Culturally-Adapted Online Psychoeducation for Resilience in Distressed Filipino College Students: A Randomized Controlled Trial

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ABSTRACT. In response to the escalating mental health crisis that calls for accessible, evidence-based resilience programming tailored to students' needs, this experimental study developed and tested an online psychoeducational resilience program for distressed Filipino college students. Grounded on the mental health and psychosocial support pyramid and the *Katatagan* Resilience Framework, the program promoted resilience, mindfulness, adaptive coping skills, and well-being. Using a pre/post-test control group design, 45 students were randomly assigned to three groups (resilience classes, self-paced journaling, and control). Analyses revealed that resilience classes and self-paced journaling significantly increased resilience, well-being, mindfulness, and adaptive coping while reducing distress and maladaptive coping versus controls. Moreover, the resilience classes yielded better results than the journaling mode. Findings demonstrate the value of tailored, non-specialized interventions within the IASC framework for student mental health. This culturally nuanced program offers an accessible, scalable solution to support distressed students sustainably.

1.0. Introduction

High-quality education is a strong foundation for a person's health and well-being as it is a catalyst for health and intervention in its own right (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2016). Through quality education, students are prepared to lead a productive and healthy life, achieved if they acquire knowledge to prevent themselves from getting ill. Hence, Catholic Higher Education Institutions (HEIs), serving as epitomes of lifelong learning, are mandated to provide holistic and high-quality education by providing excellent services to their students (Banusing & Bual, 2021; Pangngay et al., 2023); thus, this includes not just the provision of high-quality instruction but also the provision of excellent student services. Paradoxically, the absence of health as an educational goal can impede achieving high-quality education. Hence, promoting and advocating for health and wellness, specifically mental health, in schools is imperative.

With the rapidly escalating mental health concerns, world leaders set mental health as one of the top priorities in the United Nations (UN) Sustainable Development Goals (SDGs) (UN, 2015). Consistent with this goal, the Philippines enacted the game-changer Mental Health Law, establishing a national mental health policy to enhance the delivery of integrated mental health services. One of the critical features of this law is the involvement of the educational sector in implementing developmentally appropriate and lifelong mental health education and promotional efforts (Official Gazette of the Republic of the Philippines, 2018). This law suggests that HEIs are mandated to facilitate high-quality education that targets holistic development and well-being – most especially the mental health of the learners with utmost seriousness and urgency.

Despite enacting the Mental Health Law, the Philippines continues to experience substantial challenges in delivering mental healthcare (Lally et al., 2019). Educational institutions still struggle to abide by the provisions of the Mental Health Law primarily due to the scarcity of licensed and trained mental health practitioners and other resources in the country (Villa, 2021), which suggests that many adults are left unattended and untreated. Locally, there are existing mental health programs implemented by schools, such as webinars and career and anti-bullying campaigns. Still, most of these intervention programs need to be more utilized, be more specific for certain issues, and address the everyday developmental and environmental stressors related to psychological distress (Cruz, 2017). At times, these interventions are mainly risk-reduction attempts that deviate from

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the current paradigm in intervention programming that transitions from a risk-reduction approach to a competence-enhancement model (Chmitorz et al., 2017; Enrique et al., 2019). Shifting the focus from pathology to human strengths is valuable, as the potential positive outcomes could be significant.

With these, proactive action of educational administrators to support students' socioemotional health and well-being and to devise and implement feasible and sustainable policies and programs that promote resilience among students is necessary and called for. This proactive action capacitates students to maximize their strengths to flourish and eventually achieve student success. It is then recommended that schools and other vital social institutions take necessary measures to support the student's well-being. These actions and interventions must be creative and evidence-based (Centeno, 2020; Pangngay, 2024). In line with this, there is a growing interest in designing intervention programs for clinical and non-clinical samples that seek to empower student well-being, and the most commonly arising field of inquiry in this area is crafting and implementing sustainable resilience intervention programs (Gulliver et al., 2016; Leppin et al., 2014; Macedo et al., 2014; Robertson et al., 2015; Vanhove et al., 2015).

The above situations prompted the researcher to develop a functional and sustainable psychosocial support program for languishing college students. Hence, this study designed a feasible and sustainable resilience program to help the students develop their ability to adapt to life's challenges and maintain their mental health despite exposure to adversity. This is premised on the Inter-Agency Standing Committee's (IASC) Mental Health and Psychosocial Support (MHPSS) Pyramid Framework that outlines layered supports following adversity, with the third layer representing focused, non-specialized interventions for mild to moderate distress (IASC, 2007) and the Katatagan Resilience Framework (Hechanova et al., 2015) that emphasizes building resilience in Filipino communities in multiple domains. Integrating culture-specific resilience models can enhance interventions with diverse populations. Thus, linking resilience-building techniques to Filipino cultural values is hypothesized to increase the target populations' positive mental health outcomes as well as to improve the psychosocial program's relevance, functionality, and efficacy. Situated within these frameworks, this study developed an online psychoeducational resilience program catered to Filipino college students experiencing mild to moderate psychological distress.

In addition to the previously mentioned frameworks, the program was informed by a needs assessment and preliminary study conducted at the target site. The study revealed that mindfulness and adaptive and maladaptive coping partially mediated the relationship between resilience and subjective well-being and fully mediated the relationship between resilience and psychological distress (Pangngay, 2024). Consequently, this research will provide evidence to support the expansion of accessible, patient-centered, recovery-oriented holistic treatment and care.

2.0. Methodology

Research Design. This study employed a three-group pretest-posttest experimental design. It is an approach used if a researcher is interested in comparing randomly assigned participants to three groups. All groups were administered with a pre-test and a post-test; one control group will not receive any treatment. The other two experimental groups received different treatment conditions (Cino, 2017). Hence, the design is appropriately used in this study as it aided in determining whether the developed program is effective by comparing the data gathered from the three groups.

Respondents and Sampling Technique. This study was conducted in a private-sectarian HEI in La Union. The inclusion criteria for the participants were as follows: a respondent in the needs analysis who scored moderate to high in all of the different psychological distress scales; scored relatively low in the subjective well-being, resilience, mindfulness, and coping scales; and signified their willingness to participate in a resilience program in the general survey conducted in the needs analysis. Of the 63 college students initially meeting the inclusion criteria, only 45 participants signified final confirmation and willingness to join the pilot program implementation. Each participant was then randomly assigned to one of the following three groups, namely: control group (no participation in any program modality), experimental group 1 (participation in the online synchronous modality), and experimental group 2 (participation in the online journal asynchronous modality). This makes the participants equally distributed to the three groups, with 15 participants in each group.

Research Instrument. This study employed numerous data-gathering tools during the program implementation. The program consists of two versions: resilience classes and online self-paced journaling. The same content and activities were given in the synchronous and asynchronous modalities to ensure parallelism. The only difference is that for the synchronous modality, there is an opportunity for the respondents to share with the other respondents. In contrast, the asynchronous modality is exclusively individual, anchored on the journaling format. The resilience classes pertain to the synchronous

program analog, comprised of six online synchronous sessions via Zoom cloud meetings where small groups of respondents went through the six modules simultaneously. Each resilience class lasts from 60 to 90 minutes. Meanwhile, online self-paced journaling is the asynchronous version comprised of six online asynchronous self-paced activities. Participants went through the six modules individually at their own pace. Five licensed mental health practitioners with first-hand experience in providing psychosocial support services such as psychological first aid, counseling, and psychosocial processing for at least six months and have experience in resilience program designing served as program validators through content and investigator triangulation validation approach.

Additionally, quantitative measures assessed resilience, mindfulness, coping, distress, and well-being at baseline, post-intervention, and follow-up. The Brief Resilience Scale (BRS) was used to measure resilience. The BRS consists of six items that identify one's ability to bounce back from stress. The Mental Health Continuum-Short Form (MHC-SF) – a 14-item measure of subjective well-being – was used to measure subjective well-being. To measure psychological distress, the Depression Anxiety and Stress Scale (DASS-21), which assesses the emotional states of depression, anxiety, and stress for non-clinical samples, was used. The Five-Facet Mindfulness Questionnaire (FFMQ), which assesses five facets of a general tendency to be mindful in daily life, was used to measure mindfulness. The Brief-COPE, which assesses a broad range of coping responses to adaptive and maladaptive coping, was utilized to measure the participants' coping strategies.

Data Collection and Analysis. The researcher scouted for students willing to participate in an upcoming resilience program through an institutional needs assessment and call for participants. After finalizing the prospective list of participants for the study, the researcher convened with the participants for a briefing and asked them to sign an informed consent form to participate in the study. The participants' responses from the needs assessment phase of this study were treated as their pre-program scale scores. The program implementation proper lasted three weeks, with two synchronous sessions plotted each week for experimental group 1 and two journaling sessions for experimental group 2. When the program ended in three weeks, all participants from the three groups (control, experimental 1, and experimental 2) were again administered with the self-report measures as the post-program scales.

A total of six one-way analyses of covariance (ANCOVA) were employed to compare the effectiveness of the two modalities of the implemented program in changing the different resilience outcomes identified in this study. One-way ANCOVA determines whether there are any significant differences between two or more independent groups on a dependent variable, specifically in their adjusted post-test means in a pre-test and post-test design, controlling for the influence of pre-test scores on the post-test scores (Johnson, 2019). Thus, the independent variable in the analyses is the program intervention (control, synchronous, and asynchronous); the dependent variable in the analyses is the post-program scale scores along the different resilience outcomes (resilience, psychological distress, subjective well-being, mindfulness, adaptive coping, and maladaptive coping). In contrast, the pre-program scale scores served as covariates. Treating the pre-program scale scores as covariates is crucial because it could potentially influence the post-program scale scores and, therefore, needs to be controlled to focus the analysis on the post-program outcomes alone.

Ethics Concern. This study complies with research ethical guidelines as evidenced by issuing the Ethics Clearance Certification from a Research Ethics Review Board from one HEI in La Union. The researcher ensured that should any participant have experienced any psychological trigger or breakdown in the entire duration of the study, the researcher had willingly subjected the participants to debriefing and processing and referred the participant to other mental health practitioners in any case that the participant refused to be debriefed by the researcher or the researcher is unable to do the debriefing. Moreover, safe and healthy protocols imposed due to the restrictions brought about by the COVID-19 pandemic were strictly observed. Hence, the data-gathering procedure was only done virtually. An online Informed Consent Form was administered to ensure the participants voluntarily participated in the study. Moreover, collected data were analyzed only in aggregates and were released in anonymized forms. To ensure the participants' privacy, the researcher always reminded them to stay in a secure place in their homes during the program implementation.

3.0. Results and Discussion

Comparative analysis of resilience scores

The first one-way ANCOVA analysis compares the effectiveness of the synchronous and asynchronous versions of the psychoeducational resilience program in improving resilience levels compared with the control group, treating the pre-program resilience scale scores as a covariate in the analysis (See Table 1).

The obtained result [$F(2,41) = 31.048$, $p < .001$] shows a significant difference in the post-program resilience scores of the program participants with a

Table 1
Resilience ANCOVA Result

Treatment	Pre-Program		Post-Program (Unadjusted)		Post-Program (Adjusted)	
	Mean	SE	Mean	SE	Mean	SE
Control Group	1.92	0.14	2.30	.11	2.45	.08
Synchronous Group	2.59	0.10	3.66	.10	3.41	.09
Asynchronous Group	1.98	0.13	2.88	.10	2.99	.08
ANCOVA Result	$F(2,41) = 31.048$, $p < .001$, $\eta_p^2 = 0.602$					

Table 2
Psychological Distress ANCOVA Result

Treatment	Pre-Program		Post-Program (Unadjusted)		Post-Program (Adjusted)	
	Mean	SE	Mean	SE	Mean	SE
Control Group	2.74	.04	2.73	.03	2.15	.07
Synchronous Group	2.19	.02	0.57	.07	0.90	.07
Asynchronous Group	2.47	.01	1.15	.03	1.15	.04
ANCOVA Result	$F(2,41) = 80.708$, $p < .001$, $\eta_p^2 = 0.797$					

substantial effect size (60.2%) when the three groups are compared. Post hoc test via Bonferroni corrections result show that all of the adjusted mean post-program resilience scores obtained by the three groups are all statistically different from one another, where both the adjusted post-program resilience scores of the synchronous group and the asynchronous group are significantly higher as compared to the adjusted post-program resilience score of the control group (both with $p < .001$). Moreover, the post-program resilience score of the participants from the synchronous group is significantly higher than that of the asynchronous group ($p = .004$). Comparing the estimated marginal means showed that the highest adjusted post-program resilience score was gained by the synchronous group (M=3.41) compared to the asynchronous group (M=2.99) and the control group (M=2.45). The result from the first analysis suggests that both the synchronous and the asynchronous modalities of the program effectively increase the program participants' resilience. Moreover, it is also evident that while both modalities are effective, the synchronous modality of the program yields better results in increasing resilience than the asynchronous modality.

Comparative analysis of psychological distress scores

The second one-way ANCOVA analysis compares the effectiveness of the synchronous and asynchronous versions of the implemented psychoeducational resilience program in reducing psychological distress levels (See Table 2).

It can be gleaned that there is a significant difference in the post-program psychological distress scores of the participants [$F(2,41) = 80.708$, $p < .001$] with a notable effect size (79.7%) when the control, synchronous, and asynchronous groups are compared. Consequently, the post-hoc test result shows that all of the adjusted mean post-program psychological distress scores obtained by the three groups are all statistically different from one another, where both the adjusted post-program psychological distress scores of the synchronous group ($p < .001$) and the asynchronous group ($p < .001$) are significantly higher as compared to the adjusted post-program psychological distress score of the participants from the control group. Moreover, the synchronous group's post-program psychological distress score is significantly higher than the post-program psychological distress score of the asynchronous group ($p = .013$). Comparing the estimated marginal means showed that the highest adjusted post-program psychological distress score was gained by the control group (M=2.15) compared to the asynchronous group (M=1.15) and the synchronous group (M=0.90). The obtained result indicates that both the synchronous and the asynchronous program modalities effectively reduced the psychological distress of the program participants. While both modalities are effective, the synchronous modality of the program yielded better results in decreasing psychological distress than the asynchronous modality.

Comparative analysis of subjective well-being scores

The third one-way ANCOVA analysis compares the effectiveness of the synchronous and asynchronous versions of the psychoeducational resilience program in improving subjective well-being levels (See Table 3).

The result [$F (2,41) = 54.855$, $p < .001$] shows that there is a significant difference with solid effect size (72.8%) in the post-program subjective well-being scores of the participants when the control, synchronous, and asynchronous groups are compared. Furthermore, post-hoc tests result shows that all of the adjusted mean post-program subjective well-being scores obtained by the three groups are all statistically different from one another, where both the adjusted post-program subjective well-being scores of the synchronous group and the asynchronous group are significantly higher ($p < .001$) as compared to the adjusted post-program subjective well-being score of the participants from the control group ($p = .002$). Moreover, the post-program subjective well-being score of the synchronous group is significantly higher than that of the asynchronous group ($p < .001$). Comparing the estimated marginal means showed that the highest adjusted post-program subjective well-being score was gained by the synchronous group (M=4.56) compared to the asynchronous group (M=3.36) and the control group (M=2.70). The obtained results from this analysis on subjective

Table 3
Subjective Well-being ANCOVA Result

Treatment	Pre-Program		Post-Program (Unadjusted)		Post-Program (Adjusted)	
	Mean	SE	Mean	SE	Mean	SE
Control Group	1.08	.14	2.70	.14	2.70	.13
Synchronous Group	1.38	.13	4.57	.09	4.56	.13
Asynchronous Group	1.31	.11	3.36	.14	3.36	.12
ANCOVA Result	$F(2,41) = 54.855, p < .001, \eta_p^2 = 0.728$					

Table 4
Mindfulness ANCOVA Result

Treatment	Pre-Program		Post-Program (Unadjusted)		Post-Program (Adjusted)	
	Mean	SE	Mean	SE	Mean	SE
Control Group	2.54	.08	2.73	.03	2.73	.04
Synchronous Group	2.60	.09	3.45	.08	3.45	.04
Asynchronous Group	2.51	.01	2.99	.01	2.98	.04
ANCOVA Result	$F(2,41) = 66.283, p < .001, \eta_p^2 = 0.764$					

well-being are identical to the results in the analysis of resilience, where both the synchronous and the asynchronous modalities of the program are effective in increasing the subjective well-being of the program participants and the synchronous modality of the program yielded better result in increasing subjective well-being as compared to the asynchronous modality.

Comparative analysis of mindfulness scores

The fourth one-way ANCOVA analysis is conducted to compare the effectiveness of the synchronous and asynchronous versions of the implemented psychoeducational resilience program in improving the mindfulness of the program participants (See Table 4).

The result [$F(2,41) = 66.283, p < .001$] shows that there is a significant difference in the post-program mindfulness scores of the program participants when all groups are compared, also having a substantial effect size (76.4%). The result of the post hoc test also shows that all of the adjusted mean post-program mindfulness scores obtained by the three groups are all statistically different from one another, where both the adjusted post-program mindfulness scores of the synchronous group and the asynchronous group are significantly higher as compared to the adjusted post-program mindfulness score of the participants from the control group (both with $p < .001$). Moreover, the synchronous group's post-program mindfulness score is significantly higher than the post-program mindfulness score of the asynchronous group ($p < .001$). Comparing the estimated marginal means showed that the highest adjusted post-program mindfulness score was gained by the synchronous group (M=3.45) compared to the asynchronous group (M=2.98) and the synchronous group (M=2.73). The obtained result in the analysis of mindfulness is consistent with the analysis of subjective well-being, where both the synchronous and the asynchronous modalities of the program are effective in increasing the mindfulness of the program participants. While both modalities are effective, the program's synchronous modality yielded better results in increasing mindfulness than the asynchronous modality.

Comparative analysis of adaptive coping scores

The fifth one-way ANCOVA analysis compares the effectiveness of the synchronous and asynchronous versions of the implemented psychoeducational resilience program in improving adaptive coping strategies (See Table 5).

The result [$F(2,41) = 78.474, p < .001$] shows that there is a significant difference in the post-program adaptive coping scores of the participants with a substantial effect size (79.3%) when the control, synchronous, and asynchronous groups are compared. Meanwhile, post hoc test result shows that all of the adjusted mean post-program adaptive coping scores obtained by the three groups are all statistically different from one another, where both the adjusted post-program adaptive coping scores of the synchronous group and the asynchronous group are significantly higher as compared to the adjusted post-program adaptive coping score of the participants from the control group (both with $p < .001$). Moreover, the synchronous group's post-program adaptive coping score is significantly higher than the post-program adaptive coping score of the asynchronous group ($p < .001$). Comparing the estimated marginal means showed that the highest adjusted post-program adaptive score was gained by the synchronous group (M=3.49) compared to the asynchronous group (M=3.06) and the synchronous group (M=2.56). Consistent with the trends in resilience and subjective well-being, the obtained result indicates that both the synchronous and the asynchronous modalities of the program are effective in increasing the adaptive coping of the program participants and that while both modalities are effective, the synchronous modality of the program yielded better results in increasing adaptive coping as compared to the asynchronous modality.

Comparative analysis of maladaptive coping scores

The sixth one-way ANCOVA analysis compares the effectiveness of the synchronous and asynchronous versions of the psychoeducational resilience program in reducing maladaptive coping tendencies (See Table 6).

Result [$F(2,41) = 93.959, p < .001$] shows that there is a significant difference in the post-program maladaptive coping scores with a substantial effect

size (82.1). Further analysis via post hoc test shows that all of the adjusted mean post-program psychological maladaptive coping obtained by the three groups are all statistically different from one another, where both the adjusted post-program maladaptive coping scores of the synchronous group and the asynchronous group are significantly higher as compared to the adjusted post-program maladaptive coping score of the participants from the control group (both with $p < .001$). Moreover, the synchronous group's post-program maladaptive coping score is significantly higher than the post-program maladaptive coping score of the asynchronous group ($p < .001$). Comparing the estimated marginal means showed that the highest adjusted post-program maladaptive coping score was gained by the control group (M=2.76) compared to the asynchronous group (M=2.03) and the synchronous group (M=1.55). Similar to the trend in psychological distress, the result from this analysis indicates that both the synchronous and the asynchronous modalities of the program are effective in reducing the maladaptive coping of the program participants and that while both modalities are effective, the synchronous modality of the program yielded better results in decreasing maladaptive coping as compared to the asynchronous modality.

Table 5
Adaptive Coping ANCOVA Result

Treatment	Pre-Program		Post-Program (Unadjusted)		Post-Program (Adjusted)	
	Mean	SE	Mean	SE	Mean	SE
Control Group	2.35	.09	2.54	.04	2.56	.05
Synchronous Group	2.35	.11	3.46	.05	3.49	.05
Asynchronous Group	2.60	.11	3.11	.08	3.06	.05
ANCOVA Result	$F(2,41) = 78.474$, $p < .001$, $\eta_p^2 = 0.793$					

Table 6
Maladaptive Coping ANCOVA Result

Treatment	Pre-Program		Post-Program (Unadjusted)		Post-Program (Adjusted)	
	Mean	SE	Mean	SE	Mean	SE
Control Group	2.65	.11	2.77	.10	2.76	.06
Synchronous Group	2.65	.11	1.55	.07	1.55	.06
Asynchronous Group	2.65	.11	2.03	.03	2.03	.06
ANCOVA Result	$F(2,41) = 93.959$, $p < .001$, $\eta_p^2 = 0.821$					

Gleaning at the obtained results, similar trends emerge among resilience, subjective well-being, mindfulness, and adaptive coping, while psychological distress and maladaptive coping show similar but opposite trends. This is expected, as the first four outcomes align as positive indicators, whereas the latter two align as negative indicators (Pangngay, 2024). Additionally, the overall results generally imply that the psychoeducational resilience program's pilot implementation is generally and practically effective in increasing resilience, mindfulness, adaptive coping, and subjective well-being. Moreover, it can also be gleaned that the program is generally effective in decreasing psychological distress and maladaptive coping. These results conform with previous findings which found that implementing resilience programs among certain groups of participants – especially Filipinos – are effective in improving the participants' lives as a whole (Fabul, 2021; Hechanova & Waelde, 2017; Hechanova et al., 2016; Hechanova et al., 2018; Hechanova et al., 2020; Montano & Celestial, 2021; Villasanta, 2021; Yusay, 2021).

Looking into the general comparison of the results of the synchronous and the asynchronous versions of the implemented psychoeducational resilience program compared to the results among the control group, it can be said that both versions are effective in increasing the positive outcomes and reducing the adverse outcomes identified in the study. This means that the presence and implementation of the program are much better in improving student participants' lives than the absence and non-implementation of such programs. This conforms to the contentions of previous studies that implementations of intervention programs increase better outcomes in the lives of program recipients (Gulliver et al., 2016; Robertson et al., 2015; Vanhove et al., 2015).

It is also evident from the results that even if both the synchronous and the asynchronous modalities of the implemented psychoeducational resilience program are found to be effective in increasing the positive psychological outcomes and decreasing the adverse psychological outcomes, the results from the implementation of the synchronous modality is still significantly better as compared to the results from the implementation of the asynchronous modality as evidenced by the higher gains in the post-program scales scores obtained by the resilience classes participants over the asynchronous journaling participants. One reason that potentially accounts for this result is the nature of the synchronous modality. The synchronous modality revolves around a small group of participants who go through the six modules at the same time, which provides an avenue for the participants to interact with one another and also allows them to feel that they are not alone in their journey of accomplishing the modules and this speaks volume about the collectivistic nature of Filipinos. This validates the claims of previous accounts, which stated that Filipinos draw strength from their social circles and interactions due to their highly collectivistic nature (Docena, 2015;

Hechanova et al., 2016; Hechanova & Waelde, 2017; Hechanova et al., 2018; Hechanova et al., 2020). Hence, psychoeducational program developers in the Philippines must capitalize on this attribute as the collectivism among Filipinos serves as a source of psychological strength. Collectivism should also be maximized so that the participants feel connected with the presence of their co-participants in a psychoeducational intervention program.

4.0. Conclusions

This study provides initial evidence that a targeted online resilience program grounded on Filipino cultural constructs can effectively empower student well-being. The accessible, non-specialized intervention shows viability as a sustainable support model for distressed youths. Notably, collectivist learning dynamics exhibited in the resilience classes yielded optimal gains, confirming the integral role of social support in promoting psychosocial functioning. Hence, as adversity increasingly permeates education, this pioneering culture-informed framework offers a means to propagate resilience-building within Filipino students on a broader scale. Propagating these non-specialized supports early on provides youths with invaluable skills to thrive despite the present and emerging challenges.

5.0. Limitations of the Findings

This study recognizes the limitation of a small sample size from a single higher education institution as well as the limitation of sample homogeneity solely based on the parameters defined in the inclusion criteria defined in this study without considering other variables such as the nature of adverse experiences, socio-demographic factors, academic workloads and engagement, and others. These concerns with the sample limit the broad generalizability of findings. Similarly, the program should be compared to active control conditions beyond a no-treatment group. Moreover, the study relied entirely on self-report measures, which can introduce subjectivity and social desirability biases.

6.0. Practical Value of the Paper

The findings in this study provide significant contributions to mental health professionals in the academe. These professionals may adopt or adapt the results of this study, depending on the context of their organization, and they will be given some insights as to how to further improve their student services in their units. Additionally, this study will benefit educational managers and planners by providing clarity and structure for prioritizing domains that ensure holistic student development. It will also assist educational managers in delineating and delegating student services within their respective institutions.

7.0. Directions for Future Research

Future researchers may replicate this study to further enhance the program by employing a more rigorous experiment through a more stringent post-random assignment matching process considering the balance in the target participants' reading comprehension levels, academic workloads, nature of adverse experiences, socio-demographic factors, and other variables that would help in strengthening the homogeneity of the participants. Future researchers may also emphasize a more rigorous needs analysis and pre-program administration of the psychometric self-report scales to highlight the items where the participants scored relatively low to provide more specific context on the areas that must be addressed among the target program participants and recipients. Moreover, longer-term follow-up would provide greater insight into the sustainability of program impacts over time. Assessments beyond the immediate post-test period could elucidate if gains are maintained long-term. Furthermore, further comparison between delivery modalities is needed, as online formats may only partially capture the impacts of in-person group dynamics. Additionally, further studies focusing on psychoeducational program development for other cohorts (graduate students, teachers, senior high school students) are highly encouraged and focused on blended, and other alternative modalities such as workbook and phone support to provide more platforms for program accessibility are also encouraged.

8.0. Declaration of Conflict of Interest

The author reported no potential conflict of interest.

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