

Development and Initial Evaluation of the Resilience-Focused Family Psychoeducation (RFFP) for Families in a Post-Disaster Resettlement Community

Nephtaly Joel B. Botor
Marison Felicidad R. Dy
University of the Philippines Los Baños

Jaclyn Marie L. Cauyan
Marie Grace A. Gomez
University of the Philippines Diliman

Abigail P. Del Puerto
Balik Kalipay Center for Psychosocial Response, Inc.

This paper documents the development and initial evaluation of the Resilience-Focused Family Psychoeducation (RFFP), an intervention program for families in a post-disaster resettlement community facing multiple adversities. Implementing the RFFP program entailed three phases involving a needs assessment and consultation with the community, the development and implementation of the RFFP, and an initial evaluation of the program. Focus group discussions with mothers and adolescents revealed that they conceptualized counseling as a goal-oriented process founded upon a helping relationship between the counselor and counselee. They also preferred community-based counseling focusing on the family, with a shorter duration, and in a venue near their community. Participants articulated counseling needs that are relational but are associated with socio-economic conditions. Considering the participants' conceptions and needs, an eight-session family psychoeducation intervention was developed with the following focus areas: counseling, adversity and resilience, family system, family climate/environment, communication, conflict management, problem-solving, and goal setting. RFFP goals, characteristics, content, and process are discussed. This paper culminates with facilitators and barriers encountered during the RFFP implementation.

Keywords: family resilience, adverse life circumstances, disaster experience, psychoeducation, counseling

Correspondence concerning this article should be addressed to Nephtaly Joel B. Botor, Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines Los Baños, College, Laguna, Philippines 4030. Email: nbbotor@up.edu.ph.

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Adverse life events can have a profound and lasting psychological impact on individuals. Environmental hazards like natural disasters or anthropogenic events such as wars or interpersonal violence are examples of adverse life events. Research has shown that individuals with high-intensity adverse life experiences exhibit various psychological symptoms (Leon, 2004). Although not everyone who experiences adverse life events requires clinical attention, most will experience psychosocial distress, necessitating some form of supportive counseling that addresses their psychosocial needs (Baggerly & Exum, 2008; Harper et al., 2003; Speier, 2000).

Despite significant progress in mental health advocacy and the promotion of psychological services, limitations still exist in addressing social pathways that mitigate the psychosocial consequences of adverse circumstances (Lorenc et al., 2020). Additionally, accessing family interventions remains challenging, particularly in developing nations (Pedersen et al., 2019). In the context of disaster experience, interventions are often made available to individuals and families around the time when the adverse experience happened when the adverse experience happened, notwithstanding the need to extend support services for longer periods (Cohen, 2002; Liukka et al., 2020). This approach needs to consider the potential benefits of extended support services, which can help individuals and families cope with the psychosocial consequences of adverse circumstances.

Likewise, less attention is given to how prior adverse life circumstances intersect with daily issues despite the deleterious effect of cumulative exposure to adversity on psychological health (Richardson et al., 2023). Therefore, it is vital to provide extended support services that address the psychosocial needs of individuals and families affected by adverse life events. In the present study, we developed and conducted an initial evaluation of the Resilience-Focused Family Psychoeducation (RFFP) program, an intervention aimed at fostering resilience given prior natural disaster experiences and related daily challenges faced by families in a resettlement community.

Family Resilience

Resilience, or the ability to “withstand and rebound from crisis and adversity” and to “emerge from a shattering experience scarred

yet strengthened” (Walsh, 1996, pp. 1-2), has previously been explored as a protective factor amid adversities. It is a “process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat” (American Psychological Association, 2017, p. 1). It has been construed as a *trait* that aids coping and adjustment, an outcome of a behavior (e.g., something that can be achieved by doing something), and a *dynamic adaptation and recovery process* (Hu et al., 2015, p. 18). However, while resilience “resides within the individual,” it is relational and systemic (Walsh, 1996, 2002, 2007, 2012a, 2012b). One way in which the systemic nature of resilience manifests is through family resilience.

Family resilience is the ability of a family unit to “respond positively to an adverse event and emerge strengthened, more resourceful and more confident” (Benzies & Mychasiuk, 2008, p. 2). It is a regulatory mechanism involved in “adaptive self-stabilization and self-organization” (MacPhee et al., 2015, p. 2). It is also influenced by the nature of adversity and its duration, the family’s life stage when the adversity is faced, and the presence and nature of internal and external support accessible to the family (Benzies & Mychasiuk, 2008). Most importantly, it has been deemed to keep families intact amidst adversity (Kim & Rose, 2014).

The Family Resilience Framework (Walsh, 1996) underscores interactions and processes that help families surmount adverse experiences and crises. It posits three core processes: Family Belief Systems, Organizational Patterns, and Communication Processes. *Family belief system* refers to a family’s “shared beliefs that help members make meaning of crisis situations; facilitate a positive, hopeful outlook; and provide transcendent or spiritual values and purpose” (Walsh, 2002, p. 132). *Organizational patterns* pertain to “flexible structure, shared leadership, mutual support, and teamwork in facing life challenges” (p. 132), which can enhance the family’s ability to deal with adverse life experiences. *Communication processes* refer to the ability of the family to “clarify ambiguous situations, encourage open emotional expression and empathetic response, and foster collaborative problem solving” (p. 133). Influential factors in these three domains significantly develop resilience among vulnerable individuals (Walsh, 1996). Prior studies have utilized Family Resilience in making sense of family experiences among Filipinos (e.g., Botor, 2023, Botor et al., 2018; Garabiles et al., 2017).

Family Interventions

As much as the family is considered the basic unit of society, it is also the basic unit of care and learning, making it an essential environment for cultivating resilience. Classical (Minuchin, 1974; Satir, 1967; Bowen, 1978) and contemporary (e.g., Goldstein & Miklowitz, 1995; Miklowitz et al., 2007, 2003; Rea et al., 2003) psychotherapeutic approaches have consistently underscored the value of working with families in addressing psychological concerns. In the Philippines, addressing psychosocial needs has integrated family modules and other elements geared towards capitalizing on the supportive role of the family system (Bunagan et al., 2019; Carandang, 1981; 1987; Hechanova et al., 2015a; Lopez, 2009, 2014; Tanalega, 2004).

There are various reasons why the family may serve as an agent of change and an arena for resilience-building. First, the family is where individuals learn to cope, and it is also where members test their ability to adapt and adjust through their relationships and collective dynamics in responding to events that disrupt family homeostasis (Kim & Rose, 2014). Second, the family “builds on home culture and experience, encourages participatory learning, promotes family relationships as supporting well-being and readiness to learn, promotes a culture of aspirations in adults and children, and provides opportunities to build confidence, try out new skills and ideas” (Lamb, 2009, p. 5). Third, apart from being an emotional system, the family is also a learning system, which serves as a platform for the enculturation and transfer of knowledge, beliefs, attitudes, skills, practices, and values. For instance, cross-generational interactions facilitate learning from members who are more knowledge-adept to those who are less knowledgeable (Hike, 1989). Most importantly, especially among Filipinos who take pride in their family-centered worldview (Tarroja, 2010), the family is an essential aspect of life. It is both a primary social support system. There are cultural elements embedded within the Filipino family system that can be harnessed to enhance family roles and relationships, e.g., burden-sharing (“tagasalo”/ “pagsasalo”; Udarbe, 2001; Carandang, 1987) and burden-bearing (“pagdadala”; Decenteceo, 1997, 1999). Prior studies have also shown the crucial role played by the Filipino family and the larger community where they belong amid disaster

situations (Adviento & de Guzman, 2010; Hechanova et al., 2015a, 2015b).

In the face of empirically supported and evidence-based interventions (Castelnuovo, 2010), there are modalities supported by empirical research which can be utilized when working with families. Family-focused therapy (Goldstein & Miklowitz, 1995), which involves family dyads or the entire family unit, highlights the role of family psychoeducation as an adjunct intervention to medication and emphasizes the importance of family communication and problem-solving skills (Miklowitz et al., 2003; Miklowitz et al., 2007; Rea et al., 2003). Multifamily groups, which involve multiple families within a session, combine education, family support, effective communication, and problem-solving training (Jewell et al., 2009; McFarlane, 2002; McFarlane et al., 1995). Family psychoeducation, the core of various family-focused interventions, emphasizes connection, education, coalition-forming, and reintegration into the community (Anderson et al., 1980). These modalities are a platform for applying the Family Resilience Framework in working with families (Walsh, 2003, 2002, 1996), especially multifamily groups (e.g., Borieux et al., 2014), and using brief psychoeducational modules.

The Present Study

Harnessing the affordances of multifamily groups and family psychoeducation and guided by the Family Resilience Framework (Walsh, 2003, 2002, 1996), the present study aimed to develop and initially evaluate the Resilience-Focused Family Psychoeducation (RFFP) program, an intervention designed for families facing multiple adversities. This paper documents the development and initial evaluation of RFFP and answers the following research questions:

1. What are the participants' perceptions of counseling, which were considered in developing the structure and format of the RFFP?
2. What are the components of the RFFP?
3. What are the participants' learnings and insights from the RFFP?

4. What do participants identify as the facilitating factors and areas for improvement during the pilot implementation of the RFFP?

Method

Research Design

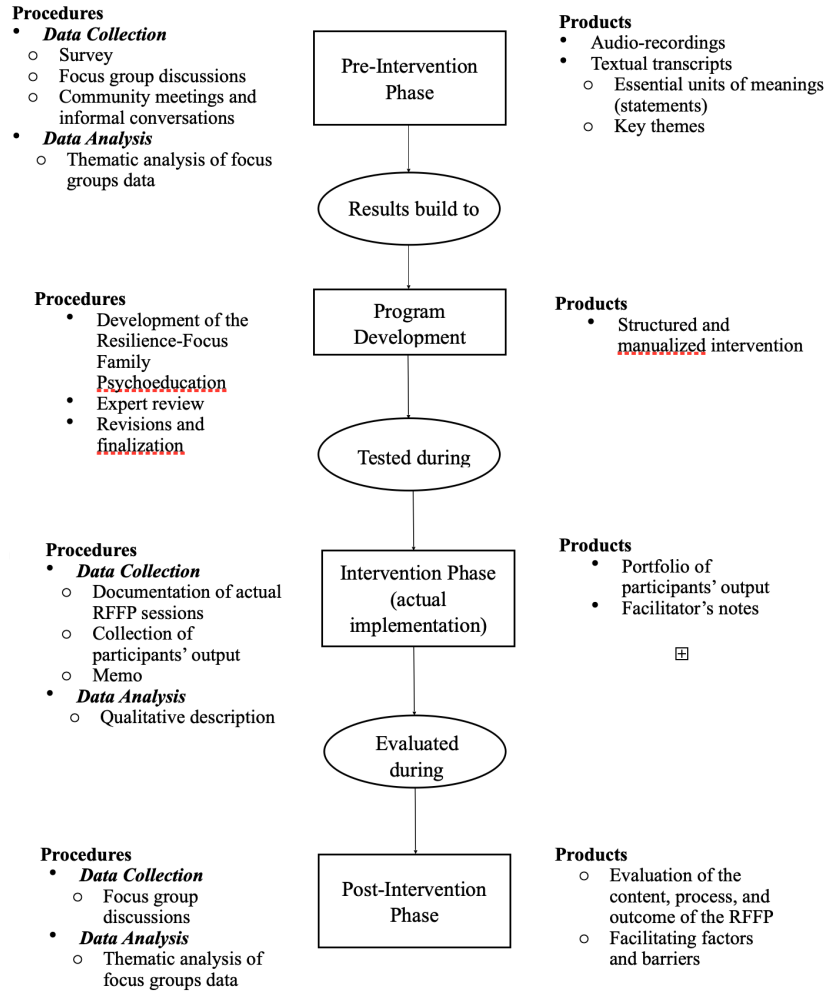
This study developed and pilot-tested a guidance intervention program for families facing multiple adversities in a post-disaster resettlement community in three phases: Phase 1 (Pre-intervention) involved needs assessment and development of the counseling framework. The needs assessment phase results are reported elsewhere (Botor & Cauyan, 2021; Botor et al., 2018). Phase 2 (Intervention) involved the actual implementation of the program. Phase 3 (Post-intervention) involved program evaluation, which examined the intervention's content and process (Figure 1).

Participants and Research Locale

The study involved selected community members who resided in a post-disaster resettlement community. The village, comprised of 43 households and a total population of 196 individuals (102 females, 94 males), is in a suburban area beside the provincial center, Legazpi City. The families in the village were survivors of the 2006 typhoon *Reming*, which led to catastrophic ends when intensive rainfall caused the mud-filled lahar from Mt. Mayon to rush and destroy homes and infrastructures along the Wawa River. This typhoon was among the most disastrous occurrences in the recent history of Albay.

Out of the total 43 families in the community, 14 volunteered to participate in the implementation and evaluation of the RFFP after a series of community meetings were held by the researchers and the local community organizer (Table 1). The participants were represented by mothers ($Mage = 43.79$, $SD = 6.86$) and their adolescent children ($Mage = 14.43$, $SD = 2.47$). Most of the mothers were homemakers, and all children were school-going. The participants had an average family monthly income of PhP 8,208, and each family had at least one member with a form of disability.

Figure 1. Three-phase development and initial evaluation of the RFFP



Data Gathering and Analysis Procedure

Pre-intervention and post-intervention focus group discussions were done to explore needs for and perceptions about counseling and to evaluate the RFFP, respectively. Researcher-made interview protocol validated by registered guidance counselors in a Philippine national university and pre-tested in a group of mothers from a nearby

community was used in these focus groups. Interactions during the intervention session were audio-recorded and transcribed, and participants' outputs were collected and summarized. Representative verbatim statements extracted from the qualitative data are quoted in this manuscript.

Focus group discussions were audio-recorded with consent from the participants. The discussions lasted approximately 2.5 hours, wherein adolescents and mothers were interviewed separately. Post-interview debriefing was provided by checking the thoughts and feelings of the participants about the focus group process and allowing them to articulate their expectations and questions.

Audio recordings of the focus group discussions were transcribed by a student research assistant and coded by two authors using the guidelines suggested by Braun and Clarke (2006). The coding process entailed: (1) reading and re-reading the transcripts, (2) generating initial codes, (3) categorizing codes to determine themes, (4) reviewing the themes, (5) defining and labeling themes, and (6) reporting.

To ensure trustworthiness, codes and themes were validated and reviewed by two experts in family development (i.e., one with a degree in social psychology and social work; and another with a degree in family development studies and educational management). The reviewers were provided with a copy of audio transcriptions, the essential statements extracted from the transcripts, and the codes used to label these statements. They were then asked to examine if the codes accurately represented the essential statements and, if necessary, to suggest ways to better capture the concepts underlying the participants' articulation. Member checking (Birt et al., 2016; Harvey, 2015) was also done wherein participants and a representative from the partner local organization were asked to read, comment on, and validate the coded data and synthesized findings.

Program Development and Intervention Design

Based on the findings from the Pre-Intervention focus groups, the lead author prepared the Resilience-Focused Family Psychoeducation (RFFP) manual¹ discussing in detail the counseling intervention. The initial draft of the manual was discussed with the co-authors for

1 The RFFP manual can be requested from the corresponding author.

revisions and improvements. The revised manual was validated by counseling and family studies experts (i.e., with graduate training in psychology and education), who were asked to comment and offer suggestions on content and process. Based on the expert review, the manual was finalized and used in the pilot implementation.

The RFFP was implemented in eight consecutive weeks from October to December 2017. Sessions were held in the resettlement area’s community multi-purpose hall. The participants were divided into two cohorts, one in the morning and another in the afternoon, based on their availability. The sessions were facilitated by two of the researchers. Both facilitators had academic training in psychology and counseling and were involved in delivering Mental Health and Psychosocial Support (MHPSS) programs in post-disaster communities.

Table 1. *Participants’ Characteristics*

Family	Mothers		Adolescents		
	Code	Age	Code	Assigned Sex	Age
1	GM	45	GA	Female	15
2	NB	48	NM	Female	18
3	MD	46	MJ	Male	17
4	MF	57	MA	Male	15
5	AE	37	AM	Female	15
6	LN	41	LJ	Female	16
7	LE	37	LK	Male	10
8	BA	39	BC	Male	12
9	DM	36	DA	Female	15
10	VF	44	VJ	Female	18
11	LC	49	LJ	Male	12
12	RR	37	RJ	Female	11
13	NN	56	NJ	Female	14
14	AL	41	AJ	Female	14

Note: All families have at least one member who has a disability since this was one of the requirements before being granted housing in the resettlement community.

Since this study was a multi-phased project, informed consent was sought among the participants during various stages of the research process, and additional verbal assent was sought among participants of legally minor age. Participants may opt not to participate in succeeding stages even if they consented to join earlier activities. Although no one required specialized and focused intervention during the implementation of RFFP, the researchers planned to refer any case needing psychotherapy or medical attention to a licensed psychologist or psychiatrist. They made prior coordination with partner professionals regarding this added service as part of the groundwork.

Results

Phase 1: Pre-Intervention

The project's first phase involved an assessment of the participant's needs and perceptions about counseling, which served as the basis for developing the Resilience-Focused Family Psychoeducation (RFFP) program.

Needs Assessment

To determine the content of the RFFP, one of the objectives of the Pre-Intervention Phase was to determine family needs, issues, and concerns. A community-wide survey and focus group discussions with mothers and adolescents found that financial-, calamity-, and health-related issues were the predominant concerns. There was a lack of sufficient income and stable livelihood opportunities in the community, linked to other issues such as the inability to provide for children's needs or marital concerns. Likewise, although the village was intended as a relocation after typhoon Reming, it remained exposed to natural hazards due to its geographical location. Every family also has at least one member with a disability. These family needs, issues, and concerns were comprehensively discussed elsewhere (Botor & Cauyan, 2021)..

Perceptions of Counseling Process and Goals

To inform the structure and format of the RFFP, participants were asked to articulate their ideas of what a counseling program should look like. During the pre-intervention focus group discussions, participants characterized their view of counselees and counselors, shared their ideas about counseling goals, and offered suggestions on logistic aspects of the proposed program. Input from the community members was considered in developing the RFFP.

Characterizing the Counselee and the Counselor. Both parents and adolescents in the community agreed that anyone who can guide others in solving a problem could be a counselor, including priests, neighbors, teachers, and anyone capable of giving reasonable advice or help when there are problems.

There were some differences in the preferences of parents and adolescents regarding the counselor's persona. Parents preferred someone who knows how to manage interpersonal conflicts and someone affiliated with an organization providing counseling-related services. Parents recognized that some issues (e.g., domestic violence, sexual assault) could only be managed by professional psychological service providers. They also distinctly identified priests and social workers affiliated with church or government agencies as credible counselors. On the other hand, adolescents prefer someone who can make them comfortable, with a sense of humor, and who can converse with them. They distinctly identified teachers and friends as possible counselors.

There was a consensus between parents and adolescents about the identified counseling needs, such as relationships, socioeconomic conditions, and disaster experiences. Interestingly, parents also agreed that counselees are willful agents with the power to decide. As one parent summarized, it depends on the counselees if they will heed the advice given by others.

Defining the Purpose and Goals of Counseling. Counseling was described as a process with purposeful goals. The participants' articulations pertained to the following counseling goals: (a) helping, (b) healing, (c) information-giving, (d) communicating, and (e) disciplining.

Counseling was conceived as helping people who are going through something, perhaps an unbearable problem. It was construed as a healing process, where someone seeks to recover or return to their usual disposition. Likewise, it was viewed as talking with someone directed towards recovery or towards making people understand the difficulties they are going through. According to parents and adolescents, counseling provides a platform to talk so parents can understand their children's problems.

Another goal of counseling, identified by the participants, was to bridge the gap in information that other people in the community could not provide. Counseling was conceived as information-giving in the form of advice to gain clarity about an event and understand why an event had to happen. Participants had expectations from the counselor to explain challenges, which they could not comprehend on their own.

Identifying Logistical Considerations. During the community meetings and the focus group discussion, logistical considerations were discussed to aid in designing the RFFP. In terms of length and duration, parents and adolescents thought that a counseling intervention should last for at least four and at most six sessions, each lasting for at least 30 minutes and not beyond 1 hour. They also emphasized that the schedule would be more feasible on weekends but may also be scheduled on weekdays depending on the family's availability. These articulations led to the decision to design RFFP as a brief intervention. Regarding the venue, parents and adolescents identified multipurpose halls, schools, and churches as possible venues for counseling. While the participants were open to home visits, having a common venue would also be feasible as long as the place is near and will allow the participants to focus on the activities. This informed the decision to hold the RFFP in the community's multipurpose hall during implementation.

Phase 2: Trans-Intervention

The project's second phase involved implementing the Resilience-Focused Family Psychoeducation (RFFP) program. The following are the goals, characteristics, content, and process of the RFFP, which was

designed based on the results of community meetings and focus group discussions during Phase 1.

Goals

The RFFP aimed to (a) provide opportunities for meaning-making, (b) enhance participants' coping skills, (c) strengthen intra-familial resources, and (d) provide opportunities to reflect on learnings derived from adverse experiences. Similarly, it was designed to focus not only on adversity-specific issues but also on generic family issues experienced by the participants daily. This approach ensured that the program encompasses a comprehensive range of topics and supports participants in various aspects of their lives. The RFFP sought to promote holistic growth and development among participants by focusing on specific and general family issues.

Characteristics

The RFFP was designed to be (a) brief, (b) eclectic, (c) manualized, (d) resilience-focused, and (e) ecological. Recognizing that time is a valuable resource, especially for families facing economic challenges, it was designed as a concise intervention, consisting of eight sessions lasting approximately 2 to 3 hours, including waiting time and wrap-up. It utilized a combination of directive (e.g., advising, educating) and nondirective (e.g., creative activities, facilitating) approaches and followed a structured manual, ensuring consistency and replicability in its implementation. It also aimed to tap into the strengths of participating families. It recognized the family as a self-organizing system capable of utilizing protective factors within and outside the family to maintain its integrity and foster resilience in the face of adversity (Botor & Cauyan, 2020; Botor et al., 2018). Finally, it considered the socio-cultural and physical realities of the families in the community where it was implemented. For example, sessions were scheduled on weekends to accommodate parents' livelihood activities and the school-related duties of adolescent participants. Additionally, sessions were canceled during weather disturbances.

Content

The RFFP was comprised of a series of eight modules: (1) Joining the Family (Intake), (2) Understanding Adversity and Resilience, (3) Understanding the Family, (4) Cultivating Positive Emotions, (5) Communicating Positively, (6) Fostering Peace and Unity, (7) Solving Problems Collaboratively, (8) Setting Aspirations and Commitments (Termination). Table 2 provides a summary of these sessions.

The first session focused on establishing rapport between facilitators and participants, wherein the participants were allowed to share their experiences and establish therapeutic goals for the intervention. The second and third sessions encouraged participants to reflect on their family experiences in the context of the adversities they faced. Participants were encouraged to share their learnings from these challenges. The fourth to seventh sessions focused on building skills in emotional management, communication, problem-solving, and conflict management in the family setting. Participants were provided with practical tools and techniques to enhance their family relationships. The final session allowed participants to celebrate their accomplishments in the intervention, envision other areas of family life that can be improved, and plan how, as a family, they can work on these other areas. The RFFP contents integrate key elements from the Family Resilience Framework, such as meaning-making, collaborative problem solving, and communication enhancement.

Process

The RFFP consisted of six events participants underwent in each session: Communing, Centering, Co-Creating, Clarifying, Cultivating, and Contracting/Concluding.

Every session began with an opening activity (*Event 1: Communing; Pakikiisang-daigdig*) that aimed to prepare the family for succeeding activities. The facilitators engaged the families in sharing their inner experiences, i.e., “joining” (Minuchin, 1974), “pakikiisang-daigdig” (communing with someone’s world; Letargo, 2010, p. 62; Tanalega, 2004) to attune themselves to the families’ way of life.

Participants were given time to contemplate, reflect, or brainstorm about a concept or question. This process allowed participants to

Table 2. *RFFP Sessions*

Session Title	Description	Theoretical Basis
Joining the Family (Intake session)	This focuses on the joining process—getting in touch with the participants’ world; and, explored participants needs and goals for attending the session. It is where the concept of counseling and family psychoeducation are discussed.	Joining (Minuchin, 1974); <i>Pakikisang-daigdig</i> (Tanalega, 2004)
Understanding Adversity and Resilience	This serves as the backdrop of the other session as this is where the concepts of adversity and resilience are discussed. Families contemplated their disaster narrative and made sense of disaster as a family experience.	Family resilience (Walsh, 1996, 2002); <i>Bilog ng Buhay</i> (Lopez, 2009, 2014)
Understanding the Family	This leads the participants into a deeper reflection about their family system—the family structure, the roles and rules each member play, and their personal meaning of family	Family systems (Carandang, 1987; Bowen, 1966, 1978); Family environment (Moos & Moos, 1986)
Cultivating Positive Family Climate	This is a skill-building session where participants reflect about emotions and emotional management, as applied within family interactions. Emotional management techniques are taught.	Family climate (Moos & Moos, 1986); Dialectic behavior therapy (Linehan, 2015)
Communicating Positively	This is a skill-building session where participants reflect on the nature and dynamics of communication within the family system. Role plays enable participants to apply positive communication in Positive Guidance.	Family resilience (Walsh, 1996, 2002); Family environment, i.e., expressiveness, conflict (Moos & Moos, 1986); communication (Miklowitz et al., 2007, 2003)
Fostering Peace and Unity in the Family	This is a skill-building session where participants reflect on the nature and dynamics of conflict and conflict management. They also contemplate about peace. Role plays enable participants to apply conflict management techniques in Sibling-related Issues.	Family resilience (Walsh, 1996, 2002); Family environment, i.e., conflict (Moos & Moos, 1986)
Solving Problems Collaboratively	This is a skill-building session where participants are guided through the process of collaborative problem-solving. Brainstorming exercises allow participants to employ the stages of problem solving in a real problem they experience.	Family resilience (Walsh, 1996, 2002); Family environment, i.e., organization, control (Moos & Moos, 1986); problem solving (Miklowitz et al., 2007)
Setting Aspirations and Commitments (Termination)	This is the termination session of the RFFP where participants discussed about their accomplishments in the RFFP and what their aspirations are.	Family resilience (Walsh, 1996, 2002)

focus on the central issues where the “centrifugal force of healing” lies (Letargo, 2010, p. 63; Tanalega, 2004).

The third event involved collaboration between mothers and their adolescent children (*Event 3: Co-creating; Pakiki-likha*). The dyads were engaged in performing a task together, providing an opportunity for family members to work together and share thoughts and feelings regarding the creative process. For example, in Session 2, the participants were asked to contemplate the “*Bilog ng Buhay*” (Circles of Life; Lopez, 2009; 2014) across the disaster timeline (Table 3), wherein they reflected on their feelings and thoughts (*kalooban*), external realities and relationships with others (*kapwa*), resources and sources of empowerment (*kalakasan*), and meanings they ascribe to their experience (*kabuluhan*). On the other hand, in Session 3 (*Understanding the Family*), they were asked to visualize their home ecology and how this relates to their intra-familial relationships (Figure 2).

Information-giving followed the collaborative creative process (*Event 4: Clarifying; Paglilinaw*). The facilitators provided input on the activity's concept or topic, encouraging participants to ask questions and provide their insights. The Clarifying process was inspired by the Balik Kalipay Training Model (Lopez, 2014), which referred to learning input about trauma recovery. In the RFFP, Clarifying played a central role in educating families on various topics related to family dynamics in the context of adversity. This approach aimed to provide families with a deeper understanding of their challenges and equip them with the necessary tools to overcome them.

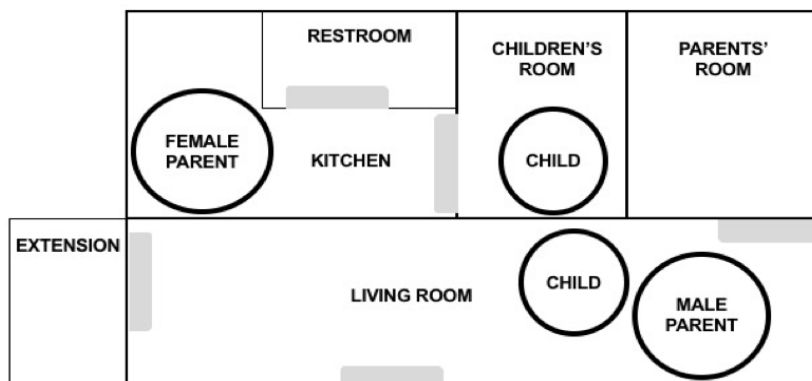
Participants were further engaged in reflection about the psychoeducation material, interfacing it with the family's output in the previous stages (*Event 5: Cultivating; Paglinang*). Creative techniques, mostly role plays, and simulations, were employed to deepen the family's understanding of the topic and hone specific skills. The Cultivating process was inspired by the Balik Kalipay Training Model (Lopez, 2014), which also focused on skills enhancement. For example, in Session 3 activity “*Tayo'y Maghanda*” (Let's Prepare), participants were engaged in developing a disaster preparedness plan (Table 4).

Table 3. Summary of Participants' Output in the "Bilog ng Buhay" across the Disaster Timeline Activity (Co-Creating Stage; Session 1)

Dimension	Before the disaster	During the disaster	After the disaster
Kalooban (inner reality)	<ul style="list-style-type: none"> Walang problema¹ Walang isipin¹ Masaya² Panatang² 	<ul style="list-style-type: none"> Takot^{1,2} Hina ng loob¹ Nerbiyos¹ Iniisip na sana buhay pa ang asawa para may katulong¹ Nagalit--Bakit may bagyo? Bakit unfair ang tulong?¹ Na-troma; lubhang takot at pangamba^{1,2} 	<ul style="list-style-type: none"> Masaya dahil nalampasan ang disaster^{1,2} Tahimik na ulit¹ Medyo malungkot dahil maraming nasira² Mas safe ang pakiramdam dahil narelocate²
Kapwa (external reality)	<ul style="list-style-type: none"> Nakatuon sa pamilya^{1,2} Nagbibigayan sa loob ng pamilya² 	<ul style="list-style-type: none"> Tinulungan ng kapwa--pagkain, pinatira sa tahanan¹ Nagtulungan ang mga magkakapit-bahay kahit may away-away¹ Gustong makapagbigay¹ Pakikipagkapwa² Pagdadamay² 	<ul style="list-style-type: none"> Mas nagtutulungan¹ Mas nakihalubilo sa iba¹ Pasasalamat sa kapwa¹
Kakayahan (empowerment)	<ul style="list-style-type: none"> Pakikipagtulungan sa kapwa¹ Kaunti ang kaalaman sa disaster dahil walang karanasan² 	<ul style="list-style-type: none"> Pinalakas ang loob¹ Nagdasal¹ Nagtiwala sa kapwa² Nagtiwala sa Diyos² 	<ul style="list-style-type: none"> Mas naging matibay ang pamilya¹ Pananampalataya sa Diyos^{1,2} Pamilya²
Kabuluhan (inner peace; meaning of the experience)	<ul style="list-style-type: none"> Nakatuon sa kung paano patatagatin at pagtitibayin ang pamilya¹ Umiiikot ang buhay sa pamilya² Pagtutulungan¹ Paguunawaan¹ 	<ul style="list-style-type: none"> Nawawalan ng pag-asa¹ Hindi alam ang gagawin¹ Ipinagpapasa-Diyos na lang¹ Nakatuon sa kung paano iligtas ang pamilya² 	<ul style="list-style-type: none"> Mas patatagin at pagtuunan ng pansin ang pamilya^{1,2} Maganda na ang pananaw sa buhay¹ Moving on¹ Pakikipagkapwa²

Note: ¹ first multifamily group, ² second multifamily group

Figure 2. Graphical summary of the participating families' home ecology.



The RFFP concluded with the establishment of behavioral contracts between facilitators and families, as well as between the mother and the child, to solidify their commitment to practicing the skills learned during the sessions (*Event 6: Contracting/Concluding; Pakikipagkasunduan/Pagbubuod*). These contracts took the form of family homework, which participants were encouraged to complete with other family members absent in the session. This final stage also served as an opportunity to gather participants' insights and schedule the next session.

Table 4. *Summary of Participants' Output in the "Tayo'y Maghanda": Disaster Preparedness and Responsible Family Members Activity (Cultivating Stage; Session 3)*

Activity	Responsible Family Members (based on participants' output)
Mag-ayos ng bahay lalo na ng bubong at bintana	Tatay; anak na lalaki
Maghanda ng pagkain	Nanay
Maghanda ng panggatong at kailangan sa pagluluto	Anak na babae
Mag-ayos ng mga gamit para hindi mabasa	Nanay; tatay; anak na babae
Magdala ng mahahalagang dokumento	Nanay
Unahing dalhin sa evacuation center ang anak na PWD	Nanay
Pagtatago ng reserbang pera	Nanay
Makinig sa kinaukulan	Lahat
Magdala ng mga damit, gamot, tubig, pagkain, radio, flashlight, at malinis na tubig	Lahat
Magdasal	Lahat

Phase 3: Post-Intervention

Perceived Learnings and Insights from RFFP Participation

Participants' insights and learnings could be categorized into (1) finding and cultivating strengths, (2) understanding and managing emotions, (3) making sense of the disaster experience, (4) recognizing family support in times of adversity, (5) contemplating about preparedness, (6) family communication, (7) gaining insight about family affairs, and (6) family collaboration.

Participants, primarily the mothers, articulated that they were able to overcome their hesitations in sharing their thoughts:

Nung una nakakahiyang magsalita, nakaka-alangan sumagot kasi minsan iniisip ko kung tama ba yung sagot ko. Pero nung nagtagal-tagal na, okay na. Nawawala ang nerbiyos ko kasi 'pag kung ano ang nararamdaman mo naipahayag mo sa kanila, okay ka na sa kanila. [At first, I was ashamed to speak. I hesitate to answer because I kept thinking if my answers are correct. But later on, I felt okay. My fears vanished because as long as you are able to articulate what you feel to them [the group], you are already okay.] (VF, Mother, 44 years old)

They were able to gain a deeper understanding of emotions and the value of being concerned about how what each family member feels in their relationships within the family system:

Mahalaga ang pag-iintindi ng magkakaibang uri ng emosyon ng tao, Kasi palibhasa maaaring magdulot ng positibo or negatibo depende sa nakikinig at kung paano natin to idedeliver sa kanila sa pamamagitan ng positibong komunikasyon. [It is important to understand that there are different kinds of emotions, and that these emotions may lead to positive or negative consequences depending on who is receiving it and on how we deliver it.] (BA, Mother, 39 years old)

Ang emotion po at pamilya ay magkakonektado lang tapos dapat kung ano yung emotion ng isa intindihin ng isa para magkaunawaan sila. [Emotion and the family are connected and there's a need to recognize one another's emotion to understand one another.] (GA, Adolescent, Female, 15 years old)

The discussion on adversity was mentioned as a significant learning, wherein they were able to express the meanings they ascribe to their challenging experiences and articulate their hopes and source of strengths amid adversity:

'Yung pagsubok hindi yan naaalís. Nandyan 'yan. Steady lang 'yan sir. Ang pagsubok pala proseso ng pagdadala mo, kung pano mo dalhin yung sarili mo. Kasi minsan pag binigyan ka ng pagsubok, minsan gi-give-up ka na lang. So sa akin talaga ang pagsubok nandyan, nalalampasan, at hindi talaga naaalís. [Adversities will remain. They are steady, sir. And, for me, what matters is how you carry them, how you carry yourself. Because sometimes, when you are given a challenge, you just give up. So, for me, really, it was adversities—will remain, you can overcome them, they will remain.] (LN, Mother, 41 years old)

An kada saro kami na puno kasi ang bawat isa po sa amin ay matatag gaya ng puno, di basta basta natutumba. Tapos ito pong mga bilog-bilog, ito po yung mga pagsubok. Kahit po maraming pagsubok, kagaya po ng puno, nakatayo pa rin po kami, ang bawat isa. Tapos siyempre po ang nasa center po ng life namin is si God po, sa Kanya kami humuhugot ng lakas [Each of us [in the family] are trees. Each one of us is strong like the trees, not easily fallen. Then these circles, these are challenges. Although there are challenges, just like the trees, we remain standing, each of us. Then at the center of our life is God, it is from God that we draw our strengths]. (MJ, Adolescent, Male, 17 years old)

In line with this, they were able to reaffirm the role of the family in addressing life's challenges and recognize the value of preparedness.

Sa amin po, naging matatag sa mga oras na may problema... Magkaroon ng komunikasyon sa bawat isa. Kapag may dumating na problema, pagusapan nang maayos. Nagtutulungan sa lahat ng bagay lalo na sa pinansyal at sa mga gawain sa bahay. Dapat wag alisin ang tiwala sa isat isa, pang unawa, pagmamahal. [In our case, we need to be strong in times of problems... Communicate with one another. When problems come, talk about it properly... Helping one another especially in money and household matters. Never take away trust, understanding, and love.] (LC, Mother, 49 years old)

Moreover, participants expressed that they have become more concerned and sensitive about the preoccupations of each family member, and thus have become more cognizant about the state of affairs within the family:

Dito sa programa mas na-realize po naming ang totoong situasyon ng aming buhay...nadagdagan ang aming kaalaman sa pag-handle ng situasyon ng pamilya. [Here in the program, I realized the real situation of our life...I learned more about how to handle family situations.] (BCA, Mother, 39 years old)

Dito mas nakilala ko yung miyembro ng pamilya...ano 'yung mga kagustuhan nila, kasi di ko naman talaga yun pansin pag nasa bahay kasi ako palagi ngang wala. [Here I was able to know more about my family members and their desires, which I usually do not notice because I spend most of my time at school.] (MJ, Adolescent, Male, 17 years old)

Finally, the value of family communication and collaboration was also underscored as an important realization from the sessions:

Isa sa mga natutunan ko na dapat bawat kasapi ay nakikipag-communicate, upang masolusyunan at mapag-usapan ng pamilya kung ano ang dapat gawin... kapag may suliranin o hamon tayong kinakaharap, dapat pag-usapan ng pamilya at planuhin ng Mabuti. [One of the things I learned is that every

member of the family should communicate so that problems can be solved and the family can talk about what should be done. When we face adversities and challenges, the family should talk and plan very well.] (LLE, Mother, 37 years old)

Mas naging open ako kasi honestly kaya, bako man ako masyadong showy sa family ko lalo na pag may mga problema. Minsan tigsasadiri ko hanggat kaya ko pa. May times na pag dae ko na kaya, nagkoconsult ako kay ma pa. Kaya ngunyan narealize ko na mas maging open talaga. [I became more open because honestly, I am not very showy in my family especially if there are problems. Sometimes I just deal with my problems on my own. There are times when I can't anymore do it, I consult 'Ma and 'Pa. So now I realize that it is good to be open.] (VJ, Adolescent Female, 18 years old).

Facilitating Factors and Barriers

When participants were asked during the post-intervention FGDs to identify facilitating factors and best practices, their responses can be categorized as (a) preparedness and attentiveness of the facilitators and (b) using creative activities.

Participants expressed that it was helpful when the facilitators asked questions and provided them the opportunity to express their thoughts:

'Yung facilitator po nagtatanong siya, parang binibigyan niya ng pagkakataon na magbukas ng nararamdaman tapos nagtatanong siya kung ano yung opinyon. [The facilitators, they were asking questions. Like, we were allowed to openly express what we feel, and they asked us to share our opinions.] (NB, Mother, 48 years old)

The adolescents, in particular, articulated that the facilitators' commitment to implementing the sessions motivated them to attend the sessions continuously:

Dawa po taga-Manila sinda naappreciate mi na naga-bisita sinda samo every weekend; na-feel mi po si concern ninda samuya. [Even though the facilitators are based in Manila, we appreciate that they visit us every weekend; we feel their concern for us.] (NM, Adolescent, Female, 18 years old).

Nakaka-inspire po na determinado sinda saka naappreciate mi po na piga-seryoso ninda ang kada meeting. [Their determination was inspiring, and we really appreciate that they take every meeting seriously.] (AM, Adolescent, Female, 15 years old).

Likewise, the collaborative and creative activities were cited as one of the factors that facilitated participation:

Saka parang naging masaya kami ng anak ko kasi parang yung activity po, parang naglalaro lang kami, 'yung bonding po namin. [It feels like we were happy, my child and I, because of the activity. We were just like playing. That's our bonding.] (AE, Mother, 37 years old)

Na-appreciate ko yung mayroong mga exercise para gumaan ang aming pakiramdaam at isa pa doon naipahayag naming ang among damdamin. [I appreciated it because there were exercises to make us feel lighter and, also, we were able to express our feelings.] (BCA, Mother, 39 years old).

However, some areas of the program hampered participation and need to be improved in the future, such as (a) lack of time and (b) use of instructional materials.

One of the challenges in implementing the program was time. There were many instances when participants arrived late, but since the group agreed to wait only when the majority were around, this took time away from the activities. There were also instances when family emergencies or responsibilities at home curtailed the participant's ability to join the session:

Minsan pag presentation saka sharing kulang ang oras ta dakol nale-late; saro-saro nag-aabot, dai kita nagkakasaro. Magparahalat muna na makumpleto bago makapuon. [Sometimes during the presentations and discussions, the time was insufficient since there are times when we would come one-by-one and we had to wait for the group to be complete before we could start.] (RR, Mother, 37 years old)

May mga emergency arog kan-naospital si pamangkin o pig-sugo magbantay tindahan. Magayon Domingo nin hapon an mga meeting. [There were emergencies, like when my nephew was hospitalized, or I was asked to tend the store. It would have been great if we only had the meetings during Sunday afternoons.] (LAN, Mother, 37 years old)

The program was also implemented through hands-on materials, meta-cards, and flip charts. However, some participants expressed that using a projector and providing hand-out would be beneficial:

Sana may handout pakatapos kang session ta duman mi pigasundan ano nang masunod saka ano nang i-di-discuss. [I wish there were handouts after the sessions. The handouts will help us track the progress of the sessions because they use them to follow the topics and whatever is being discussed.] (NB, Mother, 48 years old)

Although not mentioned by participants, the facilitators observed that while younger adolescents participated during tasks and were enthusiastic in helping their parents during role plays and other creative activities, they were less engaged during discussion. On the other hand, older adolescents were more articulate in expressing their thoughts during the sessions. Likewise, participants have articulated (not in the focus groups but during informal conversations with the facilitators) that they tend to forget their family tasks/homework because of their household chores.

Discussion

The present study aimed at developing and initially evaluating the Resilience-Focused Family Psychoeducation Framework (RFFP) as applied among selected families in a post-disaster resettlement community. It sought to (a) explore participants' perceptions of counseling, (b) describe the goals, content, and process of the RFFP, (c) determine participants' learning and insight from RFFP, and (d) determine facilitating factors, barriers, and areas for improvement.

Considerations in Community-Based Family Interventions

Based on the findings from this study, several areas that must be considered when developing and implementing family interventions in the community setting were gleaned.

Participants' Perception about Counseling. Participants had varying perceptions about counseling and its goals and structure. Participants believed that while professional training is needed to practice counseling, spiritual and community leaders can also offer psychosocial support, similar to previous findings (e.g., Gomez, 2007; Tuason et al., 2012). Parent participants described an effective counselor based on qualifications and skills, while adolescent participants described the counselor based on traits. Either way, a counselor is expected to be credible, friendly, understanding, and capable of guiding or helping (Gomez, 2007). Participants preferred a physical environment conducive to counseling (i.e., accessible, private, quiet), just like in earlier studies (e.g., Gomez, 2007). Considering the perceptions mentioned above when developing and implementing family interventions in the community setting may enhance acceptability and ensure that the intervention is well-received by the participants.

Logistical Considerations. Participants' insights on logistical considerations should also be considered. First, when developing and implementing family interventions in the community setting, it is crucial to consider the concept of ecological validity, which refers to the appropriateness and feasibility of counseling within the

client's ecosystem (Cook, 2015, p. 173). The participants in the study represented diverse backgrounds in terms of economics, culture, language, and psychosocial factors, alluded to in prior research among Filipino clients (e.g., Menguito & Teng-Calleja, 2010; Ocampo et al., 2013; Tuliao, 2014; Tuliao & Velasquez, 2014; Tuason et al., 2012). Conducting a comprehensive needs and situation analysis proved helpful in developing and implementing the Resilience-Focused Family Psychoeducation (RFFP) program. For instance, barriers related to time or conflicts between family tasks and household responsibilities were observed during the implementation, which had been anticipated due to the community members' need to sustain their economic activities.

Second, the duration of the intervention should be considered too, as participants were primarily concerned with their livelihood. Brief interventions have been found to bring lasting effects, a sense of prompt response among clients, focused response due to limited time, and a strategic way to assess if further intervention is needed (Brech & Agulnik, 1998). They are also cost-effective, yielding positive outcomes with fewer resources (Al-khatib & Norris, 2015; Duvall et al., 2012).

Lastly, since Filipino clients ascribe great importance to family, and advice-giving is seen as a legitimate form of support, family psychoeducation (Anderson et al., 1980; Miklowitz, 2008) is deemed an appropriate framework for family interventions (Anderson et al., 1980; Miklowitz, 2008).

Building Resilience through Family Psychoeducation: Goals, Contents, Processes, and Outcomes

The present study offered initial insights into how the Resilience-Focused Family Psychoeducation (RFFP) program fostered family resilience by addressing specific aspects of the participants' experience of adversity. This included the high-impact exposure to natural disasters and the daily challenges within the family system. The Family Resilience Framework (Walsh, 1998, 2003) served as a valuable model for informing the content of the RFFP and making sense of participants' experiences.

By design, the elements of the RFFP mapped out to the critical core processes, namely the family belief system, organizational

processes, and communication patterns. For example, as earlier shown in Figure 2, sessions focusing on understanding family situations and the shared experience of adversity address family belief systems (Walsh, 1996; 2002). Concomitantly, sessions on fostering positive family climate, effective communication, and conflict resolutions respond to communication processes, while collaborative problem solving and commitment setting target organizational patterns (Walsh, 1996; 2002). These findings align with previous research highlighting the importance of family resilience in crisis situations and the role of positive experiences, supportive environments, and strong relationships in promoting resilience.

The Filipino family is unique in structure and dynamics compared to its Western counterpart, as it is close-knit (Tarroja, 2010). This was apparent in the articulations from the participants as they undergo the sessions of the RFFP. For example, while the RFFP did not explicitly integrate cultural elements such as “tagasalo”/ “pagsasalo” (Udarbe, 2001; Carandang, 1987) or “pagdadala” (Decenteceo, 1997, 1999) in the framework, participants have shared experiences during the sessions which embodied these elements, such as when children took over some of the parental tasks to aid the family or when some parents bore the internal strife amid the aftermath of the disaster experience.

Cultural nuances such as great respect for the guidance and counsel of older persons (Tuason et al., 2012) also influenced the modality through which the RFFP was implemented. This enlightened the dyadic format, wherein at least a family dyad represented by an older member (e.g., mother, father, guardian) and a younger member of the family (e.g., children, wards) should be present. The family psychoeducation approach provided knowledge and skills among the mothers in communication enhancement and problem-solving skills training (Miklowitz, 2008; Miklowitz et al., 2007; McFarlane, 2002) and engaged the adolescent child in the collaborative learning process. However, further studies are needed to examine if RFFP benefits younger family members or how to cater to their needs within the family dyads.

Paired with the multifamily groups (MFG) set up that “combines education, family support, crisis intervention, effective

communication strategies, and problem-solving training” (Jewell et al., 2009, p. 871), the family dyads also learned from participants coming from other family units with unique family culture and environment (Anderson et al., 1980). MFG is unique because it optimizes the benefits of family interventions since it also capitalizes on the healing power of groups (McFarlane et al., 1995).

In due course, the present study showed, based on participants’ articulations, that participation in the RFFP helped them cultivate psychological strengths, manage their emotions, make sense of the adverse experience, and plan for family-level activities in case the future adversities arise. This emphasizes that while resilience can be viewed as a trait with relatively predictable trajectory, the RFFP capitalizes on it also being an outcome and a process (Southwick et al., 2014). Through aiming at specific psychosocial competencies such as emotional management, stress inoculation, or interpersonal relationships, the ability to resile is also built. Prior resilience-based interventions have already sought to employ this approach (e.g., Hechanova et al., 2015a; Helmreich et al., 2017). RFFP only situates these competencies in the context of the family system, with the assumption that these skills could also be experienced and honed primarily through interactions and relationships with family members.

Limitations and Future Directions

Several limitations need to be considered in interpreting the findings from this study. The focus group discussions were conducted by the main facilitators of the program, which might have restrained the participants from articulating other areas that they thought should be improved. Although measures to ensure trustworthiness, such as peer validation of the qualitative data analysis procedure and member checking, were employed, future studies evaluating the RFFP may benefit from having separate groups implementing and evaluating the program.

Future research should also focus on incorporating participants’ suggestions and addressing observed barriers during the RFFP sessions. For instance, enhancing the engagement of younger adolescents in the discussion, finding ways to motivate families to do

their homework more consistently, providing more time for activities, using instructional materials, and strategizing for the best schedule should be considered in enhancing the program and subjected for future evaluation.

Since this study involved a small number of families within a specific resettlement area having a unique socio-demographic characteristic, further explorations should be done on other communities with diverse circumstances to expand the applicability of this program. Evaluating the effectiveness and efficacy of RFFP using experimental or longitudinal designs and as applied in diverse contexts is warranted.

These limitations suggest areas for future research that can improve the RFFP program, expand its applicability to diverse communities, and provide more robust evidence of its effectiveness.

Conclusion

The family's pivotal role in Filipino culture provides a unique opportunity to extend psychosocial interventions that foster resilience, enhance well-being, and cultivate a higher quality of life among families, particularly in underserved and marginalized communities. The Resilience-Focused Family Psychoeducation (RFFP) program aims to serve as an additional resource for counselors working in schools and communities, supporting families facing diverse adversities. By empowering families to make sense of their adversities, tapping into their inner strengths and external support systems, and collaboratively improving normative family processes, counselors can effectively respond to the evolving needs of Filipino families.

Author Notes

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