

Implementation of IPAGTAGUMPAY Posttraumatic Growth Support Program Among Growth Program Among Trauma Survivors in Bataan, Philippines

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ABSTRACT

The present study addressed two research questions: first, to develop a post-traumatic growth program, and second, to test its effectiveness using a sequential exploratory research design. In the second phase, results indicated no statistically significant differences in outcomes, either between or within groups. The limitations of the study were clearly outlined, along with specific recommendations to guide future replications and refinements. By prioritizing growth and resilience, this intervention contributes meaningfully to the fund of knowledge in positive psychology, psychotraumatology, and clinical psychology, advancing trauma care beyond symptom reduction toward holistic recovery.

INTRODUCTION

Exposure to a traumatic event can lead to psychological distress. However, it can also lead to a favorable transformation. Posttraumatic growth (PTG) is a positive transformation following trauma. Trauma survivors who experience PTG improve in many domains of their lives, namely: new possibilities, relating to others, personal strength, spiritual change, and appreciation of life (Tedeschi & Calhoun, 2004).

Extensive research has validated the cross-cultural universality of PTG; however, a research-to-practice gap remains. Studies commonly focus on the level of PTG or on the lived experiences of trauma survivors. This is particularly evident in specific socio-cultural contexts, such as the Philippines, where community structures and collective values may play a unique role in the recovery process yet remain under-explored in intervention design.

The Philippines is known for its rich historical legacy. In contrast, it is also vulnerable to numerous natural and human-made disasters, such as typhoons, earthquakes, floods, volcanic eruptions, and more. Yet it remains understudied in terms of trauma and interventions related to these events. Existing mental health initiatives in the region have predominantly operated from a deficit-based model, focusing on symptom reduction. Tedeschi emphasized that traditional therapy for trauma patients gives people short-term solutions to help them resume daily functions, but may not provide them with a meaningful and satisfying way of life (Collier, 2016). While this clinical focus is crucial, it often overlooks the parallel human capacity for resilience and positive transformation, leaving a critical aspect of recovery unaddressed.

Empirical evidence consistently identifies social support as a cornerstone facilitator of PTG (Prati & Pietrantonio, 2009). In the Filipino context, where interpersonal relationships and community bonds (e.g., *bayanihan*) are central to the social fabric, the potential for community-driven healing is immense. Despite this, there is a distinct lack of structured, evidence-based programs in the Philippines specifically designed to systematically cultivate a supportive community environment that actively nurtures post-traumatic growth.

This study also responds to the recommendation from Villazor and De Guzman (2022), who found that a post-traumatic growth program was effective but could be improved by adding more sessions. To address this, the research uses a longer program to give trauma survivors more time to process their experiences and build stronger support within the group.

This research, seeks to develop, implement, and evaluate a PTG social support program specifically designed for trauma survivors in Bataan. Grounded in the principles of positive psychology, this program is designed to facilitate a supportive ecosystem where survivors can safely process their experiences and consolidate a narrative of strength and renewal. This study aims to contribute to individual well-being in Bataan and to the broader field of trauma recovery by highlighting the role of social support in transforming adversity into personal growth.

Specifically, this study seeks to answer two questions: first, to develop a PTG Social Support Program through an extensive review of the literature,

interviews, and expert validation; and second, to evaluate the effectiveness of the developed program.

THEORETICAL REVIEW

A literature review by Ezzard (2022) investigates art therapy (AT) procedures that support posttraumatic growth (PTG) and expand trauma healing strategies by putting a priority on well-being rather than pathology. Ezzard found that these themes related to the AT process that led to PTG and matched features in the five outcomes of the theoretical model of PTG and the Posttraumatic Growth Inventory (PTGI). Based on this evaluation of the literature, AT interventions paralleled these themes and included mindfulness, positive art therapy, community open studios, visual journaling, narrative exposure therapy (NET), superhero play therapies, and creating art to develop creative self-efficacy (CSE). Ezzard suggests a comprehensive, multifaceted strategy for trauma therapies that enables PTG with AT.

Wong et al. (2022) applied a scoping review protocol to evaluate psychological therapies promoting PTG in oncology in great detail. Using Calhoun and Tedeschi's Posttraumatic Growth Inventory, three databases were explored to find empirical studies adopting psychosocial therapies to encourage PTG in cancer patients. Articles were reviewed for inclusion by two independent reviewers, who also extracted data for qualitative synthesis. 33 studies were chosen from the 8275 abstracts and 116 full-text articles that were evaluated for this evaluation. Wong et al. then concluded that future interventions aimed at post-traumatic growth may consider the common therapy elements of psychoeducation, peer support, and mindfulness techniques highlighted by this review. The findings of this analysis also revealed potential areas for strengthening PTG research, such as uniform reporting of PTG data and characteristics connected to cancer.

Bachrach (2018) stated that individuals who require mental health crisis help might consider residential counseling. The well-being of these individuals cannot be disregarded and should play a significant part in the therapeutic process, particularly for those who are experiencing posttraumatic stress disorder symptoms (PTSD).

Participants in residential therapy may improve their personal well-being and promote the posttraumatic growth process by combining positive psychology with posttraumatic growth theory and practice. In an intentional context, such as residential therapy, putting an emphasis on positive affect, engagement, connections, meaning, and achievement can encourage and sustain posttraumatic growth. This will change the focus of treatment to healthy well-being practices, the development of strengths, and possibilities for growth, rather than deficit diagnosis and recovery.

Ye et al. (2017) analyzed the success of a group intervention program that involved 60 HIV-positive MSM in Beijing, China. Participants were randomized at random to either the intervention group for participation in four weekly sessions or the control group for placement on a waiting list. They all submitted measurements before and after the intervention. At the end of the session, the intervention group reported significantly higher levels of posttraumatic growth (PTG) and problem-focused coping mechanisms compared to the control group, as well as lower PTSD symptoms. Additionally, a mediation study revealed that modifications to problem-focused coping techniques moderated the intervention's impact on increases in PTG; however, coping techniques did not significantly mediate the relationship between the intervention and PTSD.

METHODOLOGY

Design

A sequential exploratory design will be used by the researcher. There are two phases: qualitative data collecting and analysis and quantitative data collection and analysis (Creswell, 2003). Initially, the researchers will develop an intervention program using qualitative interviews. After which, the intervention program will be administered and its efficacy tested using a posttraumatic growth inventory that is quantitative in essence.

Phase 1 - Qualitative Method: In Phase One, the researchers developed a posttraumatic growth intervention program over a one-year period. Initially, relevant journal articles published since 2013 were analyzed to inform the program's foundational framework. Subsequently, the Posttraumatic Growth Inventory was administered to identify individuals who had experienced posttraumatic growth, facilitating the selection of appropriate participants for further procedures. In-depth, semi-structured interviews were then conducted with 80 trauma survivors, yielding qualitative insights that significantly contributed to the intervention's development. Importantly, in crafting the program, the researchers followed the guide of Sussman's (2001) Six-Step Program Development Chain Model in health behavior.

Phase 2- Quantitative Method: In Phase Two of the study, the research team implemented a quasi-experimental design to evaluate the post-traumatic growth support program, which had been developed in the prior phase. The program was administered over a two-month period, utilizing both face-to-face and online modalities to accommodate participant accessibility, particularly in contexts where random assignment was not feasible. This approach allowed for a comprehensive assessment of the program's effectiveness in fostering post-traumatic growth, aligning with the principles of positive psychology.

Participants

Phase 1- The study was conducted in the province of Bataan, with participants recruited from various municipalities and one city. A total of 80 individuals, aged 20 to 55 years, who had experienced a traumatic event within the past two years, were included. Eligible traumatic experiences were confined to the traumatic loss of a significant loved one, severe symptoms of COVID-19,

diagnosis of a terminal illness, exposure to disasters, involvement in military operations, or vehicular accidents. Participants were required to have a minimum average score of 2.50 on the Posttraumatic Growth Inventory to ensure they were exhibiting posttraumatic growth. Individuals who had undergone any form of psychological intervention, such as psychotherapy or counseling, were excluded from the study. The research team prioritized the inclusion of participants who demonstrated natural posttraumatic growth without prior psychological support, aligning with the study's focus on innate resilience and positive adaptation following adversity.

Phase 2- In Phase Two of the study, the research team engaged 100 employees from the Metro Bataan Development Authority (MBDA), who served as emergency responders responsible for addressing a range of incidents—including road accidents, shootings, stabbings, drownings, and other traumatic events—throughout the province of Bataan. Due to the nature of their roles, these individuals were frequently exposed to potentially traumatic experiences as part of their professional duties. Given MBDA's structured, fixed-scheduling system, which divided personnel into three distinct groups—Alpha, Bravo, and Charlie—random assignment was not feasible. Consequently, the researchers employed a quasi-experimental design to evaluate the post-traumatic growth support program, enabling a practical, context-sensitive assessment of resilience and positive psychological outcomes among this high-exposure cohort. After the two-month intervention period, only 40 participants completed the study, reflecting challenges such as scheduling constraints and occupational demands.

In this study, purposive sampling was employed as the methodological approach to participant selection. The researchers intentionally identified and recruited individuals based on specific characteristics aligned with the study's objectives, ensuring that participants met predefined criteria relevant to post-traumatic growth and trauma exposure.

Data Analysis

In the first phase of the study, qualitative data derived from forty recorded interviews with trauma survivors were analyzed using Colaizzi's (1978) seven-step phenomenological approach, as referenced by Sosha (2012). The process began with the verbatim transcription of all interviews, after which the researchers engaged in repeated readings of each transcript to immerse themselves in the data and ensure clarity of participant responses. Significant statements pertaining to posttraumatic growth were systematically extracted, with each statement meticulously documented alongside its corresponding page and line number for traceability. These statements were then subjected to rigorous interpretation to formulate meanings, which were subsequently organized into emergent categories, themes, and subthemes. The resulting thematic framework was refined by eliminating redundant or imprecise descriptions, culminating in a comprehensive depiction of posttraumatic growth experiences. To enhance validity, the synthesized findings were returned to participants for verification, allowing them to confirm or clarify the representations of their lived experiences.

For the quantitative component in phase two, data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 20, with a significance level set at ($\alpha = 0.05$). Descriptive statistics, including means and standard deviations, were computed to summarize demographic variables and posttraumatic growth scores, with the latter illustrating the dispersion and homogeneity of responses. To evaluate intervention efficacy, a dependent t-test was employed to compare pre- and post-intervention scores on the Posttraumatic Growth Inventory within the 2 experimental and 1 control groups. Additionally, a one-way analysis of variance (ANOVA) was conducted to examine differences in posttraumatic growth outcomes between the experimental groups and control group, providing insights into the program's impact while accounting for the quasi-experimental design constraints noted earlier in the study.

RESULTS

Phase 1

Table 1. IPAGTAGUMPAY Posttraumatic Growth Support Program

Session Number	Session Name	Sample Interview Reference	Extensive Literature Review
1	Introduction of the Support Program		Benefits of Psychoeducation to trauma survivors (Hood et al., 2021; Mughairbi et al., 2019)
2	Psychotrauma Management	(Main challenge from SHS to College after the trauma) Kapag nakikipagusap po ako parang nawawalan na din ako ng energy. Parang masigla po ako ta's mamaya-maya hindi na po. Nag-iiba na po yung mood ko. - TL1 Nung time na nalabas ko na siya at nakauwi na ako sa bahay. Hindi na ako masiyadong nakakatulog. Hindi naman ako nagkasakit ganon. Lagi ko siyang naiisip tuwing gabi kahit antok na antok na ako na parang nandiyadiyaan lang siya. Isang linggong gabi narasanan pero nakakakain naman. -TL4 Yung pag andiyan na po yung biglaang tubig, ang andiyan na po yung taranta, yung nginig ba. Kaya kung ano nilang makuha ng namin din, alis na lang sa bahay, punta na ng school. -D8	Psychotrauma Correction and Psychoeducation (Zhyhaylo et al., 2023); Salekhov et al., 2021)
3	Attentiveness to Self	Sa sarili ko, ma-treat naman ako sa sarili ko kasi yung mga simple pleasure ko kunyari maligo ng matagal, mga ganon ayon ginagawa ko naman siya. Kailangan I'll make sure na dapat magawa ko yung mga ganong bagay. Ma-nap din akong tao eh. -TL9 Yung transformation ko po is parang mas minahal ko yung trabaho ko o yung kung sino ko ngayon. Kasi yung mga narasanan ko pong difficulties, kumbaga, naovercome ko siya. Tapos parang mas tumatag ako bilang isang tao na parang ay, nakayanan ko yun, ay nagawa ko yun. Kaya parang mas	Self-care activities and Self Compassion (La Mott and Martin; 2019; Glennon et al., 2019)

		naramdaman ko. Mas strong ako as a person ngayon. M2	
4	Guarding the Mind	Walang negative lage. Laging positive palagi. Kung minsan sa may pang araw araw. Hindi natin masasabi kung may makakain ba tayo. -D1 Ang buhay kasi natin mahirap talaga, sa totoo lang. Pero sa pagtyatyaga mo, sa positibong pag-iisip mo, makakaya mo. D11 Ti-nake ko siya na positive the way na parang "okay, binigay 'to ni God sa akin kasi gusto niya ako i-challenge na kailangan mong malampasan 'to para mag-improve ka. Para mas maging better person ka, parang ganon." Ti-nake ko siya na positive kasi iniisip ko dati kapag ti-nake ko to ng negative, hindi lang kasi ako yung magsa-suffer even my family. May mga times siguro na pati sila magsa-suffer kasi nakikita nila, ako mismo sa sarili ko, is hindi ko kayang labanan kung ano yung situation na meron ako. -M1	Memory Suppression, Transforming Cumulative Burden of Childhood Adversities (Mary et al., 2020); Hamby et al. (2020)
5	Tackling Personal Capacities	Kunyari, yung sa mga gamit sa bahay. Pag may nasira, isang tawag ko lang nandodoon na si lolo ko o kaya, isang sabi ko lang, may mag-aayos na. Ngayon mas, yung dati kasi, kahit na kaya ko naman parang mas mas parang binibigay ko yung duty na yun sa iba kahit kaya ko naman gawin. Kaysa ngayon ,mas pinipili ko mas pinipili ko mag rely sa sarili. Kahit na hindi ko kaya, pinupush ko yung sarili kung mag gawin yung bagay na yun. -TL8 Mas naging ano ko, siguro yung personal growth ko diyan is mas naging... mas na-measure ko yung katatagan na kaya ko pala. Yun bang tipo na in the midst of yung struggle na 'to, yung trial na 'to, kapag pala talagang may Panginoon ka sa puso mo, lahat kakayanin mo. -TL10	Personal Strength, Sense of Self (Villazor, 2023; Slade et al., 2019)
6	Accentuating Faith and Meaning-Making	Mas matatag ako para sa sarili ko ayun nga yung ano naman mas matatag yung paglapit ko sa ano kay Lord -TL11 Nagkaroon sa akin ng sense na kung bakit ako naniniwala sa Diyos at kung bakit ako kakapit kasi that time parang wala na akong ibang matawag talaga na tutulong sa akin kasi given na yung iba wala wala din at nasa same situation kami so wala ka talagang ibang choice kundi magdadasal ka mag magaano ka saka ano pa ba grateful kasi yung presence ng Diyos sa amin pinaparamdam through our church through our church members ayan through kuya through Doc Jayvie, ayan through pastor namin na ina-assist nila kami ah hindi nila kami pinapabaya lagi yun pag may baha lagi yun pag may malakas na bagyo inaano nila kami na o	Spirituality, Faith in God, Meaning-Making (Magpantay and Villazor, 2024; Schlechter et al., 2021)

		kamusta kayo dyan ganyan ganyan pag ganto na yung tubig umalis na kayo dyan yun yun naman siguro relationship namin sa members pero yung sinasabi kung faith naman is mas nagkaroon ako ng reason yun kung bakit kung bakit ako kumakapit dun sa faith na yun kasi hindi kami pinapabayaan. -D13	
7	Gaining Existential Insights	So nung nang bumalik na sa normal yung lahat. Unti-unti nang bumalik sa normal yung lahat. Nagsimula na ng face to pace na klase. Bumalik yung sigla ko sa pag-aaral. Gusto ko nang makayari. Gusto ko nang patunayan yung sarili ko. Gusto ko nang mag-explore ulit sa pagdating sa academically. Ayun. Siguro dahil nga doon nagka-motivation ulit ako. -D12 Yung sa nangyari na yun, parang nag-iba din yung pananaw ko sa buhay. Mayroon akong bagay na gusto kong gawin sana. After nun... Parang sabi ko... Ah, baguhin ko yung program, gusto kong mangyayari sa buhay. Babaguhin ko. Yung mapapakinabangan o yung mas mai-rerelate mo dun sa mga nangyari. Kunwari, yung dun sa field. -M8	Existential Empathy, Existential Maturity Vanhooren (2022); Wilmshurst (2021); Emanuel et al. (2021)
8	Under the Same Umbrella	know I'll be going to the surgery, ayun yung traumatic sa akin kasi I don't know if I will be alive after. Kaya ang ginagawa ko before the night, kunyari ang surgery is tomorrow morning, tonight tatawagin ko lahat ng anak ko, yung asawa ko at magpapahingi na ako ng tawad. I-tetext ko lahat ng mga naaalala ko na nagawan ko ng hindi maganda. -BIO2	Social Support, Enhanced Interpersonal Relationship Wang et al. (2021); Brooks et al. (2019); Lee(2019)
9	Making the Most Out of Life	Making every moment count. Every moment is precious, tapos every person counts. Tapos at the same time yung sarili ko din; kapag kasi nasa helping profession ka there are times na you tend to give more sa iba. Pero ngayon talaga kung paano ko sila binibigyan ng time mas ano na rin sa sarili ko. -BIO4 Sabi nga kailangan pag-ingatan natin yung buhay natin, kailangan ay maging valuable. Everything na ginagawa natin ay hindi lang para sa sarili natin, kundi para na rin lalo sa mga mahal natin sa buhay na 'wag nating kakalimutan na ipadama sa kanila yung pagmamahal na mayroon tayo sa kanila. Para anytime na mawala man ang isa sa atin sa mundo, wala tayong regrets. Wala tayong regrets na, "Hindi ko nagawa, hindi ko nasabi yung mga bagay na gusto kong sabihin." -TL10	Zięba et al. (2022); Villazor and De Guzman(2022); Altmaier (2019); Kim and Bae (2019)
10	Possibilities Anew	Tapos, nakakilala ako ng maraming tao. Tapos, hanggang sa... Ito, nakapasok ako sa center, tatrabaho ako sa center ngayon. Part-time ganoon. May business ako, tapos, nagtatrabaho ako sa center. Ngayon, naiipasok ako dito. Dahil sa mga nagkaroon ako ng mga kakilala sa	Discovered New Opportunities After a Traumatic Event Matheson et al. (2020); Demetriou et al. (2020)

		buhay, iba't-ibang medyo mataas na, munisipyo, sa center, ngayon, naiipasok ako dito sa barangay. -BIO5 Ah wala na. Siguro ano, mas nagkaroon ako ng lakas na ano na magpursue ng mga ibang part ng skills ko. Kunyari, may gusto kong aralin tapos ayun, basta yun mas nagkaroon ako ng courage na magpursue lang. Yung kanyari hindi nakatulad dati na okay na sa akin yung ganto. Okay na sa akin to. Yung ngayon kasi ,parang mas gusto ko ngayon na magkaroon pa ng other set of skills. -TL7	
11	Attentive to Others' Growth	Gusto ko pa rin, masarap sa pakiramdam yung makatulong ka kasi ang sabi din ng tumulong sa akin kahit na hindi mo na tulongan, iano mo na lang sa iba. Yung tulong ko ang pagkasalin mo sa iba, at salin mo sa iba. Kaya yung pagiging wellness coach ko yun din siguro yung naging daan ko parang makatulong din sa iba. -BIO6 Kasi siyempre, yung dati, parang sarili mo lang yung ano mo eh, sarili mo, pamilya mo, pero yung ngayon mas masarap sa pakiramdam na hindi lang naka-stuck yung natutunan mo, yung skills mo na ano, at least mas naisha-share mo pa siya, mas ano ka ba, nakakatulong ka pa sa ibang tao na mas nangangailangan. -M4	Helping and Supporting Others (Labios et al., 2024; Villazor, 2022)
12	Yielding to Learnings and Future Directions		Possible Future Outcomes after the Program, Consequences of a Traumatic Event (Villazor and De Guzman (2022); Storozhuk et al., 2022)

Session 1: Introduction of the Support Program

The first session will serve as an orientation to the program's structure and goals, ensuring participants have a clear understanding of its purpose and what lies ahead. During this introductory meeting, attendees will be invited to share their personal expectations and objectives, helping to shape a shared direction for the group. A major focus will be placed psychoeducation and on building rapport and fostering trust among members, as these elements are foundational to creating a supportive and cohesive core group. By the conclusion of the session, the aim is for all participants to feel at ease with one another and prepared to begin their collective journey toward healing and growth.

Session 2: Psychotrauma Management

Session two focuses on helping participants recognize trauma symptoms through and learn about treatment options. Attendees will have chances to work through traumatic memories and learn healthy coping strategies to reduce the psychological effects of their experiences. The group will be a safe, nonjudgmental space for sharing thoughts and feelings, with measures in place

to protect participants from re-traumatization and ensure they feel heard, validated, and supported throughout their recovery.

Session 3: Attentiveness to Self

Session three will emphasize the role of self-care in sustaining mental health. Members will learn about self-care principles, with a focus on making personal well-being a priority amid life's demands. The group will encourage self-compassion and the development of regular self-care practices to support psychological wellness and personal development, providing tools and a mindset that bolster resilience and long-term well-being.

Session 4: Guarding the Mind

Session four will concentrate on building mental resilience and strength. Participants will be guided in setting and pursuing personal goals that foster psychological growth, taught practical coping techniques for managing stress and adversity, and encouraged to acknowledge and celebrate progress. Highlighting achievements will help participants recognize their strengths and maintain momentum in strengthening their mental fortitude.

Session 5: Tackling Personal Capacities

Session five will give participants a chance to reflect on and share their post-trauma growth. It will teach practical coping skills to help them cultivate strengths and capacities, encourage goal-setting for continued development and empowerment, and support discovery and use of inner resources to better handle challenges and sustain growth.

Session 6: Accentuating Faith and Meaning-Making

Session six will explore faith and meaning-making in recovery. Participants can share spiritual journeys, reflect on how faith shapes understanding of trauma, and learn faith-based coping practices to integrate spirituality into healing and long-term transformation.

Session 7: Gaining Existential Insights

Session seven will focus on existential insight, purpose, and altruism as sources of resilience. The group will learn practical strategies that draw on existential themes, discuss life-and-meaning questions, and reflect to deepen understanding and foster a sense of purpose.

Session 8: Under the Same Umbrella

Session eight will address rebuilding trust in relationships after trauma. Facilitators will lead exercises to reconnect with others, teach communication skills that promote understanding and support, and provide coping strategies for relationship challenges to help restore and strengthen connections.

Session 9: Making the Most Out of Life

Session nine will center on finding appreciation and gratitude amid adversity. Participants will reflect on how they've learned to value life despite

challenges and be introduced to practical practices for cultivating gratitude and thriving.

Session 10: Possibilities Anew

Session ten will help participants identify strengths and resources to pursue new opportunities. Activities will build resilience and adaptability, empowering individuals to recognize possibilities, move forward confidently, and embrace renewed purpose.

Session 11: Attentive to Others' Growth

Session eleven will encourage reflection on personal changes and new perspectives gained from trauma. Participants will be guided to integrate growth into a cohesive life narrative, engage social support, and consider how their growth can positively affect relationships and others.

Session 12: Yielding to Learnings and Future Directions

The final session will invite participants to review their personal growth over the course of the program. Facilitators will acknowledge and celebrate achievements and milestones, evaluate the program's effects on participants' well-being, and help individuals recognize the progress they've made. The session will also provide closure and a farewell, while encouraging continued growth after the program ends.

Phase 2

Table 2. Overall pre-test and post-test of PTGI mean scores comparison within and between groups after the (Program)

Groups	Pre-test	Post-test	Difference		Interpretation
	Mean	Mean	Mean	p-value	

Within-Group Analysis						
Alpha	3.95	3.87		0.0733	0.742	Not Significant
Bravo	3.58	3.87		-0.2912	0.322	Not Significant
Charlie	3.96	4.42		-0.4524	0.105	Not Significant

Between-Group Analysis						
Alpha vs. Bravo				-0.364	0.563	Not Significant
Alpha vs. Charlie				-0.161	0.896	Not Significant

Bravo vs. Charlie				- 0.526	0.32 4	Not Significant
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Overall 1				0.33 6	Not Significant
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Table 1 presents the overall pre-test and post-test PTGI mean scores for the groups of Alpha, Bravo, and Charlie, including within-group and between-group comparisons after the (intervention program). For the within-group analysis, none of the groups showed a statistically significant change in PTGI mean scores from pre-test to post-test. Group Alpha demonstrated a slight decrease in mean score from 3.95 to 3.87 (mean difference = 0.0733, $p = 0.742$), which was not statistically significant. Similarly, Group Bravo showed an increase in mean score from 3.58 to 3.87 (mean difference = -0.2912 , $p = 0.322$), while Group Charlie exhibited an increase from 3.96 to 4.42 (mean difference = -0.4524 , $p = 0.105$). However, neither change was statistically significant. Between-group comparisons likewise revealed no statistically significant differences in post-test PTGI mean scores. The comparison between Alpha and Bravo yielded a mean difference of -0.364 ($p = 0.563$), Alpha and Charlie showed a mean difference of -0.161 ($p = 0.896$), and Bravo and Charlie had a mean difference of -0.526 ($p = 0.324$). Overall analysis indicated no significant effect of the program on PTGI mean scores across groups ($p = 0.336$). These findings suggest that the program did not result in statistically significant changes in post-traumatic growth as measured by the PTGI.

DISCUSSION

The 12-session IPAGTAGUMPAY program addresses the first statement of the problem. The program's structure is both a key finding and a primary contribution of this research in the field of community-based positive psychology. Its design, informed by an extensive literature review and qualitative interviews, extends the five empirically validated domains of PTG outlined by Tedeschi & Calhoun (2004): relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. The program's sequencing demonstrates a logical and therapeutic progression. It begins by establishing rapport, psychoeducation, safety and managing psychotrauma (Sessions 1-2), which is a critical first step in any trauma-informed intervention. It then moves sequentially through intrapersonal work (Sessions 3-5: self-care, resilience, personal capacities) and existential domains (Sessions 6-9: meaning, relationships, gratitude). The final sessions (10-12) aptly focus on consolidation, future-oriented action, and altruism, guiding participants to channel their experiences into helping others, which is a recognized element of PTG. This structure suggests a robust theoretical and practical foundation, making IPAGTAGUMPAY a valuable model for supporting individuals in nurturing positive transformation in the aftermath of trauma (Villazor & De Guzman, 2022).

The core of the efficacy analysis rests on comparisons within and between the three groups: Alpha (control), Bravo, and Charlie. The results present a clear narrative: while there are encouraging signs of change, the intervention, as delivered in this pilot study, did not yield statistically significant effects.

The within-group analysis for the Charlie experimental group revealed a positive mean increase in PTG inventory scores from 3.96 (pretest) to 4.42 (posttest). This upward trend, though not statistically significant, should not be dismissed. It aligns with the theoretical model of PTG as a process that can be facilitated through structured reflection and skill-building (Tedeschi & Calhoun, 2004). The content of the IPAGTAGUMPAY program, focusing on cognitive processing, narrative development, and resilience cultivation, is precisely the mechanism through which PTG is theorized to occur (Calhoun & Tedeschi, 2013). The observed increase suggests the program's content may be engaging the right psychological processes, but the study's design may have been underpowered by extraneous variables, and the study also had limitations.

The between-group comparisons are critical for assessing the program's specific impact beyond the passage of time or non-specific group effects. The lack of significant differences between the Alpha control group and either the Bravo ($p = 0.563$) or Charlie ($p = 0.896$) experimental groups indicates that participation in the IPAGTAGUMPAY program did not lead to greater PTG than simply undergoing the assessment procedures. This is a crucial null finding that tempers the initial optimism from the within-group score increase. Furthermore, the comparison between the two experimental groups, Bravo and Charlie ($p = 0.324$), is particularly insightful. The absence of a significant difference suggests that any variance in implementation or group dynamics between these two cohorts did not translate into a measurable difference in outcomes. This implies a degree of consistency in the program's delivery but also reinforces that its effect size was minimal under these conditions.

Collectively, these results are common in pilot studies of complex psychosocial interventions. They often suffer from limited statistical power due to small sample sizes, making it difficult to detect anything but very large effects (Leon, Davis, & Kraemer, 2011). The non-significant p -values, therefore, are more accurately interpreted as an indication that more research is needed with a larger sample rather than as definitive proof of ineffectiveness.

The limitations of the study are as follows: statistical power, measurement timing, lack of randomization, generalizability, the combination of onsite and online implementation, lack of qualitative data, and the administration of the pre-test and post-test scales. The study had a small sample size, leading to low statistical power. This increases the likelihood of a Type II error – failing to detect a true effect of the intervention (Konaku et al., 2017; Leon et al., 2011). PTG is a process, not a momentary outcome. An immediate post-test may be insufficient to capture the full cognitive and emotional restructuring that leads to sustained growth, which often continues to develop months after an intervention concludes (Zoellner & Maercker, 2006). Another limitation of the study is that it used a quasi-experimental design, which lacked randomization across the three groups. It is susceptible to bias that may affect the study's significance. The sample may

have been homogeneous with respect to trauma type, cultural background, or readiness for growth, limiting the generalizability of the findings to broader populations. The struggle with implementing the program is also a major factor; it was a combination of online and onsite implementation. The majority of the sessions are online because the participants are emergency responders, and their schedules are not fixed, especially during emergencies. There have been times when they attend the online sessions while resting or at work, which makes them less focused during most sessions. During the sessions, participants' verbalizations during program sharing were beneficial, helpful, and meaningful to them. However, these verbalizations were not measured in the PTGI. Lastly, since the participants are busy with their work and have a busy schedule, they opted to respond to the PTGI with response bias, specifically random and patterned responding. genuine manner, plus the PTGI was answered via Google Form.

CONCLUSIONS AND RECOMMENDATIONS

This research study developed a 12-session program, the IPAGTAGUMPAY Post-Traumatic Growth Support Program, with the objective not only of increasing but also of actively eliciting and enhancing post-traumatic growth (PTG) levels among trauma survivors. In Phase II efficacy testing, results indicated that both between-group and within-group designs did not yield statistically significant differences. However, the Charlie group, which underwent the IPAGTAGUMPAY intervention, demonstrated a substantial increase of 0.45 in PTG levels from pretest to posttest. The absence of statistical significance should not be interpreted as a rejection of the program's effectiveness; rather, it underscores the importance of considering the study's limitations, such as sample size and measurement timing, and highlights the need for replication in line with the study's recommendations. Importantly, this study serves as a primary contribution to the rigorous development of post-traumatic growth interventions and provides a tangible tool for clinicians and researchers dedicated to supporting trauma survivors. By focusing on growth rather than pathology, the program aligns with strengths-based approaches in clinical psychology, psychotraumatology, and positive psychology, thereby enriching the foundational knowledge in these fields and promoting a more holistic understanding of trauma recovery.

FURTHER STUDY

Future research is recommended to evaluate the long-term effectiveness of the IPAGTAGUMPAY Posttraumatic Growth Support Program through longitudinal studies involving larger and more diverse populations across different regions. Additionally, future studies may compare the program with other psychosocial interventions and examine the influence of demographic, cultural, and psychological factors on posttraumatic growth to strengthen the evidence base and enhance the program's adaptability in various community settings.

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