

### III. Possible Risks

- During the psychosocial support process, exploring your emotions and working on an issue may sometimes cause discomfort, pain, or sadness. This is a normal part of the process. The expected outcome at the end of the process is an improvement in resolving your issue and/or in your quality of life.

### IV. Your Rights and Responsibilities as a Client

- During the process of receiving psychosocial support for your child, you have the responsibility to attend the scheduled sessions on the agreed day and time in order to benefit fully from the service. Therefore, it is important that you schedule your appointments at mutually convenient times together with your psychosocial support professional. However, if you have a valid reason for missing a session, you are expected to inform your psychosocial support professional via the platform at least 24 hours before the scheduled appointment.
- The services we provide for your child consist of individual and group psychosocial support sessions, as well as various activities and events.





*I have read the items listed in this form. As the caregiver of the child, I have been informed about my rights and responsibilities on behalf of the child, as well as the responsibilities of the psychosocial support specialist*

\_\_\_\_\_ the items in this form  
(please write "I have read and understood").

*I accept / I do not accept receiving psychosocial support assistance on behalf of my child and the terms contained in this form.;*

I accept

I do not accept

*My child can leave the center alone.*

I accept

I do not accept

*I give permission for the psychosocial support specialist to assist my child with personal care (e.g., toileting, dressing).*

I accept

I do not accept

Your Full Name:

Your Child's Full Name:





## CAREGIVER CONSENT FORM

**Activity Name:**

**Date:**

**Activity Coordinator:**

As the caregiver of the participant named . . . . , I confirm my child's participation in the mentioned activity for its full duration and verify that the information provided below is accurate.

- I have been informed about the content and timing of the activity my dependent will attend.
- I confirm that my dependent has no health issues. If any, please specify:  
.....
- I confirm that my dependent has no food allergies. If any, please specify:  
.....
- I consent to the provision of first aid to my dependent in case of an emergency.

**In case of emergency, I can be reached as the primary contact using the information below.**

Full Name:

Relationship:

Contact Information:

Household No:

Signature:

**If I cannot be reached, please contact the secondary person listed below.**

Full Name:

Relationship:

Contact Information:

Household No:





## PRE-ASSESSMENT FORM

(to be completed by the professional during the first session)

<b>PSS Specialist:</b>	<b>Date:</b>
<b>Participant:</b>	<b>Location:</b>
<b>Participant ID Number (National/Foreign):</b>	
<p><b>1 - REASON FOR APPLICATION</b></p> <p><b>1. Can you describe the problem that is currently causing you the most difficulty? (The professional writes a brief answer and marks the appropriate option below).</b></p> <p> <input type="radio"/> Bereavement / Grief              <input type="radio"/> Relationship problems              <input type="radio"/> Sleep problems              <input type="radio"/> Eating / Appetite problems  <input type="radio"/> Anxiety / Stress  <input type="radio"/> Depression              <input type="radio"/> Other _____         </p> <p><b>2. To what extent has this problem affected you in the past week?</b></p> <p>           1            2            3            4            5            Very little            Not sure            Extremely         </p> <p><b>3. What is the thing you have found most difficult to do because of this problem?</b></p> <p><b>4. How difficult was it for you to do this in the past week?</b></p> <p>           1            2            3            4            5            Not difficult            Not sure            Extremely         </p>	
<p><b>2 - SPR SCREENING FORM</b> (the professional asks the questions and selects the appropriate options based on the responses).</p>	
<p><b>Physical Health:</b></p> <p>Do you have any concerns about your own or a family member's physical health? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Emotional Difficulties:</b></p> <p>Do you have any concerns that you or a family member may be experiencing emotional difficulties? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>





<p><b>Safety:</b></p> <p>Do you have any concerns about your or your family's current or future safety? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Basic Needs:</b></p> <p>Do you have any concerns about meeting your basic needs in daily life? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Substance Use / Abuse:</b></p> <p>Do you have any concerns about yourself or a family member using alcohol, drugs, or prescription medication? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Performing Skill Practice:</b></p> <p>Do you have any concerns about practicing skills in your daily life at home, work, or school? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Interpersonal Life:</b></p> <p>Do you have any concerns about your relationship with others-such as your spouse/partner, family members, neighbors, friends or people at work or school? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Other Concerns:</b></p> <p>Do you have any other concerns you would like to share with me? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>

**3 - RISK FACTOR ASSESSMENT**

Do you have any other concerns you would like to share with me? (Please specify)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> PNA	<input type="checkbox"/> IDK
Have you engaged in any self-harming or harmful behaviors toward others? Please explain.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> PNA	<input type="checkbox"/> IDK
Have you or any family members experienced neglect, abuse, violence, or similar situations?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> PNA	<input type="checkbox"/> IDK





### 4 - COPING STRATEGIES AND RESOURCE ASSESSMENT

1. Before the disaster, what strategies did you use to feel better when you were feeling bad or stressed?

<p>2. Are you able to receive the social support you need after the disaster? <i>(You may ask: Do you have close people who support or can support you, such as spouse, friends, relatives, neighbors?)</i></p>	( ) Y	( ) N	( ) PNA	( ) IDK
---	-------	-------	---------	---------

**Please describe your resources and coping strategies.**

### 5 - INTERVENTION PLAN

1. ( ) The client is not suitable to participate in psychosocial support sessions.

2. ( ) The client can begin the individual counseling process.

3. ( ) The client should be referred to and followed up at a psychiatric clinic.

**Please describe in detail the intervention you recommend or plan.**





## CONTACT PERSON-FOCUSED SERVICE MAP

### Individual-Focused Service Map

**Region:**

**Form Completed By:**

**Position:**

<b>Health</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>
<b>Safety and Security</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>
<b>Family Tracing and Reunification</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>
<b>Disability</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>
<b>Mental Health and Psychosocial Support (MHPSS)</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>





## CONTACT PERSON-FOCUSED SERVICE MAP

### Individual-Focused Service Map

**Region:**

**Form Completed By:**

**Position:**

<b>Gender-Based Violence Support (GBV Support)</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>
<b>Legal Assistance</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>
<b>Social Integration</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>
<b>Livelihoods</b>	<p><b>[NAME OF ORGANIZATION 1]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>	<p><b>[NAME OF ORGANIZATION 2]</b> Contact Person: Contact Information: <i>(phone/email)</i> Admission Criteria: <i>(boys/girls, age group, additional services, etc.)</i></p>





## INTER-AGENCY REFERRAL FORM

Date of Referral: \_\_\_\_\_ Priority Level: \_\_\_\_\_

Prioritized due to a Specific Need:  Yes  No

Type of Referral: \_\_\_\_\_

### Referring Organization

### Receiving Organization

Date of Referral: \_\_\_\_\_

Organization name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Referral delivered by:  Phone (emergency only)  E-mail  In person

Electronically (app or database)

### Individual Information

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Individual ID type: \_\_\_\_\_

ID number: \_\_\_\_\_

Nationality:

Syrian  Turkish  Iraqi  Afghan  Iranian  Other. Specify 'other': \_\_\_\_\_

Language(s)

Arabic  Turkish  Farsi  Kurdish  English  Other. Specify 'other': \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Gender of Case Worker: \_\_\_\_\_

Preferred Gender of Interpreter: \_\_\_\_\_





<b>If individual is a child</b> ( <i>under 18 years</i> )			
Is the child unaccompanied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the child separated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of primary caregiver/trusted adult:			
Caregiver/trusted adult's relationship to child:			
Contact information for caregiver/trusted adult:			
Is the caregiver/trusted adult informed of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, explain why):</i>			
<b>Reason for Referral</b>			
<i>Do not share GBV or other sensitive information in pages 1-2 of this form. Use page 3 and then password protect the entire document when any inter-agency referral requires sensitive information to be shared.</i>			
Describe the problem ( <i>duration, frequency, etc.</i> ), needs and priorities:			
Describe the services already provided by your, or any other, organization:			
Note any referrals to other organizations ( <i>to the best of your knowledge</i> ):			
<b>Recommended Services</b>			
<input type="checkbox"/> Cash	<input type="checkbox"/> Legal assistance	<input type="checkbox"/> Non-Food Items	<input type="checkbox"/> Emergency accommodation
<input type="checkbox"/> Education	<input type="checkbox"/> Livelihoods	<input type="checkbox"/> Protection Services	<input type="checkbox"/> Other
<input type="checkbox"/> Food	<input type="checkbox"/> Shelter		
Please specify the service category as referred to in the <a href="#">Services Taxonomy</a>			
Specify 'other':			
Explain reason for referral, recommended services and indicate priorities, if any:			
Any <b>restrictions</b> on contact or information release? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain.</i>			





<b>Safe contact can be made by</b> (in order of preference):	During these days:  M T W T F S S	During these hours:	Contact details:
	M T W T F S S		
	M T W T F S S		

If other, please explain:

### Referral Checklist

The individual has been **informed of the referral**.

*If not, explain.*

The individual has **signed consent** to release information

*If not, explain.*

The **child participation** was ensured on the release of the information

*If not, explain.*

### ADDENDUM: REFERRAL OF GBV AND SENSITIVE CASES

For inter-agency referral of GBV survivors/those at risk, please complete this page and password protect the document. This page may also be used for other case types where sensitive information must be shared for the purpose of the referral. Please refer to the Advised Basic Operating Principles document on steps to password protect the IARF.

### Individual Information

**Is the individual an GBV survivor (or at risk)?**

Maybe. I suspect that the individual is an GBV survivor.

Yes, the individual is a confirmed GBV survivor.

Yes, the individual is at risk of GBV.

No, the individual is not an GBV survivor. Other sensitive protection.

Specify non-GBV or other comments, if any:

**Is there anything that the service provider should be aware of (ex. trigger stimulus) or other special care instructions?**

Please explain:

### Summary of incident

**Account of the incident (including date) / description of the incident (summarize the details of the incident in individual's words).** Only complete *if the incident details are relevant to the services being requested*. Limit information to what is necessary for the receiving organization to know.





## Information on Personal Data Protection and Consent Form (Sample)<sup>1</sup>

[Name of Organization] in Türkiye supports \_\_\_\_\_ [example: communities affected by conflict and/or displacement to become self-reliant, empowered and able to achieve basic needs and rights]. [Name of Organization] does this by \_\_\_\_\_ [example: collaborating with civil society, and Turkish authorities and through utilising community and gender-based approaches to achieve long-term sustainable solutions, lasting change and social cohesion].

You have reached [Name of Organization] through its \_\_\_\_\_ [example: community center, hotline, outreach efforts] on the date of \_\_\_/\_\_\_/20\_\_ and you requested to benefit from \_\_\_\_\_ services provided by our organization. In order for [Name of Organization] who has the title of data controller / representative of data controller to provide the services that you need/request, your personal data [specify clearly: namesurname age, ID number, nationality, phone-number, address, health status, criminal conviction, marital status, household information, education information, shelter information, legal status] shall be registered, stored, organized, updated, processed and transferred to \_\_\_\_\_ fully or partially, automatically and non-automatically, based on your explicit consent and and on the basis of the legal reason that “data processing is mandatory for the establishment, exercise or protection of a right” in accordance with Article 5(2)-e of Law No. 6698 on the Protection of Personal Data. You have been informed that you can withdraw your explicit consent at any time.

Please be informed that your information will be kept confidential and will be used to understand your needs/issues and to be able to reach you for further steps to be taken to support you. You have the following rights pursuant to Article 11 of the Law No. 6698: right to apply to [Name of Organization] and to learn whether your personal data has been used and processed, to learn the purpose of data processing and whether this data is used for its intended purposes, to know the third parties to whom your full or partial personal data is transferred, to request the rectification of the incomplete or inaccurate data if any, to request deletion and destruction of your personal data under the conditions laid out in the Law, to request notification of the operations carried out to third parties to whom your personal data has been shared to.

Please note that [Name of Organization] provides services in favour of you and has full commitment to protect you and your data. In this regard, [Name of Organization] will not share your case/data with third parties unless you and/or any other person should be protected in accordance with Turkish Law. Protection concern may arise: if [Name of Organization] has information about (risk of) abuse to a child; has concern about any risk that you may do harm to yourself or another person; has to release the information if law requires; and also if [Name of Organization] and its staff have to defend themselves against an official complaint. [Name of Organization] will contact you when appropriate, before taking any of these actions.

Upon your agreement, you will be referred to the \_\_\_\_\_ [example: community center, hotline, outreach efforts] of [Name of Organization] for the \_\_\_\_\_ services to be provided by them. Based on your need/request, your personal data necessary for the services provided by the referred organization, your data [specify clearly: name-surname age, ID number, nationality, phone-number, address, health status, criminal conviction, marital status, household information, education information, shelter information, legal status] shall be registered, stored, organized, updated, processed and transferred to \_\_\_\_\_ fully or partially, automatically and non-automatically, based on your explicit consent and and on the basis of the legal reason that “data processing is mandatory for the establishment, exercise or protection of a right” in accordance with Article 5(2)-e of Law No. 6698 on the Protection of Personal Data. You have the right to withdraw your explicit consent at any time from the referred organization, and the rights pursuant to Article 11 of the Law No. 6698 as explained in the third paragraph of this form.

<sup>1</sup> These examples were created by CARE International in Türkiye and reviewed by lawyers/legal consultants in accordance with Turkish Law. Please note that they should not be directly used; they should be adapted in accordance with each organization’s status, projects, activities, specific needs of beneficiaries etc. and the information provided throughout this document. They constitute only a sample and they must be modified.





- I confirm a **[Name of Organization]** staff member has provided information and privacy notice about \_\_\_\_\_ services, and how my personal data will be stored, processed and transferred.  
Yes  No
- I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. Yes  No
- I understand my rights pursuant to Turkish Law on Protection of Personal Data No. 6698. Yes  No
- I understand my participation is voluntary and I am free to withdraw from my service relation with **[Name of Organization]** at any time. At the time of withdrawal, I have the right to request **[Name of Organization]** to destroy my personal data. Yes  No
- I agree that my personal data and information can be transferred to relevant service providers in the country and abroad, within the limits of determined purpose, by retaining them for the maximum period required, to better support me.
  - Yes
  - If partially, select what applies; with Public Institutions / Local Authorities   
with local and/or International NGOs
  - No

I hereby give my explicit consent to **[Name of Organization]** to process my personal data. Yes  No

_____ Name of Individual	_____ Date	_____ Signature
_____ Name of Legal Guardian (if needed)	_____ Date	_____ Signature
_____ Name of Staff	_____ Date	_____ Signature
_____ Name of Interpreter	_____ Date	_____ Signature





## CASE CLOSURE FORM

(to be completed by the professional at the final session)

This form will be completed by the professional by selecting from multiple-choice options when the process is concluded. The available options may be expanded over time.

**Client Name and Surname:**

**ID Number:**

**1 - In which setting(s) did the sessions take place? (Single choice, multiple-choice question)**

- Online
- In-person / Antakya PSS Center
- In-person / Samandağ PSS Center
- In-person / Kahramanmaraş PSS Center

**2 - How did the client's process complete? (Single choice, multiple-choice question)**

- Successful
- Successful (Process completed and client referred) \*
- Incomplete (Number of sessions completed: \_\_\_\_\_ )
- Not started
- Incorrect referral
- Client referred at the beginning of the process\*

*Options marked with \* will open additional questions*

**3 - Where was the referral made? (Single choice, multiple-choice question)**

- Hospital
- Psychiatrist
- Rehabilitation and Research Center
- Group Sessions
- Psychologist
- Social Worker
- Other \_\_\_\_\_

**4 - What was the reason for the referral?**

**Please indicate any important information related to the process, if applicable.**

*(Open-ended, text-based response)*

\_\_\_\_\_





## FINAL ASSESSMENT FORM

(to be completed by the professional during the final session)

<b>PSS Professional:</b>	<b>Date:</b>
<b>Participant:</b>	<b>Location:</b>
<b>Participant ID Number (National/Foreign):</b>	
<b>1 - REASON FOR APPLICATION</b>	
<b>1. You had contacted us regarding a .... problem. (The professional reminds the client of the issue they worked on together and then selects it again from the list below).</b>	
<input type="radio"/> Bereavement / Grief <input type="radio"/> Relationship problems <input type="radio"/> Sleep problems <input type="radio"/> Eating / Appetite problems <input type="radio"/> Anxiety / Stress <input type="radio"/> Depression <input type="radio"/> Other _____	
<b>2. To what extent has this problem affected you in the past week?</b>	
1            2            3            4            5 Very little            Not sure            Extremely	
<b>3. The thing you struggled with the most because of this problem was the .... problem (The professional reminds the client)</b>	
<b>4. How difficult was it for you to do this in the past week?</b>	
1            2            3            4            5 Not difficult            Not sure            Extremely	
<b>2 - SPR SCREENING FORM</b>	
<b>Physical Health:</b> Do you have any concerns about your own or a family member's physical health? (Please specify)	Urgent Important but not urgent Not important  Other _____
<b>Emotional Difficulties:</b> Do you have any concerns that you or a family member may be experiencing emotional difficulties? (Please specify)	Urgent Important but not urgent Not important  Other _____





<p><b>Safety:</b></p> <p>Do you have any concerns about your or your family's current or future safety? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Basic Needs:</b></p> <p>Do you have any concerns about meeting your basic needs in daily life? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Substance Use / Abuse:</b></p> <p>Do you have any concerns about yourself or a family member using alcohol, drugs, or prescription medication? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Performing Skill Practice:</b></p> <p>Do you have any concerns about practicing skills in your daily life at home, work, or school? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Interpersonal Life:</b></p> <p>Do you have any concerns about your relationship with others-such as your spouse/partner, family members, neighbors, friends or people at work or school? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<p><b>Other Concerns:</b></p> <p>Do you have any other concerns you would like to share with me? (Please specify)</p>	<p>Urgent Important but not urgent Not important</p> <p>Other _____</p>
<b>3 - WELLBEING ASSESSMENT</b>	
<p><b>How have you been feeling overall lately?</b> (You may consider the period after receiving psychosocial support).</p>	<p>(1) Very bad (2) Bad (3) Neither good nor bad (4) Good (5) Very good (6) Prefer not to answer</p>





#### 4 - PROFESSIONAL EVALUATION

**1. To what extent has the client benefited from the psychosocial support program?**

- (1) Very little
- (2) Little
- (3) Undecided
- (4) Much
- (5) Very much

**2. To what extent do you think the client has acquired the targeted skills?**

- (1) Very little
- (2) Little
- (3) Undecided
- (4) Much
- (5) Very much

**Please share your comments regarding the client's progress.**





## CHILD CASE CLOSURE FORM

This form will be completed by the professional by selecting from multiple-choice options when the process is concluded. The available options may be expanded over time.

**Client Name and Surname:**

**ID Number:**

**1 - In which setting(s) did the sessions take place? (Single choice, multiple-choice question)**

- Online
- In-person / Antakya PSS Center
- In-person / Samandağ PSS Center
- In-person / Kahramanmaraş PSS Center

**2 - How did the client's process complete? (Single choice, multiple-choice question)**

- Successful
- Successful (Process completed and client referred) \*
- Incomplete (Number of sessions completed: \_\_\_\_\_ )
- Not started
- Incorrect referral
- Client referred at the beginning of the process\*

*Options marked with \* will open additional questions*

**3 - Where was the referral made? (Single choice, multiple-choice question)**

- Hospital
- Psychiatrist
- Rehabilitation and Research Center
- Group Sessions
- Psychologist
- Social Worker
- Other \_\_\_\_\_

**4 - What was the reason for the referral?**

**Please indicate any important information related to the process, if applicable.**

*(Open-ended, text-based response)*

\_\_\_\_\_





## INDIVIDUAL PSS FEEDBACK FORM

This survey has been prepared to evaluate the psychosocial support services you have received. Our goal is to understand whether the services we provide meet your expectations and to gather feedback that will help us improve future services. Please carefully answer the questions below and share your thoughts with us. Your feedback will assist us in enhancing the quality of our services and will also be used for reporting purposes.

The survey is completed **anonymously**, and **no personal information such as your name or surname will be collected**.

\* Indicates a required question.

### 1 - Demographic Information\*

#### Gender:

- Female
- Male
- Other \_\_\_\_\_

#### Date of Birth \*

#### Which center did you receive support from? \*

- Hatay – Needs Map Container City Side by Side Psychosocial Support Center
- Hatay- Samandağ Side by Side Psychosocial Support Center
- Kahramanmaraş Side by Side Psychosocial Support Center
- Online
- Other \_\_\_\_\_

#### <sup>1</sup> Which professional did you receive support from? \*

- İ...E...H...(Needs Map Container City Side by Side Psychosocial Support Center)
- H...N...S...(Needs Map Container City Side by Side Psychosocial Support Center)
- D...Ş...(Samandağ Side by Side Psychosocial Support Center)
- S...Ö...(Samandağ Side by Side Psychosocial Support Center)
- H...K...(Kahramanmaraş Side by Side Psychosocial Support Center)

#### How many sessions have you attended with this professional? \*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Other \_\_\_\_\_

<sup>1</sup> Professional names have been abbreviated for confidentiality purposes; in standard practice, the full names and surnames of the relevant individuals are used.







## CHILD FEEDBACK FORM

This survey has been prepared to evaluate the psychosocial support service received by the **child you have applied on behalf of**. Our goal is to understand whether the services we provide meet your expectations and to gather feedback that will help us improve future services. Please carefully answer the questions below and share your thoughts with us. Your feedback will assist us in enhancing the quality of our services and will also be used for reporting purposes. The survey is completed **anonymously**, and **no personal information such as your name or surname will be collected**.

\* Indicates a required question.

### 1 - Demographic Information\*

**Please select the type of psychosocial support session this form is being completed for: \***

- Individual psychosocial support session
- Group sessions

**What is your relationship to the child? \***

**What is the child's gender? \***

- Girl
- Boy
- Other \_\_\_\_\_

**Child's Date of Birth: \***

**Activity Date (Session start date for individual support): \***

**Which center did you receive support from? \***

- Hatay- Needs Map Container City Side by Side Psychosocial Support Center (Antakya)
- Hatay- Samandağ Psychosocial Support Center
- Kahramanmaraş Psychosocial Support Center

**<sup>1</sup> Which professional did you receive support from? \***

- İ...E...H...(Needs Map Container City Side by Side Psychosocial Support Center)
- H...N...S...(Needs Map Container City Side by Side Psychosocial Support Center)
- D...Ş...(Samandağ Side by Side Psychosocial Support Center)
- S...Ö...(Samandağ Side by Side Psychosocial Support Center)
- S...Ç... (Kahramanmaraş Side by Side Psychosocial Support Center)
- S...N...E... (Kahramanmaraş Side by Side Psychosocial Support Center)

<sup>1</sup> Professional names have been abbreviated for confidentiality purposes; in standard practice, the full names and surnames of the relevant individuals are used.







## BULLYING COPING MANUAL – AGES 4-6

### Session 1: Let's Get to Know Each Other

- **Opening**

After welcoming the children at the entrance, talk about what you will be doing together and how today will go:

*"Hello everyone, welcome! We are so happy to see you all. My name is ..... We will meet here four more times. Here, we will play games together, talk, and listen to each other. We will both have fun and learn new things. First, shall we play a game to learn each other's names?"*

- **Getting-to-Know-You Game: Name & Movement**

**Instructions:** All participants stand in a circle. A starting person is chosen (for example, the facilitator can begin). The person says their name and then makes a movement of their choice (for example: clapping, waving, jumping, etc.). Then, together with all participants, the name and the movement of the player are repeated. The turn then passes to the next person in the circle. That person also says their name and makes another movement of their choice. Again, the name and the movement of that participant are repeated by everyone together. The game continues in this way, with each player saying their name and making a movement in turn. The game ends once all players have said their name and performed their movement.

- **Group Contract**

Explain to the children:

*"Before we start our activity, we need to make some promises so that each of us feels safe and comfortable here, and so that we can run our workshops smoothly. These will be our group rules, and each of us will try to follow them carefully. What do you think they should be?"*

Write down the children's suggestions on a large piece of cardboard to hang somewhere in the room. If the children don't mention them, make sure to add:

- Respect each other.
- Don't make fun of each other, tease, or give nicknames.
- Don't hit, push, or hurt anyone.
- Listen to each other.
- Use materials together and keep them clean.

- **Circle of Things We Love**

**Objective:** To help children discover common interests and build connections with each other.

**Instructions:** Everyone stands in a circle. The facilitator says different sentences, and if the sentence is true for them, children take one step forward.

- *"Those whose favorite food is pasta, take one step forward!"*
- *"Those who like cats, take one step forward!"*
- *"Those who enjoy running, take one step forward!"*

In this way, children can recognize other friends who are similar to them and discover things they have in common.

### Closing ritual – smiley face feedback





## Session 2: Getting to Know My Feelings

- **Opening**

After welcoming the children at the entrance, talk about what you will be doing together and how today will go:

*"Hello everyone, welcome! We are so happy to see you. Today, we are going to talk about our feelings, and then we will do some coloring. We will have fun and also learn new things. First, shall we play our opening game?"*

### **Group opening game ritual**

- **Warm-Up Game: Emotion Balloons**

**Materials:** Balloons with different facial expressions drawn on them (happy, sad, angry, scared, surprised, etc.).

**Instructions:** The facilitators and children blow up the balloons for the activity. On each balloon, draw a facial expression showing a specific emotion. Scatter the balloons around the space. With music playing, the children start playing with the balloons, trying to keep them in the air. When the music stops, everyone grabs one balloon and imitates the emotion on it using their own facial expression. Repeat the game several times.

- **Emotion Story Completion Skill**

**Materials:** Picture cards with simple, short emotion stories (each story should be about one emotion: happy, sad, scared, surprised, angry, etc.).

**Instructions:** The facilitator reads a short story to the children that describes a certain emotion, and shows the picture if there is one. (For example: "Aysu lost her favorite toy and..."). The facilitator stops here and asks the children: "What do you think Aysu felt?"

Children guess the emotion and imitate it with facial expressions. Then the facilitator asks: "So, what happened to Aysu? What did she do? How can we finish the story?" Children add their own creative endings to the story.

Finally, the question "How can Aysu cope with this feeling?" can be discussed to talk about how emotions can be managed. The question "In what situations do we feel this emotion?" can be asked.

For each emotion, it can be discussed about what makes us feel this way. Facial expressions for the emotions are made. The question "What do we do when we feel this way?" is asked.

### **Closing ritual – smiley face feedback**





## Session 3: Developing Empathy

- **Opening**

After welcoming the children, talk together about what you will be doing and how today will go:

*"Hello everyone, welcome! We are so happy to see you. Today, we are going to talk about how kind and unkind words can affect us, and then we'll do some coloring. We'll both have fun and learn something new. Shall we start with our opening game first?"*

### **Group opening game ritual**

- **Your Words Can Hurt Me Activity**

**Objective:** To help children understand the power of words, their positive and negative effects, and to develop their empathy skills.

**Materials:** Gingerbread man-shaped printed papers, colored pencils, tape or glue.

**Instructions:** Give each student a paper cut-out in the shape of a person.

*"Let's give this figure a name," is said, and each child is asked to come up with one. Then it is said, "If we say nice things to this friend, they will be happy, but if we say unkind things, they will feel sad. Let's try!"*

**The Effect of Mean Words:** The question *"How would you feel if someone said, 'You're so lazy!' or 'You're so disorganized!'"* is asked. After receiving the children's answers, it is said: *"Let's wrinkle our figure a little. This is how mean words affect it."* This is repeated with a few different sentences so that the figures become more wrinkled.

**Apologizing and Conclusion:** The question *"But what if we said, 'I'm sorry. I actually like you very much'?"* is asked. The children's responses are listened to, and they are asked to try to smooth out their figures again. It is said: *"Look! Even though we've tried to fix it, the wrinkles remain, don't they? This is how the words we say can sometimes affect others. That's why we should be careful about what we say and do to our friends."*

**The Effect of Positive Words :** New sheets of paper are handed out to the students. The question *"So, what happens if we say kind words to someone?"* is asked. The children are encouraged to say positive things such as *"You are so friendly," "You are a great playmate,"* or *"It's so nice to be with you."*

It is said: *"Their heart will be filled with warm feelings and they will feel very happy. You can color this picture with a color you choose for happiness, or you can make it multicolored."* The facilitator then displays the pictures on the board and asks the children to remember, whenever they see them, how their behavior can affect others.

### **Closing ritual – smiley face feedback**





## Session 4: Understanding Bullying

### • Opening

After welcoming the children, it is explained together what will be done and how the day will go:

*“Hello everyone, welcome! We are very happy to see you. Today we will read a story together and talk about it. We will both have fun and learn something new. Shall we start with our opening game first?”*

### Group opening game ritual

### • “Zor Balik<sup>1</sup>” Story

The book *Zor Balik* is read aloud. After reading, the following questions are asked to guide the discussion:

*What did Zor Balik do to feel strong?*

*How did the things he did affect others, for example, the squid?*

*Who found him when he was lost?*

*Is the shark stronger than Zor Balik?*

*Does being stronger than someone mean we should hurt them?*

### • What is Bullying?

*Every child in the world is different, and each one is very valuable! Some children are tall, some are short, some are plump, and some are thin. Some children wear glasses, and some use a wheelchair. Some children speak Turkish, while others may speak Arabic or Kurdish. But let’s remember! No one can insult, upset, or exclude someone else just because they are different!*

**Being strong, or simply wanting to feel strong, does not give anyone the right to hurt another person. If someone does this, it is called bullying.**

*What is Peer Bullying?*

*When a child engages in ongoing harmful behavior toward another child of the same age, in a situation where the power is unequal, it is called peer bullying. There are different types of bullying:*

#### Physical Bullying:

- Hitting
- Kicking
- Pulling hair
- Taking belongings by force

#### Verbal Bullying:

- Name-calling
- Teasing
- Swearing
- Insulting

#### Psychological Bullying:

- Excluding someone
- Ignoring someone
- Spreading rumors

<sup>1</sup> *Zor Balik* is a Turkish children’s book; the title translates as *The Difficult Fish*, and it plays on the similar-sounding word “zorbalık” (bullying).





### **Cyberbullying:**

- Sending hurtful messages online
- Posting mean comments on someone's photos
- Sharing someone's photo without permission
- **Bullying or Not?**

#### **Materials: Appendix 1 – Bullying or Not?**

"Now I will give you a picture. Could you take a look at it? Which behaviors in this picture are examples of bullying? Can you put an 'X' over the behaviors you think are bullying? Can you circle the behaviors you think are not bullying? If you are unsure, you can leave them blank."

The facilitator gives the children 5–10 minutes to review and mark their papers. Once everyone has finished, each child's paper is reviewed. Then, the behaviors shown in each square are discussed together, and the group talks about which are bullying and which are not. Finally, the facilitator ensures that all children reach an agreement in identifying bullying behaviors.

### **Closing ritual – smiley face feedback**





## Session 5: What Can I Do Against Bullying?

### • Opening

After welcoming the children, it is explained together what will be done and how the day will go:

*“Hello everyone, welcome! We are very happy to see you. Today we will have our final session. We will talk about how we can cope with bullying and then do some drawing. We will both have fun and learn something new. Shall we start with our opening game first?”*

### • What Can I Do Against Bullying with Bullying Scenarios?

#### **Materials: 2 puppets (if unavailable, you can draw a face on your hand)**

*“In our previous activity, we talked about bullying. Today, we will do an activity about what we can do in such a situation. First of all, remember that these behaviors are not your fault, that no one deserves to be treated this way, and that you are not the only one experiencing them. Therefore, do not feel ashamed, hesitant, or afraid to seek help.”*

The facilitator uses puppets to act out two scenarios.

**Scenario 1:** While Rabbit is hopping around and playing in the forest, strong Bear comes over and wants to take Rabbit’s carrots.

- **Rabbit** (happily): “I collected such nice carrots today!”
- **Bear:** “I’m stronger than you! Give me those carrots!”
- **Rabbit** (confidently): “No! That’s not the right thing to do! These carrots are mine!”
- **Bear:** “If you don’t give them, I know how to take them!” (threatening)
- **Rabbit:** Rabbit immediately goes to Teacher Owl and says: “Teacher Owl, Bear is trying to take my carrots by force. Can you help me?”

Teacher Owl talks to Bear and explains that no one can take someone else’s belongings by force. Bear understands his mistake and apologizes to Rabbit. By asking for help, Rabbit does the right thing and safely continues playing his game.

### • If Someone Is Bullying You, What Should You Do?

Bullying is a bad behavior! If someone is treating you badly, you can do the following:

**“Say “NO!”:** Tell the person who is treating you badly to stop by saying loudly, “Don’t do that!” or “No, I don’t want this!”

**Focus on something else:** Ignore what the person is saying and turn your attention to something else. Play a game you like or talk to your other friends.

**Ask an adult for help:** Tell your teacher, parents, or a trusted adult, “Someone is treating me badly, can you help me?” If this person cannot help you or doesn’t do anything, find another adult you can trust. Don’t give up until you get help.

**Walk away:** If the person bullying you keeps treating you badly, don’t stay near them—go to a safe place!





**Scenario 2:** While Turtle is slowly walking by the stream and looking at the flowers, Fox starts laughing at him.

- **Fox** (laughing): “Turtle, you’re so slow! You could never win a race!”
- **Turtle** (sadly): “This is how I walk, but that doesn’t make me bad...”
- **Squirrel:** “Fox, that’s not a nice thing to say! Turtle is our friend, and you can’t talk to him like that!”
- **Fox:** “But I’m just joking!”
- **Squirrel:** “That’s not a joke—Turtle is feeling upset. And you do this all the time. Let’s go to Teacher Owl.”
- **Teacher Owl:** “Everyone is different, but we are all equal! Instead of making each other upset, we should show respect.”

### ***If a Friend Is Being Bullied, What Should You Do?***

**“Say “STOP!”:** If a friend is being bullied, you can warn the person by saying, “Don’t do that, it’s not right!”

**Support your friend:** Go to your upset friend and say, “I’m here for you, you’re not alone!” You can invite them to play with you and help them feel happy.

**Ask an adult for help:** If the bullying continues, you can tell an adult, “Teacher, my friend is being bullied, can you help them?” Remember! Asking for help is a sign of strength.

**Don’t stay silent:** Don’t ignore people who bully others. If you don’t do anything, the bullying may continue!

- **Who Can Help?**

*“When you experience bullying, it is important to take action to stop it.”*

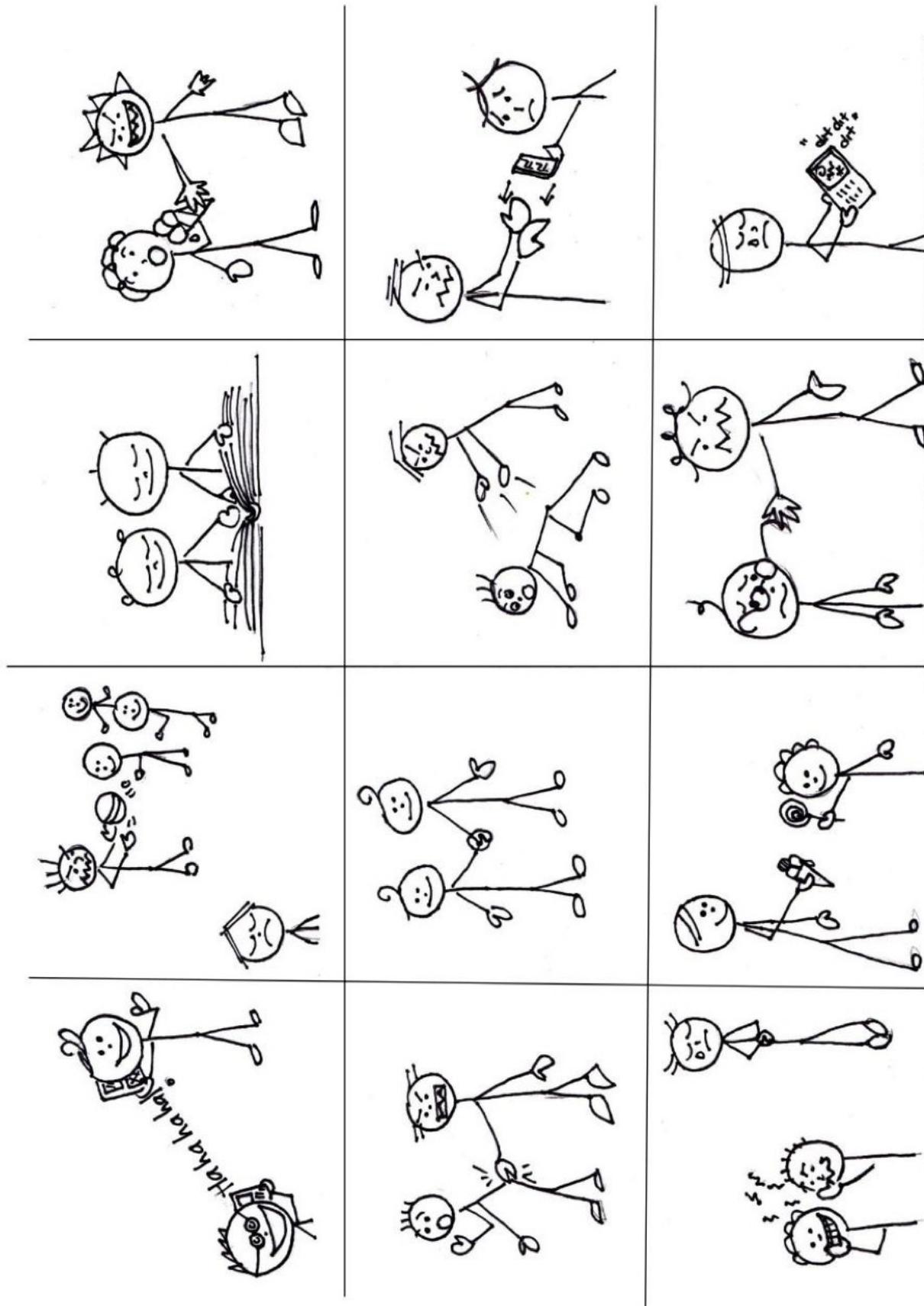
For this activity, give each child an A4 sheet of paper and a pencil. Ask the children to place one hand on the paper and trace around it with the pencil. Then, have them write the names of five trusted adults who can help them—one name on each finger. Emphasize that these five people make up our “safety network.” Facilitators should check each child’s work. If a child cannot think of five names, remind them that they can write the name of their teacher or even your name, and that they can come to you for help in such situations. Afterward, combine all the children’s work on a large piece of cardboard and display it in the room so it can be used later.

### **Closing ritual – smiley face feedback**





## APPENDIX 1 – Bullying or Not?





## Recommendations for Teachers on School-Based Activities

**Collaboration with Families;** Parents should be actively included in educational programs aimed at preventing and addressing bullying and violence. Families need to be informed about school bullying, and both mothers and fathers should be involved in the intervention process. It is important to remember that the problems teachers face with a child at school may be similar to those parents experience at home—and that sometimes a child who is a victim at home may become a bully at school. For this reason, intervention programs should be implemented in close coordination between home and school.

**Holistic School Approach;** Not only teachers and administrators, but also other school staff—such as custodians, cafeteria workers, and school bus drivers—should be included in the bullying prevention process. These staff members should be made aware of what actions to take if they witness a bullying incident.

**Classroom Practices;** It is important to organize classroom activities to inform students about violence and bullying. Use interactive methods such as role-playing to help students clearly understand the rules and the definition of bullying, and to develop empathy skills.

**Staying Connected;** For effective intervention, it is important that children can reach out to us. We must clearly communicate to students that we are accessible and where they can find us. For children who may be hesitant to speak up, placing a “report box” in classrooms can be a helpful way to allow them to share concerns anonymously.

**Support the Development of Psychosocial Skills;** Encourage respect for others. Emphasize to students that they should show the same respect to others that they wish to receive themselves. Help them develop their social and friendship skills, self-confidence, self-esteem, and the ability to build and maintain positive peer relationships.

**Be Aware of Risks;** Monitor high-risk areas and times where incidents of violence are more likely to occur. While each location may have different risk points, secluded areas, schoolyards, playgrounds, restrooms, and narrow hallways are often more dangerous. Be mindful of high-risk times as well—for example, during recess when classrooms or certain areas may be less supervised.

**Gaining Awareness of Prejudices;** Bullying by popular students or teacher favorites may be overlooked or their victims’ claims may be dismissed as less credible. On the other hand, when students who tend to provoke, challenge, or anger teachers are bullied, teachers may be less likely to believe their claims due to bias.

**Provide Clear and Direct Guidance;** Inform students about what they should do if they experience violence. Some students may remain silent out of fear, while others may genuinely not know what actions to take or who they can approach for help. Provide clear, actionable steps so they know where to turn.

**Seek Support;** If you are unable to fully understand or resolve a student’s problem, discuss the situation with colleagues to identify the most effective solution and approach for the student’s benefit. If difficulties persist, research available community resources and seek external support.





## THE TREE OF LIFE – GROUP ACTIVITY

This structured three-session activity is designed to help women reflect on their life stories, recognize their personal strengths, express the challenges they have faced, and experience the power of solidarity. Using the Tree of Life metaphor, participants will explore their resources, connections, losses, and hopes. The process aims not only to increase individual self-awareness but also to create a space where they can discuss both the strengths and the challenges of being together.

### 1st Session: My Roots, My Strengths, and My Hopes

#### **Session Goal:**

To create a safe group environment where participants can get to know who they are, discover their strengths, connections, and dreams.

#### **Session Flow:**

### 1. Introduction, Group Framework, and Pre-Test

**(20 minutes)**

#### **Icebreaker Game: “My Name and What I Bring....”**

How to Play: Participants sit in a circle and, one by one, complete the sentence: “My name is ... and I’m bringing ... with me today.”

Example: “I’m Elif, and I’ve brought a little curiosity and a little tiredness with me today.”

“I’m Gülcan, and I’ve brought a small hope with me today.”

#### **Informing participants about the program’s purpose and general flow:**

Participants are given information about the goals of the sessions, the days the activities will take place, and the time frame.

*Any questions from participants are answered.*

#### **Establishing a group contract:**

**Materials Needed:** A4 paper or flipchart, colored markers

Together with the participants, discuss what rules should be in place to help everyone feel safe and comfortable. If the following points are not mentioned, they are added to the list.

- Privacy and confidentiality
- Voluntary participation
- Listening culture
- Respect for differences
- Informing the group before leaving the space
- Time management

#### **Conducting the pre-test**





## 2. Warm-Up Game: My Name and My Tree in My Imagination

**Purpose:** To connect with metaphors and transition into the group's theme.

How to Play: Sitting in a circle, each person introduces themselves and describes their imaginary tree:  
"My name is ... and if I were a tree, I would be a ... tree, because ..."

Example: *My name is Zeynep. If I were a tree, I would be an olive tree. My roots are deep, my trunk is strong, because I have overcome many things.*

*"My name is Aysel. I would be a linden tree, because I want to spread something good to those around me."*

## 3. Tree of Life Activity – Stage 1 (30 minutes)

**Materials Needed:** A4 paper, colored pencils, crayons, post-it notes

**Instructions:** Ask participants to draw themselves as a tree. The tree should include the following parts:

- **Roots:** My family history, my hometown, my connections, my resources
- **Fruits:** My achievements, the skills I possess
- **Buds:** My hopes and the dreams I want to come true

The notes for each section are written on post-it notes and added to the drawing.

## 4. Sharing and Closing Circle (15 minutes)

Participants who wish to may share their trees.

Sharing is not mandatory; those who choose to share may share as much as they want. Listening is also considered a valuable form of participation.

*"End the group with a one-word round answering the question: "What am I leaving here with today?"*

## 2nd Session: My Broken Branches and Fallen Leaves

### Session Goal:

To provide participants with an opportunity to express the difficulties, disappointments, and losses in their lives, and to create a space for sharing their feelings.

### Session Flow:

## 1. Opening Circle (10 minutes)

"What stayed with you from last week?"

"What feeling did you bring with you to the group today?"

## 2. Resources Exercise

"In today's session, we may recall some of our more challenging experiences. Before we begin, I'd like us to do a short breathing exercise together. You can use this at any point during the session if you feel challenged or need a moment to come back to yourself."





*“Sit comfortably. Slow down and begin to slow your breath, inhaling and exhaling through your nose. Gently press your feet into the floor. Slowly stretch your arms, or if you wish, gently press your hands together. Notice yourself slowing down. Now, become aware of where you are. Look around with curiosity. What are five things you can see? What are three or four things you can hear? Breathe in the air. How does it feel? Is it warm or cool, fresh or heavy, dry or humid? What scents can you smell in the air? Notice where you are and what you are doing. Reach out and touch something—what does it feel like under your fingertips? Stretch your body in some way—your arms, your legs, your back, or your neck. Even if uncomfortable thoughts or feelings arise, remember that there is a world around you that you can see, hear, smell, and touch. You are here now. This is a safe space where you can be with every feeling you have”*

### 3. Tree of Life – Stage 2 (30 minutes)

**Materials Needed:** Trees from the previous session, colored pencils, crayons, post-it notes

**Instructions:** Add the following sections to the trees created in the previous session:

- **Broken branches:** Relationships that have hurt me, my failures, my disappointments
- **Fallen leaves:** Things I have let go of, dreams I have given up on, things I have lost

**Facilitator’s Note:** *This session may be challenging for participants. It is a good idea to remind them that they may take a break at any time if they need to.*

### 4. Sharing and Closing Circle (15 minutes)

**Materials Needed:** Colored pens, post-it notes, a box

What does it feel like to carry difficult emotions?

Ask participants to write down “something they would like to let go of” on a piece of paper and symbolically place it in the box.

End the group with a one-word round answering the question: “What am I leaving here with today?”

## 3rd Session: Our Forest – Being Together, Solidarity, and Boundaries

### Session Goal:

For participants to experience how their individual stories can become a source of support, and to discuss the concepts of solidarity, boundaries, and growing together.

**Materials Needed:** Tape, colored pens, post-it notes, forest photographs

### Session Flow:

#### 1. Opening Circle (10 minutes)

“What stayed with you from last week?”

“What feeling did you bring with you to the group today?”





## 2. Creating the Forest Activity (30 minutes)

**Materials Needed:** Tape

Each participant places their own tree on the wall. As the trees come together, “Our Forest” emerges. The group is then invited to give the forest a name. Examples: “Forest of Solidarity,” “Sprouting Anew,” “Strong with Our Roots.”

## 3. Sharing Circle: Being Like a Forest (20 minutes)

Nature metaphors can be used and visual elements can be added: trees that grow without harming each other, forests where the roots are different but stand side by side, trees that provide shade...

Suggested questions for the sharing circle:

- What does it mean to be side by side?
- What are the strengths of living together?
- What are the challenges?
- How can we grow together while respecting each other’s boundaries?

## 4. Sharing and Closing Circle (15 minutes)

**Materials Needed:** Colored pens, post-it notes

**“Leave a Word for the Forest”:** Each person writes on a piece of paper a word, hope, or message they would like to leave for the other women. These notes are hung on the trees.

How has the presence of this group affected you?

End the group with a one-word round answering the question: “What am I leaving here with today?”





## GROUP INFORMED CONSENT FORM

The Side by Side Platform, implemented by Zurich Insurance Group, is a project of the Z Zurich Foundation. The Side by Side Psychosocial Support Centers are operated in consultation with Needs Map (NM).

While receiving in-person group psychosocial support, you have certain rights and responsibilities. This form has been prepared to inform you about your rights and responsibilities throughout the psychosocial support process. It also serves as an agreement between the psychosocial support professional and the client regarding the matters outlined in the form. Please read it carefully.

### I. Process

- NM and its affiliated professionals commit to upholding the privacy and confidentiality rights of individuals and institutions throughout the counseling process.
- This support process will last for 2 hours per session, taking place either once a week or once every 2 weeks. The total number of sessions will be at least 4, but this may be increased if the counselor deems it necessary or recommends it.
- The sessions will be conducted in person.
- For group psychosocial support sessions, the number of participants in each group will be set at a minimum of 8 and a maximum of 12. However, sessions will still be held even if the number of participants falls below 8.
- During the group psychosocial support process, if necessary, the counselor may refer a participant to another mental health professional who provides individual psychosocial support, either in person or online. In such cases, where a referral to another professional is required, the counselor will first discuss the situation with the participant.

### II. Confidentiality and Boundaries

- All information collected during your application for psychosocial support, as well as any personal details you share during the process, is subject to the principle of confidentiality. Your personal information will not be shared with third persons, except during supervision sessions attended by the psychosocial support professional for the purpose of improving the support provided.
- However, the principle of confidentiality does not apply in certain "exceptional circumstances" described below, where taking specific action is required. These "exceptional circumstances" include:
  - If you express an intention or plan to cause serious harm to yourself or to others (e.g., attempting to end your own life or someone else's),
  - If you have committed a crime whose consequences can still be prevented or limited,
  - If there is a high risk that your close contacts may unknowingly be exposed to a serious and contagious disease you carry,





if you make a verbal or written statement, or give a serious impression suggesting such a risk, it is mandatory—under general psychosocial support ethical principles and practice standards, Needs Map’s working principles, and the laws of the Republic of Türkiye (see: Turkish Penal Code)—for the psychosocial support professional to inform relevant parties (e.g., the client’s spouse/family members, third parties, and/or authorized authorities) in order to protect you and/or those around you.

### III. Possible Risks

- During the psychosocial support process, exploring your emotions and working on an issue may sometimes cause discomfort, pain, or sadness. This is a normal part of the process. The expected outcome at the end of the process is an improvement in resolving your issue and/or in your quality of life.

### IV. Your Rights and Responsibilities as a Client

- During the psychosocial support process, you are responsible for attending sessions at the agreed date and time to ensure that the service provided is effective. Therefore, it is important that you schedule your appointments at mutually convenient times together with your psychosocial support professional. However, if you have a valid reason for missing a session, you are expected to inform your psychosocial support professional via the platform at least 24 hours before the scheduled appointment.
- Before the group counseling process begins, the members of the group must be identified. Therefore, it is expected that participants will attend all ongoing sessions. In cases of valid excuses, if you inform the counselor of your absence for up to 2 sessions, the continuity of your participation in the group will be evaluated by the psychosocial counselor.
- Participants who complete the group sessions may apply to receive referral support from the counselor if they need a different type of counseling or therapy service.
- During the psychosocial support process, you have the right to withdraw from receiving support at any time. Ending the sessions on your own initiative does not place any obligation on you. However, since the continuity of group sessions depends on all participants, a separate decision will be made regarding whether the group will continue. Regardless of the reason, to ensure the process can benefit you, it is recommended that you share your intention to end your participation in advance with the professional providing you support.





*I have read the items written in this form. I have been informed about my rights and responsibilities as a client, as well as the responsibilities of the psychosocial support specialist.*

\_\_\_\_\_ the items in this form  
(please write "I have read and understood").

*I accept / I do not accept to receive group psychosocial support and the conditions stated in this form:*

I accept

I do not accept

Name and Surname:





## GROUP PRE-ASSESSMENT FORM

### Consent Form

\* Indicates required question

Please read the consent form.

I have read the items stated in the consent form. I have been informed about my rights and responsibilities as a participant, as well as the responsibilities of the psychosocial support professional. I have read and understood the items stated in this form.

### **To receive group psychosocial support and the conditions stated in this form: \***

- I accept
- I do not accept

**Group Code:\***

**Skill Practiced:**

**Activity Date:\***

### **Which center did you receive support from? (Activity location)\***

- Hatay- NH Yaşam Container Kent Side by Side Psychosocial Support Center
- Hatay- Samandağ Side by Side Psychosocial Support Center
- Kahramanmaraş Side by Side Psychosocial Support Center
- Other \_\_\_\_\_

### **<sup>1</sup> Professional Full Name:\***

- İ...E...H... (Antakya)
- H...N...S... (Antakya)
- S...Ö... (Samandağ)
- D...Ş... (Samandağ)
- H...K... (Kahramanmaraş)

**Participant Full Name\***

**Gender\***

- Female
- Male
- Other \_\_\_\_\_

**Date of Birth:**

<sup>1</sup> Professional names have been abbreviated for confidentiality purposes; in standard practice, the full names and surnames of the relevant individuals are used.







## CASE CLOSURE FORM

This form will be completed by the professional at the end of the SPR structured group process by selecting from multiple-choice options, and the available options may be expanded over time.

\* Indicates required question

**Skill Practiced:**

**Group Code:\***

**Participants:\***

**Session Start and End Dates:\***

**In what setting did the sessions take place?\***

- Online
- In-person / Antakya PSS Center
- In-person / Samandağ PSS Center
- In-person / Kahramanmaraş PSS Center
- Other

**Session type: \***

- Individual
- Group

**How many sessions were held?**

**Please indicate the number of participants in each session. (e.g., Session 1: 5, Session 2: 3...)\***

**How did the group process complete? \***

- Successful
- Successful (Process completed and participant referred)\*
- Incomplete
- Not started
- Incorrect application
- Client referred at the beginning of the process\*





**How much have the participants benefited from the psychosocial support program?\***

- Very little
- Little
- Not sure
- Much
- Very much

**To what extent do you think the participants have gained the targeted skills?\***

- Very little
- Little
- Not sure
- Much
- Very much

**Please share your comments on the participant's process.**

**Post-Referral Process**

**Where was the referral made?**

- Hospital
- Psychiatrist
- Rehabilitation and Research Center
- Group Activity
- Psychologist
- Social Worker
- Other \_\_\_\_\_

What was the reason for the referral? Please indicate any important information related to the process, if applicable









## ACTIVITY REPORT

This form has been created to report Needs Map field activities. Ongoing activities should be reported upon completion, and one-time activities should be reported on a weekly basis.

\* Indicates required question

### Type of Activity\*

- MHPSS-Individual
- MHPSS-Structured Group
- MHPSS-One-Time PSS / Training
- PSS-Sports Activity
- PSS-Art Activity
- PSS- Awareness-Raising Session
- Economic Development
- Education
- Health
- Material Support / Kit / Distribution
- Coordination / Collaboration / Communication / Outreach Activities
- Referrals

**Activity Name:**

**Activity Date:\***

**Activity Duration:\***

**Activity Location:\***

**Person(s) Responsible:\***

**Participant List (e.g., 1 – Lale Gül, 2 – Yeşil Sarı ...)**

**Partner Organization(s) and Collaboration Details (if any):**

### Target Group\*

- General
- Children
- Adults
- Women
- Other





**Number of female/girl participants: \***

**Number of male/boy participants: \***

**Notes on activity content:\***

**Notes on the outcomes, success stories, or results of the activity:\***

**Facilitator's general observations about the participants and the activity: \***

**Smiley Face Feedback Score (if collected):**

**Notes on child/adult safeguarding: \***

**Participant List (e.g., 1 – Lale Gül, 2 – Yeşil Sarı ...)**

**Partner Organization(s) and Collaboration Details (if any):**

**Activity Completion Checklist:**

- I have completed the activity report.
- I have created the participant list and reported attendance.
- I have archived the consent forms.
- I have provided participants with the necessary forms for the activity.
- I have collected feedback (smiley face or written).

**Is there anything else you would like to add?**

*\* Each of the 5-point Smiley Face scales is distributed to participants. They are asked to rate, with 5 being the highest and 1 being the lowest. The average score is entered into the report (e.g., if 3 participants gave scores of 3, 3, and 4, it would be recorded as  $(3+3+4)/3 = 3.3$ ).*





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## PARTICIPANT LIST

Activity Name:
Activity Place:
Activity Date:
Name of Facilitators:

	HOUSEHOLD NUMBER	NAME SURNAME	AGE	GENDER
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





## FEEDBACK FORM

This survey has been prepared to evaluate the psychosocial support service you have received. Our aim is to understand whether the service we provided met your expectations and to collect feedback in order to improve future services. Please answer the questions below carefully and share your thoughts with us. Your feedback will help us enhance the quality of future services and will also be used for reporting purposes. The survey is filled out anonymously, and no personal information such as name or surname is collected.

**Event Date: \***

**Event Topic:**

### 1 - Demographic Information\*

**Gender:**

- Female
- Male
- Other \_\_\_\_\_

**Date of Birth \***

**Activity Place: \***

- Hatay (Antakya) Needs Map Container City Side By Side Psychosocial Support Center
- Hatay (Samandağ) Side By Side Psychosocial Support Center
- Kahramanmaraş Side By Side Psychosocial Support Center
- Other \_\_\_\_\_

**<sup>1</sup> Which professional did you receive support from? \***

- İ...E...H... (Antakya)
- G...E... (Antakya)
- D...Ş... (Samandağ)
- S...Ö... (Samandağ)
- S...Ç... (Kahramanmaraş)
- S...N...E... (Kahramanmaraş)

<sup>1</sup> Professional names have been abbreviated for confidentiality purposes; in standard practice, the full names and surnames of the relevant individuals are used.







## ONLINE PSYCHOSOCIAL SUPPORT FEEDBACK FORM

This survey was prepared to evaluate the psychosocial support services you received. Our goal is to understand whether the service we provide meets your expectations and to obtain feedback so we can better tailor future services.

Please share your thoughts with us by carefully answering the questions below.

Your feedback will help us improve the quality of our services in the future. It will also be used for reporting purposes.

The survey is completed anonymously, and no personal information, such as your name or surname, is collected.

### 1 - Demographic Information\*

#### Gender:

- Female
- Male
- Other \_\_\_\_\_

#### Date of Birth:

#### <sup>1</sup> Which professional did you receive support from? \*

- M...B...B...
- P...K...
- R...T...Ö...
- H...K...
- Other \_\_\_\_\_

#### How many sessions did you attend with this professional? \*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- Other \_\_\_\_\_

<sup>1</sup> Expert names have been abbreviated for confidentiality; standard practice is to use the full names and surnames of the individuals concerned.







*Thank you!*

*We believe that by taking into account your valuable feedback, we will be able to improve our future services.*

*We are always here to better support you.*

*If at any time you would like to provide additional feedback or receive more support regarding your experiences during the psychosocial support service, please do not hesitate to contact us at [etik@yanyanayiz.com.tr](mailto:etik@yanyanayiz.com.tr)*

*Thank you again for your interest and participation.*





## FIELD ACCESS FORM

### Name of region or container city:

Hello, I'm ..... I work as a psychosocial support specialist at Needs Map. Here, at our support center in ....., we meet with children and adults affected by the earthquake. We conduct both one-on-one and group sessions with children and adults aged 6-18. Our goal is to help them feel better after this difficult time and help them resume their daily lives. If you'd like to visit the PSS center, our full address is .....

If you have physical difficulties coming to our center, you can also apply for support at <https://yanyanayiz.com.tr/online-basvuru-kayit>

We collect this information for reporting purposes and to provide you with services without using personal information such as your name and surname. Your personal data will not be shared with third parties.

- Deliver the Side by Side brochure to the beneficiary.

- Explain the PDPL text to the beneficiary and if he/she approves, tick the box below.

- I declare that I have given my express consent to the processing and transfer of my personal information as explained in the Privacy Statement and Disclosure Text, and that I have been informed by Needs Map about the text of the law on the protection of personal data.

### Container Number or Address:

#### Will the meeting continue?

- Yes
- No

#### If it is no, Why?

- Person does not want
- Not at home
- Other (explain)





***If it is Yes;***

- 1. Interviewee's Name and Surname:**
- 2. Interviewee's Age:**
- 3. Number of people staying in the container:**
- 4. If there are children in the household, their ages:**
- 5. Has anyone in the family ever received individual or group psychosocial support?**
  - Yes
  - No

***If it is Yes;***

1. Who or Whom?
2. Where?
3. When and How Often?
4. When? (Group, individual, one time)

**6. Is there anyone in the household who needs individual conversation?**

- Yes
- No

***If it is Yes;***

1. For Who?
2. Would you like to get support from the Side By Side Platform or PSD centers?
  - Evet
  - Hayır

***If it is Yes;***

1. How would you like to receive support?
  - Face to Face
  - Online

***If Face To Face;***

The specialist informs the beneficiary that he/she will call him/her to make an appointment.

***If Online;***

The expert demonstrates the use of the Side By Side Platform by scanning the QR code.

**7. Would they like to participate in group activities for adults and children?**

- Yes
- No

***If Yes;***

1. Who/ for who?

Please inform those who wish to participate in the activities that beneficiaries may be sought later.





## 8. Is there a situation that needs to be addressed?

- Yes
- No

**If Yes;**

### **2. Planned/conducted guidance or intervention:**

#### **Note for PSS Specialists**

When cases posing a protection risk are encountered in the field, the field coordinator must be notified. Protection risk refers to the possibility of individuals being harmed physically, emotionally, or socially. These risks include:

- Neglect and abuse (physical, emotional, sexual),
- Separation from family or loss of caregiver,
- Child labor,
- Forced marriage,
- Gender-based violence,
- Disabled individuals cannot access services,
- Lack of support for elderly people living alone,
- Lack of registration, lack of documentation,
- Security issues in shelters,
- Situations such as stigma and discrimination take place

After the case is evaluated, the beneficiary's explicit consent can be obtained and a referral can be made to the necessary service. This referral can be made to the relevant institution using the IARF (Inter-Agency Referral Form).

If the issue relates to the container city (e.g., housing conditions, security, infrastructure, etc.), the container city officials are informed through the field coordinator.

Beneficiaries who lack sufficient information about institutions and services should be provided with clear and understandable information about available support mechanisms.

## 9. Contact Information:

## 10. Additional Notes:

## 11. Interview Date:

## 12. Interviewer:





## STAFF CARE APPLICATION FORM

### How did you learn about our platform?\*

- Work/ Volunteer where the institution
- Social Media
- Social Environment (Friends etc)
- Project Stakeholders

### E-Mail Address\*

### Phone Number\*

### Date of Birth\*

### Name, Surname, Relationship Degree and Telephone Number of a Person to be Reached in Case of Emergency\*

### Do you have a regular job?\*

- Yes
- No

### Occupation\*

### If you are working in any managerial position, please specify:

- Manager
- Director
- Head
- Vice
- Other

### Please indicate your duty in the earthquake zone.\*

- Rescue Worker
- Humanitarian/Warehouse Worker
- Psychologist/Psychological Counselor/Social Worker
- Healthcare Worker
- Teacher
- NGO Worker
- Other

### If you are a psychologist/psychological counselor/social worker, how many clients do you see on average per month?

### If you are a healthcare professional, please specify your specialty:

### If you are a teacher, please specify your average number of students:

### If you are an NGO worker, please specify your role:





**Do you have any chronic illnesses?\***

- Yes
- No

**Do you use any medications regularly?\***

- Yes
- No

**Can you attend regular online group psychosocial support sessions on your assigned days and times?**

- Yes
- No

**SPR Scanning Form**

Please indicate the number you think best fits your answer to the questions below:

- 1- None
- 2-A Little
- 3-Undecided
- 4-Much
- 5-A Lot

Write your explanation in the box below each question.

**1. Do you have any concerns about your own or a family member's physical health?\***

1                      2                      3                      4                      5

Define\*

**2. Are you or a family member experiencing any emotional difficulties?\***

1                      2                      3                      4                      5

Define\*

**3. Are you concerned about your own or a family member's current or future safety?\***

1                      2                      3                      4                      5

Define\*

**4. Do you have difficulties in meeting your basic needs in daily life?\***

1                      2                      3                      4                      5

Define\*





**5. Do you or a family member have a problem with alcohol, drug or prescription medication use?\***

1                      2                      3                      4                      5

*Define\**

**6. Do you or a family member have difficulties in fulfilling your daily responsibilities at home, work or school?\***

1                      2                      3                      4                      5

*Define\**

**7. Do you and your family have problems with your relationships with people (spouse/partner, family members, neighbors, friends, or people at work or school)?\***

1                      2                      3                      4                      5

*Define\**

**8. Do you have any other problems you would like to share with us?\***

1                      2                      3                      4                      5

*Define\**

**Have you ever had a relative die or be injured due to a disaster or emergency?\***

*Explain\**

**Have you ever behaved in a way that harmed yourself or those around you?\***

*Explain\**

**Have you or a family member been subjected to neglect, abuse, violence, etc.?\***

*Explain\**

**Do you or a child close to you feel threatened?\***

*Explain\**

















## GROUP PSYCHOSOCIAL SUPPORT REQUEST FORM

Within the scope of the Side by Side Project, we are organizing online and in-person psychosocial support sessions for disaster workers\*, disaster volunteers, teachers, academics, and healthcare professionals affected by the earthquake.

\* This includes professional groups such as non-governmental organization (NGO) and public sector employees, psychologists, social workers, medical teams, first responders and search and rescue teams, firefighters, and others working in earthquake-affected areas.

### Our Purpose:

- Bringing together professional groups experiencing similar challenges,
- Creating a space where they can share their needs and concerns,
- Helping them cope with stress and challenges,
- Supporting them in rebuilding their sense of control and competence that has been shaken,
- Reinforcing beneficial behaviors while working together to transform unhelpful ones,
- Increasing their psychological wellbeing.

### Group Sessions:

- Psychoeducation sessions aim to strengthen individuals' coping skills, help them make sense of their emotions, and enhance their psychological wellbeing.
- Group sessions can be **one-time sessions (focused on psychoeducation) or planned to last 4-6 weeks, depending on the needs of the group.**
- You can participate by applying for **group sessions announced in advance.**
- You can also request new psychoeducation sessions **focused on specific topics.**

### Participation and Privacy:

- The information of individuals participating in the groups will be used confidentially for monitoring and evaluation purposes only.
- **No shared information will be transferred to any corporate actors, and corporate names will not be shared with other institutions or organizations.**

**After filling out the form, you will be contacted within 1-7 days.**

\* Indicates a mandatory question

**Which one describes yourself and/or your colleagues better?  
(See the description section at the beginning of the form).\***

- Teacher/Academician
- Healthcare Worker
- Disaster Worker
- Disaster Volunteer
- Other \_\_\_\_\_





**Name\***

**Surname\***

**The City You Live In:\***

**Phone Number\***

**Email address\***

**The Institution you work at\***

**Your profession and position in the institution\***

**Explain your expectations from group sessions.\***

**What is your application type?\***

- Individual
- On behalf of the institution

Your personal data is processed in accordance with the Information Text.

I have read the Informed [Consent Text](#) \*

- I accept





## NEEDS MAP SIDE BY SIDE PROJECT VOLUNTEER EXIT FORM

Volunteers who have completed their volunteering process or wish to leave before completing it are expected to fill out the Volunteer Exit Form.

Our goal with this form is to collect your feedback to improve our fieldwork and program. Your responses **will not be shared with experts/supervisors or instructors, including any personally identifiable information.**

If you would like to give anonymous feedback regarding any comments, complaints or ethical violations, you can send an e-mail to [etik@yanyanayiz.com](mailto:etik@yanyanayiz.com).

Thank you for your time.

Needs Map

\* Indicates a mandatory question

**Name, Surname\***

**In which field did you volunteer?\***

- Hatay Antakya
- Hatay Samandağ
- Kahramanmaraş

**Volunteering Start Date\***

**Volunteering End Date\***

**Please select the reasons below that apply to you to end your volunteering.\***

- I've completed my volunteering period.
- It didn't meet my expectations.
- I want to volunteer at another organization.
- I can't find the time to volunteer.
- I experienced some difficulties during my volunteering process.
- I feel I didn't receive enough information or support regarding the volunteering process and the implementation of the activities.
- I experienced a change in my family, school, or personal circumstances.
- I experienced transportation and safety issues.
- Other \_\_\_\_\_





**To what extent did your volunteering contribute to your **career development**?\***

1	2	3	4	5
Did not contribute at all				Contributed greatly

**Will you use the information you learned here in your **professional life**?\***

1	2	3	4	5
I did not find it useful at all				I find it very useful

**To what extent did you find the **Project and Volunteer Internship Program Orientation (online)** you received during your volunteering process useful? \***

1	2	3	4	5
I did not find it useful at all				I find it very useful

**To what extent did you find the **Child Protection and Volunteer Policies Training (online)** you received during your volunteering process useful? \***

1	2	3	4	5
I did not find it useful at all				I find it very useful

**To what extent did you find the **Field Orientation** you received during your volunteering process useful?? \***

1	2	3	4	5
I did not find it useful at all				I find it very useful

**To what extent did you find the **Psychological First Aid Training** you received during your volunteering period useful? \***

1	2	3	4	5
I did not find it useful at all				I find it very useful

**To what extent did you find the **Ethical Principles and Code of Conduct in Disaster Psychology (online)** training you received during your volunteering process useful? \***

1	2	3	4	5
I did not find it useful at all				I find it very useful

**To what extent did you find the **Trauma Awareness Training (online)** you received during your volunteering process useful? \***

1	2	3	4	5
I did not find it useful at all				I find it very useful





**How useful did you find the **Self-Care Session (online)** you received during your volunteering process? \***

1	2	3	4	5
I did not find it useful at all				I find it very useful

**To what extent did you find the **supervision** you received from our experts during your volunteering process useful?\***

1	2	3	4	5
I did not find it useful at all				I find it very useful

**To what extent did the volunteering process meet your expectations?\***

1	2	3	4	5
Never satisfied				Completely satisfied

How do you plan to use the knowledge you learned during your volunteering?\*

Could you share your thoughts and feelings about your volunteering experience? What impact did it have on your mental health?\*

We value your feedback. What were your favorite and least favorite aspects of your volunteering experience? What suggestions would you give us for improving our program?\*

If you have anything else you'd like to add, please let us know.





## PSYCHOSOCIAL SUPPORT INFORMED CONSENT FORM FOR GROUPS

Side by Side Psychosocial Support Centers were established as part of the Side by Side project, a project implemented with contributions from the Z Zurich Foundation. The Side by Side Project is implemented by Zurich Insurance with the consultancy of Needs Map (IH).

You have certain rights and responsibilities while receiving psychosocial support through a group, whether online or in-person. This form has been prepared to inform you about your rights and responsibilities during the psychosocial support process. It also constitutes an agreement between the psychosocial support specialist and the participant regarding the topics covered in the form. Please read it carefully.

### I. Process

- Sessions will be held online via the Side by Side Platform, via Zoom, or in person at locations agreed upon by the parties.
- Participation is free of charge and voluntary.
- NM and its affiliated experts undertake to ensure that all physical conditions used for online connection during psychosocial support/education comply with the privacy and confidentiality rights of individuals and institutions. They guarantee that audio and video will not be transmitted to the outside world, and that the session will be connected using headphones to prevent others from hearing.
- To maximize the benefit of psychosocial support sessions, both participants and experts should conduct sessions in a quiet environment with a strong internet connection.
- Group psychosocial support sessions are planned based on the needs of the participants. Sessions last approximately two hours.
- Group psychosocial support sessions can be structured as one-time psychoeducation sessions, but the number of sessions can be increased according to the needs of the group.
- During the group psychosocial support process, the expert may refer the participant to another mental health professional who provides individual psychosocial support services, either in person or online, if deemed necessary. In such cases where the participant needs to be referred to another specialist, the consultant will first discuss this situation with the client.

### II. Privacy and Limitations

- In accordance with Law No. 6698 on the Protection of Personal Data, no digital recordings are taken during psychosocial support sessions conducted digitally.
- The information collected when you apply for psychosocial support and the information you share about your life during this process are subject to confidentiality. Your personal information will not be shared with third parties, except during supervision sessions attended by the psychosocial support specialist to provide you with better support.





- However, the confidentiality principle does not apply to certain “exceptional circumstances” listed below during the psychosocial support process. These “exceptional circumstances” in which certain steps must be taken are as follows:

1. You have the intention/plan to cause serious harm to yourself or another person(s) (e.g., to kill yourself or another person(s)).
2. You have committed a crime that you caused, the consequences of which could still have been prevented or limited.
3. There is a high probability that your relatives could contract a dangerous and contagious disease from you without your knowledge.

If you make a verbal or written statement or give a serious impression in this direction, it is mandatory to notify the relevant persons (the client’s spouse/family, third person/persons and/or the competent authorities) in order to protect you and/or others around you, in accordance with the general psychosocial support ethical principles and practice standards, the working principles of the Needs Map and the laws in our country (see, Turkish Penal Code).

### III. Possible Risks

- Exploring your feelings and working through a problem during the support process may occasionally cause you distress, pain, or sadness. This is normal. The expectation at the end of the process is that your problem will be resolved and/or your quality of life will improve.

### IV. Your Rights and Responsibilities As a Participant

- While receiving psychosocial support, you are responsible for attending sessions on the designated day and time to ensure the benefits of the services provided to you. Therefore, it is important to arrange the most appropriate appointment date and time with the psychosocial support specialist providing you with support. However, if you have a significant reason not to attend a session, you are expected to notify the psychosocial support specialist via the platform at least 24 hours before the scheduled appointment date.
- Group members must be determined before beginning the structured psychosocial support process. Therefore, participants are expected to attend all ongoing sessions. If you report your absence for a valid excuse, up to two times, the psychosocial support specialist will assess the group’s continuity.
- Those who complete group sessions may contact their counselor for referral support if they require different counseling or longer-term psychological support.
- During the psychosocial support process, you have the right to withdraw from support at any time. Terminating sessions at your own discretion does not impose any obligation on you. However, since the continuity of group sessions is dependent on all participants, the decision regarding the continuation of the group will be made individually. Whatever the reason, it is better to share your termination request with the expert who supports you in advance so that the process can help you.



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*The information provided in this guide is based on experiences and examples of practice in the field of mental health and psychosocial support (MHPSS) in disaster and emergency contexts. The guide does not recommend any specific treatment method, therapy, or intervention. Its content is prepared solely for general educational and informational purposes and should not be regarded as medical, psychological, or professional advice.*

*Practitioners in the field are expected to interpret and apply the information within the scope of their professional responsibilities, local context, and relevant national/international regulations. Decisions concerning health and mental health should always be made in consultation with qualified professionals. While the information presented reflects the knowledge and experiences of professionals involved in the project, implementation steps may vary depending on cultural, geographical, and social contexts. It is strongly recommended that all interventions in disaster settings be assessed and adapted in line with local needs.*

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