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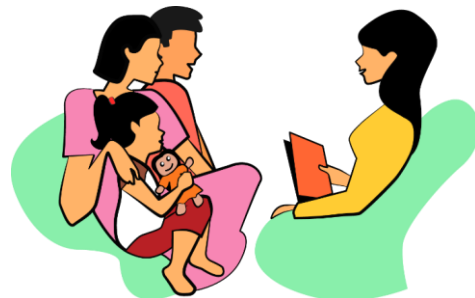
AKO PARA SA BOTA

THE INTERNATIONAL CONFERENCE IN MANILA

THEME:

STRESSED?
Coping, Recovery, and Healing

DECEMBER 1-2, 2016
SMX CONVENTION CENTER MANILA



SESSION E2

SELF-CARE AND WELL-BEING
FOR HEALTH CARE PROVIDERS

CARE FOR THE SELF

REBECCA R. ORTEGA



Care for the Self

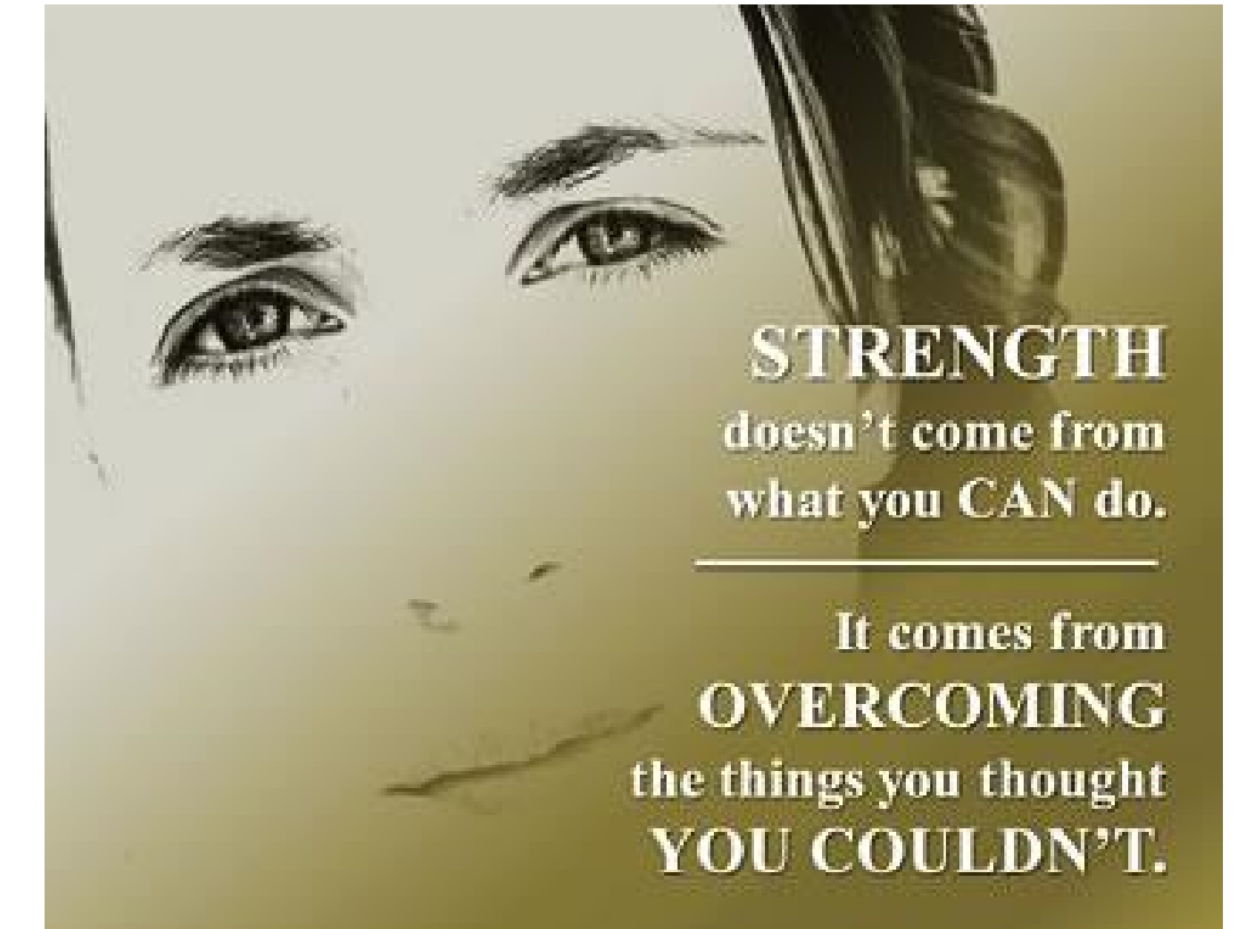
From Tension to Attention



Reference:

The Heart of Well Being, Jan Acoe, Janki Foundation, 2010
In the Light of Meditation, Mike George 2005

**Describe present condition of your
workplace and your clients. . .**



STRENGTH
doesn't come from
what you **CAN** do.

It comes from
OVERCOMING
the things you thought
YOU COULDN'T.



Qualities of Inner Strength are . . .

Health versus Well-being

- Description of well-being – touches many aspects of our being. Even someone terminally ill can experience well-being
- Health is about objective perception of physical functioning
- Well-being is more subjective – ‘it is how I feel.’
- Sense of well-being - comes from a number of different overlapping dimensions in the way we experience ourselves and the world.

Some Psychologists - identified some of the key factors that increase inner strength:

- optimism,
- freedom from anxiety,
- taking personal responsibility
- the ability to reframe our thinking about situations



**Are these things we can learn
and how do we do that?!?!?**

- health, wholeness & healing may originate from the word 'holy'
- suggests that real health or well being is a spiritual experience
- that is self-knowing, a sense of balance and wholeness in which all 4 dimensions come together
- then we begin to experience our more 'authentic' selves'



Well-being - return to the center of the authentic "I"

- Lighten up
- Relax and tune in
- Imagine & visualize
- Be creative
- Think positively
- Value yourself
- Discover peace

Tools for well-being

Spiritual Perspective

- Everything (everyone) is interconnected
- Every human being is a powerful soul
- We are innately good and have unlimited potential
- Each of us has the ability to think about and decide/choose our actions
- All our thoughts, words and deeds have an impact on the world, for better or for worse
- We create and are responsible for the state of our own inner and outer world

We will achieve this state through recognizing the importance of. . .

- Non-violence (to humans & animals)
- The law of karma i.e. we reap what we sow
- Consciousness (it determines everything)
- Personal responsibility (not blaming others)
- Inner values
- Inner work on ourselves (becoming pure, positive beings)
- A daily spiritual practice
- An environmentally friendly lifestyle.

(End with meditation)

The Power of THINKING



- Create rich visions of well-being and resourcefulness
- Use all the senses – sight, sound, touch, smell, taste, movement
- Practise visualising well-being regularly

Imagine & Visualize

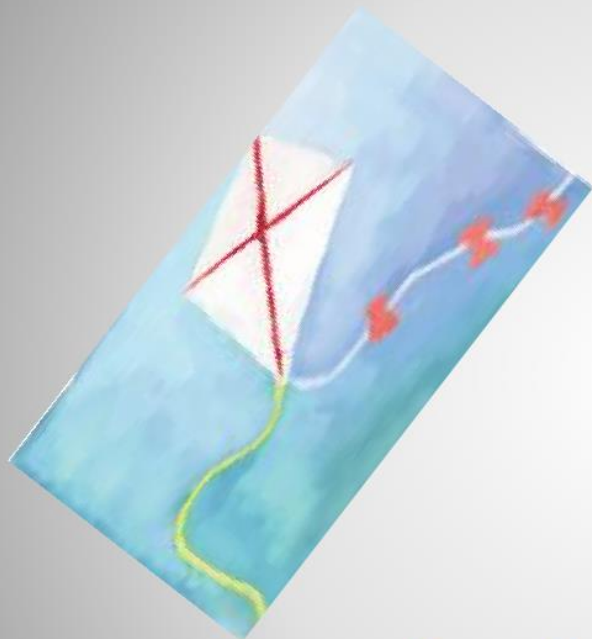
I picture myself performing well in difficult situations. It gives me confidence to do it for real."

- Recycle & transform waste and negative
- Develop 'possibility thinking'.
- Express your creativity



Be creative

"When I am being creative, I feel truly alive."



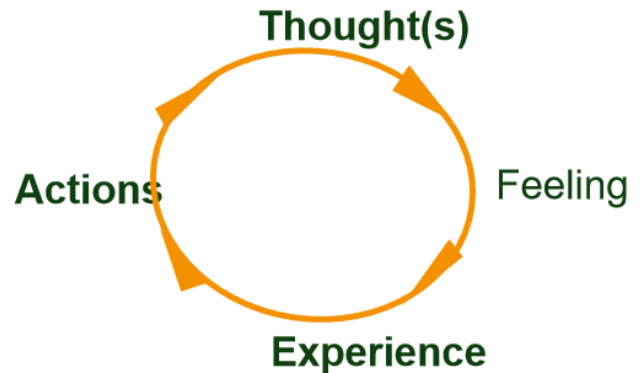
- View events in a hopeful way
- Observe our thoughts
- Challenge and change our thoughts
- Appreciation

Think positively

I appreciate who I am and expect the best in my life'

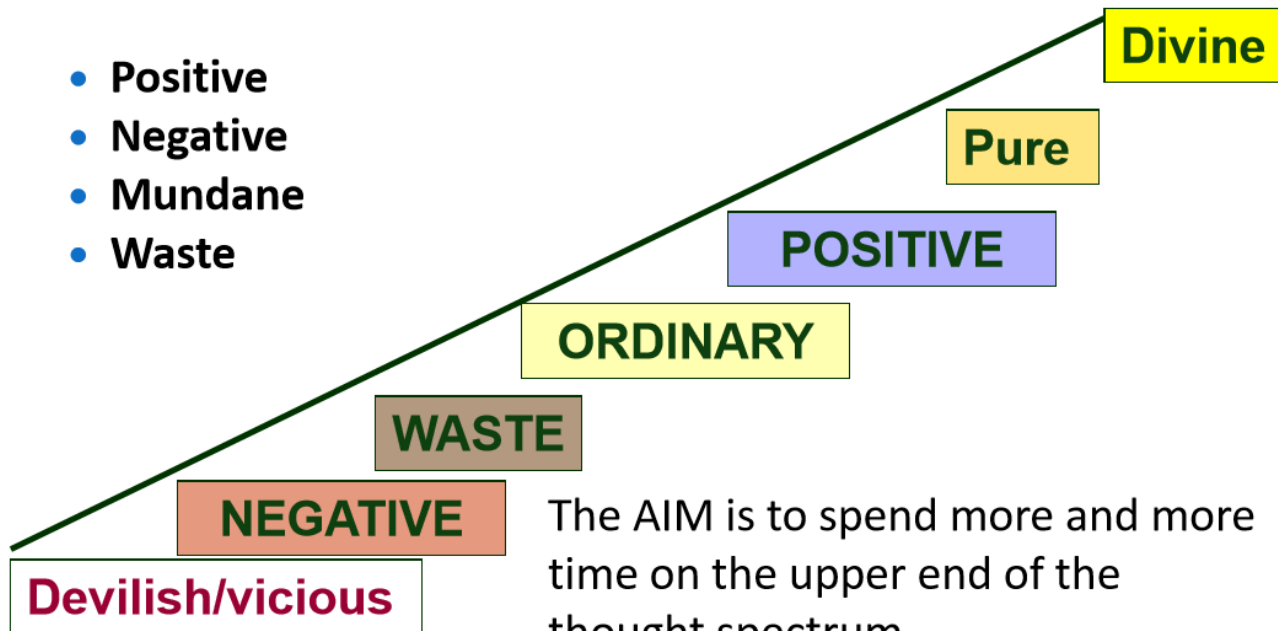
Define thought (s). . .

- Energy of the mind. It is a form of energy, the energy of consciousness that potentially leads to action through the body.
- It is a Powerful Energy. As we think, so we experience thought as feeling. Feeling follow thought.



Four main kinds of thought. . .

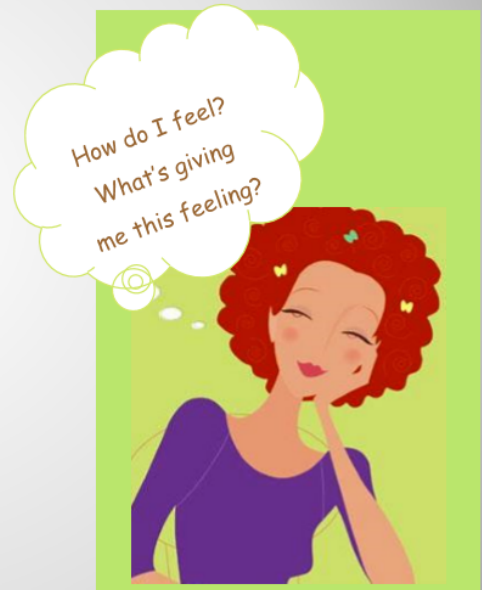
- Positive
- Negative
- Mundane
- Waste



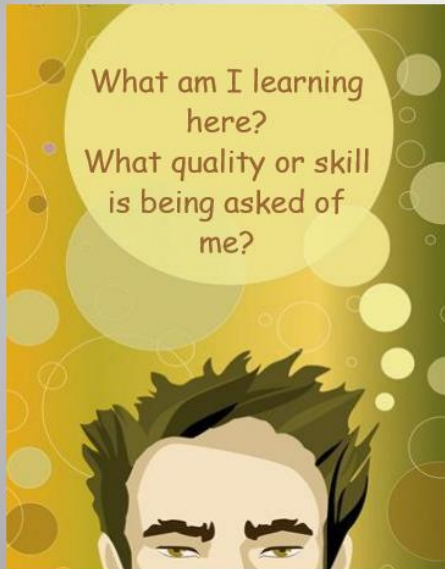
The AIM is to spend more and more time on the upper end of the thought spectrum

S.O.S – **Step back**, Observe, Steer

- **Step back** - Create a space for yourself, from your thoughts, feelings, a situation and people, etc.



S.O.S – Step back, **Observe**, Steer



- **Observe** -

- Without judgment, watch and see how you are thinking. Watch your attitude, your perception, your beliefs.
- the things (people, situations, circumstances, possessions), that influence you because you are dependent on them for your happiness

S.O.S – Step back, Observe, **Steer**

- ❑ Direct your thoughts in a positive way. Create an attitude and thoughts that will bring benefit to yourself and others
- ❑ Steer thoughts in order to understand. Through understanding and realizing what you are doing, generate positive thoughts.
- ❑ Steer your thoughts inside in order to access your inner experience of happiness

PAUSE AND REMEMBER—

*Every moment is a choice.
Every thought, word and deed
is creating your future.
Choose wisely and positively!*

— Jenni Young

If you have the power of positive thinking...



- You can **face** whatever comes
- You stay **light and easy**
- **No worries and no confusion**
- You find **BENEFIT** in all situations
- You love **LIFE**
- You love **PEOPLE**

- Know your Self – “Who am I ? & What am I?”
- Identify, & unleash inner strength through your your virtues
- Renew and recharge – reconnect to the Ultimate Source of Support



Value Yourself

“When I nurture myself, I begin to grow in confidence and self—respect.”

Foundation of Positive Thinking is. . .

- **Self- Respect** means to affirm that you are a pure and peaceful being
- **Self-respect** implies self confidence. You maintain regard for yourself independently of praise or defamation, success or failure
- **Self-respect** means you maintain an attitude of love, peace, faith, courage, perseverance, enthusiasm and happiness.
- **Self-respect** means you consider it inappropriate to criticize others.
- **Self-respect** means you consider it cowardly to feel threatened by someone else.



I, the **Being** am
the source of
thoughts. **I am**
naturally good! I am
peace, I share **love**
and I experience
happiness!



Who is thinking. . .

Titles of Self - Respect





- Focus on peaceful thoughts
- Surface inner qualities
- Make a spiritual connection with self, Higher Power & others

Discover peace

“When I touch into the silence inside myself, I feel I can handle anything.”

Skills for Building Inner Strength

(Self-Mastery Course)

1. **Relaxation** – learning to relax and refresh body, mind and spirit
2. **Concentration** – learning to have positive thoughts of our own choosing
3. **Visualization** – learning to use inner vision and imagination
4. **Focus** – learning to have awareness of my inner world, my thoughts, feelings, memories, habits and personality
5. **Silence** – learning the power of silence – sometimes words are not necessary



I am a peaceful soul!
Thank You!

Ms. Rebecca R. Ortega

HR Trainer-Consultant, PeopleWise Consultants

Meditation Practitioner & Teacher

Brahma Kumaris Philippines Spiritual Foundation, Inc.



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SESSION F2

SAFE SCHOOLS:
PREVENTING CHILD SEXUAL ABUSE

SAFE SCHOOLS: PREVENTING CHILD SEXUAL ABUSE & CHILD PROTECTION POLICY OF THE DEPARTMENT OF EDUCATION

DEPED USEC. ALBERTO T. MUYOT



Safe Schools: Preventing Child Sexual Abuse & Child Protection Policy of the Department of Education

Undersecretary Alberto T. Muyot
Department of Education
Ako Para sa Bata Conference
December 2, 2016

Trends on Child Sexual Abuse

Child sexual abuse is **highest among young teens**.⁷

PLAN Survey

35.5% of the interviewed elementary and high school students were reported having been spoken to in a sexually offensive or suggestive manner by their fellow students and teachers.⁸

Moreover, **12.82%** reported that they were touched inappropriately not only by their peers, but also by teachers who sexually harrassed their students.⁸

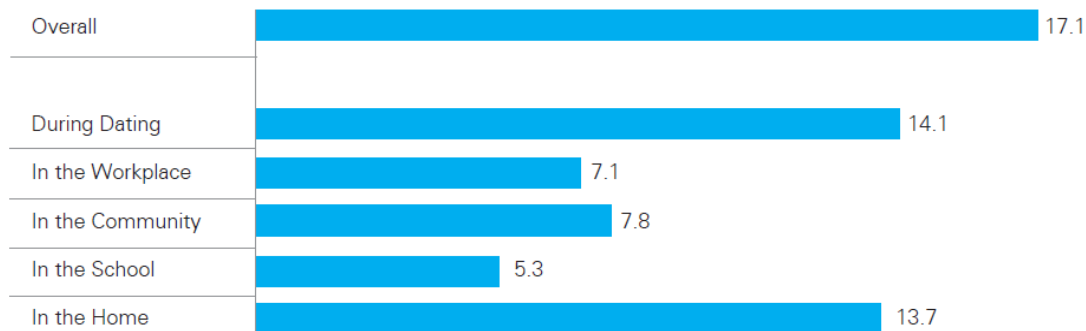
Trends on Child Sexual Abuse

National Baseline Study on Violence Against Children: Philippines (2016)¹⁴

Overall sexual violence

About 17.1 percent of children aged 13-<18 years experienced any form of sexual violence while growing up. A prevalence of 1.6 percent was noted in the past 12 months. More males claimed to have such experiences.

Prevalence of overall sexual violence during childhood, by setting



Trends on Child Sexual Abuse

National Baseline Study on Violence Against Children: Philippines (2016)¹⁴

In schools, the prevalence of overall sexual violence was 5.3 percent.

- **3.3 percent** of the incidents happened when they were 6 to 9 years old;
- **9.9 percent** when they were between 10-12 years of age;
- **22 percent** at the time when they were 13-15 years old; and
- **27.5 percent** of the incidents took place when they reached 16 to 18 years old.

Severe Sexual Violence (forced consummated sex)

- During their childhood, about **3.2 percent** of children and youth experienced forced consummated sex (anal, oral, and/or vaginal).
- The incidents of forced consummated sex are prevalent on males which are around **4.1 percent**, higher than the **2.3 percent** among females.

Trends on Child Sexual Abuse

First three months of 2016¹¹

**2147
CASES**

CHILD ABUSE

More than ¼ of which are of a sexual nature

**539
CASES**

Most of the children were victims of

SEXUAL ABUSE

233 CASES

SEXUAL EXPLOITATION

214 CASES

TRAFFICKING

Child Sexual Abuse

According to the definition of child sexual abuse formulated by the 1999 World Health Organization Consultation on Child Abuse Prevention, “**Child sexual abuse** is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.”¹⁵



Stories of Child Sexual Abuse⁹

Nancy Agaid shared her experience as a social worker in the early 80s in Ermita, Manila. She is currently part of the Stairway Foundation Inc. Board of Trustees, a non-stock, non-profit, non-government child care organization.

“I had one case of two children aged 9 and 12 who were stuffed in a *balikbayan* box and delivered to a client’s room. When he would open the box, the kids would come out and do his bidding. When he was done, he would put the kids back into the box along with some money and send it back to its sender.”



Stories of Child Sexual Abuse⁹

“A 14-year-old girl was being raped by her father. When she told her mother about the abuse, her mother did not believe her. She only believed what was happening when her husband had raped the two younger daughters,” related Agaid.



Child Sexual Abuse

Sexual abuse is the worst kind of abuse on children as it disrupts their growth and development. It not only affects them physically, but also their emotional well-being and psyche. It hampers the outlook of children in future relations since its effects last for years.¹ Victims will feel significant distress and exhibit several psychological symptoms that are both long term and short term. They may also feel powerless, ashamed, and distrustful to others.⁵



Preventing Child Sexual Abuse

In order to prevent the increasing cases of child sexual abuse, there is a need for agencies, NGOs, schools, teachers, and other key stakeholders to formulate policies and implement programs. **We must increase awareness, vigilance and the urgency to report and respond to cases among the teachers, students and the public to prevent child sexual abuse.**

The **Department of Education** has implemented policies and programs pursuant to the 1987 Constitution, the Convention on the Rights of the Child and child protection laws, to ensure all encompassing protection for our children, whether the danger is inside the classroom or in their respective homes. The best interest of children is our paramount consideration in all decisions and policies that we formulate.³

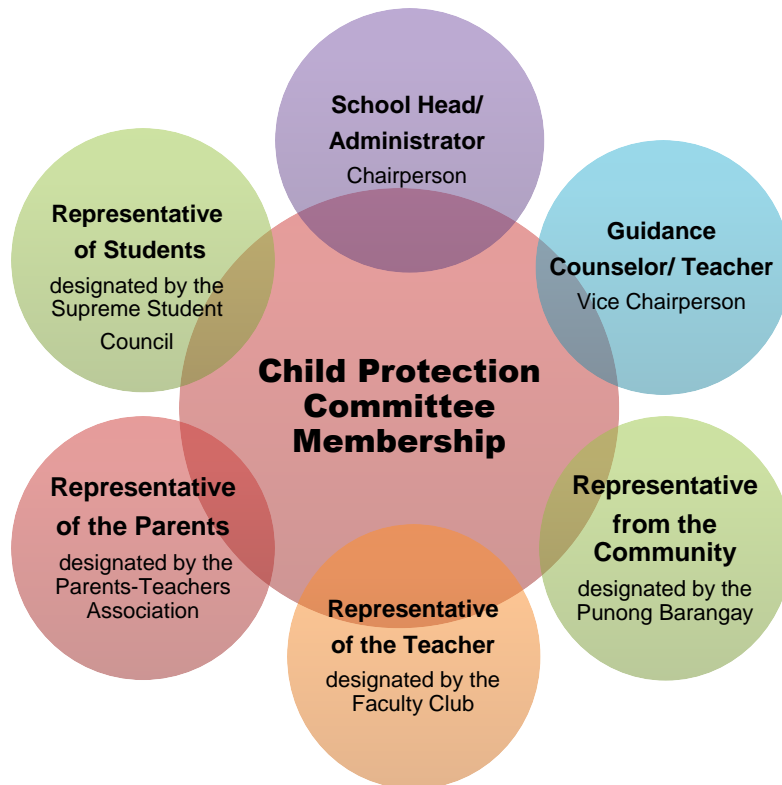
Child Protection Policy

Child Protection Policy³

Policy and Guidelines on Protecting Children in School from Abuse, Violence, Exploitation, Discrimination, Bullying and Other Forms of Abuse

- The **Department of Education** ensures that all schools are conducive to the education of children.
- It aims to ensure **special protection of children** from all forms of abuse and exploitation.
- It strongly adheres to a **policy of zero tolerance** to any form of child abuse, exploitation, violence, discrimination, bullying and other forms of abuse.

Child Protection Committees³



Child Protection Committees³

- **Functions:**

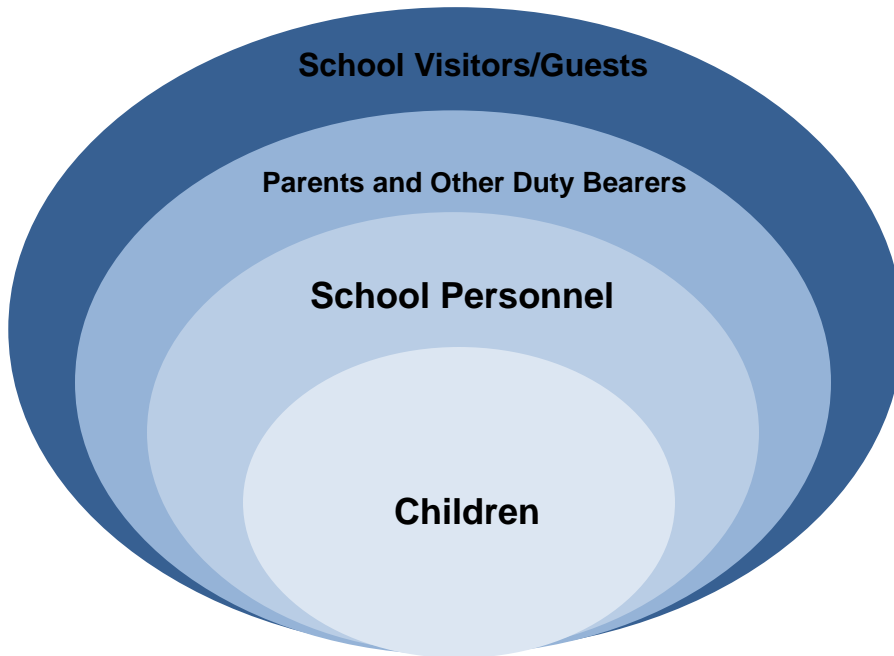
- initiate information dissemination programs and organize activities for the protection of children;
- monitor the implementation of positive measures and effective procedures in providing the necessary support for the child and for those who care for the child;
- establish a system for identifying students who may be suffering from significant harm;
- ensure that the children's right to be heard is respected and upheld; and

Child Protection Committees³

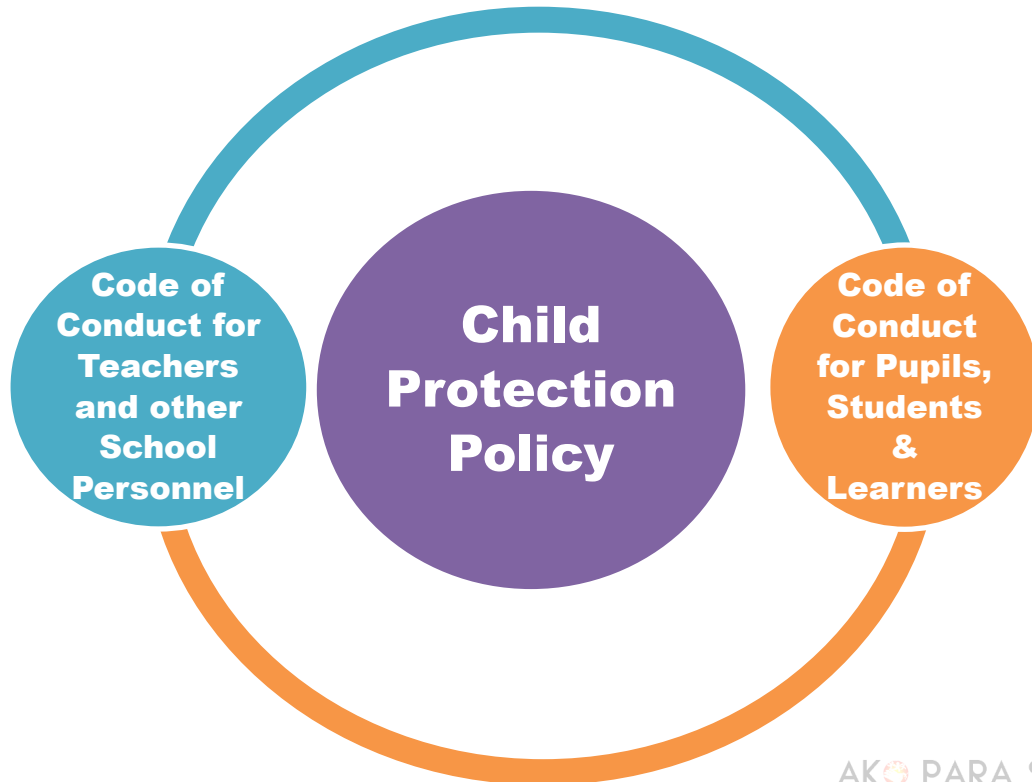
- **Functions:**

- Pursuant to DepEd Order No. 18, s. 2015, entitled “DepEd Guidelines and Procedures on the Management of Children-at-Risk (CAR) and Children in Conflict with the Law (CICL)”, the CPC shall also serve **as a Restorative Justice Panel (RJP)** when deemed appropriate.

Coverage of DepEd's Child Protection Policy³



Child Protection Policy



National Training of Trainers on Child Protection¹⁶

- Pursuant to Child Protection Policy, all public and private elementary and secondary schools shall build the capacities of school personnel, pupils, students, and parents to deal with child abuse, exploitation, violence, bullying and discrimination cases.
- In line with this, the Department of Education conducted the National Training of Trainers on Child Protection. It aims to:
 - discuss measures that protect children; and
 - develop the participants' relationship and enhance their social and emotional competencies.
- More than 1,200 national trainers were trained.

Training and Designation of DepEd Child Protection Specialists¹²

- To strengthen the implementation of Child Protection Policy, DepEd is training and designating **Child Protection Specialists** to provide technical advice to the schools and their respective schools division on complex or serious Child Protection cases.
- The objective is to have three (3) specialists per division.

CyberSafe Project

- **Technology is now being used to commit child sexual abuse.** DSWD has handled over 150 cases of web child trafficking from 2010 to 2013.⁴
- It is alarming that the Philippines has been a top source of child sexual materials in the world in which cases of live stream child sexual abuse are increasing.¹⁰
- Some children chat and meet online strangers. Others experienced being asked to strip naked online. Some of them even have online boyfriend/girlfriend that could lead them to harm.²
- To address these problems, DepEd entered a partnership with Stairway Foundation, Inc. (SFI) through the **Cybersafe Project in order to address the growing need to protect children from bullying, sexting, and child pornography.**²

Promotion of Online Child Protection and Prevention of Cyberbullying

(DepEd Memo No.94)

‘CyberSafe’ Manuals¹³

- Targets Grades 5 to 6 pupils and junior high school students.
- To prevent online child abuse and bullying, enhance students’ capacity to stay safe from online abuse and educate teachers and parents about online safety.
- Discusses cyber bullying and other risks such as sexting and child pornography.**



Safe Schools for Teens: Preventing Sexual Abuse for Poor Urban Teens Project

Safe Schools for Teens:

Preventing Sexual Abuse for Poor Urban Teens Project⁷

- **Division of City Schools – Manila**, under the supervision of DepEd, and the **Child Protection Network Foundation** entered a Memorandum of Agreement to implement the project.
- The parties have realized the necessity of developing a school-based program to prevent **sexual abuse** and decrease **peer-to-peer sexual victimization**.
- This program is a **school-based intervention** for students, teachers, and child protection committees to **prevent** sexual abuse and **facilitate increased reporting and referral** of incidents.

Safe Schools for Teens:

Preventing Sexual Abuse for Poor Urban Teens Project⁷

- **The parties committed to develop:**
 - **teachers' curriculum** for Grades 7 and 8 students;
 - student-friendly **workbook**;
 - **school personnel's manual** on **recognition, recording, reporting, and referral** of child abuse cases; and
 - **training and resource packet** on case management for School Child Protection Committees.

Safe Schools for Teens:

Preventing Sexual Abuse for Poor Urban Teens Project⁷

- The **Child Protection Network** is committed to provide assistance and support interventions to children survivors of abuse.
- DepEd selected two pilot schools for initial testing and evaluation in **Division of City Schools – Manila**, specifically **V. Mapa High School and Manila High School**.



**Child
Protection
Network**



Safe Schools for Teens:

Preventing Sexual Abuse for Poor Urban Teens Project⁷

- **Basis of the Relationship and Objectives:**
 - All parties **recognizing the complexities of child abuse**, as a violation of basic rights of children and as a threat to their future;
 - All parties upholding a philosophy of collegial **collaboration, excellence and accountability** as basic tenets for synergistic leadership in the recognition, intervention, and prevention of child abuse in the Philippines;

Safe Schools for Teens:

Preventing Sexual Abuse for Poor Urban Teens Project⁷

- **Basis of Relationship and Objectives:**
 - Seeing the need of **increasing the skills and core competencies of teachers** in the public and private schools in child protection;
 - All parties shall work together to **design and pilot-test** an intervention program for two high schools in Manila City: **create open-access school-based intervention materials** upon finalization of evaluation; and **support scale up to the national level** of school-based primary intervention program.

Some Provisions on Duties and Responsibilities⁷

DCS-Manila

- “1. Coordinate with **DepEd and CPN** the implementation of this undertaking and specifically
- i. Teachers' Curriculum
 - ii. Students' Curriculum
 - iii. Operationalization of the Committee for the Protection of Children (CPC)
 - iv. Case Management of abused teens

x x x

5. **Provide substantive and technical inputs** in the curricula development;
6. Allow the Student Curriculum Co-Investigator to access Grade 7 and Grade 8's curricula and **suggest possible modifications therein to ensure smooth integration** of various child protection concepts in the appropriate subjects;

Some Provisions on Duties and Responsibilities⁷

DCS-Manila

- 7. In coordination with DepEd, review the contents of the following:**
- a. Teachers' curriculum for Grade 7 and 8 students,
 - b. Students' workbook with activities and associated materials,
 - c. School Personnel's Manual on 4R's of Child Abuse Cases, and
 - d. Schools Child Protection Committee's training and resource packet on child abuse case management;

Some Provisions on Duties and Responsibilities⁷

DCS-Manila

8. Refer to the **UP Manila Philippine General Hospital – Child Protection Unit** all child abuse cases encountered and discovered during and beyond the project duration for appropriate intervention and management;”

Some Provisions on Duties and Responsibilities⁷

Child Protection Network

“1. Be the **project holder that will oversee and ensure that all project activities and budget** as approved by Optimus Foundation will be implemented and reported on time by the different project partners to the development partner;

X X X

3. Provide **technical expertise on child protection** during the development of training curricula, workbook, and manuals;

Some Provisions on Duties and Responsibilities⁷

Child Protection Network

- “4. Through the **PGH-CPU**, provide holistic, sensitive, and appropriate **interventions to victims of child abuse** referred and endorsed by the DCS-Manila, pilot schools, and DepEd;
5. Coordinate with DCS-Manila and the pilot schools the **data collection** by study partners and research assistants;
6. Arrange the logistical preparations for conduct of all project-related focused group discussions, trainings, and meetings;

Some Provisions on Duties and Responsibilities⁷

Child Protection Network

“7. Shoulder the costs of all project-related focused group discussions and trainings, and publication of training manuals;”

X X X

Child Protection Policy and Safe Schools for Teens

The MOA between DCS-Manila and CPN is in harmony with the Child Protection Policy of DepEd as **it also aims to prevent, intervene, report, refer victims, raise awareness and reduce child abuse** by providing school-based interventions.

Empowering Child Abuse Victims

Child abuse victims do not always speak up and report the incident due to fear, shame, lack of education, and other potential reasons. However, there are some children who muster the courage to report the abuse but only a few years later after the incident.⁶ That is why programs and policies such as CPP and Safe Schools should be implemented because aside from promoting prevention and awareness, we also need to empower victims to have the courage to speak up.

Conclusion

The ultimate purpose of **MOA on Safe Schools** and **Child Protection Policy** is to make sure that **schools are safe for children, not only from sexual abuse** but also from other forms of harm such as abuse, exploitation, discrimination, violence, and other forms of abuse. We need the cooperation of parents, teachers, government officials and other stakeholders to protect our children and provide a conducive environment for growth and learning.

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INITIAL RESULTS OF SAFE SCHOOLS FOR TEENS PHILIPPINES PILOT STUDY

DEBORAH FRY, MA, MPH, PHD



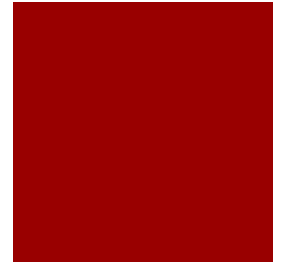
Initial Results of Safe Schools for Teens Philippines Pilot Study

Dr. Deborah Fry, MA, MPH, PhD

Pilot Study

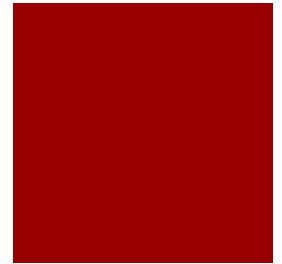
- Pre- and post-tests with teachers after the 4 R's teacher training
 - 219 teachers
- Pre- and post-tests with students – six months apart once they had completed all student modules
 - Pre-test: n=773
 - Post-test: n=975
- Module specific post-tests –directly after each module to assess knowledge
- Focus groups with teachers

About the Teachers



- 219 teachers filled out the pre- and post-test questionnaires for the teacher training.
- Age ranged from 20 to 64 years old
- 15% male (n=33) and 85% female (n=186)
- The majority of teachers are married or cohabitating (57.5%) and have their own children (70.2%)
- In terms of educational qualifications, over two-thirds have a bachelors degree (69.3%) and 21% have a masters degree.
- The majority are high school teachers (89.1%) who have between 1 month and 40 years of teaching experience.

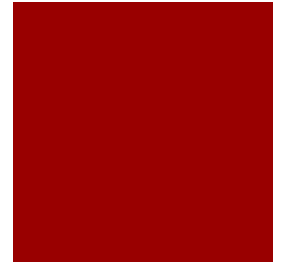
Teacher Findings



Significant changes in attitudes towards duty to report child sexual abuse

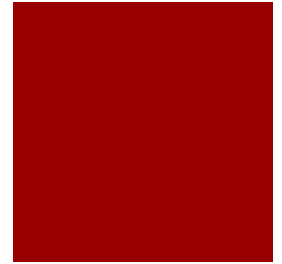
Attitude	Strongly Agree/Agree with Statement Prior to Training	Strongly Agree/Agree with Statement After Training
I would be apprehensive to report child sexual abuse for fear of family/community retaliation.	40% (n=76)	33% (n=58)
Teachers who report child sexual abuse that is unsubstantiated can get into trouble.	51% (n = 98)	24% (n=42)
I lack confidence in the authorities to respond effectively to reports of child sexual abuse.	22% (n = 43)	10% (n=18)
I would find it difficult to report child sexual abuse because it is hard to gather enough evidence.	45% (n=86)	19% (n=35)

Teacher Training: Findings



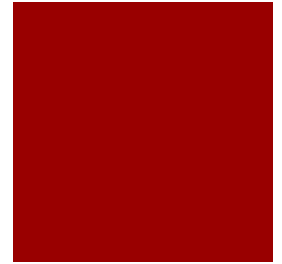
- ***The training greatly improved teachers' knowledge about the potential indicators of child sexual abuse.***
- Before the training less than a third of teachers felt that they were knowledgeable about potential signs for sexual abuse, whereas after the training nearly two-thirds of all teachers felt knowledgeable about the indicators of child sexual abuse.

Findings: Teacher Training



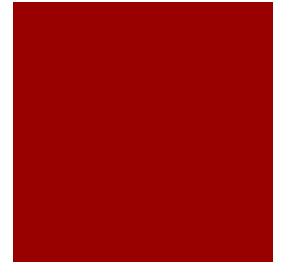
- ***The training also more than doubled the number of teachers who report being confident in identifying child sexual abuse.***
 - Before the training only 25% of the teachers reported being confident about identifying child sexual abuse, while after the training 57% reported being confident.
- ***The training also increased the percentage of teachers who said that they were familiar with the procedures for reporting child sexual from 45% to 75%.***

Student Findings: Sexual Abuse



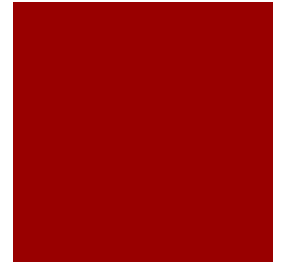
- Sexual abuse: **Increased significant reporting in the survey between pre-test and post-test:**
 - **Any non-contact sexual abuse**
 - Males 33% → 37.4%
 - Females 20.4% → 25.4% ($p < .05$)
 - **Perpetration of sexual abuse**
 - Males 7.2% → 10.2%
 - Females 2.5% → 5.1% ($p < .01$)

Student Findings: Sexual Abuse



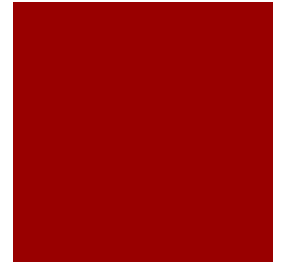
- **Being sexually harassed by teacher or adults in school**
 - Once or twice: Males 8.3% → 10.4%
 - Females 2.6% → 5.8% ($p < .000$)
- **Unwanted sexual talk:** *In the past month, how often did anyone make you upset by speaking to you or texting you in a sexual way or writing sexual things about you that you did not want?*
 - Males 13.5% → 17.4%
 - Females 12.9% → 13.9% ($p < 0.009$)

Student Findings: Sexual Abuse Cont.



- Sexual abuse: **Increased significant reporting of past month SV in the survey between pre-test and post-test:**
 - **Unwanted sexual filming:** *In the past month, how often did anyone make a video or cell phone video of you doing sexual things when you did not want to?*
 - Males 1.5% → 3.2%
 - Females: 0% → 2.5% ($p < 0.002$)
 - **Attempted unwanted sex:** *In the past month, how often did anyone try to have sex with you when you didn't want to?*
 - Males: 3.8% → 4.8%
 - Females 1.8% → 4.9% ($p < 0.000$)

Student Findings: Sexual Abuse Cont.



- Sexual abuse: **Increased significant reporting in the survey between pre-test and post-test:**
 - **Forced Sex**
 - Males 1.2% → 3.7%
 - Females 0.5% → 3.6% ($p < 0.000$)
 - **Dating Attempted Unwanted Sex:** *Have you ever experienced any attempt by anyone of your partners to have sex with you without your consent, while you were dating?*
 - Males 5.5% → 10.4%
 - Females 2.6% → 4.8% ($p < 0.002$)

Findings: Bullying

■ The Prevalence of Bullying Decreased Significantly During the Intervention

■ Any Bullying Victimization

- Males 83.7% → 54.5%
- Females 79.1% → 51.7% ($p < 0.000$)

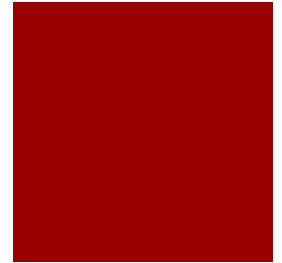
■ Bullying – Physical Harm

- Males 39.7% → 32.1%
- Females 23.5% → 15.6% ($p < 0.001$)

■ Bullying – Verbal Abuse

- Males 61% → 49.3%
- Females 60.4% → 51.5% ($p < 0.000$)

Findings: Bullying Continued



- **The Prevalence of Bullying Decreased Significantly During the Intervention**

- **Bullying – Laughed At**

- Males 55.9% → 42.4%
- Females 51% → 46.2% ($p < 0.000$)

- **Bullying – Not Letting Join In**

- Males 16.1% → 14%
- Females 16.3% → 10.1% ($z p < 0.020$)

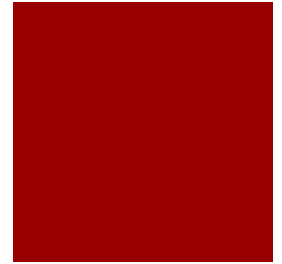
- **Bullying – Grabbed/ hid things**

- Males 33.6% → 23.8%
- Females 26.9% → 18.7% ($p < 0.000$)

Findings

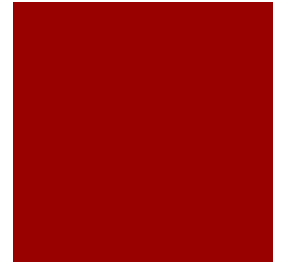
- **The Prevalence of Dating Violence and Physical Violence in the Home Also Decreased Significantly During the Intervention**
 - **Experienced Any Dating Violence**
 - Males 42.9% → 32.2%
 - Females 31.6% → 16.2% ($p < 0.000$)
 - **Emotional Abuse from Dating Partner** (driving this decrease were reductions in being cursed at or said bad words to)
 - Males 35.8% → 28.9%
 - Females 29.8% → 15.8% ($p < 0.004$)
 - **Physical Violence from Adult in the House**
 - Males 55.1% → 51.8%
 - Females 59% → 51.9% ($z p < 0.038$)

Limitations



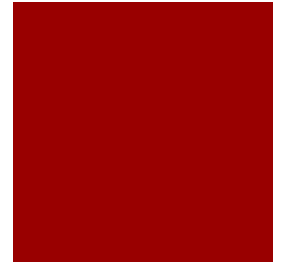
- Short time period between surveys (6 months)
 - Makes it difficult to measure changes in less prevalent forms of violence
 - Want to replicate study with longer follow-up period
- Unable to match students directly from pre- to post-test instead utilise means among the groups of pupils
 - There may be students who left the school after the pre-test and students who entered before the post-test
- Higher sample size at time 2
 - Reran the survey at time 2 because of initial low response rate

Conclusion



- Indicative findings suggest that:
 - The Safe Schools for Teens intervention significantly raises the awareness and reporting of many different forms of sexual abuse
 - A further follow-up study is needed to determine if the incidence of sexual abuse actually declines as a result of the intervention.
 - The intervention appears to be effective for reducing other forms of peer-to-peer violence, specifically bullying and dating violence

Conclusion



- The training for teachers is effective in improving the 4 R's
- Teachers noticed a difference in student's behaviours as a result of the intervention
- In the future, it would be good to measure the impact of the intervention on classroom management and learning outcomes



PRESENT

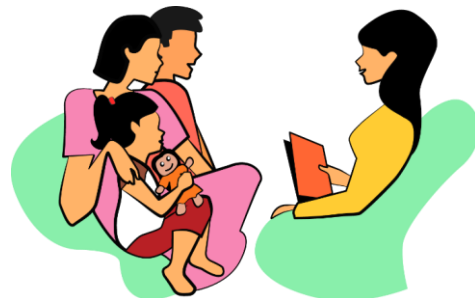
AKO PARA SA BOTA

THE INTERNATIONAL CONFERENCE IN MANILA

THEME:

STRESSED?
Coping, Recovery, and Healing

DECEMBER 1-2, 2016
SMX CONVENTION CENTER MANILA



SESSION G2

MENTAL HEALTH PSYCHOSOCIAL SUPPORT IN EMERGENCIES IN THE PHILIPPINES

MHPSS IN EMERGENCIES IN THE PHILIPPINES

ELIZABETH P. DE CASTRO, PHD



Mental Health and Psychosocial Support in Emergencies in the Philippines

Objectives

To review pertinent and relevant documents on mental health and psychosocial support programs, interventions and activities in selected disaster and armed conflict-affected areas in the Philippines.

To develop general guidelines on mental health and psychosocial support in emergencies in the Philippines.

Obj. 1: To review pertinent and relevant documents on mental health and psychosocial support programs, interventions and activities in selected disaster and armed conflict-affected areas in the Philippines.

Desk Review

- Documents from different MHPSS players reviewed
- Technical reports, briefs, articles, manuals

Key Informant Interview

- Data from documents were reviewed verified, clarified
- Additional information from MHPSS stakeholders identified

Focus Group Discussion

- Detailed description of activities as well as challenges and actions taken reviewed.

Validation Workshop

- Validation of the interpretation of the data collected from desk review, KII, FGD

Obj. 2: To develop general guidelines on mental health and psychosocial support in emergencies in the Philippines.

Consultative meeting

- Interpreted data for validation was in the form of a draft guideline.

Government agency consultations

- Individual consultation with each agency in the response cluster
- Feedback from each agency consolidated, integrated in pre-final version.

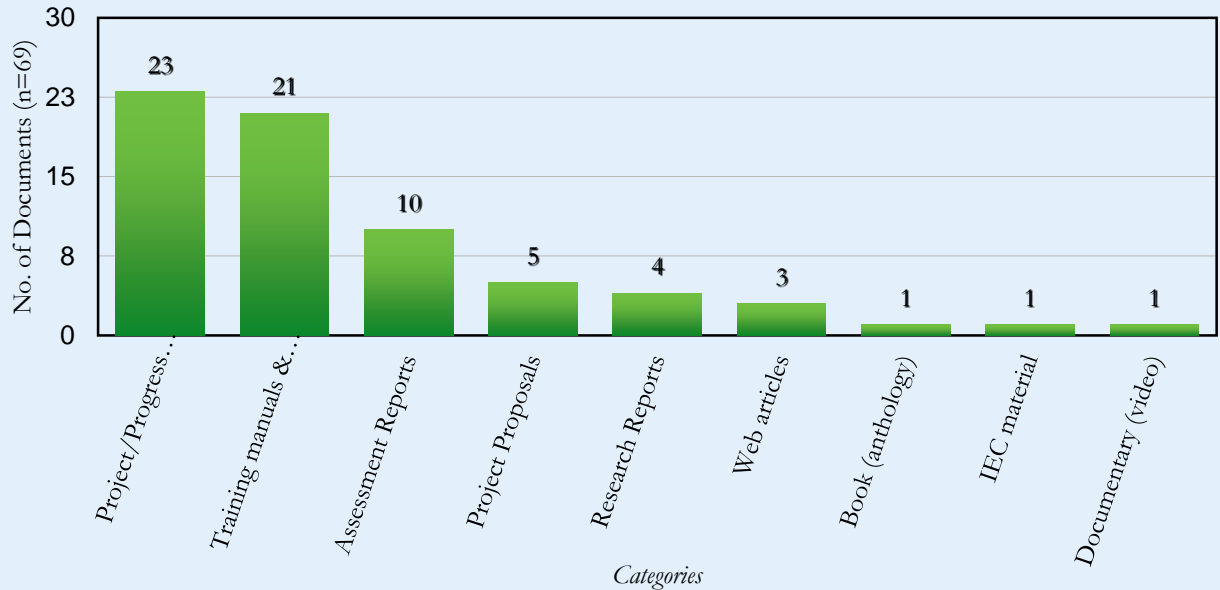
Interagency meeting

- Final decision on or endorsement of the Guideline
- Commitment signing.

Information gathered from review of documents

- Stakeholders involved
- Geographic implementation
- Target group
- Types of intervention
- Source of funds
- Reported effects on recipients
- Reported difficulties and challenges
- Reported lessons learned
- Reported recommendations

Types of Documents Reviewed



Target group of services

- parents, children and young people, teachers, IDPs, soldiers, IPs, PWDs and their families, and other community members.
- more children and young people (176,322) were reached by and benefitted from MHPSSiE programs

Training beneficiaries

- psychosocial support service providers, teachers, day care workers, volunteers, community educators, local government officials, government employees, church members and leaders, NGO staff, and other mental health professionals.
- 16,591 adults benefitted from these trainings, workshops, and seminars.

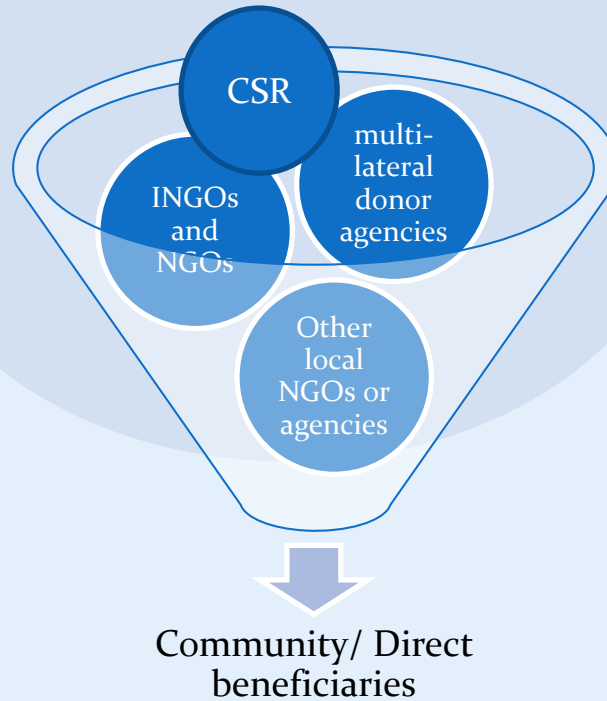
Project and Program Implementers

- iNGOS, NGOS
- Government Agencies
- Professional Associations
- Faith-based Organizations
- Academic Institutions
- Private Counselling Clinics
- Others: Alternative healing groups, Expat associations, Foreign embassies, Foreign-based civic organizations, Corporate entities

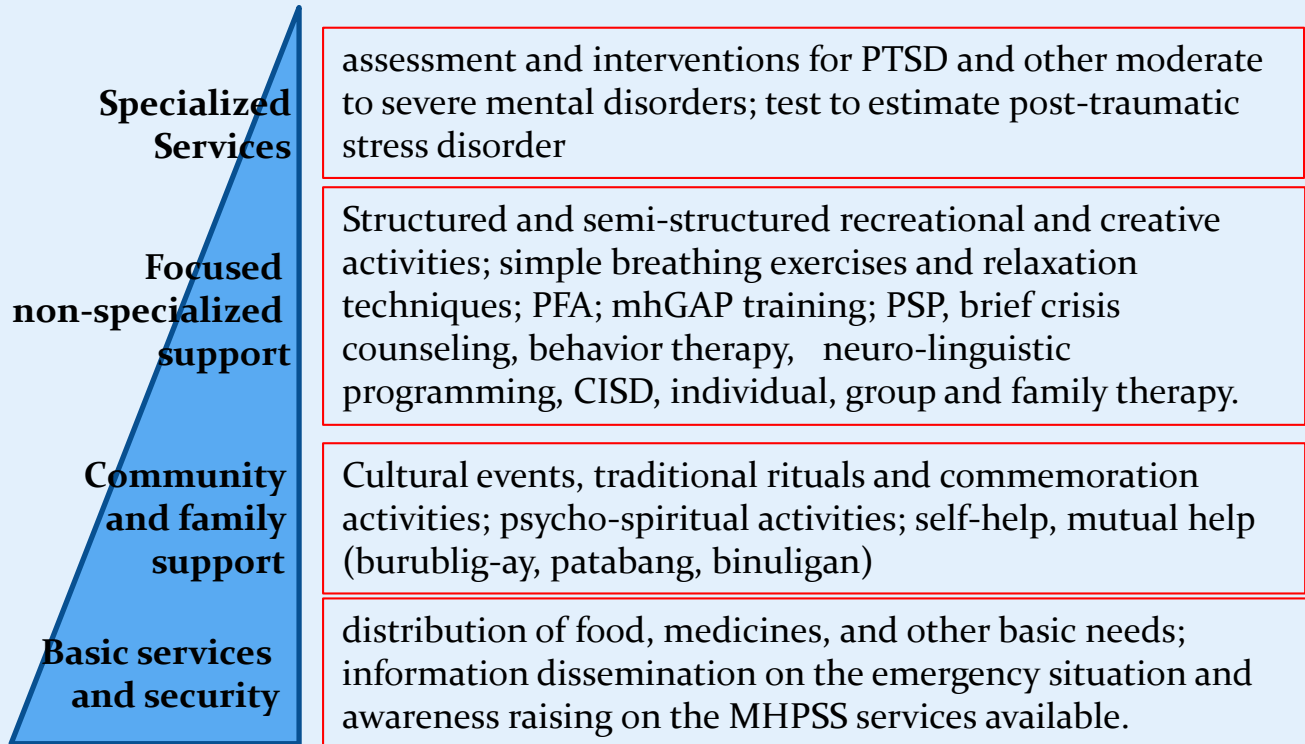
Areas of implementation

- Albay, Pampanga, Benguet,
- Palawan, Iloilo, Leyte, Samar, Eastern Samar, Capiz, Negros Oriental, Cebu, Bohol
- Compostela Valley, Davao Oriental, Davao del Norte,
- Zamboanga City, Northern Mindanao
- Others areas: NCR, Baguio City, Pampanga

Funding



MHPSS Programs, Interventions and Activities Implemented



Other Services

☑ MHPSS trainings at all levels

☑ Others:

- Program
Assessment/Evaluation
- Related Research

Reported effects on Target Groups

- Local facilitators trained to manage CFS developed a positive image and credibility among the community members.
- Those participating in CFS activities improved their confidence and leadership skills; developed a more positive view of life; demonstrated commendable self-care skills; expressed better; enhanced sense of community.
- Adults reported that they were able to express their thoughts and feelings and learn how to cope and deal with their situation.
- People tend to join seminars and activities due to incentives.

Reported problems and difficulties, cont.

- Lack of effective coordination between and among organizations and agencies
- Limited coordination at the national level and regional levels of MHPSS
- Lack of consultation with relevant stakeholders

Reported problems and difficulties, cont.

- Quantity and quality of MPSS trainings
- Level of competence and skills of service providers remains a challenge
- Lack of proper documentation
- Lack of monitoring and evaluation mechanisms

Reported problems and difficulties, cont.

- Inadequate referral system
- Lack of an inclusive approach to MHPSS service delivery
- Issues related to cultural sensitivity, age and gender appropriateness of MHPSS activities and training materials
- Language and communication difficulties

Key insights, reflections, and lessons

- Increasing awareness and growing acceptance of the importance of MHPSSIE
- Popularization of technical terms and jargons
- Medicalization of MPSS language and concerns

Key insights, reflections, and lessons, con't.

- Diversity of interventions
- Emerging psychosocial support frameworks
- Self-help and mutual help initiatives

Key insights, reflections, and lessons, con't.

- Religion and spirituality as a common and dominant resource
- Child Friendly Spaces as a venue for MHPSSiE
- More psychosocial support given to service providers

Key insights, reflections, and lessons, con't.

- Significant number of people trained in MHPSS work
- Significant contribution of local experts
- Increasing concern for developing scientific and ethical standards

Key insights, reflections, and lessons, con't.

- Coordination, documentation, monitoring, and evaluation concerns
- Need for programs beyond basic MHPSSiE interventions
- Lack of specialized MHPSS work

Emerging Psychosocial Frameworks

- *Pagdadala Model* - narrative approach; encourages the survivors to tell their story, describe and reflect on the difficulties they experienced, and how or what they did to cope with their burdens.
- *Pagsama-ginhawa-pananalig Model* - underscores value of psychosocial support workers to accompany (“*pagsama*”) survivors when needed; help others experience a sense of relief (“*ginhawa*”) and recognizes individual and communal cultural and spiritual (“*pananalig*”) resources.

Emerging Psychosocial Frameworks, con't.

- *Katatagan Model* - structured learning exercise-based intervention; build resilience among survivors by harnessing their strengths and developing their skills towards recovery.
- *Bilog ng buhay* (Circles of Life) - assess where psychological wounds have been inflicted during the adverse life event; identify the individual's resources of healing from the different "circles":
Loob/Kalooban, Kapwa, Kaghinhawahan, and Kakayahan.

Emerging Psychosocial Frameworks, con't.

- *Pagpapatuloy at pag-asa* - help survivors in the community move forward through different stages: willingness to face the loss or the burden, acceptance of what happened, and make decisions and act to move forward with life.
- *Pakikipagkapwa-damdamin* – helping through emphatic listening; individual attributes are main considerations on how the helper provides support; multilevel, i.e., considers child disaster survivor, adult disaster survivor, and helper.

Emerging Psychosocial Frameworks, con't.

- *Psychosocial support programming* - provides an outline of the responsibilities and roles of the government, civil society, communities and individuals, to restore, preserve, and maintain the psychological wellbeing of children, families and communities, in the midst of emergencies and natural disasters, as well as in situations that may involve, abuse, and exploitation.

Kaginhawahan: Filipino Well-being Framework



Kapwa:

Filipino construct

- Shared identity
- Togetherness
- I and you, I in You, I am You

Self-help and mutual help initiatives

- a) self-talk to remind oneself that the event was just a passing phase, or having positive thoughts;
- b) accepting things as they are;
- c) leaving the past behind (not dwelling on the past);
- d) being grateful;
- e) being resilient;
- f) praying;
- g) spending time with family and friends;
- h) indulging in simple joys.

Key Recommendations:

Service delivery and coordination

- Improve and strengthen coordination mechanisms at all levels (national to barangay)
- Ensure that structures meant to enhance coordination during emergency are in place and working even during non-emergency
- Develop an effective and efficient follow-up and referral system at all levels; disseminate this to all stakeholders.
- Develop an equitable and humane means of distribution of aid that are culturally appropriate and socially acceptable.
- Ensure that school-age children in evacuation centers and transitional shelter are receiving education.

Key Recommendations: Training

- Build local capacity for MHPSSiE by providing adequate and appropriate (culture, language, gender and age) training, supervision and mentoring
- Harness and strengthen indigenous knowledge and practices of local nurturers on MHPSSiE
- Encourage the participation and build the capacities of leaders of churches and faith-based organizations
- Develop and provide training on the use of MHPSS interventions other than early intervention.

Key Recommendation:

Psychosocial Support Programming

- Include in the Response Plan a strategy document for psychosocial support programming for children.
- Enhance the psychosocial components of:
 - a) Child Protection in Emergencies; and
 - b) Child Friendly Spaces and show how they are directly linked to the achievement of psychosocial goals and better delivery of psychosocial services

Key Recommendation:

Program materials development

- Support MHPSS programs/training modules/activities/materials that are age, gender, culturally and spiritually sensitive.
- Develop programs beyond early MHPSS interventions.
- Develop other forms of training materials such as videos, documentaries, etc.
- Develop easily accessible user-friendly glossary of MHPSS related terms
- Develop a PFA toolkit that contains basic information and materials on how to respond in emergencies.

Key Recommendation

Documentation, research, knowledge-building

- Institute adequate documentation, monitoring and evaluation mechanisms in all MHPSS programs and services.
- Support research programs that establish the effectiveness of contextualized and indigenous approaches to MHPSS work.
- Hasten the development of more evidence informed and evidence based MHPSS practices.
- Establish a data base of local human and material materials in MHPSS i.e. in emergencies.

Thank you

DEVELOPMENT OF THE NATIONAL GUIDELINES FOR MHPSS IN EMERGENCIES IN THE PHILIPPINES

VIOLETA V. BAUTISTA, PHD



Development of the National Guidelines for MHPSS in Emergencies in the Philippines

Ako Para sa Bata

December 2, 2016

Elizabeth P. De Castro, Violeta V. Bautista, Emily A. Palma,
Sucelle Czarina M. Deacosta, Maria Teresa T. Mateo,
Dinah Palmera P. Nadera

About PSTCRRC

PSYCHOSOCIAL SUPPORT AND CHILDREN'S RIGHTS RESOURCE CENTER (PST CRRC)

is a non-stock, non-government organization that engages in research, training, and publication on childhoods, children's rights and issues, child protection, and psychosocial support. PST CRRC also engages in monitoring and evaluating child-focused programs and projects and responds to psychosocial needs resulting from armed conflict and disasters.

- At present there is a National Guidelines on MHPSS in Emergencies for the Philippines that has been endorsed by DOH to NDRRMC;
- The Council will be meeting on December 6 of this year to discuss DOH proposal to have NDRRMC adopt this document as the Council's Guide to Providing Mental Health and Psychosocial Support Services in times of emergencies.

What I will cover:

- Describe how the DOH-endorsed National Guidelines on MHPSS, for Emergencies in the Philippines was developed;
- Present the DOH-endorsed National Guidelines on MHPSS
- Look into future DRRM work with the National Guidelines on MHPSS as part of NDRRMC's guiding documents.

The Need for a National Guidelines on MHPSS

- We have gone far in our thinking with regards to disaster response.
- I remember the time when MHPSS work was not well recognized in our country;
- In the 90s and even up to 2003 - 2004, people working on MHPSS needed to do a lot of convincing to get MHPSS work included in disaster response of major aid and humanitarian agencies;

- The many and diverse MHPSS services that were offered in the aftermath of the Yolanda disaster tell us that we now know that health care of survivors must also include addressing their mental and psychosocial needs.

Many times, in formal and informal meetings of service providers and service users in the aftermath of the Yolanda disaster, there would surface observations related to MHPSS such as:

- lack of coordination among service providers;
- lack of knowledge of what MHPSS services exist;
- difficulty in determining if services being provided are adequate, and effective;
- need for direction on how to develop and sustain work on MHPSS.

- These questions and concerns surfaced the need for a national guideline on MHPSS that
 - (i) has a multi-sectoral and inter-agency framework
 - (ii) which enables effective coordination;
 - (iii) identifies useful and effective practices;
 - (iv) flags potentially harmful practices,
 - (v) clarifies how different approaches to MHPSS complement one another, and
 - (vi) is cultural sensitive.

- **Contextualized
in the
Philippine
setting**

IASC
Inter-Agency Standing Committee

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

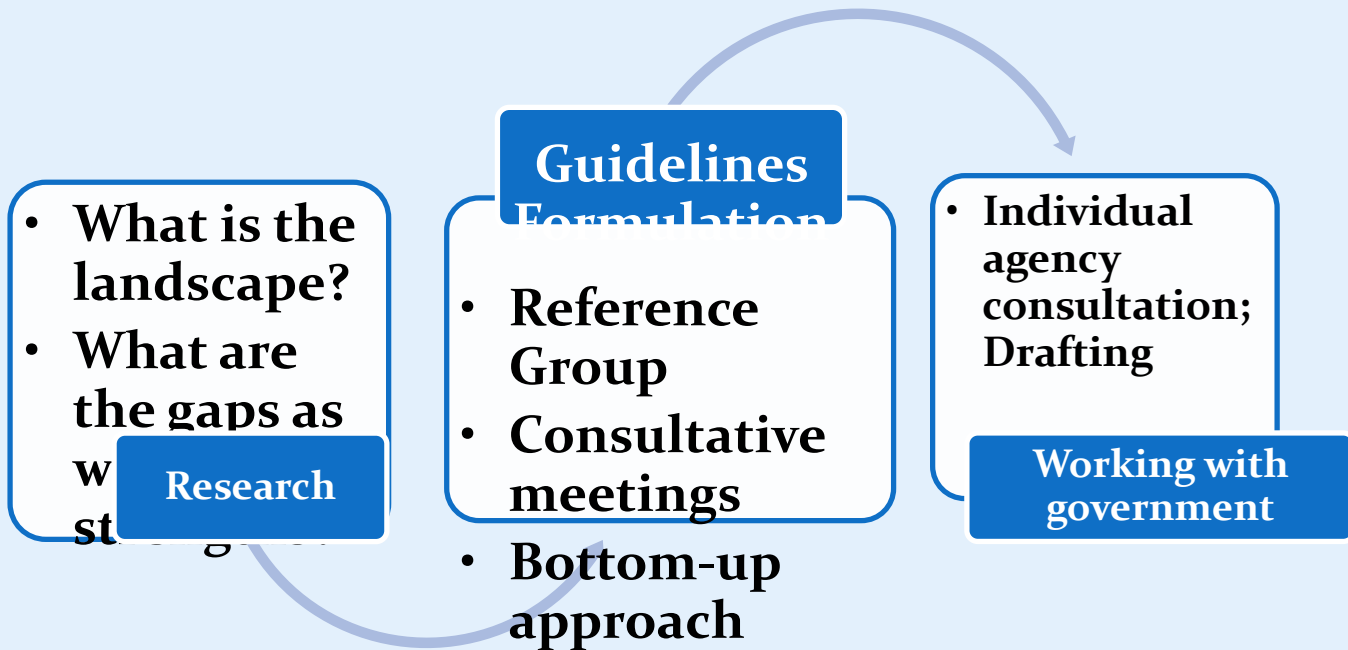


It is in the context of this emerging need that UNICEF asked PST-CRRC to facilitate the development of a National Guideline for MHPSS in Emergencies that is (i) informed by what is happening in the field, and is (ii) owned and supported by the different stakeholders of MHPSS.



Psychosocial Support and
Children's Rights Resource Center

Process



Bottom – Up Approach

- A series of consultative processes were undertaken by the PST-CRRC Team to get inputs and support from key players and stakeholders practicing in the field;

Participants in these consultations were:

(i) representatives of organizations and agencies that submitted documents to the study/review; (ii) members of child protection working group; (iii) individual consultants who were key to the development of significant psychosocial support modules.

In these consultative meetings, the initial findings of the study were presented, and comments and suggestions were solicited.

Suggestion: Have a general guidelines on MHPSS that is suited to the Philippine context

Agreement:

- (i) Would be for adults, children, their families and communities;
- (ii) Will use the IASC Guidelines as template with the contents focused on ensuring preparedness and minimum response programs and activities

Selected participants from these consultations were invited to become part of the Reference Group that helped develop the proposed National Guidelines.

Regional consultations in GMA, Luzon, Visayas and Mindanao were held to share the findings of the Study, and present the Proposed National Guideline for further discussion and refinements.



- A series of consultations with individual government agencies that play central roles in disaster response work was also conducted.

Organizational Structure of Response Clusters (National Disaster Response Plan)



- The DOH is the lead in the provision of Psychosocial Support with the DSWD as co-lead focusing on the IDPs inside evacuation centers and transition shelters and the Philippine Red Cross (PRC) focusing on the home-based affected population.

- Recognition of the need for a national guideline;
- Expression of the need for clear implementation mechanisms; clarification of roles (including that of the CSOs);
- Agreement that the work continue to be guided by the NDRRM mandate and plan;
- There had been previous efforts to develop a national guideline by DOH;



Writeshop: Integrate work done by DOH with work output of the series of more recent consultations

MHPSS in National Disaster Plans

The National Disaster Risk Reduction and Management Plan NDRRMP

24. An psychologically sound, safe and secured citizenry that is protected from the effects of disasters are able to restore to normal functioning after each disaster

Disasters are devastating and usually leave a trail of human agonies including loss of human life, livestock, property, and livelihood loss, physical injuries and damages to development works. Along with relief, rehabilitation and care of physical health and injuries, psychosocial and mental health issues are also important and they need to be addressed. Emergencies also create a wide range of problems experienced at the individual, family, community and societal levels.

Key activities

- ✓ Develop systems for appropriate risk protection measures
- ✓ Conduct of post-disaster/conflict needs analyses with affected communities
- ✓ Develop systems of support and communication among key stakeholders
- ✓ Build capacities of psychosocial care providers

- The finished document was endorsed to DOH for policy action.
- The DOH Execom endorsed the Guidelines to the NDRRMC;
- It has been approved by the DSWD Secretary;
- NDRRMC will be meeting on December 6 to decide on the adoption of the guidelines by agencies, partners and stakeholders.

National Guidelines on MHPSS in Emergencies in the Philippines

- Rationale
- Purpose
- Fundamental Legal and Normative Frameworks
- Definition of Terms
- Basic Principles Governing Good Practices in MHPSS
- Key Actions for Protecting and Promoting MHPSS in Emergencies

- Vulnerability of the Philippines to disasters
- *“psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population.”*
- growing recognition of the need for an inter-agency consensus on the essential elements in providing a contextually and culturally appropriate MHPSS response to emergencies
- basis for effective coordination of practice and advocacy

Purpose

- Aid in policy formulation, planning and implementing a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well being;
- Promote the development of institutional framework, program, strategies and ~~response~~ systems for managing MHPSS;
- Help in defining roles, responsibilities and accountabilities in the provision of minimum inter-sectoral responses;
- Facilitate effective coordination of MHPSS services including information management, resource mobilization and capacity building; and
- Ensure adherence of MHPSS-related activities such as resource mobilization, capacity building, training, service delivery, documentation, research, monitoring and evaluation to national and international standards.

Fundamental Legal and Normative Frameworks

- Universal Declaration of Human Rights
- United Nations Convention on the Rights of the Child
- Inter-agency Standing Committee Guidelines on MHPSS in Emergency Settings
- Sendai Framework for Disaster Risk Reduction 2015-2030 --
- 1987 Constitution of the Philippines
- 1991 Local Government Code
- R.A. 10121: An Act Strengthening The Philippine Disaster Risk Reduction And Management System

Definition of Terms

- Disaster
 - Small-scale disaster; Large-scale disaster; Frequent and infrequent disasters; Slow-onset disaster; Sudden-onset disaster
- Emergency
- Human Rights.
- Emergency Preparedness
- Disaster Response
- Mental Health.
- Psychosocial.
- Mental Health and Psychosocial Support
- Service providers

Basic Principles

- The section presents 15 key principles which underlie good practices in MHPSS from both local and global standards. This set of principles came from IASC document and from the review done by PST-CRRC.

1. Affirms human rights and equity.

Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations and discrimination.

2. Emphasizes the principle of doing no harm.

- Aid can also cause unintentional harm;
- It is most important that services in emergency situation do not pose any kind of danger to the survivor's well-being.

3. Ensures participation.

maximize participation of survivors;
facilitates recovery.

4. Provides multi-layered support.

- People are affected in different ways and require different kinds of supports;
- Develop a layered system of complementary supports that meets the needs of different groups.

5. Promotes integrated support.

Programs and activities should be integrated as far as possible. Stand-alone services can create a highly fragmented care system.

6. Is culturally sensitive and appropriate.

- Conscious effort -→ culturally appropriate and mindful of gender, age and religious belief;
- *Kapwa*, identified as a key element and goal of culturally appropriate models of MHPSS;

7. Promotes well-being or “ginhawa” of survivors/victims/workers.

- *Studies on ethnography and history reveal that “ginhawa” is synonymous to the concept of overall well-being;*
- *Survivors, responders and other volunteers must be assisted with the goal of protecting and promoting their well-being and attaining “ginhawa”;*

8. Is resilience and strength-based.

- Many stories of strength and character emerge, i.e. Nick and Chai
- We tend to focus on risks and vulnerabilities;
- Need to be strength based and should target enhancement of survivor's resilience³;

9. Affirms the significance of spirituality in the recovery process.



10. Promotes collaboration and partnership.

11. Promotes transparency and accountability.

Service providers and community partners must be accountable at all levels of humanitarian work. They must be accountable for efficient use of donor's contributions, and for providing effective and ethical services to affected individuals and communities.

12. Builds on available resources and capacities.

- must build on local capacities;
- supporting self-help and
- strengthening the resources

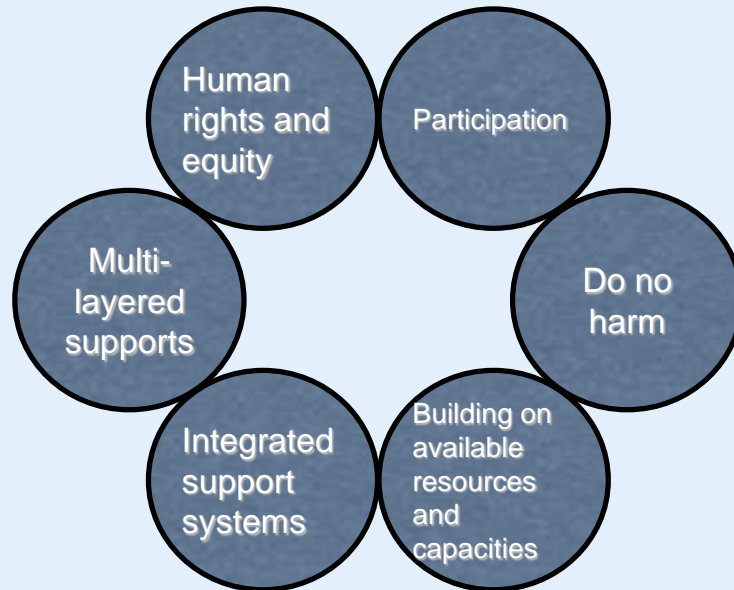
13. Adheres and maintains professional and ethical standards. Ensures stability and sustainability.

- meet ethical standards which govern humanitarian work;
- services offered are either evidence based or evidence informed.

14. Ensures the welfare of all service providers.

Ensures the safety and care of workers from pre-deployment, deployment to post deployment phases.

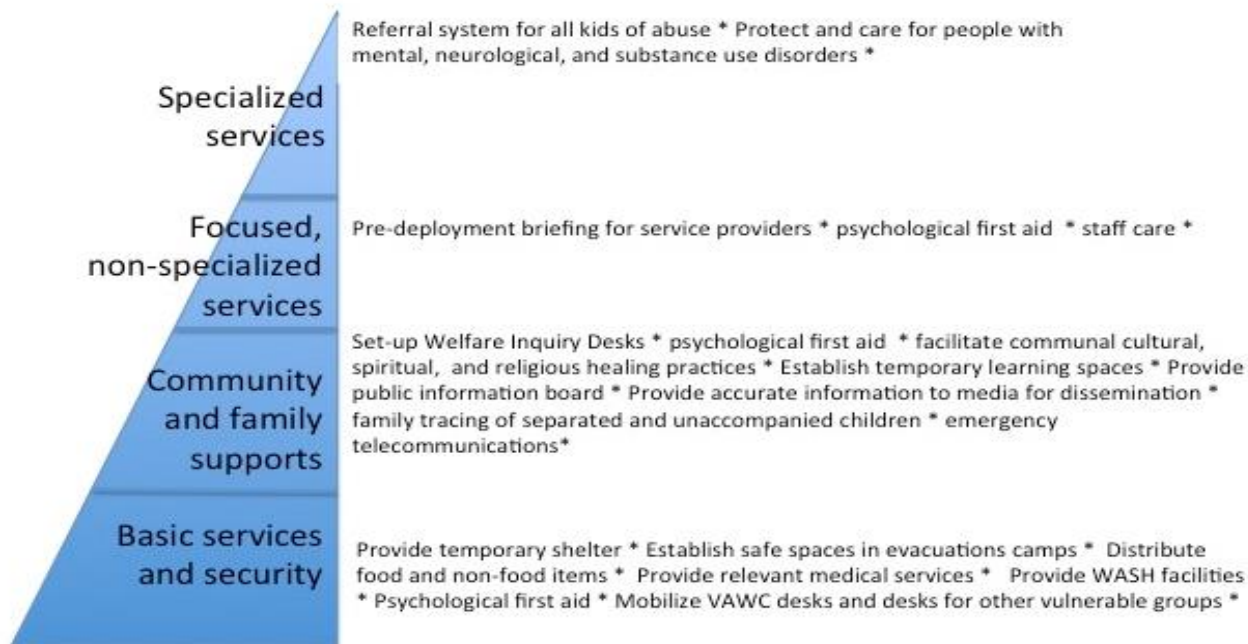
Core principles of MHPSS based of IASC Guidelines:



Key Actions

- This section presents the key actions for promoting and protecting MHPSS which are grouped into layers of the pyramid of interventions.

Key actions



- Key actions are also grouped according to ff. categories: (1) common functions; (2) core MHPSS domains and (3) social considerations.
- For each key action, there are specific responses that ensure (1) Emergency preparedness – actions that will enable minimum response; (2) Minimum response – high priority responses that should be implemented as soon as possible in an emergency.

Functions and domains of humanitarian action

<p>Common functions.- Common functions are activities that need to be undertaken for all MHPSS Programs.</p>	<p>Coordination Assessment, monitoring and evaluation Protection and human rights standards Human resources</p>
<p>Core mental health and psychosocial support domains.- are the priority areas where MHPSS services are commonly lodged or integrated to.</p>	<p>Community mobilization and support Health services Education Dissemination of information</p>
<p>Social considerations in sectoral domains.- Identifies psychosocial aspects of priority physical/ material concerns – referred to as sectoral domains.</p>	<p>Food security and nutrition Shelter and site planning Water and sanitation</p>

Coordination (Common Function)

Emergency Preparedness	Minimum Response
<p>Establish MHPSS networking and referral system;</p> <p>In particular, for DOH to Integrate MHPSS programs/activities with other initiatives such as, but not limited to protection, health, nutrition, WASH. Establish and strengthen communication and referral pathways related to MHPSS at the national, regional, provincial, city/ municipality, and barangay levels.</p>	<p>Activate and ensure proper coordination and consultation mechanisms of inter-sectoral mental health and psychosocial support among existing agencies/organizations to avoid duplication and overlapping of efforts;</p> <p>Activate the regional, provincial, city, municipal and barangay council for the protection of all target population specifically on anti-trafficking and violence against women and children;</p>

Assessment, Monitoring and Evaluation (Common Function)

Emergency Preparedness	Minimum Response
Identify vulnerable groups like PWDs, PWSNs, people with pre-existing mental illness, and others;	Provide information on contact details of key agencies or organizations that provide specific services;
Develop inter-agency, culturally and gender-sensitive, as well as age-appropriate MHPSS rapid tools for emergencies;	Document MHPSS activities conducted, as well as other information related to projects or services including the mechanism for assessing and monitoring outcomes;
Develop recommendations based on the results of the monitoring, evaluation, assessment and learning (MEAL) tools used.	Assess helpfulness of most commonly used MHPSS efforts.

Protection of human rights (Common Function)

Emergency Preparedness	Minimum Response
<p>Ensure that MHPSS service providers in different agencies are knowledgeable and have ample experience on the promotion of human rights;</p> <p>Develop mechanisms to monitor, report, and seek redress for human rights violations at different levels of government and organizational structures; and</p> <p>Review and operationalize structures and services in the protection cluster (child, women, PWD, elderly, etc.) that seek to prevent violence.</p>	<p>Activate Welfare Inquiry Desks that are anchored on guidelines on camp management and coordination;</p> <p>Disseminate information on protection risks and where to report and refer in the emergency affected areas;</p> <p>Immediately mobilize Violence Against Women and Children (VAWC) desks and desks for other vulnerable groups at the barangay level in the emergency-affected areas (e.g., in evacuation centers or camps</p>

Human Resources

(Common Function)

Emergency Preparedness	Minimum Response
<p>Establish and make operational an inter-LGU system for human resource augmentation to ensure the provision of MHPSS in emergency situations;</p> <p>Create a pool of trained local service providers on staff care for humanitarian workers and volunteers who are deployed and those who are returning from their “tour of duty”;</p> <p>Establish and make operational a Regional Mental Health and Psychosocial Support Team.</p>	<p>Organize orientation and training sessions for MHPSS service providers</p> <p>Enforce codes of conduct and ethical guidelines for service providers, including foreign teams</p> <p>Provide opportunity for humanitarian workers and volunteers to review and process their experiences in the field with a trained facilitator before they go back to their respective regular work assignments</p>

Community and family support services (Core MHPSS Domain)

Emergency Preparedness	Minimum Response
Master list and identify personal and community logistics and human health resource for MHPSS lifelines: water, light and communication	Mobilize trained MHPSS providers as well as identified local nurturers (religious leaders, community leaders, community elders)
Develop community plans on protecting and supporting early childhood development in emergencies	Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices, such as prayer, hope, faith, acceptance and engaging in acts of service
Develop mechanisms for mobilization of internal MHPSS resources and integration of external resources	Facilitate participation of communities, families, from all sectors to take on new roles and responsibilities to help families and communities, even facilitating CFS activities

Health services

(Core MHPSS Domain)

Emergency Preparedness	Minimum Response
<p>Provide a resource map for MHPSS services and service delivery network available in the locality and establish a referral system</p> <p>Study indigenous healing practices and beliefs and self- help strategies and anchor MHPSS-related projects to them</p> <p>Develop capacity to prevent and address harm related to alcohol and other substance use which increase in incidence in the aftermath of a disaster;</p> <p>Bring the national essential drug list in line with the PNDE</p>	<p>Deploy teams to conduct rapid assessment as well as to provide basic health services;</p> <p>Conduct risk communication to address prevention of and early detection of mental health problems as a result of the emergency;</p> <p>Activate and make operational comprehensive referral systems for focused MHPSS services</p> <p>Provide alternative coping to stress among groups that gather together to drink</p>

Education

(Core MHPSS Domain)

Emergency Preparedness	Minimum Response
<p>Develop printed IEC and advocacy materials on mental health and psychosocial education for distribution to agency staff and affected populations</p> <p>Conduct awareness raising activities on mental health and other strategies to reduce discrimination and stigma of people with mental illness and/or mental disability</p> <p>Train teachers/guidance counselors in basic psychosocial support, and children's rights using participatory methods</p>	<p>Disseminate printed IEC and advocacy materials on mental health and psychosocial education to staff and affected populations</p> <p>Conduct awareness raising activities on mental health and other strategies to reduce discrimination and stigma of people with mental illness and/or mental disability</p> <p>Establish temporary learning spaces</p> <p>Expand capacities for psychosocial support within formal and non-formal education settings.</p>

Dissemination of Information (Core MHPSS Domain)

Emergency Preparedness	Minimum Response
<p>Use contextualized/localized materials and communication processes that are sensitive to age, gender, and culture</p> <p>Use simplified terms and concepts to facilitate better understanding of principles involved in the implementation of MHPSS</p> <p>Make information accessible and available to different target audience and available in different formats</p> <p>Advocate against media use of harmful images and the distribution of inappropriate information.</p>	<p>Promote information regarding access to address of the mental health and psychosocial needs of victims/survivors among affected communities (children, adults and their families)</p> <p>Make accurate information accessible and available in different formats for different target audience including the media</p> <p>Provide access to information about positive coping methods</p> <p>Translate materials to the language of the affected population;</p>

Food security and nutrition

(Social Considerations in Sectoral Domains)

Emergency Preparedness	Minimum Response
<p>Ensure quality control and monitoring of expiry dates of food and non-food items, including handling and storage of food and NFIs</p> <p>Develop food rations following nutrition standards</p> <p>Monitor access to key micronutrients known to influence child psychological development</p> <p>Promote and implement schemes for the local production of indigenous / commercial staple food products / resources.</p>	<p>Include specific social and psychological considerations (safe and culturally appropriate to preserve the dignity of affected persons) in the provision of food and nutritional support, including comfort food</p> <p>Monitor access to key micronutrients known to influence child psychological development</p> <p>Ensure provision of food to persons with special needs and those with specific food requirements; and Ensure food safety (food preparation and handling).</p>

Shelter and planning

(Social Considerations in Sectoral Domains)

Emergency Preparedness	Minimum Response
Conduct participatory assessment on safety and appropriateness of potential sites taking into consideration psychosocial and other relevant factors	Include specific social considerations (safe, accessible, dignified, culturally and socially appropriate assistance in site planning and shelter provision, in a coordinated manner
Plan to provide emergency shelter for all people (with appropriate targeting of people at risk) in a manner that supports safety, dignity, privacy and empowerment	Provision of temporary shelter/bunkhouses or transitional shelter with safety, health, and eco-friendly considerations (good lighting, proper ventilation, efficient solid waste management
Plan to prevent people being placed in camps long-term.	

Water and sanitation

(Social Considerations in Sectoral Domains)

Emergency Preparedness	Minimum Response
<p>Map social dimensions of existing resources, gaps, and at-risk groups regarding water and sanitation</p> <p>Ensure water and sanitation for all people with appropriate targeting of people at risk) in a manner that supports safety, dignity, privacy, and non-violent problem solving</p> <p>Train and strengthen local organizations to maintain sanitation and hygiene during emergency</p>	<p>Ensure availability, accessibility, orderly use, proper maintenance and cleaning of common and gender disaggregated WASH facilities such as water taps, latrines, hand washing, bathing and laundry areas</p> <p>Include specific social considerations (safe, dignified, culturally appropriate access for all) in the provision of water and sanitation</p> <p>Ensure the integration of social dimensions on the provision of water and sanitation, for example, deters gender-based violence.</p>

- ***What are our expectations?***
 - *Hope for its adoption;*
 - *Issuance of a circular or council resolution*

Firmly rooted on key legislative
frameworks

NATIONAL GUIDELINES

Able to Influence sound policy
formulation

Guide Program Development and
Implementation

WHAT NOW?

- MHPSS services INSTITUTIONALIZED in LGUs, agencies and organizations involved in disaster response (staffing, budget, office space, programs);
- Challenge to tertiary schools, professional organizations and training groups to strategize ways by which they can meet manpower requirement for MHPSS services that will be part of DRRRM plans of increasing number of communities and groups;
- Challenge to inspire commitment

Maraming salamat!



PSYCHOLOGICAL FIRST AID: GUIDE FOR FIELD WORKERS

DINAH PALMERA P. NADERA, MD



- A trauma-informed approach can be implemented in any type of service setting or organization
- Distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

To describe two interventions:

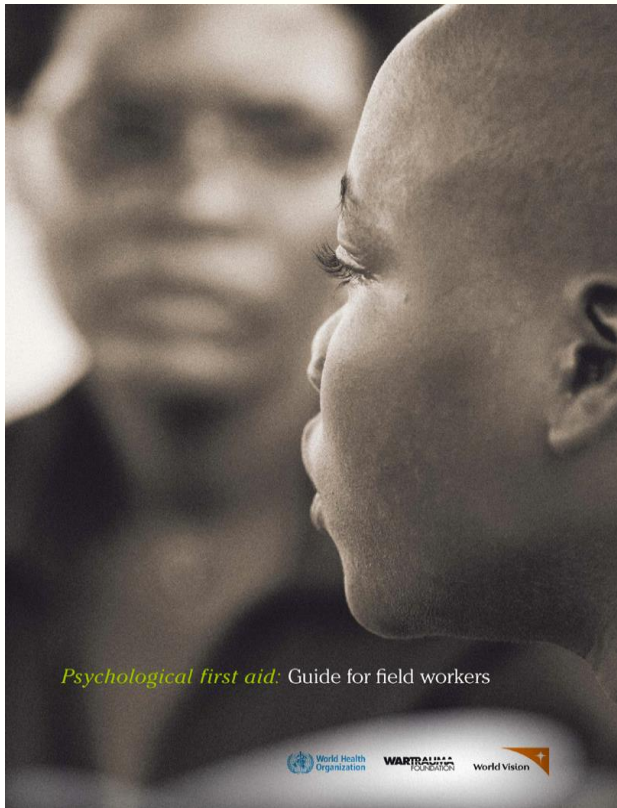
- Psychological First Aid
- Mental Health Gap Action Program (mhGAP)

How were they used then?

How are they used now?

Psychological First Aid: Guide for Field Workers

- WHO publication
http://www.who.int/mental_health/emergencies/en/
- Collaborative effort:
 - World Health Organization
 - War Trauma Foundation
 - World Vision International
- Endorsed by 24 UN/NGO international agencies
- Available in numerous languages



World Health
Organization

WARTRAUMA
FOUNDATION



91
AKO PARA SA BATA
THE INTERNATIONAL CONFERENCE IN MANILA

What is PFA?

- Humane, supportive and practical assistance to fellow human beings who recently suffered exposure to serious stressors, and involves:
 - Non-intrusive, practical care and support
 - Assessing needs and concerns
 - Helping people to address basic needs (food, water)
 - Listening, but not pressuring people to talk
 - Comforting people and helping them to feel calm
 - Helping people connect to information, services and social supports
 - Protecting people from further harm

Why PFA?

- People do better over the long-term if they...
 - Feel safe, connected to others, calm & hopeful
 - Have access to social, physical & emotional support
 - Regain a sense of control by being able to help themselves



PFA: Who?

- Very distressed people who were recently exposed to a serious stressful event
- Can be provided to adults and children
- Not everyone who experiences a crisis event will need or want PFA
 - Don't force help on those who don't want it, but make yourself available and easily accessible to those who may want support.

Who needs more advanced support than PFA alone?

- People with serious life-threatening injuries
- People so upset they cannot care for themselves or their children
- People who may hurt themselves
- People who may hurt or endanger the lives of others



PFA: When?

- Upon first contact with very distressed people, usually immediately following an event, or sometimes a few days or weeks after




PFA: Where?

- Wherever it is safe enough for you to be there
- Ideally with some privacy (as appropriate) to protect confidentiality and dignity of the affected person

Filipino values that integrate PFA

- Pakikiramay/Damayan
- Pakiki-isa/Pagsama
- Pakikinig
- Pagpapalubag ng loob
- Pakikipagtulungan
- Bayanihan
- Pagdarasal

PFA Action Principles

Prepare		<ul style="list-style-type: none">•Learn about the crisis event.•Learn about available services and supports.•Learn about safety and security concerns.
Look		<ul style="list-style-type: none">•Observe for safety.•Observe for people with obvious urgent basic needs.•Observe for people with serious distress reactions.
Listen		<ul style="list-style-type: none">•Make contact with people who may need support.•Ask about people's needs and concerns.•Listen to people and help them feel calm.
Link		<ul style="list-style-type: none">•Help people address basic needs and access services.•Help people cope with problems.•Give information.•Connect people with loved ones and social support.

Bago magbigay ng PFA, maghanda:

- ✓ Pag-aralan ang pangyayari.
- ✓ Pag-aralan kung ano ang mayroong serbisyo at suporta
- ✓ Pag-aralan ang mga isyu tungkol sa kaligtasan at seguridad.

Kilos Prinsipyo ng PFA



Magmasid:

- ✓ Siguraduhin ang kaligtasan.
- ✓ Tingnan kung may mga taong may mahigpit na pangangailangan na dapat unahin.
- ✓ Tingnan kung may mga taong may matinding reaksiyon ng pangamba, pagkabalisa at pagkabahala.

Makinig:

- ✓ Lapitan ang mga taong maaaring nangangailangan ng suporta.
- ✓ Magtanong tungkol sa mga pangangailangan at pinoproblema ng mga tao.
- ✓ Makinig sa mga tao at tulungan silang kumalma.

Makipag-ugnayan:

- ✓ Tulungan ang mga tao na tugunan ang mga pangunahing pangangailangan at makakuha ng mga nararapat na serbisyo.
- ✓ Tulungan ang mga taong matugunan ang kanilang mga problema.
- ✓ Magbigay ng impormasyon
- ✓ Iugnay ang kapwa sa kanilang mahal sa buhay at iba pang makapagbibigay ng suporta.

Look



- Observe for safety.
- Observe for people with obvious urgent basic needs.
- Observe for people with serious distress reactions.

Safety	<ul style="list-style-type: none"> •What dangers can you observe? •Can you be there without harm to yourself or others? 	<p>If you're not certain about safety...DO NOT GO!</p> <p>Seek help from others.</p> <p>Communicate from a safe distance.</p>
People with obvious urgent basic needs	<ul style="list-style-type: none"> •Is anyone critically injured •Does anyone need rescue? •Obvious needs (e.g., torn clothing)? •Who may need help to access services or to be protected? •Who else is available to help? 	<p>Know your role. Try to obtain help for people who need special assistance.</p> <p>Refer critically injured people for care.</p>
People with serious distress	<ul style="list-style-type: none"> •How many & where are they? •Is anyone extremely upset, immobile, not responding to others or in shock? 	<p>Consider who may benefit from PFA and how best to help.</p>

People who Likely Need Special Attention (to be safe, to access services)

- Children and adolescents
 - Especially those separated from caregivers
- People with health conditions and disabilities
 - People who are non-mobile, or who have chronic illness, hearing/visual impairments (deaf or blind), or severe mental disorders
 - Frail elderly people, pregnant or nursing women
- People at risk of discrimination or violence
 - Women, people of certain ethnic or religious groups, people with mental disabilities



Distress Reactions to Crisis

- Physical symptoms (shaking, headaches, fatigue, loss of appetite, aches & pains)
- Anxiety, fear
- Weeping, grief and sadness
- Guilt, shame (for having survived, or for not saving others)
- Elation for having survived
- Being on guard, jumpy
- Anger, irritability
- Immobile, withdrawn
- Disoriented - not knowing one's name, where one is from or what happened
- Not responding to others, not speaking at all
- Feeling confused, emotionally numb, feeling unreal or in a daze
- Unable to care for oneself or one's children (not eating or drinking, not able to make simple decisions)



Listen

Make contact	<ul style="list-style-type: none">•Approach respectfully.•Introduce yourself by name & organization.•Ask if you can provide help, find safe/quiet place.•Help person feel comfortable (water, blanket).•Try to keep them safe.
Ask about needs & concerns	<ul style="list-style-type: none">•Although some needs are obvious, always ask.•Find out person's priorities - what is most important to them.
Listen & help people feel calm	<ul style="list-style-type: none">•Stay close to the person.•Do not pressure them to talk.•Listen in case they want to talk.•If very distressed, help them feel calm & make sure they are not alone.





Link - give
information



- Find accurate information before helping.
- Keep updated.
- Make sure people are informed where & how to access services - especially vulnerable people.
- Say ONLY what you know – don't make up information.
- Keep messages simple & accurate, repeat often.
- Give the same information to groups to decrease rumours.
- Explain source & reliability of information you give.
- Let them know when/where you will update them.



Link - social support

- Social support is very important to recovery.
- Keep families together & children with caregivers.
- Help people contact friends and loved ones.
- Give access to religious support.
- Affected people may be able to help each other - bring them together.
- Make sure people know about how to access services (especially vulnerable people).



- PFA training – 2 to 3 days

What we will cover in the training

- What PFA is and is not
- Place of PFA in overall response
- Who, when and where of PFA
- Action principles:
Prepare...Look, Listen and Link
- Good communication skills
- People who likely need special attention
- Adapting PFA to the local context
- Caring for yourself and your team members

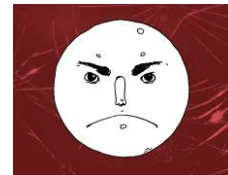
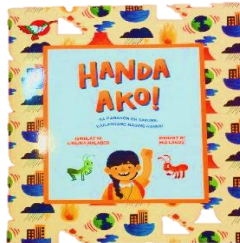
PFA Kit for Children and Adolescents

- The psychological first aid (PFA) kit is a companion tool for the *Psychological First Aid: Guide for Field Workers* that contains materials to assist a service provider to provide PFA, especially to children and young people, either individually or in groups.
- This kit is meant to assist in the provision of PFA for children and young people.



The PFA kit contains:

- User's manual
- Relaxation ball
- Storybooks
- Crayons
- Notebook
- Stuffed toy (Teddy bear)
- Emoticards
- Blank cards
- Ballpen

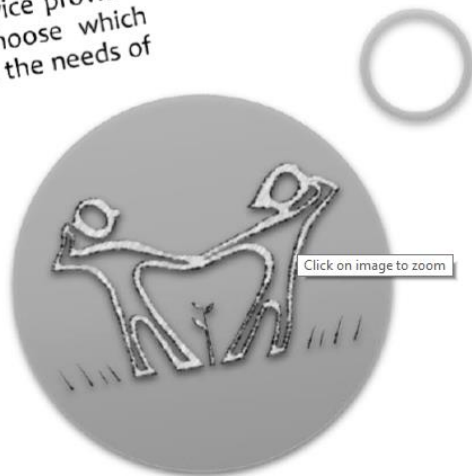


Part 1: Notes on PFA



Part 2: Suggested Activities

The following are some carefully selected activities that are especially designed for children and adolescents. These activities enhance the delivery of PFA. They come in no specific order. It is not required that all activities be conducted. The service provider who has trained in PFA can choose which activity to conduct depending on the needs of the children or adolescents.



Click on image to zoom

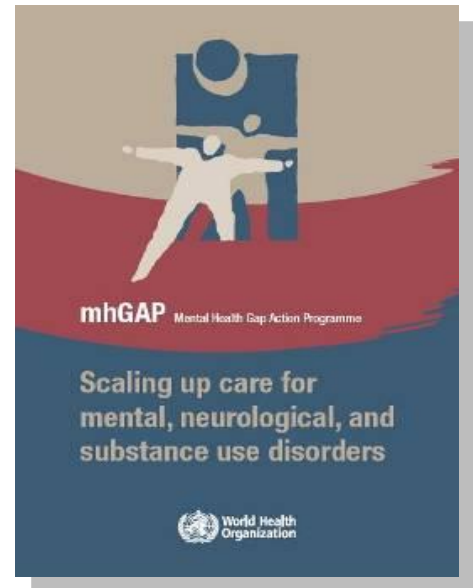
Who may use this kit?

- A previous training in PFA is required.
- People who will provide PFA to children and adolescents and their families, those managing child-friendly spaces, and other providers of PFA in the community.

Mental Health Gap Action Programme (mhGAP)

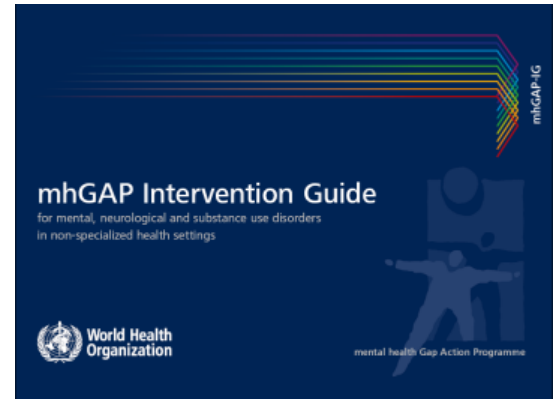
mhGAP is a WHO programme launched in 2008 to scale up care for mental, neurological and substance use disorders.

Its focus is to increase non-specialist care, including primary healthcare, to address the unmet needs of people with mental health disorders



mhGAP-IG modules

1. Depression
2. Psychosis
3. Bipolar disorder
4. Epilepsy
5. Developmental disorders
6. Behavioral disorders
7. Dementia
8. Alcohol use and alcohol use disorders
9. Drug use and drug use disorders
10. Self-harm/suicide
11. Other significant emotional or medically unexplained complaints

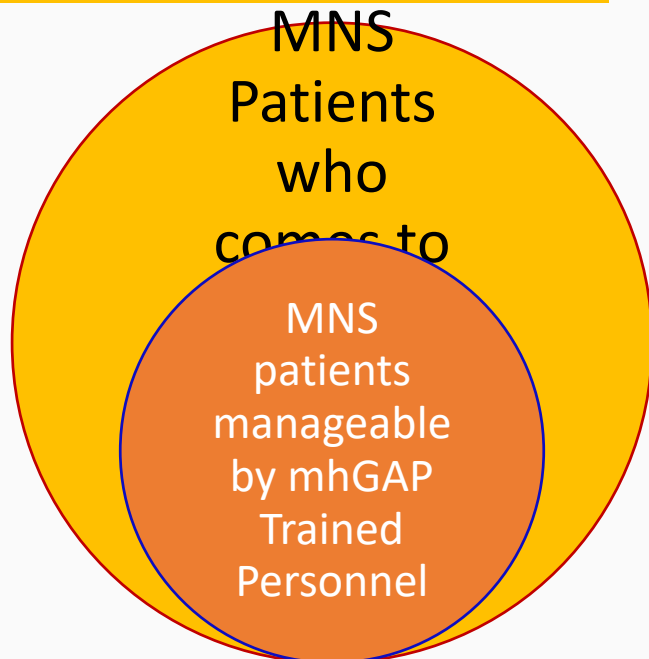


mhGAP-IG Target Audience

Health care providers without specialized training in mental health or neurology

- General physicians, family physicians, nurses
- First point of contact and outpatient care
- First level referral centers

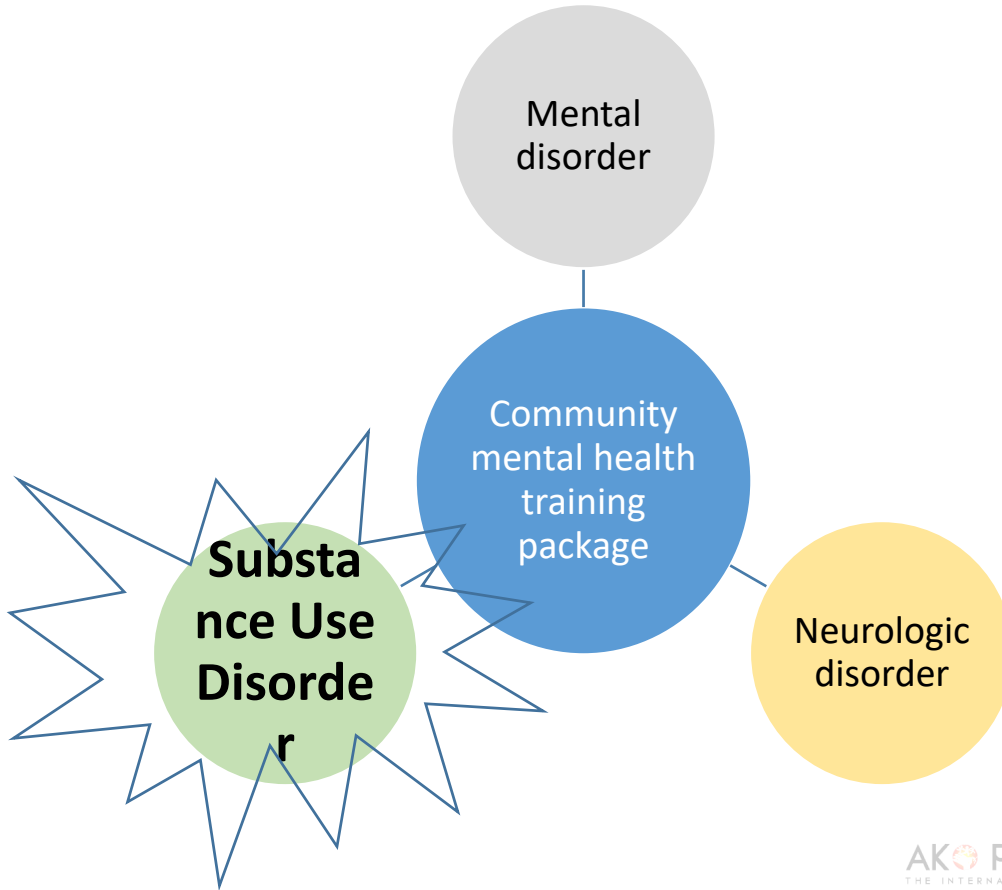
mhGAP concept



Adaptation to the local context

- Change in training schedule
- Addition of the Stress module
- Modification of materials on the SUI module
- Inclusion of discussion on operationalization of mental health service provision in PHC
- Inclusion of short discussion on domestic violence
- Modification of INT section of different modules where appropriate

Panimula



Ano ang LUSOG-ISIP ng PAMAYANAN?

- Binibigyan-diin ang **SAMA-SAMANG RESPONSABILIDAD**
- Kinikilala ang **PAPEL NG GOBIYERNO**
- **NAGTUTULUNGAN** ang lahat ng may kinalaman sa kalusugan ng sambayanan.

Ang modyul ay may 3 yunit

- Pagtugon sa pangakalahatang kalusugan

3. Tugon

- Matulungan ang kliyente at ang pamilya na makayanan ang hamon ng pagkalulong sa droga

- Ma-monitor at ma-follow-up ang pagpapagamot ng kliyenteng lulong sa droga

2. Tukoy

- Pagtukoy sa mga nalululong sa droga upang:
 - Masabi kung sino ang nangangailangan ng tulong
 - Mai-refer para sa tamang tulong na kailangan

1. Tuon

- Pagtuon ng pansin ang problema sa droga upang:
 - Maintindihan ito
 - Maisulong ang karapatan ng mga may problema sa paggamit ng droga na makapagpagamot

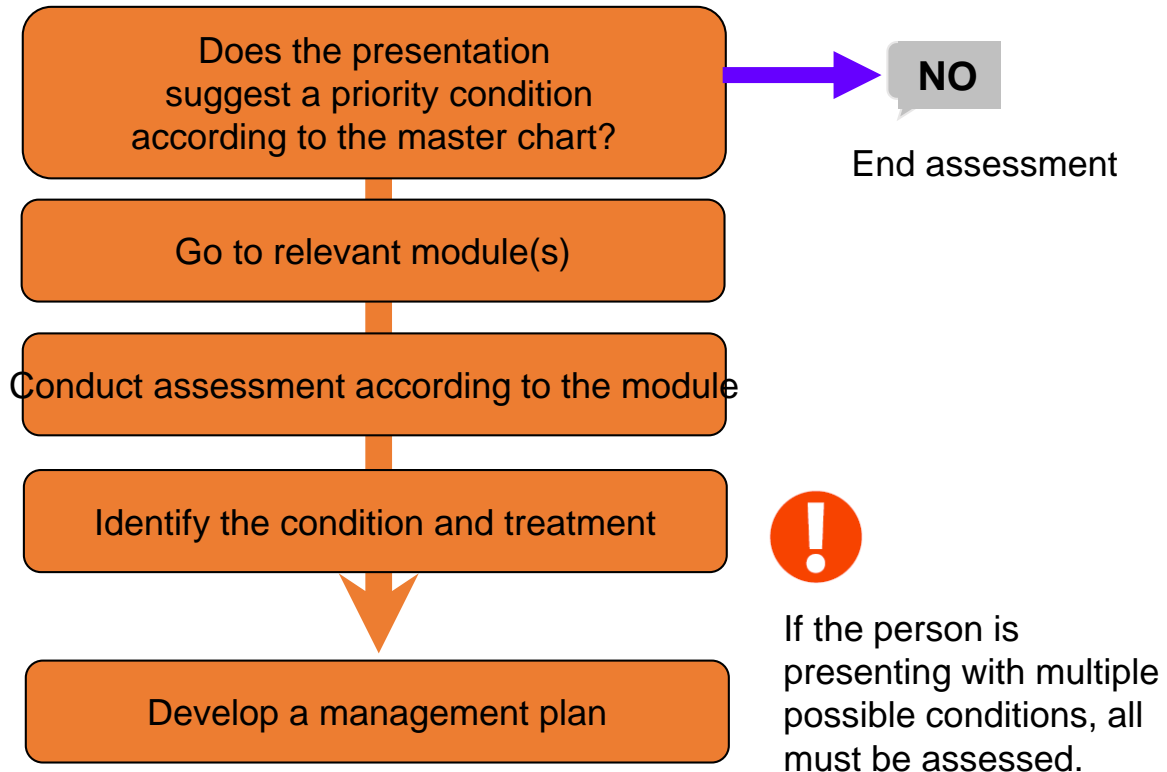
Table 3. Suggested timeline for the establishment of integrated mental services in primary and secondary care

mhGAP Activity	Month 1				Month 2				Month 3				Month 4				Month 5				Month 6			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Core training (a)																								
Post training supervision (b)																								
Supplemental training (c)																								
Facility enhancement (d)																								

- Conduct of 4-day training on acute stress disorders, depression, psychosis, epilepsy, self-harm, other unexplained somatic complaints; assumes that pre-training assessment and preparations have been done.

•

Process of assessment in mhGAP-IG



Assess, Decide and Manage

Assess

Decide

Manage

- The ***assess column*** guides clinical assessment of the person
- The ***decide column*** specifies different clinical scenarios
- The ***manage column*** describes how to manage the problem

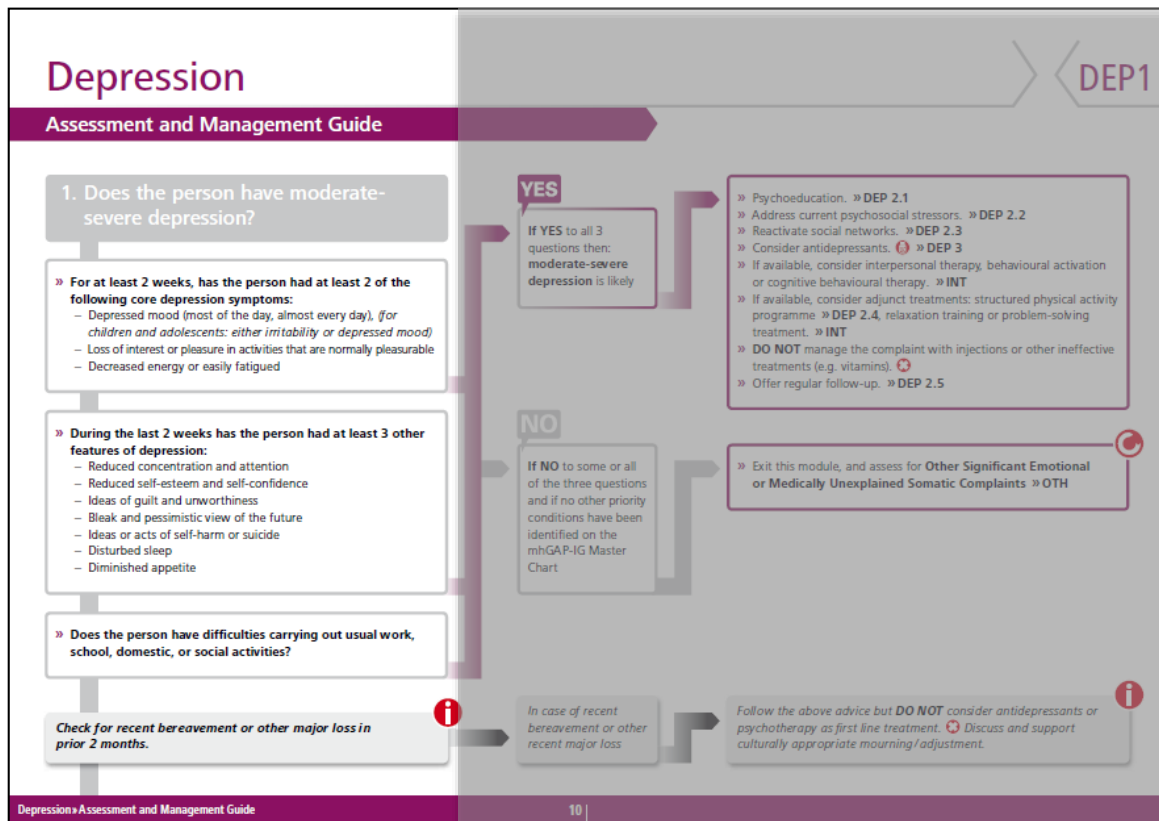
The Master Chart

mhGAP-IG Master Chart: Which priority condition(s) should be assessed?

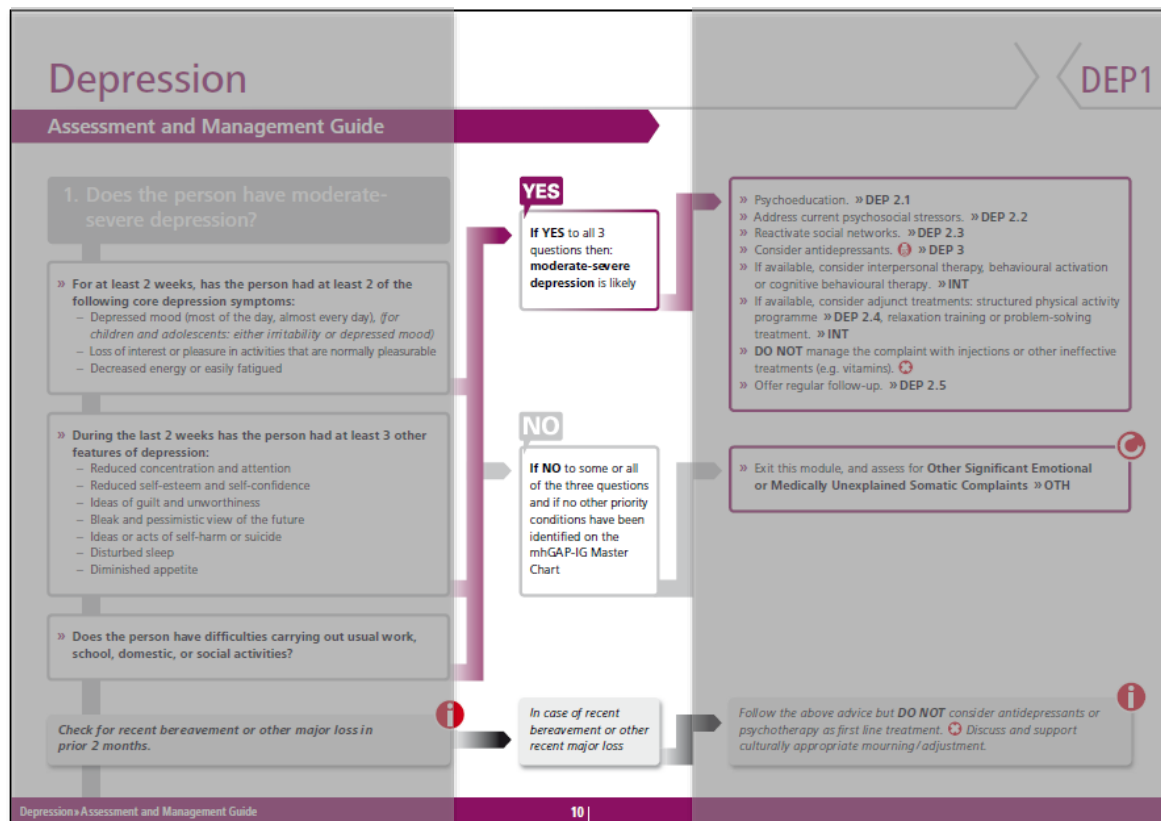
1. These common presentations indicate the need for assessment.
2. If people present with features from more than one condition, then all relevant conditions need to be assessed.
3. All conditions apply to all ages, unless otherwise specified.

COMMON PRESENTATION	CONDITION TO BE ASSESSED	GO TO	
<ul style="list-style-type: none"> ➤ Low energy; fatigue; sleep or appetite problems ➤ Persistent sad or anxious mood; irritability ➤ Low interest or pleasure in activities that used to be interesting or enjoyable ➤ Multiple symptoms with no clear physical cause (e.g. aches and pains, palpitations, numbness) ➤ Difficulties in carrying out usual work, school, domestic or social activities 	Depression * ^	DEP	10
<ul style="list-style-type: none"> ➤ Abnormal or disorganized behaviour (e.g. incoherent or irrelevant speech, unusual appearance, self-neglect, unkempt appearance) ➤ Delusions (a false firmly held belief or suspicion) ➤ Hallucinations (hearing voices or seeing things that are not there) ➤ Neglecting usual responsibilities related to work, school, domestic or social activities ➤ Manic symptoms (several days of being abnormally happy, too energetic, too talkative, very irritable, not sleeping, reckless behaviour) 	Psychosis *	PSY	18
<ul style="list-style-type: none"> ➤ Convulsive movement or fits/seizures ➤ During the convulsion: <ul style="list-style-type: none"> – loss of consciousness or impaired consciousness – stiffness, rigidity – tongue bite, injury, incontinence of urine or faeces ➤ After the convulsion: fatigue, drowsiness, sleepiness, confusion, abnormal behaviour, headache, muscle aches, or weakness on one side of the body 	Epilepsy / Seizures	EPI	32
<ul style="list-style-type: none"> ➤ Delayed development: much slower learning than other children of same age in activities such as: smiling, sitting, standing, walking, talking/communicating and other areas of development, such as reading and writing ➤ Abnormalities in communication; restricted, repetitive behaviour ➤ Difficulties in carrying out everyday activities normal for that age 	Developmental Disorders	DEV	40

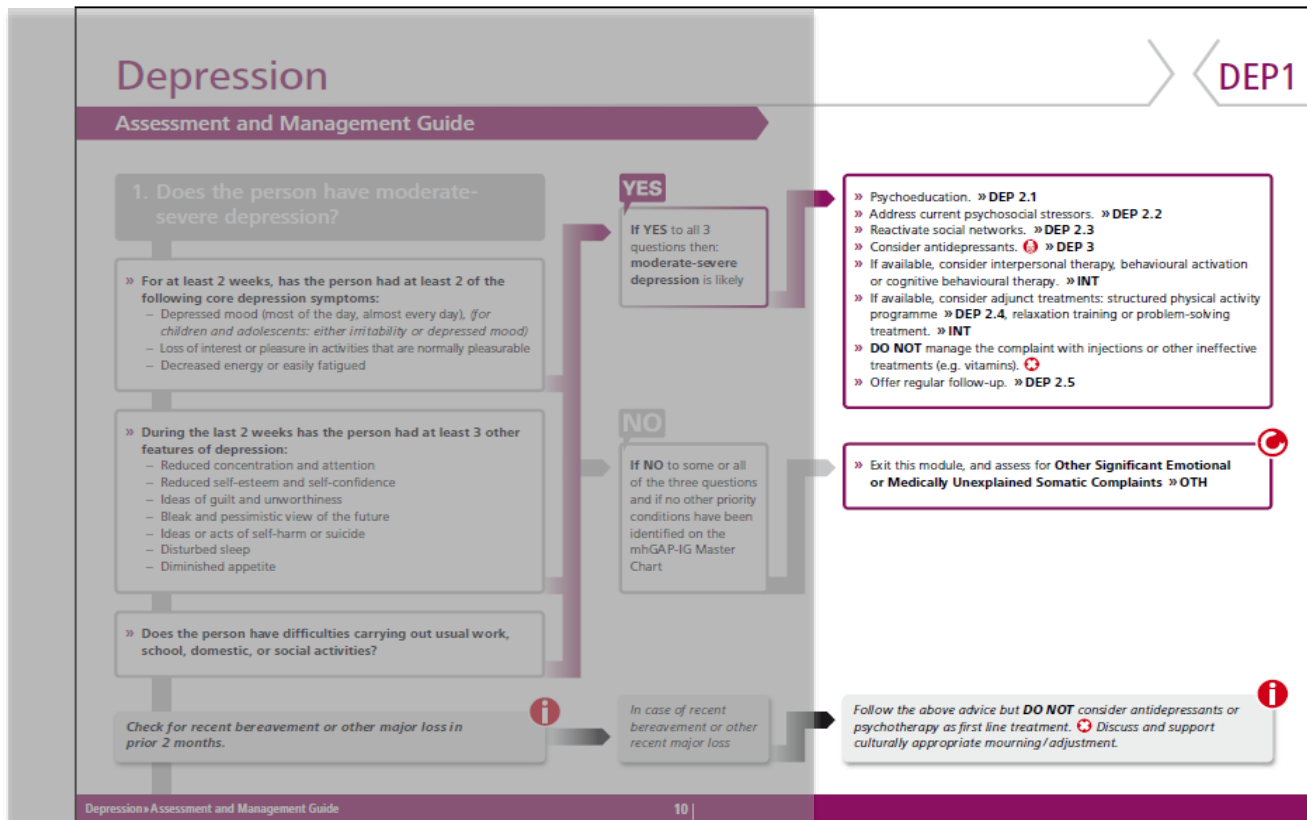
mhGAP-IG: Assessment column



mhGAP-IG: Decision column



mhGAP-IG: Management column



Psychosocial/Non-Pharmacological Treatment and Advice

2.1 Psychoeducation

(for the person and his or her family, as appropriate)

- » Depression is a very common problem that can happen to anybody.
- » Depressed people tend to have unrealistic negative opinions about themselves, their life and their future.
- » Effective treatment is possible. It tends to take at least a few weeks before treatment reduces the depression. Adherence to any prescribed treatment is important.
- » The following need to be emphasized:
 - the importance of **continuing**, as far as possible, **activities that used to be interesting or give pleasure**, regardless of whether these currently seem interesting or give pleasure;
 - the importance of trying to **maintain a regular sleep cycle** (i.e., going to be bed at the same time every night, trying to sleep the same amount as before, avoiding sleeping too much);
 - the benefit of **regular physical activity**, as far as possible;
 - the benefit of **regular social activity**, including participation in communal social activities, as far as possible;
 - recognizing **thoughts of self-harm or suicide** and coming back for help when these occur;
 - in older people, the importance of continuing to seek help for physical health problems.

2.2 Addressing current psychosocial stressors

- » Offer the person an **opportunity to talk**, preferably in a private space. Ask for the person's subjective understanding of the causes of his or her symptoms.
- » Ask about **current psychosocial stressors** and, to the extent possible, address pertinent social issues and problem-solve for psychosocial stressors or relationship difficulties with the help of community services/resources.
- » Assess and manage any situation of **maltreatment, abuse** (e.g. domestic violence) and **neglect** (e.g. of children or older people). Contact legal and community resources, as appropriate.
- » **Identify supportive family members and involve them** as much as possible and appropriate.
- » **In children and adolescents:**
 - Assess and manage **mental, neurological and substance use problems** (particularly depression) in parents (see mhGAP-IG Master Chart).
 - Assess **parents' psychosocial stressors** and manage them to the extent possible with the help of community services/resources.
 - Assess and manage **maltreatment, exclusion or bullying** (ask child or adolescent directly about it).
 - If there are **school performance problems**, discuss with teacher on how to support the student.
 - Provide culture-relevant parent skills training if available. »INT

2.3 Reactivate social networks

- » Identify the person's **prior social activities** that, if re-initiated, would have the potential for providing direct or indirect psychosocial support (e.g. family gatherings, outings with friends, visiting neighbours, social activities at work sites, sports, community activities).
- » Build on the person's strengths and abilities and actively encourage to **resume prior social activities** as far as is possible.

2.4 Structured physical activity programme

(adjunct treatment option for moderate-severe depression)

- » Organization of physical activity of moderate duration (e.g. 45 minutes) 3 times per week.
- » Explore with the person what kind of physical activity is more appealing, and support him or her to gradually increase the amount of physical activity, starting for example with 5 minutes of physical activity.

2.5 Offer regular follow-up

- » Follow up regularly (e.g. in person at the clinic, by phone, or through community health worker).
- » Re-assess the person for improvement (e.g. after 4 weeks).



Case 2: What do you suspect

- A father is concerned about his 16 year old son's behaviour
- He has stolen money from home
 - **Repeated and continued behaviour that disturbs others**
- The boy's teachers say he never finishes his work
 - **Excessive inattention and absent-mindedness**
- The teachers have recently punished him for maltreating a cat and for aggressive behaviour towards classmates
 - **Repeated and continued behaviour that disturbs others**
- He is very impulsive
 - **Excessive impulsivity**
- Father is sure that the son is not taking drugs or alcohol

Assessment and Management of Conditions Specifically Related to Stress

mhGAP Intervention Guide Module



**World Health
Organization**



UNHCR
The UN Refugee Agency

Mental Health Gap Action Programme



THINKING HEALTHY

A manual for psychosocial management of perinatal depression

WHO generic field-trial version 1.0, 2015

Clinical Management
of Mental, Neurological and Substance Use Conditions
in Humanitarian Emergencies

mhGAP Humanitarian Intervention Guide (mhGAP-HIG)

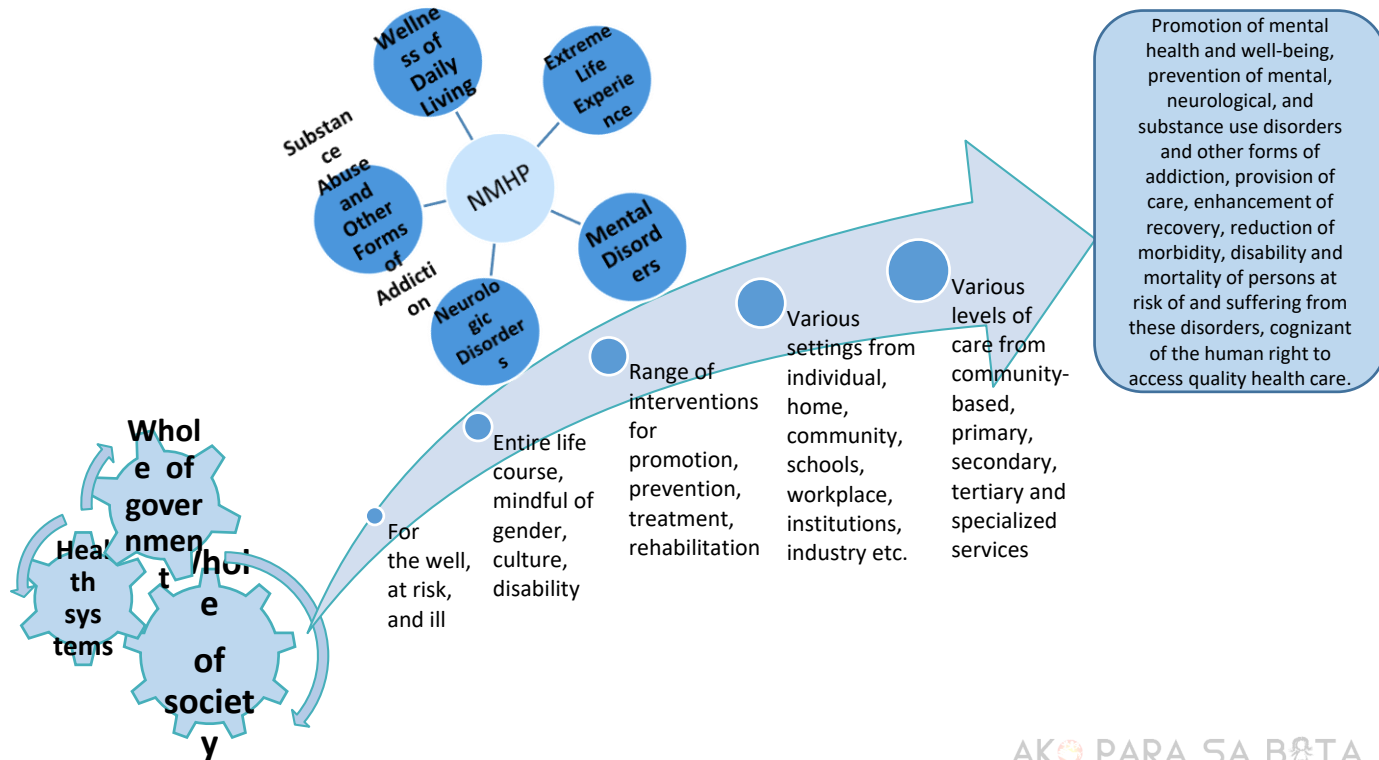


PROBLEM MANAGEMENT PLUS (PM+)

Individual psychological help for adults impaired by distress in communities exposed to adversity



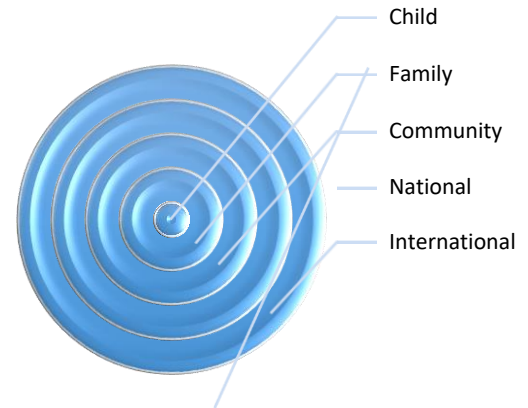
Operational Framework for a Comprehensive National Mental Health Program OH A.O 2016-0039”



Revisit: Trauma –informed approach

A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- *Seeks to actively resist re-traumatization."*





PRESENT

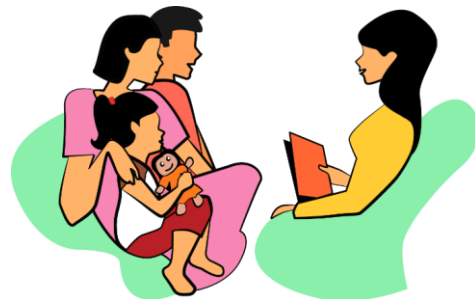
AKO PARA SA BOTA

THE INTERNATIONAL CONFERENCE IN MANILA

THEME:

STRESSED?
Coping, Recovery, and Healing

DECEMBER 1-2, 2016
SMX CONVENTION CENTER MANILA



SESSION H2

MUSIC THERAPY: CURRENT TRENDS AND PERSPECTIVES

MUSIC THERAPY

IRVIN S. KALUGDAN, MMT, MT-BC
DANIELLE ELISE ZAMAR, BSN, RN, MT-BC
DR. ROBERTO KALUGDAN, OBGYN





AKO PARA SA BOTA

THE INTERNATIONAL CONFERENCE

Music Therapy

In practice. In research and In real life.

Workshop

1:00pm - 5:00pm

December 2, 2016

How is music therapeutic to you?



1. Using your electronic device (phone/tablet)
2. Download / Open a QR Code Reader App
3. Scan this QR Code using your QR Code Reader App
4. Open the Link (below) in a Browser
5. Click on the “+” (Plus) symbol
6. Answer the question: How is music therapeutic to you?

<https://padlet.com/iskalugdan/fv5mlj5k4ulo>

<https://padlet.com/iskalugdan/fv5mlj5k4ulo>



padlet

SIGN UP

LOG IN



SHARE



Irvin Kalugdan + 4 · 4d

How is music therapeutic to you?

Add as many things as you can think of.

You find yourself without realizing it.

Add comment

an escape from reality

Add comment

Music takes away all the negative in you.

Add comment

Music is relaxing

Add comment

Music is cool!

Add comment

Add comment

heals wounded souls and broken hearts

1 comment

Anonymous 5d
Char

Add comment



Irvin Sayoc Kalugdan, MMT, MT-BC

irvin.kalugdan@catxstudio.com

Danielle Elise Zamar, BSN, RN, MT-BC

dzamar7@gmail.com

Dr. Roberto Kalugdan, ObGyn

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“ther-a-py”

Increase, Improve, Maintain, Restore

['Therəpē] Noun

treatment intended to relieve or heal a disorder.

"a course of antibiotic therapy"

synonyms: treatment, remedy, cure

"a wide range of complementary therapies"

the treatment of mental or psychological disorders by
psychological means.

"he is currently in therapy"

Activity #1: Hello Song

Hello (Hello) Hello Everybody

Ako Para Sa Bata

Hello (Hello) Hello Everybody

Ako Para Sa Bata

We're ALL here to HELP children

Let's remember ALL children.

Activity #1:

Hello Song

**Hello (Hello) Hello
Everybody**

Ako Para Sa Bata

**Hello (Hello) Hello
Everybody**

Ako Para Sa Bata

**We're ALL here to HELP
children**

**Let's remember ALL
children.**

Possible Goals:

To increase pro-social behaviors.

Possible Objectives:

Client will respond verbally and/or non-verbally in 4 out of 4 prompts within a greeting song.

Client will maintain eye contact in 2 out of 2 observations with 2 prompts within a greeting song.

Activity #1:

Hello Song

**Hello (Hello) Hello
Everybody**

Ako Para Sa Bata

<= Measure/Evaluate Response #1: Verbal/Non-Verbal

**Hello (Hello) Hello
Everybody**

<= Adjust for Thematic or Other Response

Ako Para Sa Bata

<= Measure/Evaluate Response #1: Verbal/Non-Verbal

<= Measure/Evaluate Response #1: Verbal/Non-Verbal

**We're ALL here to HELP
children**

<= Therapist Response / Introduction of Theme

**Let's remember ALL
children.**

What is Music Therapy?

Music Therapy is the **clinical and evidence-based** use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Who are music therapists?

Degrees Specific to Music Therapy

Bachelor, Equivalency, Masters & PhD

Clinical Training & Internships,

Board Certification Exam,

Additional Credentials & Specializations,

RMT, CMT, ACMT, NMT, SPED, LCAT & GIM

Continuing Education

Proficiency leading sessions with voice, piano, guitar
and percussion instruments.



Music Therapy Coursework

Musical Foundations (45%)

Music Theory
Composition and Arranging
Music History and Literature
Applied Music Major
Ensembles
Conducting
Functional Piano, Guitar, and Voice

Clinical Foundations (15%)

Exceptionality and Psychopathology
Normal Human Development
Principles of Therapy
The Therapeutic Relationship

Music Therapy (15%)

Foundations and Principles
Assessment and Evaluation
Methods and Techniques
Pre-Internship and Internship Courses
Psychology of Music
Music Therapy Research
Influence of Music on Behavior
Music Therapy with Various Populations

General Education (20-25%)

English, Math, Social Sciences, Arts,
Humanities, Physical Sciences, etc.
Electives (5%)

Music as Therapy VS Music in Therapy

Music AS therapy:

Musical elements are directly connected to and often manipulated to directly affect therapeutic outcomes within a client's treatment plan.

Music IN therapy:

The use of music in it's pre-existing form to help achieve non-musical goals within a therapeutic environment.

Music Therapy: Interdisciplinary Team

Music Therapists in School Settings: Individualized Education Plan team

Medical Settings: Doctors, Nursing & Affiliated Disciplines

Rehabilitation Settings: Physical & Occupational Therapists

Other Creative Arts Therapists: Art, Dance/Movement & Play Therapists

Mental Health: Psychiatrists, Psychologists, Social Workers, Therapists & Counselors

Music Therapy in Practice



Music Therapy: In Practice

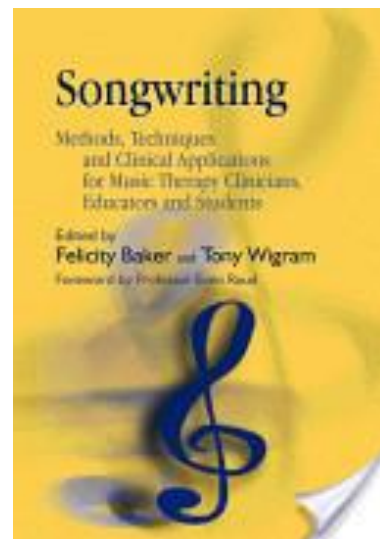
- Therapeutic Session
 - Individual
 - Group
- Assessments
 - Eligibility
 - Consultative
- Consultations
 - Individual
 - Group
 - Programmatic

Non-Musical Goals of a Music Therapist

- promote wellness
- manage stress
- alleviate pain
- express feelings
- enhance memory
- improve communication
- promote physical rehabilitation.
- medical procedure support...

Music Therapy: In Practice

- Examples of Music Therapy Techniques
- music improvisation,
- receptive music listening,
- songwriting,
- lyric analysis/discussion,
- music and imagery



Activity # 2: Piggy Back Songwriting

“Sunday Morning” by Maroon 5

1. Today’s Day of the Week
2. The weather outside
3. How the weather makes you feel

Back & forth we sway like branches in
the (natural event from #2).

Change of weather, still together when
it ends.

Chorus:

That may be all I need.
In darkness you are all I need.
Come and rest your bones with me.
Driving slow on (#1) morning, I never
want to leave.

Activity # 2: Piggy Back Songwriting

“Sunday Morning” by Maroon 5

1. Today’s Day of the Week
2. The weather outside
3. How the weather makes you feel

Back & forth we sway like branches in the (natural event from #2).

Change of weather, still together when it ends.

Possible Goals:

To restore reality orientation

To improve self expression

Possible Objectives:

Client will accurately identify the day of the week using a songwriting activity.

Client will identify at least one personal feeling connected to external influences within a songwriting activity.

Activity #3: Lean On Me by Bill Withers

[Verse 1]

C Dm Em F

Sometimes in our lives,

F Em Dm C Dm Em Dm

We all have pain, we all have sor-row.

C Dm Em F

But, if we are wise,

F Em Dm C Dm Em G/B C

We know that there's, a -lways to-mor-row.

[Chorus 1]

C Dm Em F

Lean on me, when you're not strong,

F Em Dm C Dm Em Dm

And I'll be your friend; I'll help you carry on.

C Dm Em F F Em Dm C

For it won't be long, 'till I'm gon-na need,

Dm Em G/B C

Some-body to lean on.

[Bridge 1]

C (n.c)

So, just call on me brother, when you need a hand;

We all need somebody, to lean on.

I just might have a problem, that you'd understand;

G/B C

We all need somebody, to lean on.

[Chorus 2]

[Verse 3]

C Dm Em F F Em Dm C

If, there is a load, you have to bear,

Dm Em Dm

That you can't car-ry.

C Dm Em F F Em Dm C

I'm right up the road; I'll share your load,

Dm Em G/B C

If you just call me.

Music Therapy: In Research

Peer Reviewed Publications:

Journal of Music Therapy (Oxford Press
& AMTA)

www.Voices.no (online journal based out
of Norway)

Music Therapy Today (online WFMT)

Anecdotal Case Studies:

Music Therapy Perspectives (Oxford
Press & AMTA)

Alan P. Merriam's 10 functions of music

Anthropology & Ethnomusicology

1. Emotional expression.
2. Aesthetic enjoyment.
3. Entertainment.
4. Communication.
5. Symbolic representation (symbols within the text, notation, and cultural meaning of the sounds).
6. Physical response (dancing and other physical activity).
7. Enforcement of conformity to social norms (instruction through song and rhymes).
8. Validation of social institutions and religious rituals (use of music in religious services and state occasions).
9. Contribution to the continuity and stability of culture (music as an expression of cultural values).
10. Contribution to the integration of society (use of music to bring people together).

https://prezi.com/m/2j7iixo_owg-/merriams-10-functions-of-music/

Typical Music Therapy Populations

AMTA Fact Sheets <http://www.musictherapy.org/research/factsheets/>

- Children, adolescents, adults, and the elderly with mental health needs
- Developmental and learning disabilities
- Alzheimer's disease and other aging related conditions
- Substance abuse
- Traumatic brain injuries and physical disabilities
- Acute and chronic pain, including mothers in labor.
- Premature infants
- Individuals who are terminally ill

Music Therapy Research: Mental Health

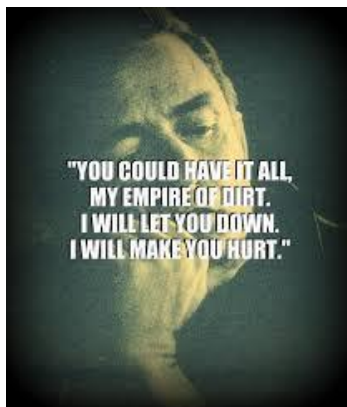
Music therapy as an addition to standard care helps people with schizophrenia to improve their global state and may also improve mental state and functioning if a sufficient number of music therapy sessions are provided.

Gold, C., Haldal, T.O., Dahle, T., Wigram, T. (2005). Music Therapy for Schizophrenia or Schizophrenia-like Illnesses. The Cochrane Database of Systematic Reviews, 3. Accession: 00075320-100000000-03007 PMID: 15846692

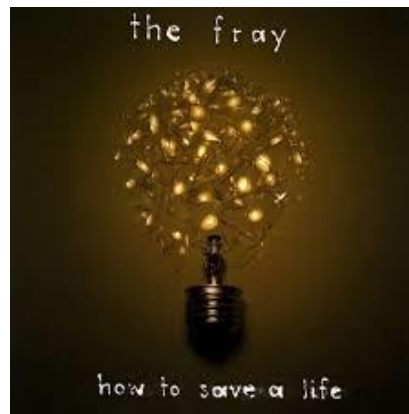
Music Therapy and Substance Abuse

Treatment Motivation in Patients on a Detoxification Unit: A Randomized Effectiveness Study (2015)

Hurt by NIN



How to Save a Life by The Fray



Music Therapy and Substance Abuse

Treatment Motivation in Patients on a Detoxification Unit: A Randomized Effectiveness Study (2015)

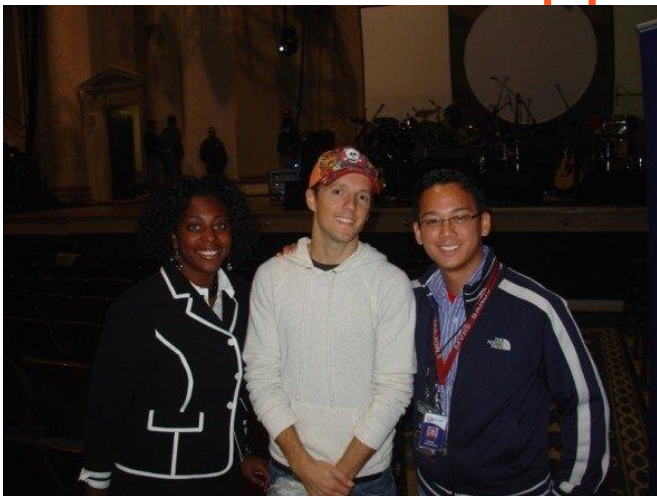
Results:

- significant between-group differences in measures of problem recognition, desire for help, treatment readiness, and total motivation,
- experimental participants having higher treatment motivation means than control participants.
- a single group-based music therapy lyric analysis session can be an effective psychosocial treatment intervention to enhance treatment motivation in patients on a detoxification unit.

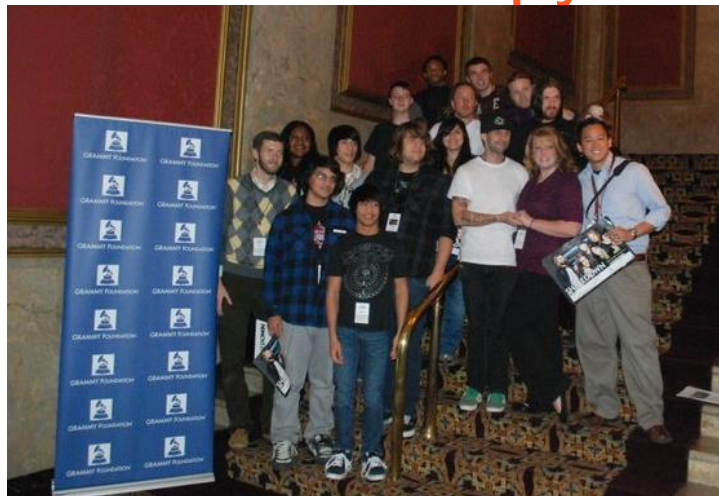
Music therapy & the therapeutic process

- ④ Therapists assess and obtain quantitative and qualitative information relevant to client needs
- ④ Treatment planning is used to develop music therapy strategies to address short and long-term goals and objectives
- ④ Provide evidence-based music therapy strategies and interventions to address identified goals and objectives
- ④ Evaluate and document data relevant to client responses and progress, utilizing the findings to make decisions about music therapy services

Musicians support Music Therapy



Jason Mraz (singer-songwriter)



[Shinedown \(rock group\)](#)

Therapeutic goals for Trauma, Depression & Substance Abuse

- Specific Outcomes:
- Reduced muscle tension
- Improved self-image/Increased self-esteem
- Decreased anxiety/agitation
- Increased verbalization
- Enhanced interpersonal relationships
- Improved group cohesiveness
- Enhanced self-expression and self-awareness
- Increased motivation
- Improved perception and differentiation of feelings
- Improved ability to titrate abreaction, self sooth, recognize and cope with traumatic triggers

Music Therapy: In Real Life

- Job Opportunities
 - Music Therapy
 - Other Therapeutic Professional Position
- Program Based vs. Contract Services
- Maintaining Therapeutic Environment
- Additional Certifications
- Fundraising
- Grant Writing
- Outreach
- Other duties as assigned

AMTA Member Survey Results 2015

Average salary reported for music therapists in 2014 was \$53,735 (an increase of \$3,000 from previous year).

An estimated 1.5 million people received music therapy services in 2014.

Music therapists provided services in an estimated 33,330 facilities in 2014.

New: 26% of survey respondents are music therapy business owners.

The average salary increased in 24 states over 2014 reports.

Most commonly reported job title was "Music Therapist," by 59% of survey respondents.

Ninety new music therapy jobs were created in 2014 as reported on the 2015 survey (an increase from 73 created in 2013).

Average rates for individual music therapy services across the country are a reported \$65 per hour.

Average salaries increased in six of seven AMTA regions in the United States and also outside the U.S.

29% of survey respondents reported receiving some form of reimbursement for music therapy services.

Salaries have increased steadily since 1998.

Annual salary for those with 10 or fewer years' experience was a reported \$45,069.

Average rates for group music therapy services across the country are a reported \$73 per hour.

AMTA Member Survey Results 2015

AMTA also maintains a wide-reaching, global focus around the world today and works closely with music therapy organizations in many countries. It is exciting to see the number of countries represented by the AMTA membership each year. In 2015, AMTA members live in over 30 countries outside the United States and all around the globe. International members comprise 4% of the AMTA membership.

<u>Country</u>	<u># Members</u>		
Argentina	2	Malaysia	1
Australia.....	4	Mexico	1
Austria	1	New Zealand	3
Bahrain	1	Norway	1
Canada	25	Portugal	1
China	3	Puerto Rico.....	2
Egypt	1	Qatar.....	1
Estonia.....	1	Singapore	3
Germany.....	1	South Korea.....	6
Great Britain	1	Spain	2
Greece.....	2	Sweden.....	1
Hong Kong.....	4	Taiwan	7
Ireland.....	2	Thailand.....	10
Israel.....	4	Turkey.....	1
Italy.....	1	United Kingdom.....	1
Japan.....	73	United States	3673
Macau.....	1		

Total AMTA Members* **3,841**

AMTA Member Survey Results 2015

Salary by Job Title

Population	Number	Average Salary ²	Median Salary ²	Salary Mode ²	Salary Range ²
Activity Coordinator/Director	13	\$41,385	\$42,000	\$42,000	\$23,000 - \$77,000
Activity Therapist	10	\$40,700	\$43,000	\$43,000	\$25,000 - \$55,000
Adjunctive Therapist	2	N/A	N/A	N/A	N/A
Clinical Therapist	7	\$51,714	\$55,000	\$40,000	\$40,000 - \$60,000
Creative Arts Therapist	21	\$53,190	\$54,000	\$39,000	\$34,000 - \$78,000
Director/Admin/Supervisor	64	\$62,469	\$60,000	\$40,000	\$12,000 - \$170,000
Expressive Arts Therapist	2	N/A	N/A	N/A	N/A
Faculty	66	\$76,281	\$67,500	\$70,000	\$40,000 - \$180,000
Music Educator	8	\$53,500	\$52,500	N/A	\$31,000 - \$93,000
Music Therapist	403	\$49,540	\$44,000	\$40,000	\$10,000 - \$420,000
Other	24	\$42,292	\$40,000	\$40,000	\$20,000 - \$80,000
Recreation Therapist	13	\$37,154	\$35,000	N/A	\$20,000 - \$55,000
Rehabilitation Therapist	17	\$65,000	\$70,000	\$60,000	\$34,000 - \$82,000
Self Employed/Consultant	28	\$61,500	\$55,000	\$30,000	\$20,000 - \$144,000
Special Educator	3	N/A	N/A	N/A	N/A
Total Respondents	681				

Where do music therapists work?

- psychiatric hospitals,
- rehabilitative facilities,
- medical hospitals,
- outpatient clinics,
- day care treatment centers,
- disability service agencies,
- community mental health centers,
- drug and alcohol programs,
- senior centers,
- nursing homes,
- hospice programs,
- correctional facilities,
- halfway houses,
- schools,
- and private practice.

Music Therapy with Adolescents



"I Won't Give Up" by Jason Mraz

[Verse 1]	When I look into your eyes It's like watching the night sky Or a beautiful sunrise There's so much they hold	[Bridge] easily make stake intend	I don't wanna be someone who walks away so I'm here to stay and make the difference that I can Our differences they do a lot to teach us how to use The tools and gifts we got yeah, we got a lot at And in the end, you're still my friend at least we did For us to work we didn't break, we didn't burn We had to learn how to bend without the world I had to learn what I've got, and what I'm not And who I am
[Chorus 1]	I won't give up on us Even if the skies get rough I'm giving you all my love I'm still looking up	caving in	
[Verse 2] space	And when you're needing your To do some navigating I'll be here patiently waiting To see what you find	[Chorus 2]	I won't give up on us Even if the skies get rough I'm giving you all my love I'm still looking up I'm still looking up
	'Cause even the stars they burn Some even fall to the earth We've got a lot to learn God knows we're worth it No, I won't give up	[Chorus 3] [Chorus 3]	I won't give up on us God knows I'm tough enough We've got a lot to learn God knows we're worth it I won't give up on us Even if the skies get rough I'm giving you all my love I'm still looking up

Think of ways that music can be therapeutic to you and your loved ones.

- Attending a concert or outdoor festival with your family or friends
- A release from a stressful day at work
- To identify with how you're feeling at the time
- Reminiscing over cherished moments
- Finding a deeper meaning in a song
- Song dedications...

Caring for the Caregiver through Music

- Songwriting/Poetry

Identifying Stressors

- Music Lessons

Identifying Countertransference and
Transference

- Group Music Making

Continuing Education

- Dance

- Partner & Group Dancing

Conference attendance

- Perform

Resourcing Colleagues

- Share Music

Personal Wellness

Learning to Collaborate and be Flexible

Music Therapy in Asia



Music Therapy in South Korea

Korean Association for Music Therapy (www.musictherapy.or.kr),

Korean Music Therapy Association (www.kamt.com)

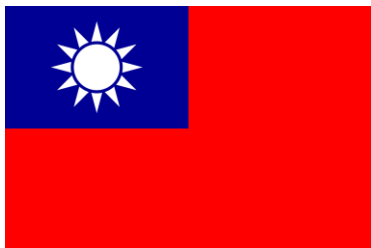
5 Universities in South Korea now offer MT training programs



Music Therapy in India

- [Indian Association of Music Therapy](#)
- University of Madras offers a degree in Clinical Music Therapy

Music Therapy in Asia



Music Therapy in Taiwan

Taiwan has a music therapy association:

<http://www.musictherapy.org.tw/>

There are some articles on MT and Taiwan in Voices:

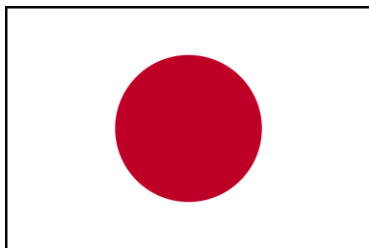
<https://voices.no/index.php/voices/search/search>

Music Therapy in China



- [Chinese Professional Music Therapy Association](#) gives an RMT credential.
- There are 13 music therapy training programs in China

Music Therapy in Asia



Music Therapy in Japan

The Japanese Music Therapy Association (JMTA) has 15 approved training institutions.

https://voices.no/community/?q=country/monthjapan_may2003



Music Therapy in Thailand

- Mahidol University has a [Masters in Music Therapy](#)
- https://voices.no/community/?q=country/monththailand_october2004

Philippine Music Industry and Social Issues



In addition to being a singer-songwriter, performing artist Kitchie Nadal shared with Philstar.

“I also did missions. I volunteered for a shelter for the homeless. I have a street-kids ministry in the Philippines, so I try to do the same volunteer work when I’m abroad. It’s a different experience in a sense that first world countries have different issues compared to ours. They have money, but they still have troubled kids. So those two years I was away was really a great experience and it reflected a lot on my fourth album,” said Kitchie, who holds a double degree in Psychology and Education.



“Compared to my previous albums where the songs were introverted like ‘Same Ground’ and ‘Huwag na Huwag Mong Sasabihin’ – those were so emotional and self-reflecting – but this new album seems to be inspired by tragedies and social problems,” she added.

Music Therapy in the Philippines



Silliman University Dumaguete:

Current Programs ready to support a Music Therapy program:

Bachelor & Masters of Music in Music Education

Music Therapy Clinic

Ms. Danielle Elise Zamar, BSN, RN, MT-BC is a graduate from both Silliman University in Dumaguete and Shenandoah University in Virginia. She is the Philippine's first resident MT-BC and provides music instruction, adapted music lessons and music therapy services to her community in Dumaguete. She will complete her Masters in Music Education this March 2017 and looks to open a full time music therapy practice upon graduation.

Music Therapy in the Philippines



St. Paul University Manila:

Bachelor of Music in Music Education with concentration in Music Therapy for children and Youth with disabilities

Master of Arts in Music major in Music Therapy for Children and Youth with disabilities.

FIRST Music Therapy Center in the Philippines, which provides music therapy services for differently challenged children, adolescents, and adults.

Ms. Annette Asuncion, MMT, MT-BC is an alumna from the St. Paul Conservatory of Music, as the Resource professor. She comes twice a year to give courses in Music Therapy.

Music Therapy in the Philippines



“Exploring Music Therapy for Filipino Autistic Children” by Marisa V. Marin

Philippine Journal of Psychology [Vol 37, No 2 \(2004\)](#)

Abstract

This study explored the use of music therapy as a means to enhance the therapeutic processes with autistic Filipino children...



Music Therapy in the Philippines



Divine Mercy Mobile Center Quezon City:

Music Pedagogy Practice & Music Therapy Clinic

To provide special education, training, livelihood assistance and intervention, rehabilitation and development to persons with developmental disabilities, through music and arts therapy.

The educational, rehabilitation and development program includes the physical, psychosocial, intellectual and spiritual well-being of the beneficiaries.

Mrs. Celeste Sanchez, is an alumna from St. Scholastica's College and has attended several AMTA approved workshops, trainings and conferences on Music Therapy and its application with the needs of the people in her community.

Music Therapy in the Philippines



University of Melbourne Manila:

University of Melbourne has a satellite program in Manila.

2-year online program

The Master of Music Therapy offers a thorough study of the theory, practice and research of music therapy. A major component of the course is four clinical training placements in hospitals, schools, residential care and the community. The Master of Music Therapy also includes a minor thesis in which you carry out a small research study.

<https://coursesearch.unimelb.edu.au/grad/1513-master-of-music-therapy>

For more information: Katrina Skewes Mcferran <k.mcferran@unimelb.edu.au>



Music Therapy in the Philippines

Goal: Recognized professional music therapy services provided by certified music therapists.

Clinical Training: Education, Internships & Professional Development

National Association: Outreach, Oversight & Accountability

Certifying Body: Accreditation, Standards & Ethics

Client Referrals: Primary Care Physicians, Psychiatrists, Teachers, Social Workers, Counselors, and Self-Referral

Insurance Reimbursement: Managed & Private Pay Health Care

Music Therapy in the Philippines



World Federation of Music Therapy

The 15th World Congress of Music Therapy



<http://www.wcmt2017.com>

<http://www.wfmt.info/>

**Tsukuba
Japan, 2017**
July 4 (Tue) – 8 (Sat)

Fun = Therapeutic



[CBCC Song \(Click on Link\)](#)

Thank you for participating and listening!



:CAT Studio
Creative Arts Therapy www.catstudio.com

AKO PARA SA BOTA
THE INTERNATIONAL CONFERENCE IN MANILA



PRESENT

AKO PARA SA BOTA

THE INTERNATIONAL CONFERENCE IN MANILA

THEME:

STRESSED?
Coping, Recovery, and Healing

DECEMBER 1-2, 2016
SMX CONVENTION CENTER MANILA

