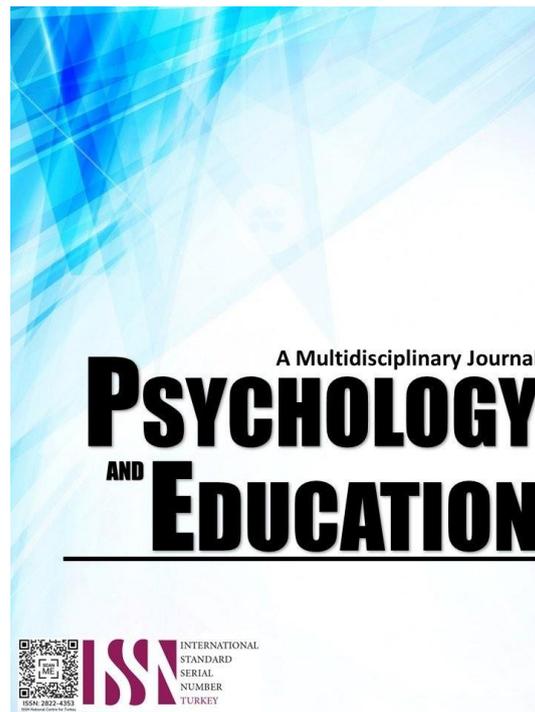


**EFFECTIVENESS OF THE THERAPEUTIC  
INTERVENTION PROGRAM ON THE  
SOCIO- EMOTIONAL DEVELOPMENT  
OF PERSONS WITH SUBSTANCE  
USE DISORDER**



**PSYCHOLOGY AND EDUCATION: A MULTIDISCIPLINARY JOURNAL**

2023

Volume: 13

Pages: 78-84

Document ID: 2023PEMJ1142

DOI: 10.5281/zenodo.8313474

Manuscript Accepted: 2023-1-9

## Effectiveness of the Therapeutic Intervention Program on the Socio-Emotional Development of Persons with Substance Use Disorder

Mary Rose Basilla-Pelonio\*

*For affiliations and correspondence, see the last page.*

### Abstract

This research was conducted in a rehabilitation setting to evaluate the effectiveness of a treatment or program on the socio-emotional development of persons with substance use disorder using a mixed-method research. Results of the study revealed that the Therapeutic Intervention Program was effective in enhancing the residents' socio-emotional well-being in terms of the following aspects: (a) Self-Awareness ( $x = 4.60$ , Very High), (b) Self-Management ( $x = 4.58$ , Very High), (c) Social-Awareness, (d) Relationship Management ( $x = 4.51$ , Very High) and (e) Responsible Decision-Making. It was found out that the existing program really helped in socio-emotional development of the residents and turned them into holistically transformed individuals. After conducting the study, it was revealed that the residents who are the main clientele of the center were satisfied with the services that Malinao Treatment and Rehabilitation Center is offering although there are still some areas that need enhancements. The behavior of the residents inside the center improved and they turned out to be more involved in the different learning activities inside the center. The trauma intervention program changed the perspectives of the residents in terms of their vision of the future. The residents' decision-making skills were also sharpened during their stay at the rehabilitation center.

**Keywords:** *socio-emotional development, trauma intervention, substance use disorder*

### Introduction

The family can make or unmake a child. They are the first individuals who interact and connect with him. The child acquires whatever actions and way of life are introduced to him. Agulana (2000) explained that the family sets the psychological, moral and spiritual foundation of the child which is unswervingly connected to the child's overall development. Whatever behavior the child displays in school and in other places is the product of his upbringing. Children are like sponges - they model everything a parent does and incorporate what they see into their own lives (Erikson 2018).

However, given the economic realities and rampant poverty among Filipino homes, a significant segment of Filipinos seeks overseas employment, leaving behind their families. For others who remain in the country, they spend most of their waking lives trying to scratch a living. The impact of this economic burden is noticeable in the working class Filipino homes, where parents spend less and less time with their children or children left under the care of relatives or friends. The diminished parenting leaves young children vulnerable to many risks, such as psychological trauma, substance use, delinquency, school problems, mental health problems, and the like.

psychological trauma is the result of extraordinarily stressful incidents that break your sense of security, making you feel helpless in a threatening world. Psychological trauma can leave you grappling with upsetting emotions, memories, and anxiety that is hard to detach from your system. It can also leave you feeling numb, disconnected, and unable to trust other people." When trauma occurs earlier in childhood, it can result in an extreme and long-lasting effect that is brought until the adolescence period.

The cognitive, affective, and social development of adolescents do not develop in tandem, and the "disconnect" between the emotional, social, and cognitive skills necessary to navigate the world of the adolescent poses a challenge (Perfas, 2012). Therefore, when someone in his/her young age was traumatized and is not given proper care and attention, it will lead to a serious problem such as delinquency and substance abuse. Lesser, (2021) specifies that "substance abuse is a common coping mechanism for psychologically traumatized individuals". Lesser also emphasized that anyone who has endured psychological trauma succumbs to drug and alcohol abuse. When a person is exposed to early-life trauma, it magnifies the susceptibility of an individual to substance abuse. If one suffers some abuse in his/her early life or later, possibly, he/she is much more likely to develop an opioid addiction.

According to Robinson et al., (2020), "emotional and

There are many misconceptions as to why a certain

person becomes addicted to alcohol, drugs and other substances but evidence suggests that trauma could be one of the causes. Many are not aware that this condition adversely affects one's decision-making ability. Gunn (2018), in an article, explained that trauma and stress can alter a young person's brain functions, impacting learning, causing behavioral problems, and igniting a cycle of violence. All these have an impact on the young person's functioning in his/her daily life.

Therapeutic Community or TC, refers to a drug treatment approach that uses the community and its group dynamics for therapeutic purposes. Unlike the traditional medical-mental health model that emphasizes the therapeutic role of the professional as primary in treatment, the TC is largely a self-help model that emphasizes the therapeutic role of peer interactions in helping shape behavior, address psychological problems, challenge and modify faulty cognition, and acquire effective social and coping skills, (Perfas, 2014). It is believed that the group or community milieu and the feeling of not being alone in fighting against a disorder are the groundwork of healing. In this study, the researcher aims to contribute to Psychology and Education by proving the effectiveness of the therapeutic intervention model to the persons with substance use disorder in a rehabilitation center. This program provided a chance for the residents to reflect on their actions in the past, get out of their shells-discover more what is within them, change to be the better version of themselves and most importantly, forget and escape from their addiction.

## Research Questions

This study's primary purpose is to study the effects of an Intervention Program for the drug dependents who tried to make a change in their life inside a rehabilitation center. The program is largely focused on intervention since the residents of the therapeutic community were already exposed to the risk and hazards of drug use and other addictions. Particularly, this study sought answers to the following problems:

1. What are the features of the Therapeutic Intervention Program in Malinao Treatment and Rehabilitation Center designed to mitigate the effects of trauma on the residents in the center in terms of the following:

- 1.1 Brief History, Philosophy, Vision, Mission, Goals, Objectives and Core Values;
- 1.2 Administration and Fund Source;
- 1.3 Facilities;

- 1.4 Target Beneficiaries;
- 1.5 Rehab Admission and Discharge Procedures; and
- 1.6 Therapeutic Intervention Program and Activities?
  - 1.2.1 What are the characteristics of the residents or persons with substance use disorder in terms of the following?
    - 1.2.1.1 Personal Profile;
    - 1.2.2 Adverse Childhood Experiences; and
    - 1.2.3 Narratives of the Severely Traumatized Residents?
2. How effective is the Program as a therapeutic intervention in enhancing the residents' socio-emotional development in terms of:
  - 2.1 Self-Awareness;
  - 2.2 Self-Management;
  - 2.3 Social Awareness; and
  - 2.4 Relationship Skills;
  - 2.5 Responsible Decision-Making?

## Literature Review

### Therapeutic Community and Trauma

Perfas (2014) in his book delivered an engrossing account of the history, dispersion, and transformation of the therapeutic community (TC) as well as its practices which are grounded on psychological theories. He discussed the issues involved in integrating evidence-based practices into the TC and emphasized the importance of observing the fidelity of the process in TC practice. He comprehensively explained in his book how the principles of attachment theory can enhance the theoretical base of the TC model and strengthen its relevance in the treatment of the addictive disorders.

Gunn et. al. (2018) particularized the meaning of trauma and how it affects the brain of a child. She mentioned in her article that according to the "National Survey of Children's Health (NSCH), approximately 50% of the children in the United States have experienced at least one or more types of serious childhood trauma." She cited a comprehensive discussion of trauma and how the brain reacts to these traumatic experiences, specifically the consequences when a child is exposed to some traumatic encounters and its effects on a developing brain. A landmark study that chronicles the widespread occurrence of psychological trauma in society is the Adverse Childhood Experience (ACE) Study in San Diego, California. The ACE study deals with the basic causes underlying the 10 most common causes of death in America; addiction is only one of the several outcomes studied.

## Methodology

### Participants

*Residents.* These were the 48 cases in this study who are also the residents from Malinao Treatment and Rehabilitation Center.

*Case Managers.* The case managers who served as the “parents” of all the residents inside the center or the therapeutic community answered a questionnaire that determined the participation and holistic improvement of the residents.

### Instruments of the Study

The instruments used to gather the data needed to answer the research problems are discussed in detail below.

*Personal Profile Questionnaire.* This questionnaire provided the demographic data of the respondents namely: age, gender, and other information related to the study. This was designed by the researcher and was answered by the subjects before the program implementation.

*Adverse Childhood Experience (ACE) Test.* This was administered before the program implementation. It is a 13-item questionnaire and with an ACE score of 4 or more, an individual may already be severely traumatized.

*Socio-Emotional Development Rating Scales.* Rating scales were developed for the following aspects of socio-emotional development: self-awareness, self-management and relationship skills.

This study utilized the *Resident Family-Temporary Home Relationships Survey* and the *Resident Engagement at the Center Survey*. Both research instruments were developed by the researcher patterned after the originally crafted survey of Dr. Fernando Perfas which is the Student Family-School Relationships Survey and Student Engagement at Home. It aims to study the effectiveness of the My School, My Home Prevention Program similar to the goal of the researcher to know the effectiveness of the therapeutic program on the residents of a rehabilitation center.

*Personal and Self-Awareness Survey.* This tool was crafted by the researcher to validate the effectiveness of the program in understanding one’s personal and psycho-social self. It consists of 15 items divided into 3 categories which are: self-awareness, self-direction,

and self-enhancement. Each category consists of 5 items with responses set in a five-point likert scale. The Socio-emotional part of the survey follows the same format and consists of 10 items using Erik Erikson’s eight stages of psycho-social development as a guide.

*Resident Family-Temporary Home Relationships Survey (RFTHRS).* This instrument was used to gather the data from the main subjects of the study about their attitude towards their temporary home related variables.

*Resident Engagement at the Center (REC).* This tool was used to collect data from the counselors or case managers of the residents. The information about the behavior of the residents inside the center was gathered through this instrument

### Procedure

The data were collected using a set of questionnaires, a trauma screening instrument, and retrospective analysis of the residents’ records. The set of questionnaires were used as pre-post test instruments which were administered to the residents of Malinao Treatment and Rehabilitation Center during a six-month program implementation. The trauma screening test was administered only at the beginning of the program as measure of the prevalence of trauma experience among the respondents.

The researcher also asked for the help of the center’s staff and the case managers who also serve as the family and counselor of the residents inside their temporary home in obtaining baseline information from the residents. The ACE Test was used as a trauma prevalence measure among the respondents and was administered only once. After six months of program implementation, mid-term post-tests (except for ACE) were administered to obtain initial results and determine the progress of the program implementation. The final post tests were administered after six months. Comparisons of the responses in the pre-post-tests were the subject of data analysis.

## Results

**Respondents’ profile, Adverse Childhood Experience Survey, Profile of the Severely Traumatized Residents, Self-awareness Survey, Self-Management Survey (Residents’ Engagement at the Center), Relationship Skills Survey (Resident Family-Temporary Home Relationships Survey), Effectiveness of the Therapeutic Intervention**



### Program in terms of the Residents’ Responsible Decision Making, and Testimonials of the Fully-Transformed Residents

This part is composed of the different tables. It exhibits the effectiveness of the program on the personal and socio-emotional development of the persons with substance use disorder in a therapeutic community. The analysis and interpretation of data in this study is carried out in two phases. The first part, which is based on the results of the questionnaire, deals with a quantitative analysis of data. The second, which is based on the results of the interview, is a qualitative interpretation.

Table 1. Respondents' Personal Profile n-48

Sex	Frequency	Percentage
Male	43	89.58
Female	5	10.42
Total	48	100
Age	Frequency	Percentage
60-65	2	4.16
54-59	0	0.00
48-53	8	16.67
42-47	5	10.42
36-41	9	18.75
30-35	11	22.92
24-29	10	20.83
18-23	3	6.25
Total	48	100
Civil Status	Frequency	Percentage
Single	28	58.33
Married	16	33.33
Widow(er)	2	4.17
Separated	2	4.17
Total	48	100
Educational Attainment	Frequency	Percentage
College Graduate	11	22.92
College Level	11	22.92
Tech-Voc Graduate	1	2.08
High School Graduate	9	18.75
High School Level	6	12.50
Elementary Graduate	3	6.25
Elementary Level	6	12.50
Did not go to school	1	2.08
Total	48	100
Nature of Work	Frequency	Percentage
Blue-collar Job	24	50.00
White-collar Job	11	22.92
No Work	13	27.08
Total	48	100

Table 2. Adverse Childhood Experience Survey n-48

Indicators	Number of Residents with YES answer	Percentage
1. Curse, insults, put you down, or humiliations or act in a way that made you afraid that you might be physically hurt	15	31.25
2. Push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured	9	18.75
3. Touch or fondle you or have you touch their body in a sexual way or attempt to or actually have oral, anal, or vaginal sex with you	5	10.42
4. No one in your family loved you or thought you were important or special, or your family didn't look out for each other, feel close to each other, or support each other	6	12.50
5. Didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or your parents were too drunk or high to take care of you or take you to the doctor if you needed it	4	8.33
6. Parents ever separated or divorced	8	16.67
7. Mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at you, or sometimes or often kicked, bitten, hit with a fist, or hit with something hard or repeatedly hit at least a few minutes or threatened with a gun or knife	3	6.25
8. Lived with anyone who was a problem drinker or alcoholic or who used street drugs	19	39.58
9. A household member is depressed or mentally ill, or attempted	2	4.17
10. A household member went to prison	12	25.00
10. Experienced strong typhoons, floods, landslides, volcanic eruptions, or earthquakes where you were terrified that you might die	29	60.42
12. Family experienced or caught being in a battle zone during conflicts between warring parties	2	4.17
13. Parents left home to work overseas for at least five years and only came home during those years once or twice a year	3	6.25



Table 3. Profile of the Severely Traumatized Residents n-16

Severely Traumatized Residents		
Sex	Frequency	Percentage
Male	14	87.5
Female	2	12.5
Total	16	100
Age	Frequency	Percentage
60-65	2	12.5
54-59	0	0
48-53	2	12.5
42-47	2	12.5
36-41	1	6.25
30-35	5	31.25
24-29	3	18.75
18-23	1	6.25
Total	16	100
Mean Age	37	
Civil Status	Frequency	Percentage
Single	10	62.5
Married	5	31.25
Widow(er)	0	0
Separated	1	6.25
Total	16	100
Mean Age		
Educational Attainment	Frequency	Percentage
College Graduate	3	18.75
College Level	4	25.0
Tech-Voc Graduate	0	0
High School Graduate	2	12.5
High School Level	2	12.5
Elementary Graduate	2	12.5
Elementary Level	2	12.5
Did not go to school	1	6.25
Total	16	100
Nature of Work	Frequency	Percentage
Blue-collar Job	11	68.75
White-collar Job	1	6.25
No Work	4	25.0
Total	16	100

Table 4. Self-awareness Survey n-48

Indicators	Pre-Test (Mean)	Adjectival Description	Post-Test (Mean)	Adjectival Description	Mean Difference + (Increase)
<b>Self-Awareness</b>					
1. I accept my weaknesses and make use of my strengths	4.14	Agree	4.50	Strongly Agree	0.36
2. When stressful situations arise, I deal with it positively	4.35	Agree	4.67	Strongly Agree	0.32
3. I appreciate people's viewpoints even if they differ from my opinion	4.08	Agree	4.69	Strongly Agree	0.60
4. I take time to think about how my actions would affect other people	4.33	Agree	4.55	Strongly Agree	0.22
5. I have control over my emotions and can express my feelings calmly	4.29	Agree	4.67	Strongly Agree	0.38
6. I believe that if I set goals and work harder, I will be successful in life someday	4.25	Agree	4.65	Strongly Agree	0.40
7. I motivate myself to achieve good results in my own learning	4.10	Agree	4.50	Strongly Agree	0.40
8. I set my own time to accomplish the things I need to do including my responsibilities	4.13	Agree	4.58	Strongly Agree	0.45
9. I take full responsibility for my actions, whether it fails or succeeds	4.18	Agree	4.55	Strongly Agree	0.37
10. I am curious and I enjoy learning through self-discovery	4.22	Agree	4.42	Strongly Agree	0.20
11. I am motivated to continuously take good care of myself to improve my appearance	4.19	Agree	4.79	Strongly Agree	0.60
12. I take a positive attitude toward myself to achieve greater things in life	4.13	Agree	4.68	Strongly Agree	0.55
13. It is important to me to create a good impression on other people	4.29	Agree	4.54	Strongly Agree	0.25
14. I look at the brighter side of every situation	4.42	Agree	4.62	Strongly Agree	0.20
15. I set high standards for myself and for others	4.16	Agree	4.51	Strongly Agree	0.35
Overall Average Interpretation	4.22 High	Agree	4.60 Very High	Strongly Agree	+0.38



Table 5. Self-Management Survey (Residents' Engagement at the Center)

Indicators	Pre-Test (Mean)	Adjectival Description	Post-Test (Mean)	Adjectival Description	Mean Difference + (increase)
1. The resident performs assigned duties at the center	4.65	Strongly Agree	4.81	Strongly Agree	0.16
2. The resident joins other residents for meals	4.77	Strongly Agree	4.90	Strongly Agree	0.13
3. The residents spends time with his/her co-residents, participates during the different activities at the center and talks with the staff and counselors	4.29	Agree	4.69	Strongly Agree	0.40
4. The resident takes interest in improving himself through performing well with the planned activities for them	4.19	Agree	4.54	Strongly Agree	0.35
5. The resident is open for advice and suggestions and he/she takes criticism positively	4.06	Agree	4.50	Strongly Agree	0.44
6. The resident obeys established house rules at the center	4.15	Agree	4.56	Strongly Agree	0.41
7. The resident is able to talk to the staff/counselors openly when he/she experiences problems or difficulties	3.96	Agree	4.23	Agree	0.27
8. The staff/counselors were able to manage or control the behavior of the resident	4.34	Agree	4.44	Agree	0.10
Average Interpretation	4.30 High	Agree	4.58 Very High	Strongly Agree	0.28

Table 6. Relationship Skills Survey (Resident Family-Temporary Home Relationships Survey) n-48

Indicators	Pre-Test (Mean)	Adjectival Description	Post-Test (Mean)	Adjectival Description	Mean Difference + (increase)
<b>Attitude Toward the Center</b>					
1. I generally feel physically and emotionally safe when I'm in the rehabilitation center	4.43	Agree	4.65	Strongly Agree	0.22
2. The center is responsive to all my needs	4.23	Agree	4.50	Strongly Agree	0.27
3. I feel understood by most people in the center	3.94	Agree	4.29	Agree	0.35
4. The center provides an effective learning environment and productive activities for the residents	4.56	Strongly Agree	4.69	Strongly Agree	0.13
5. I do my best to help the center become a better learning place	4.48	Agree	4.65	Strongly Agree	0.17
Average	4.33	Agree	4.56	Strongly Agree	+0.23
<b>Attitude Toward the Staff</b>					
6. I will not hesitate to approach any of the center's staff when I'm experiencing any problems	4.44	Agree	4.66	Strongly Agree	0.22
7. Any of the staff will take time to help me if I need help	4.08	Agree	4.29	Agree	0.21
8. Most of the time, the staff of the center address the residents' behaviors in a fair, firm, consistent and caring manner	4.35	Agree	4.56	Strongly Agree	0.21
9. I don't feel that the center's staff are judgmental about myself as a person	4.27	Agree	4.50	Strongly Agree	0.23
10. I listen to the staff when they're trying to explain a life's lesson or correct my deeds	4.24	Agree	4.58	Strongly Agree	0.34
Average Interpretation	4.28 High	Agree	4.52 Very High	Strongly Agree	+0.24

11. I feel comfortable telling the center's counselor of my personal problems if I needed to	4.48	Agree	4.65	Strongly Agree	0.17
12. I'm confident the counselor will do her/his best to help when I'm in distress	4.25	Agree	4.52	Strongly Agree	0.27
13. Talking to the counselor can help me when					
I experience some difficulties in adjusting to the things I need to do	4.42	Agree	4.69	Strongly Agree	0.27
14. I view the counselor as a person of great understanding when I need help for any personal problem	4.27	Agree	4.60	Strongly Agree	0.33
15. I'm more likely to listen and follow the counselor's suggestion when I experience any difficulty	4.44	Agree	4.67	Strongly Agree	0.23
Average Interpretation	4.37 High	Agree	4.63 Very High	Strongly Agree	+0.26
<b>Attitude Toward The Center's Administrator</b>					
16. I feel comfortable talking to or being around the Chief of Hospital	4.15	Agree	4.44	Agree	0.29
17. If I needed help I'm sure the Chief of Hospital would give me the time	4.21	Agree	4.44	Agree	0.23
18. The Chief of Hospital is concerned about resident's learning better from the center	4.28	Agree	4.50	Strongly Agree	0.22
19. The Chief of Hospital shows empathy and the ability to reach out to the residents when necessary	4.30	Agree	4.46	Agree	0.16
20. I care about what the Chief of Hospital thinks and feels about me	4.29	Agree	4.44	Agree	0.15
Average Interpretation	4.25 High	Agree	4.46 High	Agree	+0.21
<b>Attitude Toward Co-Residents</b>					
21. I feel comfortable and glad to be around my co-residents	4.19	Agree	4.42	Agree	0.23
22. Most of the time, my co-residents show the willingness to help others who need assistance	4.13	Agree	4.31	Agree	0.18
23. Most of my co-residents encourage and motivate me to work harder and excel in the different activities in the center.	4.23	Agree	4.38	Agree	0.15
24. Many of my co-residents show the ability to reach out and support someone in distress	4.19	Agree	4.40	Strongly Agree	0.21
25. I often listen or act when I find a co-resident who needs some help	4.54	Strongly Agree	4.67	Strongly Agree	0.13
Average Interpretation	4.26 High	Agree	4.44 High		+0.18
<b>Quality of Home Life at the Center</b>					
26. I feel safe and comfortable at the center	4.46	Agree	4.56	Strongly Agree	0.10
27. I find it easy to talk to my case manager about anything	4.27	Agree	4.50	Strongly Agree	0.23



28. My case manager has no complaints about me doing my chores and responsibilities at the center	4.35	Agree	4.56	Strongly Agree	0.21
29. I can depend on any member of the center's staff for help if I'm in distress	4.13	Agree	4.42	Agree	0.29
30. I listen to my case manager's admonitions or staff's advice and follow the house rules they make in the center	4.23	Agree	4.47	Agree	0.24
Average Interpretation	4.29 High	Agree	4.50 Very High	Strongly Agree	+0.21
<b>High Risk Behavior</b>					
31. Most of the residents think it's not OK to drink alcohol and take prohibited drugs	4.28	Agree	4.47	Agree	0.19
32. My co-residents, including myself, don't anymore drink alcohol or plan to use prohibited items even when there is an opportunity to do so	3.98	Agree	4.21	Agree	0.23
33. I consider stealing a grave misconduct, including sexual acts, so I never do it inside the center	4.25	Agree	4.58	Strongly Agree	0.33
34. It is wrong to show dishonesty and disrespect to other people so I try not to do it at the center	4.23	Agree	4.48	Agree	0.25
35. It is wrong to show violent acts towards other residents and staff of the center so I never tried it even once in the last 6 months	4.15	Agree	4.52	Strongly Agree	0.37
36. I have not escaped from the center or planned to do it in the last 6 months	4.29	Agree	4.73	Strongly Agree	0.44
37. For the last six months, I was never subjected to a general meeting (GM) for violating the cardinal rules or for disciplinary reasons	4.17	Agree	4.47	Agree	0.30
38. I was not engaged in any bullying behavior, gossiping and cursing during the last six months	4.21	Agree	4.50	Strongly Agree	0.29
39. For the last six months, the center's staff and case manager did not complain about my attitude participating in the different activities for the residents	4.44	Agree	4.50	Strongly Agree	0.06
40. I have not been in any fights in the center for the last six months	4.30	Agree	4.46	Agree	0.16
Average Interpretation	4.23 High	Agree	4.49 High	Agree	+0.26
Overall Mean	High	4.29		Very High	4.51

## Discussion

The research's principal goal is to evaluate the effectiveness of a treatment or program on the socio-emotional development of persons with substance use disorder. The purpose of this research is to identify and provide low to high-level interventions to residents who might have developed psycho-social problems, such as mental health, delinquency, and socio-emotional problems. The program consists of cognitive, affective, and behavioral components. Specifically, this study was administered to measure

the impact of the program on cognitive, affective, and behavioral domains and also understand the needs of residents who are victims of traumatic experiences through intervention activities that mitigate the effects of stress or trauma.

## Conclusion

The results of the study revealed that the program helped the residents to enhance their self-awareness, self-management, social awareness, relationship management and overall personal well-being. The behavior of the residents inside the center improved and they turned out to be more involved in the different learning activities inside the center. The trauma intervention program changed the perspectives of the residents in terms of their vision of the future. The residents' decision-making skills were also sharpened during their stay at the rehabilitation center.

## References

- Agulana, G.G. (1999). Family structure and prevalence of behavioral problems among Nigerian adolescents. *The Counselor* 17(1), 153-161.
- Erickson, R. (2018). Parents' Effect on Child Behavior. Retrieved from [hellomotherhood.com](http://hellomotherhood.com)
- Gunn, J. (2018, March 26). This is a Student's Brain on Trauma. A Blog by Concordia University-Portland. Retrieved from [education.cu-portland.edu.com](http://education.cu-portland.edu.com)
- Gunn, J. (2019, March 26). This is a Student's Brain on Trauma. A Blog by Concordia University-Portland. Retrieved on November 29, 2019 @ [education.cu-portland.com](http://education.cu-portland.com)
- Perfas, F. (2012). Deconstructing the therapeutic community: A practice guide for addiction professionals. CreateSpace Independent Publishing Platform. ISBN-10 1475186355
- Perfas, F. (2014). Therapeutic Community: Past. Present. And Moving Forward. Create Space Independent Publishing Platform.
- Robinson, L. (2020, February). Emotional and Psychological Trauma. Retrieved October, 2020, from [helpguide.org](http://helpguide.org)

## Affiliations and Corresponding Information

**Mary Rose Basilla-Pelonio, PhD**  
San Lorenzo National High School  
Department of Education - Philippines