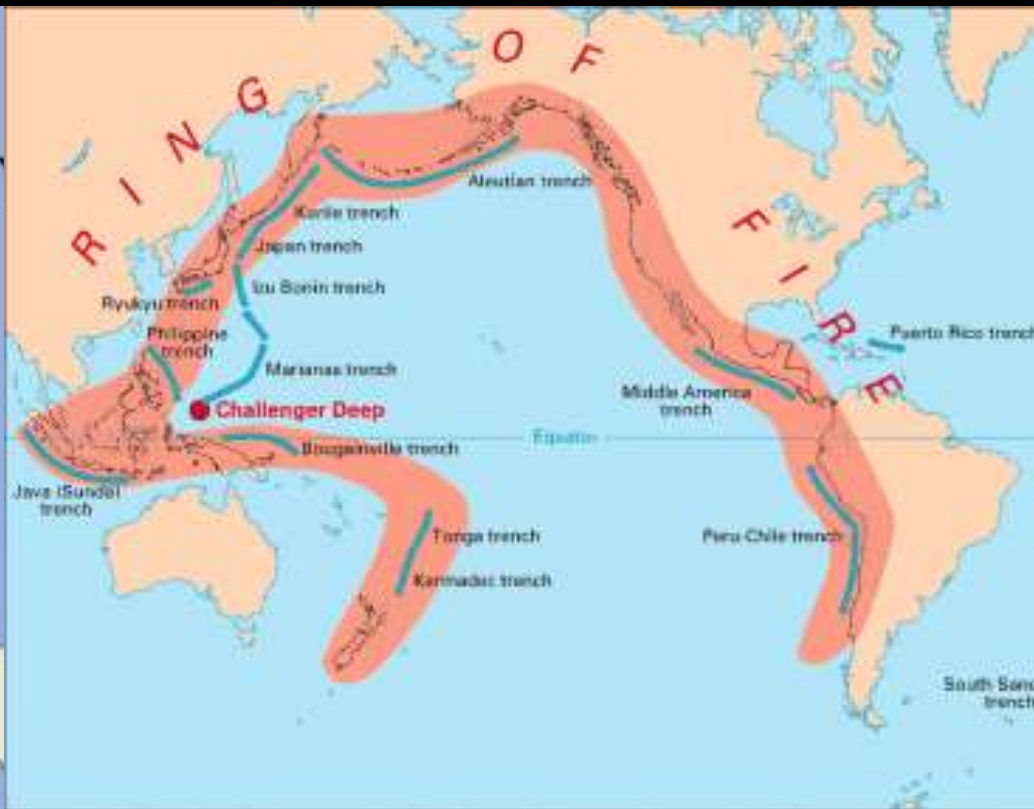


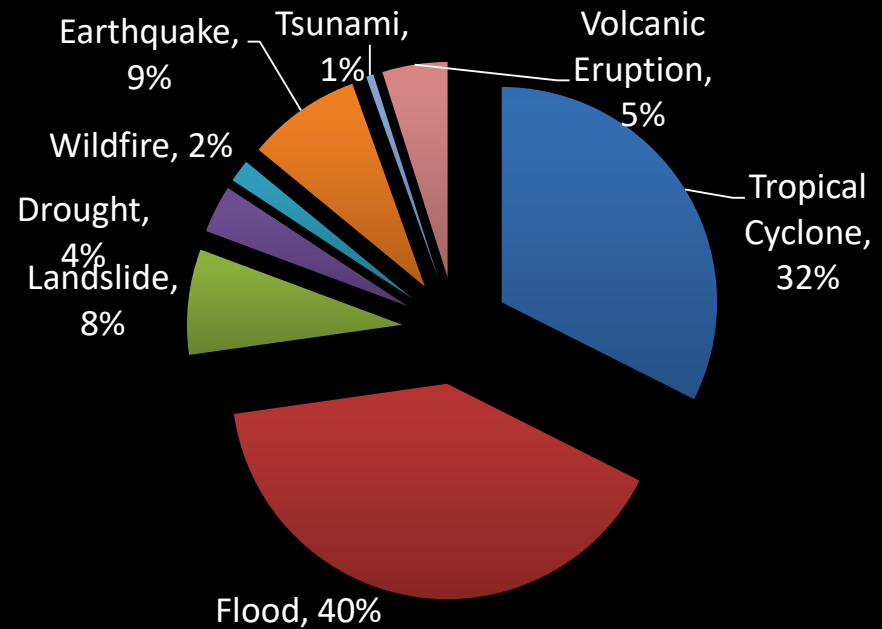
Resistance, Resilience, Recovery: Southeast Asian Perspectives



Ma. Regina M. Hechanova
Ateneo de Manila University

Disasters and Southeast Asia

Asia Pacific has highest number of natural disasters with South East Asia having most severe disasters in the past decade



YOGYAKARTA EARTHQUAKE
(2006)



INDIAN OCEAN TSUNAMI
(2004)



SUPERTYPHOON HAIYAN
PHILIPPINES (2013)



Psychological Impact of Disasters

- Physical (headaches, palpitations)
- Emotional (anxiety, grief, fear, irritability)
- Cognitive (guilt, inability to concentrate, hopelessness)
- Behavioral (inability to sleep, drug use)
- Spiritual (questioning, punishment)
- Solastalgia (feeling loss of safety in their home)



PTSD in Asian (Udomratn, 2008)

Post-disaster: 8 – 57.3%

9 mos – 1 year after: 2 – 32%

18 mos after: 10%

Vulnerabilities

Poverty



Perspectives on Aid



Poor Governance & Corruption



Lack of mental health resources



Protective Factors



Family
Support



Community support



Volunteerism



Humanitarian aid &
non-profit
organizaitons



Protective Factors

Spirituality as Source
of Strength



Sense of Humor



Positive disposition



*"My smile is the only thing that the disaster
could not take away"*

SEAsian Culture and Mental Health

Emotional
Expression



Power Distance



Shame



Belief that illness is
caused by excessive
emotions

Propensity to treat
counselors as experts

Attitudes towards
help seeking

Talking about issues
may stir up painful
issues and worsen
trauma

Difficulty of family
therapy because
children may not want
to speak out

Preference to go to
family or healers

SEAsian Culture and Mental Health

Collectivism



Group/community as
source of resilience

Group-based
interventions provide a
good venue for healing

Interdependent Construal



External sources of
strength

Primary motivation
appears to be actualization
of their family

Indirect Communication



Survivors may not
express directly what
they need from others

Spirituality and Mental Health

Power of the mind

Illness as caused by circulation of *ch'i* (air)
and one's food and drink.

Yoga, meditation, qigong



Use of herbal Medicine



Acupuncture



Spirituality and Mental Health

Supernatural causes
Exorcism



Appraisal



Prayer as Coping



Spirit Houses



Church as source of social and
instrumental resources



Mental Health and Psychosocial Support (MHPSS)

DISASTER AWARENESS

INFORMATION & EDUCATION



DISASTER PREPAREDNESS PROGRAMS



MANNY PACQUIAO | NATIONAL GEOGRAPHIC CHANNEL 'SAFE STEPS'

MHPSS POST DISASTER

PSYCHOLOGICAL FIRST AID

RADIO PROGRAMS



Adaptations of Psychological First Aid

DESIGN OF PFA FOR GOVT WORKERS

- Centering (Mindfulness)
- Small group PFA
- Large group PsychoeEd on Coping
- Open Space Activity: Concerns and Possible solutions
- Closing ritual:
 - Prayer
 - exchange of ballers and blessings
 - singing



RECOVERY INTERVENTIONS IN SEASIA

PSYCHOTHERAPY

- Cognitive Behavioral Therapy
- Counseling
- Pastoral Counseling
- Expressive Arts Therapy

CARE FOR RESPONDERS

- Debriefing sessions
- Meditation workshops
massages, dietary supplements

RESILIENCE INTERVENTIONS

DEVELOPMENT OF KATATAGAN:

A resilience program for Filipino Survivors

- Lack of evidence-based interventions in Philippines
- Lack of interventions during recovery phase

Context

- A group of 30 psychologists from different parts of the country (and the US) came together in February 2014 to develop a resilience program for Filipino survivors post-emergency
- The goal was to help survivors during the recovery phase who continue to experience mild to moderate symptoms of trauma and prevent escalation to PTSD



Design Process

- Small Group Discussion & Plenary: Impact of Disasters, Psychosocial Needs, Vulnerabilities and Protective Factors
- Overview of existing interventions & need for cultural adaptation
- Development of Intervention Framework
- Draft Design and Calibration
- Module Writing & Manualization
- Pilot & Evaluation

KALAKASAN
*(Finding & Cultivating
Strengths)*

KINABUKASAN
(Moving Forward)

KATAWAN
*(Managing Physical
Reactions)*

KATATAGAN
(Resilience)

KAPAKI-PAKINABANG
na **GAWAIN**
(Positive Activities)

KALOOBAN
*(Managing Thoughts &
Emotions)*

KALUTASAN
KAAGAPAY at
*(Seeking Solutions and
Support)*

KATATAGAN GOALS

The overall goal of KATATAGAN is to help survivors hone their resilience by harnessing their strengths and developing skills to help in their recovery. Survivors who have undergone the entire program, should be able to:

- Identify their strengths and cultivate their strengths
- Identify their current concerns and seek solutions and support
- Manage their physical reactions
- Manage unhelpful thoughts and emotions
- Identify regular and positive activities
- Identify goals and develop action plans to achieve these goals

Katatagan Implementation

- Modules range from 1 - 3 hours when administered in small groups
- Ideally, modules are implemented in a staggered manner (i.e. one module a week) but can be done in a two-day workshop
- Intent was for the modules to be facilitated by trained, non-psychologists

**PANGANGALAGA SA KATAWAN
(MANAGING PHYSICAL REACTIONS)**

Rationale:

The module seeks to help participants identify possible stressors in their life through body awareness and explore strategies for stress reduction.

Module Objectives: By the end of this module, participants should be able to:

1. Describe their physical stress reactions;
2. Identify the conditions that trigger these stress reactions and ;
3. Apply relaxation and meditation techniques to address these distressing reactions.

Duration: 2 hours

Timing: Can be done after the anytime after the Kalakasan module.

Participants: 5 -7 participants for every facilitator

List of Materials:

Body Worksheet (Appendix C)

Bio energetic exercises (Appendix D)

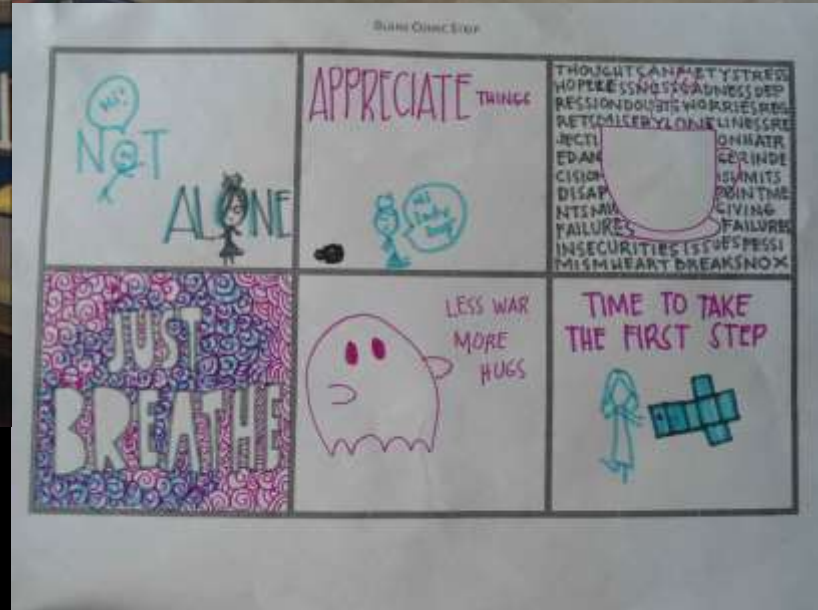
Muscle Relaxation Script (Appendix E) OR

Tension Release Mindfulness Exercise (Appendix F)

Process Design:

Time	Topic	Methodology/Process	Materials
5 mins	Orientation	DO: Greet participants. If appropriate begin with a prayer. <i>(Note: If this session is conducted sometime after a previous module, you may want to ask participants to recall what they had talked about and what has happened to them since. If there was an assignment you can also ask them to share what they were able to do.)</i> SAY: Experiencing disasters can be stressful and affect our bodies, mind, emotions, and behaviors. Although it is normal to have stress reactions after a disaster, we can try to manage the stress we feel.	
20 mins	Physical Reactions to Stress	DO: Give out body worksheet SAY: In the worksheet, you will see the outline of our body. Put a mark on all parts of your body affected when you are stressed. Identify what goes on in that body part when you are distressed. <i>Alternative Activity:</i>	Body worksheet (Appendix C)

PILOT STUDY 1: COLLEGE STUDENTS



PILOT STUDY 1

Research Design

- Mixed method embedded research design following a quanti → quali sequence

Participants

- 45 UP Tacloban students purposively selected based on elevated scores on the program assessment tools. Due to participant attrition, only 35 finished the program.
- 31 female and 4 male adolescents, within the 16-21 age range
- 1st to 4th year, from different degree programs
- 30 students who answered the pre- and post-program assessments but did not go through the program served as the control group.

Instruments

- *Posttraumatic Stress Disorder Checklist (PCL)* measures posttraumatic stress symptoms. Reliability: Cronbach's alpha = 0.89.
- *Brief COPE* measures different coping behaviors. Reliability: Cronbach's alpha = 0.826.
- *Beck Depression Inventory (BDI)* measures depressive symptoms. Reliability: Cronbach's alpha = 0.86.
- *Self-Rating Anxiety Scale (SAS)* measures symptoms of anxiety. Reliability: Cronbach's alpha = 0.825.

Method

Procedure

- Students completed the four assessment tools before and after going through the program
- Informed consent was obtained from the participants and an incentive was also given at the end of the program
- The program consisted of 6-7 sessions that were run from April 21 to May 24, 2014.
- Facilitators were UP Tacloban psychology faculty members who were also Yolanda survivors. They were oriented about the *Katatagan* program prior to its implementation.
- Separate focus group discussions (FGDs) with students and facilitators were conducted after the program.

Data Analysis

- Comparison of means (*t*-test) for pre- and post-program scores, pilot vs. control group scores, and change scores between the pilot and control groups
- Thematic analysis for FGD results

Anxiety

	Pretest	Post-test	Change Scores
Treatment	51.54	39.31	12.30
Control	43.13	37,71	5.97
t	3.14*	.94	2.57*

Depression

	Pretest	Post-test	Change Scores
Treatment	18.11	6.20	12.91
Control	12.67	8.40	4.27
t	2.51*	2.23*	4.04*

Coping Behaviors

	Pretest	Post-test	Change Scores
Treatment	70.23	76.69	6.47
Control	69.30	69.37	.933
t	.41	4.26*	3.50*

PILOT STUDY 2: COMMUNITY MEMBERS IN SAMAR

- Mixed method study utilizing a pre and post-test design
- Intervention: Katatagan modules were delivered in two consecutive days (3 modules per day) as part of medical missions
- 157 community participants in Samar
- 3 sessions, 2 days each
- Groups of 30 participants broken down into small group of 5-7

Measures: Coping Self-Efficacy

Module	Items & Reliability	Sample items
Kalakasan	7 $\alpha = .80$	I can name my strengths. I can identify my sources of strength.
Kalutasan at Kaagapay	10 $\alpha = .85$	I can name family members whom I can go to for help. Of my many concerns, I know which ones to prioritize. I know which of my problems are within my control and those that are outside my control.
Katawan	5 $\alpha = .77$	I can describe what I can do when I start to feel stressed. I know how to apply relaxation and meditation techniques when I am stressed.
Kalooban	6 $\alpha=.87$	I can differentiate helpful thoughts from unhelpful thoughts. I can identify strategies to help me express and manage strong and/or negative emotions.
Kapakipakinabang gawain	3 $\alpha=.66$	I can differentiate between my helpful and unhelpful activities I have a plan on how to regularly engage in positive and helpful activities
Kinabukasan	2 $\alpha=.66$	I have identified some goals that I want to achieve in the next 2-3 years. I have identified the steps I can take to achieve my goals

Results

Module	Pre-training <i>N</i> = 163		Post-training <i>N</i> = 163		Follow up <i>N</i> = 37		WS Anova	WS Contrasts		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>F linear</i>	<i>F quad</i>	<i>Cohen's D</i>
Total Coping Self-Efficacy	23.96	2.20	26.56	2.34	25.61	2.48	19.06**	12.66**	28.34**	.69
Harnessing strengths	3.95	0.57	4.33	0.53	4.37	0.45	11.62**	16.60**	5.11*	.82
Solutions and social support	3.91	0.55	4.23	0.52	4.32	0.43	11.11**	2.925**	1.39	.83
Managing physical reactions	3.84	0.68	4.21	0.65	4.24	0.46	4.76*	7.72**	2.31	.69
Managing thoughts and Emotions	3.92	0.54	4.35	0.53	4.19	0.52	11.77**	3.06	25.52**	.51
Positive activities	4.20	0.48	4.52	0.53	4.36	0.47	12.82**	1.82	32.10**	.33
Moving forward	3.85	0.47	4.51	0.56	4.23	0.75	16.66**	7.56**	29.82**	0.60

Study 3: Displaced Survivors and Lay Facilitators

- Interventions were conducted May – July 2016 (18 months after resettlement)
- Modules were run twice a week for about 3 weeks
- Randomized Control Trial Design (N=38) with wait-control group (n=43)
- Participants were mostly women (70%), with ages between 18 and 70 years old ($M = 35.19$, $SD = 12.15$).
- Majority of participants were married (61%).
- Most of the participants had low education; 42% reached at least high school, 27% only had elementary education
- A great number of respondents were Roman Catholics (89%) while the rest identified as Christians (10%).
- The participants' household size ranged from 1-17 persons with a median of three persons per household

MEASURES

- Mixed Method
- Quantitative: Measures were taken in May before the intervention and 6 months (follow up)
 - State-Trait Anxiety Inventory for Adults (STAI Form Y-1 (Spielberger, 1968) = (α = .73 to .78)
 - Connor-Davidson Resilience Scale (CD-RISC – Brief version – 10 items) (Campbell-Sills & Stein, 2007) (α = .70 to .77)
 - Scales translated to Waray
 - Statistical analysis revealed that the treatment and wait-control groups did not differ in terms of their baseline scores on the outcome measures
- Qualitative: Follow-up FGDs conducted with both treatment and control groups

ANXIETY

- SIGNIFICANT Time X Group interaction: significantly greater change (decrease) in anxiety for the Katatagan group vs the control group

Descriptive Statistics

	Type	Mean	Std. Deviation	N
PreAnxMean	Waiting/delayed treatment group (Batch 2)	2.4362	.42875	42
	True control group (Batch 3)	2.2581	.30924	37
	Total	2.3528	.38569	79
Fu2AnxMean	Waiting/delayed treatment group (Batch 2)	2.1899	.33164	42
	True control group (Batch 3)	2.2539	.35191	37
	Total	2.2199	.34059	79

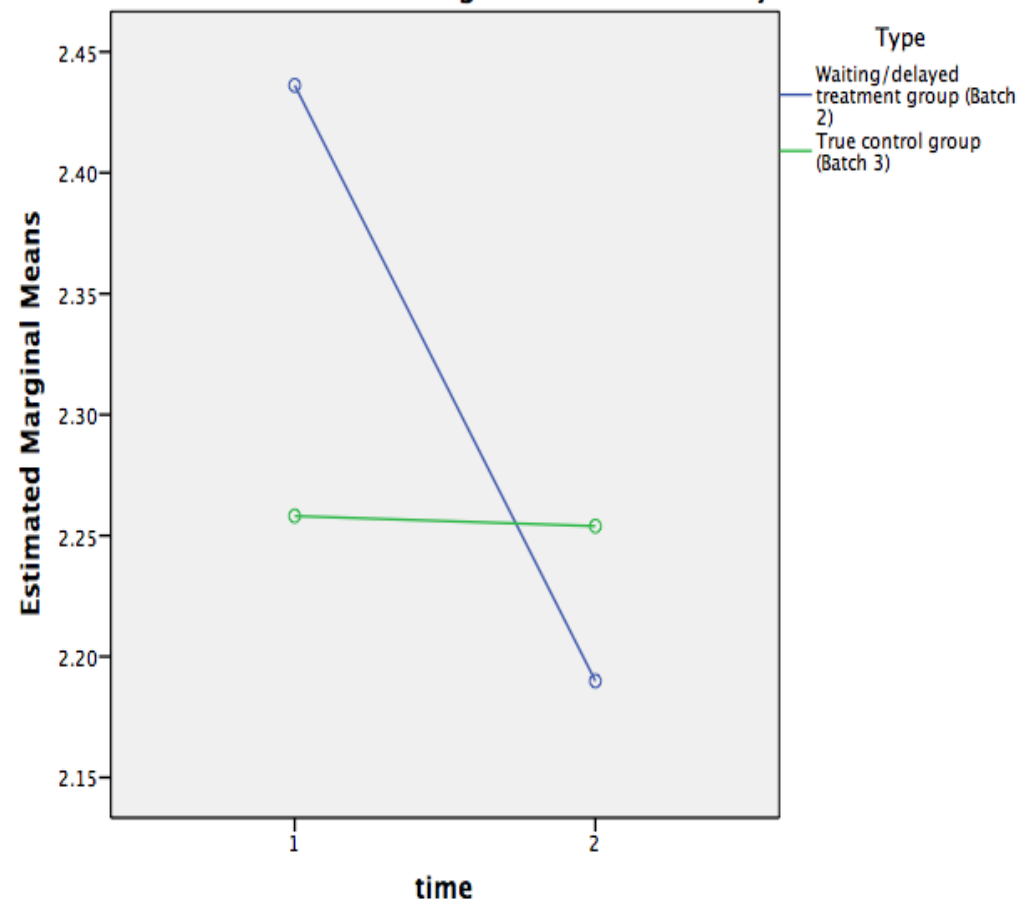
Multivariate Tests^a

Effect		Value	F	Hypothesis df	Error df	Sig.
Factor1	Pillai's Trace	.079	6.645 ^b	1.000	77.000	.012
	Wilks' Lambda	.921	6.645 ^b	1.000	77.000	.012
	Hotelling's Trace	.086	6.645 ^b	1.000	77.000	.012
	Roy's Largest Root	.086	6.645 ^b	1.000	77.000	.012
Factor1 * Type	Pillai's Trace	.075	6.207 ^b	1.000	77.000	.015
	Wilks' Lambda	.925	6.207 ^b	1.000	77.000	.015
	Hotelling's Trace	.081	6.207 ^b	1.000	77.000	.015
	Roy's Largest Root	.081	6.207 ^b	1.000	77.000	.015

a. Design: Intercept + Type
Within Subjects Design: Factor1

b. Exact statistic

Estimated Marginal Means of Anxiety

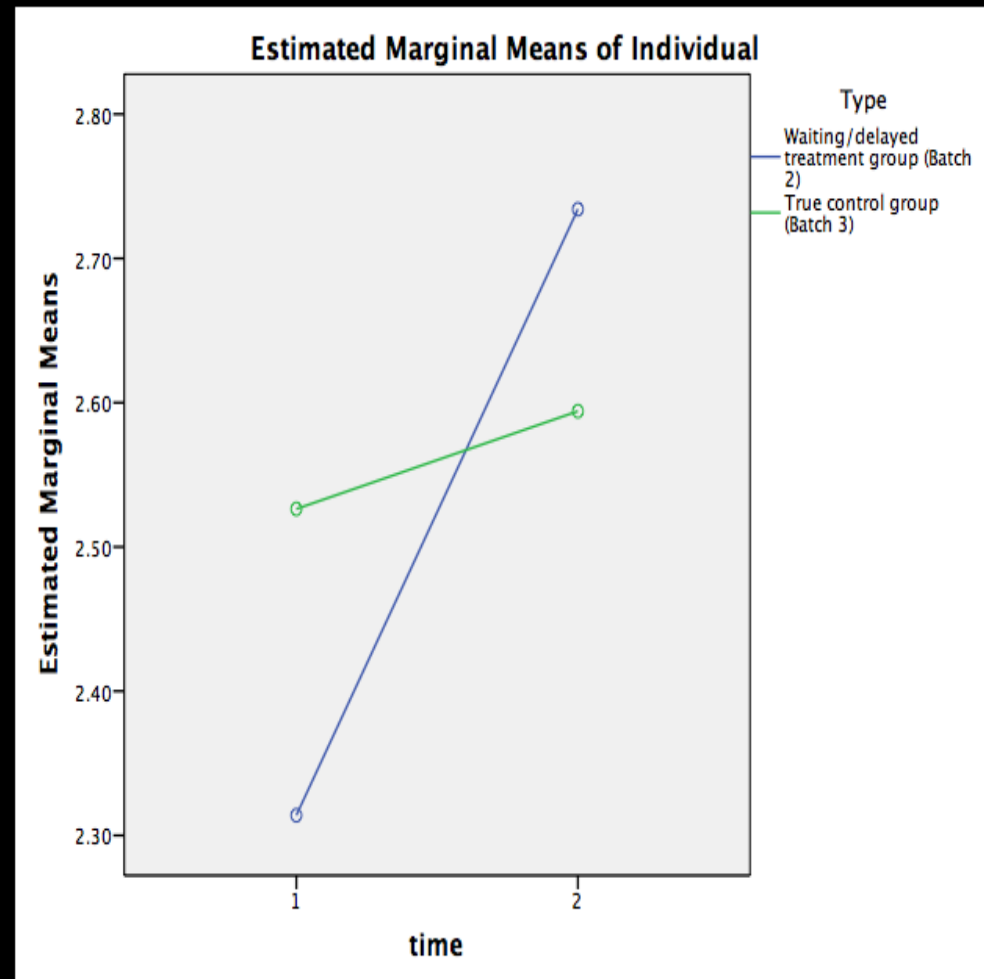


INDIVIDUAL RESILIENCE

- **SIGNIFICANT Time X Group interaction: significantly greater change (increase) in resilience for the Katatagan group vs the control group**

Descriptive Statistics				
	Type	Mean	Std. Deviation	N
PreIndResMean	Waiting/delayed treatment group (Batch 2)	2.3140	.68368	43
	True control group (Batch 3)	2.5263	.67170	38
	Total	2.4136	.68223	81
Fu2IndResMean	Waiting/delayed treatment group (Batch 2)	2.7341	.60292	43
	True control group (Batch 3)	2.5941	.50039	38
	Total	2.6684	.55821	81

Tests of Within-Subjects Effects						
Measure: Anxiety						
Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Factor1	Sphericity Assumed	.617	1	.617	6.645	.012
	Greenhouse-Geisser	.617	1.000	.617	6.645	.012
	Huynh-Feldt	.617	1.000	.617	6.645	.012
	Lower-bound	.617	1.000	.617	6.645	.012
Factor1 * Type	Sphericity Assumed	.576	1	.576	6.207	.015
	Greenhouse-Geisser	.576	1.000	.576	6.207	.015
	Huynh-Feldt	.576	1.000	.576	6.207	.015
	Lower-bound	.576	1.000	.576	6.207	.015



Challenges & Insights

- Resources was a major constraint
- Resistance of community against random sampling
- Lack of tools that can be used for illiterate/ low education population
- Resistance against filling out instruments
- Observing ethical standards and getting IRB approval in emergency situations
- Orientation and competence in conducting rigorous evaluations

PRACTICE

**Scale up Adoption of
Interventions**

Policy
(Mental Health Bill)

Design for vulnerable
Groups (PWDs,
Children, IDPs, Conflict)

Education & Training
(Curriculum, Minor)

GAPS in MHPSS in SEA

Mental Health Assessment

Evidence Based Interventions

Ethics

Tools

DISASTER RESEARCH