Resistance, Resilience, Recovery: Southeast Asian Perspectives

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

- Earthquake, 9%
- Tsunami, 1%
- Volcanic Eruption, 5%
- Tropical Cyclone, 32%
- Flood, 40%
- Wildfire, 2%
- Drought, 4%
- Landslide, 8%

YOGYAKARTA EARTHQUAKE (2006)

INDIAN OCEAN TSUNAMI (2004)

SUPERTYPOHON 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

Volunteerism

Community support

Humanitarian aid & non-profit organizations

Awareness of Importance of DRRM
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

Belief that illness is caused by excessive emotions

Talking about issues may stir up painful issues and worsen trauma

Power Distance

Propensity to treat counselors as experts

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

Shame

Attitudes towards help seeking

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
- Yoga, meditation, qigong
- Use of herbal Medicine
- Acupuncture

Illness as caused by circulation of ch’i (air) and one’s food and drink.
Spirituality and Mental Health

Supernatural causes
Exorcism

Appraisal

Prayer as Coping
Father
Heal Our
Land

Spirit Houses

Church as source of social and instrumental resources

WE GO.
Mental Health and Psychosocial Support (MHPSS)

DISASTER AWARENESS

INFORMATION & EDUCATION

DISASTER PREPAREDNESS PROGRAMS
MHPSS POST DISASTER

PSYCHOLOGICAL FIRST AID

RADIO PROGRAMS

PFA Action Principles
1. Look
2. Listen
3. Link
self-care!

Psychological f
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
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
KATATAGAN (Resilience)

- KALAKASAN (Finding & Cultivating Strengths)
- KINABUKASAN (Moving Forward)
- KAPAKI-PAKINABANG na GAWAIN (Positive Activities)
- KALUTASAN KAAGAPAY at (Seeking Solutions and Support)
- KATAWAN (Managing Physical Reactions)
- KALOOBAN (Managing Thoughts & Emotions)
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
Katataganan 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:

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Methodology/Process</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 5 mins | Orientation | DO: Greet participants. If appropriate begin with a prayer. (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.)
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. |
Alternative Activity: | 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

<table>
<thead>
<tr>
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<th>Pretest</th>
<th>Post-test</th>
<th>Change Scores</th>
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<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td>51.54</td>
<td>39.31</td>
<td>12.30</td>
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<tr>
<td><strong>Control</strong></td>
<td>43.13</td>
<td>37.71</td>
<td>5.97</td>
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<td><strong>t</strong></td>
<td>3.14*</td>
<td>.94</td>
<td>2.57*</td>
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## Depression

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<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td>18.11</td>
<td>6.20</td>
<td>12.91</td>
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<tr>
<td><strong>Control</strong></td>
<td>12.67</td>
<td>8.40</td>
<td>4.27</td>
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<td><strong>t</strong></td>
<td>2.51*</td>
<td>2.23*</td>
<td>4.04*</td>
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## Coping Behaviors

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<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td>70.23</td>
<td>76.69</td>
<td>6.47</td>
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<tr>
<td><strong>Control</strong></td>
<td>69.30</td>
<td>69.37</td>
<td>.933</td>
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<td><strong>t</strong></td>
<td>.41</td>
<td>4.26*</td>
<td>3.50*</td>
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</table>
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

<table>
<thead>
<tr>
<th>Module</th>
<th>Items &amp; Reliability</th>
<th>Sample items</th>
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</thead>
<tbody>
<tr>
<td>Kalakasan</td>
<td>7 α = .80</td>
<td>I can name my strengths. I can identify my sources of strength.</td>
</tr>
<tr>
<td>Kalutasan at Kaagapay</td>
<td>10 α = .85</td>
<td>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.</td>
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<tr>
<td>Katawan</td>
<td>5 α = .77</td>
<td>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.</td>
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<tr>
<td>Kalooban</td>
<td>6 α=.87</td>
<td>I can differentiate helpful thoughts from unhelpful thoughts. I can identify strategies to help me express and manage strong and/or negative emotions.</td>
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<tr>
<td>Kapakipakinabang gawain</td>
<td>3 α=.66</td>
<td>I can differentiate between my helpful and unhelpful activities. I have a plan on how to regularly engage in positive and helpful activities.</td>
</tr>
<tr>
<td>Kinabukasan</td>
<td>2 α=.66</td>
<td>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.</td>
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</table>
## Results

<table>
<thead>
<tr>
<th>Module</th>
<th>Pre-training</th>
<th></th>
<th>Post-training</th>
<th></th>
<th>Follow up</th>
<th></th>
<th>WS Anova</th>
<th></th>
<th>WS Contrasts</th>
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<th>Cohen’s D</th>
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<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>F</td>
<td>F linear</td>
<td>F quad</td>
<td>Cohen’s D</td>
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<tr>
<td>Total Coping Self-Efficacy</td>
<td>23.96</td>
<td>2.20</td>
<td>26.56</td>
<td>2.34</td>
<td>25.61</td>
<td>2.48</td>
<td>19.06**</td>
<td>12.66**</td>
<td>28.34**</td>
<td>.69</td>
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<tr>
<td>Harnessing strengths</td>
<td>3.95</td>
<td>0.57</td>
<td>4.33</td>
<td>0.53</td>
<td>4.37</td>
<td>0.45</td>
<td>11.62**</td>
<td>16.60**</td>
<td>5.11*</td>
<td>.82</td>
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<td>Solutions and social support</td>
<td>3.91</td>
<td>0.55</td>
<td>4.23</td>
<td>0.52</td>
<td>4.32</td>
<td>0.43</td>
<td>11.11**</td>
<td>2.925**</td>
<td>1.39</td>
<td>.83</td>
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<tr>
<td>Managing physical reactions</td>
<td>3.84</td>
<td>0.68</td>
<td>4.21</td>
<td>0.65</td>
<td>4.24</td>
<td>0.46</td>
<td>4.76*</td>
<td>7.72**</td>
<td>2.31</td>
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<td>Managing thoughts and Emotions</td>
<td>3.92</td>
<td>0.54</td>
<td>4.35</td>
<td>0.53</td>
<td>4.19</td>
<td>0.52</td>
<td>11.77**</td>
<td>3.06</td>
<td>25.52**</td>
<td>.51</td>
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<tr>
<td>Positive activities</td>
<td>4.20</td>
<td>0.48</td>
<td>4.52</td>
<td>0.53</td>
<td>4.36</td>
<td>0.47</td>
<td>12.82**</td>
<td>1.82</td>
<td>32.10**</td>
<td>.33</td>
<td></td>
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<tr>
<td>Moving forward</td>
<td>3.85</td>
<td>0.47</td>
<td>4.51</td>
<td>0.56</td>
<td>4.23</td>
<td>0.75</td>
<td>16.66**</td>
<td>7.56**</td>
<td>29.82**</td>
<td>.60</td>
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</table>
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
**INDIVIDUAL RESILIENCE**

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

### Descriptive Statistics

<table>
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<th>Type</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
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<tr>
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<td>.68368</td>
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<td>PreIndResMean True control group (Batch 3)</td>
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<td>PreIndResMean Total</td>
<td>2.4136</td>
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<td>81</td>
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<td>43</td>
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<tr>
<td>Fu2IndResMean True control group (Batch 3)</td>
<td>2.5941</td>
<td>.50039</td>
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<tr>
<td>Fu2IndResMean Total</td>
<td>2.6684</td>
<td>.55821</td>
<td>81</td>
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</table>

### Tests of Within-Subjects Effects

**Measure: Anxiety**

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<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
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<td>Factor1 Huynh-Feldt</td>
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<td>.576</td>
<td>6.207</td>
<td>.015</td>
</tr>
</tbody>
</table>
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
GAPS in MHPSS in SEA

Mental Health Assessment

Evidence Based Interventions

Tools

Ethics

Education & Training (Curriculum, Minor)

Policy (Mental Health Bill)

Scale up Adoption of Interventions

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

PRACTICE

DISASTER RESEARCH