







REVIEW

Impact of clinical Psychology in emergencies and Disasters in Ecuador and other global crises

Impacto de la Psicología Clínica en Emergencias y Desastres en Ecuador y en otras Crisis Globales

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Cite as: Lema Balla JR, Cedeño Morales FE, Alchundia Mendoza MN. Impact of Clinical Psychology in Emergencies and Disasters in Ecuador and other Global Crises. Health Leadership and Quality of Life. 2025; 4:652. <https://doi.org/10.56294/hl2025652>

Submitted: 13-06-2024

Revised: 10-10-2024

Accepted: 21-06-2025

Published: 22-06-2025

Editor: PhD. Neela Satheesh 

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ABSTRACT

In a world where emergencies and disasters are becoming more frequent due to climate change, social conflicts, and global pandemics, clinical psychology has proven to be an essential tool for mitigating the emotional and mental impact of these crises. The objective of this study is to identify the challenges and opportunities of clinical psychology professionals in the context of emergencies and disasters in Ecuador, proposing recommendations to optimize their work based on the comparison of various telepsychology methodologies. This study uses a combination of literature review and qualitative case analysis. Documents from organizations such as the World Health Organization (WHO) and interviews with mental health professionals in Ecuador were reviewed. In addition, strategies used in international disasters such as the tsunami in Japan (2011) and Hurricane Katrina (2005) were analyzed. Among the most common psychological effects derived from disasters are Post-Traumatic Stress Disorder (PTSD), anxiety and depression, affecting both direct victims and response teams. Clinical psychology plays a fundamental role in emotional recovery during crisis contexts. In Ecuador, significant progress has been made in this area; however, it is imperative to strengthen psychological services, especially in vulnerable and rural areas.

Keywords: Clinical Psychology; Emergencies; Disasters; Ecuador; Global Crises.

RESUMEN

En un mundo donde las emergencias y los desastres son cada vez más frecuentes debido al cambio climático, los conflictos sociales y las pandemias globales, la psicología clínica ha demostrado ser una herramienta esencial para mitigar el impacto emocional y mental de estas crisis. El objetivo de este estudio es identificar los desafíos y oportunidades de los profesionales de la Psicología clínica en el contexto de emergencias y desastres en Ecuador, proponiendo recomendaciones para optimizar su labor partiendo de la comparación de diversas metodologías de la telepsicología. Este estudio utiliza una combinación de revisión bibliográfica y análisis cualitativo de casos. Se revisaron documentos de organismos como la Organización Mundial de la Salud (OMS) y entrevistas a profesionales de la salud mental en Ecuador. Además, se analizaron estrategias empleadas en desastres internacionales como el tsunami de Japón (2011) y el huracán Katrina (2005). Entre los efectos psicológicos más comunes derivados de los desastres se encuentran el Trastorno de Estrés Postraumático (TEPT), la ansiedad y la depresión, afectados tanto a las víctimas directas como a los equipos de respuesta. La psicología clínica desempeña un papel fundamental en la recuperación emocional durante contextos de crisis. En Ecuador, se han logrado avances significativos en este ámbito; sin embargo, resulta imperativo fortalecer los servicios psicológicos, especialmente en zonas vulnerables y rurales.

Palabras clave: Psicología Clínica; Emergencias; Desastres; Ecuador; Crisis Globales.

INTRODUCTION

Clinical psychology plays a fundamental role in mitigating the devastating effects of natural disasters, health emergencies, and conflicts on the mental health of affected populations. In Ecuador, a country prone to natural phenomena such as earthquakes and floods, implementing psychological strategies in post-disaster care has become increasingly important.⁽¹⁾

Globally, the impact of pandemics such as COVID-19 and migration crises has reaffirmed the need to adopt a comprehensive psychological approach to emergency response. This article focuses on the impact and contributions of clinical psychology in Ecuador, alongside examples and lessons learned from other global crises.

Clinical psychology has evolved significantly in response to traumatic events on a global scale. Some of its most significant advances are Historical global crises: From disasters such as the 2004 Indian Ocean tsunami to armed conflicts and humanitarian crises, the development of psychological intervention protocols has been essential. International strategies: organizations such as the Red Cross and the World Health Organization (WHO) have implemented models such as Psychological First Aid and community-based approaches to facilitate emotional recovery. Impact on affected communities: these interventions have shown positive results in reducing post-traumatic stress and restoring social functioning.⁽²⁾

Ecuador has faced multiple emergencies in recent decades. Some of these include: - the 2016 earthquake: This disaster severely affected the communities of Manabí and Esmeraldas, leaving thousands of victims. Psychological interventions included group therapy, assistance in temporary shelters, and training of volunteers in psychological first aid. Recurring floods: In areas like the coast, floods have caused mass displacement, requiring specific psychological care. COVID-19: The global pandemic profoundly impacted the mental health of the population, increasing cases of anxiety, depression, and stress. In response, digital tools offered remote assistance.⁽³⁾

This study aims to identify the challenges and opportunities faced by clinical psychology professionals in the context of emergencies and disasters in Ecuador. Based on a comparison of various telepsychology methodologies, it proposes recommendations to optimize their work.

METHOD

This study uses a combination of literature review and qualitative case analysis. Documents from organizations like the World Health Organization (WHO) and interviews with mental health professionals in Ecuador were reviewed. In addition, strategies used in international disasters such as the tsunami in Japan (2011) and Hurricane Katrina (2005) were analyzed—figure 1, PRISMA Diagram.

Assessing the impact of psychological interventions in crises is crucial to understanding their effectiveness, identifying areas for improvement, and ensuring that desired objectives are achieved. Below, I describe the primary methods used to assess impact: qualitative assessments: Interviews were conducted with beneficiaries to gather information about their experiences and perceptions of the interventions. This allows us to identify which aspects were most useful or if there were any challenges. Focus groups: Group discussions are organized with participants to understand the community impact of the interventions. Case studies: Individual stories are documented to illustrate how people have been positively affected by the strategies implemented.

For quantitative evaluations, the following were used: questionnaires and surveys. Standardized tools such as the Impact of Event Scale (IES-R) or the PTSD Checklist (PCL) are used to measure levels of stress, anxiety, or trauma symptoms before and after the intervention. Mental health indicators: Metrics such as a decrease in visits to medical services for anxiety or depression or an increase in attendance at psychological therapy are recorded. Reach measurement: the number of people who have benefited, in which geographical areas, and for how long are analyzed.

The following were used to carry out continuous monitoring: Longitudinal follow-up: Periodic evaluations are conducted over time (e.g., 3 months, 6 months, or 1 year after the intervention) to see if the positive effects are maintained or if new challenges arise. Feedback systems: participants can provide ongoing feedback, allowing interventions to be adjusted as needed.

Mixed methods, such as combining qualitative and quantitative approaches, were also used. This provides a more comprehensive view of the impact. For example, numerical data can be used to measure changes in stress symptoms, and interviews can contextualize these results.

Social cohesion was taken into account to determine the social and community impact. Changes in community dynamics, such as participation in group activities, strengthening social support networks, and economic and educational recovery, were evaluated. In some cases, it was analyzed whether improvements in mental health had enabled beneficiaries to resume their work or academic activities successfully.

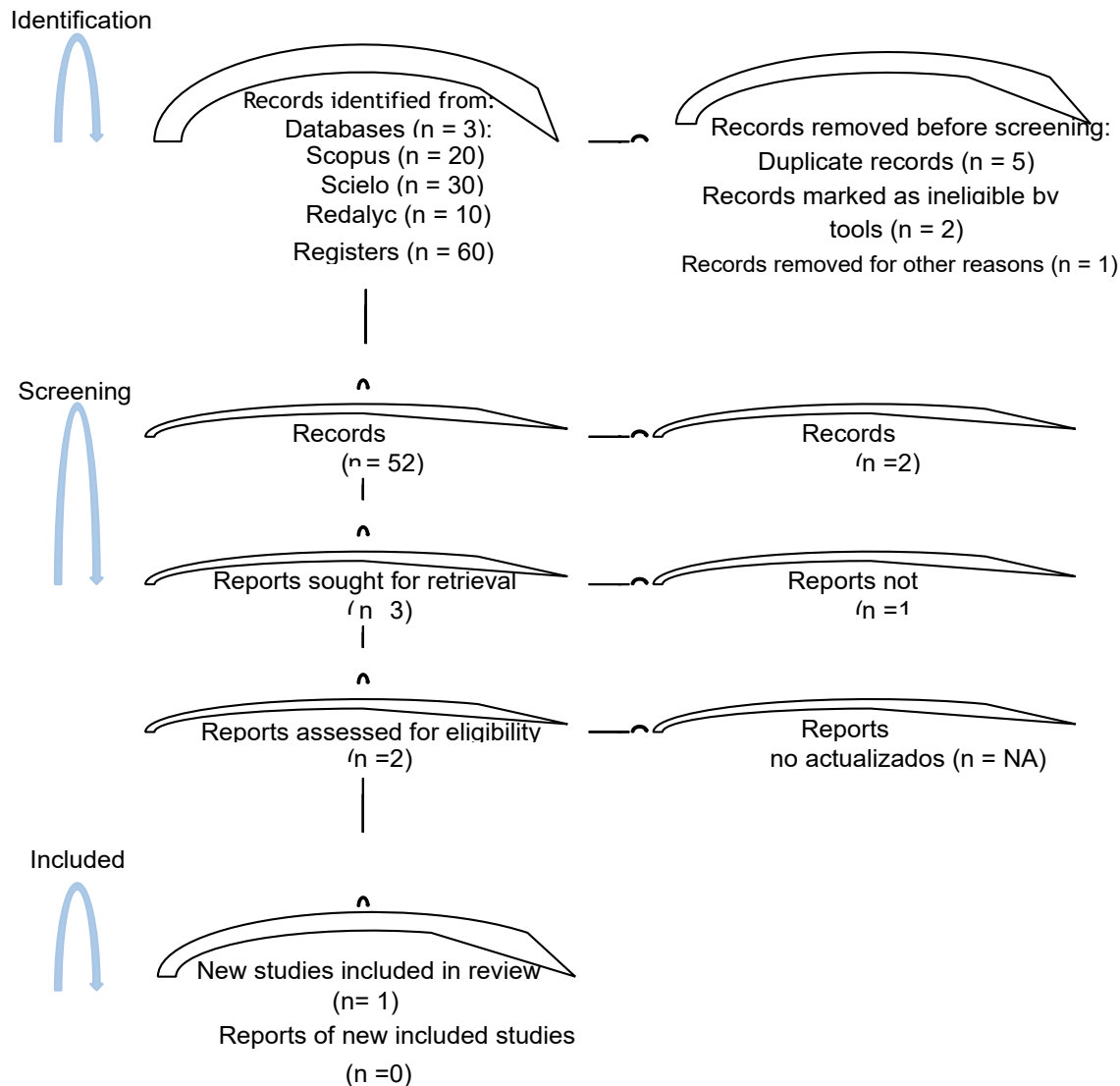


Figure 1. PRISMA diagram, based on the documentary study carried out

In disasters and emergencies, specific metrics are used, such as Reduction in post-traumatic stress: evaluating PTSD symptoms in affected populations; Levels of daily functioning, Measuring people's ability to perform their daily activities after the intervention; and Recurrence rate, Monitoring the emergence of recurring mental health problems.

RESULTS AND DISCUSSION

Clinical psychology in emergencies is based on theories such as the Community Resilience Model, which emphasizes the importance of strengthening both individual and collective resources to cope with adversity. Likewise, Attachment Theory is used to understand emotional and behavioral responses in situations of collective trauma.⁽⁴⁾

Among the most common psychological effects of disasters are post-traumatic stress disorder (PTSD), anxiety, and depression, which affect both direct victims and response teams.⁽⁵⁾

In the context of Ecuador, an increase in the incidence of anxiety and post-traumatic stress disorder (PTSD) has been observed following the 2016 earthquake. Interventions such as group psychological support and cognitive-behavioral therapy have been shown to impact the emotional recovery of those affected positively.

Globally, the following have been taken into account: in humanitarian crises, such as that caused by the conflict in Syria, access to psychological resources has contributed significantly to reducing levels of depression in displaced populations. In the case of natural disasters, the need to integrate clinical psychology with rapid response measures has been highlighted.

Effective methods of psychological intervention include Psychological First Aid (PFA), which focuses on emotionally stabilizing victims; Cognitive Behavioral Therapy, which facilitates the reorganization of thinking and the development of coping strategies; and digital tools, including telepsychology and mobile applications,

which have been essential during the COVID-19 pandemic.

Additionally, in Ecuador, integrating cultural practices, such as community rituals, has facilitated the acceptance and effectiveness of interventions. These actions raise psychosocial and ethical challenges, which are psychological overload of health professionals: During the 2016 earthquake and the pandemic, psychologists faced high levels of stress due to the high demand for care; gaps in access: in rural or remote communities, the lack of psychological services is a constant challenge; and Ethical dilemmas: ensuring that interventions respect cultural beliefs and human rights is paramount.⁽⁶⁾

A preventive approach has been developed: Building Resilience, which leads to prevention and plays a crucial role in mitigating the psychological effects of future crises. Community education through drills and training helps to prepare communities psychologically. Creating support networks that promote social Resilience through community groups and non-governmental organizations has proven effective in Ecuador and other countries.

Awareness programs are created: Integrating psychoeducation into school and community plans facilitates greater disaster preparedness.⁽⁷⁾

Some disaster situations in Ecuador that have led to the implementation of psychology in its most current form include the devastating earthquake that struck the provinces of Manabí and Esmeraldas; Psychological First Aid (PFA) was implemented in temporary shelters. A trained psychologist and volunteer team provided immediate emotional support, helping victims stabilize emotionally and connect with essential resources. Group therapy sessions were also organized to foster a sense of community and reduce emotional isolation.

During the COVID-19 pandemic, telepsychology played a key role in Ecuador and other countries. Through digital platforms, psychologists were able to offer remote support to people affected by isolation, anxiety, and grief. In particular, the population developed and widely used mobile applications and free psychological helplines.

In the context of the 2004 Indian Ocean tsunami, large-scale psychological intervention programs were implemented globally in countries such as Indonesia and Sri Lanka. International teams of psychologists collaborated with local communities to provide Psychological First Aid (PFA) and culturally adapted therapies. These interventions contributed significantly to reducing post-traumatic stress symptoms in affected populations.

Following Hurricane Katrina in the United States in 2005, crisis centers were established in New Orleans, offering survivors free psychological services. Group therapy and community resilience programs played a crucial role in helping people rebuild their lives and manage collective trauma.

Venezuelan Migrant Crisis

Psychological support programs have been implemented for migrants in receiving countries such as Colombia and Ecuador. These programs include stress management workshops, individual therapy sessions, and community activities to facilitate the emotional integration of displaced persons.

Similarities between these techniques: in the case of Psychological First Aid (PFA):

In Ecuador, Psychological First Aid was implemented extensively after the 2016 earthquake, similar to what happened in countries such as Chile after the 2010 earthquake. In both contexts, immediate emotional stabilization and connection to essential resources were prioritized.

Following the 2017 earthquakes in Mexico, PFA also crucially played a role in the initial care of victims.

To analyze Community Interventions

In Ecuador, cultural practices, such as community rituals, have been incorporated into psychological interventions, an approach similar to that taken in countries such as Guatemala, where indigenous communities use traditional ceremonies as a means of processing trauma.

In Colombia, community interventions have been essential in addressing the psychological impact of armed conflict, highlighting the importance of collective support.

When analyzing telepsychology

During the COVID-19 pandemic, Ecuador and countries like Argentina and Peru implemented telepsychology to ensure access to psychological services in remote or quarantined areas.

Differences between techniques

Cultural adaptation

In Ecuador, psychological interventions have incorporated indigenous practices, such as spiritual cleansing rituals, aspects that are not as prevalent in countries such as Argentina or Chile, where interventions tend to be more standardized.

In Brazil, psychological interventions in Amazonian communities have included elements of the local indigenous worldview but with a different approach than that adopted in Ecuador.

Focus on Migrants

Ecuador has developed specific programs to assist Venezuelan migrants, while in countries such as Mexico, interventions have focused more on Central American migrants in transit to the United States.

Regarding First Responder Training

In Chile, training programs for first responders are more institutionalized and receive more funding than in Ecuador, where these initiatives depend on non-governmental organizations.

When considering Infrastructure and Resources

Countries such as Argentina and Brazil have more robust mental health systems, allowing them to implement psychological interventions on a larger scale. In contrast, Ecuador faces limited resources and access, especially in rural areas.

Regional Impact

Despite their differences, Latin American countries share common challenges, such as the need to overcome the stigma associated with mental health and ensure equitable access to psychological services. Ecuador's experiences, particularly in integrating cultural practices, can serve as a model for other nations with indigenous or rural populations.

Discussion of results

Ecuador has the opportunity to benefit from various global strategies and share its own experiences in implementing psychological interventions after events such as earthquakes and pandemics. Below are some highlights:

Comparison with other countries: Nations such as Japan have incorporated clinical psychology into their disaster management plans, which is a model to follow. Applicable innovations: technological tools and community-based models implemented in other countries could be adapted to the Ecuadorian context.⁽⁸⁾

Each methodology has specific strengths depending on the sociocultural context and the characteristics of the traumatic event. While PAPs are more effective in the immediate post-disaster phases, Cognitive Behavioral and Group Therapies are ideal for long-term recovery. On the other hand, tools such as telepsychology offer flexibility in hard-to-reach contexts, and community-based approaches ensure that interventions are culturally relevant.

Cultural differences considerably impact the application and effectiveness of psychological intervention methodologies in crises. Each culture has distinctive values, beliefs, and practices that shape the way people perceive trauma, seek help, and process their emotions. Below are how these differences influence methodologies and how they can be adapted to maximize their effectiveness:

Perception of Trauma and Psychological Support

Acceptance of psychological support: in some cultures, seeking psychological assistance may be stigmatized. For example, in specific rural communities in Ecuador, individuals may turn to religious leaders or traditional healers rather than psychology professionals.

Interpretation of trauma: emotional expressions of stress or pain vary significantly across cultures. In more collectivist societies, such as those in East Asia or Indigenous communities, trauma may be viewed as a problem that affects the community as a whole rather than the individual. This highlights the need to adapt methodologies to include group and community-based approaches.

Regarding the adoption of therapeutic methods

Psychological First Aid (PFA): depending on the cultural context, this approach may require adjustments. In societies where direct verbal communication is not daily, PFA could focus more on nonverbal gestures of support, such as eye contact and body language.

Cognitive Behavioral Therapy (CBT): despite its global effectiveness, CBT may achieve better acceptance if adapted to specific cultural narratives. For example, integrating metaphors or traditional stories may facilitate the understanding of therapeutic concepts.

In the case of the use of rituals and traditional practices

In many cultures, community rituals play a fundamental role in emotional recovery:

Ecuador: In indigenous communities, spiritual ceremonies and purification rituals have proven to be essential tools for processing grief and restoring emotional balance after disasters such as the 2016 earthquake.

Sub-Saharan Africa: In countries such as Rwanda, traditional rituals have been integrated into reconciliation and recovery programs after genocide.

In terms of language and communication

Language barriers or the use of cultural metaphors can influence the implementation of methodologies. In multilingual contexts, such as in certain African or Asian countries, programs require translators or cultural mediators to ensure adequate understanding. In Ecuador, using indigenous languages such as Quechua may be essential for rural communities to understand interventions fully.

In the analysis of Collectivist versus Individualist Values

In collectivist cultures (e.g., in Asia, Latin America, and Africa), group therapies are more effective, as they foster mutual support and strengthen social networks. For more individualistic cultures (such as in the United States or Western Europe), approaches that focus on individual self-reflection, such as CBT, tend to be more accepted.

Access to and acceptance of technological tools for mental health vary significantly.

During the COVID-19 pandemic in Ecuador, telepsychology proved effective in urban areas; however, its accessibility was significantly lower in rural communities facing connectivity limitations.

On the other hand, in countries such as India, the development of mobile applications that incorporate culturally relevant content has made it easier for interventions to reach a mass audience.⁽⁹⁾

Cultural Adaptations Are Key to Success

For methodologies in the field of psychology to be culturally sensitive, it is imperative to consider the following actions: Involve Local Leaders and collaborate with respected figures, such as community and religious leaders, to promote acceptance of the proposed interventions. Integrate Traditional Practices: Incorporate cultural approaches into psychological methodologies, such as local rituals or narratives that resonate with the community. Train Professionals in Cultural Sensitivity: psychologists must have a deep understanding of the beliefs and values of the communities in which they operate.⁽¹⁰⁾

Some concrete examples of psychological interventions in crises in Ecuador include the Manabí and Esmeraldas earthquake (2016). Following the devastating 7,8 magnitude earthquake, several psychological intervention strategies were implemented using the following techniques: Psychological First Aid (PFA): Trained psychologists and volunteers provided immediate emotional support in temporary shelters, which helped stabilize victims and reduce the impact of acute stress; Group Therapy: Sessions were organized in affected communities to foster mutual support and collective resilience. Child Care: child-friendly spaces were established, where games and activities were used to help children process the trauma.⁽¹¹⁾

In the case of the COVID-19 pandemic (2020-2022), innovative interventions were implemented to mitigate the psychological impact of the crisis. Telepsychology: free psychological helplines and digital platforms were established to provide remote support to people affected by isolation, anxiety, and grief. Awareness campaigns: educational programs were developed in the media to inform about stress management strategies and the importance of mental health. Support for Health Personnel: self-care and stress management programs were offered to doctors and nurses facing high levels of emotional exhaustion.

During the floods on the Ecuadorian coast, in communities suffering from recurrent flooding, the following activities were carried out: Community interventions: psychologists collaborated with local leaders to organize workshops focused on stress management and social cohesion activities. Shelter care: Psychological support was provided to displaced families, emphasizing emotional reconstruction and planning for the future.

As a result of the Venezuelan migration crisis

Ecuador, in its role as a receiving country for Venezuelan migrants, has developed specific programs, including integration workshops to facilitate migrants' emotional adaptation to their new environment and individual psychological support, offering therapeutic sessions focused on treating stress and trauma associated with forced displacement.

These examples show how psychological interventions in Ecuador have been tailored to the particular needs of each crisis, reflecting a comprehensive and culturally sensitive approach.

In the canton of Sigsig, in the province of Azuay, psychological intervention programs were implemented for older adults and people with disabilities. These interventions included psychological assessments, interviews, and personalized treatments to address emotional and cognitive problems.

Anxiety and Depression Clinic in Guayaquil: the Anxiety Clinic in Guayaquil offers a comprehensive model of psychological care. It uses various techniques, such as semi-structured interviews, psychometric assessments, and psychotherapy, to address anxiety and depression disorders. The clinic also focuses on including family support networks to optimize treatment outcomes.

Psychological First Aid Project (PAP): during the Health Crisis. During the COVID-19 pandemic, the organization Pangea Ecuador implemented a nationwide Psychological First Aid project. This program provided more than 400 free consultations between February and June 2020, assisting individuals affected by stress and anxiety

due to the health crisis.

Community Interventions: Pangea Ecuador has also launched community intervention programs promoting mental health. These include workshops aimed at strengthening social-emotional skills in children and adolescents and group activities that foster social cohesion and emotional well-being in vulnerable communities.

These examples illustrate how psychological interventions in Ecuador have been adapted to diverse needs and contexts, ranging from vulnerable populations to national crises, such as the pandemic.

Next, the application of these techniques in various contexts is compared:

Table 1. Comparison of the implementation of Psychological First Aid (PFA)

Country	Application	Impact
Ecuador	Implemented after the 2016 earthquake, especially in temporary shelters.	He helped stabilize victims emotionally and prevent mass panic responses.
Sri Lanka	Applied after the Indian Ocean tsunami in 2004.	Facilitated immediate recovery in affected communities, although faced challenges due to cultural differences.
United States	Widely used after hurricanes such as Katrina (2005).	They showed a significant reduction in anxiety symptoms in the first months after the crisis.

Table 2. Comparison of the implementation of Adapted Cognitive Behavioral Therapy (CBT)

Country	Application	Impact
Ecuador	Used in the aftermath of the 2016 earthquake to treat PTSD in affected communities.	Helped reduce long-term post-traumatic stress levels in individuals and families.
Japón	Applied after the 2011 earthquake and tsunami. Proved effective in treating trauma related to mass loss of life and displacement.	It proved effective in treating trauma related to mass loss of life and displacement.
Ruanda	Implemented in post-genocide programs (1994) to address collective trauma.	He played a crucial role in emotional recovery, although specific cultural adjustments were required.

Table 3. Comparison of the implementation of group therapies

Country	Application	Impact
Ecuador	Promoted in shelters following emergencies such as floods and earthquakes.	They fostered a sense of community and mutual support, reducing emotional isolation.
Venezuela/Colombia	Used to support migrants in humanitarian crises.	They helped restore confidence and hope among displaced persons.
Turquía	Implemented after the earthquakes of 1999	They strengthened social cohesion, especially in temporary shelters.

Table 4. Comparison of the implementation of telepsychology and digital support

Country	Application	Impact
Ecuador	Adopted during the COVID-19 pandemic to provide remote psychological care.	It enabled broad access to psychological services, especially in rural communities.
Australia	Used to support rural communities affected by forest fires.	Provided ongoing emotional support and reduced geographical barriers to psychological care.
India	Integrated into mobile platforms for post-pandemic and natural disaster assistance.	It proved to be an accessible tool for large populations with limited resources.

Table 5. Comparison of the implementation of Community-Based Methods

Country	Application	Impact
Ecuador	Community approaches that included cultural rituals after the 2016 earthquake.	They helped integrate cultural values into emotional recovery, increasing acceptance of interventions.
Sudáfrica	In post-Apartheid programs to address collective trauma.	They strengthened reconciliation and community understanding, contributing to social peace.
Filipinas	Used after devastating typhoons such as Haiyan (2013)	They promoted community resilience and local empowerment in the recovery process.

CONCLUSIONS

Clinical psychology plays a fundamental role in emotional recovery during crises. In Ecuador, significant progress has been made in this area; however, it is imperative to strengthen psychological services, especially in vulnerable and rural areas. Globally, collaboration between nations and adopting new technologies could enhance emergency response capabilities. This article aims to highlight the need to continue investing in this field to ensure more effective and humane care in the future.

Recommendations: Strengthen training programs for mental health professionals in emergencies; establish public policies that prioritize the integration of psychological services into national risk management plans; and promote partnerships between governments, non-governmental organizations, and international agencies for the exchange of resources and knowledge.

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FINANCING

None.

CONFLICT OF INTEREST

Authors declare that there is no conflict of interest.

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