

Effectiveness of Holistic Approach for Common Adjustment Problems (HACAP) of Adolescents: An Intervention Program

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Abstract:

This study aims to examine the effectiveness of Holistic Approach for Common Adjustment Problems (HACAP) of adolescents with high level of anxiety and depression. A quasi-experimental design was used in implementing one group pretest and posttest designed to evaluate the effectiveness of the intervention. Paired T-test was also used at 0.5 level of significance. The highly significant difference between the pretest and posttest of the control group and experimental group revealed that HACAP intervention program was effective.

Keywords: adjustment, adolescents, holistic, intervention, quasi experiment

INTRODUCTION

Adolescence is a critical period for developing and maintaining social and emotional habits important for well-being. Any changes where there is a need to adopt or adjust, whether it is physical, behavioral, emotional, or social changes, can make adolescents vulnerable to mental health problems.

A person undergoing important changes is frequently affected by it, particularly teenagers. Common adjustment problems that adolescents may experience include physical (puberty), mental, and emotional challenges, which are all interconnected (Freeman, 2015).

The World Health Organization (WHO) reported that in Southeast Asia the Philippines has the highest incidence of depression (Ilda, 2012). In fact, at present, depression is the fourth common global cause of mental disorder among adolescents while anxiety is the sixth common cause of mental illness among adolescents aged 15 to 19 (WHO, 2020). It was also discovered that out of 90 depressives, only 30 will find professional help while other 30 are ashamed to seek professional help and would rather keep their situation by themselves. (Panela, 2012). On the other hand, it was also found out that academic-related factors are some of the common adjustment problems of adolescents (Rajkumar, et al., 2016). Likewise, Wang (2014) highlighted how school adjustment difficulties influence mental health, leading to stress, isolation, and problem behavior. In a related study was conducted by Ellis et al. (2020) about psychological and stress adjustment of adolescents during the COVID-19 pandemic, results showed that adolescents are anxious about COVID-19, and are particularly apprehensive about schooling and peer relationships. The stress induced by COVID-19 was associated with more instances of loneliness and depression, especially for adolescents who spend more time on social media. Beyond the stress caused by COVID-19, Connecting with friends virtually during the pandemic was linked to more cases of depression. Conversely, family time and schoolwork were linked to less instances of depression.

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Like in any disaster, it was found out that during the pandemic, there is an increased risk of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety. During the COVID-19 pandemic, the prevalence of PTSD among people who are exposed was reported: 4.6% for adults and 30% for children. Moreover, 7% of the cases are more commonly associated with female gender and poor sleep quality. It can be deduced that PTSD, depression, and anxiety are possible disaster impacts on adolescents' mental health (Guessoum et al. 2020)

With the development of Holistic Approach for Common Adjustment Problems (H.A.C.A.P), the researchers conducted an actual experiment among identified adolescents with high levels of depression and anxiety. Through the application of the HACAP intervention program, the participants were able to cope and adjust with their common adjustment problems and difficulties, particularly anxiety and depression.

OBJECTIVE

The purpose of this study is to examine the effectiveness of HACAP among adolescents with high levels of anxiety and depression. This also aims to lessen the anxiety and depression of adolescents by applying the HACAP intervention program.

METHODOLOGY

Method Participants

Before applying the HACAP intervention program to the actual experiment, the researchers conducted a pilot run among 35 college students. The pilot run is purely voluntary that is why the participants were first given consent forms. They were also given Beck's Anxiety and Depression inventory. Out of the 35 pilot run participants, ten respondents were found to have high levels of anxiety and depression; however, only six were able to complete the sessions due to personal reasons. The pilot run helped the researchers improve the developed intervention program, such as in determining the time consumed for each module and in finding out whether the HACAP intervention is effective or not.

Before the actual experiment, the sample size used was 78 students who were referred by the dean to see a guidance counselor due to their failing grades for two consecutive semesters. Among the 78 referred students, only 48 agreed to take the College Adjustment Scale while 16 did not comply and 14 dropped. From the 48 participants, 24 were discovered to have high levels of anxiety and depression. This number was then reduced to 16 participants who have high anxiety and depression levels. Also, these 16 participants voluntarily cooperated to be part of a focus group discussion. Before applying the HACAP intervention program, consent forms were handed out to seek the voluntary participation of the participants for the nine sessions of focus group discussions. The researchers also monitored all the progress of the participants. Their participation, at any point, can also be terminated for whatever reason that they may have. Adequate safeguards were provided to maintain the privacy and confidentiality of the results. They also had a debriefing before conducting the experiment to explain that this study offered important guidance toward their holistic improvement and can help them develop a positive outlook in life. Likewise, after the experiment, debriefing was also conducted to inform them that they are free to seek professional help. At the same time, evaluation was also conducted which helped them draw their own insights and reflect.

Out of the 16 anxious and depressive respondents, only 14 participated in the experiment. They were further divided into two groups: seven for the control group and another seven for the experimental group.

The participants of the two groups, the control and the experimental groups, were given a pre-test using Beck's Anxiety and Depression Inventory before applying HACAP to the Adolescents Intervention Program. A traditional lecture on "How to Cope with Anxiety and Depression" was prepared and conducted for the control group while the experimental group was subjected to nine sessions of HACAP intervention program modules, which was administered at the psychology laboratory. The experiment was conducted for two weeks every Monday, Wednesday, and Friday. Each session lasted for an hour and 30 minutes.

This study gave an interpretative meaning to the data obtained from the pretest and posttest between the control group and experimental group. Mean and standard deviation were employed in analyzing the level of the participants' anxiety and depression and in determining the significant difference in the scores before and after the administration of the intervention. Paired T-test was also used in experiments with a small sample size of $N < 5$ if the effect size is exceptionally large. The rationale of having to use small samples is due to discourse issues, such as budget, time, and ethical considerations, in which the participants who could not join a session because of varied reasons (ie., ill, academic requirements) were not forced to religiously attend all nine sessions.

Design

A quasi-experimental design (Myers & Henses, 2012) was used in implementing one group pretest and posttest design to evaluate the effectiveness of the intervention and the non-random technique among participants.

Instruments

Since anxiety and depression are common among college students, the researchers used the Anxiety and Depression Inventory of Beck (1991) to support the result of the assessment. This was also given in the pre-test and post-test of the experimental study. This is widely used as an assessment tool for health care professionals and researchers in a variety of setting. It is composed of 21 items and the norms are as follows: 1-10 normal, 11-16 mild disturbances, 17-20 borderline clinical depression, 21-30 moderate depression, 31-40 severe depression, and over 40 extreme depression. The researchers focused on severe depression.

The Anxiety and Depression Inventory of Beck showed an average correlation with the items of .60. Internal consistency was strong, over .7, for the scale. It is a well-accepted report measure of anxiety in adolescents and adults for use in both clinical and research settings. On the other hand, Beck's Depression Inventory (BDI) is a test that is generally recognized and has been tested for content, concurrent, and construct validity. High concurrent validity ratings are given between the BDI and other depression instruments, such as the Minnesota Multiphasic Personality. The BDI has also shown high construct validity with the medical symptoms it measures. Beck's study reported a coefficient alpha rating of .92 for outpatients and .93 for college student samples. The BDI-II positively correlated with the Hamilton Depression Rating Scale where $r = 0.71$. It had a one-week test-retest reliability of $r = 0.93$ and an internal consistency $\alpha = .91$.

Lee's (2017) study on the validity and reliability of BDI-II reveals that it is a reliable tool for gauging the severity of depressive symptoms among adolescents. Therefore, it can offer basic evidence for investigating the incidence rate and intervention strategies for depression in adolescents.

RELATED LITERATURE

This presents review of related literature and studies about Holistic Approach and its various aspects such as physical, mental, behavioral, emotional, and spiritual. This also discuss the two dominant adjustment difficulties and problems such as anxiety, depression, suicide, and the need for intervention.

“Holistic” completeness according to different aspects

Physical

It refers to the body's strength, which allows a person to get through daily activities without undue fatigue or physical stress. According to Walter (2009), the value of complete health is an individual's state of health in terms of movement which is always headed toward wellness.

In a study by Domene et al. (2016), it was found out that Latin dance and non-partnered Latin-themed aerobic dance among inactive women are effective in terms of community based physical activity and psychosocial health promotion. Bland et al. (2014) posited that physical activity behaviors and exercise have an impact on the stress tolerance of college students.

Mental

The body and mind are connected in a sense that the body responds to one's thoughts. According to Kalat (2016), behavior relates to the activity of the brain. Similarly, Sertillanges (1998) stated that the mind can only communicate with one's body. Certain automatic functions can also be adjusted by the mind. The body is the physical container for an individual's organs, systems, brain, mind, emotions, and soul. It is also made up of organs, systems, tissues, and cells. The central nervous system is composed of the brain and the spinal cord which have neurons that control the life-sustaining functions of the body as well as all thoughts, emotions, and behavior (Ciccarelli, 2015). The essence of wholeness is being open-minded to new ideas and the ability to express opinions that can be applied to making personal decisions, interacting with others and learning new concepts.

The cognitive component on self- acceptance and self-worth, motivation, and positive thinking are some of the important variables in understanding wellbeing. Ramos (2007) described Filipino adolescent in terms of one's mental state: a positive outlook in life, belief in one's ability, and acceptance of oneself.

Behavioral and Emotional aspect

According to Chobdee (2014), wholeness is the capability to become aware of oneself and cope with the challenges that a person meets in everyday living. It is also the capability to share one's emotional state, like anger, fear, sorrow, hope, joy, and gladness, through creative means. Thus, it focuses on an experience which involves contentment with the past, the present, and being optimistic with the future (Engler, 2016). This also involves positive feelings, such as joy and happiness, and managing emotions.

Social

It is the quality of having good interpersonal relationships with significant people and peer groups. It is also having a harmonious relationship with a person, leading to a better psychological wellbeing. Moreover, Elahe et al. (2017) discovered that there are three factors that greatly predict depression good or bad quality of interpersonal relationship, sadness, and focus emotion coping strategy. Likewise, Li et al. (2020) revealed that problems with significant persons and acquaintances increased teenage depression. In addition, interpersonal relationship has a double role, as a stressor and as a contributor to various mental disorders among adolescents diagnosed with depression (Elsina & Martinsone, 2019).

Spiritual

It is the ability to have peace of mind. Flecher (2009) said that wholeness is completeness in terms of spiritual matters. The spirit must be well because this is the core aspect of people's lives. When God breathed into Adam the breath of life, he becomes a living soul (Genesis 2:7). It is the spirit that gives a person real life. Man's spirit is man's consciousness and the ability to communicate and have a relationship with the Divine. A happy Filipino adolescent is characterized by having faith and believing in a strong relationship with a Higher Power, engaging in spiritual practices, and living in a morally accepted life (Ramos, 2007). In addition, happiness could only be attained through close relationship with the Divine (Pope, 2002).

Anxiety

According to Butcher (2015), anxiety is the presence of fear that is characterized by having negative moods, sadness, and presence of anxiety, temperamental sensitivity guilt, and hostility. On the other hand, anxiety, as described in DSM5 (2015), is persistent extreme anxiety and worry about different domains, together with work and school performance, in which an individual finds difficult to control. In addition, the individual experiences physical symptoms, including agitation or feeling keyed up; being easily tired; difficulty to focus or mind going

blank; irritability; muscle tension; and sleep disruptions. Furthermore, Rathus (2019) believed that anxiety disorders have psychological and physical symptoms that include worrying, fear of the worst happening, fear of losing control, nervousness, and inability to relax. The physical symptoms reflect arousal of the sympathetic branch of the autonomic nervous system: trembling, sweating a racing heart, elevated blood pressure, and faintness. Sibnab, Chatterjee, and Walsh, (2016) also revealed that boys are more anxious than girls while adolescents from middle socioeconomic status are more anxious than those who came from both upper and lower socioeconomic status. Similarly, in Mendez' (2020) survey on the impacts of enhanced community quarantine (ECQ) toward Gen Zs (includes Filipino adolescents), they are now experiencing critical levels of stress (15%), anxiety (29%), and depression (21%).

Depression

Depression is a major depressive disorder, also known as clinical depression, which is a common and serious mood disorder when someone who experience insistent feelings of sadness and hopelessness where loses interest in activities. (DSM5, 2015). Cavanaugh (2016) defined depression as a disorder characterized by pervasive feelings of sadness, irritability, and low self-esteem. Basu and Biswas (2017) concluded that most adolescents experience depression; hence, they highly suggested that schools should provide programs for mental health awareness and counseling, under a psychiatrist's guidance, so that the number of adolescents experiencing depression may be lessened and treated in a harmless way.

Depression may manifest in mild form. Stenberg (2011) explained that depression is the most common psychological disturbance among adolescents. Although it is associated with depression with feelings of sadness, there are also other important signs of disturbance. Sadness alone without any other symptoms may not indicate depression in a clinical sense of the term. Depression has emotional symptoms such as dejection, decreased enjoyment of pleasurable activities, and low self-esteem. It has cognitive symptoms such as negativity and hopelessness. It has motivational symptoms including apathy and boredom. Finally, depression comes with physical symptoms, such as loss of appetite, difficulty in sleeping, and loss of energy. Lu (2019) stated that depression was higher among females and those found to have negative experience in school and have less authoritative parent. A great number of adolescents with untreated depression were also recorded. In the Diagnostic and Statistical Manual for Mental Disorders- V (American Psychiatric Association, 2015), the diagnostic criteria for mild depressive disorder (dysthymic disorders) are as follows: depressed mood for most of the day, for more days than not, for at least 2 years, as indicated by the subjective account or observation of others, In children and adolescents, mood can be irritable, and the duration must be at least one year while depressed of two (or more) of the following: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness.

Depression and Suicide

According to Sigelman and Rider (2015), major depression and other affective disorders are among the most common psychological problems experienced by adolescents, and they are more likely to take their own lives. Furthermore, Koket et al. (2015) found out that the most observed stressor of suicide is relationship problems followed by family, academic and emotional problems. Similarly, Smith et al. (2015) revealed that stress, weight-related issues, and depression have a significant relationship to suicide among college students, and that both weight-related issues and stress produce symptoms of depression.

The Need for Intervention with Depression and Anxiety

Fegert et al. (2020) stressed that during the pandemic, adolescents should be given endurance, care, and attention. The COVID-19-related mental health risks may extremely influence not only children, but also adolescents. Kumar et al. (2017) emphasized that it is essential to recognize depressive, anxiety and stress-related symptoms among adolescents to monitor and seek recommendation for an applicable intervention because these may affect learning and development processes. On the other hand, Stickkelbroek (2016) revealed that to

prevent depression after experiencing negative events in life, maladaptive cognitive emotion regulation strategies should be minimized because it may worsen depressive symptoms. Similarly, Hong and Min (2018) revealed that subjects who had experienced peer harassment and less-reassuring-parenting showed high levels of depression. They suggested the need to develop an intervention, which will focus on adolescent students' behavior to lessen the level of depression. In addition, Mizuta et al. (2016) found out that there was no significant effect of homeroom teacher's support on the level of depression among adolescents. Furthermore, Kok et al. (2015) revealed that relationship is the most observed stressors of suicide among adolescents. He also concluded that there is a need to develop strategies for reinforcing relationships to protect adolescents from committing suicide.

The following sections discuss the sessions conducted. Each session lasted for one and a half hours, and all the materials were provided by the researchers.

Session 1: Debriefing and Abstracting the Performers

Prior to the six HACAP modules, the researchers had a short debriefing with regard to their participation in the experiment. Interviews, through focus group discussions, regarding their present adjustment problems and difficulties were also conducted.

Session 2

After abstracting the participants in the previous interview through focus group discussions, in order to have a deeper understanding of their present adjustment problems, the session proceeded to an orientation about policies, procedures, schedules, confidentiality, and ethical considerations. An informed consent form was also signed by the participants. An introduction about the theoretical rationale of the HACAP intervention program was given.

Session 3 (HACAP Module 1): Creative Collage ("Creating a Collage of My Best Self")- Enhancing Self-Esteem and Self-Concept

First, they were given a 15-minute warm up exercise. Afterwards, an art activity was conducted. The participants used several materials, such as paper, newsprint, photographs, ribbons, or other objects attached to background support like plain paper.

This enabled them to have self-awareness, establish rapport by sharing about themselves and to be true to themselves, determine their strength and weaknesses, and stay in line with their goals. A greater understanding of self-efficacy and self-awareness are important to an individual's growth (Caldwell & Hayes, 2016). Moreover, a related study made by Sim and Moon (2015) found out that there is a relationship between self-efficacy stress and depression while Mustafa et al. (2017) revealed that those with low self-esteem have high level of anxiety.

Session 4 (HACAP Module 2): "Expressive Art-Kinesthetic Art"

(Aerobic Dance)- Increase Energy, Eliminate Boredom

This involves dance and aerobic movements performed with upbeat music. In the Philippines, it was found out that Filipino adolescents spend eight to ten hours per week listening to music (Arnett, 2013).

Participants were asked to let loose and to get the most out of the aerobic dance exercise. The materials used were mat, towel, and bottled water. The relevance of this is to enhance the production of the participants' hormones, increase alertness, energy levels, improve stability, and withstand stress. A related study by Ellis et al. (2020) revealed that aside from time with family and connecting with friends, physical activity was related to lower levels of loneliness.

Session 5 (HACAP Module 3): “Artistic activity”- (Open heart -what I feel in my heart now?)

This module is an art activity where the participants were asked to make a heart but go beyond the usual shape and color of a heart. It could be in any size and shape. The participants decorated their hearts in a manner that they wish. Here, they were able to express their feelings and had a deeper understanding of the causes of depression. The activity aimed to express their feelings, such as painful experiences, wounds, and heartaches. Yao et al. (2018) found that the improvement of self-esteem and depression through art therapy. Powell et al. (2017) suggested that coloring pre-drawn patterns are a useful stress reduction technique for university students.

Session 6 (HACAP Module 4): Relaxation Therapy and Guided Imagery Introducing Positive Psychological Effects through Meditation**Part 1**

Relaxation of one part of the body like the eye is important to be comfortable after a working day. Participants were asked to close their eyes and place a cucumber on their eyes while music was playing in the background. Music is a quick stress reliever and has positive effects on physiological and psychological stress, such as anxiety and nervousness (Spruit Et al., 2019). Instrumental music is also preferable in order to avoid melodies that could trigger anything unpleasant. After this, they were asked about the calming effects brought by eye relaxation.

Part 2

This is a guided meditation called “Go for a Walk with the Sun along the Beach.” Participants were requested to feel comfortable while sitting and taking any position that would make them feel relaxed. They were also asked to pay attention and be mindful of the “nature” while walking along the river. After this, they were asked how it felt to be along and relaxed. This session helped the participants to decrease negative physiological and psychological symptoms, anxiety, and depression. Moreover, this also helped them enhance their motivation and concentration.

Session 7 (HACAP Module 5): Expressive Activity- “My Royal Crown”-Introducing Self -Worthiness

This activity focused on the participants’ strengths which are tied down to their self- worth and to realize that they are not helpless. David (2014) stressed that art therapy is a therapeutic treatment among those who have illnesses, trauma and a challenging life, and those who seek personal development because it could increase self-esteem, awareness, and self-worthiness. A related study conducted by Gadampour et al. (2019), highlighted the effectiveness of art therapy for the reduction of loneliness and increase of social adjustment of the students. This aimed to develop one’s strength and confidence, to value oneself and others, and to see something new about themselves. Participants were also asked to make a special kind of royal crown made of colored paper and coloring materials.

On the crown, they were instructed to write their personal strengths, like skills, talents, positive characteristics, and other self-boosting distinctiveness. After this, they were requested to parade and wear their crowns while sharing the crowns with others.

Session 8 (HACAP Module 6): Clay Modelling- “My Relationship with Divinity”

The participants were told to create something out of clay that will relate their relationship with Divinity. Kirka (2019) reviewed the development of spiritually oriented art therapy interventions as a tool of change, and stressed that it was considered helpful because the individual may be transformed in a holistic way. This intervention has been defined to be effective in searching for the meaning of life. This also delved more on the spiritual aspect of the participants, which helped them express their feelings in relation with Divinity. The participants realized the essence of individuation and the purpose of their existence, developed a positive outlook in life, and gained better control of emotion.

Session 9: Understanding oneself

After the six HACAP modules, the participants were requested to write something about things that they have learned and discovered about themselves and the changes about their outlook in life.

RESULTS AND DISCUSSIONS

Table 1. Summary results of the pretest-posttest profile scores according to Beck's Anxiety and Depression Inventory of the control and experimental group

		Control Group		Experimental Group	
		Pretest	Posttest	Pretest	Posttest
Anxiety	Mean Score	35.14	35.43	30.43	8.43
	Standard Deviation	8.23	6.89	7.83	2.15
Depression	Mean Score	36.43	37.86	30.71	7.71
	Standard Deviation	5.29	12.11	11.9	5.31

Table 1 illustrates that the mean score of the pretest of the control group in Beck's anxiety inventory of the participants is 35.14 with a standard deviation of 8.23 while the mean score of depression is 36.43 with a standard deviation of 5.29. On the other hand, the mean score of the posttest of Beck's anxiety inventory is 35.43 with a standard deviation of 6.89. Likewise, the posttest of anxiety is 35.43 with a standard deviation of 6.89 while depression is 37.86 with a standard deviation of 12.11. This only shows that the profile scores of the pretest and posttest of anxiety and depression inventory by Beck are high in the control group. This also means that most of the participants in the control group have high levels of anxiety and depression. However, the control group maintained a high level of depression even after a short lecture on how to cope with anxiety and depression inventory by Beck. Thus, most of the participants in the control group have high levels of anxiety and are prevalent among college students. Marthoenis et al. (2018) stated that depression and anxiety are common among college students. They also posited that depression is certainly associated with anxiety. Identifying depression and anxiety and knowing the appropriate treatment are important for these students. On the other hand, the posttest profile scores of the participants in the anxiety and depression inventory by Beck were decreased after the experiment and when the HACAP intervention was applied. Thus, the HACAP intervention program for college students was effective. A related study was conducted by Waletzky (2015) where it was concluded that the holistic approach and healing strategies helped patients who were in the process of addiction recovery.

In applying HACAP to Filipino adolescents, the physical, mental, behavioral, social, and spiritual aspects of adolescents were considered for the intervention to become effective. On the other hand, Bhui and Morgan (2013) also reiterated the effectiveness of psychotherapy in which they concluded that therapists must consider the race and culture of their patients in giving the treatment.

Table 2. Pretest results of the control and experimental group (with p value)

	Groups		t	df
	Control	Experimental		
Anxiety Test	35.14 (8.23)	30.43 p.28 (7.18)	1.14*	12
Depression Test	36.43 (5.29)	30.71 p.27 (11.90)	1.16*	12

Note: * = $p \geq 0.05$. Standard deviations appear in parentheses below means.

Table 2 illustrates the mean and standard deviation scores with p-value and the significant difference at 0.05 level of Beck’s Anxiety and Depression Inventory of the pretests of the control and experimental group.

Among the respondents in the anxiety test, there is no statistically significant difference between the control group (Mean=35.14, SD=8.23) and the experimental group (Mean=30.43, SD=7.18), $t(12) = 1.14, p = .28 \geq 0.05$. Note that Levene’s test (1960) indicated equal variances ($F = .04, p = .85$).

Among the respondents in the depression test, there is no statistically significant difference between the control group (Mean=36.43, SD=5.29) and the experimental group (Mean=30.71, SD=11.90), $t(12) = 1.16, p = .27 \geq 0.05$. Note that Levene’s test indicated equal variances ($F = 3.76, p = .08$).

There is no significant difference in the pretest scores of the control group and experimental group, which means that anxiety and depression are high among college students. The absence of significant relationship means that the null hypothesis of no significant differences is accepted. This indicates that college students are anxious and depressed. A study conducted by Mutalik et al. (2016) also found out that there was a great score of depression, anxiety, and stress among college students. Moreover, according to Lunescu et al. (2013), pieces of evidence from different studies suggest that anxiety goes along with great depression, worsens depression, and increases the risk of suicide. On the other hand, Zhang et al. (2020) revealed that adolescents are experiencing symptoms of stress, depression, and anxiety because of the impact of the COVID-19 pandemic.

Table 3. Anxiety and depression posttest results (with p value)

	Groups		t	df
	Control	Experimental		
Anxiety Test	35.43 (6.89)	8.43 (2.15)	p-.00 7.38**	7
Depression Test	37.86 (12.11)	7.71 (5.31)	p-.00 6.03**	12

Note: ** = $p < 0.05$. Standard deviations appear in parentheses below means.

Table 3 shows the anxiety and depression posttest results of the participants of the control and experimental group.

Among the posttest scores of the participants in the anxiety test, there is a statistically significant difference between the control group (Mean=35.43, SD=6.89) and the experimental group (M=8.43, SD=2.15), $t(7) = 7.38, p = .00 < 0.05$. Levene’s test indicated unequal variances ($F = 6.97, p = .02$), that is why degrees of freedom were adjusted from 12 to 7.

Among the posttest scores of respondents in the depression test, there is a statistically significant difference between the control group (Mean=37.86, SD=12.11) and the experimental group (M=7.71, SD=5.31), $t(12) = 6.03, p = .00 < 0.05$. Levene’s test indicated equal variances ($F = 3.38, p = .09$).

This illustrates that there is significant difference in the posttest of the control group and experimental group in the anxiety and depression inventory by Beck. Therefore, the null hypothesis of no significant difference is rejected in the posttest of the control group and the experimental group. Since in the control group, they were only given lectures, anxiety remains the same. As such, the traditional lectures in the control group were not effective. When students are depressed in dealing with anxiety, they cannot concentrate and become disengaged in the classroom (Cavanaugh, 2016). A related study was also done by Choi et al. (2014) and discovered that the grades of students from problem solving and self-directed learning dropped using traditional lectures. Hence, the HACAP intervention program is effective because the participants’ levels of anxiety and depression decreased. Also, Singh (2020) reiterated that there should be an intervention that would focus on college students’

psychosocial, mental, spiritual, and health needs joined with health professionals, including psychiatrist and psychologist. Therefore, the developed holistic intervention program is effective where physical, mental, emotional, and spiritual aspects are also involved in order to lessen anxiety and depression. As the respondents were given post evaluation, three themes were formed based on the collected verbatim data during the post survey evaluation. The following themes are: (1) self-awareness, they were able to express their feelings and emotions; (2) had a more positive outlook in their lives, they were able to become hopeful with their lives and their relationship with God; and (3) learned to manage their emotions and will power to focus, and had an interest in attaining goals and aspirations, the participants can focus on the things that they want to do and become diligent because they want to finish their education and help their family.

Miron et al. (2019) revealed that a great percentage of college students who were recorded to have high levels of anxiety and depression became more susceptible to mental health illnesses in which there are a need to implement programs that would prevent, detect, and treat common mental illness. Since adolescents are at a high risk of developing anxiety and depression due to adjustment, a recent study by De Sousa, et al. (2020) reiterated the need to also have a psychological intervention in this time of COVID-19 pandemic because it may have have a long-term effect to adolescents. In addition, Chen et al. (2020) discovered that there are risk factors of anxiety and depression during the pandemic and recommended that there should be a systematic approach for mental health prevention and intervention.

CONCLUSION

Based on the findings of this research, the following conclusions have been drawn:

1. Based on the pre-test scores of both the control group and the experimental group, there is no significant difference in the participant's level of anxiety and depression.
2. The highly significant difference between the posttests of the control group and the experimental group on anxiety and depression revealed that the holistic intervention program is more effective than the traditional lecture.
3. In the light of the study, the researchers also concluded that recognizing students with common adjustment problems and difficulties, particularly anxiety and depression is of great significance in providing the needed intervention to enhance students' psychological and physical wellbeing through positive factors, including an improved curriculum that can develop their psychological health. The holistic intervention program, such as physical, mental, emotional, behavioral, and spiritual features were considered.

RECOMMENDATION

Since the thrust of the study is on Clinical Psychology, HACAP intervention mainly focused on college students with high levels of anxiety and depression to enhance their psychological and physical wellbeing that could make them attain an optimum level of mental health, free from any psychological disorders. It is strongly recommended that it is deemed worthwhile to have a deeper examination on the effectiveness of the HACAP intervention program, which can be applied to other adjustment problems and difficulties, like suicidal ideation, substance abuse, self-esteem problems, interpersonal problems, family problems, academic performance, and career problems as well as psychological adjustment and stress among adolescents during the initial COVID-19 crises in order to determine its efficacy. Furthermore, it is hoped that the findings of the research could be used not only for adolescents with high levels of anxiety and depression but also to other stages of life span, specifically, early adulthood and late adulthood. This may also be used to guide future studies.

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