



Psychosocial Rehabilitation and Community Inclusion Training Course

28 December 2026 – 1 January 2027
Dubai

Psychosocial Rehabilitation and Community Inclusion Training Course

Ref: 1533_213207 **Date:** 28 December 2026 – 1 January 2027 **Location:** Dubai **Fees:** 4500 Euro

Overview

Psychosocial Rehabilitation and Community Inclusion Training Course is a one-week foundation course for mental health service managers, rehabilitation staff, social care teams, care coordinators, peer-support supervisors, and community administrators, who leave with a Psychosocial Rehabilitation Practice Toolkit. The course addresses fragmented support through recovery-oriented planning, strengths and needs assessment, functional skill support, coordinated care, and community inclusion pathways. Agile Leaders Training Center situates psychosocial rehabilitation within rights-based community practice.

Who Should Attend

- Functions responsible for designing and coordinating recovery-oriented support plans
- Teams responsible for functional assessment, daily living support, and progress review
- Personnel responsible for family engagement, peer participation, and supported decision-making
- Managers responsible for community inclusion, housing, education, and work pathways
- Administrators responsible for multidisciplinary records, referrals, and service coordination

The course assumes participants coordinate or deliver mental health and community support and leaves out psychotherapy qualification, diagnosis, medication management, and advanced clinical treatment.

Departments and Industries

The course supports departments and organizations that coordinate recovery, participation, and practical assistance across service boundaries.

- Hospitals, community mental health services, and rehabilitation centers
- Social care, supported living, and housing services
- Education, vocational support, and workplace inclusion functions
- Nonprofit, peer-led, and community development organizations
- Care coordination, quality, and service administration departments

Learning Objectives

By the end of this course, participants will be able to:



- Apply recovery-oriented and rights-based practice principles
- Use strengths and needs assessment tools
- Build person-centered goals and coordinated support plans
- Analyze functional, social, family, and environmental support needs
- Prioritize housing, education, work, and community inclusion pathways
- Evaluate progress, participation, boundaries, and referral needs

Course Agenda

Day 1: Recovery and Rights Foundations

- Recovery-Oriented Practice Principle Map
- Rights, Autonomy, and Choice Reflection Grid
- Person-Centered Practice Standard Checklist
- Professional Role and Boundary Charter
- Community-Based Support Network Map

Day 2: Assessment and Shared Goals

- Strengths, Interests, and Resource Profile
- Functional Needs and Participation Assessment
- Environmental Barrier and Support Scan
- Co-Produced Goal-Setting Conversation Guide
- Coordinated Psychosocial Support Plan Template

Day 3: Skills, Family, and Peer Support

- Daily Living Skill Task Analysis
- Social Skill Practice and Feedback Cycle
- Family Participation and Consent Matrix
- Peer-Support Role and Safeguard Card
- Supported Decision-Making Preference Record

Day 4: Community Inclusion Pathways

- Supported Housing Readiness and Referral Checklist
- Education Participation Pathway Map
- Vocational Interest and Work Support Profile
- Community Asset and Connection Mapping Method
- Progress Review and Outcome Tracking Dashboard



Day 5: Rehabilitation Planning Practice

- Suggested Exercise: Strengths and Needs Case Formulation
- Suggested Exercise: Shared Goal and Support Plan Design
- Suggested Exercise: Family and Peer Participation Decision
- Suggested Exercise: Community Inclusion Pathway Review
- Capstone Exercise: Psychosocial Rehabilitation Practice Toolkit

Practical Exercises

The course uses suggested activities based on fictional healthcare, social care, housing, education, and employment situations.

- Suggested activity: complete a strengths, needs, resources, and environmental barriers profile with the person's stated preferences.
- Suggested activity: co-produce measurable recovery goals and assign coordinated actions, responsibilities, consent limits, and review points.
- Suggested activity: compare family and peer participation options while protecting autonomy, confidentiality, and professional boundaries.
- Suggested activity: map housing, education, work, and community connections into an inclusion pathway and progress dashboard.

FAQs

Who suits psychosocial rehabilitation training, and what does it assume?

Mental health managers, rehabilitation staff, social care teams, coordinators, peer-support supervisors, and community administrators suit the training; it assumes responsibility for support or coordination and excludes psychotherapy qualification, diagnosis, medication management, and advanced clinical treatment.

How does psychosocial rehabilitation differ from psychotherapy training?

Psychosocial rehabilitation focuses on practical functioning, recovery goals, social participation, housing, education, work, support networks, and coordinated services, while psychotherapy training prepares qualified practitioners to deliver structured psychological treatment.

What is recovery-oriented psychosocial rehabilitation?

Recovery-oriented psychosocial rehabilitation supports autonomy, hope, meaning, strengths, relationships, everyday functioning, and community participation through goals chosen with the person and coordinated practical support.



How are community inclusion pathways planned in psychosocial rehabilitation?

Community inclusion pathways are planned by identifying interests, strengths, barriers, available assets, consent preferences, support responsibilities, and realistic steps toward housing, education, work, relationships, and civic participation.

How is progress reviewed in psychosocial rehabilitation?

Progress is reviewed against the person's chosen goals, functional changes, participation, satisfaction, emerging barriers, safeguarding concerns, and agreed next steps rather than through diagnosis or treatment decisions.

Conclusion

Participants leave with a Psychosocial Rehabilitation Practice Toolkit containing assessment profiles, shared-goal records, support plans, participation guides, inclusion maps, and progress dashboards. The toolkit makes choices, roles, resources, and review points visible across teams. It helps services coordinate practical support while protecting autonomy, rights, and professional boundaries.