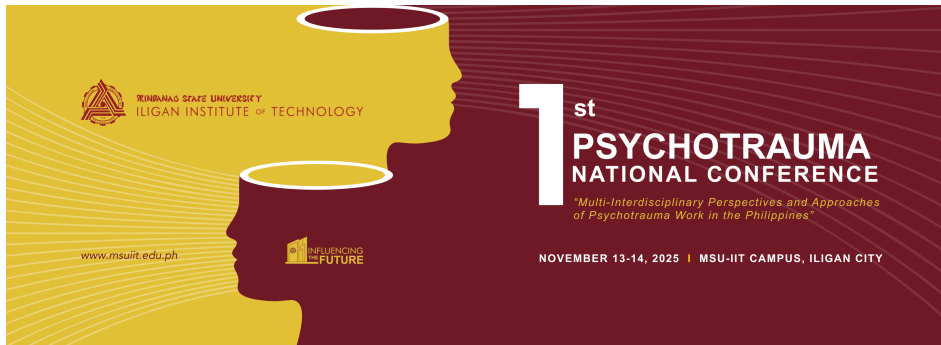


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Book of Abstracts

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Determinants of Mental Health among Disaster-Prone Communities in Caraga, Philippines: A Structural Equation Modeling Analysis

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ABSTRACT

As an integral part of health and well-being, individuals adopt various strategies to protect their mental health. However, certain uncontrollable factors, such as natural disasters and calamities, can still negatively impact their well-being. Residents in disaster-prone areas may encounter unique circumstances that can significantly impact their mental health. This study explored the determinants of mental health among disaster-prone communities in the Caraga Region, Philippines, among a sample of 560 participants from five different localities in the region. This study utilized a cross-sectional quantitative research design utilizing adapted instruments measuring attitudes towards mental health problems (ATMHP), depression (PHQ9), anxiety (GAD-7), and distress (K10). The study's results indicated that for this sample, participants are generally likely to be well, albeit with mild anxieties and depression, which may be brought about by concerns surrounding their day-to-day activities. The findings also suggest that while participants believe their families do not hold negative attitudes toward mental health issues, they still express concerns about how their families might be perceived if they themselves faced such problems. Regression analysis also revealed that community attitudes toward mental health problems and anxiety are significant predictors of depression. Furthermore, shame and distress appeared to mediate the relationship between attitudes toward mental health problems, anxiety, and depression. Although results may not be generalizable to all populations, it underscores the impact of how an individual's perception of how their community views mental health problems play a role in the well-being of people who continuously experience environmental threats.

Keywords: mental health, depression, distress, anxiety, disaster-prone communities

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Prevalence and Patterns of Adverse Childhood Experiences Among Adult Inpatient Residents with Substance Use Disorders of Department of Health Drug Abuse Treatment and Rehabilitation Center Bukidnon

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Prevalence and Patterns of Adverse Childhood Experiences Among Adult Inpatient Residents with Substance Use Disorders of Department of Health Drug Abuse Treatment and Rehabilitation Center Bukidnon

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Abstract

Adverse childhood experiences (ACEs) are common among people with substance use disorders (SUD) and

Keywords: Adverse Childhood Experiences, Trauma, Substance Use Disorders, Addiction

Background

There is a growing body of literature linking adverse childhood experiences such as a history of childhood abuse to substance use disorders (De Bellis, 2002; Ducci et al., 2009; O'Connell et al., 2007), and with initiation of early drug use (Arria et al., 2012). Growing evidence also suggests that exposure to trauma during childhood has long-term consequences (Spataro et al., 2004). Sexual, physical, emotional abuse and neglect, or multiple types of maltreatment (Nguyen et al., 2010) have linked to low self-esteem (Nguyen et al., 2010), problematic substance use (Markowitz et al., 2011; Ompad et al., 2005), delinquent behavior (Cudmore, Cuevas, & Sabina, 2015), impaired cognitive development (Mills et al., 2011), and a range of physical health disorders (Wegman & Stetler, 2009). The vast majority of these cross-sectional studies have focused on the effects of trauma on individuals who have either been exposed to single or multiple traumas.

Trauma as described by the American Psychiatric Association (2000), is a perceived experience that threatens injury, death, or physical integrity and causes feelings of fear, terror, and helplessness. It includes abuse, violence, neglect, loss, accidents, disasters, war, and other emotionally harmful experiences (American Psychiatric Association, 2000). The negative effect of trauma during childhood can persist into adulthood; thus, experiences of trauma during childhood increase the likelihood of physical and psychological problems (Edwards et al., 2003). Numerous studies have linked childhood trauma to substance abuse/dependence. According to Enoch (2011), individuals who have early childhood trauma are more vulnerable to use alcohol and drugs in order to cope with stressful situations.

The current evidence on trauma is inconclusive and largely based on a single exposure of traumatic events. Practitioners working in childhood trauma have proposed a potential subtype of trauma referred to as complex trauma (Courtois, 2008). Cumulative or increasing trauma exposure during childhood shows an increased risk for difficulties in adulthood that leads to increased symptom complexity (Cloitre et al., 2009). The term "complex trauma" is used to describe both the exposure to multiple forms of traumatic experiences and the "immediate and long-term impact of such exposure on the child" (National Child and Traumatic Stress Network, 2011). It is different from simple trauma in that the traumatic experiences are generally chronic, of multiple forms, and occur within the child's caregiving system (Spinazzola et al., 2005).

Across lifespan, complex trauma is linked to both psychological and physical problems including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors, and other psychiatric disorders (National Child and Traumatic Stress Network, 2010). Few studies so far have examined the full context of complex trauma and its related symptomatology. The current psychiatric diagnostic classification system does not have an adequate category to capture the full range of the traumatized individual experience. Although it can be noted that PTSD diagnosis is often used, this rarely captures the extent of the developmental impact of multiple and chronic trauma exposure (National Child and Traumatic Stress Network, 2003).

Rationale

Adverse childhood experiences (ACEs) and exposure to trauma are well-documented predictors of negative outcomes across lifespan (Haczekewicz et al., 2014). The wealth of empirical evidence suggests that there is a heightened vulnerability to mental health disorders, risky behaviors, and substance use among populations with high adversities such as abuse, neglect, and household dysfunction prior to age of eighteen (Hughes et al., 2017; Shahunja et al., 2025). The current study is developed to document in relation to the sociodemographic characteristics, prevalence of ACEs and its types, levels of cumulative exposure, and trauma exposure of residential patients for substance abuse treatment. Evidence from this study is necessary in the development of contextualized programs, and integration of trauma-informed care into mental health and addiction services for residential patients with substance use disorders.

METHODS

Sample

One hundred ninety-five (n=195) were admitted between 2022 to 2024 in DOH Drug Abuse Treatment and Rehabilitation Center located in Malaybalay City, Bukidnon. All participants met current Diagnostic and Statistical Manual of Mental Disorders 5-TR Methamphetamine criteria (American

Psychiatric Association, 2017), and had resided in the therapeutic community for ≥ 6 months. All participants underwent screening and interview as part of the standard procedure prior treatment. All participants in this investigation were fully informed and provided with written informed consent. The study was formally allowed for research and intervention development only by the Chief of the Center.

Measures

Adverse Childhood Experiences

The ACE-Q consists of 10 dichotomous (Yes/No) items that assess exposure to adverse childhood experiences across two domains: abuse / neglect (5 items) and household dysfunction (5 items). The questionnaire was originally developed for the landmark ACE Study conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) from 1995 to 1997 (Felitti et al., 1998). The internal consistency of the ACE-Q has been demonstrated, with Cronbach's alpha coefficients typically ranging from 0.70 to 0.76 (Olah et al., 2023; Wingenfeld et al., 2010). Factor analytic studies have supported the two-domain structure of the ACE-Q (Mersky et al., 2017; Michael et al., 2025). Construct validity of the ACE-Q is supported by its ability to predict health outcomes in the directions hypothesized by developmental traumatology models. The scale demonstrates expected relationships with measures of depression, anxiety, substance use disorders, and physical health conditions (Hughes et al., 2017).

Trauma Exposure Checklist

Trauma Exposure Checklist is a developed form by the researchers in addition to childhood adversity measure. Respondents were asked about lifetime exposure to traumatic events which accounts for traumatic experiences such as accidents, natural disasters, sexual assault, and others that posed a threat to life or physical integrity. Responses were coded dichotomously as yes or no to determine whether the individual had experienced at least one traumatic event in the lifetime.

Data Analysis

In the present study, descriptive statistics were employed to summarize the demographic profile of the respondents and to present the distribution of adverse childhood experiences (ACEs), level of adversity, and trauma exposure. The categorical variables such as age, civil status, educational attainment, and religion were computed to describe frequencies and percentages. Similarly, statistical procedures were applied to summarize the types of ACEs reported, the classification of respondents based on the cumulative adversity scores, and the distribution of lifetime trauma exposure. The prevalence of ACEs and trauma within the sample were utilized to present findings systematically in tables, allowing for a greater understanding.

Results And Findings

The descriptive profile of the respondents revealed that the majority were in early adulthood (71.28%), followed by middle adulthood (25.12%), with only a few adolescents (3.07%) and older adults (0.51%). Most respondents were married (61.02%), while 38.97% were single. In terms of educational attainment, the highest proportion reported some secondary education (29.74%), followed by some college (17.94%), while only 7.69% completed a bachelor's degree. The religion was predominantly Roman Catholic (69.23%), with other Christian denominations (25.64%) and Islam (5.12%) making up the rest.

Adverse childhood experiences (ACEs) were highly prevalent. Among abuse and neglect categories, physical abuse (35.87%) and emotional abuse (35.3%) were most frequently reported, alongside physical neglect (33.84%) and emotional neglect (32.3%). Sexual abuse, though less frequent, was still present (7.64%). Within household dysfunction, a household member with substance abuse (51.28%) was most common, followed by incarcerated family members (33.33%), parental separation (27.69%), and exposure to maternal violence (18.97%). Parental mental illness was the least reported (7.69%).

The cumulative adversity index indicated that only 19.48% reported no adversity, while 43.07% experienced low to moderate adversity. Notably, 23.07% reported high adversity and 14.35% very high adversity, indicating that more than one-third of the respondents endured severe cumulative adversity. In addition, trauma exposure was nearly universal, with 96.41% of respondents reporting at least one traumatic experience in their lifetime.

Conclusion

The current study shows a high prevalence of childhood adversity and trauma among respondents. Notably common among early and middle adulthood which are crucial developmental stages for identities and relationships. Furthermore, the high levels of adverse childhood experiences at these stages underscores unresolved trauma making a significant impact on psychosocial adjustment, resilience, and well-being (Finch et al., 2024; Zhu et al., 2023). One of the significant findings in the study is the widespread household dysfunction, particularly substance abuse and incarceration, highlighting the intergenerational nature of trauma. This is consistent with prior findings linking adverse family environments to disrupted attachment, risky behaviors, and poor mental health outcomes in adulthood (Almeida et al., 2024; Iniquez & Stankowski, 2016; Scorza et al., 2022). While there is a low incidence of sexual abuse and parental mental illness in the current study, this otherwise does not diminish the potential clinical significance, even on small proportions the impact of these adversities can represent severe impacts on those affected.

Findings from the study also demonstrates considerable risk burden, as it shows that nearly four in ten respondents reported high to very high adversity. Congruent with established adverse childhood experiences literature, high childhood adversities among individuals are greater risk for psychiatric disorders such as depression, anxiety disorders, post-traumatic stress disorders (PTSD), and substance use disorders (Wagner et al., 2007; Gu et al., 2022; Tzouvara et al., 2023; Hughes et al., 2017; Shahunja et al., 2025). This further compound the nearly universal trauma exposure of the respondents suggesting potential disruption of healthy development.

Notably, the present sample in the current study has extensive and cumulative adversity, nearly universal trauma exposure, and elevated risk for poor psychological outcomes. This highlights that early adversity and trauma are common among the sample with substance use disorder. Along with symptom and harm reduction for substance use, residential treatment must also address underlying traumatic experiences and rebuilding resilience that foster long-term recovery.

In conclusion, the findings of the study suggest important considerations that can inform assessment and treatment. First, residential programs must look into the design around trauma-informed principles as a standard of practice that includes a safe environment and minimalization of trauma. Equally important is a policy support in expanding residential programs that trains staff in ACEs, trauma, and culturally sensitive approaches. Second, the high rates of household substance abuse and family incarceration suggest normalization of dysfunctional family patterns. This calls for an intervention that extends beyond the individual which integrates awareness on the impact of childhood adversities to maladaptive coping mechanisms and substance use. Finally, as established in literature on the mechanism of addiction as a self-soothing strategy for distressing emotion caused by unresolved trauma, relapse prevention should emphasize strengthening skills in emotion regulation, distress tolerance, and building healthy relationships.

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The Efficacy of Accelerated Resolution Informed Therapy on Trauma for Survivors of Intimate Partner Violence

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Intimate partner violence (IPV) is a significant public health threat, affecting the lives of survivors, with women being particularly vulnerable. While IPV is increasingly recognized as a potentially traumatic event, there is limited understanding of how women in the Philippines can benefit from an innovative, empirically-based psychological intervention. This paper investigates the effectiveness of Accelerated Resolution Informed Therapy (ARIT) in decreasing trauma and depressive symptoms and enhancing the quality of life for women who have survived IPV. Using a concurrent embedded design with a pretest-posttest single-group quasi-experimental approach, the study involved sixteen eligible women. Results indicated that the ARIT led to a substantial reduction in Post-Traumatic Stress Disorder (PTSD) scores ($z=-3.525$, $p=.000$), Complex Post-Traumatic Stress Disorder (CPTSD) scores ($z=-3.300$, $p=.000$), and depression scores ($t=-13.33$, $p<.000$). Furthermore, the intervention demonstrated a significant improvement in various domains of quality of life: physical ($z=-3.526$, $p=.000$), psychological ($z=-3.357$, $p=.000$), relationships ($z=-3.543$, $p=.000$), and environmental ($z=-3.529$, $p=.000$). The women translated their trauma experience into dynamics of control and coercion,

loss of self and identity, and triggers and anxiety. During the initial phase of ARIT, the participants encountered struggles. However, there was a transformative shift towards attaining relief from emotional distress, improved emotional regulation, and an increased sense of empowerment after they underwent the intervention.

Poster Presentations / 5

Perceptions of Mental Health Counseling: A Qualitative Study of Parents and Students

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The recent health crisis has led to a sharp and alarming increase in anxiety and depression throughout the Philippines, affecting an estimated 3.6 million people, according to the Philippine WHO Special Initiative for Mental Health. Despite the urgent need for mental health services, deeply ingrained stigma surrounding mental illness continues to pose significant obstacles within Filipino society. This stigma discourages many from seeking professional help due to fears of negative judgment, misunderstanding, and the potential damage to their family's reputation in general. Moreover, individuals or family's experiencing mental health challenges often face social isolation, discrimination, and rejection from their communities, further exacerbating their struggles in life. These powerful cultural barriers really contribute to a widespread reluctance to access medical and mental health care, making it increasingly challenging to effectively address the growing mental health crisis in the country and even worldwide.

Keywords: Mental Health Counseling, Mental Health Issues, Stigma

OBJECTIVE

This research seeks to deepen understanding of how Generation X and Generation Z view mental health issues and counseling. By examining their attitudes, beliefs, and experiences, the research highlights similarities and differences between these age groups. This helps reveal how factors like cultural background, societal influences, and personal experiences shape their perceptions. Ultimately, the study provides valuable insights that can inform the development of tailored mental health services and communication strategies, ensuring they effectively address the unique concerns and needs of each generation.

SIGNIFICANCE OF THE STUDY

The study holds significance for both younger and older generations because it provides a clearer understanding of how these groups perceive mental health issues and counseling. It examines the complex attitudes they hold, including the stigma and acceptance present within their communities. These insights are crucial not only for individuals but also for professionals like guidance counselors and medical practitioners, as the findings help them recognize and challenge societal stereotypes and misconceptions that often hinder mental health support. By highlighting these barriers and attitudes, the study enables professionals to develop more targeted and effective approaches to mental health care. Additionally, this research serves as a valuable resource for future studies in the field, offering a foundation for further exploration of generational perspectives. Ultimately, the study contributes to broader efforts aimed at raising awareness and fostering greater acceptance of mental health counseling across all age groups, promoting a more inclusive and supportive approach to mental wellbeing.

METHODOLOGY

This descriptive qualitative research study centered on 12 nursing students from MSU IIT and their 12 parents, who were not employed in healthcare or medically related fields. The researchers conducted in-depth interviews with both generations—Generation X (parents) and Generation Z (students)—to gather rich, detailed data. Through careful analysis of these interviews, the study aimed to explore

and understand the perspectives and experiences of both groups, providing valuable insights into their views on mental health and related topics.

RESULTS

Generational theory and the Socio-cultural theory as the foundation for their research. It suggests that individuals from the same generation are influenced by the historical and social context of their upbringing, which affects their attitudes and behaviors. It emphasizes the role of social interactions and cultural influences in cognitive development, suggesting that individuals' beliefs and attitudes are shaped by their interactions and cultural norms. The researchers aimed to prove the existence of a generation gap in perceptions of mental health counseling between Generation X and Generation Z. However, the results of the study did not support their assumptions, indicating that the selected participants did not exhibit distinct perspectives on mental health counseling.

CONCLUSION

The older and younger age groups demonstrate encouragingly positive attitudes toward mental health, showing a readiness to seek professional assistance despite challenges like societal stigma. By exploring the experiences and viewpoints of these two generations, the study offers valuable insights into how mental health is perceived across different age groups. This nuanced understanding can inform the design of more effective interventions, support networks, and strategies that are sensitive to the unique needs of diverse populations. Ultimately, the study aims to raise mental health awareness, break down barriers, and foster a compassionate and supportive environment that empowers individuals to access the care and support they require.

RECOMMENDATION

Since the researcher assumed that attitude differences between Generation X and Generation Z, as social and cultural factors may not sharply separate their views. Instead of relying on broad generational labels, it is important to focus on individual and situational factors that influence mental health perceptions. Additionally, exploring other influences beyond generation and culture can provide a deeper understanding of these attitudes. It is also essential to recognize that social and cultural norms do not always create clear generational divides. Finally, increasing the sample size in future studies will help better capture evolving cultural and societal trends.

Parallel Session 2A: Enduring Trauma: How Armed Conflict and Violence Affect Mental Health and Well-Being / 6

Personal Anxiety, Intergroup Anxiety, and Perceived Threat Serially Mediate the Relationship Between Conflict Exposure and Aversive Attitudes Towards the Outgroup

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Personal Anxiety, Intergroup Anxiety, and Perceived Threat Serially Mediate the Relationship Between Conflict Exposure and Aversive Attitudes Towards the Outgroup

ABSTRACT

Exposure to conflict extensively contributes to unfavorable attitudes toward outgroups. The stress-based model of political extremism explains this by psychological distress and perceived threat, yet it primarily assumes distress is personal, overlooking the crucial role of intergroup distress. This oversight is significant, as intergroup distress (i.e., anxiety)–apprehension during or anticipating outgroup interactions–independently intensifies perceived threat and fosters aversive attitudes. To fill this gap, this study extends the stress-based model by including personal and intergroup anxiety as serial mediators. We propose that personal anxiety increases intergroup anxiety, which in turn

boosts perceived threat, ultimately leading to adverse outgroup attitudes. A sample of 943 conflict-exposed individuals completed scales measuring conflict exposure, personal and intergroup anxiety, perceived threat, and aversive attitudes toward the outgroup. The findings confirm that personal anxiety, intergroup anxiety, and perceived threat serially mediate the relationship between conflict exposure and the development of aversive attitudes towards outgroups. This refined model offers a more nuanced understanding of the psychological pathways linking conflict exposure to aversive attitudes by differentiating psychological distress into personal and intergroup anxiety. By implication, the findings underscore the importance of developing interventions that address both individual-level distress and intergroup-specific distress to mitigate the perceived threat and, subsequently, the formation of negative intergroup attitudes towards the outgroup.

Parallel Session 1B: Quantifying Psychological Distress After Trauma (second part): Assessing Posttraumatic Mental Health / 7

Development and Validation of Post-Relocation Adversity Scale

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Natural disasters often compel communities to evacuate, exposing displaced individuals to challenges that undermine their mental well-being. While increasing studies have shown that post-disaster relocation experiences exacerbate mental health problems, a notable gap remains, most studies focused on relocation difficulties as a whole rather than examining the specific adversities associated with the displacement process itself. This is a critical oversight, as the nuances in post-relocation adversities variably affect relocatees' mental health. To address this gap, this study developed and validated the Post-Relocation Adversity Scale (PRAS), a psychometric instrument designed to systematically quantify the multifaceted adversities encountered by individuals after forced displacement. Utilizing a multi-stage approach from generating items to rigorous psychometric validation, the EFA results extracted a 3-factor model in sample 1 (n=712; Tropical Storm Washi survivors) and confirmed the same model with a robust CFA fit in sample 2 (n=622; Typhoon Haiyan survivors). The factors are labeled as social resource deficiency, environmental-infrastructure resource deficiency, and financial-income deficiency. Moreover, LCA analysis in sample 2 identified four distinct profiles: low post-disaster relocation adversity, moderate post-disaster relocation adversity, moderate post-disaster relocation adversity with low social resource deficiency, and high post-disaster relocation adversity. Furthermore, the results showed a significantly varied association between the PRAS's three factors and different mental health outcomes. Overall, the results provide evidence for PRAS's validity, reliability, and utility in assessing post-disaster relocation difficulties. This instrument offers a refined tool for researchers and policymakers to understand and address displacement-related psychological sequelae by developing intervention specific to the domains of adversities.

Parallel Session 2B: The Burden of Trauma: Psychological Distress Among Vulnerable Populations / 8

The Silent Struggle: Exploring the Lived Experiences of Mothers Post-Miscarriage in Iligan City

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Background:

Miscarriage is a profound form of psychotrauma. It is an experience of loss that disrupts a mother's

s sense of self, faith, and belonging. Despite its prevalence, the psychological, spiritual, and social dimensions of miscarriage remain underexplored in the Philippine context. Cultural silence, stigma, and limited trauma-informed responses often leave grieving mothers without adequate emotional or psychosocial support.

Objective:

This study explored the lived experiences of mothers who experienced miscarriage.

Methods:

A qualitative descriptive phenomenological design guided by Colaizzi's method was employed. In-depth interviews were conducted with seven mothers from Iligan City. Data underwent thematic analysis involving significant statements, formulated meanings, and theme clustering. Bracketing and member checking ensured rigor and credibility.

Results:

Five themes captured the multidimensional nature of post-miscarriage: (1) Emotional Turmoil and Grieving Process—silent mourning and emotional contrast; (2) Self-Blame and Guilt—perceived inadequacies and moral distress; (3) Spiritual Connection and Ongoing Bond—rituals, faith, and continued attachment; (4) Support Systems and Silence—the interplay of comfort and isolation; and (5) Acceptance and Meaning-Making—reframing loss through personal and spiritual growth.

Conclusion:

Miscarriage leaves an enduring psychological imprint that necessitates trauma-informed, compassionate, and culturally attuned care. The researchers propose the M.O.T.H.E.R. Model (Mothers' Oriented Therapeutic Holistic Emotional Response)—a grief-sensitive nursing framework promoting interdisciplinary collaboration among mental health, nursing, and pastoral professionals in addressing psychotrauma and fostering holistic recovery among bereaved mothers.

Parallel Session 1A: Quantifying Psychological Distress After Trauma: Assessing Posttraumatic Mental Health / 9

Development and Validation of an ICD-11-based Adjustment Disorder Self-Report Scale

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One of the pressing psychological concerns in the aftermath of the pandemic is the escalation of adjustment disorder cases. However, the assessment of adjustment disorder, particularly among college students, remained understudied. This study intends to address this gap by developing a new measure that: (1) examines the best-fitting adjustment disorder model as evidence of validity, (2) investigates if both frequency of symptom occurrence and intensity of symptom disturbance capture the severity of the disorder and, (3) determines an optimal threshold score for the proposed instrument. Utilizing cross-sectional survey data from 1,673 university students, confirmatory factor analyses showed that the scale is best represented by two factors: preoccupation with the stressor and failure to adapt. Moreover, criterion-related validation results reflected significant positive relationships to depression and anxiety and confirmed the utilization of both response formats (i.e., frequency of occurrence and intensity of disturbance). Finally, an optimal cut-off score of 32.29 for the newly devised instrument is recommended as an indicator of adjustment disorder provisional diagnosis. This study provides psychometric evidence of the utilization of the adjustment disorder symptom severity inventory scale. Additionally, the findings, impliedly, contribute to the limited literature on the assessment of adjustment disorder and assist clinicians and mental health practitioners in the development of more nuanced interventions addressing the symptom groups of adjustment disorder and its severity indices.

Keywords: ADSSI, adjustment disorder, college students, post-COVID

Parallel Session 1A: Quantifying Psychological Distress After Trauma: Assessing Posttraumatic Mental Health / 10

Investigating the latent dimensions of posttraumatic stress disorder and the role of anxiety sensitivity in combat-exposed Filipino soldiers

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Identifying the optimal factor structure of posttraumatic stress disorder (PTSD) has recently been reinvigorated in literature due to the substantial changes to its diagnostic criteria in the fifth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Currently, six models of PTSD are supported in literature, but there is no consensus on the best-fitting factor structure. Additionally, the extant literature examining the relationship between PTSD symptom grouping and anxiety sensitivity (AS) in the latent level has been scarce. The present study's objectives are two-fold: first, we aimed to identify the best-fitted model of PTSD by comparing the six empirically supported models, and; second, we examined the relationship between the best-fitting model with AS. Utilizing a sample of 476 combat-exposed soldiers, the results suggest that both the anhedonia and hybrid models provide the best fit to the data, with the anhedonia model achieving slightly better fit indices. Further, the examination on the influence of AS to PTSD reveal that while there is a pattern of decreasing factor loadings and factor correlations when accounting for AS, the changes are not significant to alter the PTSD symptom structure. Based on these results, our findings suggest further investigation on the possible mediating or moderating mechanisms by which AS may influence PTSD.

Parallel Session 2C: Rebuilding and Flourishing: Recovery, Resilience, and Growth after Adversity / 11

The Lived Experiences of World War 2 Survivors on Healing and Forgiveness

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This study explores the lived experiences of World War II survivors from Lipa, Batangas, with a focus on how they found healing and forgiveness in the decades after the war. Using a qualitative descriptive phenomenological approach, the research aimed to capture personal narratives of their experiences and feelings during the war, which include trauma, resilience, healing, forgiveness, and reconciliation. In-depth interviews were conducted with survivors who experienced the Japanese occupation and the atrocities committed in the area. Through text analytics and thematic analysis, six overarching themes were identified: (1) trauma and atrocities experienced during the war, (2) emotional reactions to wartime experiences, (3) coping and survival strategies, (4) changing perceptions toward the Japanese over time, (5) role of family and community in healing, and (6) faith and spirituality as a path to healing. Findings reveal that while wartime memories remain vivid and painful, many survivors have achieved a sense of peace, healing, and forgiveness through faith, family support, and acts of reconciliation. This study contributes not only to war trauma and peace-building, but also to Batangas Studies and Philippine Local History, highlighting the effects of war and the healing power of forgiveness in the years that followed.

Parallel Session 1B: Quantifying Psychological Distress After Trauma (second part): Assessing Posttraumatic Mental Health / 12

Examining Secondary Traumatic Stress among Frontline Responders: Symptoms, Resources, and Implications for Community Mental Health

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Background: Helping professionals who indirectly encounter individuals with trauma are prone to experiencing high work stress. Their roles frequently demand emotional engagement with clients and internalization of clients' experiences, which can lead to secondary traumatic stress (STS). Despite the high risk of STS among responders, STS' latent symptom structure and the role of protective resources remain understudied. Therefore, this study explored the dimensions of STS and examined the influence of personal, social, and organizational resources on the severity of STS.

Method: Using data involving 293 psychosocial responders assisting families displaced by armed conflict, the latent factor structure of STS was examined using confirmatory factor analysis (CFA). Multiple regression was calculated to determine the relationship of personal, social, and organizational resources as predictors of the best-fitting STS factor models.

Results: CFA supported a hybrid model of STS with seven interrelated symptom clusters: intrusions, avoidance, negative affect, anhedonia, externalizing behaviors, anxious arousal, and dysphoric arousal. Regression analyses revealed that higher levels of personal, social, and organizational resources were associated with lower STS severity across all symptom groups.

Conclusion: The current findings extend the conceptualization of STS and the role of personal, organizational and social resources. As armed conflicts persist globally, tailored interventions should bolster frontline responders' support resources while mitigating harmful STS symptoms. Multi-level resources, alongside symptom-focused treatments, are vital to buffering against secondary trauma exposure.

Parallel Session 1B: Quantifying Psychological Distress After Trauma (second part): Assessing Posttraumatic Mental Health / 13

The Role of Posttraumatic Cognitions in CPTSD Latent Dimensions in Combat-Exposed Soldiers

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Complex posttraumatic stress disorder (CPTSD) is marked by core PTSD symptoms and disturbances in self-organization (DSO). While the ICD-11 defines CPTSD through two higher-order factors, emerging evidence supports alternative models to the traditional structure. The present study aimed to: (1) identify the best-fitting model of CPTSD symptoms in Filipino combat-exposed soldiers, and (2) examine how posttraumatic cognitions contribute to the expression of these symptoms. Competing models were evaluated using confirmatory factor analysis (CFA). Posttraumatic cognitions were tested as predictors of each CPTSD symptom cluster in the best-fitting model. The correlated six-factor model demonstrated superior fit compared to alternative models. Posttraumatic cognitions significantly predicted symptoms across both PTSD (intrusions, avoidance, threat) and DSO (affective dysregulation, negative self-concept, relational disturbance). While negative cognitions predicted DSO symptoms, significant associations with PTSD symptoms were also observed. These findings support the conceptual and empirical utility of the six-factor model and suggest that posttraumatic cognitions exert a differential but residual influence across CPTSD symptom clusters.

Results align with the Memory & Identity (M&I) theory, which posits that trauma-related cognitions affect both trauma memory processing and self-identity, contributing uniquely to symptom expression.

Keywords: CPTSD, six-factor model, posttraumatic cognitions, Memory & Identity theory, Filipino soldiers, trauma, DSO

Parallel Session 1A: Quantifying Psychological Distress After Trauma: Assessing Posttraumatic Mental Health / 14

Examining the latent factor structure models of major depressive disorder in the context of the COVID-19 pandemic

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BACKGROUND: The COVID-19, as a global health threat, prompted countries to impose measures to limit its transmission. One of the common mental disorders currently being investigated as a consequence of the COVID-19 pandemic is major depression. However, there is a disconcerting issue in assessing depression amid the pandemic. It has been noted that most studies investigating depression did not examine the psychometric soundness of their scales in the context of the pandemic. To address this gap, this study intends to examine the validity, reliability, and utility of Patient Health Questionnaire-9 (PHQ-9) as a measure of COVID-19 pandemic-related depression.

METHODS: Utilizing 3032 teachers, this study established evidence of validity. To demonstrate construct-related validity, we examined and identified the best-fitting model from the five a-priori models. To evince criterion-related validity, the major depressive disorder (MDD) best-fitting model was correlated with mental health outcomes. The reliability of PHQ-9 was substantiated by analyzing internal consistency of the items.

RESULTS: The results show PHQ-9 to be construct-valid as evidenced by excellent fit indices of the two-factor model 2a. The findings confirm this model to best represent MDD symptoms. Criterion-related evidence of validity was demonstrated with the significant relationship of model 2a's two factors (somatic and non-somatic factors) to psychological distress, somatic symptoms, and depression. The scale is reliable as established by higher internal consistency coefficients.

CONCLUSIONS: Overall, the findings suggest that PHQ-9 is a valid, reliable, and utilizable scale in assessing depression symptoms in the context of a pandemic or health-related epidemic. Additionally, the data supporting model 2a could be a basis in developing a more nuanced intervention addressing the MDD's two-factor symptom structure.

Key words: COVID-19; major depression; factor structure; Filipino teachers

Parallel Session 1A: Quantifying Psychological Distress After Trauma: Assessing Posttraumatic Mental Health / 15

Feeling the Body: Examining the Latent Structure of DSM-5-based Somatic Symptom Disorder in survivors of supertyphoon

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The recent changes in the nosology of Somatic Symptom Disorder (SSD) have called for its examination as an independent disorder. However, there are contradictory findings on its symptom structure. This study aims to investigate the latent factor structure of SSD by comparing two models and to examine the relationship between the best-fitting model with depression and anxiety. Lastly, to examine whether the best-fitting SSD model exhibited invariance between genders. The sample

(N = 843) consisted of Typhoon survivors, mostly females (70.9%), whose ages ranged from 18-73 years old (M= 31.2, SD=11.6). Patient Health Questionnaire- 9 (PHQ-9), Generalized Anxiety Symptom Severity Inventory (GASSI), and SSD-12 were distributed to organizations governing relocation sites. Results revealed that the 3-factor SSD model achieved a better fit than the one-factor model. Depression and anxiety significantly contributed to the factor loadings of SSD, however, there are disorder-specific symptoms. Results further showed that there is configural, metric and scalar invariance across gender. Findings lend evidence to the claim that SSD is an independent entity and should be included in the DSM-5 nomenclature as a separate disorder. The differentiation of core, disorder-specific symptoms from common symptoms of anxiety and depression has important assessment and treatment implications.

Parallel Session 2A: Enduring Trauma: How Armed Conflict and Violence Affect Mental Health and Well-Being / 16

Clan Feuds and the Social Well-Being of Meranaw Women: The Role of Social Support System

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Abstract

Clan feuds, or rido, significantly affect social stability and well-being of women in Lanao d

Key Words: clan feuds, severity, impact, women's social stability, support system

Parallel Session 2C: Rebuilding and Flourishing: Recovery, Resilience, and Growth after Adversity / 17

Academic Resources and Well-Being as predictors of Academic Performance and Resilience

Author: Faith Colarte¹

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¹ City College of Cagayan de Oro

Abstract. This quantitative study investigates the predictive roles of academic resources and multi-dimensional student well-being—encompassing psychological, physical, and social dimensions—on academic performance, emphasizing their contribution to post-traumatic recovery among students of City College, a public higher education institution. Guided by the United Nations Sustainable Development Goals (SDGs 3, 4, and 10), the study utilized multiple linear regression analysis (MLRA) on

data collected from 166 stratified participants. The model demonstrated strong explanatory power, accounting for 64.6% of the variance in academic performance ($R^2 = 0.65$, adjusted $R^2 = 0.64$, $F = 73.43$, $p < .001$). All four predictors—academic resources ($\beta = 0.21$, $p = .001$), psychological well-being ($\beta = 0.24$, $p = .001$), physical well-being ($\beta = 0.22$, $p < .001$), and social well-being ($\beta = 0.30$, $p < .001$)—showed significant effects, with social well-being emerging as the strongest determinant of academic success and resilience. These results highlight that students' access to academic resources and holistic well-being collectively enhance engagement, recovery, and performance following trauma. The findings advocate for integrated educational and mental health policies that merge academic support, psychosocial care, and social inclusion to strengthen institutional resilience and promote sustainable student success in higher education.

Keywords: Posttraumatic distress, treatment efficacy, academic performance, student well-being, Sustainable Development Goals.

Parallel Session 2C: Rebuilding and Flourishing: Recovery, Resilience, and Growth after Adversity / 18

The Interrelationship Between Spirituality and Resilience Among Nursing Students: A Holistic Approach to Psychotrauma Work

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Dear Sir/Madam,

Attached is the manuscript for Oral Presentation. The title of the study is The Interrelationship Between Spirituality and Resilience Among Nursing Students: A Holistic Approach to Psychotrauma Work.

I am anticipating a favorable response from you.

Respectfully,
Prof. Gloria Shiela E. Coyoca

Parallel Session 2B: The Burden of Trauma: Psychological Distress Among Vulnerable Populations / 19

Examining the Relationship Between Anxiety, Depression, and Coping Strategies Among Cancer Patients

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Cancer is a complex condition influenced by a combination of demographic, social, economic, psychological, environmental, and health-related factors. This study examined the levels of anxiety and depression and their relationship with coping strategies among cancer patients in Manolo Fortich, Bukidnon. Using a descriptive-correlational design, data were gathered from 115 respondents across 17 barangays through snowball sampling. Quantitative data were analyzed using descriptive statistics and correlation analysis.

Results revealed that cancer patients generally exhibited moderate levels of anxiety and depression. The most prevalent coping strategies included seeking social support, emotional release, problem-solving, and tolerance. Correlation analysis indicated that social support ($p = .016$, $R = .224$) and emotional release ($p = .000$, $R = .378$) were significantly associated with reduced anxiety, underscoring their importance in emotional regulation. Conversely, substance abuse showed a weak positive correlation with anxiety ($p = .012$, $R = .232$), suggesting that reliance on maladaptive coping may heighten distress. Regarding depression, social support ($p = .004$, $R = .268$) and problem-solving ($p = .003$, $R = -.278$) were significantly correlated with lower depression levels, while emotional release ($p = .000$, $R = .341$) and substance abuse ($p = .007$, $R = .249$) were linked to higher depressive symptoms. Other coping strategies—such as cognitive reappraisal, religiosity, tolerance, and relaxation—showed no significant associations with either anxiety or depression.

The findings highlight the complex interplay between psychological distress and coping mechanisms among cancer patients. While social support and problem-solving emerge as protective factors, emotional release and substance use may exacerbate emotional difficulties when not managed adaptively. This study underscores the importance of integrating psychosocial support, adaptive coping skills training, and culturally sensitive interventions into cancer care programs to promote mental health and resilience among patients.

Parallel Session 2A: Enduring Trauma: How Armed Conflict and Violence Affect Mental Health and Well-Being / 20

The Paradox of Intergroup Contact: Conflict Exposure, Common Mental Disorders, Ethos of Conflict, and the Moderating Role of Intergroup Contact

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The psychological processes through which conflict exposure shapes conflict-supporting beliefs remain insufficiently understood, particularly in contexts of protracted intergroup conflict. To address this gap, we examined the mediating role of posttraumatic stress and depression in the relationship between conflict exposure and ethos of conflict, as well as the moderating influence of intergroup contact. Using data from 612 Moro adults in the southern Philippines who had experienced political violence, results revealed that greater conflict exposure was associated with higher levels of post-traumatic stress and depression, which in turn predicted stronger endorsement of ethos of conflict. Unexpectedly, intergroup contact amplified—rather than reduced—these indirect effects, indicating that contact under conditions of unresolved conflict can reinforce rather than diminish the ethos of conflict. These findings suggest that mental health distress may transform contact into a mechanism that sustains conflict attitudes, highlighting the importance of addressing trauma and depression as a precursor to contact-based peacebuilding interventions. Conceptualizing intergroup contact within a mental health framework offers a more nuanced understanding of when and how contact can either promote reconciliation or entrench divisions.

Parallel Session 2A: Enduring Trauma: How Armed Conflict and Violence Affect Mental Health and Well-Being / 21

Turning Wreck into Gold: Cognitive Reappraisal and Peace-Supporting Attitudes Serially Mediate the Relationship between Exposure to Armed Conflict and Intergroup Contact

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Previous research has established that interactions among historically opposed racial groups can reduce bias and improve intergroup relations. However, the specific mechanisms facilitating these interactions remain underexplored. This study addresses this scarcity of literature by examining how conflict exposure facilitates the increase of intergroup contact through the association between cognitive reappraisal and peace-supporting attitudes. Utilizing a sample of 612 conflict-exposed respondents, the results revealed that cognitive reappraisal and willingness to compromise (model 1), cognitive reappraisal and conciliatory attitude (model 2), and cognitive reappraisal and support and concession (model 3) serially mediate the relationship between conflict exposure and intergroup contact. These findings suggest that those who have experienced the distress brought about by conflict are likely to utilize cognitive reappraisal strategy of which eventually leads to the development of peace-supporting attitudes and ultimately, increase intergroup contact. This study highlights the importance of psychosocial mechanisms in transforming conflict exposure and experiences into enhancement of intergroup relationships in the context of a protracted political violence.

Keywords: cognitive reappraisal, peace-supporting attitudes, conflict exposure, intergroup contact

Parallel Session 1C: Trauma's Shadow: Attitudes, Perspectives, Mental Health, and Well-being in the Context of collective trauma / 22

Lay Beliefs and Intergroup Contact: Examining the Serial Mediating Roles of Forgiveness and Perceived Conciliatory Attitudes in Individuals Exposed to Armed Conflict

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ABSTRACT

In an increasingly globalized and multicultural world, understanding people's views regarding cultural diversity, often referred to as lay theories of culture or lay beliefs, is essential for improving intergroup relationships. This study focuses on four prevalent lay theories: assimilation, colorblindness, multiculturalism, and polyculturalism, which influence how individuals perceive and interact with other cultural groups (Rosenthal & Levy, 2012). Although previous work has examined the ways in which these lay theories influence prejudice reduction, tolerance, and cultural adaptation, the way in which such beliefs influence forgiveness and perceived conciliatory attitudes remains underexplored. This study specifically examines whether these beliefs affect the processes of forgiveness and perceived conciliatory attitudes, hence enhancing intergroup communication. A sample of 990 armed-conflict exposed individuals answered a packet of scales measuring lay beliefs (polyculturalism, multiculturalism, colorblindness, & assimilation), forgiveness, perceived conciliatory attitudes, and intergroup contact. The results revealed that forgiveness and perceived conciliatory attitudes serially mediate the relationship between lay beliefs, particularly polyculturalism and multiculturalism, and intergroup contact. This suggests that individuals who embrace polycultural and multicultural beliefs are more likely to exhibit forgiveness and display conciliatory behaviors, which, in turn, contribute to improved intergroup relations. Overall, this study highlights the importance of understanding lay theories of culture, particularly polyculturalism and multiculturalism, in shaping individuals' perspective and influencing intergroup relations.

Keywords: Lay theories of culture, forgiveness, perceived conciliatory attitudes, intergroup contact, armed conflict

BACKGROUND

In an increasingly globalized and multicultural world, understanding individuals' beliefs about cultural diversity, referred to as lay theories of culture, is essential for improving intergroup relations.

This study focuses on four prominent lay theories: polyculturalism, multiculturalism, colorblindness, and assimilation, which influence how people perceive and interact with other cultural groups (Rosenthal & Levy, 2012). Polyculturalism emphasizes the interconnectedness and historical exchange between cultures, while multiculturalism advocates for the recognition and respect of cultural differences. In contrast, colorblindness downplays racial differences, and assimilation promotes the integration of minority cultures into the dominant culture. These ideologies have distinct consequences for intergroup dynamics, with polyculturalism being associated with greater comfort and engagement with diverse groups, promoting positive intergroup contact (Rosenthal & Levy, 2010, 2012; Pedersen et al., 2015). Research has shown that these beliefs impact behaviors such as prejudice reduction, intergroup tolerance, and cultural adaptation (Bernardo et al., 2013; Pedersen et al., 2015; Verkuyten, 2009). However, the role of these lay theories in processes like forgiveness and perceived conciliatory attitudes, particularly in post-conflict settings, remains underexplored. This study posits that individuals' cultural beliefs influence their capacity for forgiveness, which subsequently enhances perceived conciliatory attitudes and fosters better intergroup relations. Understanding this relationship could contribute to peace-building efforts, particularly in politically charged environments where intergroup hostility exists (McCullough, 2000; Auerbach, 2004). From this perspective, the research seeks to emphasize the role of lay theories in fostering positive psychological outcomes and facilitating stable, harmonious intergroup relations following conflict.

METHODS

This study employed a cross-sectional design to examine a serial mediation model in which forgiveness and perceived conciliatory attitudes mediated the relationship between lay beliefs and intergroup contact among survivors of the 2017 Marawi siege in Lanao del Sur. Data were collected using a paper-and-pencil survey, translated from English into Tagalog and Maranao via a forward-backward translation process to ensure linguistic accuracy. Participants were recruited through purposive and snowball sampling, targeting individuals directly affected by the siege, with emphasis on those from the most impacted areas.

Sociodemographic data were collected alongside established scales measuring cultural ideologies, forgiveness, perceived conciliatory attitudes, and intergroup contact. Instruments included the Polyculturalism Scale, Multiculturalism Scale, Colorblindness Scale, and Support for Assimilation Scale; the Forgiveness Scale; the Transgression and Reconciliation Checklist; and the Intergroup Contact Scale. These measures provided reliable assessments of participants' beliefs, emotional responses, and intergroup experiences.

Data were analyzed using serial mediation analysis via the PROCESS macro for SPSS (Model 6) (Hayes, 2012). Missing values were addressed through the expectation-maximization method, and indirect effects were estimated using nonparametric bootstrapping (10,000 samples), controlling for age and gender. This approach allowed for testing whether forgiveness and perceived conciliatory attitudes sequentially explained the effects of lay beliefs on intergroup contact.

RESULTS

The study investigated the significant intercorrelations among lay beliefs, forgiveness, perceived conciliatory attitudes, and intergroup contact, as well as the serial mediating roles of forgiveness and perceived conciliatory attitudes across four cultural belief systems: assimilation, colorblindness, multiculturalism, and polyculturalism.

Table 1 presents the means, standard deviations, and bivariate correlations among the independent variables - lay beliefs (support for assimilation, colorblindness, multiculturalism, and polyculturalism) and the dependent variables, including intergroup contact, forgiveness, and perceived conciliatory attitude. Significant positive correlations were observed between intergroup contact and the lay beliefs of colorblindness, multiculturalism, and polyculturalism. In terms of forgiveness, significant positive correlations were found with support for assimilation, multiculturalism, and polyculturalism.

Table 2. Path Analysis Result of Serial Mediation in terms of Intergroup Contact

Path Indirect Effects SE BC 95% CI

LL UL

Support for Assimilation → Forgiveness → Perceived conciliatory attitude → Intergroup Contact
.0045 .0033 -.0003 .0125

Colorblindness → Forgiveness → Perceived conciliatory attitude → Intergroup Contact

.0007 .0007 -.0003 .0025

Note: All coefficients are unstandardized; * $p \leq 0.01$; $p \leq 0.05$; significant indirect effects are indicated in boldface.

Abbreviations: SE, Standard Error; LL, Lower Limit; UL, Upper Limit

Figure 1. Serial mediation of forgiveness and perceived conciliatory attitude in the relationship between support for assimilation and intergroup contact with standardized beta values. $p < 0.05$, $p < 0.01$.

Figure 2. Serial mediation of forgiveness and perceived conciliatory attitude in the relationship between colorblindness and intergroup contact with standardized beta values. $p < 0.05$, ** $p < 0.01$

Serial mediation analyses using PROCESS macro showed that forgiveness and perceived conciliatory attitudes did not significantly mediate the relationships between support for assimilation or colorblindness and intergroup contact. These findings suggested that although these belief systems emphasize unity and sameness, they may not necessarily foster the emotional or perceptual processes (forgiveness and recognition of conciliatory gestures) that lead to meaningful intergroup contact.

Table 3. Path Analysis Result of Serial Mediation in terms of Intergroup Contact

Path Indirect Effects SE BC 95% CI

LL UL

Multiculturalism \rightarrow Forgiveness \rightarrow Perceived conciliatory attitude \rightarrow Intergroup Contact

.0010 .0008 .0000 .0030

Polyculturalism \rightarrow Forgiveness \rightarrow Perceived conciliatory attitude \rightarrow Intergroup Contact

.0017 .0012 .0001 .0046

Note: All coefficients are unstandardized; * $p \leq 0.01$; $p \leq 0.05$; significant indirect effects are indicated in boldface.

Abbreviations: SE, Standard Error; LL, Lower Limit; UL, Upper Limit

Figure 3. Serial mediation of forgiveness and perceived conciliatory attitude in the relationship between multiculturalism and intergroup contact with standardized beta values. $p < 0.05$, * $p < 0.01$.

Figure 4. Serial mediation of forgiveness and perceived conciliatory attitude in the relationship between polyculturalism and intergroup contact with standardized beta values. $p < 0.05$, * $p < 0.01$.

Conversely, the analyses revealed significant serial mediation effects for both multiculturalism and polyculturalism. Specifically, individuals endorsing these beliefs were more likely to experience greater forgiveness, which subsequently heightened their sensitivity to perceived conciliatory attitudes from outgroup members. This sequential process ultimately facilitated more frequent, positive, and meaningful intergroup contact. These findings highlight that valuing cultural diversity and recognizing the mutual influence between cultural groups not only promotes emotional reconciliation but also encourages constructive and cooperative intergroup behaviors. The results underscore the important role of inclusive cultural ideologies in shaping attitudes and behaviors that strengthen social cohesion, reduce intergroup tensions, and support harmonious interactions across diverse communities.

CONCLUSION

The present study aimed to explore the relationship between lay beliefs (i.e., polyculturalism, multiculturalism, colorblindness, and assimilation), and intergroup contact, as serially mediated by forgiveness and perceived conciliatory attitudes. The findings provide valuable insights into the psychological and social processes that promote positive intergroup relations. Results showed that individuals endorsing polycultural and multicultural beliefs were more likely to demonstrate forgiveness and perceive higher conciliatory attitudes from outgroup members. These processes, in turn, facilitated more frequent and constructive intergroup contact. In particular, belief in the interconnectedness of cultures (polyculturalism) or the recognition and respect for cultural diversity (multiculturalism) appeared to foster emotional healing and reconciliation, which are crucial for building bridges between groups. Conversely, colorblindness and support for assimilation did not produce similar patterns, suggesting that minimizing or ignoring cultural differences may limit the development of meaningful intergroup relationships. Overall, these findings underscore the importance of inclusive cultural beliefs in fostering emotional and relational pathways that enhance intergroup understanding, cooperation, and social harmony.

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Parallel Session 1C: Trauma's Shadow: Attitudes, Perspectives, Mental Health, and Well-being in the Context of collective trauma / 23

Assessing Mental Health Among Armed Conflict-Exposed Individuals through Perceived Food Insecurity

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¹ MSU-IIT

Abstract

There is an extensive research that demonstrated how exposure to armed conflict become a major determinant of mental health disorders among victims, however, there is a dearth research that explore the possible role of food insecurity in shaping the mental health among individuals who have experienced armed conflict. This study aimed to address this gap by examining the mediating role of food insecurity in the relationship between conflict exposure and mental health outcomes. The data were collected among 400 individuals who experience at least 1 distressing event and analyzed using regression analysis and mediation analysis. The results revealed that conflict exposure was significantly associated with greater food insecurity which leads to poorer well-being. Furthermore, mediation analysis indicated that food insecurity served as a significant mediator between conflict exposure and different mental health outcomes. These findings suggest that food insecurity acts as a crucial pathway through which conflict exposure negatively influences psychological health and overall life satisfaction. Addressing food insecurity may therefore be key to mitigating the adverse mental health impacts of armed conflict. The results underscore the importance of developing targeted interventions and support systems that prioritize both food security and psychosocial well-being. By integrating food assistance and mental health programs, policymakers and humanitarian organizations can enhance resilience and recovery among conflict-affected populations. Overall, this study contributes to a deeper understanding of how food insecurity intensifies the psychological consequences of armed conflict and highlights its critical role in shaping post-conflict recovery.

Keywords: conflict exposure, mental health outcomes, food insecurity

Plenary Session 3A: The Science of Recovery: Interventions for Posttraumatic Distress / 24**Assessing the Efficacy of a School-Based Transdiagnostic Intervention for Filipino College Students: A Randomized Control Trial****Author:** Reynalou Lagare¹**Co-author:** Imelu Mordeno¹¹ *Mindanao State University-Iligan Institute of Technology***Abstract**

Mental health has been a major concern in the college-aged population. With the ideal counselor-student ratio of 1 to 250 and with the increasing rates of college students with various mental health concerns, the treatment gap between students' need and the service utilization suggests that more accessible mental health services are needed. The aim of the present study is to design a school-based Transdiagnostic Intervention which can be applied across a range of mental disorders to treat an array of commonly co-occurring symptoms at the same time. Among the two-hundred one (201) students who meet the cut-off score for psychological distress, ninety-seven (97) of the participants agreed and were included in the 2-arm randomized controlled trial. Participants (n=36) assigned to Transdiagnostic Intervention (TI) were assessed before the treatment and at the end of the treatment. Care-As-Usual (CAU) participants' (n=34) pre-test and post-test were assessed on the same time period with TI participants. After a 2-month period, both the TI and CAU groups resulted in lower psychological distress scores. The effects of TI on intolerance of uncertainty, repetitive negative thinking, experiential avoidance and distress tolerance were evident in the study. The effectiveness of a Transdiagnostic Intervention as a school-based mental health program in low-income, Asian country responds to the call for a shift towards alternative low-intensity treatment approaches that can have a greater public mental health impact.

Parallel Session 1B: Quantifying Psychological Distress After Trauma (second part): Assessing Posttraumatic Mental Health / 25**Repurposing the K-10: The Factor Structure and Latent Profile of COVID-19 Pandemic-Anchored Psychological Distress Symptoms among Filipino Teachers****Author:** Queeneh Piap^{None}

The Kessler Psychological Distress Scale (K-10) is widely utilized to assess non-specific psychological distress. However, when applied to COVID-19 pandemic experiences, its psychometric properties have not been examined. This study investigated the factor structure, reliability, and latent profile of K-10 using data from 3032 Filipino teachers who reflected on their pandemic-related adversity prior to completing K-10. Confirmatory factor analyses were conducted to evaluate five extant models of the K-10's structure, supporting the two-factor model (i.e., anxiety and depression) as best fitting the data. Both factors showed excellent internal reliability, and criterion-related validity was supported by correlations with anxiety and depression measures. Latent profile analysis revealed a four-class solution, identifying four distinct levels of distress severity. Overall, the contextualized K-10 demonstrated sound psychometric properties, which corroborates and extends its reliability and validity as a measure of pandemic-related distress. Further, the results offer insights into the dimensionality and distress profiles of the K-10 among teachers. Broadly, the findings highlight the importance of valid instruments in assessing contextualized psychological distress.

Parallel Session 2B: The Burden of Trauma: Psychological Distress Among Vulnerable Populations / 26

Prevalence and Patterns of Adverse Childhood Experiences Among Adult Inpatient Residents with Substance Use Disorders of Department of Health Drug Abuse Treatment and Rehabilitation Center Bukidnon

Authors: APSARY DIAMLA¹; Karla Jean Acot¹; Allyn Krista Garcia¹; Mizpah Alpha Becaro¹; Marie Claudette Bolivia¹

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Prevalence and Patterns of Adverse Childhood Experiences Among Adult Inpatient Residents with Substance Use Disorders of Department of Health Drug Abuse Treatment and Rehabilitation Center Bukidnon

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Abstract

Adverse childhood experiences (ACEs) are common among people with substance use disorders (SU

Keywords: Adverse Childhood Experiences, Trauma, Substance Use Disorders, Addiction

Background

There is a growing body of literature linking adverse childhood experiences such as a history of childhood abuse to substance use disorders (De Bellis, 2002; Ducci et al., 2009; O'Connell et al., 2007), and with initiation of early drug use (Arria et al., 2012). Growing evidence also suggests that exposure to trauma during childhood has long-term consequences (Spataro et al., 2004). Sexual, physical, emotional abuse and neglect, or multiple types of maltreatment (Nguyen et al., 2010) have linked to low self-esteem (Nguyen et al., 2010), problematic substance use (Markowitz et al., 2011; Ompad et al., 2005), delinquent behavior (Cudmore, Cuevas, & Sabina, 2015), impaired cognitive development (Mills et al., 2011), and a range of physical health disorders (Wegman & Stetler, 2009). The vast majority of these cross-sectional studies have focused on the effects of trauma on individuals who have either been exposed to single or multiple traumas.

Trauma as described by the American Psychiatric Association (2000), is a perceived experience that threatens injury, death, or physical integrity and causes feelings of fear, terror, and helplessness. It includes abuse, violence, neglect, loss, accidents, disasters, war, and other emotionally harmful experiences (American Psychiatric Association, 2000). The negative effect of trauma during childhood can persist into adulthood; thus, experiences of trauma during childhood increase the likelihood of physical and psychological problems (Edwards et al., 2003). Numerous studies have linked childhood trauma to substance abuse/dependence. According to Enoch (2011), individuals who have early childhood trauma are more vulnerable to use alcohol and drugs in order to cope with stressful situations.

The current evidence on trauma is inconclusive and largely based on a single exposure of traumatic events. Practitioners working in childhood trauma have proposed a potential subtype of trauma referred to as complex trauma (Courtois, 2008). Cumulative or increasing trauma exposure during childhood shows an increased risk for difficulties in adulthood that leads to increased symptom complexity (Cloitre et al., 2009). The term "complex trauma" is used to describe both the exposure to multiple forms of traumatic experiences and the "immediate and long-term impact of such exposure on the child" (National Child and Traumatic Stress Network, 2011). It is different from simple trauma in that the traumatic experiences are generally chronic, of multiple forms, and occur within the child's caregiving system (Spinazzola et al., 2005).

Across lifespan, complex trauma is linked to both psychological and physical problems including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors, and other psychiatric disorders (National Child and Traumatic Stress Network, 2010). Few studies so far have examined the full context of complex trauma and its related symptomatology. The current psychiatric diagnostic classification system does not have an adequate category to capture the full range of the traumatized individual experience. Although it can be noted that PTSD diagnosis is often used, this rarely captures the extent of the developmental impact of multiple and chronic trauma exposure (National Child and Traumatic Stress Network, 2003).

Rationale

Adverse childhood experiences (ACEs) and exposure to trauma are well-documented predictors of negative outcomes across lifespan (Haczekwicz et al., 2014). The wealth of empirical evidence suggests that there is a heightened vulnerability to mental health disorders, risky behaviors, and substance use among populations with high adversities such as abuse, neglect, and household dysfunction prior to age of eighteen (Hughes et al., 2017; Shahunja et al., 2025). The current study is developed to document in relation to the sociodemographic characteristics, prevalence of ACEs and its types, levels of cumulative exposure, and trauma exposure of residential patients for substance abuse treatment. Evidence from this study is necessary in the development of contextualized programs, and integration of trauma-informed care into mental health and addiction services for residential patients with substance use disorders.

METHODS

Sample

One hundred ninety-five (n=195) were admitted between 2022 to 2024 in DOH Drug Abuse Treatment and Rehabilitation Center located in Malaybalay City, Bukidnon. All participants met current Diagnostic and Statistical Manual of Mental Disorders 5-TR Methamphetamine criteria (American Psychiatric Association, 2017), and had resided in the therapeutic community for ≥ 6 months. All participants underwent screening and interview as part of the standard procedure prior treatment. All participants in this investigation were fully informed and provided with written informed consent. The study was formally allowed for research and intervention development only by the Chief of the Center.

Measures

Adverse Childhood Experiences

The ACE-Q consists of 10 dichotomous (Yes/No) items that assess exposure to adverse childhood experiences across two domains: abuse / neglect (5 items) and household dysfunction (5 items). The questionnaire was originally developed for the landmark ACE Study conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) from 1995 to 1997 (Felitti et al., 1998). The internal consistency of the ACE-Q has been demonstrated, with Cronbach's alpha coefficients typically ranging from 0.70 to 0.76 (Olah et al., 2023; Wingenfeld et al., 2010). Factor analytic studies have supported the two-domain structure of the ACE-Q (Mersky et al., 2017; Michael et al., 2025). Construct validity of the ACE-Q is supported by its ability to predict health outcomes in the directions hypothesized by developmental traumatology models. The scale demonstrates expected relationships with measures of depression, anxiety, substance use disorders, and physical health conditions (Hughes et al., 2017).

Trauma Exposure Checklist

Trauma Exposure Checklist is a developed form by the researchers in addition to childhood adversity measure. Respondents were asked about lifetime exposure to traumatic events which accounts for traumatic experiences such as accidents, natural disasters, sexual assault, and others that posed a threat to life or physical integrity. Responses were coded dichotomously as yes or no to determine whether the individual had experienced at least one traumatic event in the lifetime.

Data Analysis

In the present study, descriptive statistics were employed to summarize the demographic profile of the respondents and to present the distribution of adverse childhood experiences (ACEs), level of adversity, and trauma exposure. The categorical variables such as age, civil status, educational attainment, and religion were computed to describe frequencies and percentages. Similarly, statistical procedures were applied to summarize the types of ACEs reported, the classification of respondents based on the cumulative adversity scores, and the distribution of lifetime trauma exposure. The prevalence of ACEs and trauma within the sample were utilized to present findings systematically in tables, allowing for a greater understanding.

Results And Findings

The descriptive profile of the respondents revealed that the majority were in early adulthood (71.28%), followed by middle adulthood (25.12%), with only a few adolescents (3.07%) and older adults (0.51%).

Most respondents were married (61.02%), while 38.97% were single. In terms of educational attainment, the highest proportion reported some secondary education (29.74%), followed by some college (17.94%), while only 7.69% completed a bachelor's degree. The religion was predominantly Roman Catholic (69.23%), with other Christian denominations (25.64%) and Islam (5.12%) making up the rest.

Adverse childhood experiences (ACEs) were highly prevalent. Among abuse and neglect categories, physical abuse (35.87%) and emotional abuse (35.3%) were most frequently reported, alongside physical neglect (33.84%) and emotional neglect (32.3%). Sexual abuse, though less frequent, was still present (7.64%). Within household dysfunction, a household member with substance abuse (51.28%) was most common, followed by incarcerated family members (33.33%), parental separation (27.69%), and exposure to maternal violence (18.97%). Parental mental illness was the least reported (7.69%).

The cumulative adversity index indicated that only 19.48% reported no adversity, while 43.07% experienced low to moderate adversity. Notably, 23.07% reported high adversity and 14.35% very high adversity, indicating that more than one-third of the respondents endured severe cumulative adversity. In addition, trauma exposure was nearly universal, with 96.41% of respondents reporting at least one traumatic experience in their lifetime.

Conclusion

The current study shows a high prevalence of childhood adversity and trauma among respondents. Notably common among early and middle adulthood which are crucial developmental stages for identities and relationships. Furthermore, the high levels of adverse childhood experiences at these stages underscores unresolved trauma making a significant impact on psychosocial adjustment, resilience, and well-being (Finch et al., 2024; Zhu et al., 2023). One of the significant findings in the study is the widespread household dysfunction, particularly substance abuse and incarceration, highlighting the intergenerational nature of trauma. This is consistent with prior findings linking adverse family environments to disrupted attachment, risky behaviors, and poor mental health outcomes in adulthood (Almeida et al., 2024; Iniquez & Stankowski, 2016; Scorza et al., 2022). While there is a low incidence of sexual abuse and parental mental illness in the current study, this otherwise does not diminish the potential clinical significance, even on small proportions the impact of these adversities can represent severe impacts on those affected.

Findings from the study also demonstrates considerable risk burden, as it shows that nearly four in ten respondents reported high to very high adversity. Congruent with established adverse childhood experiences literature, high childhood adversities among individuals are greater risk for psychiatric disorders such as depression, anxiety disorders, post-traumatic stress disorders (PTSD), and substance use disorders (Wagner et al., 2007; Gu et al., 2022; Tzouvara et al., 2023; Hughes et al., 2017; Shahunja et al., 2025). This further compound the nearly universal trauma exposure of the respondents suggesting potential disruption of healthy development.

Notably, the present sample in the current study has extensive and cumulative adversity, nearly universal trauma exposure, and elevated risk for poor psychological outcomes. This highlights that early adversity and trauma are common among the sample with substance use disorder. Along with symptom and harm reduction for substance use, residential treatment must also address underlying traumatic experiences and rebuilding resilience that foster long-term recovery.

In conclusion, the findings of the study suggest important considerations that can inform assessment and treatment. First, residential programs must look into the design around trauma-informed principles as a standard of practice that includes a safe environment and minimalization of trauma. Equally important is a policy support in expanding residential programs that trains staff in ACEs, trauma, and culturally sensitive approaches. Second, the high rates of household substance abuse and family incarceration suggest normalization of dysfunctional family patterns. This calls for an intervention that extends beyond the individual which integrates awareness on the impact of childhood adversities to maladaptive coping mechanisms and substance use. Finally, as established in literature on the mechanism of addiction as a self-soothing strategy for distressing emotion caused by unresolved trauma, relapse prevention should emphasize strengthening skills in emotion regulation, distress tolerance, and building healthy relationships.

Mental Health Outcomes of Persons with Comorbidities during the COVID-19 Pandemic: Prevalence and Predictors

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The COVID-19 pandemic has significantly affected global mental health, with individuals having pre-existing medical conditions facing heightened vulnerability due to disrupted healthcare access, fear of infection, and financial strain. Despite growing evidence of the pandemic's psychological toll, limited research has focused on this medically at-risk population. The present study addressed this gap by examining the prevalence and predictors of psychological distress, generalized anxiety, and depression among adults with comorbid medical conditions in the Philippines. Using a cross-sectional design and purposive sampling, 401 participants aged 18 and above completed an online survey assessing sociodemographic background, psychological distress (K6), anxiety (GAD-7), depression (PHQ-9), and pandemic-related adversity. Descriptive statistics and multiple logistic regression analyses were performed. Results revealed high prevalence rates of psychological distress (76.06%), generalized anxiety (53.61%), and depression (59.60%). Younger age (<23 years), lack of a partner, and pre-existing psychological illness were identified as consistent risk factors across all three mental health outcomes. In contrast, protective factors included rural residence, employment, higher household income (₱10,000–19,999 or >₱60,000), good perceived health, adequate sleep (6–8 hours), and medical insurance. Pandemic-related concerns, particularly healthcare system capacity and quarantine restrictions, were significantly associated with higher anxiety levels. These findings emphasize the urgent need for accessible, context-specific mental health interventions and policies that address the compounded vulnerabilities of individuals with medical comorbidities during public health crises.

Plenary Session 3A: The Science of Recovery: Interventions for Posttraumatic Distress / 28

Assessing the efficacy of the problem management plus (PM+) in improving the mental health of conflict-exposed individuals

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Co-author: Imelu Mordeno

Abstract

The present study aimed to examine the efficacy of Problem Management Plus (PM+), a low-intensity, cognitive-behavioral therapy-based (CBT) intervention, in improving the mental health of conflict-exposed individuals using a randomized-controlled trial (RCT) design. A sample of 26 individuals participated in the study, randomized into PM+ (i.e., treatment; n = 14) and waitlist control (i.e., WLC; n = 12) groups. Results show that those in the PM+ group showed improved mental health outcomes at posttest, while the WLC group did not show any significant improvement. There was also a significant difference in the psychological wellbeing, functionality, posttraumatic stress disorder, anxiety, and depression scores between the two groups at posttest, with the PM+ group demonstrating lower severity of symptoms and better wellbeing. The results support the efficacy of PM+ as a transdiagnostic CBT-based intervention in the current sample.

Parallel Session 1C: Trauma's Shadow: Attitudes, Perspectives, Mental Health, and Well-being in the Context of collective trauma / 29

Ecological Crisis Experiences on Pro-Environmental Behaviors: The Mediating Role of Eco-Anxiety in Disaster-Exposed Students

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This study aimed to examine the influence of ecological crisis experience on pro-environmental behavior with the mediation of eco-anxiety of undergraduate students at Caraga State University-Main Campus who were affected by Super Typhoon Rai in December 2021. As there may be published journals tackling each variable, there is no available literature specifically addressing all variables. The data were analyzed using mediation analysis. The analysis showed that while the ecological crisis itself did not directly predict pro-environmental behavior, it did have an indirect effect through the mediation of eco-anxiety. Experiencing an ecological crisis raises awareness of consequences (AC), as per the Norm Activation Model. Yet, this alone cannot ensure pro-environmental behaviors, individuals need ascription of responsibility (AR), and personal norms (PN). Additionally, eco-anxiety mediates the link between ecological crisis experience and pro-environmental behavior, influencing personal norms and responsibility in individuals. The typhoon experienced by the respondents raised their knowledge of environmental effects, but to spur them into pro-environmental behavior needs the trigger of eco-anxiety. In conclusion, this study shows a full mediation as there was no influence from the ecological crisis experience towards the pro-environmental behavior at first until it was mediated by eco-anxiety. Researchers recommend college students, college administrators, college counselors, and communities to actively participate and seek information that raises awareness in tackling the impact and mitigation of the ecological crisis as well as understanding the importance of eco-anxiety and other emotions and how these affect their behaviors. Furthermore, future researchers may utilize quantitative surveys and qualitative interviews and also conduct longitudinal studies on the interplay between eco-emotions and pro-environmental behaviors. Including diverse demographics in the participant pool and comparing different regions and cultures to help understand the universal trends and regional influences on environmental behaviors.

Keywords: Ecological crisis experience, eco-anxiety, pro-environmental behaviors, Typhoon Rai

Poster Presentations / 30

Risk and Protective Factors for Mental Health Outcomes of Mental Health Practitioners During COVID-19

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Extended abstract and a png format of the poster

Poster Presentations / 31

EXAMINING POSTTRAUMATIC STRESS DISORDER MODELS AND ITS STRUCTURAL RELATIONSHIP WITH DEPRESSION IN LEFT-BEHIND CHILDREN

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¹ DepEd

Growing numbers of parent from low-income countries are joining the global movement of workers responding to labor shortages in wealthier countries of the region and beyond. As populations in more developed countries age and demand for service workers grows, an increasing proportion of these migrant parents leave their families and children behind to take up “temporary” employment providing domestic and care services to distant others. It is likely that several million children in the region are currently growing up in the absence of their mother or father, or both, and there is an urgent need for a better understanding of the impact of family separation on the health and well-being of children left-behind. Left-behind children, having early separation from one or both of their parents, have drawn attention from researchers in various fields (Fan et al., 2009; Li et al., 2010). Left-behind children might encounter various difficulties because of their absence of parents. This support intervention program is designed to support the existing guidance program is a school-wide intervention, an individual or group treatment, or something targeted for certain school staff or students. Understanding the types and extent of traumatic events students have experienced, as well as which events are perceived by the student to be the most salient can be a critical first step in the treatment process. Thus, this program is intended solely for children who are left-behind by their mother or father or both who worked overseas. They will be identified through the use of Information Inventory Record, determining whose parents are working abroad and the span of time they were left-behind.

Parallel Session 2C: Rebuilding and Flourishing: Recovery, Resilience, and Growth after Adversity / 32

Examining the Latent Structure of Dysfunctionality in the Midst of the Pandemic in Left-behind Emerging Adult Children: A Factor and Person-centered Approach

Authors: Aireen Babe Balos^{None}; Imelu Mordeno^{None}

Numerous studies have shown the mental health consequences of COVID-19 pandemic. However, there is a scant of literature on the cardinal requirement of these mental health problems - one's dysfunctionality. The current study responds to this scarcity of studies by looking into the latent factor structure and latent groupings based on the indicators of dysfunctionality and assessed further its associated risk factors. Utilizing a sample of 415 left-behind emerging adult children (LBEAC), the results reveal a well-fitting one-factor structure with 3 latent groups based on the severity levels of dysfunctionality. The data further show a number of risk factors of dysfunctionality in LBEAC amidst the pandemic. Overall, the findings provide the validity of WHO-DAS notion of dysfunctionality and underscore its pragmatic importance in the development of interventions and policies in LBEAC amidst pandemic.

Keywords: Left-behind emerging adult children, mental health, (dys)functionality, risk factors, latent structure, COVID-19 pandemic

Plenary Session 3A: The Science of Recovery: Interventions for Posttraumatic Distress / 33

Eye Movement Desensitization and Reprocessing –Integrative Group Intervention (EMDR-IGI) Applied Among Children Victims of Armed Conflict in Mindanao

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Abstract

Studies of children exposed to traumatic situations consistently demonstrated a spectrum of posttraumatic symptoms to include trauma specific fears, anxiety, somatic complaints, avoidance, behavioral and school problems and changed attitudes about the self, others, and the future. The study aims to measure the efficacy of the EMDR-IGI in the reduction of trauma symptoms among children victims of armed conflict in the selected places in Mindanao. The true experimental method of research specifically the pretest-posttest with expanded posttest was used as its design. It uses the Children's Revised Impact of Events Scale (CRIES-13) and Trauma Symptom Checklist for Children (TSCC) as measures of trauma symptoms. A total of 148 elementary school children in Lanao del Norte, Maguindanao, and North Cotabato were the participants of the study. The pre-test results revealed that symptoms of anxiety, depression, post traumatic stress, and dissociation were all suggestive of difficulty or may represent subclinical symptomatology, while only one –anger –was below the range. The main PTSD symptoms of intrusion, avoidance, and arousal, when summed up, indicates a high probability to obtain a diagnosis of PTSD. The results also revealed that there was a significant difference between the pre-test and post-test mean scores of the experimental group who underwent the treatment protocol as compared to the control group who did not. Post-test and the expanded post-test comparison showed no significant differences. This suggests that the reduction of trauma symptoms in the experimental group remains stable one month after the EMDR-IGI was employed. The study suggests that the employment of EMDR-IGI as a therapeutic modality is effective in reducing symptoms of trauma among children exposed to armed conflict in Mindanao. The degree of mean difference between the pre-test and post-test indicates a large effect size. The findings therefore suggest the use of EMDR-IGI in situations that involve armed conflict or other traumatic situations like natural disasters and other man-made disasters where children are the victims.

Keywords: Post-Traumatic Stress Disorder, EMDR, Integrative Group Treatment Protocol, Children in Armed Conflict, War, and Trauma

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THE LEVEL OF PSYCHOLOGICAL DISTRESS OF PERSONS DEPRIVED OF LIBERTY (PDLs) AT SQUIJOR DISTRICT JAIL: TOWARDS THE EFFECTIVENESS OF GROUP THERAPY

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ABSTRACT

Prolonged experiences of psychological distress of Persons Deprived of Liberty (PDLs) in prisons could lead to the development of mental illness. By helping PDLs regain health and improve coping skills, safety and order within prison environment is promoted and public safety is enhanced when PDLs are released. This research study examines the effectiveness of group therapy intervention on the level of psychological distress of 38 PDLs at Siquijor District Jail by employing the Kessler Psychological Distress Scale (K10) pre and posttest. K10 results indicated that the experimental group showed a generally high mean of difference from the control group with 14 and 3.5 respectively.

Keywords: group therapy, PDLs, psychological distress

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Family Cohesion, Emotional Regulation, and Peace Attitudes in Post-Conflict Adolescents: A Mediation Model from the Marawi Crisis Context

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Context: Millions of children and adolescents globally endure conflict, shaping their self-perceptions, worldviews, and social attitudes. In the Philippines, youth from areas affected by the Marawi Siege and its aftermath (Marawi and Iligan City) represent a critical population for understanding the long-term psychosocial impact of war exposure.

Objective: This study investigates the intergenerational and individual factors that foster constructive attitudes towards peace and conflict resolution in post-conflict adolescents. We specifically contend that family dynamics, known to influence social behavior, impact peace attitudes, and that this association is transmitted through the development of emotional regulation strategies (ERS).

Methodology: A total of 430 adolescents, aged 13-18, from schools in Marawi and Iligan City participated using purposive sampling. Standardized measures assessed family dynamics (specifically family cohesion), frequency of emotional regulation strategies, and attitude towards peace/conflict resolution. A mediation analysis was conducted to test the hypothesized model.

Results: The findings revealed a significant relationship between family dynamics, particularly family cohesion, and attitude towards peace. Crucially, emotional regulation strategies were found to significantly mediate this relationship. This implies that a strong sense of family togetherness (cohesion) promotes the use of adaptive ERS, which in turn strengthens a positive attitude towards peace.

Implications for Psychotrauma: These results strongly suggest that interventions aimed at healing from conflict must move beyond individual therapy to target and strengthen family cohesion as a primary protective factor. By fostering supportive family environments, practitioners can indirectly enhance adolescents' emotional competencies, leading to more resilient and peace-oriented social attitudes. This mediation model provides an actionable framework for community-based psychosocial programming in post-conflict settings.

Keywords: Family Cohesion, Emotional Regulation Strategies, Attitude Towards Peace, Post-Conflict Youth, Marawi Crisis, Psychosocial Interventions

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Keynote Address: Dr. Johnny B. Decatoria

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Plenary Session 1: Public Mental Health Approach to Trauma (Dr. Imelu G. Mordeno)

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Mental Health Problems and Associated Predictors among Filipino Civil Servants Amid the COVID-19 Pandemic

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Abstract

This study quantified the prevalence of common mental disorders (CMDs) and identified associated predictors among Filipino civil servants who served as essential workers during the COVID-19 pandemic. Using a web-based survey of 572 civil servants, we administered established scales (K-6, GAD-7, PHQ-9, PRD). The findings revealed a substantial burden of CMDs: 56.5% for psychological distress, 30.6% for major depression (MDD), and 25.9% for generalized anxiety (GAD). Multiple logistic regression analysis identified several key risk factors. Sociodemographic risks included younger age (30 and below) across all CMDs and being female for MDD and psychological distress. Pandemic-related risks highlighted the critical role of difficulties in caregiving responsibilities and a lack of social activities/interaction in predicting anxiety and depression. Additionally, work-family conflict predicted distress. The results underscore the urgent need for targeted, risk-informed mental health support for this critical workforce.