

## BUILDING DISASTER RESILIENT SCHOOLS THROUGH PSYCHOSOCIAL INTERVENTION PROGRAMS"

Rudya A. Roallos\*

**Abstract:** *An inquiry was made on the profile of educational institutions in Albay as to psychosocial intervention resources for trauma, the strengths and weaknesses as well as the threats and opportunities of the practices and then proposes a paradigm on the intervention for preparedness, response and recovery. Documentary analysis; focused group discussion; survey; and, interview were used to validate the data gathered from a population sample of 20% (31) randomly chosen from 154 schools. The findings revealed that psychosocial intervention resources of schools is inadequate as to qualified and trained guidance personnel, availability of psychological instruments, financial resources and linkages to external agencies and specialists. The identified intervention practices were casual counseling, stress debriefing, referrals and follow-up for cases of drug abuse, bullying, abuses, teenage pregnancy while cases on various forms of trauma was least given priority. The strengths of the identified intervention were preventive and responsive to the students' needs, and the high dedication and commitment of guidance personnel despite weaknesses in the intervention resources. The identified opportunities were; a chance to provide and upgrade special trainings, establish external linkages, offer scholarships for Guidance counselors and revisit the budget allocation of institutions to overcome the threats on the legal provisions in the practice of profession. A framework on psychosocial intervention assistance flow for trauma was developed from the identified practices, strengths and weaknesses to achieve collaborative efforts of the schools and partner agencies to help provide a higher percentage of resilient schools which in turn results to a high level of resiliency among the Albayanos.*

**Keywords:** *resilience, psychosocial intervention, trauma, educational institutions and framework*

### INTRODUCTION

The American Psychological Association defines "resilience" as the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors.

Young people and children around the globe are faced with adverse environments and conditions like trying to survive through wars, displacements and uncertainties of life including terminal illness or HIV/

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\* College of Social Sciences and Philosophy, Bicol University, Philippines, E-mail: dayangbabe@yahoo.com.ph

AIDS, natural and man-made disasters where they have to deal with loss and grieving through the death of their parents or other important family members and friends.

The National Government has considered preventive and safety measures as it has continuously experience and face numerous crises and disasters. Bicol is known as one of the disaster-prone regions in the Philippines and Albay ranked first among its 6 provinces.

With RA 10121: An Act Strengthening the Philippine Disaster Risk and Reduction Management, the Provincial Government of Albay has given priority to give and improve early warnings, responses and strengthening preparedness in order *to create a culture of safety and resilience in the entire province* (NEDA 2008).

However, for most of the last century, agencies involved in disaster relief response gave priority on the four elements of basic human needs (food, water, shelter and physical care) neglecting the fifth element: the emotional well-being (psychological) which just recently became a concern. Thus, policy makers and donors must now consider that emotional trauma in the aftermath of conflict and disasters are a major barrier to the sustainability of any recovery investment. (American Red Cross).

As such, educational institutions across the globe are not exempted to experience disasters and other critical incidents where thousands of children and adolescents are affected and considered to be one of the most vulnerable populations to experience trauma.

Since educational institutions are mandated to take charge of the education of the young generation, school counseling program is considered an integral part of education. As stated in RA 9258 Art III that "Guidance and Counseling is an integral approach to the *development of a well-functioning individual.*" With this common purpose to provide for the development of well-functioning individuals, schools must integrate psychosocial intervention activities in addressing various forms of trauma to its counseling programs.

It is along this line that this research is conducted to look into the existing psychosocial intervention practices for various forms of trauma caused by disasters and other critical incidents which are integrated in School Counseling Programs of educational institutions in the province of Albay. It comes with a hope that after the study, a framework highlighting the best practices be done and recommendation of psychosocial intervention activities through development of program modules.

## **LITERATURE REVIEW**

Over the last 40 years, resilience has emerged to be a major area of research in psychology according to Hart & Sasso (2011), especially in positive psychology by

Seligman (2011). Life for most people is full of hardships and problems; resilience is needed in order to manage stress and maintain an acceptable level of well-being. For majority of population, living in poverty or uncertainty, war-torn zones or suffering from chronic conditions, resilience is a must. While most people are resilient, we also believe what Bonanno (2004) stated that children and youth can benefit a great deal from resilience training on how to grow and flourish in spite of adversities.

Recently, research on resilience has come to be the basis of research on coping with loss and trauma, Bonanno (2004) which concluded that some individuals are simply more resilient than others. The current consensus is that resilience is both a matter of individual differences, adaptive processes, as well as context factors. Similarly, Wong (2011) recognized that some people are indeed more resilient or hardy by virtue of their genetic makeup, temperament, intelligence or personal history; but context and training are also important.

Resilience according to Luthar, *et al.* (2000) is a dynamic process whereby individuals exhibit positive behavioral adaptation when they encounter significant adversity, trauma, tragedy, threats or even significant sources of stress. It is the ability to move on despite challenges (Ahangar, 2010).

Resilience results from the individuals' being able to interact with their environments and the processes that either promote well-being and or protect them against the overwhelming influence of risk factors (Zautra, Hall & Murray, 2010). According to Solar, *et al.* (2005), these processes can be individual coping strategies, or may be helped along by good families, school, communities and social policies that make resilience more likely to occur. This may also refer to some personal qualities that make a person thrive in the face of adversities (Connor & Davidson, 2003). Moreover, Perez, *et al.* (2009), assumed that resilience require both the presence of risks and protective factors such as resources external to the individual like parental support, adult monitoring and community organizations which are necessary to bring positive outcome. Resilience is basically manifested when two conditions are met: (a) the presence of some risk or adversity, and (b) the presence of resistance or positive outcome in spite of risk. However, for each individual, the presence of such risk factors depends on the presence of protective resources and the appraisal of threat or danger. According to this transactional view, for individuals possessing a great deal of internal and external resources, they may not see risks as risks but as opportunities for personal growth (Bonanno, 2004).

According to Ungar, Brown, *et al.* (2008), in their study on the pathways to resilience among Canadian youth, resilience needs to incorporate ecological and cultural factors and resilience is to be understood as the capacity of individuals to navigate difficult situations through accessing health-enhancing psychological,

social, cultural, and physical resources. Thus the term resilience may be operationally defined as a positive outcome in the context of risk or adversity as result of effective utilization of available personal and ecological resources. The youths' capacity to cope under stress depends on different degrees of access to seven mental health-enhancing experiences: (a) access to material resources; (b) access to supportive relationships; (c) development of a desirable personal identity; (d) experiences of power and control; (e) adherence to cultural traditions; (f) experiences of social justice; and (g) experiences of a sense of cohesion with others.

Protective factors according to Masten and Reed (2002), include cognitive abilities, problem solving, faith and a sense of meaning in life, positive outlook on life, close relationships with caring adults, and connections to supportive and rule-abiding people while according to Bender, Thompson, McManus, and Lantry, (2007) protective factors encompass intelligence, relationships, healthy beliefs, self-reliance, and self-efficacy.

According to the study of Hass and Graydon (2009) on the sources of resiliency among successful foster youth, they identified the protective factors, such as a sense of competence, future goals, social support, and involvement in community services. Hence, the implication for improving foster youth services includes nourishing supportive relationships and empowering youth to help others.

Numerous studies explored the influences of culture on youth resilience (Ungar, *et al.*, 2008) and since resilience is multidimensional, and in order to fully understand the process of resilience, research needs to include the cultural dimension. Some cultures focus more on building character, while some would focus on making children happy. Like for instance, in traditional Chinese culture, the virtues of responsibility, discipline and perseverance are deeply ingrained in the children, thus, increasing their capacity for resilience (Wong, 2009b) while in Western cultures which make little demand from youth may have unwittingly deprive them of the opportunity to develop character strengths and hardiness. Therefore, resilience needs to be understood within the cultural context as well.

In view of the above literatures and studies, the ecological and contextual perspective of resilience need to take into account the individual, family, school, church, community and culture in order to understand what contributes to resilience. Secure attachment, a sense of meaning and purpose, and a supportive environment are all important factors in building resilience. Hence, psychosocial intervention programs (structured programs) provided in the community by the local government units and schools counseling programs for students and families could play a very significant role as a way to respond and prevent distress in adverse situations.

Psychosocial interventions employ techniques aimed at decreasing symptoms and maladjustment by improving adaptive and social functioning. Such processes

include the attainment and development of skills through learning and motivation to improve affect, cognitive processes, behaviour, interpersonal interactions and self-confidence according to Kelly, M. & Boyd, C. (2006).

In the context of this research, the existing psychosocial intervention programs on various forms of trauma either caused by disaster and other critical incidents which are being implemented by the educational institutions through its school counseling programs were considered as significant factors contributing to building a culture of safety and resilience as one of the target priorities of the province of Albay.

## **METHODOLOGY**

This study was a descriptive-survey-evaluative research which was undertaken on 31 (20%) school respondents coming from the disaster prone areas, out of 154 schools in Albay. The respondents included the guidance counselors, guidance coordinators or school heads or representatives from secondary (23) and tertiary (8) levels both from private and public schools which were selected by way of random sampling technique.

This study used four different sources in order to validate the data gathered: documentary analysis of the existing provisions on the legal basis of intervention practices; focused group discussion with Guidance Counselors and school representatives on the existing psychosocial intervention practices in handling various forms of trauma cases; survey; and interview with guidance counselors/coordinators on the existing school counseling activities to identify the psychosocial intervention being practiced based on the needs and suggestions to improve the existing psychosocial intervention.

Statistical instruments used were such descriptive statistics as frequency and percentage and mean for describing the psychosocial intervention resources and practices.

## **RESULTS AND DISCUSSIONS**

### **Discussion 1. Profile of Educational Institutions as to Psychosocial Intervention Resources**

The educational institutions were represented by the guidance counselors, guidance coordinators, guidance designate and other guidance personnel figured a total of 31. Of this number, majority (87%) came from secondary school and the rest 13% from tertiary schools both from private and public schools.

The profile of participants showed that there are only 7 (22.51%) licensed Guidance Counselors with 25 (80.65%) female and 6 (19.35%) male. Only about

13% are graduates of bachelor's degree in Psychology and 6.45% of Counselor Education and there are 8 (25.80%) with master's degree in Guidance and Counseling. There are 4 (9.7%) appointed as Guidance Counselor, 12 (38.70%) are appointed as Guidance Coordinator and 6 (22.6%) as Guidance Designate. This shows that guidance personnel are predominantly graduates of bachelor's degree in Secondary Education indicating minimal educational qualifications for guidance work.

As to professional experience in guidance work, 12 (38.70%) had 3 to 5 year experience and 7 (22.51%) had 6 to 10 year and also 7 (22.51%) had below 2 year experience. There are only 4 (9.7%) appointed as Guidance Counselor, 12 (38.70%) are appointed as Guidance Coordinator and 6 (22.6%) as Guidance Designate while only 7 (22.51%) are licensed to practice the profession and 3 (9.67%) are affiliated to Philippine Guidance and Counseling Association, and 2 (6.45%) to the Psychological Association of the Philippines as professional organizations. Of the 31 respondent, age group revealed that 7 (22.58%) are from ages 21-30; 14 (45.16%) from ages 31-40; 7 (22.58%) from ages 41-50 and 3 (9.68%) from ages 50-60.

The preceding findings imply that there is a need for educational institutions to be equipped with qualified and licensed Guidance Personnel in order to respond more effectively to the varying psycho-emotional needs of students and be able to develop intervention programs that will help establish capability in building resilience among its students and the school community. Guidance work in public schools are generally done by general education teachers who were designated as guidance coordinators were hired as general education teacher since 25 of the respondents have majored in courses other than counseling education and psychology. Hence, implies also the need for continuing education and scholarship.

**Table 1**  
**Profile of Counselors as to Basic Special Training on Psycho-social Intervention**

<i>Basic Special Training on Cases of</i>	<i>Yes</i>		<i>Occasional</i>		<i>NO</i>		<i>Total</i>	
	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>f</i>	<i>%</i>
1. Victims of or exposed to abuse/violence	6	19.35	9	29.03	16	51.61	31	100
2. Victims of sexual abuse (incest or rape)	6	19.35	10	32.25	15	48.39	31	100
4. Substance addiction (drug/alcohol/ smoking)	7	22.58	9	29.03	15	47.83	31	100
5. Non - substance addiction (Gambling/Comp. Games)	7	22.58	8	25.80	16	52.17	31	100
6. Sch. Adjustment Problem (truancy, school refusal behavior)	14	43.48	7	22.58	10	34.78	31	100
7. Disability (physical, cognitive, sensory, behavioral)	6	19.35	7	22.58	18	58.06	31	100
8. Conduct disorder	8	25.80	6	19.35	17	54.84	31	100
9. Experiencing various forms of trauma	3.3	11.00	4.4	14.00	23.3	75.00	31	100

Regarding the basic special trainings of guidance personnel in handling various cases of trauma, the data in Table 1 showed that majority (75%) have no trainings in handling all other critical cases in schools such as various forms of traumas, victims of abuse/violence has 16 (51.6%), victims of sexual abuse has also 16 (51.6%), addiction and substance abuse has 15 (47.83%), non-substance addiction has 16 (51.6%), various forms of disability 18 (58.86%), and conduct disorder 14 (54.64%) while only 14 (43.48%) has trainings in school adjustment problems (truancy, and school related behaviors).

This finding only suggests the existing professional inadequacy of the participants in providing psychosocial intervention particularly for trauma was due to their minimal educational preparations, qualifications and the lack of special trainings in handling various cases of trauma and other psycho-emotional problems in the school setting. Further, the data was affirmed by the results of interview and FGD that most of them have no trainings on stress debriefing, stress management, handling victims of various forms of trauma and abuse, bullying, anger management and conflict resolution although there is much willingness to serve and be trained. Considering these results, there is a need for educational institutions to equip and upgrade more its guidance personnel and allocate more budget for relevant trainings to be effective in responding and developing resilience among its students.

**Table 1A**  
**Profile of Educational Institutions as to Resources for Psycho-social Intervention**

<i>Resources</i>	<i>Yes</i>		<i>Occational</i>		<i>No</i>		<i>Total</i>	
	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>
Financial and other budget	14	45.16	10	32.25	7	22.58	31	100
Administrative/Mgt. Support	17	<b>54.84</b>	9	29.03	5	16.13	31	100
Faculty Resource & Support	16	<b>51.61</b>	12	38.71	3	9.68	31	100
Parents Involvement	18	<b>58.06</b>	10	32.25	3	9.68	31	100
Community Support	20	<b>64.52</b>	8	25.81	3	9.68	31	100
Psychological Instruments	2	6.45	0	0.00	29	<b>93.45</b>	31	100
Resource Persons	17	<b>54.84</b>	7	22.58	7	22.58	31	100

The obtained data on the resources of educational institutions to provide psychosocial intervention (Table 1A) revealed that 93.45% of educational institutions have no psychological instrument to assess the varying forms of trauma and other psycho-emotional problems in school. However, more than half (64.52%) of educational institutions has community support, 18 (58%) with parents involvement, 17 (54.84%) has administrative support and resource persons, 16 (51.61%) has faculty resources and support except for financial and other budget resources which is 14 (45.16%). This only shows that resources of educational institutions are still inadequate to provide psychosocial intervention services

although majority have more than 50% support from community, parents and faculty resources and support since financial budget is the primary constraint of all the resources.

The findings concur with the result of FGD and interviews with guidance personnel that mostly do not have their own offices to conduct counseling sessions as well as psychological assessment tools or tests due to lack of resource facilities and budget. The result implies that most of the institutions do not have psychological instruments and tools for assessment of various psycho-emotional needs of students specifically trauma which may be attributed to budget constraints to purchase the instruments and the lack of licensed psychometrician or psychologist to administer and interpret psychological tests. Hence, to be effective in providing school counseling program, the role of psychological assessment or tests must be considered as a very important tool and as bases in providing psychosocial intervention.

**Table 1B**  
**Profile of Educational Institutions as to Access to Specialists for Referrals**

<i>Resources</i>	<i>Yes</i>		<i>Occational</i>		<i>No</i>		<i>Total</i>	
	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>
Psychologist	9	29.03	3	9.68	19	<b>61.29</b>	31	100
Psychiatrist	7	22.58	6	19.35	18	<b>58.06</b>	31	100
Social Worker	9	29.03	6	19.35	16	<b>52.17</b>	31	100
Lawyer	2	6.45	6	19.35	23	<b>74.19</b>	31	100
Physician/Doctor	11	<b>35.48</b>	5	16.13	15	47.83	31	100

The data on access to specialists for referrals (Table 1B) revealed majority (19 or 61.29%) has no access to psychologists, psychiatrists (18 or 58%), social workers (16 or 52.17%) and most (23 or 74%) to lawyers, while only 11 (35.48%) has access to physicians. This is quite indicative of the inadequacy of schools to provide referral services during critical incidents like trauma and severe cases of psychological problems of students due to lack of linkages or access of guidance personnel to specialists.

Furthermore, the aforecited data were supported by the data on the linkages of schools to external agencies that could assist in providing psychosocial intervention which revealed that most (25 or 80%) schools have linkages to LGU's and barangay officials, 17 schools (54.84%) to PNP, 16 (52.17%) to DSWD and 12 (43.48%) to BHWs. However, there is no established linkages of schools for Public Attorney's Office for the 21 (67.74%) schools, Media for the 17 (54.84%); Basic Government Social Services, 16 (52.17%); Employment and Scholarship agencies, (14) 45.16 and for Basic Government Health Services (13) 41.94%. Another 13



(41.94%) schools has occasional access to PDRRMC (Provincial Disaster Risk Reduction Management Council).

As a summary, the profile of educational institutions as to psychosocial intervention resources and capability revealed a lot of inadequacies with its existing guidance personnel having very minimal educational preparations and qualifications required, lack of special training in handling psycho-emotional cases, lack of resource availability both financial and manpower to support the programs, including inadequate psychological instruments and facilities as well as the needed linkages to specialists and external agencies to assist in responding and providing psychosocial intervention as well as the manner of evaluating and monitoring the programs.

**Discussion 2. Identified psychosocial intervention activities integrated in school counselling programs**

The identified psychosocial intervention activities (Table 2) indicated that most (22 or 71%) schools integrate preventive intervention activities through individual and group counseling, stress debriefing, referral system, follow up and group guidance sessions in addressing problems on Drug Abuse and Addiction Control and Prevention on Smoking and Drinking. Twenty-one (68%) of the schools integrates Awareness and Bullying Prevention. The 20 (64%) schools with Developing Life Coping and Decision Making Skills comes next, followed by 19 (61.30%) schools on Abuse Awareness and Prevention, 18 (58%) schools on Disaster and Climate Change Adaptation. The 14 (48%) schools on Anger Management and Peaceful Conflict Resolution ranked 6<sup>th</sup>, while 13 (42%) schools with Responsible Courtship, Marriage and Sexuality ranked last.

**Table 2**  
**Psycho-social Intervention Activities Integrated in the School Counseling Program**

<i>Basic Special Training on Cases of</i>	<i>Yes</i>		<i>Occasional</i>		<i>NO</i>		<i>Total</i>	
	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>	<i>f</i>	<i>%</i>
1. Developing Life Coping and Decision Making Skills	20	<b>64.50</b>	5	16.00	6	19.00	31	100
2. Abuse Awareness and Prevention	19	<b>61.30</b>	4	13.00	8	26.00	31	100
3. Climate Change & Disaster Adaptation	18	<b>58.00</b>	5	16.00	9	29.00	31	100
4. Healthy Life Style: Drug Abuse & Addiction, Smoking/Drinking Prevention	22	<b>71.00</b>	3	10.00	6	19.35	31	100
5. Developing Awareness on Anti-Bullying	21	<b>68.00</b>	2	6.00	8	26.00	31	100
6. Anger Mgt. & Peaceful Conflict Resolution	15	<b>48.00</b>	3	10.00	13	<b>42.00</b>	31	100
7. Responsible Courtship, Marriage and Sexuality	13	<b>42.00</b>	16	<b>52.00</b>	2	6.00	31	100

The result imply that there were no other specific programs or activity provided by the office for various forms of trauma and other critical incident except for disaster trauma and climate change adaptation.

The data from the Counselors/coordinators, School Heads or Representative showed the most frequent cases handled needing psychosocial intervention were cases mostly involving alcohol and substance abuse, bullying, child sexual abuse, witnessing violence like murder, teenage pregnancy, trauma due to disaster only and relationship problems at home due to parents' separation. This was further confirmed by the result of FGD conducted through a consultation dialogue with Guidance Counselors and school representatives that they need proper orientation and training especially to various forms of trauma before any guidance work assignment is given to them.

Moreover, respondents were also aware that most of them are not educationally qualified as stated in RA 9258 but they perform their functions wholeheartedly with full commitment and dedications. As one participant also stated that they know their limitations that is why they often refer clients to proper authorities but because of call of duty they need to respond in whatever best they can to be able to help. Another participant shared that they also conduct simple stress debriefing based on what they have learned but they really need more trainings particularly in handling trauma cases.

### **Discussion 3. Strengths, weaknesses opportunities and threats of identified activities**

*Strengths and Weaknesses.* The practices were primarily preventive and responsive to the needs of students. The strong dedication and commitment to serve on the part of the guidance personnel to provide interventions activities like counseling, stress debriefing, referrals and follow up services are the strengths of the program. However, these strengths may hardly work effectively without the full support of educational institutions and entire school community to design a better program. The participants were quite aware of their inadequacies given their minimal educational preparation and qualifications a swell as absence of licensed and professional psychologist and psychometricians, the lack of special trainings on various forms of trauma and psycho-emotional cases, absence of psychological assessment tools, including inadequate financial resources, lack of evaluation instruments for the program and the extremely few linkages to specialists and outside agencies. All of which are summing up configuratively as the basic weaknesses of the surveyed educational institutions.

*Threats/Challenges and Opportunities.* The effective implementation of the program is threatened by the lack of licensed practitioners due to the implementation of RA 9258 the law on which mandated the professionalizing of

the Guidance and Counseling services. Hence, the opportunities set in for educational institutions since a great need for what the social situation lacks demand a generation of highly trained and licensed guidance and counseling practitioners and educationally equipped and professionally competent psychologists and psychometricians. These conditions calls for the need to initiate and establish more linkages to outside resources and agencies, to provide special trainings to equip its guidance personnel and offer scholarship grants in course like guidance and counseling and psychology. Likewise, higher educational institutions and State Universities and Colleges can enrich and upgrade their courses offering for Bachelor's degree in psychology and guidance and counseling in order to meet the demand of the region for the lack of qualified personnel to practice the profession.

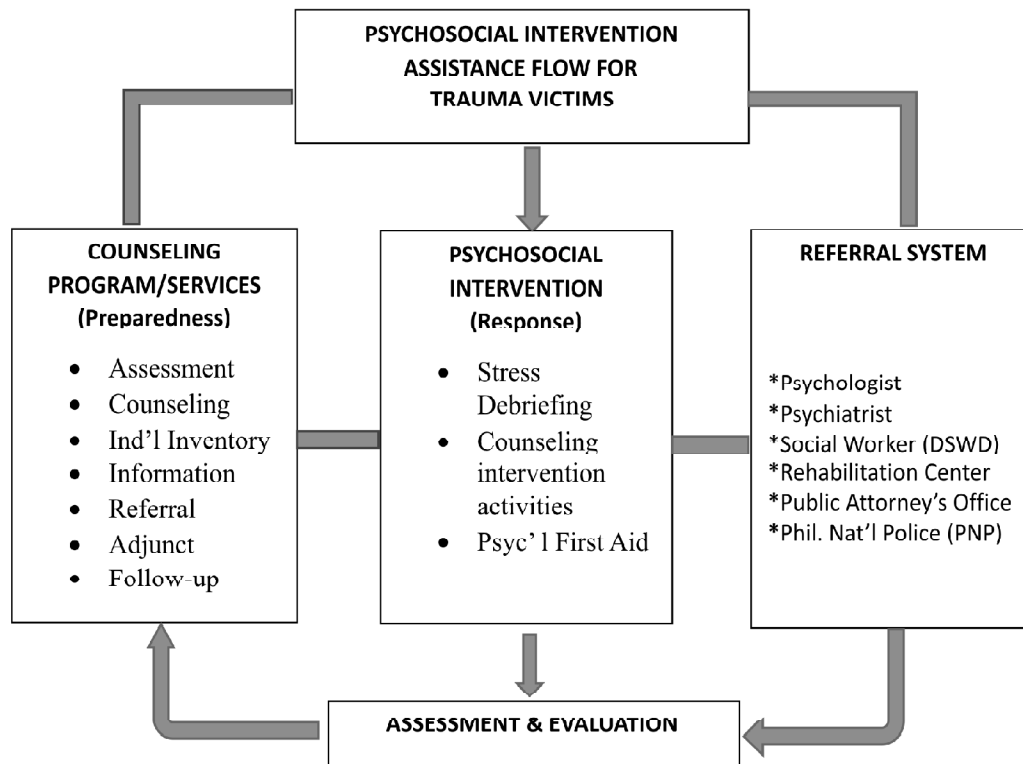
**Discussion 4. Developed framework on the best practices for preparedness, response and recovery**

Given the findings on the profile of educational institutions, their existing practices/ activities, strengths and weaknesses as well as threats and opportunities, a paradigm is developed to help illustrate the appropriate flow of service in terms of psychosocial intervention for guidance personnel of educational institutions that would help secure preparedness, response and recovery of educational institutions in the face of critical incidents, disasters and other forms of traumatic incidents. Since there were no concrete and structured system or flow of services based from the result of interviews and FGD, the paradigm will be quite suggestive of the needed collective effort from the school, family and community that would link systematically with the capability of the educational institutions in creating a functional psychosocial intervention and referral system that ensures the availability of specialists that would then complete the delivery of rehabilitative, reparative or preventive service system.

The framework proposes an intervention program that will cover the 3 phases of intervention such as preparedness, response and recovery. The assistance flow to the victim will start with the first box by having a licensed guidance professional with a structured School Counseling Program that will provide individual and group guidance activities to help ensure preparedness of the school, family and community to any disaster or critical incident with adequate linkages to specialists and agencies in case the services needed are beyond the expertise of counselor and considered severe cases. The response phase in the second box comes during any critical incidents or right after a disaster where the school counseling office will readily assess and identify victims suffering from trauma and provide necessary stress debriefing and psychosocial intervention to prevent further psychological problems. However, in case of severe findings of trauma and complicating conditions needing help from other specialists, referral system will

be provided in order to give adequate and appropriate intervention and treatment. While on the recovery stage after treatment and intervention of specialists, continuous follow up through assessment, counseling and evaluation should be given to the victim until recovery is achieved and the victim is able to return to normal school life.

The availability or completion of the psychosocial team is very crucial in delivering adequate and appropriate psychosocial intervention support and assistance to all students experiencing various forms of psycho-emotional problems and other various forms of trauma including victims of natural disasters. Thus, the creation of the educational institution's psychosocial assistance flow for trauma which is deemed to comprehensively address the needs of the students in terms psychosocial needs and management.



## CONCLUSION

The profile of educational institutions as to psychosocial intervention resources for trauma were mostly inadequate where only few have licensed Guidance Counselors, without special training to handle psycho-emotional problems, no registered psychologist or psychometrician, no psychological assessment instruments available

to assess the varying psycho-emotional problems and needs of the clientele or victims experiencing various forms of trauma, and very few have linkages to experts and external agencies to support the programs. There are also no evaluation tools to monitor the effectiveness of programs implemented and mostly only few experience faculty, parents, community, administrative and financial support.

The identified psychosocial intervention practices were individual or group counseling, stress debriefing, referral and follow-up for cases of drug abuse, bullying, various abuses, teenage pregnancy and few has manage cases of trauma due to disaster but not on various forms of trauma and other critical incidents.

The strengths and weaknesses as well as threats and opportunities of the identified psychosocial intervention activities were the following; *the strengths* of the identified activities were preventive, responsive and appropriate to the needs of school community, the dedication and commitment of guidance personnel despite minimal knowledge and trainings and the willingness to undergo special trainings in handling various cases of psycho-emotional problems. The *weaknesses* identified are the inadequacies of psychosocial intervention resources both human and financial, special trainings and competence or qualifications to implement the programs, unstructured program design and absence of evaluation instruments to evaluate the effectiveness of counselling programs with very few linkages to specialists like psychologists and psychiatrist as well as external agencies to support the program. In view of this weaknesses, the *opportunities* created are: a chance for guidance counsellors and personnel to upgrade and undergo advance special trainings in handling special cases of psycho-emotional problems and various forms of trauma, to need to initiate and establish linkages to specialists and outside agencies to, the need to offer scholarship grants in the course of guidance and counseling or Psychology, revisit the budget allocation of school counseling programs. These preparatory efforts are of imperative need in order to meet the *challenges/threats of the legal requirements* for the practice of guidance and counselling profession which are regulated in the provisions of RA 9258, requiring only educationally qualified and licensed guidance and counseling practitioners, Psychometricians and Psychologists.

The framework in building resilience for educational institutions shall be holistic encompassing the capability enhancement of school community, faculty, guidance counselors and personnel including parents. The educational institutions must secure a well-established external linkages to agencies and experts in order to respond effectively and provide psychosocial intervention in the three phases such as prevention, response and recovery. Although a lot of challenges are faced by many school communities need to address in order to build resilience, the sooner schools are able to provide adequate and self-sufficient psychosocial interventions, the faster they would become resilient and the soonest their students and clients can go back to their normal state of life after certain difficulties.

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