



**SOCIETY OF DISASTER MANAGEMENT
VOLUNTEERS INITIATIVE (SDMVI)**



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**ADVANCED GLOBAL EXECUTIVE
CERTIFICATE IN DISASTER
MANAGEMENT AND VOLUNTEERING
(AGECDV)**

DATE: NOVEMBER 10TH - 15TH | 2025

WHATSAPP/ZOOM CLASSWORK

TIME: 7PM-9PM

COURSES:

- Disaster Risk Reduction & Community Resilience (DRRCR)
- Technology & Innovation in Disaster Management (TIDM)
- Psychosocial Support & Community Recovery (PSCR)
- Incident Command & Crisis Leadership (ICCL)
- Volunteer First-Responder: Medical & Search-Rescue Basics (VFR-MSRB)

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Welcome back to class!

Today, we'll be discussing PSYCHOSOCIAL SUPPORT & COMMUNITY RECOVERY (PSCR)

Psychosocial Support & Community Recovery (PSCR) refers to the combined process of promoting the mental, emotional, social, and community well-being of individuals and groups affected by crises, disasters, or conflicts — helping them regain a sense of normalcy, resilience, and hope after traumatic experiences.

Before we proceed, can I get some feedback from yesterday's class? How was yesterday's class?

You need this.

Career Benefits of Psychosocial Support & Community Recovery (PSCR) Training & Certification

✓ 1. Expands Professional Competence

You gain critical skills in trauma-informed care, crisis communication, and community rebuilding — essential for roles in humanitarian aid, public health, disaster response, and counselling.

✓ 2. Enhances Employability Across Sectors

Certified professionals are highly sought after by NGOs, UN agencies, health institutions, schools, and government organizations that focus on emergency response, social welfare, and mental health.

✓ 3. Positions You as a Certified Resilience Specialist

Certification demonstrates your expertise in supporting individuals and communities after disasters, making you a trusted responder and a credible trainer in psychosocial recovery.

✓ 4. Strengthens Leadership in Crisis Management

You'll learn to coordinate community-based psychosocial interventions, facilitate group recovery sessions, and support long-term resilience planning — vital leadership assets.

✓ 5. Improves Your Humanitarian Career Prospects

PSCR-trained professionals often qualify for roles such as:

- * Disaster Recovery Officer
- * Psychosocial Support Specialist
- * Community Resilience Coordinator
- * Mental Health and Psychosocial Support (MHPSS) Officer
- * Humanitarian Program Manager

6. Builds Emotional Intelligence & Empathy

The training helps you manage stress, communicate compassionately, and provide emotional first aid — essential skills in leadership, healthcare, and education roles.

7. Enables Collaboration with International Organizations

Agencies like WHO, UNICEF, IOM, and IFRC prioritize staff trained in psychosocial support for emergency response missions.

8. Supports Career Growth & Continuing Education

PSCR certification can serve as a pathway to advanced studies or specializations in psychology, social work, trauma management, or peacebuilding.

9. Adds a Recognized Credential to Your CV

Holding a PSCR certification signals professionalism and preparedness, giving you a competitive advantage in global humanitarian and development job markets.

10. Empowers You to Make a Real Impact

Beyond technical skills, PSCR training equips you to help people rebuild emotionally, socially, and economically after crises — turning compassion into tangible community recovery.



Career Opportunities for PSCR-Certified Professionals

1. Humanitarian & Relief Organizations

Work with NGOs and international agencies involved in disaster relief, refugee support, and post-crisis recovery.

Examples:

- International Federation of Red Cross and Red Crescent Societies (IFRC)
- United Nations agencies (UNICEF, UNDP, UNHCR, WHO, IOM)
- Médecins Sans Frontières (MSF)
- Save the Children
- Oxfam
- CARE International

Typical Roles:

- Psychosocial Support Officer
- Community Recovery Specialist
- Field Project Coordinator
- Mental Health and Psychosocial Support (MHPSS) Officer

2. Government & Public Sector

Work within ministries, departments, or agencies responsible for health, disaster management, social welfare, and emergency services.

Examples (Nigeria & abroad):

- National Emergency Management Agency (NEMA)
- State Emergency Management Agencies (SEMA)
- Ministry of Humanitarian Affairs, Disaster Management & Social Development
- Ministry of Health / Primary Healthcare Agencies
- Local Government Social Services

Typical Roles:

- Disaster Response Officer
- Community Welfare Officer
- Trauma Counsellor
- Social Development Specialist

3. Health & Mental Health Institutions

Work in hospitals, clinics, and rehabilitation centers providing psychosocial care and emotional recovery services.

Examples:

- Psychiatric hospitals and trauma clinics

- General hospitals with emergency response units
- NGOs offering mental health programs
- Rehabilitation or counselling centers

Typical Roles:

- Psychosocial Counsellor
- Trauma Response Worker
- Mental Health Program Assistant
- Patient Support Coordinator

4. Education & Community Development

Work in schools, universities, and community-based organizations to build resilience and emotional well-being programs.

Examples:

- Educational institutions
- Youth empowerment NGOs
- Faith-based and community organizations

Typical Roles:

- School Counsellor / Student Support Officer
- Community Development Facilitator
- Youth Empowerment Program Officer

5. International Development & Peacebuilding Organizations

Work on long-term recovery, resilience, and peacebuilding programs in post-conflict or disaster-prone areas.

Examples:

- United Nations Development Programme (UNDP)
- International Organization for Migration (IOM)
- Mercy Corps
- World Vision
- International Rescue Committee (IRC)

Typical Roles:

- Community Resilience Specialist
- Humanitarian Program Manager
- Peacebuilding and Recovery Officer

6. Private Sector & CSR Units

Companies with Corporate Social Responsibility (CSR) or Employee Wellness Programs value PSCR-certified professionals for internal and external community support.

Examples:

- Oil and Gas companies with host community programs
- Corporate organizations supporting disaster recovery initiatives

Typical Roles:

- CSR Project Manager
- Employee Wellness Officer
- Community Engagement Coordinator

7. Independent & Consulting Roles

Professionals can also work independently as consultants, trainers, or counsellors.

Examples:

→ Psychosocial Support Trainer

→ Disaster Recovery Consultant

→ Community Resilience Coach



Name: Grace Eze

Background: Nigerian-trained healthcare worker and PSCR-certified professional

Current Role: Psychosocial Support Officer, International Organization for Migration (IOM), Sicily, Italy

After completing her Psychosocial Support & Community Recovery (PSCR) training in Nigeria, Grace Eze joined an international recruitment program seeking qualified professionals to assist in post-crisis humanitarian work in Europe. She was deployed to Sicily, Italy, one of the main landing points for migrants and refugees arriving from North Africa.

In her role with the International Organization for Migration (IOM), Grace provides emotional first aid, trauma counselling, and community reintegration support to displaced individuals, including families who have fled conflict and poverty.

Using her PSCR training, she helps survivors process trauma, rebuild confidence, and connect with health and social services. Grace works closely with multicultural teams — translators, social workers, and medical professionals — to provide holistic care to each client.

When a boat carrying over 200 migrants was rescued off the coast, Grace coordinated group debriefing sessions, applying community recovery techniques to stabilize the group and reduce post-traumatic stress. Her training in psychosocial assessment and resilience-building proved invaluable in helping vulnerable individuals regain a sense of safety and belonging.

Over time, Grace also began training local volunteers and new staff on psychological first aid (PFA) and cultural sensitivity, becoming a vital link between African communities and European support systems.

Key Takeaways from Grace's Story

-  PSCR training opened international doors for humanitarian employment.
-  Her skills in trauma care, empathy, and crisis recovery were in high demand abroad.
-  She advanced from frontline counselling to training and coordination roles.
-  Grace now represents the strength and professionalism of Nigerian-trained responders in global humanitarian missions.



Introduction to Psychosocial Support and Community Recovery

Defining Psychosocial Support (PSS) and Its Importance in Crises

Psychosocial support (PSS) refers to actions that address the combined psychological and social needs of people affected by emergencies. The term “psychosocial” highlights the dynamic relationship between a person’s inner psychological state (thoughts, emotions, feelings) and their external social context (family, community, and cultural practices). In crises, PSS is critical because it helps individuals and communities cope with trauma, decreases the risk of developing long-term mental health problems, and promotes recovery by restoring social cohesion. Effective PSS can be both preventive (by reducing stress and vulnerability) and curative (by helping overcome trauma).

For example, the International Red Cross/Red Crescent defines psychosocial support as facilitating resilience while respecting people's dignity and coping mechanisms, ultimately restoring social cohesion and infrastructure.

Relationship between Mental Health and Psychosocial Well-being

Mental health is an integral component of psychosocial well-being. The World Health Organization defines health as “a state of complete physical, mental, and social well-being”, emphasizing that psychological and social factors jointly determine overall health. Psychosocial well-being can be understood through three core domains:

- * Human capacity: Physical and mental health, along with personal knowledge, skills, and strengths. Recognizing and using these capacities helps individuals cope.

- * Social ecology: Relationships, family, and community support networks. Strong, cohesive social connections provide emotional support and stability for well-being.

- * Culture and values: Cultural norms, beliefs, and values in a society. These influence how people interpret experiences and cope with stress.

During emergencies, these psychosocial resources are often strained or lost. For example, displacement and loss of livelihoods can sever social ties and undermine coping abilities. Most people affected by crises experience significant psychological distress (such as fear or sadness) that usually improves over time, though some may develop lasting mental health conditions without support. Thus, supporting mental health in crises also means rebuilding social supports and empowering communities to use their collective strengths.

Key Principles and Values of Psychosocial Support

Effective psychosocial support is guided by humanitarian and ethical principles:

- **Respect for human rights, dignity, and equity:** Support must be non-discriminatory and accessible to all, especially vulnerable groups. Dignity and equality (including gender equality) are fundamental values in PSS.
- **Participation and empowerment:** Affected community members should be actively involved in designing and carrying out support activities. Involvement ensures programs meet real needs and strengthens local ownership.
- **Do not harm:** Interventions should avoid causing additional harm. This requires coordination with other services, culturally sensitive approaches, and evidence-based practices to minimize risk.
- **Building on local resources and capacities:** Programs should recognize and reinforce existing strengths, coping strategies, and social networks. Helping people help themselves increases sustainability and resilience.
- **Integrated, multi-sectoral approach:** Psychosocial support should link with sectors like health, education, and protection to address broad needs. Integrated services tend to reach more people and carry less stigma.
- **Multi-layered care:** Support should be provided at all levels – from restoring basic services (food, water, shelter) to offering community and family support and specialized mental health care. All layers of the MHPSS “pyramid” are important and work together.
- **Confidentiality, safety, and cultural sensitivity:** Services must respect privacy and adapt to cultural context. Safe, trusting environments and attention to cultural norms make support more acceptable and effective.

<https://youtu.be/ddNr46ij2TI>

Kindly click on the link above to watch the video



Understanding Stress, Trauma, and Coping Mechanisms

Impact of Trauma on Individuals and Communities

Stress from crises profoundly affects both people and the places they live. Trauma can even “injure or destroy a person’s capacity to adapt”, so survivors may feel helpless, confused, or constantly on edge. Families can lose loved ones, homes, or jobs all at once, causing intense grief and uncertainty. Individuals often develop lasting mental health issues (depression, anxiety, or PTSD) after such events. For instance, the World Health Organization reports that about one in five people exposed to war or conflict later develop depression, anxiety, or PTSD. Neighborhoods and towns suffer too: infrastructure (roads, hospitals, utilities) may be damaged, and neighbors can be displaced.

One crisis training manual notes that disasters bring physical destruction and “fragmentation of emotional ties” among community members. Indeed, public health authorities observe that after disasters, problems like suicide and overdose (often linked to trauma) “continue to impact families and communities socially, emotionally, and economically”. In other words, trauma’s effects ripple outward. Rebuilding normal routines (schools reopening, jobs restarted) and strengthening peer support are crucial steps to mitigate these long-term impacts.

Common Reactions to Stress and Loss

Reactions to trauma are normal and common across people. Stress responses fall into several categories:

- **Physical:** survivors may have headaches, stomach upset, rapid heart rate, chest tightness, muscle aches, or fatigue. They might tremble, sweat, or feel dizzy as the body stays on alert.
- **Emotional:** common feelings include fear, anger, sadness, guilt, or anxiety. Many people also report feeling numb, tearful, or overwhelmed, and some feel an acute sense of grief or panic.
- **Cognitive:** trauma can cause confusion, trouble concentrating, or memory problems. Others relive the event as flashbacks or nightmares, becoming jumpy or easily startled.
- **Behavioral:** people often change their routines – they may withdraw socially or become irritable and restless. Sleep or eating patterns can shift (insomnia or overeating), and some increase alcohol or drug use as a coping attempt.
- **Spiritual:** beliefs may be shaken – for example, survivors may feel abandoned by a higher power, or lose faith and hope.

All these reactions are natural survival mechanisms in extreme stress. In the hours immediately after a crisis, many people feel “in shock” or numb; later, feelings like sadness, anger or anxiety often emerge. In most cases, these symptoms gradually ease as individuals process what happened. Recognizing these responses as normal (not personal weakness) helps reduce shame and isolation, which itself supports recovery.



Healthy vs. Unhealthy Coping Strategies

How people cope with stress can greatly affect their recovery. Coping strategies range from helpful to harmful. Unhealthy coping (quick fixes) may give instant relief but worsen problems later. Examples include drinking alcohol or using drugs, excessive sleeping or scrolling social media, procrastination, aggression, or isolating oneself. Such behaviors might temporarily numb pain or help avoid problems, but they tend to increase stress or create additional issues over time. By contrast, healthy coping techniques take more effort up front but build resilience.

For example, exercise, seeking social support, relaxation or problem-solving are adaptive strategies. Studies note that these methods “help us process emotions, reduce stress, and strengthen our resilience” over time, whereas unhealthy tactics only delay dealing with the challenge. Engaging in healthy activities like deep breathing or talking through worries may not feel easy at first, but they gradually improve well-being.

Building support and routine also helps. Sharing worries with trusted friends, family, or community groups often provides relief and perspective. In fact, even simply talking about stress is listed as a healthy coping strategy. Maintaining normal habits (regular meals, adequate sleep, and exercise) and small daily routines (such as taking a short walk) provides stability amid chaos. Conversely, neglecting self-care (skipping meals, isolation) tends to deepen distress. Creative outlets can also be healing: for instance, journaling, art, or music can help express feelings and relax the mind.

If stress becomes overwhelming, seeking professional help (counseling, hotlines, or support groups) is a positive step. Therapists often teach skills like mindfulness, problem-solving, or deep breathing to cope. Over time, practicing healthy coping—even imperfectly—strengthens inner resources and helps people manage future stress better.

Psychological First Aid (PFA) Basics

Psychological First Aid is a set of principles for helping people right after a crisis. The World Health Organization defines PFA as providing “humane, supportive and practical help” to those suffering intense stress. Its goal is to reduce immediate distress and help people feel safe and supported. Key objectives include ensuring safety, offering comfort and calm, fostering social support, empowering survivors, and instilling hope. For example, a PFA responder might first give a warm blanket and water to someone in shock, helping them to sit safely before talking.

In practice, PFA helpers use a Look–Listen–Link approach. First, they look: ensure the environment is safe and identify those with urgent needs (for example, the injured, unaccompanied children, or highly distressed individuals). Next, they listen: approach calmly and listen empathetically, inviting the person to express fears or questions. Finally, they link: connect the person to practical support (such as food, blankets, medical care) or to loved ones, and provide information or referrals to services. At all times, helpers respect each person’s dignity and cultural background.int.

Minnesota’s PFA guidelines note that caregivers should offer a caring presence, explain normal stress reactions, and connect survivors to their natural supports or to professional help as needed. In short, PFA is about meeting immediate needs and giving survivors calm, compassionate attention in the critical early moments after trauma.

Recognizing and Referring Severe Distress

Most people's stress reactions lessen over time, but some signs indicate a serious crisis requiring professional care. Helpers should watch for severe distress indicators: talk of suicide or self-harm, uncontrollable panic or rage, profound hopelessness, severe confusion or hallucinations, or any behavior that endangers oneself or others. Other red flags include sudden heavy substance abuse or withdrawal from family and friends. If any of these occur, do not try to handle it alone. Psychological First Aid training stresses knowing "when and how to refer someone who is experiencing severe distress".

For example, if someone expresses an active plan to hurt themselves, a helper should stay with them, remove any dangerous items, and call emergency services or a suicide hotline immediately. Whenever possible, involve the person's trusted supporters (family, friends, or clergy) to help calm and watch over them. Remember that PFA providers are not therapists: any sign of serious risk should trigger professional intervention. Minnesota's PFA guidelines explicitly emphasize connecting vulnerable people to professional services when needed (such as clinicians, crisis teams, or emergency help).

Through understanding these aspects of stress and trauma and practicing supportive interventions, individuals and communities can move toward recovery. Recognizing normal stress reactions, promoting healthy coping habits, providing compassionate PFA in the critical moments, and referring high-risk cases all help people rebuild their lives. Over time, these steps help communities shift from simply surviving to rebuilding and thriving after a crisis.

<https://youtu.be/cTKrMpXA1fU>

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Communication and Supportive Interventions

Active Listening, Empathy, and Rapport Building. Effective psychosocial support begins with active listening – focusing fully on the speaker, minimizing distractions (e.g., no phone, maintaining eye contact, and matching physical level). This means not just hearing words but using both verbal and nonverbal cues. For example, asking open-ended questions, paraphrasing and summarizing the speaker’s words in your own language, and nodding or gently touching (if culturally appropriate) all signal that you are truly listening. Empathy – showing genuine understanding and compassion – is equally vital. Respond with a calm, warm tone and reassure the person that their feelings are valid (e.g., “That sounds really hard; I’m sorry you had to go through that”).

Building rapport involves creating trust and comfort: small gestures like introducing yourself, using the person’s name, and expressing respect can help. As one guide notes, establishing rapport “creates a climate of trust and understanding,” which enhances all communication. In training, participants learn that active listening and empathy are foundational helping skills that improve care quality.

* Listen attentively: Face the person, make eye contact, nod or touch (if appropriate), and give them your full attention.

* Use encouraging questions: Ask open questions (e.g., “How are you feeling?”) and gently probe to understand their situation better. Paraphrase or summarize (“So what I hear is...”) to confirm you understand.

* Show empathy and warmth: Reflect the person’s emotions (“You seem very upset...”), express genuine concern, and reassure them (e.g., “I’m here to help” or “You’re not alone”).

* Build trust: Introduce yourself, speak softly, use the person’s name, and respect confidentiality. A relaxed and respectful demeanor helps the person feel safe.

Effective Communication with Individuals in Distress. When communicating with someone in crisis or severe distress, it is important to be calm, clear, and patient. Speak slowly and use simple, compassionate language. Acknowledge their feelings (e.g., “I can see this is overwhelming”) and avoid minimizing their experience. According to the IASC guidelines, helpers should “listen patiently in an accepting and non-judgmental manner” and “convey genuine compassion”.

This means not pressuring the person to talk if they are not ready, and allowing silence or pauses. Offer information or assistance slowly and check understanding (e.g., “Do you feel comfortable if we talk about what happened?”). Encourage the person to express concerns and help problem-solve practical needs (food, shelter, medical care) when possible.

- Acknowledge distress: Begin by saying something simple and supportive, such as “I’m sorry this is happening” or “You’ve been through a lot.” This validates their feelings.
- Stay calm and grounded: Keep your voice steady and your body language open. If you remain calm, it can help calm the other person.

- Give information and choices: If relevant, provide clear information about any next steps or available help. Ask permission before giving advice or suggestions (e.g., “May I offer some ideas for help?”).
- Avoid harmful responses: Do not interrupt, argue, or dismiss the person’s feelings (e.g., saying “Don’t feel that way” is not helpful). Do not make promises you can’t keep. Instead, emphasize what you can do and assure them you will help find support.

Cultural Sensitivity and Respect in PSS Delivery. Helpers must be culturally aware and respectful. Different cultures have their own norms for expressing distress, asking for help, and coping. Always treat each person as an individual, but also learn key cultural values of the community you serve. IASC core principles stress “developing cultural sensitivity and competence in the areas in which [helpers] intervene”.

This means being aware of language differences (use trained interpreters if needed), religious or gender norms (e.g., some cultures prefer same-gender support persons), and traditional healing practices. For example, before touching or hugging someone, check if this is acceptable in their culture. Ask respectful questions about cultural practices if uncertain (e.g., “Is there someone from your community or faith you would like me to contact?”). Avoid stereotypes or assumptions based on culture or ethnicity. In practice:

- Respect beliefs and customs: If a person’s culture involves spiritual rituals or family decision-making, encourage them to engage those supports (with permission).
- Be aware of your own biases: Reflect on your own cultural background and assumptions. Practice cultural humility by admitting when you don’t know something and asking politely.
- Use cultural resources: Where possible, involve cultural mediators (e.g., community leaders, elders) who can bridge understanding. Offer to connect people with faith leaders or traditional healers if that helps them.

- Language and communication style: Speak in the person's preferred language if you can, using simple words. Recognize that gestures or eye contact can mean different things in different cultures. Adapt your style (for example, some cultures avoid direct eye contact out of respect).

Do's and Don'ts When Offering Support. In summary, keep these guidelines in mind when supporting someone in distress:

- Do: Listen more than you speak. Validate feelings (e.g., "It makes sense you feel that way"). Be patient and allow silence if needed. Respect privacy and confidentiality. Encourage practical steps and healthy coping (breathing, resting, talking with loved ones) if appropriate. Offer assistance with basic needs (food, transport, contacting family) without taking over. When possible, involve the person in deciding the next steps.
- Don't: Judge or criticize the person or their reactions. Avoid saying "I know how you feel" or comparing to your own experiences. Don't force them to talk or to do anything they're uncomfortable with. Do not give unsolicited advice or lecture about how they should feel. Avoid overloading them with information or forcing solutions. Never break promises of confidentiality. And do not appear distracted (avoid looking at your phone or watch while someone is speaking).

These principles align with standard psychosocial first aid training, which emphasizes a humane, supportive response rather than counseling or quick fixes. Remember, even short supportive conversations can make a big difference in a crisis.

Case Scenarios and Role Plays. Practical exercises help trainees integrate these skills. For example, one scenario might be: "A mother has just lost her child in an accident. Practice approaching her, introducing yourself, and saying: 'I'm sorry you have been through this. My name is [Your Name]. I'm here to listen if you want to talk about what happened.'" Role-plays allow helpers to practice active listening, empathy, and respectful questioning in a safe setting.

Trainers should provide feedback after each role-play, highlighting what went well (e.g., effective eye contact, appropriate empathy) and what could be improved (e.g., avoiding leading questions or judgments).

As the WHO training manual notes, structured role-play exercises build competence and help “reduce unhelpful or potentially harmful behaviors” by practicing responses before real situations.int. Similarly, case studies (written or verbal) can be used: for instance, discussing how to handle a non-English-speaking refugee with trauma symptoms, or how to comfort someone who is angry and shouting. Through these interactive methods, trainees can experience the challenges of communication and learn to apply active-listening and culturally sensitive techniques under guidance.



Community-Based Psychosocial Support and Recovery

Introduction: Community-based psychosocial support engages entire communities in collective healing and rebuilding social bonds after crises. It activates families, neighbors and local networks to support each other’s emotional well-being. By strengthening these social support systems, communities build resilience to adversity. ACT Alliance highlights that people who feel safe, connected and supported by cultural and social networks are better able to cope and help others.

Mobilizing Communities for Collective Healing and Resilience

Mobilizing a community involves uniting people – local leaders, elders, religious figures and youth – in shared activities to address trauma and stress. Facilitators may organize open dialogues or healing

circles where survivors and neighbors share experiences and coping strategies. Community events (festivals, art workshops or radio discussions) can reduce stigma and build solidarity. Volunteers trained in basic psychosocial support further sustain these efforts by reaching out to vulnerable families.

Studies show such collective efforts build resilience. Pact reports that community MHPSS programs improve both individual and community well-being and reinforce local support systems. Similarly, UNDP notes that “in communities hit hardest by crisis, psychosocial support... play a part in building their resilience”. Key activities include:

- Community dialogues: Forums where people discuss trauma and coping together.
- Awareness campaigns: Events or media that normalize talking about stress and encourage community support.
- Volunteer networks: Training community members to recognize at-risk individuals and connect them to help.

These measures help communities heal collectively, using shared cultural strengths and relationships.

Mapping Community Resources and Support Networks

Resource mapping is a participatory process where community members list and visualize all local supports – formal services and informal networks – available to those in need. This includes health clinics, counselors, schools, places of worship, family networks, youth groups and other support structures. For example, training manuals describe exercises where participants map resources for housing, jobs or education to see where people can be referred.

The goal is to reveal existing supports so that program planners and community members know where to look when help is needed.

Mapping connects needs to services and guides planning. For instance, if a village has no counselor but a well-connected teacher or faith leader, programs can partner with them. Importantly, mapping should include social support groups (women's savings circles, sports teams, etc.). Experts emphasize that funding these local support networks is essential for sustainable recovery. Communities often categorize resources as follows:

- Health and counseling: Local clinics, psychosocial workers, community health volunteers and traditional healers.
- Education and youth groups: Schools, child-friendly spaces and youth or arts clubs.
- Livelihood programs: Vocational training centers, cooperatives, and cash-for-work or microfinance initiatives.
- Community hubs: Places where people gather (markets, mosques, churches, community halls).
- Communication channels: Local radio stations, mobile networks, social media groups and community noticeboards.

By cataloging these assets, communities identify gaps (e.g. no youth programs) and help agencies fill them. This participatory inventory empowers locals to build on what they have and request support for missing links.



Mapping Community Support in Ibadan, Oyo State

After heavy flooding in Ibadan, many families were displaced and faced challenges accessing basic services such as healthcare, education, and food support.

A community recovery team led by Aisha, a PSCR-trained volunteer, organizes a participatory resource-mapping exercise. She gathers local residents, including youth leaders, teachers, and religious leaders, to identify all available resources in the area.

Together, they create a community map showing:

- Health clinics and pharmacies
- Schools and vocational training centers
- Religious organizations and faith-based support groups

→ Family networks and informal support circles

→ Youth and women's associations offering counselling or relief

Using this map, the team can quickly refer families to relevant services, coordinate relief efforts, and strengthen local support networks. For instance, a mother seeking counselling for trauma is linked to a nearby youth association offering psychosocial support, while displaced children are directed to schools running temporary education programs.

Key Takeaways

-  Resource mapping empowers communities to identify gaps and strengths.
-  It promotes participatory problem-solving and ensures people can access the right support.
-  Visualizing networks enhances coordination among volunteers, NGOs, and local authorities.

<https://youtu.be/Wz2QzFRpvyk>

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Strengthening Family and Social Support Systems

Families and social networks are the front line of psychosocial care. Programs strengthen these bonds by providing caregiver support and practical assistance. For example, home visits and parent support groups help caregivers learn stress-management and communication skills. Facilitating family-friendly community activities (games, storytelling, etc.) encourages families to heal together. Linking families to essential services (cash assistance, healthcare, counseling) can also relieve burdens. WHO explicitly emphasizes community inclusion and advises avoiding separating families and children during crises.

Social support extends beyond the nuclear family: neighbors, faith groups and women's cooperatives also play a role. Programs may organize community meetings or volunteer systems so isolated households are not forgotten. Strengthening these wider networks creates a safety net: people know there are multiple avenues for help when they face difficulties.

Community-Driven Recovery Activities

Recovery activities are most effective when led by the community. Peer support groups bring together people with similar experiences (for example, trauma survivors or bereaved families). A trained community member may facilitate group discussions where members share coping strategies and practice relaxation techniques. Participants often find it comforting to know others have gone through the same challenges.

Cultural and creative practices also aid healing. Communities use traditional rituals, music, art and storytelling to process trauma and reaffirm identity. For instance, communal ceremonies (memorial gatherings or release rituals) allow collective mourning. Music, dance and art projects enable emotional expression and joy. ACT Alliance highlights promoting such communal healing practices to address both individual and collective needs. Examples of community-led activities include:

- Peer circles: Informal group meetings where residents share support and coping tips.
- Cultural ceremonies: Community-organized events that mark loss or survival (festivals, remembrance rituals).
- Art, music and play: Drumming, theater or sports events that rebuild community joy and solidarity.
- Storytelling and theatre: Local plays or story sessions that help people talk about their experiences in a supportive setting.

When local people drive recovery initiatives, it reinforces dignity and ownership of the healing process. These grassroots activities supplement formal programs and ensure culturally-sustained support.

Integrating Psychosocial Support in Programs

Psychosocial support should be integrated into all humanitarian and development sectors. This means that shelter, water, sanitation, health, education, food security and livelihoods programs each consider people's mental and social well-being. For example, building camps with lockable, well-lit latrines and family tents reduces anxiety and protects dignity.

In schools, having a quiet corner or teachers trained in basic counseling helps children feel safer during crises.

Guidelines stress mainstreaming: ACT Alliance explicitly recommends including "social and psychological considerations" in every sector, noting that the way services are delivered affects well-being. In practice, this involves training engineers, teachers and aid workers in basic psychosocial care and involving communities in program decisions.

Coordination across sectors is key. Stakeholders should include mental health and community representatives in disaster and development planning. For example, a WHO-supported workshop in Bangladesh identified expanding community-based mental health services and embedding MHPSS in emergency planning as top priorities. By embedding psychosocial care into all aid activities, support becomes more holistic and effective.

<https://youtu.be/hPi82wYojz0>

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Self-Care, Team Care, and Sustainability

Self-care and team support are essential for sustaining effective psychosocial work. Helping professionals often face high stress from supporting others' trauma and needs. This can lead to burnout, secondary trauma, or compassion fatigue if not managed. Understanding these conditions, planning personal well-being, working as a supportive team, and continually monitoring interventions help ensure both providers and clients stay resilient.

Understanding Compassion Fatigue, Burnout, and Secondary Trauma

Definitions: Professionals in caring roles can experience three related stresses:

* Burnout: Chronic workplace stress leading to exhaustion, cynicism, and a sense of ineffectiveness. It builds up slowly under excessive workload or conflict.

* Secondary Trauma (Vicarious Trauma): Emotional distress from exposure to others' trauma or suffering. Symptoms include intrusive thoughts, numbing, anxiety, or depression.

* Compassion Fatigue: Emotional and physical depletion from repeatedly caring for suffering people without adequate recovery. It involves a gradual loss of empathy, numbness, and hopelessness.

Signs and Impacts: Burnout might show as fatigue, irritability, or dropping job performance. Secondary trauma causes distress similar to PTSD from indirect exposure. Compassion fatigue erodes satisfaction and compassion. All three can harm health, reduce the quality of care, and decrease team morale. By recognizing these signs early, individuals and teams can act to prevent long-term harm.

Self-awareness and Self-care Planning

Self-awareness: The first step is noticing personal stress signals. Regular reflection (e.g., journaling, meditation) helps you understand your emotional and physical needs. Being aware of triggers and fatigue allows timely action. Improved self-awareness comes from turning inward (through meditation or therapy) and identifying when you need support.

Building a Self-care Plan: A formal plan helps turn good intentions into action. Key components include:

* Set Personal Goals: Identify what you need (e.g., better sleep, exercise, social time). Goals might be to care for physical and emotional health, manage stress, and achieve balance.

* Balance Wellness Areas: Consider the eight dimensions of wellness (emotional, physical, social, spiritual, etc.) when choosing activities. For example, plan exercise for physical health, mindfulness for emotional health, and hobbies for mental stimulation.

* Choose Specific Strategies: Select enjoyable activities that meet your goals. Ideas include regular exercise, a healthy diet, consistent sleep routine, relaxation techniques (like deep breathing), hobbies, or socializing. For instance, schedule daily walks, team debriefs, or a hobby night.

* Schedule and Boundaries: Treat self-care like any important task. Block regular time in your calendar for these activities. Create a “no list” of stressors to avoid (e.g., not checking work email after hours)

and learn to say no to extra demands. Setting clear limits between work and personal life prevents overload.

By setting achievable goals, covering all areas of life, and sticking to a schedule, individuals maintain well-being and recharge effectively. Research shows that mindfulness and self-care practices can increase job satisfaction and reduce burnout risk.

Building Peer and Team Support Systems

Strong teams share the care responsibility. Peer support means colleagues help each other emotionally and practically. For example, a team member might notice a colleague is struggling and offer a listening ear. In practice, teams can implement support through:

- **Regular Check-ins and Debriefings:** Schedule brief meetings for staff to talk about challenges and successes. These debriefings give space to say “I’ve been there too,” which offers validation and relief.
- **Shared Coping and Learning:** Team members exchange coping tips and resources. For instance, one person might teach a stress-reduction technique to others, creating shared knowledge. Learning together makes solutions practical and relatable.
- **Creating Belonging:** Building a sense of community reduces isolation. Peer support networks help everyone feel understood and valued. When teams foster open, empathetic communication, members feel less alone.
- **Support Structures:** Encourage mentorship or buddy systems. Less experienced staff can be paired with mentors. Supervisors should listen and encourage teamwork. Formal programs (like “wellness champions” or peer coaches) provide organized support.

Peer support nurtures resilience by offering emotional safety and collective problem-solving. As one study notes, peer support provides a non-judgmental space where individuals feel heard and validated.

It also reduces feelings of loneliness and reinforces that recovery and growth are possible through shared experience.



A non-governmental organization (NGO) operates a psychosocial support program in a region affected by ongoing community trauma. The team includes counselors, social workers, case managers, and volunteers who provide support to individuals and families coping with loss, displacement, and emotional distress. While the program is making a meaningful impact on the community, staff members are beginning to show signs of stress from the intensity of their work.

Fatigue, irritability, and occasional emotional detachment are observed among team members. A few counselors have reported difficulty sleeping, intrusive thoughts about clients' experiences, and a sense of hopelessness after repeated exposure to traumatic stories. The program manager recognizes that these are early signs of burnout, secondary trauma, and compassion fatigue. Left unaddressed, these conditions could reduce the quality of care, lower morale, and increase staff turnover.

To address these risks, the manager introduces a structured self-care and team support approach. Each staff member is encouraged to engage in self-awareness practices, such as journaling daily reflections,

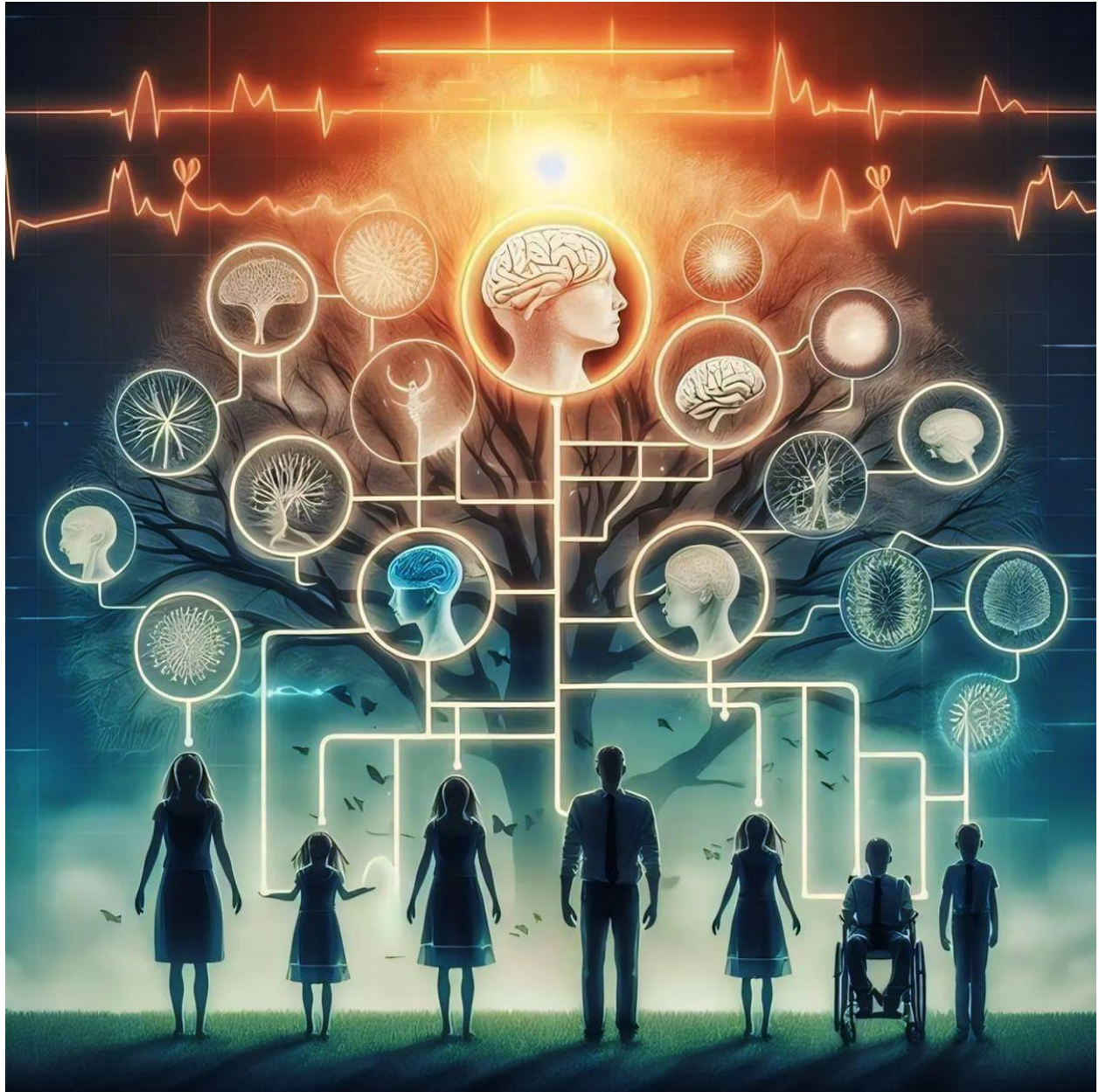
noting physical or emotional fatigue, and participating in mindfulness exercises. Team members are guided to identify personal triggers and stress signals to act before their well-being is compromised.

Next, each staff member develops a personal self-care plan. Plans include setting achievable wellness goals across multiple dimensions: physical (regular exercise, proper nutrition, consistent sleep), emotional (meditation, therapy sessions, stress management), social (connecting with friends and family), and recreational (hobbies, creative activities). Staff members block time in their schedules for these activities, establish boundaries such as avoiding after-hours emails, and learn to decline additional assignments that risk overloading them.

At the team level, the program establishes robust peer support systems. Weekly check-ins and debriefing sessions allow team members to discuss challenges, share successes, and provide emotional validation. Mentorship and buddy systems pair less experienced staff with seasoned colleagues who can offer guidance, model coping strategies, and provide reassurance. Team members share practical tools for stress reduction, such as deep-breathing exercises, short mindfulness breaks, and strategies for managing emotionally difficult sessions with clients.

A culture of collective care is cultivated through structured support initiatives. Staff are encouraged to celebrate small wins, openly acknowledge feelings of stress or sadness, and recognize each other's contributions. The program manager monitors workloads to prevent chronic stress and fosters an environment of empathy and mutual respect. Additionally, staff receive ongoing training on recognizing burnout, secondary trauma, and compassion fatigue, ensuring early intervention when needed.

By integrating individual self-care, peer support, and team-wide sustainability practices, the NGO ensures that staff remain resilient, engaged, and able to provide high-quality psychosocial support. This approach not only protects staff well-being but also strengthens the overall effectiveness and longevity of the program, creating a sustainable model for both providers and clients in a challenging, high-stress environment.



Monitoring and Evaluating Psychosocial Interventions

Why M&E Matters: Monitoring and evaluation (M&E) are management tools that check whether support activities are working. In psychosocial programs, M&E ensures learning and accountability. It involves tracking if interventions improve people's well-being and resilience. Effective M&E answers questions like: Are we meeting our goals? Who benefits? Is the project on track? If something's off, how should we adjust?

Key Practices:

* **Define Clear Objectives and Indicators:** Decide upfront what changes you expect (e.g., reduced stress levels, improved coping). Use SMART indicators (Specific, Measurable, Achievable, Relevant, Time-bound) to measure progress. For example, track attendance in support groups or scores on stress surveys.

* **Collect Data Regularly:** Implement tools like questionnaires, interviews, or observational checklists. Gather both quantitative and qualitative data from participants and staff. For instance, staff may keep reflective logs, and clients may rate their mood over time.

* **Feedback Mechanisms:** Encourage team and beneficiary feedback. Anonymous suggestion boxes or regular feedback sessions ensure issues are caught early. For example, surveys after training sessions can inform improvements.

* **Analyze and Adapt:** Review data periodically. If outcomes lag, discuss as a team and adapt the approach (e.g., by changing an activity or adding resources). Document lessons learned. As IFRC notes, M&E provides the basis for clear reporting and an opportunity to learn from programs.

By systematically tracking activities and outcomes, teams make informed decisions and continuously improve psychosocial support. Good M&E practices help prove the value of interventions and guide their ongoing development.

Sustaining Recovery and Resilience Over Time

Recovery and resilience are not one-time events but ongoing processes. To sustain them:

* **Regular Practice and Planning:** Teams should integrate resilience activities into daily routines. For example, maintain weekly team meetings focused on coping strategies or schedule brief mindfulness sessions before shifts. Practicing resilience skills in calm times (e.g., stress-management rehearsals) prepares staff to use them under pressure. Planning helps teams react better during crises.

* Supportive Leadership: Leaders play a crucial role. Leaders should model positive behavior (remaining open, optimistic, and approachable) and encourage innovation in problem-solving. An environment where pressure is seen as a challenge rather than a threat empowers staff. Leaders can create opportunities for connection (team-building activities or recognition events) to strengthen bonds and resilience.

* Continuous Self-care: Individuals must keep up personal self-care habits. This means revisiting and revising self-care plans over time. For example, as job demands change, update goals and strategies. Celebrate milestones in self-care to reinforce the habit.

* Community and Culture: Embed well-being into organizational culture. Make self-care and peer support part of job expectations. Provide ongoing training on stress management. Foster a climate where asking for help is normal.

Sustaining resilience is about habitual practice and teamwork. Research highlights that social support is a critical factor in maintaining recovery. By continually nurturing self-care and team care, organizations ensure that staff remain healthy and effective in the long run.

<https://youtu.be/LpxdT4CSPXM>

kindly click on the link above to watch the video