

DEVELOPMENT OF SELF-COMPASSION-THEMED FOCUSING-  
ORIENTED EXPRESSIVE ARTS INTERVENTION TO ENHANCE  
PARENTING-RELATED SELF-COMPASSION AMONG FILIPINA  
PRIMARY CAREGIVERS OF PEDIATRIC THALASSEMIA

A Thesis  
Presented to the  
Graduate School  
University of Santo Tomas

In Partial Fulfillment  
of the Requirements of the Degree  
Master of Arts Major in Clinical Psychology

by

CAROLYN T. TONGCO

MAY 2025



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## APPROVAL SHEET

*This thesis entitled:*

**“Development of Self-Compassion Focusing-Oriented Expressive Arts to Enhance Parenting-Related Self-Compassion among Filipina Primary Caregivers of Pediatric Thalassemia”**

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## CERTIFICATE

This is to certify that this thesis entitled **“Development of Self-Compassion Focusing-Oriented Expressive Arts to Enhance Parenting-Related Self-Compassion among Filipina Primary Caregivers of Pediatric Thalassemia”** submitted by **Carolyn T. Tongco**, Master of Arts major in Clinical Psychology passed the originality check by Turnitin software.

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	<p style="text-align: center;"><b>DEDICATION</b></p> <p>This work is dedicated to the parents of children with thalassemia from National Children’s Hospital, Philippine Children’s Medical Center, and Tarlac Provincial Hospital, who generously shared their time, trust, and stories.</p> <p>To Kythe Foundation and my colleagues, thank you for helping me find my life’s purpose through our shared advocacy of providing Child Life Services for pediatric patients and their families.</p> <p>I am grateful to National Children’s Hospital and the University of Santo Tomas for supporting this research journey.</p> <p>To my adviser, Dr. Marie Antonette Sunga-Vargas, and my panel—Dr. Gian Carlo Torres, Dr. Antonio Ligsay, Dr. Joy Tungol, and Dr. Grecebio Jonathan Alejandro—thank you for your guidance and belief in this work.</p> <p>To my soul teachers, Dr. Laury Rappaport, Dr. Joanna Herrera, Dr. Angelita Sievert-Fernandez, Fatima Garcia-Lorenzo, and Jojo De Guzman – thank you for guiding me discover mindfulness, expressive arts, and play as healing modalities.</p> <p>To Tanya Gonzalez, my assistant researcher and emotional support, thank you for walking with me through every step of this process.</p> <p>To my family, for their love, and to God, for sustaining me—this is all for you.</p> <p>This thesis is for the carers who neglect to care for themselves. May you always find a reason to offer yourself the same compassion you generously give others.</p>	

**ABSTRACT**

Self-compassion entails being supportive of oneself in times of hardship. Primary caregivers need to learn self-compassion practices to help acknowledge the difficulties in providing care.

This study employed a multi-phase research design conducted in three phases. First is the development of the Care for Carers Program based on the result of the qualitative analysis through deductive thematic analysis of the focus group and expert evaluation. This resulted in the need to address caregivers' internal psychological challenges, such as guilt and regrets, helplessness, depression, fear and anxiety, and fatigue.

The study's second phase involved assessing the efficacy of the Care for Carers Program, employing quantitative research. Quantitative analysis was done using an experimental two-group random assignment pre-test-post-test design. Twelve participants from the control group and twelve from the experimental group participated. The Parenting-Related Self-Compassion Scale (P-SCS) was used to measure caregivers' self-compassion improvements. The pre-test and post-test results from the two groups were analyzed through paired sample t-test and t-test for independent samples, which resulted in a statistically insignificant difference.

Lastly, the third phase employed qualitative analysis through deductive thematic analysis of the transcription of interviews of some participants, which resulted in a meaningful narrative of the benefits of the intervention.

The results showed that participants benefited from sharing and learning from each other, as well as improved emotional control, self-kindness, and family relationships. Some improvements suggested by the participants include consistency of self-compassion practice, variety of participants, inclusion of leisure activities, and longer session duration.

*Keywords: caregiver, Focusing-Oriented Expressive Arts (FOAT®), self-compassion, thalassemia*

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	<div><div>CHAPTER 1</div><div>PROBLEM RATIONALE</div><div>Background of the Study</div><p>Caring for a child is already a difficult job; what more being a primary caregiver of a child who is stricken by a life-threatening disease? Aside from the financial and physical stress brought about by taking care of their sick children, a primary caregiver experiences psychological concerns such as signs of anxiety and depression symptoms (Angane et al., 2022; Anum &amp; Dasti, 2015; Biswas et al., 2020; Prajapati et al., 2021).</p><p>One such illness is thalassemia, a lesser-known but serious hereditary blood disorder that requires lifelong management. In the Philippines, thalassemia is considered prevalent (Yuson &amp; Naranjo, 2022), and families without access to bone marrow transplantation must rely on regular blood transfusions, iron chelation therapy, and, in some cases, splenectomy (Lokeshwar et al., 2016). This unrelenting medical routine adds to the emotional and logistical strain borne by caregivers.</p><p>Through the researcher’s 20 years of service with Kythe Foundation, Inc., the only Philippine-based provider of Child Life Services for pediatric cancer and chronically ill patients, she has witnessed firsthand the deep sacrifices of these caregivers—especially mothers of children with thalassemia. During monthly support gatherings called “Parent Kapihan,” caregivers openly share stories of self-</p></div>	

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	<p>neglect, family strain, financial hardship, and even suicidal ideation. Some must care for multiple children diagnosed with thalassemia, compounding the stress and sense of isolation. These lived realities underscore the urgent need for psychosocial support that acknowledges the emotional toll of long-term caregiving in medically fragile contexts.</p> <p>Considering these challenges, a central question arises: How can we care for those who care so deeply for others? There is truth in the saying, “We cannot give what we do not have.” Caregivers who continually prioritize others without tending to their own emotional needs often face burnout, guilt, and emotional fatigue. According to Neff (2015), self-compassion—treating oneself with kindness, acknowledging common humanity, and practicing balanced mindfulness—can help caregivers cope more effectively with the demands and emotional toll of caregiving.</p> <p>However, most self-compassion programs rely heavily on verbal or written reflection, which may be limiting for individuals who are less verbally expressive or emotionally literate. An alternative and complementary method is Focusing-Oriented Expressive Arts (FOAT®), an approach developed and legally registered as a trademark by Laury Rappaport. The acronym FOAT® initially meant Focusing-Oriented Art Therapy, but after decades of continuous development, Dr. Rappaport used the term Focusing-Oriented Expressive Arts to encompass multimodal creative expression—not just visual arts—and multidisciplinary applications, not just in psychotherapy. FOAT® uniquely integrates Gendlin’s</p>	

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	<p>Focusing—a process of attending to the bodily felt sense—with various forms of expressive arts, including movement, music, drawing, and writing. It provides a gentle and embodied path to emotional self-awareness and healing, particularly useful for individuals navigating overwhelming life situations, such as caregiving.</p> <p>Unlike traditional talk-based therapies, FOAT® creates a non-threatening space where caregivers can explore and process their inner experiences through creative, sensory modalities. It encourages self-compassion by allowing individuals to connect with their emotions somatically and symbolically, bypassing cognitive defenses and cultural norms that discourage emotional vulnerability.</p> <p>Moreover, existing self-compassion courses often require a time commitment of 2 hours per week over 8–10 weeks, which is impractical for most primary caregivers juggling hospital visits and household duties. A more concise, embodied, and culturally sensitive intervention—like one that blends FOAT® with the self-compassion model of Neff and Germer—holds promise for better accessibility and emotional impact.</p> <p>Thus, this study aimed to develop an integrative intervention called the Care for Carers Program, which merges the Self-Compassion Model and Focusing-Oriented Expressive Arts Therapy (FOAT®). This brief, one-day program was designed specifically for Filipina primary caregivers of pediatric thalassemia patients, with the goal of enhancing their parenting-related self-compassion. The hypothesis guiding this study is that combining self-compassion practices with</p>	

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	<p>expressive, body-based modalities can offer a more effective and meaningful support system for caregivers navigating long-term pediatric illness.</p> <p><b>Significance of the Study</b></p> <p>When tackling the mental health needs of a pediatric patient with chronic illness, the need of their primary caregiver takes a backseat. This research hopes to put forward the need to enhance primary caregivers’ well-being and ability to cope with their challenges, since they are also a vulnerable population and are often neglected.</p> <p>Some studies on the mental health concerns of primary caregivers of thalassemia patients have been conducted in neighboring Southeast Asian countries such as India, Pakistan, Malaysia, and Indonesia. Despite belonging to Southeast Asia—one of the regions in the world where thalassemia is prevalent—the Philippines has a dearth of literature on addressing the psychosocial needs of primary caregivers of thalassemia patients. This research hopes to emphasize the importance of improving the well-being of the primary caregivers of thalassemic pediatric patients.</p> <p>Having research on interventions for primary caregivers of thalassemia patients is important because such a disease takes a lifetime to manage, especially for those who cannot afford bone marrow transplantation. Thus, a caregiver of a thalassemic patient experiences a longer duration of caregiver stress and immense emotional, financial, and physical challenges. Studying the efficacy of the Care for</p>	

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	<p>Carers Program acknowledges the value of addressing primary caregivers' mental health and well-being.</p> <p>The Care for Carers Program, as an intervention, may provide caregivers with a means to be in touch with their self-compassion and positively impact their well-being and ability to cope with their challenges. Integrating therapeutic approaches of self-compassion, focusing, and expressive arts offers a unique and comprehensive therapeutic intervention that addresses caregivers' emotional experiences. Other than the verbal and written modalities of expressing the reflective self-compassion exercises, FOAT® can provide other avenues for reflection to access the pre-verbal component of communication: movement, sound-making, visual arts, drama, and silence. Since primary caregivers do not have much time due to multiple responsibilities, a brief and more practical approach to self-compassion is preferred over time-consuming multiple sessions with lengthy lectures on mindfulness and self-compassion practices. Additionally, understanding and integrating the practices of self-compassion in an embodied way that expressive arts offer can provide more practical, hands-on, and experiential learning.</p> <p>This study contributed to the field of psychology by exploring the potential benefits of this integrative approach specifically tailored to the needs of Filipina caregivers of pediatric thalassemia patients. Furthermore, the results of this study may also contribute not only to the needs of caregivers of pediatric thalassemia patients but also to other primary caregivers in related contexts.</p>	

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	<b>Research Scope and Impediments</b> <p>The term “caregiver” is a broad term encompassing the patient’s parents, family members, relatives, nurses, doctors, medical technologists, and many other non-professional caregivers and allied medical professionals (National Cancer Institute, n.d.). In this paper, “primary caregivers” will only mean mothers or female legal guardians, mainly responsible for pediatric patients' treatment and hospital visits. Selecting this group of caregivers will result in a similar quality of relationship and attachment to the pediatric patient. Women were chosen as a gender inclusion criterion for the research participants because women carers often take on the family's caregiving burden.</p> <p>Although pediatric hematology facilities exist in different parts of the Philippines, the research will only focus on the primary caregivers of pediatric transfusion-dependent thalassemia patients at the Hematology Department of the National Children’s Hospital. The researcher specifically chose caregivers of pediatric thalassemia patients so that the participants’ experience of caregiver stress would most likely be similar.</p> <p>One limitation of this study is the use of a brief one-day intervention format, which may not produce the same depth of impact as traditional self-compassion programs that span 8 to 10 weeks with 2-hour weekly sessions. While the shortened structure was intentionally designed to accommodate the demanding schedules of primary caregivers, it may have limited the integration and reinforcement of self-compassion practices over time. Nevertheless, the program design was anchored on</p>	

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	<p>brief intervention models in existing literature and tailored to the cultural and contextual realities of the participants.</p> <p>Another limitation involves the potential for interaction bias, as the researcher had prior engagement with the caregiver community. To mitigate this, an assistant researcher was assigned to administer the pre-test and post-test assessments to reduce potential influence on participant responses. Despite this effort, information bias may have occurred, particularly since the participants were part of a small, familiar group, which could have influenced their responses due to social desirability or shared expectations. These factors should be considered when interpreting the findings, especially in relation to generalizability.</p> <p>Additionally, given the limited number of eligible caregivers at the research site, total population sampling was used, and 24 participants (12 per group) were enrolled—representing the most feasible and ethical sample for this context. A sample size of 12 to 15 per group in experimental research is generally considered small and may provide insufficient statistical reliability to find meaningful effects. However, the sample size of 12 per group is the recommended number of samples in an efficacy trial (Julious, 2005). Additionally, the quantitative data was triangulated with qualitative data through interviews of the participants in the intervention group to help mitigate the limitations of quantitative data.</p> <p>Though Dr. Neff’s Self-Compassion intervention has been found effective in addressing the needs of the caregiver, no existing intervention combines the self-</p>	

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	<p>compassion model with Focusing-Oriented Expressive Arts (FOAT®). To validate the program’s efficacy, it has undergone expert assessment and evaluation.</p> <p>Moreover, the researcher’s credentials as a Registered Expressive Arts Consultant and Educator, as well as a Certified Focusing-Oriented Expressive Arts Facilitator and Instructor, do not allow her to conduct the Care for Carers Program as a psychotherapy intervention but only as a supplementary intervention to formal psychotherapy. Despite this limitation, the program may be a preventive measure to mitigate possible risks of developing psychopathological issues in vulnerable participants. A registered psychologist will co-facilitate the Care for Carers Program if a psychopathological concern arises. Participants who experience adverse effects will be referred to an initial eight sessions of tele-psychotherapy sponsored by the researcher. If further psychological intervention is needed to mitigate the adverse effects of the experiment, the researcher will continue supporting the tele-psychotherapy sessions as recommended by the therapist handling the participant.</p> <p>Lastly, the pre-test and post-test Filipino-Translated Parenting-Related Self-Compassion tool was administered in a pen-and-paper format. Since the Self-Compassion Scale is already a standardized assessment tool used in several research studies with Filipino respondents, the Filipino-translated Parenting-Related Self-Compassion Scale (P-SCS) has undergone forward and back translations and correlation of results of English and Filipino versions with primary</p>	

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	<p>caregivers of pediatric thalassemia patients to ensure that there are no problematic items in the Filipino-translated tool.</p>	

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	<p style="text-align: center;"><b>CHAPTER 2</b></p> <p style="text-align: center;"><b>REVIEW OF RELATED LITERATURE</b></p> <p>This chapter lays out the variables in this research: the participants, who are the primary caregivers of thalassemia patients and their mental health landscape; the dependent variable, which is their level of self-compassion; and the independent variable, which is the self-compassion and expressive arts-based intervention.</p> <p style="padding-left: 40px;">The theoretical framework section gives an overview of the feminist theory and martyr syndrome to explain why women primary caregivers experience mental health concerns in relation to their caregiving role.</p> <p style="padding-left: 40px;">Based on the theorized concerns of primary caregivers, the chapter presented, evaluated, and compared theories and models of compassion-based and expressive arts-based approaches, as well as justification for why the chosen self-compassion framework of Neff and Focusing-Oriented Expressive Arts (FOAT®) of Rappaport was used in the research.</p> <p style="padding-left: 40px;">Literature and theories were used as the basis for the proposed conceptual framework in this research proposal chapter.</p>	

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	<b>2.1 Literature Review</b>  <b>2.1.1 Primary Caregiver of Pediatric Thalassemia Patient</b>  Thalassemia is a life-threatening hereditary disease that results in the reduced or absence of globin chains of hemoglobin in the blood. It is a disease that requires lifetime management and monitoring (Lokeshwar et al., 2016). For every pediatric thalassemia patient diagnosed, a primary caregiver is burdened with the financial, physical, and emotional responsibility of providing the long-term management of such a disease.  There is limited information on the exact number of Filipinos affected by thalassemia (Silao et al., 2019), but the available data show its prevalence in the Philippines (Yuson & Naranjo, 2022). Despite its prevalence in the country, there are no available local studies that focus on addressing the mental health needs of Filipina primary caregivers of pediatric thalassemia patients.  Since thalassemia is prevalent in the Southeast Asian region (Lokeshwar et al., 2016), our neighboring countries have existing studies on the mental health status of primary caregivers of thalassemia patients. In Pakistan, studies on thalassemia patients’ primary caregivers’ poor well-being (Anum & Dasti, 2015) and incidence of depression (Angane, 2022) were conducted. In India, a study shows that 33% of caregivers of thalassemia patients experience caregiver burden, and almost 14% have a psychiatric illness (Prajapati et al., 2021). In a study by Biswas et al. (2020) for parents of pediatric thalassemic patients, 87.3% of the participants reported problems with their mental health—61.7% have depression,	

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	<p>36.7% have anxiety, and 63.6% reported problems with their physical health. Due to these mental health concerns, it is not surprising that the caregiver’s quality of life is affected. The health-related quality of life of primary caregivers of thalassemia pediatric patients is significantly lower than that of the primary caregivers of their healthy counterparts (Sharma et al., 2016; Bakthavatchalam &amp; Vetriselvi, 2019).</p> <p>If this is the mental health scenario of primary caregivers of thalassemia patients in our neighboring Southeast Asian countries, this is most likely the same with Filipino caregivers. This proves a demand for research that would address their psychological needs.</p> <p>To address the mental health concerns, research on the interventions given to Iranian primary caregivers of pediatric thalassemia patients that were found effective are cognitive existential group therapy (Khodadadi Sangdeh et al., 2020), group education on adaptive behaviors (Biabani et al., 2020), and group supportive training (Rezaee et al., 2017), which all improved the caregiver’s burden in terms of time-dependence, as well as developmental, physical, social, and emotional burden. A family empowerment program (FEP) was also done in Thailand, which increased their family functioning and empowerment scores (Wacharasin et al., 2015).</p> <p>Though these interventions are effective, the approaches are mostly training, education, and cognitive-based. To help decrease burnout and increase the well-being of primary caregivers, there must be interventions that will help them in</p>	

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	<p>dealing with martyr syndrome or neglecting their own self-care needs. Therefore, self-compassion-based approaches are important to be integrated into the intervention.</p> <p><b>2.1.2 Self-Compassion of Primary Caregivers</b></p> <p>Compassion’s etymology is rooted in the Latin word <i>passio</i>, which means to suffer, and the Latin prefix “com,” which means together. When combined, it means “to suffer together” (Online Etymology Dictionary, n.d.). The etymology of self-compassion highlights the experience of suffering and how we relate to ourselves and others.</p> <p>In the Philippines, compassion is known as <i>malasakit</i>. Because of the sharing of the challenging experience, <i>malasakit</i> has been seen as a type of mercy that has bolstered Filipino culture in conjunction with the idea of <i>damay</i> or support. However, according to Ferdinand D. Dagmang, <i>Ilocano</i> compassion differs from the concept of Western sympathy in the sense that it is active and extends one's service and advocacy for the oppressed and suffering rather than being passive and excluding the recipient's world. A culturally grounded approach to caregiving and mutual aid transcends official organizations and can be viewed as a counterbalance to both institutionalized religion and liberal capitalist influences (Dagmang, 2008).</p> <p>According to Neff (2015), caregivers need self-compassion to help acknowledge the difficulties in providing care and forgive themselves for inevitable mistakes they will make. Compared to other psychological constructs related to</p>	

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	<p>improving positive well-being, such as self-care, whose approach could be avoidance of suffering, self-compassion encourages one to face challenges with gentle kindness to oneself. Other positive psychological constructs, such as self-esteem and self-worth, involve evaluating oneself, while self-compassion invites one to accept oneself without judgment.</p> <p>Self-compassion has been helpful in the mental health concerns of different groups of caregivers, particularly primary caregivers of children with cancer. It has been a protective factor for primary caregivers of cancer patients against anxiety (Wai Wa Chan et al., 2021) and burnout (Cassidy et al., 2021; Gerber et al., 2021). Moreover, self-compassion intervention for the primary caregivers of pediatric cancer has been shown to improve kindness to self, decrease judgment, as well as allow them to recognize their own self-care needs (Diggory, 2021), be more resilient, and decrease their level of hopelessness (Khosrobeigi, 2021).</p> <p>The self-compassion approach is so powerful that a one-day workshop format of self-compassion training for pediatric nurses has improved their resilience, emotional well-being, and professional quality of life (Franco &amp; Christie, 2021).</p> <p>In the same way, the results of these studies show that the improvement of self-compassion can improve the mental health of primary caregivers of cancer patients. Therefore, focusing on improving self-compassion should also be implemented for primary caregivers of pediatric thalassemia. However, there is no known research on how self-compassion can also benefit thalassemia caregivers.</p>	

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	<p>This study hopes to replicate the positive result of self-compassion interventions for primary caregivers of pediatric cancer patients to primary caregivers of thalassemia patients.</p> <p><b>2.1.3 Expressive Arts-Based Approaches for Caregivers</b></p> <p>Another approach that has been found effective for caregivers is expressive arts therapy. Expressive arts therapy has been formalized through other creative disciplines in therapy, such as dance, art, drama, music, and poetry therapy (Malchiodi, 2012). These approaches differ from expressive arts therapy due to the integration of two or more creative modalities (Knill et al., 2005). The expressive arts approach is beneficial for different populations and has been found effective in addressing the needs of caregivers.</p> <p>In Malchiodi’s work with children who experience trauma and their primary caregivers, she has utilized the expressive arts as an essential tool for healing and meaning-making through improved emotion regulation and connectedness to others (Mitchell et al., 2020).</p> <p>Another example of how expressive arts have been useful for caregivers is the SELAH model, which integrates nature-based activities, mindfulness, and expressive arts to prevent caregiver compassion fatigue and burnout while promoting compassion and regeneration (Serlin et al., 2019).</p>	

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	<div><p>In the Philippines, an expressive arts support group for 180 frontline workers during the COVID-19 pandemic was facilitated by MAGIS Creative Spaces to soften the psychological impact of the pandemic, especially for low- to middle-income families (Alfonso et al., 2022).</p><p>The expressive arts approach is so efficient that a one-time expressive arts session for military cancer patients and their caregivers has lowered their level of distress, anxiety, and depression. This strategy has also given the participants the ability to articulate their thoughts and emotions through expressive arts (Morrison et al., 2018).</p><p>The experiential embodied approach to expressive arts helps caregivers effectively convey their narratives almost instantaneously without going through intensive sessions. Combining this potential of expressive arts with a structured, self-compassion-based approach, the benefits can grow exponentially.</p><p><b>2.1.4 Integration of Mindfulness and Self-Compassion to Arts-Based Approaches</b></p><p>Self-compassion approaches may be found effective, but the practice takes time. It typically involves 2 hours of weekly sessions that span up to 8 weeks (Neff, 2023), and other long-term self-compassion interventions last for 12 months (Bian et al., 2025). That includes teaching and learning formal mindfulness self-compassion practice, psychoeducation on components of self-compassion, and plenty of written reflection (Neff &amp; Germer, 2018; Germer &amp; Neff, 2019). A brief</p></div>	

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	<p>and effective method for practicing self-compassion was developed by Franco and Christie (2021) for busy pediatric nurses. It is a self-compassion training done in one day called the Self Compassion for Healthcare Communities (SCHC) program. It has increased compassion to self and others, resilience, and mindfulness; it also showed a decrease in anxiety, burnout, and stress among pediatric nurses (Stasny, 2024).</p> <p>Programs for one-day self-compassion training have been supported by evidence and have resulted in improved well-being of caregivers. A one-day self-compassion exercise, for instance, has been shown to boost resilience and lessen burnout symptoms in healthcare workers, according to one study. This study is especially pertinent to the topic of this paper because the nurses in question work with children whose stress levels are known to be elevated. In contrast to long-term training programs that might not be appropriate for caregivers with hectic schedules, this kind of brief, intense training allowed them to develop skills for stress and self-criticism and offered a useful intervention (Othman et al., 2022).</p> <p>Harvard Health (2024) also added that it appears that self-compassion in these condensed forms triggers the relaxation response, lessening stress effects by encouraging mental and physical balance through certain practices. Caregivers can better regulate themselves, prevent burnout, and develop a strong sense of resilience even when working under stressful circumstances by implementing strategies like breath awareness and focused self-kindness. These findings suggest that providing self-compassion sessions to caregivers as quick, focused mental health</p>	

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	<p>interventions is beneficial since they immediately improve participants' well-being and are simple to implement in hectic, demanding work environments (Goodridge et al., 2021).</p> <p>Despite the available shortened version of mindful self-compassion training, a primary caregiver who is less verbally expressive will find it difficult to articulate their thoughts and feelings. A proposed approach to making it right-sized and practical for busy caregivers is by adding a creative element to self-compassion (Rattigan, 2022).</p> <p>There has been research that integrated self-compassion practices into some arts-based approaches. The research was done for busy healthcare professionals, combining doodling and self-compassion. The visual art-making component has added an embodied way of learning self-compassion due to its being hands-on and experiential. Since healthcare workers barely have time, the doodling practice can be done as short as 5 minutes a day (Rattigan, 2022). A one-session, two-hour mindfulness-based art therapy doodle intervention for adults has also been effective in increasing positivity, mindfulness, and creativity, as well as lessening the experience of negativity related to emotion (Isis et al., 2023).</p> <p>Another approach called Compassion-Focused Visual Art Therapy (CVAT) was conducted for sexually abused female children. It enhanced self-compassion and reduced trauma-related shame (Joseph &amp; Bance, 2020).</p>	

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	<p>Lastly, the ONEBird approach, integrating art therapy, self-compassion, and mindfulness, has helped ease the expression of emotions that are hard to process and express (Williams, 2018).</p> <p>These existing studies prove the great potential of combining self-compassion approaches with art-based strategies in providing practical, embodied, and experiential approaches to learning self-compassion. However, most of these approaches are only visual arts-based. This research hopes to develop an approach to self-compassion anchored on theories and practices of expressive arts.</p> <p>Self-compassion and expressive arts are considered safe and beneficial for most individuals. However, like any psychological intervention, they may have risks and potential drawbacks. Opening feelings and memories related to concerns of being a primary caregiver of a patient with a life-threatening and lifelong disease may trigger unpleasant thoughts and emotions. This possible obstacle will be addressed by setting safety guidelines and conditions to cultivate respect and provide individuals with additional mental health support. The facilitator must create a secure and safe environment to soften the possible impact of these risks. It is also essential to note that these risks are relatively minor compared to the benefits of the intervention (Robinsons et al., 2016).</p>	

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	<b>2.2 Theoretical Framework</b>  <b>2.2.1 Feminist Theoretical Perspective to Explain Martyr Syndrome in Women Caregivers</b>  Feminist theory, as an extension of feminism, provides a theoretical framework for understanding and analyzing gender inequality (Maroney, 1985). Equality in gender and roles does apply in parenting and managing the household. Doucet (1995) highlighted that women make greater contributions to household work and noted the inequality between men and women in employment and public life. This unequal gender role could explain the cause of female primary caregivers' low level of self-compassion and neglect of their own needs, also known as the "martyr syndrome." The martyr syndrome was defined by Miller in 1991 as an effect of women unconsciously learning that serving men is their primary goal in life, and to serve men and their children as if they do not have needs of their own. As an offshoot of this concept, Lemkau and Landau (1986) coined the term "selfless syndrome." It was a term used to illustrate symptoms related to behavior, cognition, and affect, mostly seen in clients in therapy sessions who are women. They feel the need to follow a certain cultural norm where satisfaction is found in denying self-care needs and putting the needs of others first before themselves. This phenomenon is commonly found in clients experiencing depression, anxiety, and other psychopathological symptoms. They theorized that selflessness is at one end of the spectrum, whereas at the opposite end is self-absorption. While selflessness is often seen in depressed and anxious clients, self-absorption is seen in narcissistic	

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	<p>and sociopathic clients. The key is finding the midpoint of the continuum where there is a healthy balance of caring for others and the self (Lemkau &amp; Landau, 1986).</p> <p>In 2021, a Filipino psychologist specializing in children and families, Maria Lourdes Carandang, used the term “martyr mom syndrome” to describe how women were conditioned to put the needs of others first before minding their own needs. According to Carandang, this concept is ingrained in Filipino mothers because it is a societal norm and is unconsciously practiced. Growing up, individuals have all witnessed their own mothers’ selflessness. In effect, individuals all believe that selflessness is equivalent to good parenting and that caring for oneself is self-indulgence. Dr. Carandang encourages mothers to break free from this societal expectation and focus on caring for the self because, according to her, “The real, healthy way is to first take care of yourself, because if you don’t, you will not be able to sustain taking care of others” (Pilapil, 2021).</p> <p>Regular mothers with healthy offspring go through this deeply ingrained unconscious belief about martyrdom in motherhood that causes psychopathological symptoms. Therefore, it is most likely that primary caregivers of chronically ill pediatric patients experience martyr syndrome at a heightened level due to the immense challenges in their caregiving role.</p> <p>An intervention by Gorski (2015) applied to relieve burnout and martyr syndrome among activists is the use of movement and mindfulness, such as meditation, yoga, and tai chi. This has mitigated their burnout and, in effect, made</p>	

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	<p>them more effective activists. No other known research tackles intervention for martyr syndrome of women caregivers of chronically ill patients.</p> <p>Since self-compassion-based practice is a form of mindfulness, the intervention in this study theorizes that a caregiver’s antidote for martyr syndrome is learning and applying self-compassion practices in everyday life.</p> <p><b>2.2.2 Compassion-Based Approaches</b></p> <p>The roots of compassion approaches can be traced to centuries of Buddhist practice. The Dalai Lama has stressed this in his saying, “If you want others to be happy – focus on compassion; if you want to be happy yourself – focus on compassion” (Dalai Lama, 2001, as cited in Kirby, 2016). For decades, plenty of research has been done on compassion. In Google Scholar, the term “compassion” in research can now be found in almost 700,000 publications. This number proves that the rise of integration of compassion in scientific pursuits is now gaining attention due to its importance and positive impact.</p> <p>As stated by Kirby (2016), there are eight approaches anchored in compassion-based interventions, namely Paul Gilbert’s Compassion-Focused Therapy (CFT) developed in 2010; Kristin Neff and Christopher Germer’s Mindful Self-Compassion (MSC) developed in 2013; Thupten Jinpa’s Compassion Cultivating Training (CCT) developed in 2013; Lobsang Tenzin Negi and Charles Raison’s Cognitively Based Compassion Training (CBCT) developed in 2013; Paul Ekman and Allan Wallace’s Cultivating Emotional Balance (CEB) developed in</p>	

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	<p>2012; Being with Dying (BWD) program; The ReSource training protocol; and other meditation interventions such as Compassion and Loving Kindness Meditation (LKM). All these approaches can be done in a group setting and have integrated training and psychoeducation based on mindfulness (Kirby, 2016).</p> <p>Of all these approaches, only Neff and Germer’s Mindful Self-Compassion (MSC) has tackled self-compassion, while others have broadly tackled compassion in general. Furthermore, only Kristin Neff has operationalized a systematized and defined self-compassion in three bipolar continuums that resulted in the conceptualization of a standardized tool for self-compassion to be assessed and measured together with an intervention anchored on the concept.</p>	

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	<div><div>2.2.3 Self-Compassion</div><div><p>The pioneer and the very first researcher to formalize the definition and measurement of self-compassion for the past twenty years is Kristin Neff, Ph.D. According to Dr. Neff (2023), “self-compassion refers to being supportive towards oneself when experiencing suffering or pain—be it caused by personal mistakes and inadequacies or external life challenges.” In the theory of self-compassion, Neff (2023) narrated how self-compassion enhances resilience in the experience of anxiety and depression while promoting positive well-being. She has described the overlapping elements of self-compassion into three domains: (1) being judgmental to the self, versus being kind to the self when experiencing suffering; (2) isolating the self, versus being cognitively in touch that suffering is part of being human; and (3) being overly identified with the problem or dismissing the problem, versus being mindful in the experience of suffering in a balanced way (Neff, 2023).</p><p>When a person experiences suffering, disappointment, failure, or self-inadequacy, how does the person respond? Is it through ignoring the pain and being self-critical, or is it through being warm and understanding towards the self? According to Dr. Neff, self-compassion entails recognizing our humanity—that we are imperfect and experience failure and difficulties in life. These are inevitable, and one must learn to be kind and gentle and accept the situation. When a person fights against this inevitable reality, the person will experience stress, frustration, and self-criticism. On the other hand, when one learns to have radical acceptance of these realities with kindness and sympathy, greater emotional calmness is</p></div></div>	

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	<p>experienced (Neff, 2023). This concept is very relatable and valuable to primary caregivers who often experience failure and difficulties in their caregiving role.</p> <p>A person’s view of suffering can also be evaluated using one’s cognition. If a person views her own suffering as only an “I” experience, that isolates the person from the shared human experience of suffering, which is very illogical. Common humanity or shared human experience is another core value of self-compassion. It is recognized that problems, challenges, disappointments, and failures are experiences of anyone. Self-pity is not self-compassion, as taught in the concept of common humanity in self-compassion. Self-compassion makes us feel connected, while self-pity makes us feel isolated (Neff, 2023). A primary caregiver of a thalassemia patient can easily fall into the trap of self-pity when they do not have a community to share this experience with.</p> <p>Self-compassion invites us to look at our negative emotions in a balanced way so that we do not suppress or exaggerate them. Mindfulness is being non-judgmental and accepting of our emotions. Self-compassion entails being compassionate to our own experience of pain and not ignoring it, and, at the same time, not exaggerating to the point of becoming over-identified and being swept away by our emotions (Neff, 2023).</p> <p>To summarize the theory of self-compassion’s bipolar continuum, the negative end of the continuum is called uncompassionate self-responding (UCS), which manifests through high over-identification with the problem, isolation, and self-judgment. On the opposite end of the continuum is compassionate self-</p>	

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	<p>responding (CS), which manifests through higher kindness, common humanity, and mindfulness.</p> <p><b>2.2.4 Expressive Arts Theories and Approaches</b></p> <p>Throughout history, humans have innately used integrative approaches to expression, such as music, movement, art-making, storytelling, and silence in ceremonies, performances, or rituals in service of life and healing (Degges-White &amp; Davis, 2018; Malchiodi, 2020).</p> <p>The International Expressive Arts Therapy Association has defined expressive arts as “a combination of the visual arts, movement, drama, music, writing, and other creative processes to foster deep personal growth and community development” (International Expressive Arts Therapy Association, n.d.). It promotes self-discovery through the use of modalities of art that stem from an emotional experience. It is not about creating presentable, aesthetic, artistic output but expressing inner emotion by creating an outer form through art expressions (Rogers, 2000).</p> <p>There are multiple pathways in the integrative approach to expressive arts, and eclecticism is commonly used. Therefore, there is no single theoretical framework for expressive arts that exists (Atkins et al., 2018). Despite not having a theoretical framework, expressive arts approaches are used together with other approaches to aid in the articulation of emotional expression through the use of</p>	

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	<p>creativity, art media, and non-verbal approaches (Wiener, 1999; Wiener &amp; Oxford, 2003, as cited in Atkins et al., 2018).</p> <p>Expressive arts have been used in different applications, such as addiction, sexual abuse survivors, eating disorders, grief work, senior citizens, life transitions, hospital settings, and trauma (Rogers, 2000; Malchiodi, 2020). It has also been integrated into other psychotherapeutic processes, such as person-centered expressive arts therapy, focusing-oriented expressive arts therapy, dialectical behavioral expressive arts therapy, and others (Degges-White &amp; Davis, 2018; Rappaport, 2014).</p> <p>Of all these integrated approaches to expressive arts, Focusing-Oriented Expressive Arts (FOAT®) has integrated mindfulness with a focus on cultivating self-compassion and resilience (Rappaport, 2009).</p> <p><b>2.2.5 Focusing-Oriented Expressive Arts (FOAT®)</b></p> <p>FOAT® is a practice of mindfulness that combines expressive arts practices with Eugene Gendlin’s Focusing. For thirty years, Dr. Laury Rappaport has developed FOAT®, and it has been integrated into other practices such as social work, community development, psychology, organizational development, health and wellness, education, and many others (Rappaport, 2009). It was also applied to different problems of living, such as trauma, depression, anxiety, severe and persistent mental illness, and chronic and terminal illness. It is also recognized in</p>	

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	<p>the fields of expressive arts therapy, art therapy, and psychotherapy (Rappaport, 2022).</p> <p>Just like Focusing, according to Rappaport (2009), FOAT® follows six steps: (1) Clearing a Space, or setting aside the things that are getting in the way to be fully present; (2) Choosing an Issue to Work on and Felt Sense, which in FOAT® could either be theme-directed or in the form of check-in or working on an issue; (3) Handle/Symbol, which is finding a picture, narrative, movement, word, or sound that best symbolizes the bodily experience and is expressed through different expressive arts modalities such as art making, music, writing, or movement; (4) Resonating, which is checking if the symbolization truly resonates with the bodily experience or if another symbol could best represent the metaphor; (5) Asking, which in FOAT® could be done through intermodal expressive arts such as felt sense transfer, dialogue with arts, or Gestalt with arts; and (6) Receiving, which is accepting with compassion what is transcribed in the experience.</p> <p><b>2.2.7 Synthesis of the Theoretical Framework</b></p> <p>The theoretical underpinning of this study, which explains the psychological concerns of women as primary caregivers, is anchored on feminist theory and the inequality of women taking on greater responsibility in household work. This deeply ingrained cultural norm can result in martyr syndrome or neglect of one's own needs among women primary caregivers.</p>	

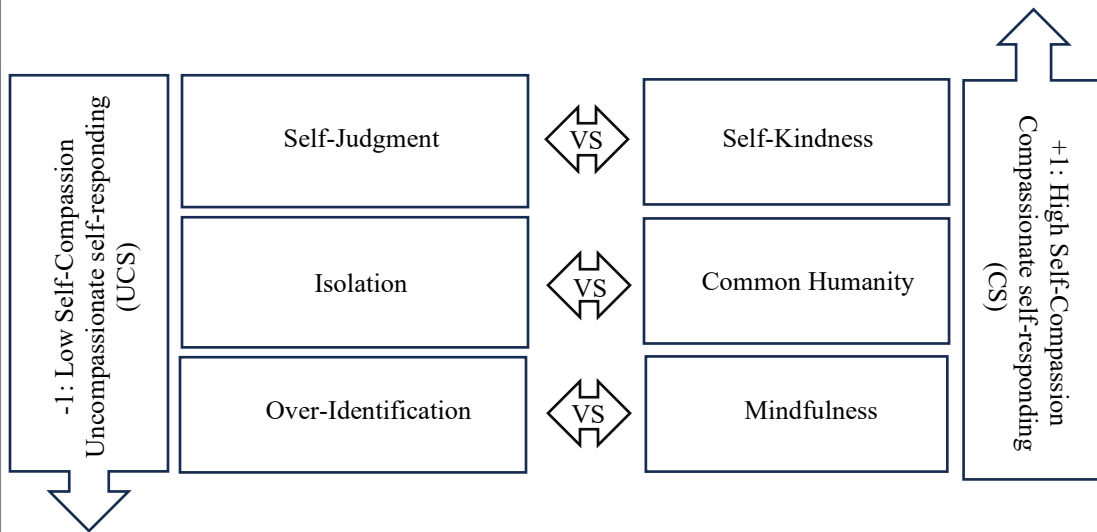
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	<p>Neglect of the self, as the feminist theory and martyr syndrome emphasize, is relevant to Neff’s theory of self-compassion. This theory postulates that uncompassionate self-responding (UCS) may result in high isolation, self-judgment, and over-identification with the problem, which may result in possible psychopathological effects, as stated in empirical studies.</p> <p>Since self-compassion theory has been theorized as a bipolar continuum, the opposite end of UCS is compassionate self-responding (CS), which manifests through higher common humanity, kindness, and mindfulness. Therefore, increasing compassion for the self will help promote resilience in approaching distress that affects mental and physical well-being. Neff has operationalized the self-compassion theory, which inspired the conceptualization of an assessment tool and approach. The assessment tool, called the Self-Compassion Scale (SCS), will be helpful in quantifying the level of self-compassion of the primary caregivers.</p> <p>Most self-compassion approaches are anchored on mindfulness practices, psychoeducation, and writing reflections, which limit the capacity for expression. Thus, this study will get additional support through the theory of expressive arts to help the primary caregivers access the preverbal modality of expression, such as movement, sound-making, and visual arts. Expressive arts have been integrated into different psychological approaches, with all their eclectic and integrated applications. One of the expressive arts integrations is Focusing-</p>	

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	<p>Oriented Expressive Arts (FOAT®) by Rappaport, which focuses on improving resilience and self-compassion.</p> <p>FOAT® combines the theories and practice of expressive arts therapy and focusing-oriented therapy. Focusing-oriented therapy dives deep into the feeling beyond cognitive thinking or the felt sense. Focusing aims to aid the client in articulating their experience beyond the superficial cognitive verbalization in a self-compassionate way. Expressive arts provide the client with other avenues to externalize thoughts and emotions through movement, writing, visual arts, music making, and many other modalities that promote an enlivening experience.</p> <p>Anchored on these theories, this research hopes to develop a program called Care for Carers to improve the self-compassion of the primary caregivers of pediatric thalassemia patients. If this efficacy study succeeds in its goal to increase the level of self-compassion of primary caregivers, it will be an additional resource in the implementation of Kythe Foundation’s Child Life Services and will be added to the mental health resource of a population often neglected in psychosocial support programs.</p> <p>The figure below illustrates the theoretical lens of the theory of self-compassion’s bipolar continuum; the opposing end is called uncompassionate self-responding (UCS), manifesting through self-judgment, isolation, and over-identification with the problem. The other opposite end of the continuum is called compassionate self-responding (CS), which manifests through self-kindness, common humanity, and mindfulness. The theoretical framework of self-</p>	

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	compassion’s bipolar continuum was the basis of the deductive thematic analysis in phases 1 and 3 of this research, the assessment tool used in phase 2, and the development of the intervention in phase 1.	31

**Figure 1**

*Theoretical Framework of Self-Compassion Bipolar Continuum*



### 2.3 Research Question/s

This research answered the following questions for Phase 1:

1. What do primary caregivers of pediatric thalassemia patients need to improve in their parenting-related self-compassion based on:
  - 1.1 Focused group discussions; and
  - 1.2 Expert evaluation?

For phase 2, the following questions were addressed:

1. What are the pre-test and post-test parenting-related self-compassion mean scores and standard deviation values of participants when grouped according to:
  - 1.1 Experimental group

### 1.2 Control group

2. Is there a significant difference between pre-test and post-test parenting-relation self-compassion mean scores of:

### 2.1 Experimental group

### 1.2 Control group

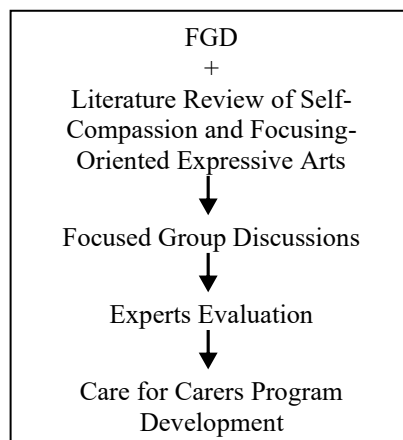
3. Is there a significant difference between the post-test parenting-related self-compassion mean scores of the experimental and control groups?

4. What factors in the Care for Carers Program were effective or ineffective in improving the parenting-related self-compassion of primary caregivers of pediatric thalassemia patients?

Answering these research questions helped develop the Care for Carers Program and identify its efficacy in addressing the psychosocial needs of vulnerable primary caregivers of pediatric thalassemia patients.

## Figure 2

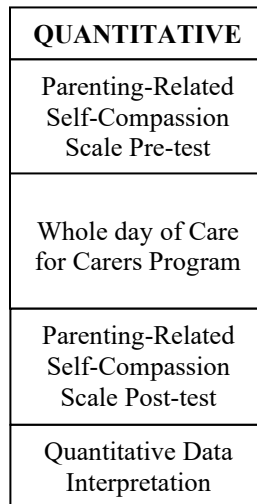
*Research Paradigm of Phase I of the Study: Development of Care for Carers Program through Qualitative FGD*



**Figure 3**

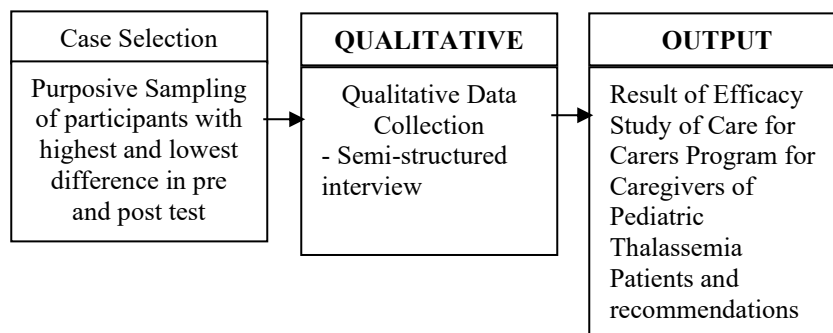
*Research Paradigm of Phase 2 of the Study: Efficacy Study of Care for Carers*

*Program through Quantitative Research*

**Figure 4**

*Research Paradigm of Phase 3 of the Study: Efficacy Study of Care for Carers*

*Program through Qualitative Research*



The study tested the following hypotheses:

H1: There is a significant difference between pre-test and post-test parenting-relation self-compassion mean scores of:

2.1 Experimental group

2.2 Control group

H2: There is a significant difference between the post-test parenting-related self-compassion mean scores of the experimental and control groups?

## 2.4 Research Paradigm (Simulacrum or Hypothesized Model)

### Figure 5

*Hypothesized model in the development of the Care for Carers Program*

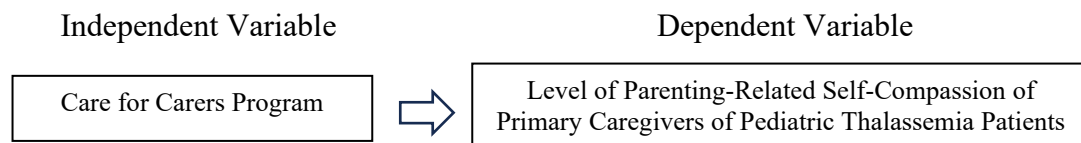


Figure 4 presents the research paradigm of the study. It consists of the dependent variable, the level of parenting-related self-compassion, and the independent variable, the Care for Carers Program.

Anchoring on feminist theory, this study theorizes that the deeply ingrained belief in mothers to be selfless, or the “martyr syndrome,” results in the neglect of self-care needs and burnout (Carandang, 2021; Doucet, 1995; Lemkau & Landau, 1986; Maroney, 1985; Miller, 1991). Being a mother is already a difficult job; what more if you are a mother of a child with a life-threatening disease? According to studies, neglect of self, burnout, and poor well-being are worse among primary caregivers of pediatric thalassemia patients (Anum & Dasti, 2015; Angane, 2022; Prajapati et al., 2021; Biswas et al., 2020; Sharma et al., 2016; Bakthavatchalam & Vetriselvi, 2019).

As an antidote to this deeply ingrained belief and its negative effect on the mental health of women caregivers, the theories and therapeutic approaches of self-compassion practice combined with Focusing-Oriented Expressive Arts (FOAT®) will be the basis of the Care for Carers Program that will be developed for primary caregivers of pediatric thalassemia patients. Other than the related literature that supports these approaches, a focused group discussion with primary caregivers of thalassemia patients and Kythe Child Life Practitioners will be done to validate what was found in the literature. After the initial development, the Care for Carers Program will undergo expert evaluation from Child Life Practitioners and experts of FOAT® and self-compassion practices before implementing its efficacy among primary caregivers of pediatric thalassemia patients.

## 2.5 Definition of Terms

In order to further understand the research, the following terms are defined:

1. Parenting-Related Self-Compassion - refers to a caregiver's ability to treat themselves with kindness, compassion, and understanding when faced with the challenges, perceived failures, or emotional burdens of parenting a chronically ill child. It involves three core components based on Neff's (2003) self-compassion theory:

- Self-kindness (instead of self-judgment)
- Common humanity (instead of isolation)
- Mindfulness (instead of over-identification)

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	<p>In the context of this study, parenting-related self-compassion reflects how Filipina primary caregivers of pediatric thalassemia patients internally respond to their caregiving struggles. It is measured through the Parenting-Related Self-Compassion Scale (P-SCS), translated into Filipino to ensure cultural and linguistic relevance.</p> <p>2. Care for Carers Program - is a one-day, six-module psychosocial intervention that integrates Neff and Germer’s Self-Compassion Model with Focusing-Oriented Expressive Arts (FOAT®) by Laury Rappaport. It is specifically designed for Filipina primary caregivers of pediatric thalassemia patients, aiming to enhance their level of parenting-related self-compassion through both verbal and non-verbal expressive modalities.</p>	

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	<div><div><b>CHAPTER 3</b></div><div><b>THE RESEARCH METHODS</b></div></div> <div><div><b>3.1 Research Design</b></div><p>This study utilized a multi-phase design. It used qualitative data to gather a needs analysis of the participants, followed by quantitative and qualitative data for triangulation, done in three phases. The first phase is the development of the Care for Carers Program; the second and third phases involve testing its efficacy in improving parenting-related self-compassion through quantitative and qualitative methods, respectively.</p><p>The first phase involved qualitative research through secondary research of published literature on the mental health status of primary caregivers of pediatric thalassemia patients. These resources were combined with the narratives of Filipina primary caregivers through focus group discussions to gather feedback from parents and allied health professionals on the challenges and needs of the primary caregivers of pediatric thalassemia patients.</p><p>The second phase of the research followed a quantitative analysis to investigate the efficacy of Self-Compassion-Themed Focusing-Oriented Expressive Arts, or the Care for Carers Program (Creswell &amp; Plano, 2018). The quantitative analysis used a true experimental pre-test-post-test control group design, or the independent two-group design (Myers &amp; Hansen, 2012). This design randomly assigned participants to two groups: one group received the intervention,</p></div>	

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	<p>while the other group served as a control and did not receive the intervention. A control group without intervention serves as a baseline to help measure or compare the change in the experimental group receiving the intervention. The control group serves as the basis for evaluating the effect of the intervention (Moser, 2019).</p> <p>The Parenting-Related Self-Compassion Scale (P-SCS) was used as a measure of the dependent variable both before and after the experimental manipulation to allow a comparison of participants' levels of self-compassion before and after the intervention program (Myers &amp; Hansen, 2012).</p> <p>The third phase employed qualitative analysis. Qualitative data came from thematic analysis of audio recording transcriptions of semi-structured interviews (Guest et al., 2012). The interview participants were experimental group participants whose pre-test and post-test results showed the most and least significant differences.</p> <p>Hence, the Parenting-Related Self-Compassion Scale (P-SCS) has been evaluated for its suitability for the Filipino population, with a focus on adapting its items to reflect the cultural dynamics of Filipino families. Given the cross-cultural generalizability of self-compassion, it has been proposed that either the tools or metrics used to quantify it ought to be modified. The Filipino values of <i>pakikipagkapwa</i> and <i>malasakit</i>, for instance, demonstrate that the community approach is valued over individual attributes; hence, adopting collective rather than individual constructions of self-compassion may be beneficial for such self-compassion treatments and scales (Dagmang, 2008).</p>	

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	<div><p>Cross-cultural studies of the Self-Compassion Scale show that while some of its components, like self-kindness and mindfulness, are transferable, other constructs are experienced in different contexts; for example, "common humanity" is highly valued in Philippine culture, and the well-being of Filipinos is closely linked to their community. Scales that align with social culture for parenting and nurturing may be used to measure self-compassion, family unity, and collective resilience of Filipinos (Montero-Marin et al., 2018; Chen et al., 2020; Dagmang, 2008).</p><p>Both the quantitative and qualitative data were used to assess whether the Care for Carers Program is a feasible and acceptable intervention for primary caregivers of pediatric thalassemia patients.</p><h3>3.2 Study Site</h3><p>The first phase, or the development of the Care for Carers intervention, was done through focus group semi-structured interviews with primary caregivers of pediatric thalassemia patients under the psychosocial care of Kythe Foundation and its Child Life Professionals. For 33 years, Kythe Foundation, being the only Philippine-based organization providing Child Life Services, has addressed the fears of children with cancer and chronic illnesses by providing opportunities for pediatric patients to lessen their experience of hospital anxiety and continue their development (Kythe Foundation, 2024). The core services of Child Life Services have an acronym, PETALS, which stands for playing with the children; educating</p></div>	

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	<p>and preparing for the procedure; tending to the emotional needs of the child patient and family; assisting the patient while being in a medical procedure; lending financial and medical assistance; and supporting parental involvement (Fernandez, 2018).</p> <p>The second and third phases of the study, or the testing of the efficacy of the Care for Carers Program, were conducted with the primary caregivers of pediatric thalassemia patients at the National Children’s Hospital in Quezon City, Philippines.</p> <p>The researcher acquired permission from the Executive Director of Kythe Foundation and the National Children’s Hospital Institutional Review Board to conduct the study.</p> <h3>3.3 Selection of Samples</h3> <p>Total population sampling was used to identify the participants of the study. Total population sampling is a type of purposive sampling where the entire population of primary caregivers of pediatric thalassemia patients in the National Children’s Hospital is invited or included in the study.</p> <p>The use of total population sampling in this study gave the researchers the ability to maximize representation within the identified setting and population. The participants were selected according to preset criteria or traits that are relevant to the current research topic and the study's guiding principle. This method provides</p>	

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	<p>a thorough analysis of creating self-compassion therapies for this caregiver population.</p> <p>Hence, total population sampling is frequently employed in studies where the population is small, accessible, and every member of the group is relevant to the research objective, such as the primary caregivers of pediatric thalassemia in the National Children’s Hospital. It focuses on specific and meaningful information about a particular group rather than data generalization for the entire population. This method is often used in qualitative research, wherein particular participants help to understand the impact of the intervention on their unique situation (Etikan et al., 2016). Additionally, in the scenario of a small population, total population sampling ensures that selected participants have firsthand experience of the concerns being studied, improving the study's legitimacy and applicability in addressing the psychosocial needs of caregivers in this specific healthcare system.</p> <p>The inclusion criteria of study participants were the following: female, 18 years old and above, able to read and write, and a primary caregiver or non-professional carer mainly responsible for the treatment and hospital visits of a pediatric thalassemia patient; the thalassemia patient under the care of the primary caregiver is between 0-18 years old and is transfusion-dependent or a thalassemia patient who needs ongoing medical care, including consistent blood transfusions and iron chelation therapy to eliminate excessive iron in the blood (Weatherall, 2012), and the patient is having regular treatment at National Children’s Hospital.</p>	

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	<p>The study excludes male primary caregivers; thalassemia patients under the care of the primary caregiver who are over 18 years old and not transfusion-dependent or asymptomatic of thalassemia.</p> <p>With a total population of 60 pediatric thalassemia patients having regular treatment in the National Children’s Hospital and an estimated 50 primary caregivers, all 50 participants were invited to participate in the study to consider possible fallouts. Out of 50 invited participants, 30 confirmed their participation, but only 24 successful participants joined and finished the study; 12 participants in the experimental and control groups were obtained. A sample size of 12 per group in experimental research is generally considered small and may not provide enough statistical strength to detect meaningful effects. However, the sample size of 12 to 15 per group is the recommended minimum number of samples in an experimental group. The rationale for this sample size is based on the viability of an early stage in research where resources are limited (Julious, 2005; Macefield, 2021).</p>	44

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	<b>3.4 Description of Instrument</b> <p>According to Neff’s theory of self-compassion, there are domains interacting to have an outlook of being self-compassionate when an individual faces a life difficulty. These are self-judgment versus self-kindness, feelings of isolation versus feelings of common humanity, and over-identification versus mindfulness. Anchoring on these concepts, Neff has developed a long-form version of the scale called the State Self-Compassion Scale Long Form (SSCS-L). The long form measures six subscales: kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. This scale has a reliability of <math>\alpha = .94</math>, and each subscale has a reliability of <math>\alpha</math>’s <math>&gt; .73</math> (Neff &amp; Tóth-Király, 2022).</p> <p>The Self-Compassion Scale has also been utilized in the Filipino population. One study on self-compassion and its correlation with coping strategies in 201 Filipino-Chinese high school students in a Buddhist school used this tool (Chu &amp; Magno, 2012). The 26-item questionnaire was also used for Filipino counseling professionals in a study on the relationship of compassion, subjective well-being, and forgiveness (Roxas et al., 2019). In addition, the self-compassion scale in short form was also used in a quasi-experimental study for Filipino college students who have undergone an adapted version of mindfulness-based cognitive therapy (Centeno &amp; Fernandez, 2020). Considering its good reliability and validity, this scale can be used by the general population. However, Hasyiyati and Abidin (2022) have adapted Neff’s self-compassion scale to the parenting context and</p>	

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	<p>created the Parenting-Related Self-Compassion Scale (P-SCS). It has a reliability of <math>\alpha = .87</math> and is a valid measure of self-compassion for Indonesian parents.</p> <p>Since the population catered to by this research consists of Filipina mothers or female primary caregivers, this study utilized the Parenting-Related Self-Compassion Scale (P-SCS) to measure the level of self-compassion among primary caregivers of pediatric thalassemia patients. The six components of parenting-related self-compassion are quantified through the following items: five items measure self-kindness (5, 12, 19, 23, 26), reflecting sympathy towards the self when a parent suffers; five items assess self-judgment (1, 8, 11, 16, 21), indicating how self-critical a parent is towards herself; four items identify common humanity (3, 7, 10, 15), acknowledging the sufferings, challenges, and difficulties of parenting as part of being human. Isolation is measured by four items (4, 13, 18, 25), which indicate the propensity of a parent to feel alone and isolated in their failures and inadequacies. Four items assess mindfulness (9, 14, 17, 22), representing the acceptance of a parent's negative emotions and thoughts with balance and openness. Lastly, four items measure over-identification (2, 6, 20, 24), which evaluate whether a parent tends to become overly stressed, fixated, and carried away by parenting problems and inadequacies. The P-SCS is a self-report tool that allows participants to select their responses on a five-point Likert scale ranging from “rarely” (1) to “almost always” (5) (Hasyiyati &amp; Abidin, 2022). Since the P-SCS is a self-report scale, it was translated into Filipino to ensure better comprehension by the participants.</p>	

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	<p>To ensure the internal validity and linguistic accuracy of the Filipino-translated Parenting-Related Self-Compassion Scale (P-SCS), a two-cycle translation process was conducted following standard forward and backward translation protocols. The first cycle involved bilingual experts translating the original English version into Filipino, while the second cycle consisted of back-translation into English to verify that the meaning and tone of each item remained consistent with the original. After refining the translation for clarity and cultural relevance, the instrument was pilot tested among nine primary caregivers of chronically ill children from Tarlac Provincial Hospital and the Philippine Children’s Medical Center—sites distinct from the main study location but with caregivers sharing similar profiles to those of pediatric thalassemia patients. To assess item consistency and conceptual equivalence, correlation analysis was performed comparing scores from both the Filipino and English versions of the P-SCS completed by the same respondents. The analysis yielded a positive correlation, indicating that the Filipino version retained the intended constructs of the original tool and is valid for use among the target population.</p> <p>To minimize participant bias and potential interaction effects—particularly due to the researcher’s existing rapport with the caregiving community—precautions were taken during the administration of the pre-test and post-test. An assistant researcher, who had no prior relationship with the participants, was assigned to conduct data collection. This step was implemented to reduce response bias that might arise from participants’ desire to please the primary researcher or</p>	

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	<p>conform to perceived expectations. Additionally, standardized instructions and neutral settings were used to ensure consistency across all testing sessions. Despite these measures, the possibility of social desirability bias cannot be entirely ruled out, especially since the primary researcher implemented the intervention, and the participants belonged to a close-knit group who may have discussed their experiences with one another. These factors were acknowledged and considered in interpreting the findings.</p> <p>The Care for Carers Program was also administered to participants. This program is adapted from the six-hour evidence-based course called Self-Compassion Training for Healthcare Communities (SCHC). SCHC contains the following modules: 1) defining self-compassion; 2) practicing self-compassion; 3) compassionate motivation; 4) using self-compassion when experiencing negative emotions; 5) self-compassion for burnout; and 6) core values and self-compassion practice. The aim of SCHC is to provide self-compassion skills in the moment, as healthcare professionals experience challenges while working with patients. Similarly, the Care for Carers Program aims to provide practical, hands-on skills for the primary caregivers of thalassemia patients in an accessible and culturally relevant manner. This adaptation was tailored to the specific needs and cultural context of Filipina primary caregivers. The Care for Carers Program was also anchored on a review of related literature, focus group discussions with primary caregivers of thalassemia patients, and expert validation.</p>	

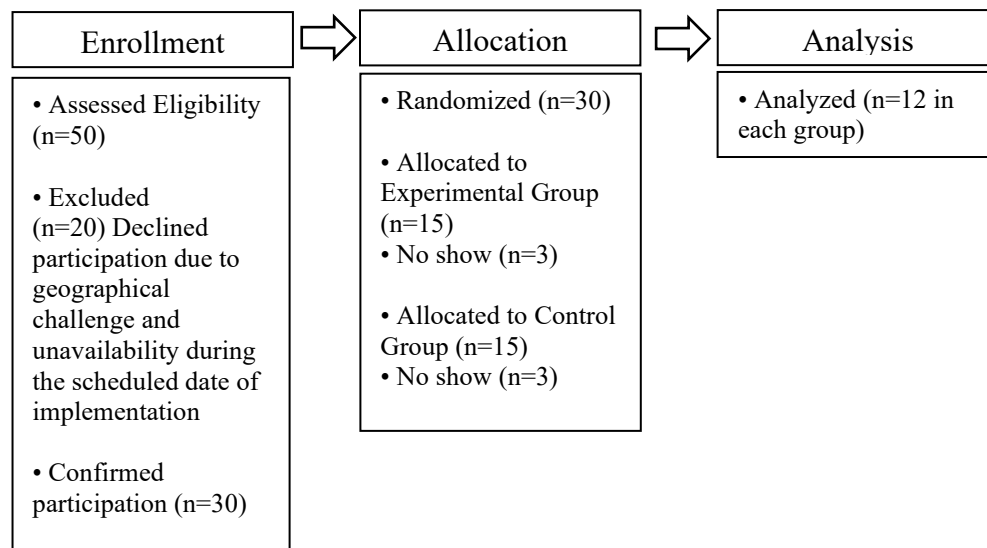
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	<b>3.5 Data Collection Procedure</b> <p>The study was divided into three phases. Phase 1 focused on program development, while Phases 2 and 3 involved program evaluation using quantitative and qualitative methods, respectively.</p> <p>During the program development phase, several steps were undertaken:</p> <p>First, secondary research was gathered from published literature concerning the mental health status of primary caregivers of pediatric thalassemia patients. This information was then combined with narratives from Filipina primary caregivers collected through focus group discussions. These discussions also included allied health professionals and aimed to gather feedback on the challenges and needs of caregivers of pediatric thalassemia patients.</p> <p>Second, the Care for Carers Program was developed based on insights from the secondary research and the focus group discussions with caregivers and health professionals.</p> <p>Finally, the program was reviewed and evaluated by experts—colleagues with more than one year of experience working with primary caregivers of pediatric thalassemia patients—to ensure its relevance and effectiveness.</p> <p>Phases 2 and 3 of the study evaluated the efficacy of the Care for Carers Program. Primary caregivers of thalassemia patients were recruited either through a Facebook Messenger group chat or through face-to-face interactions with the researcher. Those who consented to participate were randomly assigned to either the experimental or control group. Both groups were invited to attend the Care for</p>	

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	<p>Carers Program held at two different venues. The experimental group participated in a full-day program conducted at a retreat house in Quezon City, while the control group engaged in a half-day film screening and recreational activities at the National Children’s Hospital.</p> <p>On the day of the event, both groups received an orientation about the program and were briefed on the consent forms and data privacy waiver. Afterward, participants completed the Filipino-translated Parenting-Related Self-Compassion Scale (P-SCS) in a pen-and-paper format as a pre-test.</p> <p>The experimental group underwent the Care for Carers Program, which was facilitated in a face-to-face setting by a Certified FOAT® Facilitator and Trainer, alongside a Registered Psychologist. The full-day program ran from 9:00 AM to 5:00 PM and consisted of six one-hour modules. Each module was separated by a 5-minute break, and there was a 1.5-hour lunch break in the afternoon.</p> <p>The control group participated in a 3-hour film showing and other recreational activities from 9:00 AM to 12:00 NN.</p> <p>Following the Care for Carers Program for the experimental group and the recreational activities for the control group, the Filipino-translated Parenting-Related Self-Compassion Scale (P-SCS) was administered again in a pen-and-paper format as a post-test. The pre-test and post-test results of both groups were then analyzed and interpreted.</p>	

The third phase involved a qualitative analysis of the lived experiences of participants in the Care for Carers Program. Six participants from the experimental group, identified as outliers based on their statistical results, were purposively selected to take part in semi-structured interviews. These interviews aimed to explore which components of the program participants found most useful and relevant to their needs as primary caregivers, identify activities that could be improved, and gather suggestions for enhancing the Care for Carers Program.

**Figure 6**

*Consort Flow Chart of Research Methodology*



### 3.6 Ethical Considerations

These ethical considerations were addressed to protect the rights, safety, and welfare of the human subjects in this research.

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	<p>The informed consent form includes the study's risks, benefits, nature, and purpose, and participants have voluntarily provided their informed consent to participate in the study. It was explicitly verbalized to the participants that they were obliged to take part and could decline to be part of the study at any time.</p> <p>Confidentiality and anonymity were considered. The participants' identities, personal information, and any identifying data will be kept anonymous. The data interpretation and artwork were presented without identifying the participants' details.</p> <p>The benefits, together with the possible risks of the study, were disclosed in the informed consent. The researcher ensured that the Care for Carers Program's psychological benefits outweighed the possibility of the participants being emotionally triggered by the activities. In case of adverse psychological effects of the intervention, such as triggers of anxiety and distress, the researcher will sponsor eight counseling sessions through Circle of Hope's Kaloob teletherapy sessions. If further psychological intervention is needed to mitigate the adverse effects of the experiment, the researcher will continue supporting the tele-psychotherapy sessions as recommended by the therapist handling the participant. The researcher has made sure that the danger will be managed and the benefits will be maximized. Furthermore, with the credentials of the facilitator as a Registered Expressive Arts Consultant and Educator, as well as a Certified Focusing-Oriented Expressive Arts Facilitator and Instructor, the program will be conducted not as a psychotherapeutic intervention but only as a program or a supplementary intervention to formal</p>	

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	<p>therapy. Despite this limitation, the program may be a preventive measure to mitigate possible risks of developing psychopathological issues in vulnerable participants. A registered psychologist co-facilitated the Care for Carers Program in case a psychopathological concern may arise.</p> <p>The use of deception to eliminate extraneous variables in the research was to be used at a minimum. The researcher informed the experimental and control groups that they would be invited to a Care for Carers Program without knowing that the control and experimental groups would have different activities. Right after the completion of the experiment, both groups underwent a debriefing and were informed of the nature of the research.</p> <p>The primary caregivers were given the utmost care and respect throughout the research. They were treated with dignity and sensitivity to their cultural, religious, and personal beliefs.</p> <p>The data was managed to ensure accuracy, integrity, and security. The Data Protection Officer of Kythe Foundation will protect and store the data. The research team, which had access to private information, was asked to sign a waiver indicating that all information must be kept confidential.</p> <p>To ensure the participants' safety and accessibility to transportation to the venue, an allowance of three hundred pesos per day was given to help them access decent transportation to and from the venue. Snacks and meals were provided during the program.</p>	

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	<p>Lastly, as an ethical consideration, the control group participants underwent the Care for Carers Program if the research results showed that it improved the parenting-related self-compassion of the primary caregivers.</p> <p><b>3.7 Data Mode of Analysis</b></p> <p>For the first phase of the study, a qualitative analysis was done on the transcription of focus group discussions and semi-structured interviews with primary caregivers of pediatric thalassemia patients and Kythe Child Life practitioners providing psychosocial care to both the patients and the parents. Transcriptions from these interviews were coded and thematically analyzed, guided by six stages of the thematic framework to find out the themes in relation to the psychological needs of primary caregivers to improve their parenting-related self-compassion.</p> <p>Meanwhile, for the second phase of the study, descriptive statistics were utilized to present the quantitative data of the pre-test and post-test results of the Filipino-translated Parenting-Related Self-Compassion Scale (P-SCS) collected through pen-and-paper tests of the experimental and control groups.</p> <p>The mean scores and standard deviation values of the pre-test and post-test parenting-related self-compassion results of participants were calculated when grouped according to experimental and control groups. After this, the significant difference between the pre-test and post-test parenting-related self-compassion scores of the experimental group and control group was measured using a paired</p>	

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	<p>samples t-test. The significant difference between the post-test self-compassion mean scores of the experimental and control groups was statistically analyzed through an independent samples t-test (Howell, 2014).</p> <p>In the third phase, the qualitative phase succeeded the quantitative phase through focus group discussion and semi-structured interviews. The focus group participants were experimental group participants whose pre-test and post-test results showed the most and least significant differences. The transcription of the focus group discussion was coded and thematically analyzed, guided by a six-stage thematic framework, to find out the themes in relation to what was helpful and not helpful in the Care for Carers Program (Guest et al., 2012).</p> <p>Both the quantitative and qualitative data were used to assess whether the six-module Care for Carers Program is a feasible and acceptable intervention for primary caregivers of pediatric thalassemia patients (Creswell &amp; Plano, 2018).</p>	

**CHAPTER IV****RESULTS**

This chapter describes the findings from the research to answer the identified research questions in Chapter 2.

**4.1 Phase 1: Qualitative Investigation on What Primary Caregivers of Pediatric Thalassemia Patients Need to Improve Their Parenting-Related Self-Compassion**

Nine parents of pediatric thalassemia patients and two child life professionals participated in focus group discussions about the difficulties of caring for a child with thalassemia and the support they possess or require to help alleviate the challenges.

The following questions were asked to understand their experiences and needs.

1. What are the sources of stress and challenges of caring for a child with thalassemia?
2. How do you treat yourself in times of difficulty?
3. How can you balance your own needs and well-being with the needs of your child and other family members?
4. What will help your situation become better?

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	<p>The transcription of the focus group interview was analyzed using deductive thematic analysis, guided by the theoretical framework of the self-compassion continuum. As proposed in self-compassion theory, this continuum consists of two opposing dimensions. On one end lies uncompassionate self-responding (UCS), which is characterized by heightened self-judgment, a sense of isolation, and overidentification with personal struggles. Individuals exhibiting UCS tend to engage in harsh self-criticism, perceive their difficulties as unique and separate from others' experiences, and become overly absorbed in their distress, making it difficult to gain perspective (Neff, 2003).</p> <p>Conversely, the opposite end of the continuum is referred to as compassionate self-responding (CS), which reflects greater self-kindness, a sense of common humanity, and mindfulness. Individuals demonstrating CS are more likely to treat themselves with warmth and understanding, recognize that suffering is a shared human experience rather than an isolated burden, and maintain a balanced, non-judgmental awareness of their emotions. By applying this theoretical lens, the analysis sought to identify patterns in participants' responses, categorizing their experiences based on these two contrasting self-compassionate orientations (Neff et al., 2017).</p> <p>This diagram illustrates the themes that emerged during the interview through thematic analysis, as agreed on by the primary researcher and the assistant researcher.</p>	

**Table 1**

*Thematic Analysis of Needs of Primary Caregivers of Pediatric Thalassemia Patients to Improve Their Parenting-Related Self-Compassion*

External Experiences – External Problems	
Sub-Category	First Cycle Codes
A. Disease management	1. Challenges in caring for thalassemia patient (9), 2. Taking care of multiple children with thalassemia (3)
B. Family problems	3. Taking care of other family members (2), 4. Overprotection of parents (4), 5. Child's death (2), 6. Being a single parent (1)
C. Lack of resources	7. Financial concerns (14), 8. Difficulty sourcing blood donors (6), 9. Poverty (2)
D. Mental health concerns of patient	10. Unstable mood of child (2), 11. Patient stress and anxiety (5)
E. Problems in the system	12. Lack of public awareness (10), 13. System/government issues (5), 14. Comparison to cancer (6), 15. Insufficient support (8)
F. Ineffective interaction outside family	16. Misconception of others (2), 17. Unhealthy interaction with other parents (6), 18. Rude healthcare workers (6)
External Experiences – External Supports	
Sub-Category	First Cycle Codes
G. Patient's medical needs	19. Ease of access to resources/information (11), 20. Thalassemia advocates (2), 21. Helpful healthcare workers (2)
H. Support for patient's emotional needs	22. Seeing the child happy (3), 23. Supporting child's stress and anxiety (3)

Internal Experiences – Psychological Problems	
Sub-Category	First Cycle Codes
H. Self-Judgement	24. Guilt and regrets (4), 25. Inadequacy (4), 26. Self-critical (2)
I. Isolation	27. Self-pity (3), 28. Feelings of isolation (4), 29. Helplessness (4)
J. Over-identification	30. Trauma (10), 31. Depression (5), 32. Grief (4), 33. Unmet self-needs (11), 34. Sadness (6), 35. Mood instability (3), 36. Anger (4), 37. Fear of death (4), 38. Pain of child (3), 39. Pandemic stress (2)
Internal Experiences – Internal Supports	
Sub-Category	First Cycle Codes
K. Self-Kindness	40. Sense of purpose (2), 41. Self-care (5)
L. Common Humanity	42. Social support (13), 43. Sense of community (16), 44. Humor and fun (8), 45. Safe space expression (8)
M. Mindfulness	46. Spirituality (1), 47. Children as strength (5), 48. Hope (4)

Since the caregivers of thalassemia patients have more control over their internal psychological experiences, the Care for Carers Program will primarily address the identified psychological needs.

The table below shows some quotes related to the themes that emerged through deductive thematic analysis.

**Table 2**

*Dimensions, Themes, Categories, Coding Frequency, and Quotations of Internal Experiences of Parents of Thalassemia Patients*

Second Cycle and First Cycle Categories of Internal Psychological Problems	Representative Quotations
<b>A. SELF-JUDGEMENT</b>	
Guilt and Regrets (4)	<p><i>“Yung isang parent nakakaramdam siya ng guilt kasi yung thalassemia hereditary siya. Feeling niya siya yung cause ng sakit ng anak niya.”</i>            (One parent feels guilty because thalassemia is hereditary. She feels that she is the cause of her child's illness.)</p>
Inadequacy (4)	<p><i>“Binibigay ko ang lahat pero parang may kulang.”</i>            (I give it my all, but something seems to be missing.)</p>
Self-critical (2)	<p><i>“Ang hirap maging mabait sa sarili. Dumadating sa punto na hindi na mahalaga ang sarili ko basta maging ok ang anak ko.”</i>            (It's hard to be kind to myself. It gets to a point where I don't care about myself as long as my child is okay.)</p>
<b>B. ISOLATION</b>	
Self-pity (3)	<p><i>“Maawa ka na lang sa sarili mo.”</i>            (You just feel sorry for yourself.)</p>
Feelings of isolation (4)	<p><i>“Ako walang nare-receive na tulong kahit kanino.”</i>            (I am not receiving any help from anyone.)</p>
Helplessness (7)	<p><i>“Hindi ka makagalaw kung walang pera. Kahit gaano mo kagusto, wala kang magagawa kung walang pera.”</i>            (You can't move without money. No matter how much you want to, you can't do anything without money.)</p>
<b>C. OVER-IDENTIFICATION</b>	

Trauma (10)	<p><i>“Dati magkalagnat lang ang anak ko ang iniisip ko, mamamatay. Nanginginig ako, bumabalik yung trauma ko.”</i></p> <p>(Before, when my child gets a fever, all I could think about was he might die. I was shaking; my trauma was coming back.)</p>
Depression (5)	<p><i>“Sa totoo lang, nagkaroon ako ng suicidal attempt. Kasi hindi ko talaga kaya.”</i></p> <p>(Actually, I had a suicidal attempt. Because I really couldn't handle it.)</p>
Grief (4)	<p><i>“Nagmo-mourn pa ako, nagluluksa pa ako pero ang isip ko paano kung mawala din siya.”</i></p> <p>(I'm still mourning, but I'm thinking what if I lose him too.)</p>
Overwhelm (5)	<p><i>“Kaya pag tinutusukan noon ang anak ko, hindi ko siya hinahawakan kasi ako yung unang nahihimatay.”</i></p> <p>(So, during needle procedures in the past, I couldn't hold my child because I was the first to pass out.)</p>
Denying self-needs (11)	<p><i>“Kahit may sakit, kailangan bumangon. Lalo pag kailangan masalanan sila ng dugo, hindi mo na maisip kung nanlalambot ka, bahala na, basta madala mo lang sila sa ospital. Hindi naman pwedeng ipaubaya sa iba ang anak ko.”</i></p> <p>(Even if you are sick, you have to get up. Especially if they need to be transfused with blood, you won't even think about it, even if you're getting weak, as long as you can take them to the hospital. I cannot entrust my child to others.)</p>
Fear and anxiety (8)	<p><i>“Meron din fear para sa future ng bata. Meron parent na kapag pumapasok sa school yung anak niya, hindi niya maiwan kasi baka mahimatay yung anak.”</i></p> <p>(There is also fear for the child's future. One parent said that when her child goes to school, she cannot leave him/her because her child might pass out.)</p>
Mood instability (3)	<p><i>“Minsan mas masungit ako sa karaniwan. Yung mga bata napapansin pag masungit ako. Pag naririnig ko sila pinag-uusapan, parang ang</i></p>

	<p><i>sungit ni Mama ngayon, iniiba ko na lang aura ko.</i>"</p> <p>(Sometimes I'm grumpier than usual. The kids notice when I'm grumpy. When I hear them talking about how cranky I am, I just change my aura.)</p>
Fatigue (4)	<p><i>"Nung December pag umaga nasa PCMC ako para sa anak ko, sa gabi nasa East Ave ako para sa tatay ko. Sunod nito, tatagos na talaga ako sa alapaap sa pagod at dami nang inaalagaan."</i></p> <p>(Last December, in the morning I was at PCMC for my son; at night, I was at East Ave for my father. After this, I will die from being tired and from taking care of many people.)</p>
Fear of death of child (9)	<p><i>"Iniisip ko na baka di din tumagal ng isang taon ito. Yung isip ko ay nakulong lang sa kamatayan."</i></p> <p>(I was thinking that his life might not even last a year. My mind is just trapped in death.)</p>
Pandemic stress (3)	<p><i>"Darkest hour sa kanila talaga nung nagka-pandemic. Pag magsasalin ka, kung dalawang bag kailangan mo magsasama ka ng dalawang tao. Siyempre ipapa-swab nila yan, pamasaha, pagkain."</i></p> <p>(The pandemic was the darkest hour for them. When they needed a blood transfusion and two bags of blood, they had to bring two people who would donate. Of course, they had to spend for the swab test, fare, and food.)</p>

Second Cycle and First Cycle Categories of Internal Psychological Supports They Possess or Require	Representative Quotations
<b>D. SELF-KINDNESS</b>	
Sense of Purpose (2)	<p><i>"Pinasok ko ang online selling. Isa talaga yun sa nagpalakas ng loob ko. Kailangan may iba akong channel para ma-divert ko yung anxiety ko, yung depression ko. Nung nagsimula ako maglive selling parang ginanahan ako."</i></p>

	(I entered online selling. It was really one of the things that made me courageous. I needed another channel so that I could divert my anxiety and depression. When I started live selling, I felt motivated.)
Self-care (5)	<p><i>“Malaking tulong na magkaroon ng topic tungkol sa pag-aalaga sa sarili kasi hindi naman lahat katulad sa akin. May iba na iniwan ng asawa, tapos yung pamilya niya binabalewala siya. Yung solo silang nakikipaglaban sa sakit ng anak nila.”</i></p> <p>(It's a big help to have a topic about self-care because not everyone is like me. Others are left by their husbands, and then their families ignore them. They are fighting their child's illness alone.)</p>
E. COMMON HUMANITY	
Social support (13)	<p><i>“Yung asawa ko naman nauunawaan ako at sinusupportahan ako.”</i></p> <p>(My husband understands me and supports me.)</p>
Sense of community (16)	<p><i>“Dati may grupo kami ng mga magulang na may thalassemia. Yung dati may picnic pa kami.”</i></p> <p>(We used to have a group of parents with thalassemia patients. We used to have picnics.)</p>
Humor and fun with others (16)	<p><i>“Kailangan good vibes lang lagi para nakakaganda. Tawa lang.”</i></p> <p>(You just need good vibes always to be beautiful. Just laugh.)</p>
Expression of feeling in a safe space (8)	<p><i>“Kami-kami lang nagkakaintindihan ng pinagdadaanan namin”</i></p> <p>(We are the only ones who understand what we are going through.)</p>
F. MINDFULNESS	
Spirituality as source of strength (1)	<p><i>“Kumukuha ko ng lakas ng loob kay God.”</i></p> <p>(I draw courage from God.)</p>
Children as source of strength (5)	<p><i>“Kumukuha ako ng lakas ng loob sa anak.”</i></p> <p>(I draw courage from my child.)</p>
Hope (4)	<p><i>“Isa sa silver lining na nakikita ko, may mga thalassemia patients na umaabot ng adulthood na nakakapagtrabaho na, nagkakapamilya na. Kaya pag may parent na natatakot mamatay agad ang anak nila, sinasabi ko na naku, hindi po yan totoo.”</i></p>

	(One of the silver linings I see is that there are thalassemia patients who reach adulthood who are able to work, have families. So when there is a parent who is afraid that their child will die immediately, I say that it is not true.)
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These themes guided the development of the whole-day six-module Care for Carers Program.

According to Neff and Germer (2013), mindfulness exercises, especially those that entail developing self-compassion, might lessen the emotional toll from the stress of providing care. "I take courage from God," the caregiver said, illustrating how spirituality can be a key component of emotional fortitude. This supports the finding by Neff and Germer that including self-compassion and mindfulness techniques in caregiving practices can promote emotional health.

Numerous studies have demonstrated the efficacy of self-compassion training in lowering stress levels among caregivers. According to Gilbert and Procter (2006), self-compassion training helps improve emotional regulation and lessen self-critical attitudes, both of which are important for caregivers who frequently feel bad about their child's illness. This aligns with the Care for Carers Program's goals, which include giving caregivers useful self-compassion techniques to help them manage the mental and physical strain of providing care.

The table below shows how each module addresses the psychological needs of parents of thalassemia patients.

**Figure 7**

*Internal Psychological Needs of Primary Caregivers of Thalassemia Patients  
Addressed by the Care for Carers Program*

	MODULE 1: Introduction, Safety, and Defining Self-Compassion	MODULE 2: Clearing A Space (Setting aside things that gets in the way of self-compassion)	MODULE 3: Practicing Self-Compassion through Supportive Touch	MODULE 4: The Self-Compassion Break in Moments of Difficulty	Module 5: Reframing Being Self-Critical to Being Self-Compassionate	MODULE 6: Reconnecting to Inner Sources of Strength
<b>Self Judgement</b>						
Guilt and Regrets						
Inadequacy						
Self-Critical						
<b>Isolation</b>						
Self-pity						
Feelings of isolation						
Helplessness						
<b>Over Identification</b>						
Trauma						
Depression						
Grief						
Overwhelm						
Denying self needs						
Fear and anxiety						
Mood instability						
Fatigue						
Fear of death of child						
Pandemic stress						
<b>Self-Kindness</b>						
Sense of purpose						
Self-care						
<b>Common Humanity</b>						
Social Support						
Sense of community						
Humor and fun with others						
Expression of feeling in safe space						
<b>Mindfulness</b>						
Spirituality as source of strength						
Children as source of strength						
Hope						

The Care for Carers Program is adapted from the 6-hour evidence-based course called Self-Compassion Training for Healthcare Communities (SCHC). SCHC contains the following modules: 1) what is self-compassion; 2) practicing self-compassion; 3) compassionate motivation; 4) self-compassion for difficult emotions; 5) self-compassion and burnout; and 6) core values and self-compassion practice. The aim of SCHC is to provide self-compassion skills on the spot, as healthcare professionals experience challenges while at work with patients. The

Care for Carers Program has a similar goal of providing practical skills for the primary caregivers of thalassemia patients. This adaptation was tailored based on the results of the focus group discussion with carers of pediatric thalassemia patients, review of related literature, and experts' validation by two Child Life professionals. The table below will show the summary of the Care for Carers Program.

**Table 3**

*Contents of the Care for Carers Program*

Module Number & Title	Goal	Activity
Module 1: Introduction, Safety, and Defining Self-Compassion	<ul style="list-style-type: none"> <li>• Provide non-threatening way to introduce oneself in the group.</li> <li>• Establish safety guidelines throughout the sessions.</li> <li>• Introduce the concept of self-compassion.</li> </ul>	<ul style="list-style-type: none"> <li>• Welcoming and Introductions</li> <li>• Opening Ritual, Introduction, and Safety</li> <li>• Self-Compassion Exercise 1: How would you treat a friend?</li> <li>• Reflection and lecture about self-compassion</li> </ul>
Module 2: Clearing A Space (Setting aside things that get in the way of self-compassion)	<ul style="list-style-type: none"> <li>• Learn how to set aside things that get in the way of being self-compassionate through a focusing concept called Clearing a Space.</li> <li>• Find a practical small step in the right direction of providing oneself with compassion despite these barriers.</li> </ul>	<ul style="list-style-type: none"> <li>• Barriers to Self-Compassion</li> <li>• Safe Distance Exercise</li> <li>• Self-Compassion Tool #1: <i>Pagpag</i></li> <li>• Processing and integration of experiential exercise</li> </ul>
Module 3: Practicing Self-Compassion	<ul style="list-style-type: none"> <li>• Learn to be compassionate with the self through Mindful</li> </ul>	<ul style="list-style-type: none"> <li>• MSC Supportive Touch Exercise + FOAT® body scan exercise</li> </ul>

through Supportive Touch	Self-Compassion (MSC) concept of supportive touch. • Add supportive touch as one of “on the job” self-compassion tools.	• Self-Compassion Tool #2: <i>Dampi ng malasakit sa sarili</i> • Body Map Art Making • Processing • Dyad sharing and plenary discussion
Module 4: The Self-Compassion Break in Moments of Difficulty	• Learn the elements of self-compassion, namely Mindfulness, Common Humanity, Self-Kindness. • Practice MSC concept of taking care of a caregiver through Self-Compassion Break. • Add Self-Compassion Break as one of “on the job” self-compassion tools.	• Ice Breaker: Self-Compassion Scavenger Hunt • Self-Compassion Break • Self-Compassion Tool #3: <i>Salamin ng malasakit sa sarili</i> • Processing and integration of experiential exercise
Module 5: Reframing Being Self-Critical to Being Self-Compassionate	• Understand the function of being self-critical as a motivator. • Find ways to reframe being self-critical to being kind, gentle, welcoming, and curious with the self.	• Reframing Being Self-Critical to Being Self-Compassionate • Self-Compassion Tool #4: <i>Pagpapalit ng Mindset Tungkol sa Pagiging Kritikal sa Sarili</i> • Processing and integration
Module 6: Reconnecting to Inner Sources of Strength ( <i>Lakas ng Loob</i> )	• Learn how to access the inner sources when facing adversities. • Integrate all the learnings and experiences for the whole-day session.	• FOAT® Source of Strength Exercise • Creating an image of Source of Strength • Dyad Sharing • Processing and integration of learnings and experiences during the Care for Carers Program • Closing ritual

## 4.2 Phase 2: Quantitative Assessment of the Efficacy of the Care for Carers Program

In this quantitative part of the research, there were two groups: a control group and an experimental group, each consisting of 12 participants. The profile of participants in each group is shown in Table 3.

**Table 3**

*Descriptive Statistics of Control and Experimental Group Participants*

Profile	Category	Control Group (n = 12)	Experimental Group (n = 12)
<b>Gender</b>	Female	12	12
<b>Age</b>	18–30 y/o	1	0
	31–40 y/o	4	6
	41–50 y/o	3	5
	51 y/o & above	4	1
<b>No. of children with thalassemia</b>	1 child	8	11
	2 children	4	1
<b>Age of child/children with thalassemia</b>	0–5 y/o	2	1
	6–11 y/o	6	10
	12–18 y/o	7	2
<b>Had a child who died of thalassemia</b>	Yes	1	0

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	<p>Table 3 presents the detailed demographic characteristics of the participants in both groups. The participants in both the control and experimental groups were all female primary caregivers of pediatric thalassemia patients. The control group had a wider age distribution, with participants ranging from 18 to above 50 years old, while the experimental group was more concentrated in the 31–50 age range. Most participants in both groups were caring for one child with thalassemia, although a few reported caring for two. The age of the children with thalassemia ranged from infancy to adolescence, with the 6–11-year-old range being the most common. One participant from the control group reported having lost a child to thalassemia.</p> <p>The control and experimental groups’ pre-test and post-test results were analyzed to quantify and assess the impact of the intervention, as shown in Table 4.</p>	

**Table 4**

*Pretest and Posttest Mean and Standard Deviation Scores of Control and Experimental Groups, With Paired and Independent Samples T-Test Results*

<b>Group</b>	<b>Pre-test M (SD)</b>	<b>Post-test M (SD)</b>	<b>Paired T-test (within group) P value</b>
Control	3.39 (0.47)	3.54 (0.51)	0.110
Experimental	3.25 (0.38)	3.38 (0.32)	0.096
<b>Independent T-test (between groups) P value</b>	0.425	0.381	

*Note.* M = Mean; SD = Standard Deviation. Paired t-test results assess changes within each group; independent t-test results compare differences between groups at pretest and posttest.

\*\*\*p > .05 (not statistically significant)

The table above shows the control group's pre-test result with a 3.39 mean score. The group's average Parenting-Related Self-Compassion Scale score was moderate before the intervention and had a standard deviation of 0.47. The post-test result of the control group shows a slight increase in the mean score to 3.54 and a standard deviation of 0.51. Despite this slight increase, the group's average Parenting-Related Self-Compassion Scale score moved to the high category.

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	<p>This result is related to studies by Luthar et al. (2000), who discovered that caregivers' increasing capacity to handle the demands of caregiving can result in gains in their emotional well-being even in the absence of formal interventions. These adaptive coping strategies may cause the control group's modest improvement in self-compassion scores on top of providing caregivers with casual leisure activity while being gathered as a community. As people gain a more balanced and understanding view of themselves, especially when faced with ongoing caring obligations, Neff and Germer (2013) discovered that self-compassion can naturally grow over time. Thus, the change in the control group's self-compassion from moderate to high emphasizes how crucial it is to help caregivers develop emotional resilience and an avenue for community gathering, even without formal interventions.</p> <p>Meanwhile, the experimental group's pre-test result shows a mean score of 3.25 and a standard deviation of 0.38. Before the intervention, participants' average Parenting-Related Self-Compassion Scale score was considered moderate. The experimental group's post-test result also shows a slight increase in the mean score to 3.38, with a standard deviation of 0.32. With the slight increase, the average Parenting-Related Self-Compassion score remains moderate.</p>	

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	<p>According to Zhao (2019), self-compassion can be developed gradually by people—especially caregivers—through reflective exercises and emotional support systems, which could eventually result in modest gains. Even though the full advantages of the self-compassion training may not be felt right away, the experimental group's minor gain may be explained by participants starting to put the program's concepts into practice.</p> <p>The experimental group's modest but discernible increase in self-compassion scores is in line with the research by Lök and Bademli (2024), who looked at how self-compassion training affected people in high-stress occupations like caregivers. They discovered that although notable progress was not usually seen immediately, participants showed modest but significant increases in self-compassion following short interventions, which eventually resulted in improved emotional control and less stress.</p> <p>To further examine if there is a significant difference between the pre-test and post-test parenting-related self-compassion scale scores of the control group and experimental group, a paired t-test of pre-test and post-test means was conducted.</p>	

The results of the paired t-test for the control group indicated that there is a non-significant medium difference between Control Group Pre Test ( $M = 3.39$ ,  $SD = 0.47$ ) and Control Group Post Test ( $M = 3.54$ ,  $SD = 0.51$ ).

This finding implies that although the control group's self-compassion levels increased, the difference was not statistically significant. Lathren (2023) and Diggory (2021) have pointed out that caregivers may gradually show minor shifts in self-compassion even in the absence of training, frequently due to their innate emotional response to the stress of providing care. Rather than the results of a particular program, these slight gains can result from participants' progressive development of emotional resilience due to their changing experiences in providing care.

Since the  $p\text{-value} > \alpha$ ,  $H_0$  cannot be rejected; the control group post-test population's average equals the control group pre-test population's average. The difference between the sample's averages of the control group post-test and the control group pre-test is not large enough to be significant statistically. This means that the result showing non-significance cannot prove that  $H_0$  is correct.

The paired t-test result of control and experimental groups resulted in a p-value of 0.11, which means that the chance of a type I error rejecting a correct  $H_0$  is too high: 0.11 (11%). Since the p-value is greater than 0.05 (5%), it supports  $H_0$ .

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	<p>that there is no significant difference in the post-test mean scores and standard deviation of the control group in terms of Parenting-Related Self-Compassion.</p> <p>The results of the paired t-test for the experimental group indicated that there is a non-significant medium difference between Experimental Group Pre Test (M = 3.2, SD = 0.4) and Experimental Group Post Test (M = 3.4, SD = 0.3).</p> <p>Biau et al. (2008) advise that although the experimental group's self-compassion scores increased slightly, p-values close to the threshold (like 0.096) suggest that there may be some evidence of a difference, but insufficient statistical power to prove the impact conclusively. These results imply that while the experimental group's scores improved, the difference was not substantial enough to rule out the null hypothesis, suggesting that a compressed one-day self-compassion intervention may not be suitable for the Filipino population due to deeply embedded beliefs and cultural values emphasizing self-sacrifice, alignment of societal expectations to neglect one's own needs to prioritize others, and Christian values promoting enduring hardship. These factors complicate the practice of self-compassion in the chosen population (D'Souza, 2012). More comprehensive and prolonged interventions could be needed to produce a discernible shift in self-compassion levels to counter these deeply embedded beliefs.</p>	

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	<p>Since the <math>p\text{-value} &gt; \alpha</math>, <math>H_0</math> cannot be rejected. The average of the experimental group's post-test population is equal to that of the experimental group's pre-test population.</p> <p>The difference between the averages of the experimental group post-test and the experimental group pre-test is not large enough to show statistical significance. This non-significant result cannot prove that <math>H_0</math> is correct.</p> <p>The <math>p\text{-value}</math> equals 0.096. This means that the chance of a type I error—rejecting a correct <math>H_0</math>—is too high: 0.096 (9.6%). Since the <math>p\text{-value}</math> is greater than 0.05 (5%), it supports <math>H_0</math> that there is no statistically significant difference in the post-test mean scores and standard deviation of the experimental group in terms of Parenting-Related Self-Compassion.</p> <p>These results imply that although the experimental group's self-compassion increased, the difference was not statistically significant and was comparable to the control group's. Even when self-compassion increases are seen, Fleagle (2017) points out that they might not always be substantial enough to achieve statistical significance, especially in smaller samples or brief intervention periods. Therefore, more studies with a larger sample size or a more extended intervention may be required to establish a more robust effect.</p>	

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	<p>To investigate whether there is a significant difference between the pre-test and post-test Parenting-Related Self-Compassion Scale mean scores of the experimental and control groups, an independent samples t-test for means was conducted.</p> <p>The average pre-test score of the control group population was found to be equal to that of the experimental group population. This means that the difference between the sample means of the control group pre-test and the experimental group pre-test was not large enough to be declared statistically significant.</p> <p>The 12 participants in the experimental group compared to the 12 participants in the control group resulted in a two-tailed p-value of 0.425. Since this p-value is higher than the alpha level of 0.05, the null hypothesis failed to be rejected. This indicates that there is no significant difference between the pre-test results of the control and experimental groups.</p> <p>Similarly, for the post-test results, the average score of the control group population was equal to the average score of the experimental group population. This means that the difference between the sample means of the control group post-test and the experimental group post-test was not large enough to be statistically significant.</p>	

The 12 participants who received the Care for Carers intervention compared to the 12 participants in the control group resulted in a two-tailed p-value of 0.381. Since the p-value is greater than the alpha level of 0.05, the null hypothesis failed to be rejected, indicating that there is no statistically significant difference between the post-test results of the control and experimental groups.

#### **4.3 Qualitative Assessment of the Efficacy of the Care for Carers Program**

Interviews were conducted with six participants: three who showed the most positive difference between their pre-test and post-test assessment results, and three who showed the least difference. These interviews aimed to explore their experiences and insights regarding the Care for Carers Program.

The following questions were asked to understand their feedback and suggestions for the Care for Carers Program.

1. Which Care for Carers Program activity do you find most useful?
2. Which Care for Carers Program activity do you find least useful?
3. Do you have any suggestions on how to improve the Care for Carers Program?
4. What's your key takeaway from the Care for Carers Program?

The following themes emerged based on the thematic analysis, as agreed upon by the primary researcher and assistant researcher.

**Table 4**

*Thematic Framework of Focus Group Discussion About What Was Helpful and Not Helpful in the Care for Carers Program*

Benefits of the Intervention – Related to Self-Compassion Practice	
Sub-Category	First Cycle Codes
A. Common Humanity	1. Being open to one another (1), 2. Expression of feelings and thoughts (3), 3. Lightening of emotional load through sharing (4), 4. Not feeling alone (1), 5. Understanding each other (2)
B. Mindfulness	6. Better emotional control (4), 7. Reframing negative thoughts about the self (2), 8. Sources of strength (4)
C. Self-Kindness	9. Allowing time for the self (1), 10. Believing in the self (1), 11. Improved self-confidence (1)
Benefits of the Intervention – Other Benefits	
Sub-Category	First Cycle Codes
D. Improved Relationship with Family	12. Better relationship with children (1), 13. Better communication with children (2)
E. Practicality of the Intervention	14. Satisfied with the activity (2), 15. Topics connected to each other (1), 16. Usefulness of skills learned (4)
F. Relaxation	17. Refreshed mind (1), 18. Feeling happy (1), 19. Stress relief (5)

Suggested Improvements of the Intervention	
Sub-Category	First Cycle Codes
G. Need for Self-Compassion Skills to be Practiced Outside Intervention	20. Skills learned in the session should be practiced outside the intervention (3)
H. Variety of Participants	21. More participants from other hospitals (3)
I. Add Leisure and Relaxation Activities	22. Balance of fun and emotional activities (1), 23. Leisure and games (1), 24. More relaxation exercises (2)

J. Longer Duration of Intervention

25. Longer time together (3), 26.  
Overnight Care for Carer Session (2)

The table below shows some quotes related to the themes that emerged through deductive thematic analysis:

**Table 5**

*Dimensions, Themes, Categories, Coding Frequency, and Quotations of Benefits of the Care for Carers Program*

Second Cycle and First Cycle Categories	Representative Quotations
<b>A. COMMON HUMANITY</b>	
Being open to one another (1)	“ <i>Nakatulong yung pagiging open po sa isa't-isa.</i> ” (Being open to each other was helpful.)
Expression of feelings and thoughts (3)	“ <i>Yung mga gusto kong sabihin nasasabi ko. Yung mga hindi ko mailabas, yung mga dati kong kinikimkim nailabas ko.</i> ” (I was able to say what I wanted to say. I’ve spilled out the ones I couldn’t get out of my chest and the things I used to repress.)
Lightening of emotional load through sharing (4)	“ <i>Gumaan yung kanya-kanya naming hinanakit at saloobin.</i> ” (Our individual resentments and grievances have eased.)
Not feeling alone (1)	“ <i>Naramdaman kong hindi po ako nag-iisa.</i> ” (I felt that I was not alone.)
Understanding each other (1)	“ <i>Nakatulong yung pag-intindi namin sa isa't isa.</i> ” (Understanding each other helped us.)
<b>B. MINDFULNESS</b>	
Better Emotional Control (4)	“ <i>Sa pagiging magulang, na-less na po yung lagi akong nagagalit. Hindi na po ako madaling magalit.</i> ” (In terms of parenting, my angry outbursts have lessened. I don’t get angry easily anymore.)

Reframing negative thoughts about the self (2)	<i>“Nakatulong yung pagpapalit ng mindset sa negative paano siya gagawing positibo.”</i> (Changing mindset from negative to positive was helpful.)
Sources of strength (4)	<i>“Nakatulong yung activity na nagpapalakas ng loob. Nilagay ko sa wallet ang larawan. Lalo na ang message sa likod, dumating man ang problema, kakayanin at kakayanin.”</i> (The activity about the source of inner strength was helpful. I put the image in my wallet, especially the message I wrote behind the photo. Even if problems come, I know I can manage them.)
<b>C. SELF-KINDNESS</b>	
Allotting time for the self (1)	<i>“Ngayon lumalabas-labas na ako ng bahay. Naglalaan na ng oras para sa sarili.”</i> (Now I started going out of the house. I now take time for myself.)
Believing in the self (1)	<i>“Mas nakikinig pa ako sa sinasabi ng ibang tao dati. Ngayon nakikinig na ako sa sinasabi ko sa sarili ko.”</i> (Before, I would listen more to what other people say. Now, I listen more to what I tell myself.)
Improved self-confidence (1)	<i>“Nagkaroon ako ng dagdag na tiwala sa sarili.”</i> (I gained more self-confidence.)
<b>D. Improved Relationship with Family</b>	
Better relationship with children (5)	<i>“Yung dalawa kong binata laging wala dito kasi lagi akong galit. Ngayon hindi na lumalabas yung panganay ko kasi nag-uusap kami dito sa kwarto.”</i> (My two teenage sons often leave the house because I’m always angry. Now, my eldest would stay in the house, as we talk here in the room.)
Better communication with children (2)	<i>“Dati-dati yung nasasabi ko sa kanila laging sama lang ng loob ko sa kanila. Ngayon nakakausap ko na nang maayos.”</i> (Before, I used to say how resentful I was of them. Now I can talk to them properly.)
<b>E. PRACTICALITY OF THE INTERVENTION</b>	
Satisfied with the activity (2)	<i>“Parang wala naman po maisuggest. Ok naman po yung mga activity natin e.”</i>

	(It seems like there's nothing to suggest. Our activities are okay.)
Topics connected to each other (1)	<i>"Lahat naman po ng topic ay konektado sa bawat isa."</i> (All the topics are connected to each other.)
Usefulness of skills learned (4)	<i>"Maganda nga po yung mga naging topic natin nung session. Nagagamit ko lahat."</i> (The topics we had in the session were good. I can use everything.)
<b>F. RELAXATION</b>	
Refreshed mind (1)	<i>"Parang narefresh po yung kanya-kanya naming pag-iisip."</i> (It feels like our individual thoughts have been refreshed.)
Feeling happy (1)	<i>"Pag-uwi ko dito masaya ako."</i> (When I got home, I was happy.)
Stress relief (5)	<i>"Nakatulong yung pagtanggap ng stress, mga galaw na pampaalis ng stress."</i> (The activity about removing stress was helpful, the movements that release stress.)

**Table 6**

*Dimensions, Themes, Categories, Coding Frequency, and Quotations of Suggested Improvements of the Care for Carers Program*

<b>Second Cycle and First Cycle Categories</b>	<b>Representative Quotations</b>
<b>G. PRACTICE OF SELF-COMPASSION SKILLS</b>	
Skills learned in the session should be practiced outside the intervention (3)	<i>"In reality, yung inaral natin kailangan i-apply sa sarili. Hindi lang sa sulat lang. Kailangan mapag-aralan mo sa sarili mo para alam mo ang dapat mong gawin"</i> (In reality, what we learned must be applied to oneself, not just in writing. You need to study on your own to know what you should do.)
<b>H. VARIETY OF PARTICIPANTS</b>	
More participants from other hospitals (3)	<i>"Mas maganda din kasing magkasama-sama yung galing sa ibang hospital. Para makakilala din ng ibang mga mommy."</i>

	(It's also better when those from other hospitals are together. To meet other mommies too.)
<b>I. ADD LEISURE AND RELAXATION ACTIVITIES</b>	
Balance of fun and emotional activities (1)	<p><i>"Sana balance. Merong kasiyahan at merong iyakan. Para may bawi, para di masyadong emotional yung dating ng care for carers."</i></p> <p>(I wish there was a balance. There are fun and emotional activities so that it's balanced and so that the Care for Carers Program isn't too emotional.)</p>
Leisure and games (1)	<p><i>"Sana po meron pong games para ma-refresh naman."</i></p> <p>(I wish there were games so that we feel refreshed.)</p>
More relaxation activities (1)	<p><i>"Pwede din pong may nag-ma-massage din sa amin."</i></p> <p>(It's also better to have someone give us a massage.)</p>
<b>J. LONGER DURATION OF INTERVENTION</b>	
Longer time together (3)	<p><i>"Mas maganda po yung matagal para mas makapagkwentuhan nang marami."</i></p> <p>(It would be better if the program was longer so that we can converse more.)</p>
Overnight Care For Carer Session (2)	<p><i>"Sana merong overnight bonding kasi hindi naman magkakakila-kilala sa isang araw lang."</i></p> <p>(I wish there is overnight bonding because we can't get to know each other in just one day.)</p>

These insightful qualitative findings about the Care for Carers Program's influence on parenting-related self-compassion among primary caregivers of children with thalassemia are derived from the interview. The quantitative estimation results, which showed that the experimental group's post-test scores were comparable to the pre-test results, are further examined in light of the qualitative data. The adherence model thematic analysis highlighted the changes that indicate the program positively impacted the participants' emotions,

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	<p>and the interviews provided valuable and rich sources of information about other aspects that do not require percentages.</p> <p>Common Humanity was one of the most important subjects found. In the caregiver groups, participants embrace the notion that discussing emotional experiences or having opinions might be beneficial. They discovered that the program relieved their emotional burdens by allowing them to express emotions they would have otherwise kept inside. One participant said, "I can say what I want to say," in reference to the things she cannot say. This remark was made to relieve the participants by sharing their experiences with those who could relate. This result aligns with studies on the emotional form of social support, which specify that caregivers benefit from talking about their emotions with others going through similar experiences (Neff &amp; McGehee, 2018). As anticipated, participants acknowledged that the program helped them feel less isolated in their struggles, indicating that feelings of loneliness had decreased as a result of the training.</p> <p>The mindfulness exercises done during the session increased participants' ability to regulate emotions and restructure negative thoughts. Emotion regulation is another theme that influences one's level of self-compassion. This backs up the idea that the mindful activities done during the session helped caregivers let go of negative feelings about their parenting role, such as anger, annoyance, and frustration. This also fits with and relates to studies on mindfulness therapies for caregivers, which see mindfulness as key to better self-control and less fatigue (Baker et al., 2009). Also, using positive resources, like having a source</p>	

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	of strength, matched the program's main idea, which informed caregivers that they possessed good tools to handle their daily challenges and build resilience.	84

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	<b>4.4 Discussion of Results</b> <p>The quantitative results indicated no statistically significant difference between the pre-test and post-test scores of both the control and experimental groups. Several factors may account for this outcome. First, the small sample size of 12 participants per group, though aligned with the recommended number of participants for early efficacy trials (Julious, 2005), may have lacked sufficient power to detect small to moderate effects. Second, the brief one-day format of the intervention, while practical for the busy caregiver and budgetary constraints of the research, may not have been long enough to create measurable changes on a standardized psychometric scale.</p> <p>In addition to these design-related factors, potential interaction bias may have also influenced the results. As the researcher had prior engagement with the caregiver community, there was a possibility that participants’ responses were affected by their familiarity with the researcher. To mitigate this, an assistant researcher assisted in administering both the pre-test and post-test assessments, thereby reducing the potential for bias during data collection. However, information bias could still have occurred due to the small and familiar group setting, where social desirability or shared expectations may have shaped participants’ responses. To address this during the third phase of the research, when the interview was conducted, participants were encouraged to speak honestly and candidly. One caregiver explicitly used the phrase “real talk” to affirm her openness during the conversation. Furthermore, to ensure the credibility and neutrality of the qualitative</p>	

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	<p>analysis, the interpretation of the findings was audited by the assistant researcher, contributing to a more balanced perspective of the qualitative data.</p> <p>Despite the lack of statistical significance, the qualitative findings revealed meaningful and transformative effects among participants. Thematic analysis of post-intervention interviews yielded three major domains of change that mirror Neff’s three core components of self-compassion namely: common humanity, when participants expressed feeling less alone in their struggles, gaining perspective from others' experiences, and developing a sense of shared understanding; mindfulness, when participants reported enhanced emotional regulation and a learned ability to turn their automatic negative thoughts to an empowering one and; self-kindness, when caregivers expressed greater compassion toward themselves, reframing rest and self-care as necessary rather than selfish.</p> <p>These qualitative results support the embodied and relational value of the intervention. The expressive arts components helped bridge the gap between internal emotional states and external expression, especially for participants who were less comfortable with verbal introspection. The group setting also played a critical role in fostering empathy, validation, and a sense of community and solidarity with fellow primary caregivers.</p>	

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	<p style="text-align: center;"><b>CHAPTER V</b></p> <p style="text-align: center;"><b>SUMMARY OF FINDINGS</b></p> <p>The study aimed to investigate the psychological needs of Filipina primary caregivers of pediatric Thalassemia patients, develop an intervention, and evaluate the efficacy of the intervention program in improving their parenting-related self-compassion.</p> <p>As a result, this study used a three-phase design. Phase one focuses on developing the Care for Carers intervention based on the result of focus group discussions with caregivers of pediatric Thalassemia patients with similar profiles who are getting treatment at a different site, as well as allied health professionals closely working with the chosen population. Transcription of the focus group interview underwent a deductive thematic analysis using the theoretical lens of the theory of self-compassion’s bipolar continuum; the opposing end is called uncompassionate self-responding (UCS), manifesting through high self-judgment, isolation, and overidentification with the problem. The other opposite end of the continuum is called compassionate self-responding (CS), which manifests through higher kindness, common humanity, and mindfulness. Results of the thematic analysis show that primary caregivers cited internal psychological difficulties related to self-judgment, such as guilt and regrets, inadequacy, and being self-critical; concerns related to isolation, such as self-pity, feelings of isolation, and helplessness; challenges related to overidentification, such as trauma, feelings of</p>	

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	<p>depression, grief, being overwhelmed, tendencies to deny their own self-care needs, fear and anxiety, mood instability, fatigue, fear of the death of their child, and past pandemic stress. They also cited factors that help them deal with these challenges and support they hope to have in relation to self-kindness, such as a sense of purpose and self-care; finding help associated with common humanity, such as social support, sense of community, humor, and fun with others, and expression of feelings in a safe space; and guidance on accessing internal sources of strength concerning mindfulness, such as spirituality, hope, and their role as parents to their children. The result of the qualitative focus group and the literature review about interventions for similar populations narrows down the potential of combining concepts of self-compassion with Focusing-Oriented Expressive Arts (FOAT®) to address caregivers' emotional and psychological challenges in a practical and accessible way to make it feasible for real-world implementation. The one-day, six-module Care for Carers Program was then drafted and reviewed by three experts.</p> <p>After the feedback and suggestions were incorporated into the module, the interventions were provided and assessed in the second and third phases of the research.</p> <p>Both qualitative and quantitative methods were used to evaluate the program in its second and third phases, respectively. The quantitative study was conducted using an experimental design involving two groups.</p>	

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	<p>The primary caregivers of pediatric thalassemia patients receiving treatment at the National Children’s Hospital were recruited via a Facebook Messenger group chat of parents, face-to-face interaction between the researcher and the primary caregivers of thalassemia patients, and referrals from existing participants. Out of forty primary caregivers invited to participate, thirty expressed their interest in joining the study. They were randomly assigned to either the control group or the experimental group. Twelve participants from each group appeared on the scheduled day of the implementation. Other participants begged off due to unforeseen engagements and emergencies.</p> <p>The assessment of improvements in self-compassion among caregivers was done using the Parenting-Related Self-Compassion Scale (P-SCS) as the measurement tool. To evaluate the changes in self-compassion, both groups underwent a pre-test and a post-test. The data collected from these tests were analyzed using paired sample t-tests to compare pre-test and post-test results within each group and independent sample t-tests to compare the post-test and pre-test results between the two groups.</p> <p>The third phase commenced with qualitative research through interviews with experimental group participants. This was done to triangulate the result of the efficacy of the Care for Carers Program. Deductive thematic analysis using the self-compassion theory was done to analyze the interview results. Anchoring on the self-compassion theory, themes that emerged regarding the benefits of the intervention in relation to common humanity are: 1) being open to</p>	

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	<p>one another; 2) expression of feelings and thoughts; 3) lightening of emotional load through sharing; 4) not feeling alone; and 5) understanding each other. The benefits of the intervention related to mindfulness are: 1) better emotional control; 2) reframing negative thoughts about the self; and 3) anchoring on sources of strengths. Lastly, themes related to self-kindness are: 1) allowing time for the self; 2) believing in the self; and 3) improved confidence. Other benefits are improved relationships with family, practicality of the intervention, and relaxation experience. Suggested program enhancements of the participants were: 1) hope to have more variety of participants; 2) need for reminders or follow-up sessions so that skills can be practiced more outside the sessions; 3) longer duration of session; and 4) adding more leisure activities in the session.</p> <p>The results showed the program's potential to enhance the impact of caregiving on caregivers' well-being, even though the triangulated mixed-method data in the quantitative component lacked evidence to support it. In order to offer the intervention and conduct follow-ups in the future to comprehend the program's longer-term effects, the study also suggested investigations with a larger sample size and spreading the sessions over a longer duration. Finally, the study emphasized how important it is to promote the emotional health of caregivers of children with thalassemia and other chronic conditions.</p>	

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	<p style="text-align: center;"><b>CONCLUSION</b></p> <p>This research study intends to understand the needs of and support Filipina primary caregivers of pediatric thalassemia through the development of the Care for Carers Program, anchored on self-compassion approaches and focusing-oriented expressive arts. The research is conducted using qualitative and quantitative methods to identify the emotional and psychological needs of caregivers, develop an appropriate intervention, and evaluate its efficacy through triangulation of quantitative and qualitative data. The conclusions in this chapter are aligned with the study’s research questions.</p> <p>The first research objective was to identify the needs of Filipina primary caregivers of pediatric thalassemia patients to improve their parenting-related self-compassion. A needs analysis was conducted through a focus group discussion with nine primary caregivers and two child life professionals. The themes of the narrative accounts during the focus group discussions included addressing self-judgment, such as guilt, inadequacy, and self-criticism; managing feelings of isolation, including helplessness and loneliness; and recognizing the impact of over-identification with the challenges of their child's illness, which encompassed trauma, fatigue, grief, anxiety, and fear of loss. Caregivers expressed the need to improve self-kindness, which they associated with engaging in self-care and having a renewed sense of purpose. They also emphasized the value of common</p>	

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	<p>humanity, recognizing shared experiences with other primary caregivers, and mindfulness, particularly through spirituality and drawing strength from their children. These themes served as the foundational components in developing the Care for Carers Program.</p> <p>The second research goal was to compare the pre-test and post-test mean scores and standard deviation values of parenting-related self-compassion among individuals divided into experimental and control groups after undergoing the Care for Carers Program. The experimental group's mean score went up from 3.25 (SD = 0.38) to 3.38 (SD = 0.32), and the control group's mean score also went up from 3.39 (SD = 0.47) to 3.54 (SD = 0.51). While both groups improved, only the control group went across moderate to high self-compassion levels. This outcome may be due to the control group having a relatively higher level of parenting-related self-compassion score during the pre-test as compared to the experimental group, informal community support from group membership, and the therapeutic value of social interaction, even in the absence of formal intervention.</p> <p>The third research question looked at the differences between pre-test and post-test scores in both the experimental and control groups to see if these changes were statistically significant. Paired t-test results revealed no statistically significant differences between the experimental and control groups, with p-values of 0.096 and 0.110, respectively. The experimental group's p-value approached significance; however, it was inadequate to prove a statistically significant effect. The minor benefits observed may be due to the intervention's early-stage</p>	

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	<p>acceptance of self-compassion concepts and ideas, and the intervention's brief duration potentially limiting its full influence. Additionally, the cultural context, which includes Filipino values such as self-sacrifice, communal responsibility, and religious endurance, could have influenced how caregivers received self-compassion.</p> <p>The fourth research question asked whether there was a significant difference in post-test results between the experimental and control groups. An independent t-test found no statistically significant difference (<math>p = 0.381</math>). This shows that, while both groups improved slightly, the intervention did not result in a statistically significant outcome for the experimental group when compared to the control group.</p> <p>The last research was to understand which components of the Care for Carers Program were effective or ineffective in improving parenting-related self-compassion. Interviews with six participants who experienced both the highest and lowest parenting-related self-compassion score changes revealed that many components of the program were valuable and useful. Participants expressed a deeper sense of humanity as a result of sharing experiences and expressing themselves openly with fellow Filipina parents. They also showed greater mindfulness, including better emotional regulation and the ability to reframe unpleasant thoughts related to their caregiving role. The growth of self-kindness was reflected in caregivers' prioritizing of their own self-care needs. Improved communication with family members and reduced stress levels were among the</p>	

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	<p>additional stated benefits. Participants praised the activities' flow and relevance but suggested several improvements, such as extending the program's duration, inviting caregivers from other institutions, incorporating more leisure activities, and encouraging ongoing self-compassion practices after the intervention period through follow-up sessions.</p> <p>As a conclusion, the outcomes of this study reveal that, while the Care for Carers Program did not result in statistically significant increases in parenting-related self-compassion scores, it did provide significant emotional and psychological benefits to caregivers. The qualitative feedback suggests that the workshop was useful and practical to the needs of primary caregivers. It also reflected caregivers' lived experiences and provided a secure and supportive atmosphere for emotional growth. These findings demonstrated that there are components of the Care for Carers intervention that have a positive effect in enhancing Filipina primary caregivers' well-being. Future studies should focus on increasing the sample size, extending the intervention time, and considering cultural values and beliefs that may influence self-compassion application. By addressing these issues, future improvements of the Care for Carers Program will be able to better support Filipina caregivers of children with thalassemia and promote emotional resilience.</p>	

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	<p style="text-align: center;"><b>RECOMMENDATION</b></p> <p>This section provides recommendations to address concerns about the program and strengthen the effectiveness of the self-compassion-themed, focus-oriented expressive arts intervention for Filipina primary caregivers of pediatric thalassemia, known as the Care for Carers Program. A collective review of participants' responses during post-intervention interviews, along with existing research, will help enhance the program's impact, effectiveness, sustainability, and practicality.</p> <p>During interviews with program participants, one suggestion was to extend the invitation beyond the primary caregivers of thalassemia patients at the National Children's Hospital. Expanding the participant pool could foster richer discussions, broaden perspectives, and create a stronger, more interconnected community of Filipina caregivers by including those from various hospitals. This setup would help improve self-compassion skills related to common humanity. Additionally, including caregivers from diverse backgrounds would encourage better sharing of financial and medical resources, as well as caregiving experiences.</p> <p>Participants also highlighted the need for follow-up sessions and regular reminders to help maintain self-compassion skills after completing the one-day, six-module program. These follow-ups would support caregivers in applying the skills to their everyday challenges. A common approach in self-compassion training is to offer monthly follow-up sessions after the initial program. This helps</p>	

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	<p>reinforce the skills learned and ensures that caregivers continue to receive emotional support.</p> <p>In addition to follow-ups, participants suggested longer session durations to allow deeper engagement with the material and more opportunities to practice self-compassion techniques. Extending each session to two hours and distributing the six modules over six weeks, similar to the standard Mindful Self-Compassion (MSC) program, may enhance overall effectiveness. A longer program provides more time for learning and integrating the skills into daily life. However, this could present challenges, including participant absences due to busy schedules and additional resource requirements such as venue rental, transportation allowances, and food provisions.</p> <p>Another suggestion was to incorporate more leisure and recreational activities within the sessions to create a more enjoyable, relaxed, and engaging learning environment. Caregivers could benefit from stress relief through games, community singing or dancing, and free time for rest. These activities not only promote relaxation but also help strengthen social connections among participants. Combining learning with enjoyable and therapeutic experiences may help caregivers manage the demands of parenting children with chronic illnesses.</p> <p>Additional recommendations for future implementation and research include increasing the number of participants and expanding subject diversity. A larger and more varied sample would result in findings that are statistically stronger and more generalizable. It would also enrich both quantitative and qualitative data</p>	

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	<p>by representing a broader range of experiences and backgrounds. This would strengthen the evaluation of the Care for Carers intervention.</p> <p>Improvements could also be made in how outcomes are assessed. A three-point assessment approach is recommended, with a pre-test administered one week before the intervention, a post-test one week after, and a follow-up post-test two months later. This would help determine whether the intervention produces lasting effects.</p> <p>The study’s findings have several implications for future research in areas such as caregiver mental health, expressive arts therapy, and culturally sensitive self-compassion programs. Given the observable benefits of the Care for Carers Program, future studies could explore its use with other caregiver populations facing similar challenges. These include caregivers of children with cancer, congenital heart disease, cerebral palsy, or autism spectrum disorder. These conditions often require lifelong management and bring significant emotional, physical, and financial burdens. Applying the program to these groups could help evaluate its adaptability and effectiveness in different caregiving contexts and provide deeper insight into how Filipino caregivers respond to self-compassion practices.</p> <p>Finally, the initial needs analysis highlighted several external challenges that caregivers face, such as the nature of the disease, systemic issues in the Philippine healthcare system, financial difficulties, family problems, and the mental health of their children. Although the Care for Carers Program cannot</p>	

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	<p>address all of these concerns directly, the findings can be a valuable reference for other sectors. Multisectoral and multidisciplinary teams, including nonprofit organizations, healthcare providers, and government agencies, can use the data to develop policies and interventions that provide more comprehensive support for caregivers, their children, and their families.</p> <p>These recommendations aim to enhance the Care for Carers Program in ways that increase its accessibility and effectiveness for Filipina caregivers of children with thalassemia. Additional research is needed to help implement multisectoral initiatives that address both the psychosocial and systemic challenges that caregivers face.</p> <p>By acting on these recommendations, we can achieve meaningful improvements in the mental health and well-being of Filipina caregivers. This, in turn, will lead to more resilient caregiving communities and better care for children living with life-threatening conditions such as thalassemia.</p>	

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**Appendix I: Letter to the Institutions**

Ma. Lourdes Magno  
Executive Director  
Kythe Foundation, Inc.

Room 201, FSS 1 Bldg  
20 Sct Tuason cor Sct Castor  
Brgy Laging Handa, Quezon City

Dear Ms. Magno,

Greetings in the name of St. Thomas Aquinas!

I humbly write to your venerable office to inform you that I, Carolyn T. Tongco, a University of Santo Tomas Masters in Clinical Psychology student, would like to conduct research for the primary caregivers of pediatric thalassemia patients in the National Children's Hospital. This is in line with my master's thesis entitled, "Efficacy of Self-Compassion-Themed Focusing-Oriented Expressive Arts for Filipina Caregivers of Pediatric Thalassemia Patients."

The research will involve focus group discussions, answering assessment questions, and participating in a whole-day program with parents of thalassemia patients.

In conjunction with this master's thesis, I promise to adhere to the guidelines, policies, and procedures of Kythe Child Life Services. I will not let Kythe Foundation Inc. be held liable for any untoward incident that may occur during the course of the research. Attached herewith is my research proposal and certificate of approval from NCH Institutional Review Board for your review.

If you have other concerns, feel free to contact me at 0922 696 7377 or email me at [carolyn.tongco.gs@ust.edu.ph](mailto:carolyn.tongco.gs@ust.edu.ph).

Sincerely,

Carolyn T. Tongco, REACE

## Appendix II: Certificate of Ethics Review Approval



### NATIONAL CHILDREN'S HOSPITAL-INSTITUTIONAL REVIEW BOARD (NCH-IRB)

PHREB Accreditation No: L3-2016-018-01 and FERCAP Recognized  
 Room 514, 5<sup>th</sup> Floor, NCH MAB Bldg., 264 E. Rodriguez Sr. Avenue., Quezon City, 1102  
 Telephone Nos.: +63 2 87240656 to 87240659 59 loc.102 Telefax No.: +63 82 7254533  
 Email: [rb@nch.doh.gov.ph](mailto:rb@nch.doh.gov.ph) [nchirb@gmail.com](mailto:nchirb@gmail.com) Website: [www.nch.doh.gov.ph](http://www.nch.doh.gov.ph)

#### FORM 2.8

#### CERTIFICATE OF APPROVAL

Date February 07, 2024

This is to certify that the following protocol and related documents have been granted approval by the National Children's Hospital-Institutional Review Board for implementation

NCH-IRB Protocol No.	2023-28-NCT		
Principal Investigator/s	CAROLYN T. TONGCO, REACE	Sponsor <i>If applicable</i>	N/A
Title	Efficacy of Self-Compassion-Themed Focusing-Oriented Expressive Arts for Filipino Caregivers of Pediatric Thalassemia Patients		
Protocol Version No.	2	Version Date	01/17/2024
ICF Version No.	2	Version Date	01/17/2024
Waiver of ICF granted	Other documents	GC, CV of research team, informed consent (English, Filipino), Permission to use Parenting Related Self-Compassion Scale-Indonesia), Budgetary Requirements, Study time Line (Timetable for Research), Focus Group Questions (English), Self-Compassion Scale Translations (English, Filipino), Permit to Use Outcome Measure (University of Texas at Austin-Educational Psychology)	
Members of research team	Tanya Maria B. Gonzalez, RPsy		
Study sites	National Children's Hospital		
Type of review	<input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Full board Meeting date:	Duration of Approval(date) From: February 05, 2024 To: February 04, 2025	Frequency of continuing review Every 12 months

2018 NCH-IRB Form 2.8

REV. 2

Effectivity Date: February 02, 2024  
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### NATIONAL CHILDREN'S HOSPITAL-INSTITUTIONAL REVIEW BOARD (NCH-IRB)

PHREB Accreditation No: L3-2016-018-01 and FERCAP Recognized  
 Room 514, 5<sup>th</sup> Floor, NCH MAB Bldg., 264 E. Rodriguez Sr. Avenue., Quezon City, 1102  
 Telephone Nos.: +63 2 87240656 to 87240659 59 loc.102 Telefax No.: +63 82 7254533  
 Email: [rb@nch.doh.gov.ph](mailto:rb@nch.doh.gov.ph) [nchirb@gmail.com](mailto:nchirb@gmail.com) Website: [www.nch.doh.gov.ph](http://www.nch.doh.gov.ph)

Name of NCH-IRB Chair Person	Signature	Date
ELSIE LYNN B. LOCSON, MD, MPH, MSc, FPPS		February 07, 2024

Note: this shall supersede previous approval due to corrected word instead of "impressive" should be "expressive."

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	<b>Appendix III-A: Informed Consent for Phase 1: Development of Care for Carers Program (English Version)</b>	
	<p style="text-align: center;">Informed Consent Form</p> <p>Greetings! I am Carolyn T. Tongco, a graduate student of the University of Santo Tomas Graduate School currently undertaking a research study on Efficacy Of Self-Compassion-Themed Focusing-Oriented Expressive Arts or Care for Carers Program For Filipina Caregivers Of Pediatric Thalassemia Patients</p> <p>You are invited to participate in a research study to investigate the needs of primary caregivers of pediatric thalassemia patients and test the reliability of the tool called Parenting-Related Self-Compassion Scale. Before deciding whether to participate, it is important for you to understand the purpose of the study, the procedures involved, the potential risks and benefits, and your rights as a participant. Please read this consent form carefully and ask any questions you may have before deciding to participate.</p> <p>Study Procedures:</p> <p>If you agree to participate, you will be asked to answer the Filipino-translated Parenting-Related Self Compassion Scale. Afterward, you will be interviewed with other parents of thalassemia patients on the challenges and needs to help improve</p>	

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	<p>your mental health and well-being. At the end of the interview, you will be again asked to answer the English version of the Parenting-Related Scale.</p> <p>Benefits:</p> <p>By participating in this study, you will help develop the Care for Carers program that will be useful for parents of thalassemia patients. Additionally, your participation will contribute to the validation of Filipino-translated Parenting-Related Self-Compassion Scale.</p> <p>Risks:</p> <p>There are minimal anticipated risks associated with participating in this study. It is possible that discussing your experiences as a primary caregiver or engaging in the intervention program may bring up emotional discomfort or temporary distress. However, the research team will provide support and resources to help you cope with potential negative emotions during the study. In case of adverse psychological effects of the intervention such as triggers of anxiety and distress, the researcher will sponsor 8 counseling sessions through Circle of Hope’s Kaloob teletherapy session. If further counseling sessions are needed due to this study, the researcher will continue supporting the teletherapy session as your clinician recommends. The researcher will ensure that the risks will be minimized, and the benefits will be maximized.</p>	

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	<p>Responsibility and Voluntary Participation:</p> <p>As participants in the study, your responsibilities entail answering the Filipino and English version of the Parenting-Related Self-Compassion Scale. You will also be asked to answer the interview questions. Participation in this study is entirely voluntary, and you have the right to withdraw at any time without providing a reason. Your decision to participate or not will have no impact on your relationship with the hospital, Kythe Foundation, Inc., or any other healthcare providers.</p> <p>Confidentiality:</p> <p>The researcher acknowledges the duties outlined in Republic Act No. 10173, also known as the Data Privacy Act of 2012, with regard to the data collected, recorded, organized, updated, used, consolidated, or destroyed from participants. All hardcopy of data will be stored in a safe lock by the Data Protection Office of Kythe Foundation. While the electronic data and photos of your artwork will be stored on a password-protected, encrypted computer. All the identifying information will be kept separate from the research data, and this link will be disabled after the data has been collected and analyzed.</p> <p>The name, age, sex, and other demographic information the participants will provide will be accessible to the researcher. Their name, however, will be removed and replaced with a study ID or pseudonym. This is necessary to analyze the data and carry out the study. Furthermore, the research findings may be presented or</p>	

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	<p>published. The results, however, will be presented as aggregate data, with no individual results. If a participant is to be quoted, he/she will be given a pseudonym.</p> <p>The researcher will have sole access to the personal information gleaned from this study, and it will only be kept on a hard drive for a period of one year following the submission of the final paper to the Office of Graduate Research. The printed materials will also be destroyed one year following the submission of the final manuscript to the Office of Graduate Research.</p> <p>Statement of Reimbursement</p> <p>Each participant will receive P300.00 per day as a transportation allowance.</p> <p>Contact Information:</p> <p>If you have any questions or concerns about the study, please contact the principal investigator, Carolyn T. Tongco, at 0922 6967377. If you have any concerns about your rights as a research participant or wish to report a research-related problem, you may contact National Children’s Hospital Institutional Review Board at (02) 8724-0656 to 59 Local 102, email at <a href="mailto:irb@nch.doh.gov.ph">irb@nch.doh.gov.ph</a> or visit at Room 514 IRB Office 5th Floor, NCH MAB Bldg. 264 E. Rodriguez Sr. Avenue, Quezon City.</p>	<p>119</p>

By signing below, you acknowledge that you have read and understood the information provided in this consent form, and you voluntarily agree to participate in the study.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Name: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix III-B: Informed Consent for Phase 1: Development of Care for Carers Program (Filipino Version)****Pagbibigay ng Pahintulot**

Magandang araw po! Ako si Carolyn T. Tongco, isang mag-aaral ng Unibersidad ng Santo Tomas Graduate School na kasalukuyang nagsasagawa ng isang pananaliksik na pag-aaral tungkol sa pagiging epektibo ng pakikiramay sa sarili at malikhaing pagpapahayag, o Care for Carers program para sa mga tagapag-alaga ng mga batang pasyente na may Thalassemia.

Iniimbitahan ko po kayong lumahok sa isang pananaliksik na pag-aaral upang siyasatin ang pangangailangan ng isang magulang ng batang may thalassemia at alamin kung maasahan ba ang isinalin sa Filipino na Parenting-Related Self-Compassion Scale. Bago po kayo magpasya bilang kalahok, mahalagang maunawaan po ninyo ang layunin ng pag-aaral, ang mga pamamaraang, ang mga potensyal na panganib at benepisyo, at ang iyong mga karapatan bilang kalahok. Mangyaring basahin nang mabuti ang form na ito at magtanong ng anumang mga katanungan na maaaring mayroon ka bago magpasyang lumahok.

Pamamaraan ng Pag-aaral:

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	<p>Kung sumasang-ayon kang lumahok, hihilingin sa na kumpletuhin ang isinalin sa Filipino na questionnaire sa simula. Ikaw ay dadaan sa interview tungkol sa iyong mga pagsubok sa pagiging magulang ng batang may thalassemita at ang iyong pangangailangan upang mapabuti ang iyong mental health. Sa katapusan ng pag-aaral, hihilingin muli na sagutan mo ang questionnaire sa Ingles.</p> <p>Benepisyo:</p> <p>Sa pamamagitan ng paglahok sa pag-aaral na ito, maaari kang makatulong sa pagbuo ng Care for Carers program na higit na makatutulong sa mga magulang ng may batang thalassemia. Bukod pa rito, ang iyong pakikilahok ay makatutulong sa pagpapatunay na maasahan ang isinalin sa Filipino na Parenting-Related Self Compassion Scale.</p> <p>Mga panganib:</p> <p>Mayroong kaunting inaasahang panganib na nauugnay sa paglahok sa pag-aaral na ito. Posible na ang pagtalakay sa iyong mga karanasan bilang isang pangunahing tagapag-alaga ay maaaring magdulot ng paglabas ng hindi kanais-nais na emosyon o pansamantalang pagkabalisa. Gayunpaman, ang mananaliksik ay magbibigay ng suporta upang matulungan kang makayanan ang anumang potensyal na negatibong emosyon na maaaring lumabas sa panahon ng pag-aaral. Sa pagkakataong ikaw ay makaranas ng matinding pagkabalisa at hindi makayanang emosyon dahil sa aktibidad na gagawin, ang mananaliksik ay mag-iisponsor ng 8 sesyon ng</p>	122

	<b>UNIVERSITY OF SANTO TOMAS GRADUATE SCHOOL</b>	<b>PAGE</b>
	<p>Teletherapy sa pamamagitan ng Kaloob teletherapy sesyon ng Circle of Hope. Kung sakaling kailanganin mo ng higit pa sa 8 sesyon ng teletherapy sanhi ng paglahok sa pag-aaral na ito, ipagpapatuloy ng mananaliksik ang suporta ayon sa rekomendasyon ng iyong clinician. Sisiguraduhin ng mananaliksik na ang mga panganib ay iiwasan, at ang mga benepisyong aktibidad na ito ay palalawakin.</p> <p>Responsibilidad at Kusang-loob na Paglahok:</p> <p>Bilang mga kalahok sa pag-aaral, ang iyong mga responsibilidad ay nangangailangan ng pagsagot ng questionnaires na nasa Filipino at English at pakikilahok sa interview kasama ang iba pang magulang ng batang may Thalassemia. Ang paglahok sa pag-aaral na ito ay ganap na boluntaryo, at may karapatan kang umatras anumang oras nang hindi kailangan magbigay ng paliwanag. Ang iyong desisyon na lumahok o hindi ay walang epekto sa iyong kaugnayan sa ospital kung saan ka nagpapagamot, Kythe Foundation, Inc., o anumang iba pang tagapagbigay ng pangangalagang pangkalusugan.</p> <p>Pagkakumpidensyal:</p> <p>Kinikilala ng mananaliksik ang mga tungkuling nakabalangkas sa Republic Act No. 10173, na kilala rin bilang Data Privacy Act of 2012, patungkol sa mga datos na nakolekta, naitala, inayos, ginamit, pinagsama-sama, o sinira mula sa mga kalahok. Ang lahat ng kopya ng impormasyon ay iimbak sa isang ligtas na lock ng Data Protection Officer ng Kythe Foundation. Habang ang electronic data at mga</p>	123

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	<p>larawan ng iyong artwork ay iimbak sa isang protektado ng password at naka-encrypt na computer. Ang lahat ng pagpapakilanlan at impormasyon ay pananatiling hiwalay sa data ng pananaliksik.</p> <p>Ang pangalan, edad, at iba pang impormasyon na ibibigay ng mga kalahok ay makikita ng mananaliksik. Ang inyong pangalan, gayunpaman, ay aalisin at papalitan ng isang bilang o ibang pangalan. Ito ay kinakailangan upang masuri ang mga datos at maisagawa ang pag-aaral. Higit pa rito, ang mga natuklasan sa pananaliksik ay maaaring iharap o mailathala. Ang mga resulta, gayunpaman, ay ipapakita bilang pinagsama-samang data, na walang mga indibidwal na resulta. Kung babanggitin ang nasabi ng isang kalahok, bibigyan siya ng pseudonym o ibang pangalan.</p> <p>Ang mananaliksik lamang ang makakakita ng personal na impormasyong nakuha mula sa pag-aaral na ito, at ito ay itatago lamang sa isang hard drive sa loob ng isang taon pagkatapos ng pagsusumite ng huling papel sa UST Office of Graduate Research. Ang mga nakalimbag na materyales ay sisirain din isang taon kasunod ng pagsusumite ng huling manuskrito sa opisina ng UST Graduate Research.</p> <p>Pahayag ng Reimbursement</p>	

Ang bawat kalahok ay tatanggap ng P300.00 bawat araw bilang pamasahé sa pagpunta. Ang mananaliksik ang bahala sa lahat ng pagkain at meryenda sa kabuuan ng aktibidad.

Impormasyon sa Pakikipag-ugnayan:

Kung mayroon kang anumang mga katanungan o alalahanin tungkol sa pag-aaral, mangyaring makipag-ugnayan sa tagapagsaliksik, si Carolyn T. Tongco, sa 0922 6967377. Kung mayroon kang anumang mga alalahanin tungkol sa iyong mga karapatan bilang kalahok sa pananaliksik o nais mong mag-ulat ng problemang nauugnay sa pananaliksik, maaari kang makipag-ugnayan sa National Children's Hospital Institutional Review Board sa telephonong (02) 8724-0656 hanggang 59 Local 102, o mag email sa [irb@nch.doh.gov.ph](mailto:irb@nch.doh.gov.ph) o bumisita sa Room 514 IRB Office 5th Floor, NCH MAB Bldg. 264 E. Rodriguez Sr. Avenue, Quezon City.

Sa pagpirma sa ibaba, kinikilala mo na nabasa at naunawaan mo ang impormasyong ibinigay sa form ng pahintulot na ito, at kusang-loob kang sumasang-ayon na lumahok sa pag-aaral.

Pangalan ng Kalahok: \_\_\_\_\_

Lagda ng Kalahok: \_\_\_\_\_

Petsa: \_\_\_\_\_

Pangalan ng Mananaliksik: \_\_\_\_\_

Lagda ng Mananaliksik: \_\_\_\_\_

Petsa: \_\_\_\_\_

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	<b>Appendix III-C: Informed Consent for Phase 2A: Testing the Efficacy of Care for Carers Program (English Version)</b>	
	<p style="text-align: center;">Informed Consent Form</p> <p>Greetings! I am Carolyn T. Tongco, a graduate student of the University of Santo Tomas Graduate School currently undertaking a research study on Efficacy Of Self-Compassion-Themed Focusing-Oriented Expressive Arts or Care for Carers Program For Filipina Caregivers Of Pediatric Thalassemia Patients</p> <p>You are invited to participate in a research study investigating the effectiveness of a Care for Carers Program for primary caregivers of pediatric thalassemia patients. Before deciding whether to participate, it is important for you to understand the purpose of the study, the procedures involved, the potential risks and benefits, and your rights as a participant. Please read this consent form carefully and ask any questions you may have before deciding to participate.</p> <p>Study Procedures:</p> <p>If you agree to participate, you will be randomly assigned to one of two groups: the 15 participants in the intervention group or the 15 participants in the control group. The intervention group will undergo a Care for Carers Program, which involves attending whole day group program where you will learn and practice self-</p>	

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	<p>compassion techniques. The control group will receive 1-halfday standard care without self-compassion intervention. Both groups will be asked to complete questionnaires at the study's beginning and end.</p> <p>Benefits:</p> <p>By participating in this study, you may benefit from learning and practicing self-compassion techniques, which can promote emotional well-being, reduce stress, and enhance your ability to cope with the challenges of being a primary caregiver for a thalassemia patient. Additionally, your participation will contribute to the scientific understanding of self-compassion interventions in improving the well-being of primary caregivers.</p> <p>Risks:</p> <p>There are minimal anticipated risks associated with participating in this study. It is possible that discussing your experiences as a primary caregiver or engaging in the intervention program may bring up emotional discomfort or temporary distress. However, the research team will provide support and resources to help you cope with any potential negative emotions that may arise during the study. In case of adverse psychological effects of the intervention such as triggers of anxiety and distress, the researcher will sponsor 8 counseling sessions through Circle of Hope’s Kaloob teletherapy session. If further counseling sessions are needed due to the adverse effect of this study, the researcher will continue supporting the teletherapy</p>	

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	<p>session as your clinician recommends. The researcher will make sure that the risks will be minimized, and the benefits will be maximized.</p> <p>Responsibility and Voluntary Participation:</p> <p>As participants in the study, your responsibilities entail attending and participating in either 1 half-day or whole-day activities depending on which group you will belong. After one week of the intervention, some of you may be invited to a 1-hour focused group discussion. Participation in this study is entirely voluntary, and you can withdraw at any time without providing a reason. Your decision to participate or not will not impact your relationship with the National Children’s Hospital, Kythe Foundation, Inc., or any other healthcare providers.</p> <p>Confidentiality:</p> <p>The researcher acknowledges the duties outlined in Republic Act No. 10173, also known as the Data Privacy Act of 2012, with regard to the data collected, recorded, organized, updated, used, consolidated, or destroyed from participants. All hardcopy of data will be stored in a safe lock by the Data Protection Office of Kythe Foundation. While the electronic data and photos of your artwork will be stored on a password-protected, encrypted computer. All the identifying information will be kept separate from the research data, and this link will be disabled after the data has been collected and analyzed.</p>	

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	<p>The name, age, sex, and other demographic information the participants will provide will be accessible to the researcher. Their name, however, will be removed and replaced with a study ID or pseudonym. This is necessary to analyze the data and carry out the study. Furthermore, the research findings may be presented or published. The results, however, will be presented as aggregate data, with no individual results. If a participant is to be quoted, he/she will be given a pseudonym.</p> <p>The researcher will have sole access to the personal information gleaned from this study, and it will only be kept on a hard drive for a period of one year following the submission of the final paper to the Office of Graduate Research. The printed materials will also be destroyed one year following the submission of the final manuscript to the Office of Graduate Research.</p> <p>Statement of Reimbursement</p> <p>Each participant will receive P300.00 per day as a transportation allowance. The researcher will provide all meals and snacks for the duration of the activity.</p> <p>Contact Information:</p> <p>If you have any questions or concerns about the study, please contact the principal investigator, Carolyn T. Tongco, at 0922 6967377. If you have any concerns about your rights as a research participant or wish to report a research-related problem, you may contact National Children’s Hospital Institutional Review Board at (02)</p>	

8724-0656 to 59 Local 102, email at [irb@nch.doh.gov.ph](mailto:irb@nch.doh.gov.ph) or visit at Room 514 IRB Office 5th Floor, NCH MAB Bldg. 264 E. Rodriguez Sr. Avenue, Quezon City.

By signing below, you acknowledge that you have read and understood the information provided in this consent form, and you voluntarily agree to participate in the study.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Name: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix III-D: Informed Consent for Phase 2A: Testing the Efficacy of  
Care for Carers Program (Filipino Version)****Pagbibigay ng Pahintulot**

Magandang araw po! Ako si Carolyn T. Tongco, isang mag-aaral ng Unibersidad ng Santo Tomas Graduate School na kasalukuyang nagsasagawa ng isang pananaliksik na pag-aaral tungkol sa pagiging epektibo ng pakikiramay sa sarili at malikhaing pagpapahayag, o Care for Carers program para sa mga tagapag-alaga ng mga batang pasyente na may Thalassemia.

Iniimbitahan ko po kayong lumahok sa isang pananaliksik na pag-aaral upang siyasatin ang pagiging epektibo ng pakikiramay sa sarili at paggamit ng sining para sa mga tagapag-alaga ng mga pasyenteng may thalassemia. Bago po kayo magpasya bilang kalahok, mahalagang maunawaan po ninyo ang layunin ng pag-aaral, ang mga pamamaraang, ang mga potensyal na panganib at benepisyo, at ang iyong mga karapatan bilang kalahok. Mangyaring basahin nang mabuti ang form na ito at magtanong ng anumang mga katanungan na maaaring mayroon ka bago magpasyang lumahok.

Pamamaraan ng Pag-aaral:

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	<p>Kung sumasang-ayon kang lumahok, maari kang maitalaga sa isa sa dalawang grupo: Maari kang mapabilang sa isa sa mga 15 kalahok na makatatanggap ng intervention o isa sa 15 kalahok sa control group. Ang intervention group ay makakatanggap ng self-compassion at expressive arts intervention, na kinabibilangan ng pagdalo sa isang araw na programa kung saan matututo ka at magsanay ng self-compassion techniques. Ang control ay makakatanggap ng karaniwang pangangalaga nang walang interbensyon sa pakikiramay sa sarili sa loob ng kalahati-ng araw. Hihilingin sa dalawang grupo na kumpletuhin ang mga questionnaire sa simula at katapusan ng pag-aaral.</p> <p>Benepisyo:</p> <p>Sa pamamagitan ng paglahok sa pag-aaral na ito, maaari kang makinabang mula sa pag-aaral at kasanayan sa pakikiramay sa sarili, na maaaring magsulong ng emosyonal na kaginhawahan, mabawasan ang stress, at mapahusay ang iyong kakayahang makayanan ang mga hamon ng pagiging pangunahing tagapag-alaga para sa isang pasyenteng may thalassemia. Bukod pa rito, ang iyong pakikilahok ay makatutulong sa siyentipikong pag-unawa sa mga interbensyon sa pakikiramay sa sarili sa pagpapabuti ng kapakanan ng mga pangunahing tagapag-alaga.</p> <p>Mga panganib:</p> <p>Mayroong kaunting inaasahang panganib na nauugnay sa paglahok sa pag-aaral na ito. Posible na ang pagtalakay sa iyong mga karanasan bilang isang pangunahing</p>	133

tagapag-alaga o pagsali sa mga sesyon ng interbensyon ay maaaring magdulot ng paglabas ng hindi kanais-nais na emosyon o pansamantalang pagkabalisa. Gayunpaman, ang mananaliksik ay magbibigay ng suporta upang matulungan kang makayanan ang anumang potensyal na negatibong emosyon na maaaring lumabas sa panahon ng pag-aaral. Sa pagkakataong ikaw ay makaranas ng matinding pagkabalisa at hindi makayanang emosyon dahil sa mga aktibidad na gagawin, ang mananaliksik ay mag-iisponsor ng 8 sesyon ng Teletherapy sa pamamagitan ng Kaloob teletherapy session ng Circle of Hope. Kung sakaling kailanganin mo ng higit pa sa 8 sesyon ng teletherapy sanhi ng paglahok sa pag-aaral na ito, ipagpapatuloy ng mananaliksik ang suporta ayon sa rekomendasyon ng iyong clinician. Sisiguraduhin ng mananaliksik na ang mga panganib ay iiwasan, at ang mga benepisyong aktibidad na ito ay palalawakin.

#### Responsibilidad at Kusang-loob na Paglahok:

Bilang mga kalahok sa pag-aaral, ang iyong mga responsibilidad ay nangangailangan ng pagdalo at pakikilahok sa isang araw na aktibidad na inihanda namin para sa iyo kung ikaw ay mapabilang sa intervention group, at isang kalahating araw kung ikaw ay mapabilang sa control group. Matapos ang isang araw ng ating aktibidad, ang iba sa inyo ay maaring maimbita sa isang diskurso tungkol sa inyong karanasan. Ang paglahok sa pag-aaral na ito ay ganap na boluntaryo, at may karapatan kang umatras anumang oras nang hindi kailangan magbigay ng paliwanag. Ang iyong desisyon na lumahok o hindi ay walang epekto

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	<p>sa iyong kaugnayan sa National Children's Hospital, Kythe Foundation, Inc., o anumang iba pang tagapagbigay ng pangangalagang pangkalusugan.</p> <p>Pagkakumpidensyal:</p> <p>Kinikilala ng mananaliksik ang mga tungkuling nakabalangkas sa Republic Act No. 10173, na kilala rin bilang Data Privacy Act of 2012, patungkol sa mga datos na nakolekta, naitala, inayos, ginamit, pinagsama-sama, o sinira mula sa mga kalahok. Ang lahat ng kopya ng impormasyon ay iimbak sa isang ligtas na lock ng Data Protection Officer ng Kythe Foundation. Habang ang electronic data at mga larawan ng iyong artwork ay iimbak sa isang protektado ng password at naka-encrypt na computer. Ang lahat ng pagpapakilanlan at impormasyon ay pananatiling hiwalay sa data ng pananaliksik.</p> <p>Ang pangalan, edad, at iba pang impormasyon na ibibigay ng mga kalahok ay makikita ng mananaliksik. Ang inyong pangalan, gayunpaman, ay aalisin at papalitan ng isang bilang o ibang pangalan. Ito ay kinakailangan upang masuri ang mga datos at maisagawa ang pag-aaral. Higit pa rito, ang mga natuklasan sa pananaliksik ay maaaring iharap o mailathala. Ang mga resulta, gayunpaman, ay ipapakita bilang pinagsama-samang data, na walang mga indibidwal na resulta. Kung babanggitin ang nasabi ng isang kalahok, bibigyan siya ng pseudonym o ibang pangalan.</p>	135

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	<p>Ang mananaliksik lamang ang makakakita ng personal na impormasyong nakuha mula sa pag-aaral na ito, at ito ay itatago lamang sa isang hard drive sa loob ng isang taon pagkatapos ng pagsusumite ng huling papel sa UST Office of Graduate Research. Ang mga nakalimbag na materyales ay sisirain din isang taon kasunod ng pagsusumite ng huling manuskrito sa opisina ng UST Graduate Research.</p> <p>Pahayag ng Reimbursement</p> <p>Ang bawat kalahok ay tatanggap ng P300.00 bawat araw bilang pamasaha sa pagpunta. Ang mananaliksik ang bahala sa lahat ng pagkain at meryenda sa kabuuan ng aktibidad.</p> <p>Impormasyon sa Pakikipag-ugnayan:</p> <p>Kung mayroon kang anumang mga katanungan o alalahanin tungkol sa pag-aaral, mangyaring makipag-ugnayan sa tagapagsaliksik, si Carolyn T. Tongco, sa 0922 6967377. Kung mayroon kang anumang mga alalahanin tungkol sa iyong mga karapatan bilang kalahok sa pananaliksik o nais mong mag-ulat ng problemang nauugnay sa pananaliksik, maaari kang makipag-ugnayan sa National Children’s Hospital Institutional Review Board sa telephonong (02) 8724-0656 hanggang 59 Local 102, o mag email sa <a href="mailto:irb@nch.doh.gov.ph">irb@nch.doh.gov.ph</a> o bumisita sa Room 514 IRB Office 5th Floor, NCH MAB Bldg. 264 E. Rodriguez Sr. Avenue, Quezon City.</p>	

Sa pagpirma sa ibaba, kinikilala mo na nabasa at naunawaan mo ang impormasyong ibinigay sa form ng pahintulot na ito, at kusang-loob kang sumasang-ayon na lumahok sa pag-aaral.

Pangalan ng Kalahok: \_\_\_\_\_

Lagda ng Kalahok: \_\_\_\_\_

Petsa: \_\_\_\_\_

Pangalan ng Mananaliksik: \_\_\_\_\_

Lagda ng Mananaliksik: \_\_\_\_\_

Petsa: \_\_\_\_\_

## Appendix IV: Data Privacy Research Clearance



Republic of the Philippines  
Department of Health  
**NATIONAL CHILDREN'S HOSPITAL**  
Philhealth Accredited



## DATA PRIVACY RESEARCH CLEARANCE FORM

## Data Privacy Statement

The **NATIONAL CHILDREN'S HOSPITAL-INSTITUTIONAL REVIEW BOARD** values the confidentiality of any data you have entrusted to us. We will collect, process, retain, and/or use personal information only when reasonable and necessary, such as, but not limited to when we need your personal information to assist you with your assessment to qualify for the MOOCs.

We have implemented reasonable and adequate security measures to protect our information from loss, misuse, modification, unauthorized or accidental access or disclosure, and alteration or destruction.

We will not share your personal information with any third party unless reasonably necessary for the conduct of our program or authorized under the law. We may also use and/or share photo, video, or audio documentation from the program for institutional and non-commercial purposes only.

## DPO NOTES

- ☒ Researcher(s) oriented with the DPA or R.A. 10173  
☒ Caution on Sensitive Data was given emphasis  
☒ Strict Confidentiality Policy was discussed  
☒ Rights of the data subject was given emphasis  
☐ Other notes: \_\_\_\_\_

Gerelyn J. Tongco

Date signed: June 12, 2024

Signature over printed name of researcher/principal investigator

## RESEARCH APPROVAL STATUS

- ☐ Disapprove Reason: \_\_\_\_\_  
☒ Approve and may proceed with data collection (has complied with minimum requirements of Data Privacy Law)

☐ Others: \_\_\_\_\_

MS. KEITHLYN I. ALEGRE  
Data Protection Officer  
National Children's Hospital

Date signed: JUL 17 2024

*To achieve all that is possible and to attempt even the impossible*

Address: 364 E. Rodriguez Sr. Blvd., 1102 Quezon City, Philippines  
 Website: [www.ncdoh.gov.ph](http://www.ncdoh.gov.ph) Email address: [ncdoh@gmail.com](mailto:ncdoh@gmail.com)  
 Trunklines: 8724-0656 to 59, 8724-0650, 8726-8980, 8726-9125 Telefax: 8721-9125

JAS-ANZ



ISO  
9001:2015  
CERTIFIED

## Appendix V: Approval of Protocol Amendments



### NATIONAL CHILDREN'S HOSPITAL-INSTITUTIONAL REVIEW BOARD (NCH-IRB)

PHREB Accreditation No: L3-2016-018-01

Room 514, 5th Floor, NCH MAB Bldg., 264 E. Rodriguez St. Avenue, Quezon City, 1102

Telephone Nos.: +63 2 87240656 to 87240659 59 loc. 102 Teletax No.: +63 2 87254533

Email: [nch-irb@nch.gov.ph](mailto:nch-irb@nch.gov.ph) Website: [www.nch.gov.ph](http://www.nch.gov.ph)

May 09, 2024

**CAROLYN T. TONGCO, REACE**

Principal Investigator

National Children's Hospital

**Re: Efficacy of Self-Compassion-Themed Focusing-Oriented Expressive Arts for  
Filipina Caregivers of Pediatric Thalassemia Patients,  
NCH-IRB 2023-28-NCT**

Dear **Ms. Tongco**:

We wish to inform you that the National Children's Hospital-Institutional Review Board (NCH-IRB) reviewed the **study protocol amendment** dated December 20, 2022, for your study entitled, "**Efficacy of Self-Compassion-Themed Focusing-Oriented Expressive Arts for Filipina Caregivers of Pediatric Thalassemia Patients,**" (NCH-IRB 2023-28-NCT).

Upon review of **study protocol amendment form** and **amended study protocol** the Committee **APPROVED** the study protocol amendment.

The details of the approved study protocol amendment are as follows:

Items to be Amended (Protocol / ICF)	List of Amendments (Proposed Amendments)	Justification for Amendments (Reasons for Amendments)
The intervention will be one whole day instead of 2-half days	The intervention will be one whole day instead of 2-half days.	After the interview and needs analysis with the parents of Thalassemia patients, most preferred having one whole day session instead of having 2-half day sessions on different days. This is convenient for them in terms of traveling and scheduling  This is also a realistic set-up if Kythe Foundation will implement the intervention due to cost efficiency and availability of staff who will implement the Care for Carers program.

Note: this shall supersede previous approval due to correction on the word in title instead of "Impressive" should be "Expressive."

Thank you.

Very truly yours,

**ELSIE LYNN B. LUCSON, MD, MPH, MSc, FPPS**

Chair, NCH-IRB

**Appendix VI: Permit to Use Outcome Measure**

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1912 Speedway, STE 504, Austin, Texas, 78712-1289 • Mail Code: D5800 • (512) 471-4155 • Fax (512) 471-1288

**To Whom It May Concern:**

Dr. Kristin Neff grants permission to use the State Self-Compassion Scales (Neff et al., 2021) for any purpose whatsoever, including research, clinical work, teaching, etc. Please cite:

Neff, K. D., Tóth-Király, I., Knox, M. C., Kuchar, A., & Davidson, O. (2021). The Development and Validation of the State Self-Compassion Scale (Long-and Short Form). *Mindfulness*, 12(1), 121-140.

Permission is also given to translate the State Self-Compassion Scale using the analytic approach to validate the factor structure that was established in:

Neff, K. D., Tóth-Király, I., Yarnell, L., Arimitsu, K., Castilho, P., Ghorbani, N.,... Mantios, M. (2019). Examining the Factor Structure of the Self-Compassion Scale using exploratory SEM bifactor analysis in 20 diverse samples: Support for use of a total score and six subscale scores. *Psychological Assessment*, 31 (1), 27-45.

Best wishes,

Kristin Neff, PhD

## Permission to use Parenting Related Self-Compassion Scale

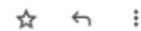


External Inbox x



**Carolyn Tongco** <carolyn.tongco.gs@ust.edu.ph>  
to fitri.ariyanti.abidin ▾

Oct 23, 2022, 8:36 PM



Fitri Ariyanti Abidin  
Department of General and Experimental Psychology  
Universitas Padjadjaran  
Jatinangor, West Java, Indonesia

Dear Ms. Abidin,

A pleasant day to you. I am Carolyn T. Tongco, a graduate student from the Philippines taking Masters in Clinical Psychology at the University of Santo Tomas. I have read your research on Parenting-Related Self-Compassion Scale. I would like to ask your permission on the use of your adapted scale in my research entitled, "Focusing-Oriented Expressive Arts For Primary Caregivers Of Pediatric Hematology-Oncology Patients During Covid-19 Pandemic".

I am hoping for your positive response regarding my request.

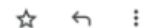
Sincerely,

[Carolyn T. Tongco, REACE](#)  
UST Student No: 2002002090  
MA Clinical Psychology



**FITRI ABIDIN**  
to me ▾

Oct 25, 2022, 10:48 PM



Dear Carolyn,

Please use the scale, with the proper citation to our paper.  
Good luck with your research!

Best,  
Fitri

**Appendix VII: Self-Compassion Scale Translations**

Item No.	Original Self-Compassion Scale	Modified Items in Parenting Context	Filipino Translation of Modified Items in Parenting Context
<b>Self-Kindness</b>			
5	I try to be loving towards myself when I'm feeling emotional pain.	I try to love myself when I feel disappointed in parenting.	Sinusubukan kong mahalín ang aking sarili sa mga oras na ako ay nadidismaya sa pagiging magulang.
12	When I'm going through a very hard time, I give myself the caring and tenderness I need.	When I'm going through a very hard time in parenting, I give myself the caring and tenderness I need.	Sa panahong higit akong nahihirapan sa pagiging magulang, binibigyan ko ng tamang pag-aaruga at malasakit ang aking sarili
19	I'm kind to myself when I'm experiencing suffering.	When I'm experiencing difficulties in parenting, I comfort myself.	Kapag nakakaramdam ako ng hirap sa pagiging magulang, pinagiginhawa ko ang aking sarili.
23	I'm tolerant of my own flaws and inadequacies.	I'm accepting my own flaws and inadequacies in parenting.	Tinatanggap ko ang mga kamalian at kakulangan ko sa pagiging magulang.
26	I try to be understanding and patient towards those aspects of my personality I don't like.	I try to be understanding and patient towards those aspects of my personality in parenting that I don't like.	Sinusubukan kong maging mapang-unawa at mapagpasensiya sa mga hindi ko gustong aspekto ng katangian ko bilang magulang.
<b>Self-Judgment</b>			
1	I'm disapproving and judgmental about my own flaws and inadequacies.	I'm disapproving and judgmental about my own flaws and inadequacies in parenting.	Nagiging dismayado at mapanghusga ako sa aking mga kamalian at kakulangan sa pagiging magulang.
8	When times are really difficult, I	When I experience parenting difficulties,	Kapag nagkakaroon ako ng mahirap na karanasan sa pagiging

	tend to be tough on myself.	I tend to be tough on myself.	magulang, nagiging mahigpit ako sa aking sarili.
11	I'm intolerant and impatient towards those aspects of my personality I don't like.	I'm intolerant and impatient towards those aspects of my personality I don't like in parenting.	Nawawalan ako ng tiyaga at pasensya sa mga aspekto ng katangian kong hindi ko gusto sa pagiging magulang.
16	When I see aspects of myself that I don't like, I get down on myself.	I get down on myself when I see aspects of myself in parenting that I don't like.	Pinupuna ko ang aking sarili kapag nakakakita ng mga hindi ko gustong aspekto ng sarili ko sa pagiging magulang.
21	I can be a bit cold-hearted towards myself when I'm experiencing suffering.	I do not care about my own feelings when I experience difficulties in parenting.	Hindi ko binibigyan ng pansin ang aking nararamdaman kapag may mahirap na karanasan ako sa pagiging magulang.
<b>Common Humanity</b>			
3	When things are going badly for me, I see the difficulties as part of life that everyone goes through.	When parenting gets more difficult, I see the difficulties as part of life that all parents experience.	Kapag nagiging mahirap ang pagiging magulang, itinuturing ko ang mga pagsubok na bahagi ng karanasan ng bawat magulang.
7	When I'm down, I remind myself that there are lots of other people in the world feeling like I am.	When I'm sad and helpless in parenting, I remind myself that there are lots of other parents feeling like I am.	Kapag nalulungkot ako at nalulugmok sa pagiging magulang, pinapaalala ko sa aking sarili na maraming magulang ang kapareho ko ng nararamdaman.
10	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared	When I feel inadequate in some way related to parenting, I try to remind myself that feelings of inadequacy	Kapag nakakaramdam ako ng pagkukulang sa pagiging magulang, sinusubukan kong ipaalala sa aking sarili na nakakaranas din ng

	by most people.	are shared by most people.	pagkukulang ang karamihan.
15	I try to see my failings as part of the human condition	I try to see my failings in parenting as part of the human condition.	Sinusubukan kong tingnan ang mga kabiguan ko bilang magulang na bahagi ng pagiging isang tao.
<b>Isolation</b>			
4	When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.	When I think about my inadequacies in parenting, I feel more separate and cut off from the rest of the world.	Kapag naiisip ko ang mga kakulangan ko sa pagiging magulang, nakakaramdam ako ng pagkahiwalay at pagkabukod mula sa mundo.
13	When I'm feeling down, I tend to feel like most other people are probably happier than I am.	When I'm feeling down in parenting, I tend to feel like most other parents are probably happier than I am.	Kapag ako ay nalulungkot sa pagiging magulang, hindi ko maiwasang isipin na mas masaya ang ibang magulang kaysa sa akin.
18	When I'm really struggling, I tend to feel like other people must be having an easier time of it.	When I'm really struggling in my parenting, I tend to feel like other parents must be having an easier time of it.	Kapag nahihirapan ako sa pagiging magulang, naiisip kong marahil ay mas nadadalian ang ibang magulang kaysa sa akin.
23	When I fail at something that's important to me, I tend to feel alone in my failure.	When I fail at something that's important in parenting, I tend to feel alone in my failure.	Kapag ako ay nabigo sa importanteng aspekto ng pagiging magulang, nararamdaman ko na ako ay mag-isa sa aking kabiguan.
<b>Mindfulness</b>			
9	When something upsets me I try to keep my emotions in balance.	When something in parenting upsets me I try to keep my emotions in balance.	Kapag may ikinasasama ako ng loob sa pagiging magulang, sinusubukan kong balansehin ang aking mga emosyon.
14	When something painful happens I	When something stressful happens in	Kapag may nakababalisang

	try to take a balanced view of the situation.	parenting, I try to view the situation from various perspectives.	pangyayari sa pagiging magulang, sinusubukan kong palawakin ang aking pananaw sa sitwasyon.
17	When I fail at something important to me I try to keep things in perspective.	When I fail at something important to me in parenting, I try to view it as a normal thing.	Kapag ako ay nabigo sa isang mahalagang bagay para sa 'kin bilang magulang, sinusubukan kong tingnan ito bilang isang normal na bagay.
22	When I'm feeling down I try to approach my feelings with curiosity and openness.	When I'm feeling down in parenting, I try to approach my feelings with curiosity and openness.	Kapag ako ay nalulungkot sa pagiging magulang, sinusubukan kong tingnan ang aking nararamdaman sa pamamagitan ng pag-uusisa at pagiging bukas.
<b>Over-identification</b>			
2	When I'm feeling down I tend to obsess and fixate on everything that's wrong.	When I'm feeling sad thinking about my child, I tend to obsess and fixate on everything that's wrong with my parenting.	Kapag ako ay nalulungkot sa pag-iisip sa aking anak, nagkakaroon ako ng obsesyon na palagiang isipin kung ano ang mali sa aking pagiging magulang
6	When I fail at something important to me I become consumed by feelings of inadequacy.	When I fail at something important in parenting, I become consumed by feelings of inadequacy.	Kapag ako ay nabibigo sa mga bagay na mahalaga sa pagiging magulang, hindi ko maiwasang makaramdam ng matinding pagkukulang.
20	When something upsets me I get carried away with my feelings.	When I experience something in parenting that upsets me, I get carried away with my feelings.	Kapag ako ay may ikinasasama ng loob sa pagiging magulang, nadadala ako ng aking damdamin.
24	When something painful happens I	When something stressful happens in	Kapag may nangyaring nakakabahala sa

	tend to blow the incident out of proportion.	parenting, I tend to exaggerate the incident.	pagiging magulang, hindi ko maiwasang pabigatin ang pangyayari.
--	--	---	---

**Appendix VIII: Parenting-Related Self-Compassion Scale**

Parenting children are challenging for parents. When you read these 26 statements, think of the difficulties you have experienced in parenting your child whose data you filled in the previous section. Indicate how often you behave in the stated manner by giving a score ranging from 1 (seldom) to 5 (often)

**Seldom****Often****1****2****3****4****5**

	1. I'm disapproving and judgmental about my own flaws and inadequacies in parenting.
	2. When I'm feeling sad thinking about my child, I tend to obsess and fixate on everything that's wrong with my parenting.
	3. When parenting gets more difficult, I see the difficulties as part of life that all parents experience.
	4. When I think about my inadequacies in parenting, I feel more separate and cut off from the rest of the world.
	5. I try to love myself when I feel disappointed in parenting.
	6. When I fail at something important in parenting, I become consumed by feelings of inadequacy.
	7. When I'm sad and helpless in parenting, I remind myself that there are lots of other parents feeling like I am.
	8. When I experience parenting difficulties, I tend to be tough on myself.
	9. When something in parenting upsets me I try to keep my emotions in balance.
	10. When I feel inadequate in some way related to parenting, I try to remind myself that feelings of inadequacy are shared by most people.
	11. I'm intolerant and impatient towards those aspects of my personality I don't like in parenting.
	12. When I'm going through a very hard time in parenting, I give myself the caring and tenderness I need.
	13. When I'm feeling down in parenting, I tend to feel like most other parents are probably happier than I am.
	14. When something stressful happens in parenting, I try to view the situation from various perspectives.
	15. I try to see my failings in parenting as part of the human condition.
	16. I get down on myself when I see aspects of myself in parenting that I don't like.
	17. When I fail at something important to me in parenting, I try to view it as a normal thing.
	18. When I'm really struggling in my parenting, I tend to feel like other parents must be having an easier time of it.
	19. When I'm experiencing difficulties in parenting, I comfort myself.

	20. When I experience something in parenting that upsets me, I get carried away with my feelings.
	21. I do not care about my own feelings when I experience difficulties in parenting.
	22. When 'I'm feeling down in parenting, I try to approach my feelings with curiosity and openness.
	23. I'm accepting my own flaws and inadequacies in parenting..
	24. When something stressful happens in parenting, I tend to exaggerate the incident.
	25. When I fail at something that's important in parenting, I tend to feel alone in my failure.
	26. I try to be understanding and patient towards those aspects of my personality in parenting that I don't like.

### Appendix IX: Pre and Posttest Questionnaire: Filipino-Translated Parenting-Related Self-Compassion

Pangalan: \_\_\_\_\_ Edad: \_\_\_\_\_

Pangalan ng Pasyente: \_\_\_\_\_ Edad ng anak: \_\_\_\_\_

#### BILANG MAGULANG, PAANO KO KARANIWANG ITINUTURING ANG AKING SARILI SA PANAHO NG AKO AY NAHIHIRAPAN

Ang pagiging magulang ay mahirap. Kapag binasa mo ang 26 na pahayag, isipin ang paghihirap na nararanasan mo sa pagiging magulang. Basahing mabuti ang bawat pangungusap bago sumagot. Sa kaliwang bahagi ng bawat bilang, isulat kung gaano kadalas mo ito nararanasan, gamit ang sumusunod na sukat, 1(bihira) hanggang 5 (madalas)

**Bihira**

**Madalas**

**1**

**2**

**3**

**4**

**5**

	1. Nagiging dismayado at mapanghusga ako sa aking mga kamalian at kakulangan sa pagiging magulang.
	2. Kapag ako ay nalulungkot sa pag-iisip sa aking anak, nagkakaroon ako ng obsesyon na palagi ang isipin kung ano ang mali sa aking pagiging magulang
	3. Kapag nagiging mahirap ang pagiging magulang, itinuturing ko ang mga pagsubok na bahagi ng karanasan ng bawat magulang.
	4. Kapag naiisip ko ang mga kakulangan ko sa pagiging magulang, nakakaramdam ako ng pagkahiwalay at pagkabukod mula sa mundo.
	5. Sinusubukan kong mahalin ang aking sarili sa mga oras na ako ay nadidismaya sa pagiging magulang.
	6. Kapag ako ay nabibigo sa mga bagay na mahalaga sa pagiging magulang, hindi ko maiwasang makaramdam ng matinding pagkukulang.
	7. Kapag nalulungkot ako at nalulugmok sa pagiging magulang, pinapaalala ko sa aking sarili na maraming magulang ang kapareho ko ng nararamdaman.
	8. Kapag nagkakaroon ako ng mahirap na karanasan sa pagiging magulang, nagiging mahigpit ako sa aking sarili.
	9. Kapag may ikinasasama ako ng loob sa pagiging magulang, sinusubukan kong balansehin ang aking mga emosyon.
	10. Kapag nakakaramdam ako ng pagkukulang sa pagiging magulang, sinusubukan kong ipaalala sa aking sarili na nakakaranas din ng pagkukulang ang karamihan.

	11.Nawawalan ako ng tiyaga at pasensya sa mga aspekto ng katangian kong hindi ko gusto sa pagiging magulang.
	12.Sa panahong higit akong nahihirapan sa pagiging magulang, binibigyan ko ng tamang pag-aaruga at malasakit ang aking sarili
	13.Kapag ako ay nalulungkot sa pagiging magulang, hindi ko maiwasang isipin na mas masaya ang ibang magulang kaysa sa akin.
	14.Kapag may nakababalisang pangyayari sa pagiging magulang, sinusubukan kong palawakin ang aking pananaw sa sitwasyon.
	15.Sinusubukan kong tingnan ang mga kabiguan ko bilang magulang na bahagi ng pagiging isang tao.
	16.Pinupuna ko ang aking sarili kapag nakakakita ng mga hindi ko gustong aspekto ng sarili ko sa pagiging magulang.
	17.Kapag ako ay nabigo sa isang mahalagang bagay para sa akin bilang magulang, sinusubukan kong tingnan ito bilang isang normal na bagay.
	18.Kapag nahihirapan ako sa pagiging magulang, naiisip kong marahil ay mas nadadalian ang ibang magulang kaysa sa akin.
	19.Kapag nakakaramdam ako ng hirap sa pagiging magulang, pinagiginhawa ko ang aking sarili.
	20.Kapag ako ay may ikinasasama ng loob sa pagiging magulang, nadadala ako ng aking damdamin.
	21.Hindi ko binibigyan ng pansin ang aking nararamdaman kapag may mahirap na karanasan ako sa pagiging magulang.
	22.Kapag ako ay nalulungkot sa pagiging magulang, sinusubukan kong tingnan ang aking nararamdaman sa pamamagitan ng pag-uusisa at pagiging bukas.
	23.Tinatanggap ko ang mga kamalian at kakulangan ko sa pagiging magulang.
	24.Kapag may nangyaring nakakabahala sa pagiging magulang, hindi ko maiwasang pabigatin ang pangyayari.
	25.Kapag ako ay nabigo sa importanteng aspekto ng pagiging magulang, nararamdaman ko na ako ay mag-isa sa aking kabiguan.
	26.Sinusubukan kong maging mapang-unawa at mapagpasensiya sa mga hindi ko gustong aspekto ng katangian ko bilang magulang.

**Appendix X: Focus Group Questions****Phase 1: Development of Care for Carers Program**

1. What are the sources of stress and challenges of caring for a child with thalassemia?
2. How do you treat yourself in times of difficulty?
3. How can you balance your own needs and well-being with the needs of your child and other family members?
4. What will help your situation become better?

**Filipino-Translation**

1. Ano ang mga pinagmumulan ng stress at hamon ng pag-aalaga sa batang may thalassemia?
2. Kapag may mahirap kang pinagdadaanan bilang magulang, paano mo itinatrato ang iyong sarili?
3. Paano mo nababalanse ang iyong sariling mga pangangailangan sa mga pangangailangan ng iyong anak at iba pang miyembro ng pamilya?
4. Ano ang makakatulong sa iyo upang mas gumaang ang inyong sitwasyon?

**Phase 2: Effectivity of Care for Carers Program**

1. Which activity in the Care for Carers Program do you find most useful?
2. Which activity in the Care for Carers Program do you find least useful?
3. Do you have any suggestions on how to improve the Care for Carers program?

4. What's your key take away from the Care for Carers program?

Filipino-Translation

1. Aling activity sa Care for Carers Program ang pinaka nakatulong sa iyo?
2. Aling activity sa Care for Carers Program ang pinaka hindi nakatulong sa iyo?
3. May mga suhestiyon ka ba kung paano mas mapapabuti ang Care for Carers Program?
4. Ano ang mga naging pabaon o natutunan mo mula sa Care for Carers Program?

**APPENDIX XI: Expert Evaluation Form****EXPERT EVALUATION FORM***(Adapted from WHO Checklist for Evaluating Mental Health Plan)*Name of Evaluator: Nina Nerissa Sumpaico-JoseDate: May 10, 2024Position: Child Life Program Manager

Please use the following rating scale to rate each item:

1 = yes/to a great degree

2 = to some extent


3 = no/not at all

4 = unknown

If "yes" or "to some extent" please state how. If not, please state reason(s).

PROCESS ISSUES	RATING	COMMENTS ON RATING	ACTION REQUIRED (if any)
Has the plan been informed by a needs assessment?	1	Interviews were done with parents and Child Life Professionals	
Has consultation process taken place with the following groups? - Parents of pediatric thalassemia patients - Allied mental health professionals / Child Life Professionals	1		
ACTIVITIES			
Are activities clearly defined?	1	Description of each activity were presented in detail.	
Is it clear when each activity will start and finish?	1	Schedule was included in the module guide	
Are the outputs for each activity identified?	1	Handouts and worksheets were presented	
Have the costs for the activity been calculated?	1	Breakdown of cost was presented	

PROMOTION, PREVENTION AND REHABILITATION			
Are there clear strategies and related activities for the promotion of mental health?	1	The intervention was anchored on self-compassion practices, which help in the promotion of mental health.	
Are there clear strategies and related activities for the prevention of mental disorders?	2	Prevention of mental health disorders not explicit in the program, but strategies are helpful in the prevention of mental health disorders.	
Are the strategies on prevention, promotion and associated activities: - Relevant? - Evidence-based? - Realistic and possible to implement?	1	The approach is based on related literature and the experience of the participants.	
OTHER COMMENTS AND SUGGESTIONS Ask participants to send photos of their sources of strengths ahead of time.			

  
Nina Nerissa Sumpaico-Jose  
 Signature of Evaluator

## EXPERT EVALUATION FORM

(Adapted from WHO Checklist for Evaluating Mental Health Plan)

Name of Evaluator: Eileen SilvestreDate: May 10, 2024Position: Child Life Program Coordinator

Please use the following rating scale to rate each item:

1 = yes/to a great degree

2 = to some extent

3 = no/not at all

4 = unknown

If "yes" or "to some extent" please state how. If not, please state reason(s).

PROCESS ISSUES	RATING	COMMENTS ON RATING	ACTION REQUIRED (if any)
Has the plan been informed by a needs assessment?	1	Interviews were done with parents from different hospitals	
Has consultation process taken place with the following groups? - Parents of pediatric thalassemia patients - Allied mental health professionals / Child Life Professionals	1	and Child Life Coordinators from 2 hospitals	
ACTIVITIES			
Are activities clearly defined?	1	Detailed description of each activity.	
Is it clear when each activity will start and finish?	1	Time allotted for each activity was indicated in the module guide	
Are the outputs for each activity identified?	1	Detailed instructions in the handouts and worksheets	
Have the costs for the activity been calculated?	1	Breakdown of costs were presented	

PROMOTION, PREVENTION AND REHABILITATION			
Are there clear strategies and related activities for the promotion of mental health?	1	The intervention was anchored on self-compassion practices, which help in the promotion of mental health.	
Are there clear strategies and related activities for the prevention of mental disorders?	2	Prevention of mental health disorders was not mentioned in the program, but the strategies are helpful in the prevention of mental health disorders.	
Are the strategies on prevention, promotion and associated activities: - Relevant? - Evidence-based? - Realistic and possible to implement?	1	The approach is based on related literature and the experience of the participants.	
OTHER COMMENTS AND SUGGESTIONS Ask participants to send photos of their sources of strengths ahead of time.			

Eileen Silvestre  
Signature of Evaluator

## EXPERT EVALUATION FORM

(Adapted from WHO Checklist for Evaluating Mental Health Plan)

Name of Evaluator: Amalia De JesusDate: May 10, 2024Position: Child Life Program Officer

Please use the following rating scale to rate each item:

1 = yes/to a great degree

2 = to some extent

3 = no/not at all

4 = unknown

If "yes" or "to some extent" please state how. If not, please state reason(s).

PROCESS ISSUES	RATING	COMMENTS ON RATING	ACTION REQUIRED (if any)
Has the plan been informed by a needs assessment?	1	Interviews were done with parents from different hospitals and Child Life Coordinators from 2 hospitals	
Has consultation process taken place with the following groups? - Parents of pediatric thalassemia patients - Allied mental health professionals / Child Life Professionals	1		
ACTIVITIES			
Are activities clearly defined?	1	Detailed description of each activity	
Is it clear when each activity will start and finish?	1	Time allotted for each activity was indicated in the module guide	
Are the outputs for each activity identified?	1	Detailed instructions in the handouts and worksheets	
Have the costs for the activity been calculated?	1	Breakdown of costs were presented	

PROMOTION, PREVENTION AND REHABILITATION			
Are there clear strategies and related activities for the promotion of mental health?	1	The intervention was anchored on self-compassion practices, which help in the promotion of mental health.	
Are there clear strategies and related activities for the prevention of mental disorders?	2	Prevention of mental health disorders was not mentioned in the program, but the strategies are helpful in the prevention of mental health disorders.	
Are the strategies on prevention, promotion and associated activities: - Relevant? - Evidence-based? - Realistic and possible to implement?	1	The approach is based on related literature and the experience of the participants.	
OTHER COMMENTS AND SUGGESTIONS Ask participants to send photos of their sources of strengths ahead of time.			

  
 Amalia De Jesus  
 Signature of Evaluator

	<b>UNIVERSITY OF SANTO TOMAS GRADUATE SCHOOL</b>	<b>PAGE</b>
		156
	<b>APPENDIX XII: Care for Carers Module</b>  <b>Rationale:</b>  Self-Compassion entails being supportive of oneself in times of hardship. Primary caregivers need self-compassion to help acknowledge the difficulties in providing care (Neff, 2015). A complementary approach to self-compassion is Focusing-Oriented Expressive Art (FOAT®). It utilizes creative processes to help attend to one's bodily felt sense to allow expression of emotion (Rappaport, 2009).  The Care for Carers Program is based on Self-Compassion and Focusing-Oriented Expressive Arts practices to improve the internal psychological resources of Filipina primary caregivers of pediatric thalassemia patients.  Focus group discussions were conducted with 9 parents of thalassemia pediatric patients and 2 child life professionals about difficulties caring for a child with thalassemia and the support they possess or aspire to help alleviate the challenges.  Since the caregivers of thalassemia patients have more control over their internal psychological experiences, the Care for Carers Program will primarily address the identified psychological needs. These themes guided the development of the whole-day 6-module Care for Carers Program..	

**PREPARATION FOR CARE FOR CARERS SESSIONS:****Venue:**

1. Chairs must be in a circular arrangement.
2. The venue must be spacious enough to allow group movement activities.
3. Prepare

- a. Sound system
- b. Meditative and lively music
- c. Print out of Handouts and Worksheets:

[https://www.canva.com/design/DAGBEeYg90I/CtzRnTdYYJ3LQFF7RbSiLg/edit?utm\\_content=DAGBEeYg90I&utm\\_campaign=designshare&utm\\_medium=link2&utm\\_source=sharebutton](https://www.canva.com/design/DAGBEeYg90I/CtzRnTdYYJ3LQFF7RbSiLg/edit?utm_content=DAGBEeYg90I&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton)

**Budget Breakdown:**

Item	Description	Quantity	Cost	Total Amount
Venue	5500 per day	1	5500.00	5500.00
Meals	Snack and Lunch 200 x 15pax	15	200.00	3000.00
Transportation	300 x 15pax	15	300.00	4500.00
Materials				
Ballpen	1 box	1	57.00	57.00
Crayons	8 pcs / box x 15 pax	15	14.00	210.00
Tea Light Candle	5 pesos / pc x 15 pax	15	5.00	75.00
Paper	1 Ream	1	174.00	174.00
Manila Paper	3 pc per pack x 2 packs	2	36.00	72.00
Marker	1 box	1	38.00	38.00
Pocket mirror	14 pesos X 15pcs	15	14.00	210.00
Acrylic Photo Keychain	24 pcs/ pack x 3 packs	1	175.00	175.00
			<b>TOTAL COST</b>	<b>14,047.00</b>

**MODULE 1: Introduction, Safety, and Defining Self-Compassion****Objective:**

- Provide non-threatening way to introduce oneself in the group.
- Establish safety guidelines throughout the sessions.
- Introduce concept of self-compassion

**Materials**

- Ballpens
- Paper
- Crayons
- Battery operated tealight candles
- Mandala mat
- Print out of worksheet
- Name tags



**Activity****9:00-9:05am** Welcoming and Introductions (5 mins)

- The facilitator introduces herself and the team. Welcoming everyone in the session.
- She will give an overview of the session and how it benefits caregivers.

**9:05-9:35am** Opening Ritual, Introduction, and Safety (30 mins)

- Ceremonial lighting of candle will be done as symbol of igniting the self-compassion in their hearts. Play meditative music during the mindfulness exercise.
- The facilitator will lead the group in a short mindfulness exercise:
  - Inaanyayahan ko kayo na humanap ng posisyong komportable at pansinin ang inyong paghinga.
  - Hindi kailangang baguhin, pansinin lamang kung ang paghinga ay malalim o mababaw, mabilis o marahan.
  - Pansinin ang pakiramdam ng bawat paglanghap ng hangin at pagbuga ng hangin.
  - Sa susunod ninyong paghinga, inaanyayahan ko kayo ngayong buksan ang ilaw ng inyong kandila.
  - Sa inyong pagbukas, isipin ninyo na binubuksan din ninyo ang inyong puso upang maramdaman natin ang malasakit sa ating sarili.
  - Sa papel na aming binigay, inaanyayahan ko kayo na isulat ang hangarin ninyo sa ating Care for Carers session upang mas matutunan natin ang malasakit sa ating sarili sa tuwing tayo ay nahihirapan.

- Pwedeng kumpletuhin ang pangungusap na ito:  
“Upang mas matutuhan ko ang malasakit sa sarili,  
SANA sa Care for Carers session ay \_\_\_\_\_”
- Susunod, aanyayahan ko kayong isulat ang maiaambag ninyo upang maging successful ang ating Care for Carers.
  - Kumpletuhin ang pangungusap na ito: “Upang maging successful ang Care for Carers Session DAPAT kong gawin ay...
- Bibigyan ko kayo ng mga 5-8 na minuto upang isulat ang inyong sagot.

SANA sa Care for Carers session ay ...	Upang maging successful ang Care for Carers Session DAPAT kong gawin ay...
	

MODULE 1: Expectation and Guidelines

I

PAGE I

- Facilitator will guide the participants in introducing themselves.
  - Inaanyayahan ko ang bawat isa sa inyo na sabihin ang inyong pangalan, pangalan ng anak ninyo na may thalassemia, at kung ano ang mga sagot ninyo sa “SANA” at “DAPAT” para sa ating Care for Carers session.
  - Matapos ninyong magpakilala, inaanyayahan ko kayong ilapat ang inyong sinulat sa mandala mat kasama ng kandila na inyong hawak.
- If these were not mentioned, add this as a safety guideline:
  - Upang maging successful ang Care for Carers Session dapat ay buksan ko ang aking puso at isip sa mga bagay na

maari kong matutunan, maranasan, at sa kwento ng aking kapwa nanay.

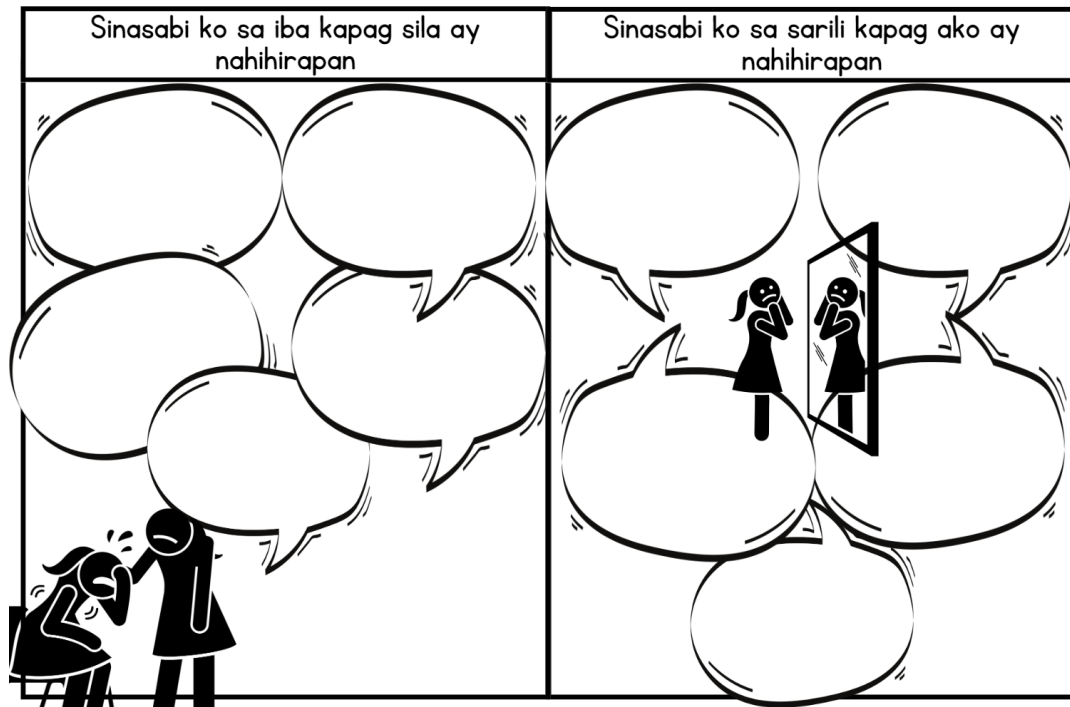
- Ibig sabihin itatrato ng may respeto at walang panghuhusga ang aking nararamdaman at nararamdaman ng aking kapwa;
  - Magiging bukas ako sa karanasan at mga activity na pwede nating gawin na maaring may magkakasamang art, music, paggalaw, pagsulat.
  - Ok lang kung di ka komportable sa ibang usapan at ayaw mo makilahok, irerespeto namin iyon.
- Facilitator will conclude the opening ritual with the integration of all the intentions for the Care for Carers Program.
- Inaanyayahan ko kayong tumayo at pumalibot sa gitna ng ating mandala mat habang tayo ay magkakaakbay.
  - Basbasan nawa ng Maykapal ang ating Care for Carers session at nawa ang hangarin at ambag ng bawat Ina na andito upang maging matagumpay ang aming Care for Carers Session.

**9:35-9:50am** Self-Compassion Exercise 1: How would you treat a friend?  
(15mins)

- Subukan natin alamin ang karaniwang reaksiyon natin kapag tayo ay nagbibigay ng malasakit sa ating kapwa kumpara sa ating sarili
- Inaanyayahan ko kayong isipin ang oras na nahihirapan ang isang malapit na tao sa inyo at may 'di siya magandang sinasabi tungkol sa kanya sarili. Paano ka nagpapakita ng malasakit sa kanya? Sa kaliwang bahagi ng worksheet, isulat o idrawing ang mga bagay na ginagawa o sinasabi sa taong malapit sa iyo na may pinagdadanan. (5 mins)
- Ngayon naman isipin ang pagkakataon na ikaw naman ang nahihirapan at masama ang tingin mo sa iyong sarili, ano ang karaniwang sinasabi mo sa iyong sarili? Sa kanang bahagi ng worksheet, isulat o idrawing ang karaniwang sinasabi mo sa iyong sarili. (5 mins)



MODULE 1: How would you treat a friend

Page 2



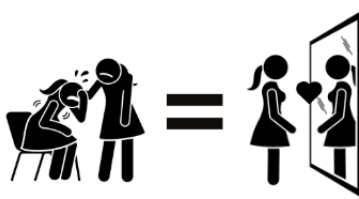

- Humanap ng kapartner at salitan ninyong basahin ng malakas ang inyong isinulat. Pansinin ang tono ng inyong boses kung babasahin ninyo ang isinulat ninyo sa kaliwa at kanang bahagi ng worksheet.
- Pagusapan ninyo sa kung may pagkakaiba ba kung paano ninyo itrato ang kapwa kumpara sa inyong sarili? At bakit kaya iba natin itrato ang iba kumpara sa ating sarili

### Pagkakaiba kung paano ako sa iba at sa aking sarili

Ano ang pagkakapareho at pagkakaiba ng pagtrato ko sa iba kumpara sa aking sarili?	Kung may nakita kang pagkakaiba, bakit sa tingin mo ay iba ang trato natin sa iba kumpara sa ating sarili?
	

9:50-10:00am Reflection and lecture about self-compassion (10 mins)

### Ano ang SELF-COMPASSION o MALASAKIT SA SARILI?

<ul style="list-style-type: none"> <li>Ang salitang compassion ay mula sa Latin na "com" (kasama o kabahagi) at "passion" (pagdurusa o paghihirap) o "kasama sa paghihirap"</li> <li>Sa Filipino, ang salitang "<u>malasakit</u>" ay nangangahulugang (malasin + sakit), mapansin ang sakit at tulungan ang kapwa</li> <li>Kung paano natin sinasamahan ang iba sa kanilang paghihirap, ganun din tayo dapat sa ating sarili.</li> </ul> 	<h4>Bakit mahalaga para sa mga magulang o tagapag-alaga na malasakit sa sarili?</h4> <ul style="list-style-type: none"> <li>Kapag tayo ay ubos na ubos na, mas mahirap magbigay ng pag-damay sa ating mga anak.</li> <li>Kapag may malasakit tayo sa ating sarili, mas mabibigay din natin ang pangangailangan ng ating mga anak.</li> </ul>  <p>Pero paano natin mapupunan ang pangangailangan natin kung wala na tayong oras para sa sarili?</p> <p>Aalamin natin ang mga OTJ (On The Job) Self-Compassion Tools na maari nating magamit sa oras na tayo ay nahihirapan habang tayo ay nag-aalaga ng iba.</p>
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\*Damay - Empathy and participation; merging of the self (Ileto, 1979)

MODULE 1: Self-Compassion for Caregiver Hand out

Page 4

- Define self-compassion
- Ask the participants what is the importance of self-compassion for them?

- Discuss how practical OTJ (On The Job) self-compassion tools can be practiced through the activities we will do in the next 2 days.

**10:00-10:10am** BREAK: 5-10 mins

**MODULE 2: Clearing A Space (Setting aside things that get in the way of self-compassion)**

**Objective:**

- Learn how to set aside things that gets in the way of being self-compassionate through a focusing concept called Clearing a Space.
- Finding a practical small step in the right direction of providing oneself with compassion despite these barriers.

**Materials**

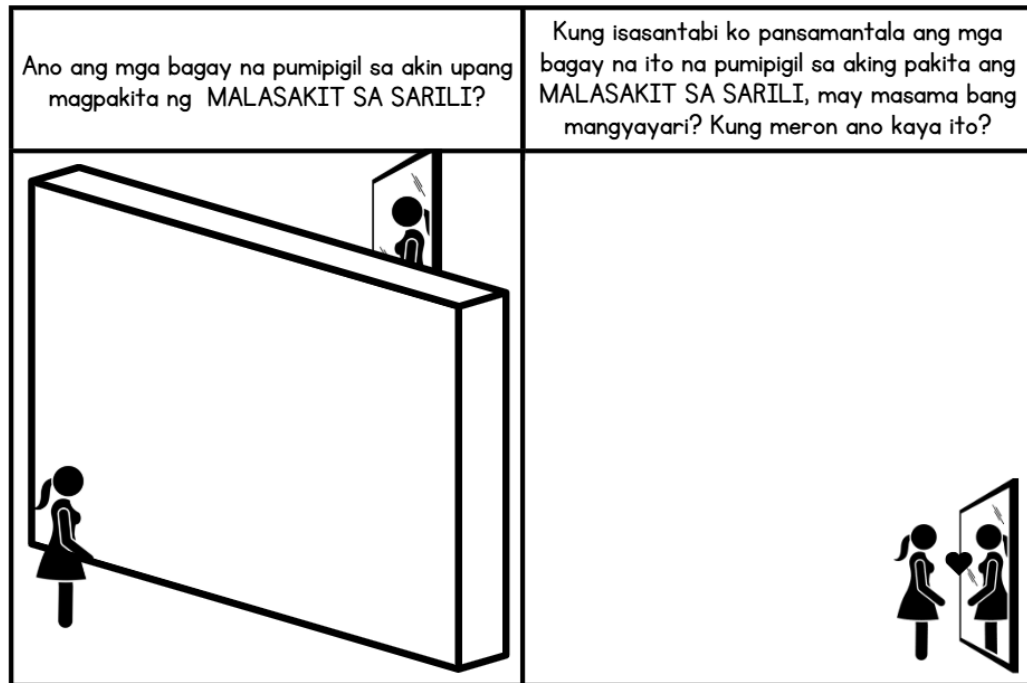
- Worksheet
- Coloring and writing materials
- Manila paper
- Marker

**Activity**

**10:10 – 10:30** Barriers to Self-Compassion (20 mins)

- Kanina ay nalaman natin na importante na nagbibigay tayo ng malasakit sa sarili. Pero karamihan sa atin ay nahihirapan itong gawin. Sa susunod na activity subukan natin intindihin kung bakit mahirap magbigay ng malasakit sa ating sarili.
- Inaanyayahan ko kayong muli sa iyang pagninilay-nilay.
  - Humanap ng posisyong komportable at pansinin ang inyong paghinga kung malalim o mababaw, mabilis o marahan.
  - Pansinin ang pakiramdam ng bawat paglanghap ng hangin at pagbuga ng hangin.
  - Sa susunod na paglanghap, inaanyayahan ko kayo na alalahanin o isipin ang mga pumipigil sa inyo na magbigay ng malasakit sa sarili.
  - Ito ba ay dahil sa mga maaring sabihin ng iba tungkol sa iyong pagiging ina? Dahil ba kapos na sa oras? Dahil ba sa dami ng gawain? Dahil ba may mga paniniwala tayo tungkol sa pagbigay ng aruga muna sa sarili bago ang iba? Meron pa bang iba?
  - Isulat o drawing ang lahat ng iyong naiisip sa kaliwang bahagi ng worksheet. (5 mins)
  - Basahin ang inyong mga isinulat, inaanyayahan ko kayo na pagnilayan. Kung isasantabi mo pansamantala ang mga bagay na ito na pumipigil sa iyo na damayan ang iyong sarilil, may masama

bang mangyayari? Kung meron ano kaya ito? Isulat o idrawing sa kanang bahagi ng worksheet (5mins)









MODULE 2: Clearing a Space Exercise 1 Page 5

Plenary sharing: Ishare sa grupo ang mga bagay na naisulat ninyo sa worksheet. O mga narealize ninyo.

**10:30-10:45am** Safe Distance Exercise: (15 mins)

- Subukan natin kahit sa saglit na pagkakataon lang. Ipahinga at isantabi ang mga bagay na pumipigil sa atin na magpakita ng pagmamalasakit sa sarili sa pamamagitan ng unang OTJ (On the Job) Self-Compassion Tool na tinatawag na Pagpapagpag.
- Tuwing naririnig ninyo ang salitang “PAGPAG” ano ang mga naiisip ninyo?
- (Magkaroon ng diskurso gamit ang handout, page 6)
- Subukan natin ang ilang mga galaw o gawain na kahit papaano ay makakatulong na maghawan ng mga bagay na pumipigil sa atin na magpakita ng malasakit sa sarili.

## OTJ SELF-COMPASSION TOOL #1: PAGPAG

<p><u>1. Pagpag, para sa Pinoy.</u></p> <ol style="list-style-type: none"> <li>Pag-alis ng alikabok. </li> <li>Huminto muna sa ibang lugar galing sa lamay bago umuwi.</li> <li>Luma o tirang pagkain ng iba na niluto para makain muli.</li> </ol> <p><u>2. Pagpag sa Malasakit sa Sarili</u></p> <ol style="list-style-type: none"> <li> Pag-alis ng mga alikabok ng alalahanin pansamantala</li> <li> Huminto muna kahit saglit bago magpatuloy sa karaniwang gawain</li> <li> Lumang paniniwala na subukan nating ibahin ng perspektibo.</li> </ol>	<p>SUBUKAN NATIN MAGPAGPAG NG ALIKABOK NG ALALAHANIN</p> <ol style="list-style-type: none"> <li>Galaw na pagpapagpag</li> <li>Paghinga o tunog <ol style="list-style-type: none"> <li>Hay...</li> <li>Hmm...</li> <li>Whoo...</li> <li>Shoo..</li> </ol>  </li> </ol> <p>May pagbabago ka bang naramdaman kahit kaunti matapos mo itong subukan?</p> 
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MODULE 2 : Clearing a Space Handout 1 PAGE 6

**10:35-10:45am** Processing and integration of experiential exercise. (10 mins)

- Alin sa mga galaw ang pinaka nakatulong sa iyo
- May pagbabago ka bang naramdaman kahit kaunti matapos mo itong subukan?

**10:45-11:00am BREAK**

**MODULE 3: Practicing Self-Compassion through Supportive Touch****Goal:**

- Learn to be compassionate with the self through Mindful Self-Compassion (MSC) concept of supportive touch
- Add supportive touch as one of “on the job” self-compassion tools.

**Materials**

- Body Map outline
- Coloring and writing materials

**11:00-11:15am** MSC Supportive Touch Exercise + FOAT® body scan exercise (10 mins)

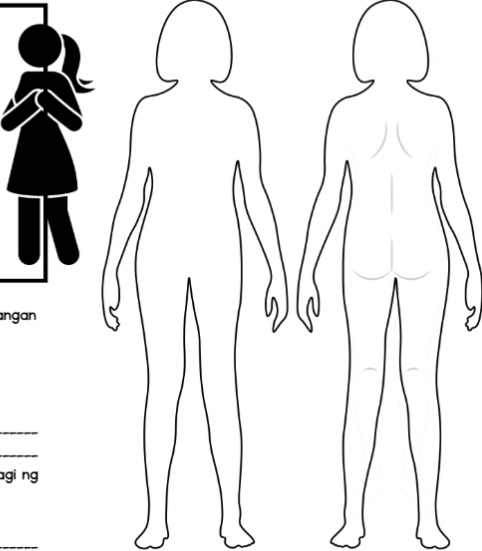
- Huminga ng marahan at malalim. Maari mong ipikit ang iyong mata kung ito ay makakatulong.
- Sa bawat paghinga papaloob, isipin ang pagtanggap ng malasakit sa sarili. At sa bawat hinga palabas, isipin ang malasakit sa kapwa.
- Inaanyayahan kitang ilagay ang iyong kamay sa ibabaw ng iyong puso, pakiramdaman ang magaan na dampi at init ng iyong palad. Kung nais mo, ilagay ang parehong mga kamay sa iyong dibdib.
- Pakiramdam ang pagtaas at pagbaba ng iyong dibdib habang humihinga ka.
- Pakiramdaman mo din ang pagtibok ng iyong puso sa iyong dibdib. Kumonekta sa iyong puso kung saan natin karaniwang nahahanap ang pakiramdam ng malasakit sa sarili.
- Sabayan natin ang tibok ng puso sa pamamagitan ng banayad na pagtapik sa iyong dibdib.
- Tulad ng isang vibration na kumakalat, hayaan ang iyong mga kamay na akayin ka sa kung saang bahagi ng katawan mo kailangan ng higit na suporta.
- Ilagay ang iyong kamay sa ibabaw ng bahaging ng iyong katawan na kailangan ng suporta.
- Sumubok ng mga dampi ng malasakit na maaring makatulong.
  - Maaring makatulong ang patuloy na marahang pagtapik
  - Paghagod na paikot
  - Pagmasahe
  - Paglalatag ng pressure o diin sa bahaging iyon
  - Pag-akap sa sarili
  - Paglapat ng relax na palad sa iyong kanlungan
  - O maaring simpleng pakiramdam ang init ng iyong kamay
  - Walang tama o mali paraan. Subukan kung alin ang pinakamakakatulong sa iyo.

- j. Pakiramdaman kung alin sa mga dampi ng malasakit ang pinaka nakakatulong.
- k. Gawin ito ng ilang sandali hanggang sa maramdaman mo na naiibsan ang bigat ng iyong pakiramdam.
- l. Kapag ikaw ay handa na, maari kang huminga ng malalim at sa iyong pagbuga dahan dahan mong imulat ang iyong mata.
- m. Reference: <https://self-compassion.org/exercise-4-supportive-touch/>

### OTJ SELF-COMPASSION TOOL #2: DAMPI NG MALASAKIT SA SARILI

**DAMPI NG MALASAKIT SA SARILI**

1. Pagramdam ng init ng palad
2. Magaang na pagtapik
3. Paghagod ng banayad
4. Masahe
5. Paglalagay ng pressure o diin
6. Pag-akap sa sarili
7. Relax na palad sa kandungan



1. Saang bahagi ng katawan ko nararamdaman na kailangan nito ng suporta? Maari mong kulayan, drowingan o sulatan ng salita ang bahaging ito ng iyong katawan

2. Kung makakapagsalita ang bahaging ito ng iyong katawan? Ano kaya ang kailangan niya ngayon?

\_\_\_\_\_

\_\_\_\_\_

3. Anong maitutugon mo sa sinasabing ito ng iyong bahagi ng katawan? (Alalahanin ang paggamit ng salitang nagpapahayag ng malasakit sa sarili)

\_\_\_\_\_

\_\_\_\_\_

MODULE 3 Supportive Touch 1 Page 7

#### 11:15-11:30am Body Map Art Making (15 mins)

- a. Gamit ang body map outline, kulayan o drawingan ang bahagi ng iyong katawan na kailangan ng suporta ngayon?

#### 11:30-11:45am Processing (15 mins)

- a. Saang bahagi ng katawan ko nararamdaman na kailangan nito ng suporta? Maari mong kulayan, drowingan o sulatan ng salita ang bahaging ito ng iyong katawan
- b. Kung makakapagsalita ang bahaging ito ng iyong katawan? Ano kaya ang kailangan niya ngayon?
- c. Anong maitutugon mo sa sinasabing ito ng iyong bahagi ng katawan? (Alalahanin ang paggamit ng salitang nagpapahayag ng malasakit sa sarili)

#### 11:45-12:00 Dyad sharing and plenary discussion (15 mins)

#### 12:00-1:30pm Lunch Break

**MODULE 4: The Self-Compassion Break in Moments of Difficulty****Goal**

- Learn the elements of self-compassion namely, Mindfulness, Common Humanity, Self-Kindness
- Practice MSC concept of taking care of a caregiver through Self-Compassion Break
- Add Self-Compassion Break as one of “on the job” self-compassion tools.

**Materials**

- Big manila paper
- Paper
- Coloring and writing materials
- Print out self-compassion statements in cards with mirror

**Activity****1:30-1:40am** Ice Breaker: Self-Compassion Scavenger Hunt (10mins)

- Maghanap ng isang bagay sa loob ng iyong bag na pumupukaw ng iyong atensyon.
- Maging mausisa sa pamamagitan ng paggamit ng iba’t ibang pandama.
  - Gamit ang mata, tingnan ang kulay, hugis, laki ng bagay na ito.
  - Gamit ang kamay, salatin ang kinis o gaspang, lamig o init, o kahit anong pakiramdam sa iyong kamay.
  - Gamit ang pang-amoy, subukan amuyin kung may amoy ba ang gamit na ito.
  - Gamit ang pandinig subukan kung ito ba ay gumagawa ng tunog.
- Pakiramdaman, ano ang pagkakapareho o kinalaman ng gamit na ito sa pagbibigay ng malasakit sa sarili.
- Ito ba ang gamit na nagpapakita ng malasakit sa sarili para sa akin, o meron pang iba?
- Kung nahanap mo na ang bagay na nagpapakita para sa iyo ng malasakit sa sarili, kumpletuhin ang pangungusap na ito.  
“Para sa akin, ang MALASAKIT SA SARILI ay parang \_\_\_\_\_ dahil \_\_\_\_\_”

**1:40-2:00pm** Self-Compassion Break (20 mins)

- Self-Compassion Break Exercise:

- i. Sa manila paper, anyayahan ang mga magulang na isulat o idrowing ang mga bagay na nagpapastress sa kanila at mga karaniwang reaksiyon nila pag sila ay nai-stress.
- ii. Babasahin ng facilitator ang mga isinulat ng mga magulang sa manila paper.
- iii. Anyayahan ang mga magulang na pakiramdaman sa kanilang katawan ano ang nararamdaman nila sa tuwing naiisip nila ang mga bagay na nakaka-stress sa kanila.
- iv. Ipaalala sa magulang na gamitin ang Dampi ng Malasakit kung kinakailangan.
- v. Ipamigay ang pocket mirror na may Self-Compassion Statement kasama ng handout Page 8.

### OTJ SELF-COMPASSION TOOL #3: SALAMIN NG MALASAKIT SA SARILI



#### 1. MINDFULNESS: Ano ang nararamdaman ko ngayon?

- Maging totoo sa iyong sarili at hanapin ang salitang magpapaliwanag ng tunay mong nararamdaman (Hal. Nasasaktan ako; Masama ang loob ko; Nai-stress ako)

• Halaga ng mindfulness: Magkaroon tayo ng balanseang pananaw sa pinagdasanan natin. Hindi natin rinatangi at hindi din natin ito pinalala.

#### 2. COMMON HUMANITY: Ang paghihirap ay bahagi ng buhay ng tao.

- Humanap ng sariling paraan ng pagpapahiwatig na hindi ka mag-isa sa karanasang ito. (Hal. Marami ding nanay na katulad ko ang nararamdaman; Hindi ako mag-isa)

• Halaga ng common humanity: Ito ang nagbibigay sa atin ng pakiramdam na hindi lang ako ang nahihirapan. Ang paghihirap natin ang kumakonekta sa atin sa karanasan ng nakarami.

#### 3. SELF-KINDNESS: Paano ko magiging mabait sa sarili?

- Ano ang pwede mong sabihin sa iyong sarili na magpapagaang ng iyong loob. (Hal. Nawa'y maging malakas ako para harapin ko ang pagsubok na ito; Mapatawad ko sana ang aking sarili sa pagkukulang ko; Maging mapagpasensiya sana ako sa aking sarili.)

• Halaga ng self-kindness: Ito ang nagbibigay sa atin ng pakiramdam na ligtas at suportado tayo ng ating sarili sa oras na tayo ay nahihirapan. Kapag tayo ay may self-kindness mas pakiramdam natin na kakayanin natin lahat kahit gaano ito kabisagat.

MODULE 4: Self-Compassion Break

Page 8

#### a. Tignan ang salamin at subukan sabihin sa sarili:

##### 1. Nahihirapan ako sa sandaling ito

- a. Hanapin ang mga salitang magpapaliwanag ng tunay mong nararamdaman (Hal. Nasasaktan ako; Masama ang loob ko; Nai-stress ako) Suffering is part of life

##### 2. Ang paghihirap ay bahagi ng buhay ng tao.

- a. Humanap ng sariling paraan ng pagpapahiwatig na hindi ka mag-isa sa karanasang ito. (Hal. Marami ding nanay na

katulad ko ang nararamdaman; Hindi ako mag-isa)

3. Nawa'y maging mabait ako sa aking sarili
  - a. Ano ang pwede mong sabihin sa iyong sarili na magpapagaang ng iyong loob. (Hal. Nawa'y maging malakas ako para harapin ko ang pagsubok na ito; Mapatawad ko sana ang aking sarili sa pagkukulang ko; Maging mapagpasensiya sana ako sa aking sarili.)
- vi. Processing Question:
  1. May napansin ka bang kahit maliit na pagbabago sa iyong nararamdaman matapos mong sabihin ito sa iyong sarili?
  2. Meron bang salita, imahe, hugis, kulay na makakapagpapahiwatig ng pagbabagong ito na iyong naramdaman? Maari mo itong isulat o idrawing sa papel.

#### OTJ SELF-COMPASSION TOOL #3: SALAMIN NG MALASAKIT SA SARILI

1. May napansin ka bang kahit maliit na pagbabago sa iyong nararamdaman matapos mong sabihin ito sa iyong sarili? \_\_\_\_\_

2. Meron bang salita, imahe, hugis, kulay na makakapagpapahiwatig ng pagbabagong ito na iyong naramdaman? Maari mo itong isulat o idrawing sa papel.



MODULE 4 Self-Compassion Break | Page 9

Reference: <https://self-compassion.org/exercises/exercise-2-self-compassion-break/>

**2:00pm-2:20 pm** Processing and integration of experiential exercise (20 mins)

- b. Dyad Sharing (10 mins)
- c. Plenary Sharing and Integration (10mins)

**2:20-2:30 SNACK BREAK (10 MINS)**

**Module 5: Reframing Being Self-Critical to Being Self-Compassionate****Goal:**

- Understand the function of being self-critical as a motivator.
- Find ways to reframe being self-critical to being kind, gentle, welcoming, and curious with the self.

**Materials**

- Paper
- Coloring and writing materials

**Activity:****2:30- 2:40** Reframing Being Self-Critical to Being Self-Compassionate

- Magkaroon ng diskursyo tungkol sa mga pagkakataon na nagiging kritikal tayo sa ating sarili. Subukang unawain ang mga dahilan bakit tayo nagiging kritikal sa sarili. Isipin ang mga pagkakataon na ginagamit natin ang pagiging kritikal sa sarili bilang motivator.

Bakit nagiging kritikal sa  
sarili ang mga nanay?



- Gusto natin mas maging mabuting ina.
- Gusto natin mapabuti ang buhay ng ating mga anak at pamilya.
- Ayaw natin na may masabing masama sa atin ang ibang mga tao.

May iba pa ba? Isulat mo dito...

## OTJ SELF-COMPASSION TOOL #4: PAGPAPALIT NG MINDSET TUNGKOL SA PAGIGING KRITIKAL SA SARILI

Tuwing kailan ako madalas na nagiging kritikal sa sarili.	Sinasabi ko tuwing nagiging kritikal ako sa sarili.	Paano ko babaguhin ang pagiging kritikal sa sarili sa paraang nagpapakita ng MALASAKIT SA SARILI?
Halimbawa: Kapag nasisigawan o napapagalitan ko ang anak ko.	Halimbawa: Ang sama kong ina, dapat di ko nagawa o nasabi iyon.	Halimbawa: Nasabi ko iyon dahil sa sobrang inis at pagod. May pagkakataon naman ako para humingi ng tawad at bumawi sa anak ko.

Module 5 Reframing Being Self-Critical to Being Self-Compassionate

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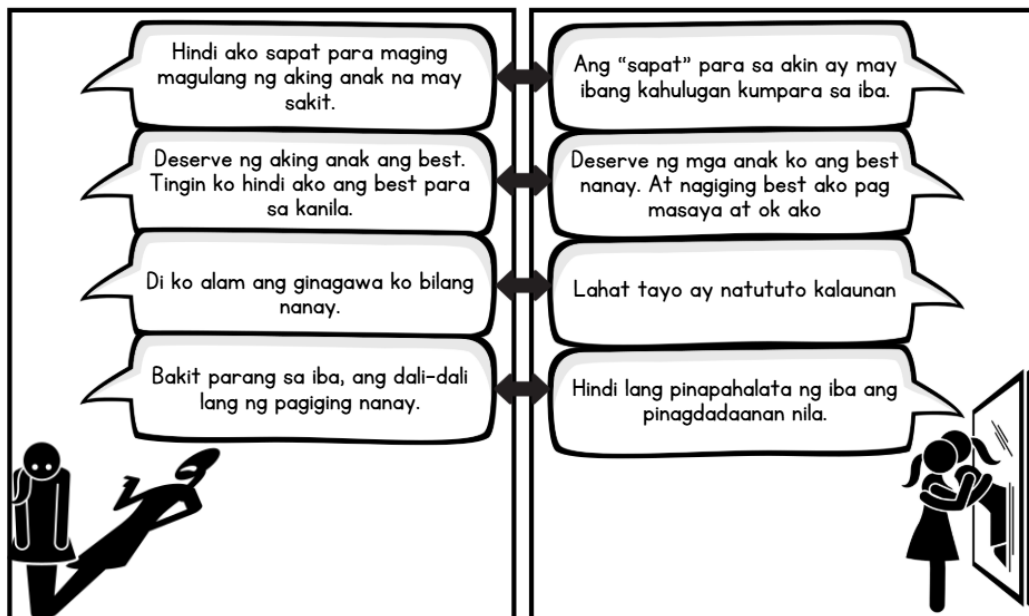
- Subukan natin palitan ang ating mindset mula sa pagiging kritikal sa sarili sa paraan na nagpapakita ng malasakit sa sarili.
- Sa kaliwang bahagi ng worksheet, isulat o idrowing ang mga pagkakataon kung kailan madalas kang nagiging kritikal sa sarili.
- Sa gitnang bahagi, isulat o idrowing ang sinasabi mo sa sarili tuwing nagiging kritikal ka sa sarili.
- Kung sakaling may mga mabigat na emosyon, alalahanin ang mga natutuhan nating Dampi ng Malasakit.
- Sa kanang bahagi, isulat o idrowing kung paano mo babaguhin ang sinasabi sa sarili tuwing nagiging kritikal sa sarili sa paraang nagpapakita ng MALASAKIT SA SARILI?
- Kung nahihirapan ka, isipin mo na may kaibigan kang may taglay na wisdom o karunungan na nagbibigay sa iyo ng payo na may pagmamahal at malasakit.
- Sa tuwing napapansin mo na nagiging kritikal ka sa iyong sarili, pansinin ang nararamdaman mo at bigyan ang sarili ng malasakit. Matapos ay subukan kong palitan ang dialogue mo sa sarili na mas nakapagbibigay ng lakas ng loob. Tandaan na ang pagmamahal ay mas higit pa sa takot.
- <https://self-compassion.org/exercises/exercise-7-identifying-what-we-really-want/>

**2:40-3:00**

Processing and integration (20 mins)

- i. Dyad sharing (10 mins)
  - i. Humanap ng ng partner at ishare ang iyong sinulat.
  - ii. Basahin sa isa't isa and sinulat ninyo sa 3<sup>rd</sup> column. Ano ang pakiramdam habang pinakikinggan ninyo ito.
- j. Plenary sharing (10 mins)
- k. Discuss reframing of common ineffective beliefs about being a caregiver:

ILAN SA MGA SUHESTYON NA PAGPAPALIT SA MINDSET MULA SA PAGIGING KRITIKAL SA SARILI UPANG MAGPAKITA NG MALASAKIT SA SARILI



3:00-3:20 SNACK BREAK

**MODULE 6:** Reconnecting to Inner Sources of Strength (Lakas ng Loob)**Goal**

- Learn how to access the inner resources when facing adversities.
- Integrate all the learnings and experiences for the whole-day session

**Materials**

- Acrylic Photo Key Chain
- Mandala mat
- Candle
- Lively music

**Activity****3:20-3:30 pm** FOAT® Source of Strength Exercise (10 mins)

- Maari mong ipikit ang iyong mata kung ito ay makakatulong. Huminga ng marahan at malalim ng mga tatlong beses.
- Sa iyong susunod na paghinga papaloob, inaanyayahan kita na pakiramdaman sa kalooban ang pinagkukuhanan ng lakas loob.
- Maaring ito ay tao sa iyong buhay tulad ng iyong anak, asawa, kapatid o magulang. Maari din mga mahal sa buhay na nasa langit na. Maaring ang Diyos o kahit anong iyong pinaniniwalaan.
- Isipin mong kaharap mo ang mga pinagkukuhanan mo ng lakas ng loob. Ano kaya ang mga sinasabi nila sa iyo upang iparamdam ang kanilang pagmamahal.
- Ngayon naman, isipin mo ang salitang maari mong sabihin sa iyong sarili upang mahanap mo ang lakas ng loob
- Huwag kang magmadali, bigyan ng oras ang sarili na makahanap ng tamang salita para sa iyong lakas ng loob. Kung walang mahanap na salita maari ding gumamit ng simbolo
- Kung nahanap mo na ang salita makapagbibigay ng lakas ng loob, inaanyayahan kitang huminga ng malalim at sa iyong pagbuga dahan dahan mong imulat ang iyong mata.
- Reference: FOAT Training Practice Exercise by Laury Rappaport, Ph.D., REAT, ATR-BC

**3:30-3:45 pm** Creating an image of Source of Strength (15 mins)

- Sa ibibigay naming papel, inaanyayahan kitang isulat o iguhit ang salita o simbolong iyong naisip para na makapagbibigay ng lakas ng loob.
- Ipasok ang iyong isinulat o idirowing sa mini keychain photo frame.





**3:45-4:05 pm** Dyad Sharing (10 mins)

- a. I-share ang salita o simbolo na nakapagbibigay ng lakas ng loob sa iyo?
- b. Ano ang pakiramdam mo matapos mong gawin ang activity na ito?

Plenary sharing and integration: (10 mins)

**4:05-4:20 pm** Processing and integration of learnings and experiences during the Care for Carers (15 mins)

### OTJ SELF-COMPASSION TOOLS

<p><b>#1 PAGPAG NG ALIKABOK NG ALALAHANIN</b></p> <ol style="list-style-type: none"> <li>1. Galaw na pagpapagpag</li> <li>2. Paghinga o tunog               <ol style="list-style-type: none"> <li>a. Hay...</li> <li>b. Hmm...</li> <li>c. Whoo...</li> <li>d. Shoo...</li> </ol> </li> </ol> 	<p><b>#4 PAGPALIT NG MINDSET TUNGKOL SA PAGIGING KRITIKAL SA SARILI</b></p> <ol style="list-style-type: none"> <li>1. Maging aware...               <ol style="list-style-type: none"> <li>a. <u>Kailan</u> ako nagiging kritikal sa sarili.</li> <li>b. <u>Ang</u> ang sinasabi ko sa sarili kapag nagiging kritikal ako.</li> <li>c. <u>Bakit</u> ko ito sinasabi sa sarili ko?</li> <li>d. <u>Pano</u> ko papalitan ang pagiging kritikal sa sarili sa paraang nagpapakita ng PAGDAMAY SA SARILI</li> </ol> </li> </ol>
<p><b>#2 DAMPI NG MALASAKIT SA SARILI</b></p> <ol style="list-style-type: none"> <li>1. Pagramdam ng init ng palad</li> <li>2. Magaang na pagtapik</li> <li>3. Paghagod ng banayad</li> <li>4. Masahe</li> <li>5. Paglalagay ng pressure o diin</li> <li>6. Pag-akap sa sarili</li> <li>7. Relax na palad sa kandungan</li> </ol> 	<p><b>#5 IPAALALA SA SARILI ANG MGA PINAGKUKUHANAN NG LAKAS NG LOOB</b></p> <ol style="list-style-type: none"> <li>1. Ipikit ang mata.</li> <li>2. Huminga ng malalim.</li> <li>3. Alalahanin ang mga tao o bagay na pinagkukuhanan ng lakas ng loob.</li> <li>4. Maari mong tignan ang keychain na iyong ginawa para maalala ang pinagkukuhanan mo ng lakas ng loob.</li> </ol> 
<p><b>#3 SALAMIN NG MALASAKIT SA SARILI</b></p> <ol style="list-style-type: none"> <li>1. Ano ang nararamdaman ko ngayon?</li> <li>2. Ang paghihirap ay bahagi ng buhay ng tao.</li> <li>3. Pano ko magiging mabait sa sarili?</li> </ol> 	<p>Alin dito ang pinaka makakatulong sa iyo?</p> <p>Ano ang iuuwi mong pabaong aral mula sa ating Care for Carers session?</p>

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- a. I-recap ang mga OTJ (On the Job) Self-compassion tools na maaring magamit ng mga nanay habang sila ay nangangalaga ng anak.
  - a. Magkaroon ng diskurso tungkol sa:
    - i. Alin dito ang pinaka makakatulong sa iyo?
    - ii. Ano ang iuuwi mong pabaong aral mula sa ating Care for Carers session?

**4:20-4:30pm** Closing ritual:

- a. Dalhin muli ang kandila sa gitna ng mandala mat kasama ng ginawang keychain ng mga magulang.
- b. Anyayahan ang mga magulang na tumayo ng paikot sa mandala mat.
- c. Humarap sa kanan at bigyan ng dampi ng malasakit ang katabing magulang. Subukan ang:
  - a. Pagramdam ng init ng palad

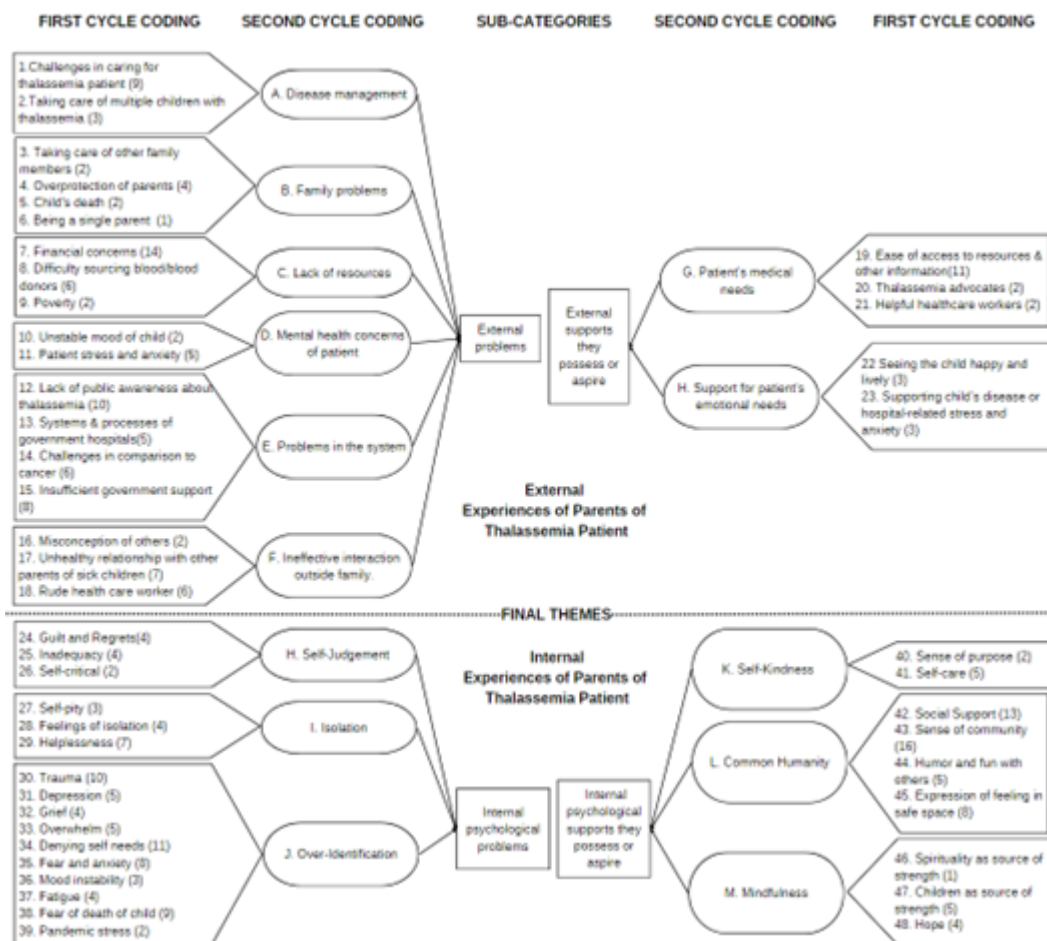
- b. Magaang na pagtapik
- c. Paghagod ng banayad
- d. Masahe
- e. Paglalagay ng pressure o diin
- d. Habang nagbibigay sa isa't isa ng dampi ng malasakit, subukan bigkasin ang mga katagang ito:
  - a. Minsan nakakaranas ako ng paghihirap.
  - b. Ang paghihirap ay bahagi ng buhay ng tao.
  - c. Nawa'y maging mabait ako sa aking sarili at sa aking kapwa magulang.

**4:30-5:00pm** Survey, Feedback, Picture Taking, Distribution of Giveaways.

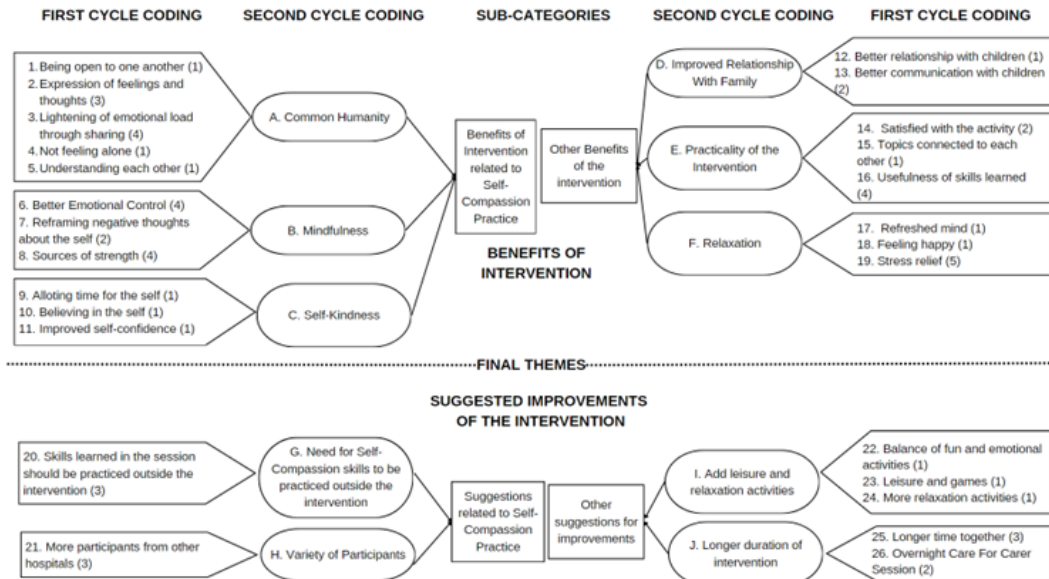
**Appendix XIII: Tables and Diagrams***Parenting-Related Self-Compassion Scale Pre-test and Post-test Result of Control and Experimental Group*

Control Group	Pre-Test	Interpretation	Post Test	Interpretation
P1	3.38	Moderate	3.53	High
P2	3.84	High	4.07	High
P3	3.23	Moderate	2.88	Moderate
P4	4.26	High	4.34	High
P5	4.04	High	3.77	High
P6	3.23	Moderate	3.54	High
P7	2.77	Moderate	3.08	Moderate
P8	3.53	High	4.34	High
P9	2.80	Moderate	3.07	Moderate
P10	3.30	Moderate	3.34	Moderate
P11	3.26	Moderate	3.53	High
P12	2.96	Moderate	2.92	Moderate
Experimental Group	Pre-Test	Interpretation	Post Test	Interpretation
P1	2.46	Low	2.92	Moderate
P2	3.46	Moderate	3.69	High
P3	3.23	Moderate	3.23	Moderate
P4	3.84	High	3.53	High
P5	3.26	Moderate	3.11	Moderate
P6	3.15	Moderate	3.65	High
P7	2.76	Moderate	2.96	Moderate
P8	3.07	Moderate	3.15	Moderate

*Diagram of Thematic Analysis of Needs of Primary Caregivers of Pediatric Thalassemia Patients to Improve Their Parenting-Related Self-Compassion*



*Thematic Framework of Focus Group Discussion About What Was Helpful and Not Helpful in the Care for Carers Program*



## Appendix XIV: Timetable for Research

[illegible]

**Appendix XVI: Budgetary Requirements**

<b>SOURCES OF EXPENSES</b>	<b>Quantity</b>	<b>Amount (PhP)</b>
Art materials for 15 participants	15pax x 200.00	3,000.00
Transportation and Meals of Participants	30pax x 500.00	15,000.00
Stipend for the registered psychologist	2,000.00	2,000.00
English Editor	5,000 x 2	10,000.00
Statistician		10,000.00
Ethics review		10,000.00
Miscellaneous		10,000.00
<b>Total</b>		<b>60,000.00</b>

**CURRICULUM VITAE OF THE RESEARCHER**

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**REGISTERED EXPRESSIVE ARTS CONSULTANT & EDUCATOR**  
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**TRAININGS AND EDUCATION**

AUG 2019-PRESENT	<b>MASTER OF ARTS MAJOR IN CLINICAL PSYCHOLOGY</b> University of Santo Tomas, España, Manila
AUG 2017-APR 2021	<b>FOCUSING-ORIENTED EXPRESSIVE ARTS (FOAT®)</b> 6 Level training of Focusing-oriented expressive arts (FOAT®), an expressive arts approach developed by Dr. Laury Rappaport, Sta. Rosa California USA
FEB - AUG 2017	<b>CERTIFIED SUCCESS COACHING PROGRAMS</b> In depth accelerated course through the Certified Coaches Alliances
2002-2006	<b>BACHELOR OF FINE ARTS MAJOR IN ADVERTISING</b> University of Santo Tomas 2002-2006 España, Manila, Cum Laude

**AFFILIATIONS AND INVOLVEMENT**

OCT 2022-PRESENT	<b>WE THRIVE CONSULTANCY AND WELLBEING SERVICES INC.</b> Clinician
JUN 2021-PRESENT	<b>HUMAN RESOURCES INNOVATIONS AND SOLUTIONS INC.</b> Consultant
MARCH 2021-PRESENT	<b>THE INTERNATIONAL FOCUSING INSTITUTE</b> Certified Focusing Professional Member
2017-PRESENT	<b>CREATIVE PASSION PATH EXPRESSIVE ARTS AND LIFE COACHING</b> Founder / Creative Program Director
2015-PRESENT	<b>INTERNATIONAL EXPRESSIVE ARTS THERAPY ASSOCIATION</b> International Professional Member and Registered Expressive Arts Consultant/Educator
2005-PRESENT	<b>KYTHE FOUNDATION INC.</b> Volunteer since 2005. Currently a Child Life Officer for Training
JUL 2018-PRESENT	<b>PHILIPPINE MENTAL HEALTH ASSOCIATION</b> Expressive Arts Consultant

**CERTIFICATIONS**

MARCH 2021	<b>CERTIFIED FOCUSING TRAINER WITH SPECIALIZATION IN FOCUSING-ORIENTED EXPRESSIVE ARTS (FOAT®)</b> Granted by The International Focusing Institute, New York, USA
NOV 2019	<b>REGISTERED EXPRESSIVE ARTS CONSULTANT/EDUCATOR (REACE)</b> Granted by International Expressive Arts Therapy Association
MAY 2019	<b>CERTIFIED FOCUSING-ORIENTED EXPRESSIVE ARTS (FOAT®) FACILITATOR</b> Granted by Focusing and Expressive Arts Institute, Sta. Rosa, California, USA
AUG 2017	<b>CERTIFIED EXPRESSIVE ARTS COACH</b> International Coach Certification through Certified Coaches Alliance; Certification No: 755188

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2006-2009

**MASTER OF ARTS MAJOR IN CLINICAL PSYCHOLOGY**

University of the Philippines – DILIMAN

JAN 2023-FEB 2025

**MINDFULNESS MEDITATION TEACHER CERTIFICATION TRAINING**

Program under Tara Brach and Jack Kornfield

2006-2009

**BACHELOR OF ARTS, MAJOR IN PSYCHOLOGY. AWARD: HONORABLE MENTION**

De La Salle University, Manila

**AFFILIATIONS AND INVOLVEMENT**

JAN 2020–PRESENT

**PSYCHOLOGIST, TRAINER, WORKSHOP FACILITATOR**

Provides training and workshops on mental health and well-being to corporate offices, schools and clients. Also provides individual and group sessions as a form of intervention.

MAR 2019–PRESENT

**WELLATSEA**

Consultant, Trainer, Workshop Facilitator

NOV 2021–PRESENT

**CCV LIFE COACHING SERVICES**

Psychologist, Trainer, and Workshop Facilitator

JAN 2021–PRESENT

**HURIS INC.**

Trainer and Workshop Facilitator

JAN 2021–PRESENT

**MINDYOU**

Trainer and Workshop Facilitator

MAR 2017–PRESENT

**CREATIVE PASSION PATH**

Program Head and Workshop Facilitator

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**TASKUS**

Consulting Psychologist

APR 2011–MAR 2020

**PSYCHPROS**

Psychology Consultant

OCT 2019–FEB 2020

**LIFE CHANGE RECOVERY CENTER**

Counselor on a needs basis

AUG 2018–PRESENT

**HUMAN DYNAMIC**

Affiliate Consultant-Project Basis

JUL 2016–AUG 2018

**HUMAN DYNAMIC**

Consultant

APR 2014–AUG 2018

**ARTPSYCH CIRCLE**

Psychology Practitioner

MAY 2015–JUN 2016

**UP INFIRMARY**

Intern Psychologist

**CERTIFICATION AND REGISTRATION**

FEBRUARY 2025

**CERTIFIED MINDFULNESS MEDITATION TEACHER**

Granted by The Mindfulness Meditation Teacher Certification Program, USA

FEBRUARY 2022

**REGISTERED PSYCHOLOGIST**

Granted by Professional Regulations Commission