



COMPREHENSIVE PSYCHOSOCIAL SUPPORT MANUAL FOR EXPLOSIVE ORDNANCE (EO) SURVIVORS



This manual was produced under the project:

"Enhance Victim Assistance Programme in the ASEAN Member States (Phase I)

Intended for:

Trainers, health professionals, field practitioners, social workers, mine action authorities, and community-based support networks across ASEAN.

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EXECUTIVE SUMMARY

The *Comprehensive Psychosocial Support Manual for Explosive Ordnance (EO) Survivors* has been developed by the ASEAN Regional Mine Action Center (ARMAC) under its flagship Victim Assistance Project, with generous support from the ASEAN-Korea Cooperation Fund (AKCF). This manual serves as a practical, adaptable resource for field practitioners, trainers, caregivers, and community leaders working across the ASEAN region.

Recognizing the profound and lasting impact of landmines and explosive remnants of war (ERW), the manual addresses the urgent need for trauma-informed, survivor-centered psychosocial support. It draws upon internationally recognized principles while integrating regional perspectives and cultural relevance to ensure effective and context-sensitive care.

Organized into thematic sections, the manual explores the psychological, emotional, and social consequences of EO-related trauma. It provides clear guidance on core psychosocial support (PSS) frameworks, strategies for physical and emotional rehabilitation, and approaches for working with vulnerable groups such as children, women, and the elderly. The manual also emphasizes the role of families, communities, and peer support in fostering resilience and long-term recovery.

Practical tools—including step-by-step training modules, real survivor case studies, and facilitation tips—are embedded throughout to promote hands-on learning, empathy, and sustainable implementation. An optional eighth-day field immersion is offered to deepen understanding through exposure to survivor services and community-based practices.

This manual culminates in an 8-day Training of Trainers (ToT) curriculum aimed at strengthening national and regional capacities. It provides a structured, scalable model for delivering consistent, high-quality psychosocial support across diverse settings in ASEAN.

With this manual, ARMAC reaffirms its commitment to advancing humanitarian mine action and ensuring that no survivor is left behind. It is our hope that this resource will empower those on the front lines of recovery and healing—transforming knowledge into compassionate action across the region.

FOREWORD

By Ms. Rothna Buth

Executive Director, ASEAN Regional Mine Action Center (ARMAC)

The humanitarian consequences of explosive ordnance (EO) in our region have been deep and enduring. For decades, communities across ASEAN have lived with the physical, emotional, and social legacies of landmines and unexploded ordnance—legacies that continue to affect generations long after conflicts have ceased. Survivors not only bear physical injuries but often face invisible wounds: trauma, isolation, and the challenge of rebuilding their lives in the face of immense adversity.

Recognizing this complex reality, the ASEAN Regional Mine Action Center (ARMAC) has placed psychosocial support at the heart of its victim assistance strategy. Addressing psychological and social recovery is no longer an optional dimension—it is essential to achieving holistic and sustainable rehabilitation for EO survivors.

This **Comprehensive Psychosocial Support Manual for Explosive Ordnance Survivors** marks a milestone in our shared regional effort to promote dignity, inclusion, and recovery. Developed under the ASEAN-Korea Cooperation Fund (AKCF)-supported Victim Assistance Project, this manual synthesizes global good practices with grounded insights from across our ASEAN Member States. The content reflects the voices of survivors and practitioners alike—shaped through collaborative Training of Trainers (ToT) sessions, national consultations, and contributions from mental health specialists, community actors, and field responders in Cambodia, Lao PDR, Myanmar, Thailand, Vietnam, and beyond.

As ASEAN advances toward deeper regional cooperation and shared resilience, we must ensure that no survivor is left behind. Psychosocial well-being is the foundation upon which individuals rebuild their sense of purpose, reconnect with their communities, and contribute meaningfully to society. Physical rehabilitation and medical care must go hand-in-hand with emotional support and reintegration efforts.

This manual is intentionally designed to be practical, inclusive, and adaptable. It offers trainers, health practitioners, and policymakers clear frameworks, survivor-centered methodologies, and actionable strategies—from psychological first aid to family engagement and long-term recovery planning. Real-world case studies and facilitation tools underscore the human dimension of our work and provide inspiration rooted in lived experience.

We dedicate this manual to the survivors whose strength and courage illuminate the path forward. We honor the caregivers, professionals, and volunteers who stand beside them, often in silence and without recognition. And we express our profound gratitude to all partners and donors—especially the AKCF—who have made this initiative possible.

May this manual serve not only as a guide, but as a catalyst for compassion, connection, and transformation. Together, let us reaffirm our commitment to building an ASEAN region where survivors live not in the shadows of conflict, but in the light of opportunity, healing, and hope.



PREFACE

This manual was born from a simple yet profound belief: that every survivor of explosive ordnance (EO) deserves not only physical recovery but also emotional healing, social inclusion, and long-term resilience. In Southeast Asia, the legacy of landmines and unexploded ordnance continues to affect individuals, families, and communities—often in silent, invisible ways. As these survivors rebuild their lives, psychosocial support emerges as a critical foundation for their recovery and reintegration.

The Comprehensive Psychosocial Support Manual for Explosive Ordnance Survivors was developed by the ASEAN Regional Mine Action Center (ARMAC) under the **“Enhance Victim Assistance Programme in the ASEAN Member States”** project, supported by the ASEAN-Korea Cooperation Fund (AKCF). It reflects a multi-year, multi-country journey of collaboration, listening, learning, and adaptation.

This manual is not merely a technical guide—it is a reflection of regional solidarity. Its content is shaped by diverse actors: psychologists, social workers, rehabilitation professionals, survivor networks, national mine action authorities, community leaders, and trainers from across ASEAN. Grounded in international standards and trauma-informed practice, it also respects the cultural nuances and lived experiences unique to this region.

A critical part of the manual’s development involved six Training of Trainers (ToT) sessions held in Cambodia from 2022–2024. These sessions, implemented in partnership with SingHealth, served as laboratories for learning and feedback. Insights from participants—including doctors, nurses, caregivers, and survivors themselves—have directly informed the structure, tone, and tools presented in these pages.

In addition to technical content, the manual includes real survivor testimonies, field-tested facilitation tips, and a comprehensive 8-day ToT curriculum. It is designed to be user-friendly for practitioners of varying professional backgrounds, adaptable for national contexts, and accessible to both new and experienced trainers.

We hope this manual empowers those working on the frontlines of recovery—equipping them with knowledge, confidence, and compassion. Whether you are preparing a workshop, providing peer support, coordinating rehabilitation services, or advocating for survivor rights, this manual is for you.

Above all, we dedicate this effort to the survivors themselves. Their strength, stories, and insights have guided us from the first draft to the final chapter. May this manual serve their journey—not only as a guide for healing but as a testament to their enduring dignity and courage.

ACKNOWLEDGMENTS

The ASEAN Regional Mine Action Center (ARMAC) expresses its deepest appreciation to the individuals, organizations, and partners whose invaluable contributions made the development of this Comprehensive Psychosocial Support Manual for Explosive Ordnance (EO) Survivors possible.

This manual is the result of regional solidarity, technical collaboration, and—most importantly—the lived experiences of survivors. It reflects a shared commitment across ASEAN to restore dignity, hope, and healing to those affected by explosive ordnance.

We are sincerely grateful to the **ASEAN-Korea Cooperation Fund (AKCF)** for their generous financial support. Their enduring commitment to humanitarian mine action and victim assistance has been instrumental in enabling this initiative and advancing regional cooperation in psychosocial care.

Special thanks go to **SingHealth** for their strong technical partnership in delivering the series of Training of Trainers (ToT) programs in Cambodia. Their team of trauma and mental health professionals played a critical role in shaping the foundational approaches and content that inform this manual.

To the practitioners and representatives of **ASEAN Member States**—particularly from Cambodia, Lao PDR, Myanmar, Thailand, and Vietnam—we thank you for your contributions of local knowledge, cultural insight, and implementation experience. The engagement of national mine action authorities, ministries of health, and civil society organizations has ensured that this manual remains technically robust and culturally grounded.

We extend our heartfelt thanks to the **survivors and their families** who courageously shared their personal stories and perspectives. Their voices are the heart of this manual, transforming technical material into a human-centered guide for action. This manual is dedicated to their resilience and serves as a testament to their strength.

We are especially indebted to **Ms. Leila El-Ali**, Psychosocial and Physical Health Specialist from Lebanon, whose deep expertise, compassion, and tireless dedication were instrumental in the manual's design and content. Her ability to bridge global best practices with the unique needs of the ASEAN region has greatly enriched this resource.

We also acknowledge the contributions of the many **field practitioners, counselors, and community volunteers** who reviewed drafts, tested training activities, and provided critical feedback from the ground. Their unwavering commitment to supporting survivors—often in resource-limited and high-stress environments—deserves the highest recognition.

Finally, we thank the **editorial, design, and support teams at ARMAC**, whose behind-the-scenes efforts made this publication possible. From coordinating consultations to finalizing layouts, your professionalism and dedication reflect ARMAC's core mission of service.

This manual is more than a compilation of knowledge—it is a regional expression of compassion, inclusion, and healing. May it continue to guide, empower, and unite us in the shared vision of a mine-free and survivor-centered ASEAN.

LIST OF ACRONYMS

Acronym	Full Term
ARMAC	ASEAN Regional Mine Action Center
AMS	ASEAN Member States
AKCF	ASEAN-Korea Cooperation Fund
EO	Explosive Ordnance
UXO	Unexploded Ordnance
PSS	Psychosocial Support
ToT	Training of Trainers
PTSD	Post-Traumatic Stress Disorder
MoH	Ministry of Health
NGO	Non-Governmental Organization
CMAA	Cambodian Mine Action and Victim Assistance Authority
VA	Victim Assistance
ASEAN	Association of Southeast Asian Nations

- **Executive Summary**
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I. INTRODUCTION



The impact of explosive ordnance (EO) on civilian populations is devastating. Across the globe, the presence of unexploded ordnance (UXO), including anti-personnel mines, cluster munitions, and other explosive remnants of war, continues to result in death, injury, and long-term suffering. This manual addresses the complex challenges faced by survivors of EO incidents. It is a collective effort to strengthen psychosocial support services, ensuring that EO survivors receive holistic, survivor-centered, and sustainable assistance. It provides standardized approaches and best practices for a diverse range of practitioners and stakeholders involved in EO victim assistance, including mental health experts, humanitarian workers, community leaders, and family members.

By addressing the psychosocial needs of survivors, with a focus on long-term recovery, mental health, and community reintegration, this manual aims to support individuals and communities in rebuilding their lives with dignity and resilience. The ASEAN Regional Mine Action Center (ARMAC) extends its deepest gratitude to all individuals and organizations that contributed to the development of this Psychosocial Support Training Manual for Explosive Ordnance (EO) Survivors.

1.1 WHY THIS MANUAL MATTERS

The impact of unexploded ordnance (UXO) on civilian populations is devastating. With **over 60 countries** still contaminated and **more than 20,000 new casualties annually**, UXOs are an ongoing humanitarian crisis. This manual addresses the psychosocial needs of survivors, particularly focusing on long-term recovery, mental health, and community reintegration. By providing field-tested psychosocial support techniques, it aims to improve the quality of life for those affected by explosive ordnance.

Example: In Laos, which remains heavily affected by UXOs from past conflicts, survivors often return to contaminated farmland, exacerbating trauma and limiting recovery options. This manual is designed to address such circumstances by providing field-tested psychosocial support techniques.

1.2 WHO THIS IS FOR

This manual is designed for a diverse range of practitioners and stakeholders involved in EO victim assistance. It isn't just for professionals—it's for anyone who wants to make a difference. Whether you're a mental health expert, a humanitarian worker, a community leader, or a family member of someone affected by EO, this guide will help you provide meaningful support. The table below outlines key user groups and what they might focus on:

User Group	Key Focus	Resources Provided
Medical Teams	Physical stabilization and recovery	Emergency Protocols
Counselors	Emotional and mental health support	Psychological First Aid Techniques
Community Leaders	Supporting reintegration and reducing stigma	Community Awareness Kits
Survivors' Families	Family-based support strategies	Family Coping Strategies



II. UNDERSTANDING THE EMOTIONAL AND SOCIAL NEEDS OF EO SURVIVORS

When someone survives an EO explosion, their journey is only beginning. The wounds go beyond the physical—they often feel deep fear, isolation, and hopelessness. Many struggle with PTSD, depression, and anxiety. Social stigma and economic challenges add to their burdens. This manual is here to help navigate these challenges and offer real, compassionate support. The psychological impact of EO trauma can be profound and long-lasting, affecting every aspect of a survivor's life. Survivors may experience a range of emotional and mental health challenges, including:

- **Post-Traumatic Stress Disorder (PTSD):** A debilitating condition characterized by intrusive memories, nightmares, flashbacks, avoidance behaviors, and hyperarousal.
- **Depression:** A mood disorder that causes persistent feelings of sadness, loss of interest, and lack of energy.
- **Anxiety Disorders:** Conditions characterized by excessive worry, fear, and apprehension, which can manifest as panic attacks, phobias, or generalized anxiety.
- **Grief:** The natural response to loss, which can be particularly intense and complicated in the case of EO injuries, where survivors may grieve for lost limbs, lost loved ones, and lost futures.

In addition to these direct psychological consequences, EO survivors often face significant social and economic challenges, including:

- **Stigma and Discrimination:** Survivors may be ostracized or rejected by their communities due to their injuries or disabilities, leading to social isolation and exclusion.
- **Economic Hardship:** EO injuries can result in loss of income, unemployment, and increased healthcare costs, pushing survivors and their families into poverty.
- **Lack of Access to Services:** In many EO-affected regions, survivors lack access to

2.1 UNDERSTANDING EXPLOSIVE ORDNANCE VICTIMIZATION

What EO Is and Why It's So Dangerous

Explosive ordnance (EO) includes a wide range of munitions—from landmines and cluster munitions to unexploded bombs and shells. These devices pose unique dangers because they can remain lethal for decades after conflicts end. Civilians, especially children and farmers, are often the ones injured or killed when they accidentally encounter these hidden hazards. Recognizing different types of EO and understanding their risks is crucial for anyone involved in recovery missions or community education efforts.

The Deep Emotional and Social Wounds It Leaves Behind

Beyond physical injuries, EO incidents inflict deep emotional trauma. Survivors commonly experience high rates of PTSD, depression, anxiety, and even substance abuse as they cope with pain and loss. Many feel isolated from their communities due to stigma or lack of understanding. This section highlights the use of trauma-informed approaches to support survivors in overcoming social isolation and reconnecting with their communities.

Overcoming Stigma and Rebuilding Life

Stigma against EO survivors—particularly those living with disabilities—can hinder social reintegration. Misunderstandings and prejudices may cause communities to exclude survivors or treat them as burdens. Overcoming this requires awareness and advocacy. Education campaigns, inclusive community activities, and positive media stories about survivors can promote acceptance. By challenging negative stereotypes and highlighting survivors' strengths and contributions, communities can help survivors rebuild their lives with dignity.



2.2 PRINCIPLES OF PSYCHOSOCIAL SUPPORT (PSS)

The Core Values That Guide Us

All psychosocial support (PSS) interventions in this manual are guided by core values of empathy, respect, and survivor-centered care. The **PROTECT** framework, for example, emphasizes that support should be Participatory, Respectful, Ongoing, Trauma-informed, Empowering, Culturally sensitive, and Transferrable (sustainable beyond immediate aid). These values ensure that every action taken is in the best interest of the survivor's healing and recovery.

Why Culture and Trauma Awareness Matter

Cultural sensitivity is crucial in psychosocial support. Trauma and healing are experienced through the lens of culture—beliefs, traditions, and community norms influence how survivors express distress and seek help. Understanding local customs (such as how grief is expressed or the role of family in care) allows helpers to adapt support to be appropriate and effective. Being trauma-aware means recognizing common trauma reactions and triggers, and approaching survivors with patience and understanding.

The "Do No Harm" Approach

Every intervention should follow the **"do no harm"** principle. This means planning and delivering support in ways that do not inadvertently retraumatize survivors or create dependency. Key guidelines include: avoiding any practices that exploit or humiliate survivors, ensuring confidentiality, and getting informed consent for any intervention. By promoting safety, trust, and empowerment, we make sure our help only has positive impacts on the survivor's well-being.

2.3 HOW EO TRAUMA AFFECTS PEOPLE

Shock, Fear, and PTSD: What Happens Right After

Immediately after an EO incident, survivors often experience intense shock and fear. They may feel disoriented, numb, or panic-stricken. It's common for acute stress responses to set in—such as rapid heartbeat, trembling, or emotional outbursts—while the mind grapples with the horror of what occurred. Some survivors will have their first symptoms of PTSD shortly after the event: intrusive memories (flashbacks), hyper-vigilance, or severe anxiety when reminded of the explosion. Providing calm reassurance and Psychological First Aid (PFA) in this period is critical to help stabilize them emotionally.

Depression, Anxiety, and Grief: The Longer Journey

In the weeks and months following an EO injury, many survivors face a longer-term struggle with depression, anxiety, and profound grief. They may mourn not only loved ones lost in the incident but also the loss of their own former abilities or way of life. It is common for survivors to feel persistent sadness, hopelessness about the future, or excessive worry about their safety and family. Without proper support, these feelings can deepen and lead to social withdrawal or even self-harm. Ongoing counseling, peer support, and medical treatment (like antidepressants, if appropriate) can be vital in addressing these conditions.

Adjusting to a New Reality with a Disability

EO explosions frequently cause life-altering injuries such as amputations, blindness, or paralysis. Survivors with new disabilities face the challenge of adapting to a completely new reality. This adjustment can trigger intense emotions—anger, frustration, or shame—as survivors struggle with tasks that once were easy. They may feel a loss of identity or self-worth due to their physical limitations. Emotional support and practical rehabilitation go hand in hand here. Physical rehabilitation services (like prosthetic fitting, physical therapy) should be coupled with counseling, support groups, and mentorship from other survivors with disabilities. This combined approach helps individuals build the confidence and skills needed to live independently and redefine their sense of purpose.

2.4 HELPING SURVIVORS HEAL: THE FRAMEWORK FOR SUPPORT

Psychological First Aid (PFA): What to Do Immediately

PFA is a crucial first response in the immediate aftermath of an explosion. Just as medical first aid addresses physical injuries, PFA addresses emotional wounds. The goal is to ensure survivors feel safe, heard, and connected to support. This involves stabilizing overwhelming emotions, providing accurate information about what's happening, and helping meet urgent needs (like contacting family or getting medical care). PFA lays the groundwork for healing by reducing initial distress and helping survivors regain a sense of control.

Short-Term and Long-Term Emotional Care

Recovery requires both immediate crisis intervention and ongoing counseling and therapy. This section highlights the importance of community and family support in the healing process. In the short term, survivors may need crisis counseling, where they can talk through the event and normalize their reactions. As time goes on, longer-term emotional care becomes important—this can include regular therapy sessions (individual or family counseling), psychiatric care for those who need medication, and peer support groups where survivors encourage each other. Regular follow-ups are key, as some issues (like PTSD or depression) might emerge or intensify later. A well-rounded support system ensures survivors do not feel abandoned after the initial crisis, but rather supported throughout their healing journey.

The Power of Community and Family Support

Family and community play a powerful role in a survivor's recovery. When family members understand what the survivor is going through, they can provide emotional warmth and patience rather than frustration. Communities that welcome survivors back—perhaps through inclusive events, public recognition of their struggle, or community-led fundraising for their needs—help restore a survivor's sense of belonging. This section of the manual provides strategies for engaging families (for example, family counseling sessions, education on trauma) and mobilizing community support (such as community education campaigns or buddy programs that pair survivors with community volunteers).

Different Ways to Offer Psychosocial Support

There is no one-size-fits-all approach to psychosocial support. Different survivors will benefit from different forms of help. This manual explores several methods:

- **One-on-One Counseling:** Private sessions with a psychologist or trained counselor to work through personal challenges.
- **Group Therapy:** Facilitated group sessions where survivors share experiences and coping strategies, reducing isolation.
- **Peer Support Programs:** Survivor-led support groups or buddy systems that leverage shared experience for healing.
- **Community-Based Programs:** Culturally tailored activities like community rituals, sports, or arts programs that promote inclusion and confidence.
- **Rehabilitation Services with PSS:** Integrating mental health support into physical rehabilitation centers, so emotional healing goes alongside physical recovery.



2.5 THERAPEUTIC APPROACHES FOR HEALING AND RECOVERY

The Critical First Moments: Crisis Intervention & PFA

In the critical moments right after an EO incident, **crisis intervention** and PFA techniques are used to stabilize survivors. This means:

- Ensuring the person is safe from further danger.
- Addressing immediate needs (medical attention, water, warmth, etc.).
- Calming techniques, such as grounding or breathing exercises, to help reduce panic.

Trained responders or volunteers can use simple PFA actions—like explaining what is happening, listening to the survivor’s fears, and reassuring them that their reactions are normal. These first moments can significantly influence the survivor’s longer-term psychological outcome.

What Comes Next: Counseling, Peer Support, and Rehabilitation

After the initial crisis has passed, survivors benefit from a continuum of care that includes formal counseling, peer support, and community-based rehabilitation:

- **Counseling:** Professional therapists can provide trauma-focused therapy to help survivors process the event and manage symptoms like flashbacks or depression.
- **Peer Support:** Connecting survivors with fellow survivors (through support groups or peer mentor programs) creates an environment of mutual understanding and encouragement.
- **Rehabilitation:** Psychosocial rehabilitation programs might include vocational training, recreational activities, or community service projects that help survivors regain a sense of purpose and normalcy.

Tool: Peer Support Program Guide – Instructions for setting up and facilitating peer support groups for EO survivors.

Peer Support Program Guide: Instructions for setting up and facilitating peer support groups for EO survivors

Peer support groups are a cornerstone of psychosocial support for EO survivors. They offer a unique space where individuals who have shared similar experiences can come together to:

- Share their stories and feelings
- Offer and receive emotional support
- Learn coping mechanisms
- Build a sense of community and belonging
- Reduce feelings of isolation and stigma
- Promote recovery and resilience

Key Components of Effective Peer Support Programs



1. Group Structure and Facilitation:

- Groups should have clear objectives, structure, and guidelines.
- Trained facilitators can help guide discussions, manage group dynamics, and ensure a safe and supportive environment.
- Consider having co-facilitators, including a mental health professional and a peer facilitator (a trained survivor).



2. Participant Selection and Preparation:

- Establish criteria for group participation (e.g., survivors of EO trauma, specific injury types).
- Provide potential members with information about the group's purpose, format, and expectations.
- Consider an intake process to assess individual needs and ensure group suitability.



3. Creating a Safe and Supportive Environment:

- Establish group rules that emphasize confidentiality, respect, and non-judgmental listening
- Encourage active participation and ensure everyone has an opportunity to share their experiences
- Address any conflicts or challenges that arise in a constructive and sensitive manner



4. Program Content and Activities:

- Group sessions can cover a range of topics, including:
 - Sharing personal experiences and challenges
 - Learning about trauma and its effects
 - Developing coping skills and stress management techniques
 - Problem-solving and goal setting
 - Accessing resources and support services
 - Promoting social reintegration and advocacy
- Activities can include:
 - Open discussions
 - Educational presentations
 - Skills-building exercises
 - Creative expression (e.g., storytelling, art, music)
 - Guest speakers
 - Community outings





5. Cultural Adaptation:

- It is crucial to adapt the program to the specific cultural context, norms, and values of the community.
- Consider language, communication styles, and culturally appropriate ways of expressing emotions.
- Involve community members in the design and implementation of the program.



6. Sustainability and Evaluation:

- Develop a plan for the long-term sustainability of the program, including funding, training, and ongoing support for facilitators.
- Establish a system for monitoring and evaluating the program's effectiveness in achieving its objectives.
- Gather feedback from participants to improve the program and ensure it meets their needs.

Tools and Resources

- Group Facilitation Manual: Provides detailed guidance on how to plan, organize, and facilitate peer support groups.
- Training Curriculum for Peer Facilitators: Equips survivors with the skills and knowledge to effectively lead and support peer groups.
- Participant Handbook: Offers information about the peer support program, including group guidelines, session topics, and available resources.
- Monitoring and Evaluation Toolkit: Provides tools and templates for assessing the program's impact and outcomes.
- **Community Awareness Materials:** Posters, flyers, or community presentations help to promote understanding and acceptance of EO survivors and the importance of peer support.

By implementing well-structured and culturally sensitive peer support programs, we can empower EO survivors, promote their recovery, and facilitate their reintegration into their communities.

Peer Support Program Guide

Instructions for Setup and Facilitating Peer Support Groups

Understanding Peer Support Groups

- Share stories and feelings
- Offer & receive emotional support
- Learn coping mechanisms
- Build community & belonging
- Reduce isolation & stigma

Key Components of Effective Programs

- Group Structure & Facilitation
- Clear objectives, structure, and safe & inclusive guidelines
- Trained-based selection (e.g., based on trauma type)
- Provide orientation & expectations
- Use an intake process to assess needs
- Program Content & Activities
- Topics may include:
 - Trauma education
 - Coping & stress management
 - Goal setting & problem solving
 - Access to resources
 - Advocacy & reintegration
 - Creating a Safe Environment
 - Confidentiality & mutual respect
 - Encourage everyone to participate
 - Address conflicts with care
 - Cultural Adaptation
 - Tailor to local values, language, & norms
 - Respect emotional expression styles
 - Engage community in design and delivery

Tools & Resources

- Facilitation Manual
- Guide for planning & leading groups
- Training Curriculum
- Equips peer facilitators with skills
- Participant Handbook
- Provides group guidelines & resources
- Evaluation Toolkit
- Tools for assessing program outcomes
- Awareness Materials
- Promotes understanding & community support

Empowering EO Survivors

- By building culturally sensitive, well-structured peer support programs, we can:
- Strengthen community bonds
- Facilitate reintegration
- Support emotional healing
- Give survivors a voice

Long-Term Healing: Social Reintegration and Empowerment

Long-term healing involves social reintegration and empowering survivors to rebuild their lives. Long-term healing goes beyond individual therapy; it involves helping survivors reclaim their roles in society.

Social reintegration efforts encourage survivors to participate in community life—through education, employment, or civic activities—without fear of stigma or exclusion. This might include peer mentorship programs where recovered survivors help newer survivors navigate challenges, or community reconstruction projects that survivors can be part of.

Empowerment is also key: programs that provide leadership training, advocacy skills, or opportunities for survivors to speak about their experiences can transform victims into change-makers. The ultimate goal is for survivors to not just cope with their trauma, but to rebuild fulfilling, independent lives and even help others on the same path.



III. PSYCHOLOGICAL FIRST AID (PFA) FOR EO SURVIVORS

Understanding Psychological First Aid (PFA):

Psychological First Aid (PFA) is an essential first-response intervention for individuals who have experienced a traumatic event, such as an explosive ordnance (EO) incident. It aims to:

- Provide immediate safety and comfort
- Reduce initial distress
- Help connect survivors to appropriate support and resources

The PFA model emphasizes a practical approach, focusing on meeting the immediate needs of the affected individual and facilitating their coping abilities.

3.1 THE THREE STEPS: LOOK, LISTEN, LINK

The PFA model is structured around three core actions:

1. Look: This involves assessing the situation and identifying individuals who may need support.

- Safety First: Prioritize the safety of both the survivor and yourself. Are there any ongoing dangers, such as remaining explosive devices or unstable structures?
- Observe: Pay attention to the survivor's immediate needs and reactions. Are they injured, disoriented, or showing signs of severe distress?
- Identify: Determine who is most affected and may require PFA. This could include those directly injured, witnesses, or family members.

2. Listen: This step focuses on establishing a connection with the survivor and understanding their immediate concerns.

Approach: Introduce yourself calmly and offer your support.

Empathy: Listen to the survivor's experience without judgment or pressure to speak.

Validate: Acknowledge their feelings and reactions. Let them know that their responses are normal given the circumstances.

Needs Assessment: Ask about their immediate needs and concerns. This might include:

- Medical attention
- Shelter
- Food and water
- Contacting family members
- Information about the situation

3. Link: This involves connecting the survivor with appropriate resources and support systems.

- Basic Needs: Help the survivor access essential services, such as medical care, food, and shelter.
- Support Systems: Facilitate contact with family members, friends, or community support networks.
- Information: Provide accurate and age-appropriate information about the situation and available services.
- Referral: Connect the survivor with longer-term support services, such as mental health professionals or support groups, if needed.
- Provide Comfort: Create a safe and calming environment.

Key Principles of PFA

- **Do No Harm:** Avoid actions that could re-traumatize the survivor, such as:
 - Forcing them to talk about their experience
 - Judging their reactions
 - Making promises you cannot keep
 - Offer a quiet space
 - Provide a blanket or warm drink
 - Use a gentle and reassuring tone of voice
- **Be Respectful:** Treat survivors with dignity and respect, regardless of their background or circumstances.
- **Promote Empowerment:** Help survivors identify their own coping abilities and resources.
- **Cultural Sensitivity:** Be aware of cultural norms and values, and adapt your approach accordingly.

By following the principles of Look, Listen, and Link, you can provide effective Psychological First Aid to EO survivors, helping them to cope with the immediate aftermath of trauma and begin their journey toward recovery.

3.2 HELPING IN EMERGENCIES WITHOUT MAKING THINGS WORSE

Providing effective PFA requires sensitivity to cultural norms and avoiding actions that could worsen the survivor's trauma.

The Importance of Cultural Sensitivity

- **Understanding Cultural Context:** EO trauma and its effects are experienced and expressed differently across cultures. Cultural beliefs, values, and practices shape how survivors perceive and respond to traumatic events and the support offered to them. A lack of cultural understanding can lead to interventions that are ineffective or, worse, harmful.
- **Communication Styles:** Communication varies significantly across cultures. Factors such as directness, eye contact, touch, and body language all have different meanings and levels of appropriateness. Misunderstandings can hinder the helping process.
- **Expression of Distress:** Emotional expression is also culturally influenced. Some cultures may encourage open displays of grief or distress, while others may emphasize stoicism and emotional restraint. It is crucial to recognize and respect these differences.
- **Help-Seeking Behaviors:** Cultural beliefs about mental health and help-seeking can affect whether and how survivors seek support. In some cultures, there may be stigma associated with mental health problems, leading individuals to avoid seeking professional help.
- **Family and Community Roles:** The roles of family and community in providing support vary across cultures. In some cultures, the family is the primary source of support, while in others, community or religious leaders may play a more central role.
- **Gender Considerations:** Gender roles and expectations can significantly influence the impact of trauma and the type of support that is needed. It is essential to be aware of gender dynamics within a culture and to provide support in a way that is sensitive to these dynamics.

Avoiding Actions That Could Worsen Trauma

- **Do No Harm:** The principle of "do no harm" is paramount in any intervention with trauma survivors. It means that helpers should not only avoid causing direct harm but also be mindful of actions that could inadvertently re-traumatize or further distress the individual.

- **Specific Actions to Avoid:**

- Forcing someone to talk about their experience: Survivors should be allowed to share their stories at their own pace and in their own way. Pressuring them to recount traumatic details can be re-traumatizing.
- Being judgmental: Survivors may react to trauma in various ways, and it is essential to avoid judging their thoughts, feelings, or behaviors. Non-judgmental acceptance is crucial for building trust and rapport.
- Making false promises or guarantees: It is important to be realistic about the support that can be provided and to avoid making promises that cannot be kept. False promises can erode trust and create further distress.
- Minimizing their experience: Even if a helper has heard similar stories, it is important to acknowledge the unique impact of the trauma on each individual. Minimizing their pain can invalidate their experience and make them feel unheard.
- Providing unsolicited advice: While offering information and guidance can be helpful, it is essential to do so in a way that respects the survivor's autonomy and decision-making. Unsolicited advice can be perceived as controlling or invalidating.
- Breaching confidentiality: Survivors need to feel safe and secure in sharing their experiences. Confidentiality should be maintained, except in cases where there is a risk of harm to the survivor or others.
- Failing to recognize the signs of distress: Helpers should be trained to recognize the signs of acute distress and to respond appropriately. Ignoring or dismissing signs of distress can lead to further emotional harm.

- Empowerment: Interventions should aim to empower survivors by:
 - Enhancing their sense of control and agency.
 - Supporting their coping mechanisms.
 - Promoting their resilience.
 - Facilitating their access to resources and support systems.
- Self-awareness: Helpers need to be aware of their own cultural biases, values, and beliefs, as these can influence their interactions with survivors. Self-reflection and ongoing training can help helpers to develop cultural competence and provide more effective support.

3.3 EASING EMOTIONAL SHOCK AND DISTRESS

The primary goal of PFA is to alleviate emotional shock and distress.

Understanding Emotional Shock and Distress in EO Survivors

- **The Nature of Emotional Shock:**

- EO incidents are sudden and traumatic, often resulting in severe physical injury, loss of life, and exposure to horrific scenes.
- Survivors may experience a state of emotional shock, characterized by a range of intense and overwhelming reactions.
- These reactions can include:
 - Numbness or detachment
 - Disorientation and confusion
 - Intense fear or panic
 - Agitation or restlessness
 - Difficulty processing information
 - Emotional lability (rapidly changing emotions)

- **The Impact of Distress:**

- Emotional shock can lead to significant distress, impairing a survivor's ability to cope and function effectively.
- Distress can manifest in various ways, including:
 - Crying or sobbing
 - Trembling or shaking
 - Hyperventilation
 - Withdrawal or unresponsiveness
 - Expressions of extreme sadness or despair
 - Feelings of helplessness or hopelessness

- **The Importance of Addressing Shock and Distress:**

- Failing to address emotional shock and distress can have serious consequences for survivors.
- Untreated distress can increase the risk of developing long-term mental health problems, such as PTSD, depression, and anxiety disorders.
- Providing immediate support can help survivors to:
 - Regain a sense of control
 - Stabilize their emotional state
 - Cope with the immediate aftermath of the trauma
 - Facilitate their recovery process

How PFA Helps to Alleviate Emotional Shock and Distress

- **Providing a Sense of Safety and Security:**

- PFA helps to create a safe and calming environment, reducing the survivor's sense of threat and vulnerability.
- This can involve:
 - Moving the survivor to a safe location
 - Protecting them from further harm
 - Offering reassurance and a sense of stability

- **Offering Comfort and Support:**

- PFA providers offer comfort and empathy, helping survivors to feel understood and cared for.
- This can include:
 - Active listening and validating their feelings
 - Using a calm and reassuring tone of voice
 - Providing physical comfort, such as a blanket or a gentle touch (if culturally appropriate)

- **Meeting Basic Needs:**

- Addressing immediate needs, such as medical care, food, water, and shelter, can help to reduce distress and promote a sense of stability.

- **Promoting Coping:**

- PFA helps survivors to identify and utilize their own coping mechanisms.
- This can involve:
 - Encouraging them to use relaxation techniques, such as deep breathing
 - Helping them to connect with their support network, such as family or friends
 - Providing them with accurate information about the situation and available resources

- **Facilitating Access to Further Support:**

- PFA connects survivors with longer-term support services, such as mental health professionals or support groups, if needed.
- This ensures that survivors receive ongoing care and support for their recovery.

3.4 THERAPEUTIC APPROACHES THAT WORK FOR EO SURVIVORS

This section outlines evidence-based therapeutic approaches for trauma recovery, focusing on treatments that have demonstrated effectiveness in helping individuals heal from the psychological impact of trauma, including that caused by explosive ordnance (EO) incidents.

Core Principles of Trauma-Informed Therapy

Before delving into specific therapeutic approaches, it's important to understand the core principles that underpin effective trauma treatment:

- Safety: Creating a safe and stable environment for the survivor is paramount. This includes both physical and emotional safety.
- Trustworthiness and Transparency: Building trust between the survivor and the therapist or helper is essential. Transparency about the treatment process can help to foster trust.
- Choice: Survivors should be given choices about their treatment whenever possible. This promotes a sense of control and autonomy, which can be particularly important for those who have experienced a loss of control due to trauma.
- Collaboration: The therapist and survivor should work collaboratively, with the survivor being an active participant in their own recovery.
- Empowerment: Treatment should focus on empowering survivors, helping them to develop their own coping skills and build on their strengths.
- Cultural Competence: Therapists and helpers should be aware of and sensitive to the cultural background of the survivor. Treatment should be adapted to the survivor's cultural beliefs, values, and practices.

Evidence-Based Therapeutic Approaches

Here are some of the evidence-based therapeutic approaches that have been found to be effective in helping survivors of EO trauma:

- **Cognitive Behavioral Therapy (CBT):**

- CBT is a structured, goal-oriented therapy that focuses on identifying and changing negative or unhelpful thought patterns and behaviors.
- It helps survivors to understand how their thoughts, feelings, and behaviors are interconnected and how they can contribute to their distress.
- CBT techniques may include:
 - Cognitive restructuring: Challenging and changing negative thoughts.
 - Exposure therapy: Gradually confronting trauma-related memories, feelings, or situations in a safe and controlled way.
 - Stress inoculation training: Learning coping skills to manage anxiety and stress.

CBT

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Cognitive restructuring

Challenging and changing negative thoughts

Exposure therapy

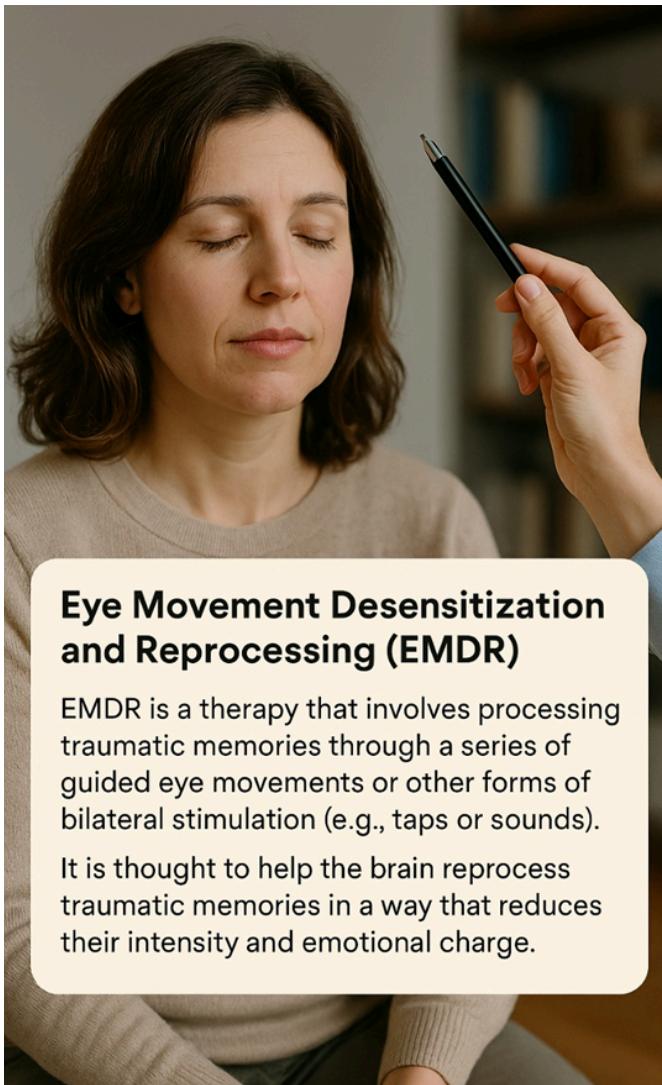
Gradually confronting trauma-related memories, feelings, or situations in a safe and controlled

Stress inoculation training

Learning coping skills to manage anxiety and stress

- **Eye Movement Desensitization and Reprocessing (EMDR):**

- EMDR is a therapy that involves processing traumatic memories through a series of guided eye movements or other forms of bilateral stimulation (e.g., taps or sounds).
- It is thought to help the brain reprocess traumatic memories in a way that reduces their intensity and emotional charge.



Eye Movement Desensitization and Reprocessing (EMDR)

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- **Narrative Therapy:**

- Narrative therapy helps survivors to externalize their trauma by separating it from their identity.
- Survivors are encouraged to re-author their life stories in a way that emphasizes their strengths and resilience, rather than being defined by their trauma.

- **Group Therapy and Peer Support:**

- Group therapy provides a safe and supportive environment where survivors can share their experiences with others who have gone through similar traumas.
- It can help to reduce feelings of isolation, promote a sense of community, and provide opportunities to learn coping skills from others.
- Peer support groups, facilitated by survivors themselves, can also be a powerful source of healing and empowerment.

Cognitive Behavioral Therapy (CBT): A Roadmap to Healing

Cognitive Behavioral Therapy (CBT) is a proven therapy for managing trauma-related symptoms like PTSD and depression. Here's a more detailed look at how CBT works and its application in the context of explosive ordnance (EO) trauma:

- **Mindfulness-Based Therapies:**

- Mindfulness-based therapies, such as Mindfulness-Based Stress Reduction (MBSR), teach survivors to pay attention to the present moment without judgment.
- These therapies can help survivors to:

- Regulate their emotions
- Reduce stress and anxiety
- Increase self-awareness
- Improve their ability to cope with difficult thoughts and feelings

- **Family Therapy:**

- Trauma can have a significant impact on families, and family therapy can help family members to understand and support each other.
- It can address issues such as communication problems, conflict, and changes in family roles.

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Understanding CBT

- **Core Principles:** CBT is a structured, goal-oriented psychotherapy that focuses on the interconnectedness of thoughts, feelings, and behaviors. It's based on the idea that negative or unhelpful thought patterns can lead to emotional distress and problematic behaviors. CBT helps people identify these patterns and develop healthier ways of thinking and acting.

- **Key Components:**

- **Identifying Negative Thought Patterns:** CBT helps survivors recognize recurring thoughts that are distressing or inaccurate. These might include:
 - Catastrophizing ("This will ruin my life forever.")
 - Self-blame ("It's my fault this happened.")
 - Generalization ("I can't trust anyone.")
- **Challenging and Changing Thoughts:** Survivors learn to evaluate the evidence for and against these thoughts. They're guided to develop more balanced and realistic perspectives.
- **Modifying Behaviors:** CBT addresses behaviors that might be maintaining distress, such as:
 - Avoidance of reminders of the trauma
 - Social withdrawal
 - Safety-seeking behaviors
- **Developing Coping Skills:** Survivors acquire practical tools to manage difficult emotions and situations. These might include:
 - Relaxation techniques
 - Problem-solving skills
 - Assertiveness training

CBT for EO Trauma Survivors

- Relevance to EO Trauma: CBT is particularly well-suited to address the complex psychological challenges faced by EO survivors. The sudden and violent nature of EO incidents can lead to deeply ingrained trauma responses. CBT provides a framework for understanding and addressing these responses.
- Applications: CBT can be used to treat a range of trauma-related symptoms, including:
 - Post-Traumatic Stress Disorder (PTSD): CBT helps survivors process traumatic memories, reduce hyperarousal, and manage avoidance behaviors.
 - Depression: CBT can help survivors challenge negative thoughts about themselves, the world, and the future, and increase their engagement in meaningful activities.
 - Anxiety Disorders: CBT equips survivors with skills to manage anxiety symptoms such as panic attacks, phobias, and generalized anxiety.
- **Trauma Focused CBT:**
 - A specific type of CBT is Trauma Focused.
- **Benefits:**
 - **Empowerment:** CBT empowers survivors by giving them active role in their recovery.
 - **Skills-Based:** CBT provides survivors with practical skills they can use long-term.
 - **Flexibility:** CBT can be adapted to different cultural contexts and individual needs.
 - **Evidence-Based:** CBT is supported by a strong body of research demonstrating its effectiveness.

Mindfulness and Stress Reduction: Finding Peace in Chaos

Mindfulness-based techniques can help survivors manage anxiety and stress.

The Impact of EO Trauma on Anxiety and Stress

- **Heightened Anxiety:** Survivors of EO incidents often experience persistent anxiety due to the traumatic nature of the event, the threat of future incidents, and the challenges of recovery. This anxiety can manifest as:
 - Generalized anxiety disorder (GAD)
 - Panic attacks
 - Phobias (e.g., fear of loud noises, fear of crowds)
 - Social anxiety
- **Chronic Stress:** The ongoing challenges of living with the consequences of EO trauma, such as physical disabilities, chronic pain, social stigma, and economic hardship, can lead to chronic stress. Chronic stress can have significant negative impacts on both physical and mental health, including:
 - Increased risk of cardiovascular disease
 - Weakened immune system
 - Digestive problems
 - Sleep disturbances
 - Depression
 - Burnout
- **The Need for Effective Coping Mechanisms:** Given the high levels of anxiety and stress experienced by EO survivors, it is crucial to provide them with effective coping mechanisms. Mindfulness-based techniques offer a promising approach to help survivors manage these challenges and improve their overall well-being.

Mindfulness-Based Techniques for Trauma Recovery



Mindfulness is a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations. Mindfulness-based techniques can be valuable tools for EO survivors in managing anxiety and stress.

- **How Mindfulness Works:**

- **Present Moment Awareness:** Mindfulness helps survivors to shift their attention away from intrusive thoughts about the past or worries about the future, and to focus on the present moment. This can help to break the cycle of rumination and worry that often fuels anxiety and stress.
- **Acceptance:** Mindfulness encourages survivors to accept their thoughts and feelings without judgment. This can help to reduce the struggle against difficult emotions, which can often intensify them.
- **Regulation of the Nervous System:** Mindfulness practices can help to regulate the autonomic nervous system, which plays a key role in the stress response. By promoting relaxation and reducing physiological arousal, mindfulness can help to alleviate anxiety and stress.
- **Increased Self-Awareness:** Mindfulness can help survivors become more aware of their thoughts, feelings, and bodily sensations, allowing them to identify triggers and respond to them in a more adaptive way.

- **Specific Mindfulness Practices:**

- **Mindful Breathing:** Focusing attention on the sensations of the breath, such as the rising and falling of the abdomen or the feeling of the air passing through the nostrils.
- **Body Scan:** Systematically bringing awareness to different parts of the body, noticing any sensations without judgment.
- **Mindful Movement:** Engaging in gentle movement, such as walking or stretching, with full awareness of the sensations of the body in motion.
- **Mindful Listening:** Paying attention to sounds without judgment.
- **Guided Meditation:** Following instructions from a facilitator to direct attention and cultivate mindfulness.

Trauma Recovery Exercises: Simple Breathing and Grounding Techniques to Ease Anxiety

The documents highlight the use of simple breathing and grounding techniques as practical tools to help EO survivors manage anxiety. These exercises can be particularly helpful in the immediate aftermath of a traumatic event or when survivors are experiencing acute distress.

- **Breathing Techniques:**

- Diaphragmatic Breathing: Involves slow, deep breaths that expand the abdomen rather than the chest. This type of breathing can help to activate the parasympathetic nervous system, which promotes relaxation and reduces anxiety.
- 4-7-8 Breathing: Involves inhaling for a count of 4, holding the breath for a count of 7, and exhaling for a count of 8. This technique can help to calm the nervous system and promote a sense of peace.

- **Grounding Techniques:**

Grounding techniques help to bring a survivor's awareness back to the present moment by focusing on physical sensations. These techniques can be particularly helpful when survivors are feeling dissociated or overwhelmed by intrusive thoughts or memories.

- 5-4-3-2-1 Technique: Involves identifying:
 - 5 things you can see
 - 4 things you can touch
 - 3 things you can hear
 - 2 things you can smell
 - 1 thing you can taste
- Sensory Grounding: Focusing on the sensations of touch, such as the feeling of your feet on the ground, your hands on your lap, or the texture of an object.
- Mental Grounding: Engaging in a mental exercise, such as counting backwards from 100, reciting a poem or song, or describing your surroundings in detail.

Mindfulness and Stress Reduction Finding Peace in Chaos

Mindfulness-based techniques can help survivors manage anxiety and stress.

The Impact of EO Trauma on Anxiety and Stress

- Heightened Anxiety
 - Survivors of EO incidents (GAD)
 - Panic attacks
 - Phobias
 - Social anxiety
 - Chronic stress
 - Physical & Emotional Effects
 - Increased alertness
 - Reduction in cardiovascular disease
 - Weakened immune system
 - Digestive problems
 - Sleep disturbances
 - Depression
 - Burnout

Mindfulness-Based Techniques for Trauma Recovery

- Present Moment Awareness
- Acceptance
- Regulation of Nervous System
- Increased Self-Awareness
- Guided Meditation

Mindfulness Practices

- Breathing Techniques
 - Diaphragmatic Breathing
 - 4-7-8 Breathing
- Grounding Techniques
 - 5-4-3-2-1 Technique
 - Sensory Grounding
 - Mental Grounding

Specific Mindfulness Practices

- Mindful Breathing
- Body Scan
- Mindful Movement
- Mindful Listening
- Guided Meditation

Trauma Recovery Exercises

- Breathing Techniques
 - Diaphragmatic Breathing
 - 4-7-8 Breathing

Group Therapy and Peer Support: Strength in Numbers

Group therapy and peer support offer a safe space for survivors to share experiences and build community.

The Power of Shared Experience

- **Reduced Isolation:** EO survivors often feel isolated due to their traumatic experiences and the challenges of reintegrating into their communities. Group settings provide a sense of belonging and reduce feelings of loneliness.
- **Validation and Understanding:** Interacting with others who have experienced similar trauma allows survivors to feel understood and validated. This shared understanding can be incredibly powerful in the healing process.
- **Hope and Inspiration:** Seeing others who are further along in their recovery journey can provide hope and inspiration to those who are just beginning. Peer support groups demonstrate that recovery is possible and that survivors are not alone.

Key Elements of Group Therapy and Peer Support

- **Facilitation:**
 - Groups may be led by a trained therapist, counselor, or a peer facilitator (a survivor who has undergone training).
 - The facilitator's role is to create a safe and supportive environment, guide discussions, and ensure that all members have an opportunity to participate.
- **Structure:**
 - Groups may be structured, with a set curriculum or agenda, or unstructured, allowing members to share their experiences and discuss whatever is most relevant to them.
 - The structure of the group should be tailored to the specific needs and preferences of the survivors.
- **Confidentiality:**
 - Confidentiality is essential in group settings. Survivors need to feel safe sharing their experiences without fear of judgment or disclosure.
- **Empowerment:**
 - Group therapy and peer support empower survivors by giving them a voice and allowing them to take an active role in their own recovery.
 - By sharing their stories and supporting others, survivors can develop a sense of agency and control over their lives.

Benefits of Group Therapy and Peer Support for EO Survivors

- **Emotional Support:** Group settings provide a space for survivors to express their feelings, share their fears, and receive empathy and understanding from others.
- **Coping Skills:** Survivors can learn new coping strategies from each other, such as relaxation techniques, problem-solving skills, and communication skills.
- **Social Reintegration:** Group therapy and peer support can help survivors to rebuild their social connections and reintegrate into their communities.
- **Reduced Stigma:** By connecting with others who have similar experiences, survivors can challenge the stigma associated with EO trauma and disability.
- **Advocacy and Social Change:** Group settings can provide a platform for survivors to advocate for their rights and needs and to work towards broader social change.

Group therapy and peer support offer a powerful approach to healing from EO trauma. By providing a safe space for survivors to connect, share their experiences, and support one another, these interventions can promote emotional healing, build resilience, and facilitate social reintegration.



IV. REHABILITATION AND EMOTIONAL WELL- BEING FOR EO SURVIVORS

This section addresses the interconnectedness of physical and emotional recovery for EO survivors and the importance of social inclusion.

4.1 WHY PHYSICAL AND EMOTIONAL RECOVERY GO HAND IN HAND

Physical rehabilitation must be accompanied by emotional support to address the psychological impact of injuries.

- **The Intertwined Nature of Recovery:**

- EO injuries often result in long-term physical disabilities, such as amputations, paralysis, or disfigurement.
- The emotional and psychological impact of these injuries can be as debilitating as the physical limitations.
- Survivors may experience depression, anxiety, PTSD, and grief, which can hinder their physical recovery and overall well-being.

- **Holistic Approach to Rehabilitation:**

- Effective rehabilitation requires a holistic approach that addresses both the physical and emotional needs of the survivor.
- Physical therapy, occupational therapy, and other forms of physical rehabilitation should be integrated with psychological support, counseling, and mental health services.
- This integrated approach can help survivors to:
 - Cope with the emotional challenges of their injuries.
 - Develop coping mechanisms and resilience.
 - Improve their motivation and adherence to physical rehabilitation programs.
 - Achieve greater functional independence and quality of life.

4.2 HELPING AMPUTEES AND PEOPLE WITH DISABILITIES COPE

Survivors with physical disabilities require emotional support and practical assistance to adjust to their new reality.

- **Challenges Faced by Survivors with Disabilities:**

- EO injuries can lead to significant physical disabilities that affect mobility, independence, and the ability to perform daily activities.
- Survivors may face challenges such as:
 - *Difficulty adjusting to their new physical limitations.*
 - *Pain and discomfort.*
 - *Body image issues and low self-esteem.*
 - *Social isolation and exclusion.*
 - *Discrimination and stigma.*

- **The Importance of Emotional Support and Practical Assistance:**

- Emotional support is crucial to help survivors cope with the psychological impact of their disabilities and adjust to their new reality.

- This support may include:
 - Individual counseling and therapy.
 - Support groups and peer support.
 - Family counseling and education.
- Practical assistance is also essential to help survivors overcome physical barriers and regain independence. *This may include:*
 - *Providing assistive devices, such as prosthetics, wheelchairs, and mobility aids.*
 - *Modifying homes and workplaces to improve accessibility.*
 - *Offering vocational training and employment support.*
 - *Facilitating access to rehabilitation services.*

4.3, Creating a Future: Social Inclusion and Work Opportunities

Promoting social inclusion, vocational training, and employment opportunities empowers survivors to rebuild their lives.

- **The Importance of Social Inclusion:**
 - Social inclusion is essential for the long-term well-being of EO survivors.
 - When survivors are included in their communities, they are more likely to:
 - Have a sense of belonging and connection.
 - Participate in social and cultural life.
 - Access education, healthcare, and other essential services.
 - Enjoy equal rights and opportunities.
- **Empowerment Through Vocational Training and Employment:**
 - Vocational training and employment opportunities can empower survivors by:
 - Providing them with the skills and knowledge they need to earn a living.
 - Increasing their economic independence and self-sufficiency.
 - Boosting their self-esteem and confidence.
 - Promoting their social reintegration.
- **Strategies for Promoting Social Inclusion and Work Opportunities:**
 - Implementing policies and programs that promote accessibility and inclusion in all areas of life.
 - Providing vocational training and job placement services that are tailored to the needs of survivors with disabilities.
 - Raising awareness among employers about the abilities of survivors and the benefits of hiring them.
 - Combating stigma and discrimination through public education campaigns.
 - Supporting the formation of survivor self-help groups and advocacy organizations.

V. SUPPORTING THE MOST VULNERABLE POPULATIONS

This section addresses the specific needs of EO survivors who are particularly vulnerable, including women, children, the elderly, and those with pre-existing mental health conditions.

5.1 WOMEN AND CHILDREN SURVIVORS: SPECIAL CONSIDERATIONS

Women and children face distinct challenges, including higher rates of trauma and stigmatization.

- **Unique Vulnerabilities:**

- **Women:**

- Women may experience gender-based violence in the aftermath of EO incidents, including sexual assault and domestic violence.
 - They may face additional stigma and discrimination due to cultural norms and gender roles, which can limit their access to support and resources.
 - The loss of a husband or caregiver can leave women particularly vulnerable, with increased economic hardship and social isolation.

- **Children:**

- Children are particularly vulnerable to the psychological impact of EO trauma, as their brains are still developing.
 - They may experience difficulties with emotional regulation, behavioral problems, and developmental delays.
 - Children may also be at risk of exploitation and abuse in the aftermath of EO incidents.

- **Specific Needs and Interventions:**

- **Women:**

- Provide safe spaces and support services that are tailored to the needs of women survivors.
 - Ensure access to reproductive health services and address issues of gender-based violence.
 - Empower women through economic and social support programs.

- **Children:**

- Offer child-friendly mental health support, such as play therapy and art therapy.
 - Provide a safe and stable environment to promote their recovery and development.
 - Ensure access to education and protect them from exploitation and abuse.

5.2 THE UNIQUE NEEDS OF ELDERLY EO VICTIMS

Elderly survivors may experience unique challenges. The manual provides guidance on addressing their specific needs.

- **Specific Challenges Faced by Elderly Survivors:**

- *Physical Frailty: Elderly survivors may have pre-existing health conditions or physical limitations that are exacerbated by EO injuries.*
- *Sensory Impairment: Hearing or vision loss can make it more difficult for elderly survivors to access information and support.*
- *Social Isolation: Elderly survivors may be more likely to experience social isolation due to mobility issues, loss of loved ones, or displacement.*
- *Cognitive Decline: Some elderly survivors may experience cognitive decline or dementia, which can complicate their recovery and care.*

- **Addressing the Needs of Elderly Survivors:**

- Provide accessible services that are tailored to their physical and sensory needs.
- Offer home-based care and support to promote their independence and well-being.
- Address their social isolation by facilitating their participation in community activities.
- Provide specialized care for those with cognitive decline or dementia.

5.3 SURVIVORS WHO HAD PRE-EXISTING MENTAL HEALTH CONDITIONS

The manual will address the needs of survivors who had pre-existing mental health conditions.

- **Increased Vulnerability:**

- Survivors with pre-existing mental health conditions, such as depression, anxiety, or schizophrenia, may be more vulnerable to the psychological impact of EO trauma.
- Their pre-existing conditions may be exacerbated by the trauma, leading to increased symptoms and functional impairment.
- They may also face challenges in accessing appropriate mental health care in the aftermath of an EO incident.

- **Tailored Support:**

- It is crucial to identify survivors with pre-existing mental health conditions and provide them with tailored support.
- This may involve:
 - Ensuring continuity of care for their pre-existing conditions.
 - Providing additional mental health support to address the impact of the EO trauma.
 - Collaborating with mental health specialists to develop individualized treatment plans.
 - Monitoring their progress closely and adjusting interventions as needed.

VI. The Role of Family and Community in Healing

The support of family and community plays a crucial role in the recovery and reintegration of EO survivors. This section explores how to harness the power of these social networks to promote healing, resilience, and social inclusion.

6.1 FAMILY COPING STRATEGIES THAT ACTUALLY HELP

Families of EO survivors often face significant challenges as they adjust to the physical and emotional consequences of the injury. Effective coping strategies can enhance family resilience and support the survivor's recovery. These strategies include:

- **Open Communication:** Encourage family members to express their feelings, concerns, and needs in a safe and supportive environment.
- **Shared Decision-Making:** Involve the survivor in decisions related to their care and recovery, promoting autonomy and control.
- **Role Flexibility:** Adapt family roles and responsibilities to accommodate the survivor's limitations and promote collaboration.
- **Positive Reframing:** Help family members to identify positive aspects of the situation and focus on the survivor's strengths and abilities.
- **Seeking Support:** Encourage family members to seek support from friends, extended family, or community resources to manage their own stress and well-being.

6.2 RAISING AWARENESS AND ENCOURAGING REINTEGRATION

Community awareness and acceptance are essential for the successful reintegration of EO survivors. Raising awareness about the impact of EO trauma and promoting positive attitudes towards survivors can help to reduce stigma and discrimination.

- **Community Education:** Implement public awareness campaigns to educate community members about the challenges faced by EO survivors and promote understanding and empathy.
- **Survivor Advocacy:** Support survivors in sharing their stories and advocating for their rights and needs, empowering them to become agents of change.
- **Inclusive Activities:** Organize community events and activities that promote interaction and inclusion between survivors and other community members, fostering social connections and reducing isolation.

6.3 BREAKING THE STIGMA AND PROMOTING ACCEPTANCE

Stigma and discrimination can be significant barriers to social reintegration, hindering survivors' ability to rebuild their lives and participate fully in their communities. Addressing stigma requires a multifaceted approach that challenges negative attitudes and promotes acceptance.

- **Challenging Misconceptions:** Provide accurate information about EO injuries and their consequences, dispelling myths and misconceptions that fuel stigma.
- **Promoting Positive Role Models:** Highlight the achievements and contributions of EO survivors, showcasing their resilience and capabilities.
- **Enacting Inclusive Policies:** Advocate for policies and legislation that protect the rights of persons with disabilities and promote their full inclusion in all aspects of society.



VII. TAKING CARE OF THOSE WHO CARE FOR OTHERS

Caring for EO survivors can take a significant toll on the well-being of *caregivers, including family members, healthcare providers, and psychosocial support staff*. It is crucial to recognize and address the challenges faced by caregivers and provide them with the support and resources they need to maintain their own physical and emotional health.

The Impact of Caregiving

- **Secondary Trauma:** Caregivers may experience secondary traumatic stress (STS) or vicarious trauma as a result of exposure to the survivor's trauma. This can manifest in symptoms similar to PTSD, such as intrusive thoughts, nightmares, and emotional numbing.
- **Emotional Distress:** Caregivers may also experience a range of other emotional difficulties, such as:
 - Grief and sadness
 - Anxiety and worry
 - Feelings of helplessness or hopelessness
 - Guilt or anger
- **Physical Health Problems:** The stress of caregiving can take a toll on physical health, leading to problems such as:
 - Fatigue and exhaustion
 - Sleep disturbances
 - Weakened immune system
 - Increased risk of chronic diseases
- **Burnout:** Caregivers may experience burnout, a state of emotional, physical, and mental exhaustion caused by prolonged or excessive stress.
- **Strained Relationships:** The demands of caregiving can strain relationships with family members and friends, leading to social isolation and decreased support.
- **Financial Strain:** Caregiving can also lead to financial strain due to lost income, increased healthcare costs, and other expenses.

Supporting the Caregivers

- **Recognizing Caregiver Needs:** It is essential to acknowledge the challenges faced by caregivers and recognize their needs for support.
- **Providing Education and Training:** Caregivers should be provided with education and training on:
 - The impact of EO trauma on survivors
 - Effective communication and support skills
 - Stress management techniques
 - Self-care strategies
- **Offering Emotional Support:** Caregivers need opportunities to process their own emotions and experiences. This can be provided through:
 - Individual counseling or therapy
 - Support groups with other caregivers

- Peer support programs
- **Promoting Respite Care:** Respite care provides caregivers with temporary relief from their caregiving responsibilities, allowing them to rest and recharge.
- **Encouraging Self-Care:** Caregivers should be encouraged to engage in self-care activities, such as:
 - Getting enough sleep
 - Eating a healthy diet
 - Exercising regularly
 - Engaging in hobbies and interests
 - Spending time with loved ones
- **Addressing Systemic Issues:** In addition to providing support to individual caregivers, it is also important to address systemic issues that contribute to caregiver stress, such as:
 - Lack of access to resources and services
 - Inadequate financial support
 - Societal expectations and stigma

By recognizing the challenges faced by caregivers and providing them with appropriate support and resources, we can help them to maintain their own well-being and continue to provide quality care to EO survivors.

7.1 HOW TO PREVENT BURNOUT AND COMPASSION FATIGUE

Caregivers are at risk of burnout and compassion fatigue, which can manifest as emotional exhaustion, cynicism, and a decreased sense of personal accomplishment. These conditions can negatively impact the caregiver's ability to provide effective support and may also have adverse effects on their own health and well-being. Strategies to prevent burnout and compassion fatigue include:

- **Self-Awareness:** Recognize the signs and symptoms of burnout and compassion fatigue, such as persistent fatigue, emotional numbness, irritability, and social withdrawal.
- **Setting Boundaries:** Establish clear boundaries between caregiving responsibilities and personal life to prevent work-related stress from encroaching on personal time and relationships.
- **Prioritizing Self-Care:** Engage in regular self-care activities that promote physical and emotional well-being, such as exercise, healthy eating, relaxation techniques, and hobbies.
- **Seeking Support:** Connect with other caregivers, friends, or professionals to share experiences, express feelings, and receive emotional support.
- **Taking Breaks:** Schedule regular breaks from caregiving responsibilities to rest, recharge, and engage in activities that provide joy and relaxation.
- **Professional Development:** Participate in training and workshops to enhance caregiving skills, learn new coping strategies, and stay informed about best practices in trauma care.

7.2, Simple Stress Management Techniques for Caregivers

Caregivers often experience high levels of stress due to the demanding nature of their work and the emotional intensity of supporting EO survivors. Effective stress management techniques can help caregivers to cope with these challenges and maintain their own well-being. Simple stress management techniques include:

- **Deep Breathing:** Practice slow, deep breathing exercises to calm the nervous system and reduce feelings of anxiety or stress.
- **Mindfulness Meditation:** Engage in mindfulness meditation to focus on the present moment, observe thoughts and feelings without judgment, and cultivate a sense of inner peace.
- **Progressive Muscle Relaxation:** Tense and release different muscle groups in the body to relieve physical tension and promote relaxation.
- **Visualization:** Imagine a peaceful and calming scene to reduce stress and promote a sense of well-being.
- **Journaling:** Write down thoughts and feelings to process emotions, gain clarity, and reduce stress.
- **Time Management:** Prioritize tasks, set realistic goals, and delegate responsibilities to reduce feelings of overwhelm and improve efficiency.

7.3 WHY PEER SUPPORT FOR HELPERS IS ESSENTIAL

Peer support groups provide a safe and supportive space for caregivers to connect with others who understand their experiences, challenges, and emotions. These groups can help caregivers to:

- **Reduce Isolation:** Share experiences and connect with others who understand the unique challenges of caregiving, reducing feelings of loneliness and isolation.
- **Validate Feelings:** Express emotions and receive validation from peers, fostering a sense of understanding and acceptance.
- **Share Coping Strategies:** Learn from others' experiences and discover new and effective coping strategies for managing stress and preventing burnout.
- **Gain Information and Resources:** Access information about available resources, services, and support systems for caregivers and EO survivors.
- **Build Resilience:** Develop a stronger sense of resilience through mutual support, encouragement, and empowerment.
- **Promote Self-Care:** Reinforce the importance of self-care and encourage peers to prioritize their own well-being.

VIII. MAKING PSYCHOSOCIAL PROGRAMS SUSTAINABLE

This section emphasizes the importance of ensuring the long-term effectiveness and viability of psychosocial support programs for EO survivors.

8.1 MEASURING WHAT WORKS AND WHAT DOESN'T

- **Continuous Assessment:** Program effectiveness must be continuously assessed using both qualitative and quantitative metrics.
- **Data-Driven Improvement:** This ongoing evaluation helps to identify program strengths and weaknesses, allowing for adjustments to improve outcomes.
- **Qualitative Metrics:** These metrics capture the subjective experiences of survivors and other stakeholders, providing valuable insights into the program's impact. *Examples include:*
 - *Survivor testimonials*
 - *Focus group discussions*
 - *Interviews*
- **Quantitative Metrics:** These metrics provide objective measures of program outcomes, allowing for statistical analysis and comparison. *Examples include:*
 - *Number of survivors reached*
 - *Changes in PTSD symptoms*
 - *Improvements in functional status*
 - *Economic self-sufficiency rates*

Monitoring and Evaluation Toolkit

- Practical Tools: A Monitoring and Evaluation Toolkit provides practical tools for tracking program success over time.
- Standardized Approach: The toolkit includes forms and templates to help practitioners collect and analyze data in a systematic and standardized way.
- Key Components: The toolkit may include:
 - Intake forms
 - Progress reports
 - Outcome measurement scales
 - Client satisfaction surveys
 - Data analysis templates

By using a combination of qualitative and quantitative methods and employing tools like the Monitoring and Evaluation Toolkit, programs can ensure that they are meeting the needs of EO survivors and achieving their goals in a sustainable manner.



8.2 LETTING COMMUNITIES GUIDE THE PROCESS

The importance of community-driven efforts is emphasized.

- **Community Ownership:** Sustainable and effective psychosocial support programs must be rooted in the local community. This means that the community is involved in all stages of the program, from design and implementation to monitoring and evaluation.
- **Empowerment:** Community-driven approaches empower survivors and their families, giving them a sense of ownership and control over the healing process.
- **Cultural Relevance:** Local communities possess unique knowledge of their cultural norms, values, and resources. By involving the community, programs can be tailored to the specific needs and context of the population they serve.
- **Sustainability:** When communities are actively involved, programs are more likely to be sustainable in the long term, as they are integrated into existing social structures and utilize local resources.
- **Building Local Capacity:** Community-driven efforts also help to build local capacity by training community members to provide support and care to survivors.

By prioritizing community-driven approaches, psychosocial support programs can be more effective, sustainable, and empowering for EO survivors.



8.3 LONG-TERM STRATEGIES AND POLICY CHANGES

Long-term change requires advocacy for better legal protections and services for EO survivors.

Example: In Colombia, survivor advocacy groups successfully lobbied for national legislation guaranteeing free prosthetic care for all landmine victims.

IX. TRAINING MODULES FOR FIELD PRACTITIONERS

To ensure that all this knowledge translates into action, this manual includes training modules for practitioners who work directly with EO survivors. These modules are designed to build practical skills and confidence, whether the practitioner is a healthcare provider, social worker, NGO staff, or community volunteer. Each module can be used for self-study or as part of a workshop curriculum.

9.1 MODULE 1: THE BASICS OF SUPPORTING EO VICTIMS

Objective: To help practitioners understand the emotional, physical, and social impact of EO injuries and how to offer support that truly makes a difference.

Content:

- **What happens after an EO injury (physical, emotional, and social consequences):** This part of the module covers the immediate and long-term consequences of EO incidents, including the nature of blast injuries, potential disabilities, and the range of psychological and social challenges survivors may face.
- **How trauma affects survivors differently:** This section emphasizes the individual variability in trauma responses, exploring factors like pre-existing vulnerabilities, cultural background, and the nature of the traumatic event. It promotes a survivor-centered approach that avoids generalizations.
- **Key principles of psychosocial support (PSS):** This part likely details the core values and ethical guidelines of PSS, such as the PROTECT framework, a survivor-centered approach, and the importance of cultural sensitivity.
- **Why community-based interventions are essential:** This section underscores the importance of integrating support services within the community to foster social reintegration, reduce stigma, and promote long-term sustainability. It shares examples of how local involvement (family, neighbors, local leaders) can complement professional services and help survivors regain a sense of normalcy.

9.2, Module 2: Learning How to Provide Psychological First Aid

Objective: To teach practitioners how to provide psychological first aid.

- **Content: This module will cover the core principles of PFA, including:**
 - **Conducting the Three Steps- Look, Listen, and Link:** A detailed walkthrough of assessing the situation, comforting the survivor, and connecting them to further help (as described in the PFA section of this manual). Trainees practice scenarios to apply these steps.

- **Ensuring the survivor's safety:** Guidance on how to quickly secure a safe environment for the survivor and helper, and how to identify ongoing risks at an incident scene.
- **Providing comfort and stabilization:** Techniques for calming someone in shock (grounding methods, using a gentle tone, maintaining presence), as well as meeting basic needs (covering with a blanket, offering water).
- **Connecting survivors with essential resources:** How to efficiently link with medical services, family members, or community support even in chaotic situations—this could include learning what local resources exist and how to activate them (for example, knowing who the local Red Cross contact is, or the quickest way to reach an ambulance).
- **Understanding emotional shock and how to ease the survivor's distress:** Recognizing signs of acute trauma (like dissociation or panic) and employing immediate interventions (like those in the “Easing Emotional Shock” section of the manual). Emphasis is on what not to do as well, reinforcing the do-no-harm principles.

By the end of Module 2, practitioners should be able to approach a survivor in crisis with confidence, deliver comfort and information, and set the stage for further care.

9.3 MODULE 3: TRAUMA COUNSELING FOR SURVIVORS

Objective: To teach trauma-informed counseling techniques.

- **Content: This module will equip practitioners with the skills to help survivors process traumatic experiences and promote healing.** It will cover:
 - **Evidence-based therapeutic approaches such as Cognitive Behavioral Therapy (CBT):** An overview of therapies such as CBT, EMDR, narrative therapy, etc., highlighting how each can benefit EO survivors. Practitioners learn when and how to refer survivors to these therapies, or how to incorporate basic elements of them in their interactions (for instance, using simple cognitive exercises or relaxation techniques).
 - **How to create a safe and supportive therapeutic relationship:** Focuses on core counseling skills like active listening, empathy, building trust, and maintaining confidentiality. Trainees learn how to make survivors feel heard and respected, and how to manage their own emotional responses during sessions. Role-playing exercises might simulate a counseling session where the practitioner practices these skills.

- **Techniques for addressing specific trauma-related symptoms:** Practical guidance on helping survivors cope with common issues. For example, how to handle a flashback in session (grounding the person in the present), strategies for helping someone who is stuck in guilt or self-blame, or ways to help survivors set small goals to overcome avoidance behavior. This may also include an introduction to grief counseling techniques, considering many survivors are grieving losses.

Module 3 might involve case studies of survivor situations and how a counselor would navigate them, reinforcing an understanding that healing is a gradual process with ups and downs.

9.4 MODULE 4: MENTAL HEALTH SUPPORT AT THE COMMUNITY LEVEL

Objective: To provide an understanding of community-based mental health support and interventions.

- **Content: This module will explore how to integrate mental health support into community structures and mobilize local resources.** It will cover:
 - **Strategies for raising community awareness about mental health:** Trainees learn to organize community discussions or workshops that educate the public on trauma and how to support survivors. For example, how to collaborate with local media, schools, or religious centers to spread positive messages and accurate information.
 - **How to train community members to provide basic support:** Introduction to designing and delivering brief trainings for volunteers, teachers, or family groups on PFA and basic listening skills. This could include a sample training plan or tips on using simple language and culturally relevant examples.
 - **Methods for reducing stigma and discrimination:** Practitioners are taught activities and campaigns (like participatory theater, survivor testimonial events, or school competitions on inclusion themes) that can shift public attitudes. They explore how to address fears and myths empathetically during these initiatives.
 - **How to foster social inclusion:** How to initiate programs that bring survivors and community together. Trainees might design a mock “inclusive sports day” or community clean-up that actively involves survivors, learning to handle any special accommodations needed. The module also covers advocating for community infrastructure changes (like building a ramp for the local meeting hall) and how to approach local authorities or organizations for support.

After Module 4, practitioners should feel capable of not only helping survivors directly but also of rallying community support that multiplies the impact of psychosocial interventions.

9.5 MODULE 5: HELPING PEOPLE REBUILD THEIR LIVES

Objective: To provide strategies for promoting social reintegration and economic empowerment.

- **Content: This module will focus on practical approaches to help survivors rebuild their lives**, including:
 - **Vocational training and job placement assistance:** Guides practitioners on assessing a survivor's skills and interests and connecting them to vocational programs or entrepreneurs. It covers coordinating with organizations that offer micro-grants or training (like tailoring, computer skills, mechanics), and advising survivors on small business start-up basics if they choose self-employment.
 - **Promoting access to education and economic opportunities:** Emphasizes working with schools to reintegrate child survivors (perhaps through tutoring or assistive devices for learning) and with adult education providers for older survivors (like literacy classes or high school equivalency). Discusses liaising with government schemes for disability employment or scholarship programs.
 - **Supporting the development of life skills:** Encourages running workshops for survivors on skills like communication, financial literacy, or stress management in daily life. For example, teaching a group of survivors how to budget their monthly expenses or how to speak confidently about their needs in public meetings.
 - **Facilitating social inclusion programs:** Shares how to set up community mentorship (pairing survivors with community mentors or vice versa), organize peer social events (like picnics, art classes, sports adapted for disabilities), or support survivor-led advocacy campaigns. Practitioners also learn to measure the impact of these programs (like increased social networks or improved livelihood).
- This module likely includes a forward-looking exercise where trainees outline a mock “reintegration plan” for a survivor profile, bringing together all elements learned.

Tool: Training Module Worksheets

Printable worksheets are provided to guide trainees through each module, reinforcing learning and facilitating practical application of the material. These worksheets may include:

- **Exercises and Scenarios:** Case studies and role-play scripts for trainees to practice each skill (e.g., a dialogue for practicing PFA, or a case study for developing a reintegration plan).
- **Checklists:** Quick-reference guides, such as a PFA action checklist or a self-care checklist for caregivers, that practitioners can carry with them in the field.
- **Knowledge Quizzes:** Short quizzes at the end of each module to help trainees self-assess their understanding of key concepts and identify areas to review.
- **Action Plan Templates:** Simple forms where trainees can write down how they intend to implement what they learned in their community or organization, encouraging immediate application of new skills.
- **Resource Lists:** Contacts and links for additional reading, local service directories for referrals, and summaries of relevant national policies or programs (so practitioners know the broader system survivors can tap into).

By completing all five modules, practitioners should feel well-prepared to deliver comprehensive psychosocial support and to train others, creating a multiplier effect that expands capacity across the sector.



X. REAL STORIES, REAL IMPACT

Sometimes the best way to understand the importance of psychosocial support is through real-life examples. This chapter shares brief stories that highlight resilience, community spirit, and the positive outcomes that are possible when survivors receive the right support.

10.1 HOW A SIMPLE PEER SUPPORT GROUP CHANGED AHMED'S LIFE

Ahmed, a UXO survivor from Iraq, lost a leg and several friends in a blast. Returning to his village, he felt depressed and avoided people, convinced they saw him as "the disabled guy." At the urging of a field worker, Ahmed joined a peer support group for young male survivors. In the beginning, he barely spoke, but listening to others' stories made him realize he wasn't as alone as he thought. Over weeks, Ahmed opened up. He shared how he missed working on his father's farm and feared he'd never be useful again. The group members, including some who had found new jobs, encouraged him. They even pooled some money to help Ahmed start a small chicken-rearing business at home. With the support of his peers and guidance from a mentor, Ahmed's business began to thrive. More importantly, his confidence returned. He now leads the very support group that once saved him, and he mentors newer survivors—proving that a simple peer group can spark a profound transformation.

10.2 A REHABILITATION JOURNEY THAT LED TO HOPE

Srey Pov, a woman in Cambodia, stepped on an old landmine while collecting firewood, resulting in the loss of her left foot. She was a mother of three and feared she could no longer care for her family or work in the rice fields. Srey Pov's journey of recovery began at a rehabilitation center where she was fitted with a prosthetic foot. Initially, walking on it was painful and frustrating—she fell many times. A physiotherapist at the center not only helped her physically but also listened to Srey Pov's fears and motivated her.

They set small goals: walk to the end of the hallway, then around the courtyard, then eventually to her children's school. Each milestone Srey Pov achieved built her hope. Meanwhile, the center's counselor introduced her to another survivor, a woman who had lost a leg years ago and now ran a successful tailoring business. This mentor taught Srey Pov sewing skills during their afternoons together. Fast forward a year: Srey Pov has opened a little tailoring shop from her home. She can walk steadily on her prosthetic and is earning income sewing clothes. She often smiles now, especially when her children brag about how strong their mother is. Her story shows that with comprehensive rehabilitation—physical therapy, counseling, skill-building, and peer inspiration—survivors can not only recover but find a new purpose.

10.3 HOW WOMEN ARE RECLAIMING THEIR LIVES AFTER EO INJURY

In a small district in Vietnam, a group of women came together to form a weaving cooperative. What they have in common is that each is an EO survivor—several lost limbs, one was blinded, others carry scars. Initially, many of them rarely left their homes, ashamed of their injuries and uncertain about their futures. A local NGO working on victim assistance saw an opportunity to empower these women. They provided looms, materials, and a trainer to teach traditional weaving techniques that the local market valued. More importantly, they facilitated weekly group meetings where these women could share their struggles and successes. Over tea and textile patterns, friendships blossomed. They talked about everything: phantom limb pain remedies, how to discipline kids when you’re in a wheelchair, even how to deal with insensitive comments from neighbors. As their skills improved, the women started selling their woven mats and scarves at the local market, proudly interacting with customers who admired their craft. Earning their own money was liberating; it gave them a sense of control and pride. One of the husbands remarked, “I see my wife smiling again, as she did before the accident.” These women are now seen as community contributors—through their business and as support figures for new female survivors. Their collective story is a powerful reminder that economic empowerment and psychosocial support together enable women to reclaim their identities and futures after devastating injuries.

10.4 WHEN COMMUNITIES STEP UP: MENTAL HEALTH SUPPORT THAT WORKS

In northeast Thailand, a cluster munition incident in a farming community led local leaders to reevaluate how they support trauma victims. With guidance from ARMAC and a mental health NGO, the community established a “village wellness committee.” This committee included the village head, a teacher, a nurse, a Buddhist monk, and two survivors of past incidents. They were trained in basic psychosocial skills and how to identify people in distress. When a new EO accident happened—hurting a father and terrifying his family—the committee sprang into action. The monk visited the family to offer prayers and meditation sessions, helping calm their spirits. The nurse ensured the father not only got physical wound care but also screened him for PTSD symptoms, referring him to a provincial hospital for counseling when signs appeared. The teacher organized classmates of the victim’s children to be extra supportive and understanding, so the kids wouldn’t feel stigmatized at school. Neighbors rotated visits to the family’s home, bringing meals and assisting with farm work until the father recovered enough to work again. Over months, this coordinated community response not only helped the family heal but also educated the whole village on mental health. Seeing the success, the provincial government is now looking to replicate this community-driven model in other villages. It demonstrates that when communities step up and own the process of mental health support, survivors and their families recover faster and stronger.

10.5 SUPPORTING ELDERLY SURVIVORS: WHAT WE'VE LEARNED

Mr. Bounmy, an elderly farmer in Lao PDR, survived an explosion of an old artillery shell while digging a new well. He lost most of his hearing and suffered injuries to his legs that never fully healed, leaving him with chronic pain and difficulty walking. At 68, he felt his life was over—he couldn't farm like before, and he struggled to engage in conversations due to hearing loss. He spent days alone at home, growing despondent.

A local youth volunteer group, as part of a community service project, started visiting Mr. Bounmy to help with chores and simply to chat (speaking slowly and writing things down to include him). One young man discovered that Mr. Bounmy used to play the *khaen* (a traditional mouth organ) and found one for him. They encouraged Mr. Bounmy to join village music gatherings again. With initial hesitation, he attended a few—playing his instrument and smiling for the first time in a long while. The community, happy to see him out and about, made efforts to speak clearly or in writing so he could understand. Meanwhile, a health worker arranged for a mobility aid and taught Mr. Bounmy's daughter some basic physical therapy exercises to manage his pain. Over time, the combination of social inclusion and targeted aid improved Mr. Bounmy's outlook dramatically. He remarked, "I thought I was just waiting to die, but now I realize there are still things for me to enjoy and people who care." His experience taught aid workers that elderly survivors often need outreach (they won't seek help themselves), that simple assistive devices and family coaching can go a long way for health, and that community inclusion—through respecting their past roles and talents—gives them back a sense of belonging and joy.

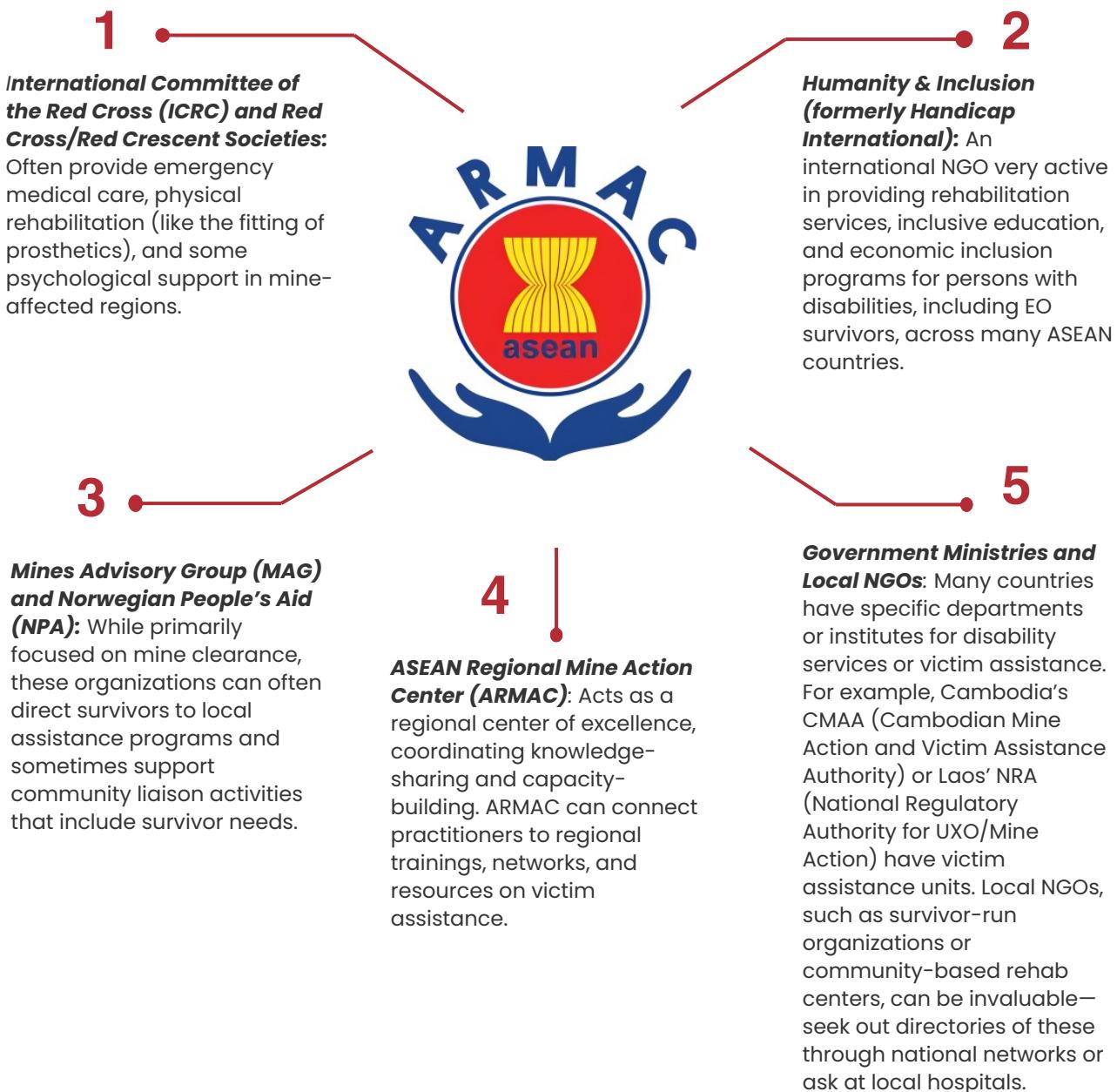
Each of these stories underscores key lessons: Peer support can ignite change, holistic rehab restores hope, economic empowerment breaks isolation, community initiative enhances mental health, and tailored outreach revives the elderly. They show that challenges can be overcome and lives rebuilt when support is comprehensive and compassionate.

XI. WHERE TO FIND MORE HELP

Survivors of explosive ordnance incidents and those assisting them are not alone. There are many organizations, resources, and stories out there that can provide additional support, information, and inspiration. This section offers pointers on where to turn for further help.

11.1. Local and International Organizations That Can Help

A range of organizations specialize in victim assistance and disability support. For immediate and long-term aid, survivors and practitioners can reach out to:



11.2 PRACTICAL GUIDES, ONLINE RESOURCES, AND TRAINING MATERIALS

There is a wealth of knowledge available for those who want to deepen their understanding or train others. Some recommended resources include:

- Guidelines and Manuals: The World Health Organization (WHO) and War Trauma Foundation have **Psychological First Aid** guidebooks available in multiple languages, which complement this manual's PFA section. The IASC (Inter-Agency Standing Committee) **Guidelines on Mental Health and Psychosocial Support in Emergency Settings** offer a comprehensive framework for establishing programs in low-resource, crisis settings.
- Online Training Courses: Platforms like **DisasterReady.org** and the **Mental Health Innovation Network** offer free e-learning courses on topics such as trauma-informed care, basic counseling skills, and self-care for caregivers. These can be useful for continuous learning or for training community volunteers.
- Toolkits: Look for toolkits like the **Antares Foundation's "Managing Stress in Humanitarian Workers"** for caregiver support, or UNICEF's **Child Protection and Psychosocial Support Toolkit** for child-friendly activity ideas. ARMAC and other regional bodies sometimes publish case studies or toolkits specific to Southeast Asia—keep an eye on their websites or newsletters.
- Research and Articles: The **Landmine Monitor** report (published annually) provides country-by-country updates on victim assistance, which can help practitioners and advocates stay informed about national progress and gaps. Academic articles on conflict trauma, many of which are open-access, can offer deeper insight into effective interventions (though they might be technical).

11.3 INSPIRING STORIES FROM SURVIVORS—HEALING TAKES MORE THAN A DOCTOR'S VISIT

Hearing from others who have walked a similar path can be incredibly motivating for survivors and their families. Many organizations publish survivor stories that can be shared in community meetings or support groups. For example:

- **Survivor Champions:** Some groups, like Survivor Corps (formerly Landmine Survivors Network), have compiled stories of landmine survivors who became leaders and advocates. These narratives show the journey from injury to empowerment and can instill hope.
- **Humanitarian Blogs and Media:** The ICRC, Humanity & Inclusion, and other NGOs often feature personal stories on their blogs or social media. These stories highlight not only the challenges but also the achievements of survivors worldwide.
- **Documentaries and Short Films:** Consider screening short documentaries from affected regions. There are films about survivors in countries like Afghanistan, Colombia, and Vietnam that highlight their resilience and activism. (Always ensure you have permission or a proper public viewing license when screening films.)

- **Local Success Stories:** Above all, share stories from your own context. If a survivor in a nearby community has successfully started a new career, or if a child survivor graduated school against the odds, these local examples can strongly influence others' attitudes and motivation. Community newsletters or events can be great platforms to celebrate these successes.

One particular story, titled "Healing Takes More Than a Doctor's Visit," illustrates the power of psychosocial support. Omar, a teenager in the Middle East, lost his best friend in an explosion and suffered deep psychological wounds. Initially, Omar received excellent surgical care for his injuries, but afterwards he was left alone with his nightmares and panic attacks. He pushed away friends and family, thinking no one could understand. It wasn't until a community outreach counselor convinced Omar to attend some counseling sessions that things began to change. In those sessions, Omar learned it was okay to talk about what happened—he didn't have to be "strong and silent." He says, "I didn't know it was okay to talk about what happened. Once I did, the weight got lighter." With therapy and later joining a youth survivor group, Omar gradually reclaimed his smile and even became a peer mentor for younger boys in his town. His story's lesson: true healing addresses the heart and mind, not just the body.

Whether through organizations, educational materials, or personal stories, help is out there. By tapping into these resources, survivors and those who support them can continue learning, connecting, and finding the encouragement needed for the road ahead.



XII. EMERGENCY RESPONSE COORDINATION: WHO DOES WHAT?

When an EO incident occurs, many players must work together to ensure a holistic response that addresses immediate injuries and longer-term psychosocial needs. It's helpful to clarify who does what in an ideal coordinated response:

First Responders: Provide immediate medical aid & emotional support. These include ambulance teams, combat medics, or community volunteers trained in first aid. They provide immediate medical aid (like stopping bleeding, splinting fractures) and also basic emotional support on the scene. Often, first responders are local people—they might be the survivor's neighbors or relatives—so their ability to offer compassionate reassurance alongside medical care is crucial in those first moments.

Psychologists & Social Workers: Offer ongoing counseling and trauma therapy. Once the survivor's physical injuries are stabilized, mental health professionals step in for ongoing care. Psychologists might conduct psychological first aid and assess for acute stress or risk of PTSD. In the following days and weeks, they provide counseling or trauma-focused therapy. Social workers play a key role in connecting survivors with services: they might coordinate hospital discharge plans, facilitate support groups, or help solve practical problems (like finding temporary housing if the survivor can't immediately return home).

Community Leaders & NGOs: Help with reintegration, vocational training & social inclusion. Village chiefs, religious leaders, and local NGO staff are instrumental in the reintegration phase. They help ensure the survivor isn't forgotten once the immediate crisis passes. Community leaders can mobilize resources like communal labor to rebuild a survivor's house if needed, or organize community fundraisers for medical costs. NGOs often provide vocational training, educational support, or run rehabilitation centers. Importantly, these actors also engage in prevention (risk education in the community) and advocacy (pushing for support policies or clearance of unexploded ordnance).

Survivors & Peer Groups: Play a key role in emotional healing and advocacy. Survivors who have recovered ("survivor champions") and peer support networks are a linchpin in emotional healing and advocacy. They offer something professionals cannot: lived experience. New survivors often trust advice from someone who truly "gets it." Peer groups provide long-term emotional support that extends well beyond the period of formal therapy. Additionally, survivor networks frequently become advocates, raising awareness about UXO dangers and lobbying for the rights of persons with disabilities. They remind everyone—policymakers and community members alike—that survivors can be leaders in driving change.

XIII. CONCLUSION

The journey of recovery and reintegration for survivors of explosive ordnance is long and complex—but it is also marked by extraordinary resilience, strength, and the potential for transformation. This manual offers a comprehensive framework and practical tools for delivering psychosocial support, rooted in the belief that effective assistance must be holistic, survivor-centered, and sustainable.

Holistic support means addressing every dimension of a survivor's life: physical health, mental and emotional well-being, social inclusion, economic stability, and cultural context. A prosthetic limb may restore mobility—but when combined with counseling, peer networks, and community support, it restores dignity, hope, and purpose.

Survivor-centered care is about recognizing survivors not as passive recipients of aid but as active participants in their own healing. Their voices must guide policies, shape services, and lead peer-to-peer recovery. Respecting their choices, autonomy, and lived experience ensures that psychosocial support is meaningful and empowering.

Sustainability requires long-term commitment. One-time interventions cannot meet the enduring needs of survivors. This manual promotes capacity-building at the community level, equipping local actors with knowledge and tools that endure beyond external assistance. It also emphasizes the integration of psychosocial support into national systems—so that mental health and emotional recovery become essential components of public health, education, employment, and justice.

As practitioners, family members, community leaders, or policymakers, your role is critical. You are the bridge between knowledge and compassion, between technical guidance and real-world impact. Every small act—listening without judgment, engaging families, organizing inclusive dialogues, writing a policy memo—contributes to a wider ecosystem of care and recovery.

Let us remember that behind every statistic is a human life. Behind every training session is the potential for hope. And behind every community intervention is the possibility of renewed strength and solidarity.

In closing, we reaffirm a collective vision: a region where surviving an explosive ordnance incident is not a path of isolation or despair, but a doorway to resilience, recognition, and reintegration. With compassionate, coordinated, and culturally sensitive psychosocial support, survivors can lead meaningful lives and become powerful advocates for change.

Let this manual serve not only as a technical resource—but as a living commitment:

In ASEAN
No survivor will be forgotten.
No voice will go unheard.
No one will be left behind.

ANNEX: 8

DAY TRAINING OF TRAINERS (TOT) PROGRAM ON PSYCHOSOCIAL SUPPORT FOR EXPLOSIVE ORDNANCE (EO) SURVIVORS

This training programme is provided for reference purposes only and may be adjusted or developed accordingly by each ASEAN Member State to suit national policies, local contexts, and available resources.



This manual presents a comprehensive 8-day **Training of Trainers (ToT)** program designed to equip professionals with the skills and knowledge required to deliver effective psychosocial support to survivors of Explosive Ordnance (EO) incidents across ASEAN Member States.

Developed under the ASEAN Regional Mine Action Center (ARMAC) initiative, the program consists of seven days of in-depth classroom-based learning followed by an optional Day 8 field visit for practical immersion. The curriculum is aligned with ARMAC's core psychosocial support manual, emphasizing **trauma-informed care, survivor-centered practices, and cultural sensitivity**.

The manual is structured to be **professional yet accessible**, making it suitable for trainers from diverse backgrounds, including health workers, social service providers, community leaders, and victim assistance professionals. Each day builds progressively—from foundational understanding to practical training techniques—culminating in action planning, evaluation, and real-world application.

TOT PROGRAM SCHEDULE

Day 1: Introduction to Psychosocial Support

Day 1 provides an overview of the program and core concepts of psychosocial support. Participants are introduced to EO survivor issues, key principles and ethical considerations, and the importance of self-care for trainers.

Time	Session	Focus
08:30 – 10:00	Introduction to the ToT	Overview of program objectives, expectations, participant introductions (ice-breaker sharing experiences with EO survivor support).
10:00 – 11:30	Understanding Psychosocial Support	Core concepts, definitions (mental health vs psychosocial), why it matters for EO survivors; introduction of key frameworks (e.g., IASC pyramid of support).
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Impact of Explosive Ordnance	Presentation and discussion on the physical and psychological consequences of EO injuries. May include a survivor testimony (in person or video) to ground the learning in real life.
13:00 – 14:00	Lunch Break	
14:00 – 15:30	Ethical Considerations	Cover principles like confidentiality, informed consent, cultural sensitivity, and “do no harm.” Small group scenario work on ethical dilemmas (e.g., handling a media inquiry about a survivor). sensitivity.

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13:00 – 14:00	Lunch Break	
15:45 – 17:00	Self-Care for Trainers	Since this is a ToT, end Day 1 by equipping trainees to care for themselves. Discuss vicarious trauma and burnout (previewing content from Section IX). Teach a couple of quick self-care techniques (like a short meditation) that will be revisited throughout training.

Day 2: Trauma-Informed Care

Day 2 delves into understanding trauma and applying trauma-informed principles. Participants learn about the impact of trauma on individuals and communities, and practice basic psychosocial intervention skills.

Time	Session	Focus
08:30 – 10:00	Understanding Trauma	Types of trauma (single incident vs complex), how trauma affects brain and behavior. Participants reflect on trauma signs they have seen in survivors.
10:00 – 11:30	Principles of Trauma-Informed Care	Safety, trust, choice, collaboration, empowerment – explain each principle with examples in a survivor context. Role-play a supportive vs. non-trauma-informed interaction to highlight differences.

11:30 – 11:45	Coffee Break	
11:45 – 13:00	Applying Trauma-Informed Care	<p>Practical strategies and adjustments when working with survivors (e.g., how to make an interview setting feel safe, how to give choices in recovery plans).</p> <p>Participants work in pairs on a case study to “audit” a fictional program’s trauma-inclusivity and suggest improvements.</p>
13:00 – 14:00	Lunch Break	
14:00 – 15:30	Psychological First Aid (PFA)	<p>Introduction: Cover the “Look, Listen, Link” model thoroughly. Perhaps demonstrate a PFA in a mock scenario.</p>
15:30 – 15:45	Coffee Break	
15:45 – 17:00	PFA Skills Practice	<p>Break into small groups, each group given a different scenario (injury in field, hospital ER setting, news of death delivered, etc.) to role-play PFA steps with one as helper, one as survivor, observers giving feedback. Rotate roles so everyone practices.</p>

Day 3: Assessment and Intervention

Day 3 focuses on assessing survivors' needs and planning interventions. Participants explore how to conduct assessments, develop support plans, communicate effectively, handle crises, and make referrals.

Time	Session	Focus
08:30 – 10:00	Assessing Psychosocial Needs	Teach participants tools for assessment – basic intake questionnaires, how to conduct a sensitive interview, using the table in the manual (Intended Users and Resources) to identify needs. Have them practice by interviewing each other as “survivor and helper” with a sample assessment form.
10:00 – 11:30	Developing Intervention Plans	How to go from identified needs to an intervention plan. Introduce goal-setting (SMART goals for survivor progress), prioritizing needs, and matching interventions (e.g., if severe PTSD symptoms – refer to specialist; if unemployment – liaise with livelihood programs). Group exercise: each group gets a case and outlines a 3-month support plan, then shares for critique
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Communication Skills	Active listening, empathy, non-verbal communication, building rapport. Possibly include a brief segment on communicating through interpreters or across cultures if relevant. Practice through a listening exercise (one talks about a stress for 5 minutes, the other only listens and paraphrases).

13:00 – 14:00	Lunch Break	
14:00 – 15:30	Crisis Intervention	<p>How to manage acute distress beyond the initial PFA – for instance, a survivor panicking in a therapy session, or a family member becoming hysterical. Teach grounding techniques and de-escalation skills. Maybe simulate a scenario where a survivor gets triggered during a group activity, and have trainees demonstrate calming strategies.</p>
15:30 – 15:45	Coffee Break	
15:45 – 17:00	Referral Pathways	<p>Ensuring participants know how and where to refer for various needs (medical, psychiatric, legal, livelihood). Map local services (this can be a participatory activity – collectively create a flowchart of local resources for different needs). Emphasize follow-up after referral to ensure the survivor accessed the service.</p>

Day 4: Community-Based Support

Day 4 highlights the role of community in psychosocial support. Participants learn to leverage community resources, facilitate peer support, advocate for survivors' rights, and adapt practices to cultural contexts.

Time	Session	Focus
08:30 – 10:00	The Role of Community	Discussion on why community support matters. Share examples of community initiatives from the manual. Brainstorm what resources exist in their communities (people, groups, traditions) that can support survivors.
10:00 – 11:30	Building Community Capacity	How to train community members (like village volunteers or family members) in basic psychosocial support. Possibly have participants practice teaching a simple skill (each participant prepares a 5-minute micro-teach on a topic like "active listening" or "stress breathing" as if to community members). Feedback given on clarity and approach.
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Peer Support Groups	Using the Peer Support Program Guide tool from the manual, walk through steps to establish a peer group. In sub-groups, let participants design a peer support session (choose a theme, how to start, activities, how to encourage sharing). Maybe simulate a mini peer group meeting among the trainees.

13:00 – 14:00	Lunch Break	
14:00 – 15:30	Advocacy and Empowerment	Teach how to incorporate advocacy in their work – encouraging survivor advocacy, engaging community leaders, organizing awareness campaigns. Split by province/district groups to draft a simple community engagement action plan for when they return (e.g., “organize one community meeting with religious leaders within 2 months” or “secure a radio slot to discuss survivor
15:30 – 15:45	Coffee Break	
15:45 – 17:00	Cultural Considerations	Open discussion on cultural norms around trauma and disability in their contexts. Identify any practices that help healing and should be integrated (e.g., traditional ceremonies) and any that hinder (e.g., stigmatizing beliefs) and how to respectfully address them. Summarize strategies to adapt support to local culture.

Day 5: Training Skills

Day 5 shifts focus to training methodology, preparing participants to become effective trainers. It covers adult learning principles, interactive training techniques, developing materials, facilitation skills, and evaluation methods.

Time	Session	Focus
08:30 – 10:00	Principles of Adult Learning	Since trainees will become trainers, cover how adults learn differently (need relevance, engage experience, participatory methods). Discuss learning styles and motivation – why busy community agents would attend training and how to keep it engaging..
10:00 – 11:30	Training Methodologies	Explore interactive training techniques – brainstorming, role-play, storytelling, small group work. Also cover basics of group facilitation and good presentation skills (eye contact, clear speech, using flipcharts or slides effectively). If possible, demonstrate a boring lecture vs. an interactive session to contrast.
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Developing Training Materials	Guide them on creating simple but effective materials – slides with less text and more images, handouts (maybe practice condensing a page of the manual into a one-page handout for community use), using posters or pictures for low-literacy audiences, etc. They could each sketch a poster for an awareness session as practice.

13:00 – 14:00	Lunch Break	
14:00 – 15:30	Facilitation Skills	<p>Focus on managing group dynamics – how to handle a dominant participant, how to encourage a shy one, dealing with emotional moments in a training (given the content can be heavy). Perhaps fishbowl exercise: one trainee facilitates a mock discussion while others deliberately play roles (one overly talkative, one disengaged, one upset) to test the facilitator's skills. Debrief what was done well and what could improve.</p>
15:30 – 15:45	Coffee Break	
15:45 – 17:00	Evaluation of Training	<p>Teach methods to evaluate their future trainings – feedback forms, informal check-ins, pre/post tests. Perhaps run a quick quiz on content covered so far to illustrate pre/post evaluation. Discuss how to incorporate feedback and continuous improvement as a trainer.</p>

Day 6: Becoming a Trainer

Day 6 provides hands-on practice for participants to step into the trainer role. Through guided practice sessions (micro-teaching), participants will deliver mini-training segments and receive feedback, building confidence and refining their training techniques.

Time	Session	Focus
08:30 – 10:00	Movement Flow or Journaling	(Movement flow or journaling or any reflective exercise to warm up and manage any anxiety about the big practice sessions coming.) This helps model that trainers can start sessions with an energizer or centering exercise.
10:00 – 11:30	Delivering Effective Training	Recap and additional tips on facilitation styles – some trainers are more lecture, some more facilitator; encourage finding one's style but balancing methods. Emphasize time management, clarity of objectives, and adaptation on the fly. Possibly share a short video of a good training snippet if available
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Practice Round 1: Micro-Teaching	Micro-Teaching: Each trainee (or pair of trainees) conducts a short 10-15 minute segment of a training (perhaps assigned topics from modules, e.g., one does "What is PTSD?" mini-session, another does "PFA step: Listen" demo, etc.). Others act as participants. Provide constructive feedback after each. This might extend over multiple sessions depending on group size

13:00 – 14:00	Lunch Break	
14:00 – 15:30	Practice Round 2 and Self Evaluation	Trainees do a second short teaching activity, maybe incorporating feedback from round 1. Could also simulate teaching to a community audience vs. colleagues to vary approach. Afterward, have each trainee share one thing they felt they did well and one they want to improve (to practice self-evaluation). Peers and facilitators add observations.
15:30 – 15:45	Coffee Break	
15:45 – 17:00	Building Confidence, Handling Emotions	End the day with a focus on trainer confidence. Acknowledge the emotional weight of the topic – discuss how to handle if a training participant (or the trainer themselves) becomes emotional during a session (have a plan, take breaks, grounding techniques). Close with a peer appreciation circle – each person says something they appreciated about someone else's training style. This reinforces positive

Day 7: Sustainability, Policy & Graduation

Day 7 looks at sustaining psychosocial support initiatives and tying the training into broader contexts. Participants discuss monitoring and evaluation, promoting local ownership, and planning next steps. The program concludes with participant action plan presentations, reflections, and a closing ceremony.

Time	Session	Focus
08:30 – 10:00	Final Check-In	An open forum for trainees to discuss how they're feeling about implementing what they learned. Address any last questions. Each shares one action they will take when back home and one fear or challenge they anticipate. The group or facilitators collectively troubleshoot the challenges raised.
10:00 – 11:30	Monitoring, Evaluation & Feedback	Provide tools for trainees to monitor the impact of their trainings or support activities. Introduce any simple forms or apps they can use. Perhaps simulate a quick focus group on how their community might respond, to get them thinking of gathering feedback.
11:30 – 11:45	Coffee Break	
11:45 – 13:00	Sustainability & Local Ownership	Brainstorm how to keep efforts going: forming local support networks among trainees, scheduling follow-up meetings or refreshers, advocating for resources. If relevant, have them develop a pitch or presentation they could make to local authorities to support psychosocial activities (tying in policy change content).

13:00 – 14:00	Lunch Break	
14:00 – 15:30	Final Group Presentations: Action Plans	Each trainee (or country team) finalizes a brief action plan: what trainings or activities they will conduct in the next 6 months, what support they need, and indicators of success. They present their plan to the group for encouragement and accountability. Facilitators ensure plans are realistic and offer to follow up.
15:30 – 15:45	Evaluation, Reflections, Closing Circle	Participants complete final evaluation forms and engage in a closing reflection circle. This allows everyone to share key takeaways, highlights of the training, and words of appreciation or learning. (During this time, facilitators can also prepare certificates in the background.)
15:45 – 17:00	Graduation Ceremony & Photos	A closing ceremony with certificate awards to all participants. Includes thank-you speeches, group photos, and a cultural farewell celebration (e.g. a short celebratory toast with music, snacks, and expressions of gratitude). Participants and facilitators celebrate the completion of the training and reinforce the network they have built.
08:30 – 10:00	Celebratory Toast / Cultural Farewell	Music, snacks, joy

FIELD VISIT DAY (OPTIONAL DAY 8) – FROM CLASSROOM TO COMMUNITY: FIELD IMMERSION FOR TRAUMA – INFORMED PSS

Title: Field Visit Integration into the Training of Trainers (ToT) on Psychosocial Support for Explosive Ordnance (EO) Survivors

The optional Day 8 is a full-day **field visit** designed to bridge classroom learning with real-world practice. Participants will visit one or more service sites to gain first-hand exposure to survivor-centered services, community rehabilitation practices, and the integration of mental health support in the field. This experiential component deepens understanding of EO survivor needs and strengthens culturally appropriate, trauma-informed care skills. It also aligns with ARMAC's objectives by fostering regional collaboration and inspiring action planning for sustainable support.

Date:

Proposed Visit Date: Day 8 (Final Day)

1. Purpose and Justification

This extension of the ToT program adds an experiential learning day to reinforce and apply the training. By going into the field, participants can observe and engage with actual support services and survivors, which helps to solidify their understanding and commitment. Specifically, the field visit will:

- **Deepen participants' understanding of survivors' needs** – seeing and hearing directly from EO survivors and practitioners provides insight beyond classroom theory.
- **Bridge theory with practice** – participants connect the concepts learned during training with how they are implemented on the ground, making the learning more tangible and practical.
- **Strengthen cultural appropriateness in care** – by visiting local services, future trainers observe culturally sensitive approaches and learn to adapt psychosocial support to the community context.
- **Inspire action and sustainability** – real examples of successful support programs can motivate participants to develop actionable plans and long-term initiatives in their own communities.

2. Alignment with ToT Objectives

Integrating a field visit on Day 8 directly supports the overall learning goals of the ToT program by:

- **Reinforcing trauma-informed and inclusive care principles** – Participants witness how safety, trust, empowerment, and inclusivity are maintained in actual survivor support settings, reinforcing these values from the training.
- **Demonstrating Psychological First Aid (PFA) and psychosocial strategies in action** – Observing professionals and volunteers using PFA and other psychosocial support techniques with survivors helps participants see the real-life application of their training.
- **Promoting awareness of community-based systems and survivor empowerment** – The visit highlights community networks and organizations working in victim assistance, showing how survivors are empowered through peer support, advocacy, and services.
- **Equipping future trainers with field insights** – By the end of the visit, participants (as future trainers) gain concrete examples and success stories they can share in their own trainings, as well as firsthand understanding of best practices and challenges in the field.

3. Day 8-Field Visit Tentative program

Visit Title: From Classroom to Community: Field Immersion for Trauma-Informed Psychosocial Support (PSS)

Objective:

To provide participants with hands-on exposure to real-world psychosocial support services for Explosive Ordnance (EO) survivors, enabling them to observe best practices, engage directly with practitioners and survivors, and strengthen their understanding of trauma-informed, survivor-centered care in practice.

Proposed Sites Options:

Participants will visit one or more of the following types of institutions, depending on local availability and logistical arrangements:

- **Rehabilitation Center or Physical Therapy Unit** – Supporting EO survivors through integrated physical and psychosocial care.
- **Mental Health NGO or Outreach Program** – Offering trauma counseling, psychological first aid, and community-based mental health services.
- **Survivor-Led Peer Support Group** – Empowering EO survivors to share experiences and build resilience through mutual support.
- **Mine Action or Disability-Focused Organization** – Delivering integrated services including victim assistance, inclusive education, and livelihood programs.

Planned Schedule:

The field visit will be structured as a full day of learning. Below is an outline of activities for the day (timings can be adjusted as needed):

Time	Activity
08:00 – 09:00	Departure and travel- Participants and facilitators depart from the training venue and travel together by bus to the field site.
09:00 – 09:30	Welcome & Briefing by Field Partner/ Host Organization Upon arrival, the host organization's representatives welcome the group. They provide an orientation briefing about their work, the services they offer, and the community they serve. Participants learn about the context of the site and what to expect during the visit.
09:30 – 11:00	Guided Tour (Therapy, Rehab, Counseling, etc.) A guided tour of the site (e.g. therapy rooms, prosthetics workshop, counseling offices, community spaces). Participants observe ongoing activities (such as physical therapy sessions or support group meetings) and see how psychosocial support is delivered in practice. The host staff explain various programs and interventions as they tour the facility
11:00 – 12:00	EO Survivor Testimonials and Panel Discussion The group gathers to hear directly from EO survivors and staff. Survivors may share their personal stories and discuss how psychosocial support has aided their recovery. A brief panel discussion or Q&A allows participants to interact, ask questions, and learn about challenges and successes from the perspective of survivors and practitioners.

12:00 – 13:00	<p>Lunch Onsite with Staff and Guests Participants, facilitators, host staff, and possibly some survivors share a midday meal together. This informal setting allows for networking, cultural exchange, and deeper conversation. (Lunch and refreshments are arranged as part of the visit.)</p>
13:00 – 14:30	<p>Observation of Activity or Support Session After lunch, participants break into smaller groups (if feasible) to shadow or observe an actual support activity in progress. This could be a peer support group meeting, a counseling session role-play (with consent), a community outreach activity, or a rehabilitation exercise, depending on what the site can showcase. Participants take notes using an observation checklist provided.</p>
14:30 – 15:30	<p>Group Debrief, Action Ideas, Feedback Exchange Before leaving the site, the entire group reconvenes for a debriefing session led by the facilitators. Participants share their observations and reflect on key learnings from the visit. They discuss how these insights can inform their own training or programs. Each small group of participants is encouraged to identify one actionable idea or lesson they will take forward. Feedback is exchanged between participants and host staff, strengthening mutual understanding.</p>
15:30 – 16:30	<p>Return to Training Venue / Closing Circle The group travels back to the training venue. Upon return (or during transit if appropriate), facilitators guide a closing circle discussion. This serves as a final reflection on the entire ToT program and the field visit. Participants express final thoughts, what the experience meant for them, and how they plan to apply what they learned. The day (and program) formally concludes with a brief thank-you, a farewell to participants, and encouragement to maintain the network and support each other beyond the training.</p>

Note: Schedule may be adjusted based on partner availability, site logistics, and travel distance.

4. Logistics and Requirements

Organizing the field visit requires careful planning to ensure safety, learning value, and smooth coordination. Key logistical requirements include:

- **Transportation:** Arrange secure and comfortable transport for approximately 20–25 persons (e.g. a bus or van) for the round trip to the field site.
- **Host Coordination:** Coordinate with the host organization(s) well in advance. Obtain permissions for the visit, schedule appropriate timings, and arrange for guides or speakers. Ensure a suitable meeting space at the site for briefings and discussions.
- **Meals and Refreshments:** Provide lunch and drinking water for participants, facilitators, and hosts during the visit. This may involve catering or advance arrangements with the host venue.
- **Printed Materials:** Prepare any necessary materials such as reflection worksheets, observation checklists, and evaluation forms for the field activities. Distribute these to participants before departure or upon arrival.
- **Photography (optional):** If appropriate and with consent, arrange for a photographer or assign a team member to document the visit. Photos can be used (with permission) for reports, learning materials, or showcasing the program's impact.
- **Guest Tokens of Appreciation:** Prepare modest honoraria or certificates of appreciation for any guest speakers (such as survivors who share their stories or host staff who facilitate sessions) to thank them for their time and contribution.



5. Expected Output

By the end of the field visit day, participants and the program as a whole will have several tangible outputs and benefits:

- **Reflective Write-Ups and Presentations:** Participants will complete a brief reflective writing exercise (using the worksheet provided) and contribute to a group presentation on key learnings from the visit. These reflections and presentations help consolidate their observations and connect them back to the training objectives.
- **Actionable Insights for Follow-up:** Each participant group will identify at least one proposed follow-up action or lesson learned that they plan to implement in their own context. For example, they might plan to start a peer support activity, adapt a tool observed during the visit, or strengthen referral networks.
- **Enhanced Trainer Capacity:** The experience should increase participants' confidence and competence as trainers. Having seen real-world examples, they are better equipped to train others in psychosocial support with practical illustrations.
- **Strengthened Collaboration:** The visit forges lasting connections with local organizations and stakeholders. Participants, who come from various ASEAN countries, get to network with field practitioners. This can lead to ongoing collaboration, knowledge exchange, or future site visits, contributing to a regional network of psychosocial support champions.



Expected Outcomes:

- Deeper understanding of survivor needs and trauma-informed service delivery.
- Practical insights into real-world implementation of PFA and psychosocial support.
- Strengthened capacity for culturally appropriate, community-based approaches.
- Actionable ideas for adapting and replicating good practices in participants' home countries.



6. Budget Estimate

Below are the major cost components to consider for the field visit. (Specific cost estimates in USD should be calculated based on local rates and included in the program budget.)

Item	Estimated Cost (USD)	Remark
Transportation (Bus Rental)		e.g. Bus or van rental, fuel, driver's fee.
Meals and Refreshments		Lunch for participants and hosts, bottled water, snacks if needed.
Tokens of Appreciation		Certificates, gifts or honoraria for host organizations and survivor speakers as a gesture of thanks.
Printing and Supplies		Handouts, worksheets, evaluation forms, pens, and other materials for participants.
Coordination and Contingency		Any coordination fees, and a contingency buffer for unexpected expenses (e.g. last-minute changes, additional support needs).
Total Estimate		

(A detailed budget table can be prepared separately, listing estimated costs for each item and the total. This ensures transparency and sufficient resource allocation for the field visit.)

7. CONCLUSION



Integrating a field visit into the ToT program is a highly valuable step toward grounding the training in reality. This full-day immersion is a **key experiential component** that enhances participants' capacity to understand, support, and advocate for EO survivors through practical, community-based insights. It transforms knowledge into action – participants not only learn about best practices, they see them in operation and are inspired to replicate or adapt them at home. Moreover, the field visit forges stronger bonds between the future trainers and active service providers, creating a support network that extends beyond the classroom. In line with ARMAC's objectives, this approach ensures that training graduates are not only skilled in theory but also deeply connected to the survivor community and committed to sustaining psychosocial support initiatives across ASEAN. The result is a cadre of well-prepared trainers who can champion trauma-informed and survivor-centric care long after the ToT program, multiplying the impact of ARMAC's psychosocial support efforts throughout the region.

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ASEAN Regional Mine Action Center (ARMAC)



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