

A Relational-Cultural Trauma-Informed Care Framework: An Emerging Model for Philippine School Counseling

¹Rochelle T. Fernandez., ²Maria Lourdes L. Chavez

¹De La Salle University

²Miriam College

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ABSTRACT

This study develops a Relational-Cultural Trauma-Informed Care (RCTIC) Framework for Philippine school counseling based on an Interpretative Phenomenological Analysis (IPA) of Filipino school counselors' lived experiences. It reconceptualizes trauma-informed care as a relationally embedded and culturally mediated process rather than a fixed set of clinical procedures. Findings generated four interrelated dimensions: (1) relational safety, (2) cultural mediation, (3) ethical and institutional practice, and (4) empowerment and advocacy. These dimensions function as mutually reinforcing processes that collectively enable the restoration of client agency, understood as the re-establishment of voice, choice, and self-directed meaning-making in the aftermath of trauma.

The study demonstrates that trauma-informed practice in Philippine school contexts is shaped by collectivist cultural logics, particularly *kapwa*, *hiya*, and *utang na loob*, which influence disclosure, help-seeking, and relational engagement. Rather than positioning culture as context, the framework conceptualizes it as an active mechanism in trauma processing and counseling interaction.

Overall, the RCTIC Framework extends dominant Western trauma-informed models by foregrounding relational-cultural dynamics and institutional constraints in shaping counseling practice. It offers a contextually grounded model for understanding how trauma-informed care is enacted within Philippine educational settings.

Keywords: Trauma-informed care, school counseling, Philippines, IPA, relational-cultural theory, client agency, cultural psychology

INTRODUCTION

Trauma-informed care has become a widely adopted framework in education and counseling due to its emphasis on safety, trust, collaboration, empowerment, and cultural responsiveness. However, most established models are grounded in Western individualistic assumptions that may not fully capture the relational and collectivist realities of non-Western contexts such as the Philippines. In these contexts, trauma experiences are not only individually experienced but are also embedded within family systems, community relationships, and cultural expectations that shape emotional expression and help-seeking behavior.

In the Philippine setting, cultural constructs such as *kapwa* (shared identity), *hiya* (shame), and *utang na loob* (debt of gratitude) significantly influence how distress is experienced, disclosed, and processed (Kobayashi et. al., 2024). These values shape relational obligations and emotional restraint, which in turn affect counseling processes. Despite this, trauma-informed frameworks applied in schools often remain imported and under-contextualized, leaving a conceptual gap in understanding how trauma-informed care is actually enacted by Filipino counselors within real institutional and cultural conditions.

This study addresses this gap by developing a Relational-Cultural Trauma-Informed Care Framework grounded in the lived experiences of Filipino school counselors. It reconceptualizes trauma-informed care as a relationally constructed and culturally mediated process embedded within educational institutions. In addition, some of the

findings presented in this dissertation have been further developed in a separate article to provide a more in-depth discussion of key themes.

RELATED LITERATURE

Culturally Responsive Care

Culturally responsive care involves understanding and responding to the cultural values, beliefs, and preferences that shape individuals and communities. More than cultural awareness, it requires adapting healthcare and counseling practices to meet the unique needs of diverse populations (Ochs, Roper, & Schwartz, 2024). This approach is especially important for marginalized individuals, as it promotes respect, inclusivity, and culturally sensitive support that empowers clients to navigate social and systemic barriers (Mesina, 2022).

Research has shown that culturally responsive care aligns closely with patient-centered care and contributes to improved treatment adherence, patient satisfaction, and overall well-being. Incorporating cultural values such as family involvement and spirituality into care planning strengthens empowerment and engagement in treatment (Cipta et al., 2024).

The Role of School Counseling Centers

School counseling centers play a crucial role in promoting student mental health and academic success. Woodward and Joseph (2023) emphasized that counseling services should be integrated within broader student wellness initiatives that foster emotionally supportive school environments. Through programs such as peer mentoring, stress management workshops, and preventive interventions, counseling centers contribute to emotional resilience and student well-being.

Counseling offices are also essential for early identification and intervention of mental health concerns (Weiss & Rodgers, 2020). Counselors help students manage stress, anxiety, and emotional difficulties before these concerns worsen. In addition to preventive support, counseling centers provide therapeutic services such as individual and group counseling, which can reduce feelings of helplessness and improve coping skills (Booth & Neill, 2017). They also play a significant role in crisis intervention, including suicide prevention, trauma response, and emergency counseling services (Wang & Gupta, 2023). Collectively, these services contribute to a supportive school climate that promotes both psychological well-being and academic functioning.

Trauma-Informed Care

Trauma-Informed Care (TIC) is an approach that prioritizes safety, trust, collaboration, choice, and empowerment for individuals affected by trauma. TIC recognizes the widespread impact of trauma and integrates trauma awareness into all aspects of care and intervention (Isobel et al., 2021). Vaughn (2021) identified safety, trust, choice, collaboration, and empowerment as core principles that guide trauma-informed practice. Effective implementation requires trauma-sensitive communication, supportive environments, and organizational practices that prevent retraumatization.

The development of TIC has evolved through several foundational models. Bloom's Sanctuary Model emphasized the creation of safe, democratic, and therapeutic environments that promote recovery and resilience (Bloom, 2007). Perry's Neurosequential Model of Therapeutics (NMT) integrated developmental neurobiology and traumatology to guide individualized interventions for children and families (Perry, 2014). Similarly, Van der Kolk (2014) highlighted how trauma affects brain functioning and emotional regulation, advocating for holistic interventions such as mindfulness and somatic approaches. Treisman (2016) extended trauma-informed principles into educational settings by emphasizing emotionally supportive classrooms and educator training.

Within schools, counselors are expected to foster positive and supportive environments that promote emotional, social, and academic growth (Rawson, 2020; Hickman & Klassen, 2022). Research has increasingly emphasized the importance of trauma-informed and culturally responsive school practices. Hurless and Kong (2021) recommended improved communication with families, culturally aware support systems, and trauma-sensitive

school environments for students with emotional and behavioral disorders. Irwin (2022) further demonstrated how students negotiate trauma and identity within larger institutional and cultural contexts.

School-based trauma-informed interventions such as Positive Behavioral Interventions and Supports (PBIS), social-emotional learning (SEL), restorative justice, and family engagement have also been identified as effective approaches for increasing resilience and prosocial behavior among trauma-affected students (Eggleston et al., 2021). Earlier counseling literature similarly emphasized the need for clinicians to recognize trauma symptoms and create safe therapeutic relationships that minimize retraumatization (Harris & Fallot, 2001; Courtois & Ford, 2013). Trauma-informed approaches therefore extend beyond symptom management by promoting safety, control, and healing within relational and institutional contexts (Smith, 2022; Kataoka et al., 2018).

The importance of TIC became even more evident following the COVID-19 pandemic, which exposed many students to grief, illness, and family instability (Taylor, 2021). In the Philippines, trauma-informed approaches have gradually emerged within mental health and psychosocial services. Cordisco Tsai et al. (2025) reported promising outcomes from a trauma-informed mind-body intervention for survivors in Cebu. Estrada et al. (2020) also highlighted the implementation of trauma-informed psychosocial services within Women and Child Protection Units, although shortages of mental health professionals remain a significant challenge. Additionally, Voith and Blakey (2016) emphasized the importance of psycho-emotional-spiritual well-being, resilience, and financial stability in supporting Filipino young women with traumatic histories transitioning into adulthood.).

METHODS

This study employed Interpretative Phenomenological Analysis (IPA) to examine how Filipino school counselors experience, interpret, and enact trauma-informed care (TIC) within educational settings. IPA was selected because of its focus on lived experience, meaning-making, and the interpretation of personal and professional realities within specific sociocultural contexts. The approach allowed for an in-depth exploration of how counselors understood trauma-informed practice within the relational, cultural, and institutional dynamics of Philippine schools.

The study involved 10 Filipino licensed counselors or Registered Guidance Counselors currently practicing in higher education institutions in the Philippines. IPA research typically utilizes small and purposively selected samples due to its idiographic orientation and emphasis on depth rather than breadth. Smith, Flowers, and Larkin (2009) emphasized that there is no fixed sample size in IPA studies, while Clarke (2010), as cited by Noon (2018), suggested that professional doctoral-level IPA studies commonly involve approximately 4–10 participants. The inclusion of 10 participants was therefore considered appropriate for generating rich phenomenological insights.

Purposive sampling was utilized to recruit counselors from various regions across the Philippines. Given the country's diverse cultural landscape, participants were selected from both urban and rural educational institutions to capture varied experiences of trauma-informed practice shaped by regional, cultural, and institutional contexts. This sampling strategy ensured that the findings reflected a broader range of counseling realities rather than a singular institutional perspective.

Participants were required to have a minimum of three years of counseling experience within higher education settings. This criterion ensured that participants possessed substantial exposure to student mental health concerns and trauma-related cases, including sexual violence, family conflict, disaster-related trauma, and complex relational distress. Their professional experiences enabled them to provide detailed reflections regarding trauma-informed interventions, cultural considerations, ethical dilemmas, and institutional challenges encountered in practice.

An initial screening survey was conducted to identify participants who met the inclusion criteria. The survey gathered information regarding participants' professional background, counseling setting, years of experience, and exposure to trauma-related concerns. While participants may or may not have explicitly identified their approaches as trauma-informed care, the study focused on practices aligned with TIC principles and processes.

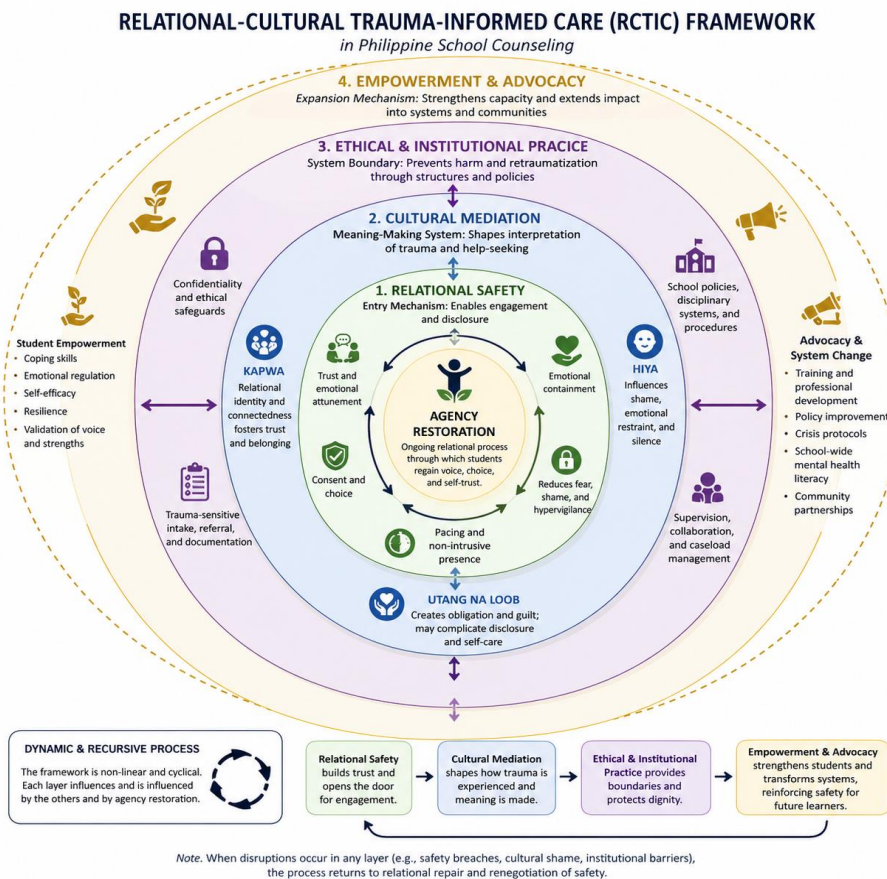
Data were collected through semi-structured interviews designed to elicit detailed narratives regarding participants' experiences, counseling practices, challenges, and reflections related to trauma-informed care. The semi-structured format allowed participants to freely describe their lived experiences while ensuring that discussions remained aligned with the objectives of the study. Interview questions explored themes related to safety, power, culture, spirituality, empowerment, and relational practice within counseling settings.

Data analysis followed the systematic procedures of Interpretative Phenomenological Analysis. Transcripts were repeatedly reviewed to facilitate immersion in the data, followed by initial noting across descriptive, linguistic, and conceptual domains. Emergent themes were then identified and clustered into superordinate themes through cross-case analysis. This iterative process allowed patterns of meaning to emerge while preserving the uniqueness of each participant's account.

Throughout the analysis, reflexivity was consistently maintained to ensure that interpretations remained grounded in participants' narratives rather than shaped primarily by pre-existing theoretical assumptions. Central to the analytic process was the double hermeneutic characteristic of IPA, wherein participants attempted to make sense of their experiences while the researcher simultaneously interpreted those meanings. This process enabled the development of a nuanced understanding of culturally responsive trauma-informed care within Philippine school counseling contexts.

Emerging Framework

Diagram 1. Relational-Cultural Trauma-Informed Care Framework



Based on the findings of this study, a Relational-Cultural Trauma-Informed Care Framework is proposed to represent how Filipino school counselors experience, interpret, and enact trauma-informed care within educational settings. The framework synthesizes the four emergent themes into a coherent, multilayered structure that captures the relational, cultural, ethical, and systemic dimensions of trauma-informed practice.

The proposed model conceptualizes trauma-informed care not as a discrete set of techniques, but as a dynamic and culturally mediated process centered on the restoration of client agency. It reflects participants' lived

experiences and meaning-making, as revealed through Interpretive Phenomenological Analysis, and situates trauma-informed practice within Filipino collectivist and institutional contexts.

Central Core: Restoration of Client Agency

At the heart of the framework lies the restoration of client agency. Trauma was consistently described as disrupting autonomy, voice, safety, and self-trust. Whether in cases of sexual harassment, family violence, disaster trauma, or complex relational harm, students experienced diminished control over their environment and emotional experience.

Participants defined empowerment not as the elimination of distress but as the re-establishment of choice. Agency was restored when students were allowed to determine pacing, consent to disclosure, select coping strategies, and define their own readiness for change. Even small shifts, such as learning one grounding skill or choosing when to revisit painful material, were interpreted as meaningful reclamations of autonomy. Importantly, the agency was not forced. It was cultivated through presence, validation, and careful relational pacing.

Layer 1: Relational Safety

Surrounding client agency is relational safety, which creates the conditions necessary for agency to emerge. Participants described safety as the foundation of all therapeutic work. However, safety was not conceptualized solely as physical or procedural. Rather, it was experienced as a relational process unfolding moment by moment.

Relational safety included emotional containment, calm presence, validation, gentle pacing, non-intrusive intake procedures, and consistent reinforcement of choice. Counselors described adjusting environmental factors such as privacy, tone of voice, seating arrangements, and communication style to reduce power differentials and anxiety. Safety extended beyond the counseling session to include informed consent procedures, intake interactions, and the broader guidance office workflow.

Consistent with trauma-informed frameworks articulated by SAMHSA (2014) and Van der Kolk (2014), safety was positioned as foundational. Yet participants' meaning-making adds depth to this conceptualization by framing safety as co-constructed rather than static. It required sustained attentiveness to students' emotional cues, fears of retraumatization, and experiences of shame. Through relational attunement, counselors sought to reduce hypervigilance and reestablish trust disrupted by trauma.

This layer reflects the overarching pattern that trauma-informed care is a posture, not a protocol. Safety was enacted through humility. Counselors refused to dominate the narrative. They committed to pacing rather than productivity. Emotional containment was practiced deliberately, especially when students shared heavy or complex material. Regulation was relational. If the counselor remained calm, the student could borrow that calm.

Layer 2: Cultural Mediation

The second layer reflects the cultural mediation of trauma-informed principles within Filipino sociocultural contexts. Participants' accounts demonstrate that trauma-informed care in Philippine schools cannot be understood apart from cultural constructs such as *kapwa*, *hiya*, *utang na loob*, and collectivist orientations.

Kapwa, understood as shared identity and relational interconnectedness, shaped how safety was experienced. Students felt safer when counselors demonstrated genuine presence rather than detached professionalism. Trauma was often interpreted as a rupture in belonging, making relational restoration central to healing.

Hiya influenced disclosure patterns, particularly in cases involving sexual trauma or family conflict. Fear of shame, judgment, or dishonor delayed help-seeking. Counselors responded through non-intrusive approaches that emphasized pacing and consent, thereby reducing the threat of exposure.

Utang na loob shaped students' experiences of guilt and obligation. Emotional pain was often interpreted as ingratitude. Counselors engaged in careful reframing, helping students understand that self-care did not negate

family loyalty. Rather than rejecting cultural norms, participants mediated them. They preserved relational values while protecting psychological autonomy.

Spirituality functioned within this cultural layer as an optional resource. Faith was integrated only when aligned with the student's beliefs. It was never imposed. Spirituality was framed as grounding, not as moral correction.

This layer demonstrates that trauma-informed care in collectivist contexts involves negotiation rather than standardization. Cultural values were neither dismissed nor romanticized. They were interpreted through an ethical lens that balanced belonging with autonomy.

Drawing from Filipino psychological scholarship, including Eslit (2024), de Guia-Samuels (2023), Rilveria (2024), and Cipta et al. (2024), this layer illustrates that global trauma-informed principles must be interpreted through cultural lenses. Healing in collectivist contexts is relationally negotiated rather than individually asserted. Cultural responsiveness, therefore, involves thoughtful mediation rather than automatic inclusion of cultural norms.

In this sense, trauma-informed care functioned as a relational and ethical professional stance rather than a set of discrete techniques. Counselors engaged cultural dynamics such as shame and relational loyalty through reflective practice and cultural humility, positioning themselves not in opposition to cultural norms but as practitioners working integratively within culturally situated contexts.

Layer 3: Ethical and Institutional Practice

The third layer reflects the ethical and institutional dimensions of trauma-informed care. Participants emphasized that trauma-informed practice extends beyond individual counselor behavior to include procedural and systemic responsibilities.

This layer includes confidentiality protection, ethical restraint, avoidance of retraumatization, trauma-sensitive intake procedures, and advocacy for institutional alignment. Counselors described how poorly designed workflows, rigid disciplinary practices, or public shaming could inadvertently retraumatize students.

During online counseling, confidentiality became particularly fragile. Students without private spaces at home faced increased risk. Ethical decision-making required adaptability and reflexivity.

Trauma-informed care was therefore embedded in how students were greeted, how consent was explained, how records were handled, and how referrals were managed. Institutional processes either reinforced safety or undermined it. Participants also described a rise in trauma cases, including sexual harassment, family violence, disaster trauma, and complex trauma. However, formal preparation and sustained training were perceived as insufficient. Trauma presentations were becoming more layered, while institutional training often remained episodic or surface-level.

Grounded in foundational trauma-informed literature, including Harris and Fallot (2001), Courtois and Ford (2013), and Kataoka et al. (2018), this layer reinforces the understanding that trauma-informed care is a systemic responsibility. Sustainable trauma responsiveness requires alignment between individual practice and institutional structures.

Outer Layer: Empowerment and Advocacy

The outermost layer represents empowerment and advocacy, extending trauma-informed care beyond immediate therapeutic interactions toward long-term resilience and systemic change. Participants described facilitating empowerment through skill-building, emotional regulation strategies, mindfulness practices, journaling, creative expression, disaster preparedness education, and gradual exposure techniques. These interventions were intended not only to alleviate distress but to strengthen students' sense of competence and self-efficacy.

Empowerment also extended to advocacy for training, supervision, crisis protocols, and school-wide mental health literacy programs. Counselors experienced tension between their understanding of trauma-informed best

practices and the constraints imposed by limited resources or institutional structures. Advocacy was therefore framed as essential to sustaining trauma-informed environments.

Consistent with the work of Perry (2014), Treisman (2016), and Vaughn (2021), this outer layer emphasizes that trauma-informed care involves resilience-building and systemic engagement. Healing is not confined to the counseling room but unfolds within broader educational ecosystems.

Dynamic Process of the Framework

The Relational-Cultural Trauma-Informed Care Framework operates as a dynamic and cyclical process. Relational safety enables disclosure and trust. Cultural mediation shapes how trauma is interpreted and negotiated. Ethical and institutional practices protect dignity and prevent retraumatization. Through these interconnected processes, client agency is restored.

As agency strengthens, empowerment emerges in the form of coping skills, self-regulation, and resilience. Advocacy at the institutional level further reinforces conditions of safety for future students. Importantly, the framework is not linear. When safety is disrupted, the process returns to relational repair and re-establishment of consent and trust. Trauma-informed care is therefore experienced as adaptive, relationally responsive, and ethically iterative.

DISCUSSION

This article extends trauma-informed care literature by proposing a relational-cultural framework grounded in Filipino collectivist contexts. Unlike dominant Western models that emphasize individual autonomy, this framework positions agency as relationally constructed and culturally mediated. The findings demonstrate that trauma-informed care in Philippine schools is not merely a set of techniques but a relational and ethical stance shaped by culture, institutional structures, and power dynamics.

Within this relational-cultural trauma-informed framework, safety is positioned as the foundational entry point of practice. However, it is understood not as a fixed condition or procedural requirement, but as an ongoing co-created experience shaped by trust, emotional attunement, consent, and sensitivity to power. Counselors described safety as something that must be repeatedly negotiated and affirmed within relationships, particularly in contexts where school systems may unintentionally reproduce experiences of control or powerlessness. This aligns with SAMHSA's (2014) emphasis on the pervasive and often hidden effects of trauma, especially within institutional settings where retraumatization may occur through routine processes.

In the framework, power is not neutral but relational and ever-present in counseling encounters. Participants demonstrated awareness of how institutional authority, disciplinary systems, and hierarchical school structures influence students' willingness to engage and disclose. As a result, counselors actively worked to redistribute power through choice, consent, and client-led pacing. These practices functioned as micro-interventions of empowerment, allowing students to regain a sense of agency disrupted by trauma. From this perspective, safety and power are deeply intertwined: safety becomes possible only when power is ethically acknowledged, shared, and softened within the counseling relationship (Harrison & Gordon, 2021; Podolan & Gelo, 2024).

The cultural domain of the framework further illustrates how TIC is locally grounded rather than universally applied. Counselors consistently interpreted trauma expressions through Filipino cultural constructs such as *hiya* and *utang na loob*, recognizing their dual role as both protective and constraining forces. *Hiya* often shaped silence, avoidance, and emotional restraint, requiring counselors to adopt a non-coercive and culturally attuned stance. Meanwhile, *utang na loob* reflected relational interconnectedness but also created potential emotional obligation, requiring ethical negotiation to ensure that care did not become coercion. In this way, culture was not treated as background context but as an active force shaping how trauma is expressed, understood, and responded to within the framework.

Empowerment, the fourth domain of the framework, was conceptualized not as individual independence but as relational restoration of agency within a collectivist context. Counselors focused on rebuilding students' capacity

for decision-making, emotional regulation, and self-trust, rather than prioritizing symptom reduction alone. Empowerment was achieved through collaborative goal-setting, respect for pacing, and validation of student voice. This aligns with survivor-centered principles that emphasize autonomy, dignity, and participation in the healing process (Bender et al., 2024; Jumarali et al., 2021).

Within this framework, the counselor's role is redefined from an expert-driven position to a relational-cultural facilitator of meaning-making and containment. Counselors described themselves as emotional anchors who prioritize presence, validation, and ethical restraint over directive intervention. This reflects a trauma-informed stance where healing is not imposed but supported through relational safety and trust-building (Chouliara et al., 2024). Ethical practice also involves continuous reflexivity, particularly in managing confidentiality, parental involvement, and institutional expectations in ways that do not replicate trauma-based power hierarchies.

Spirituality, while not always central, is situated within the cultural domain of the framework as a sensitive and client-led dimension of meaning-making. Counselors included spiritual considerations only when initiated by students, ensuring that faith-based integration remained voluntary and non-impositional. This reinforces the framework's emphasis on cultural humility and ethical responsiveness rather than prescriptive practice (Pandya & Kapadia, 2021).

Finally, the framework acknowledges that TIC is constrained by systemic realities. Participants identified barriers such as limited training, insufficient resources, large caseloads, and stigma surrounding mental health. These structural conditions shape how the framework can be enacted in practice and highlight the need for institutional support. Similar challenges have been observed in other school-based systems attempting to implement trauma-informed approaches (Forber-Pratt et al., 2021), reinforcing that TIC cannot be sustained without organizational transformation.

Overall, the relational-cultural trauma-informed framework emerging from this study positions TIC as a fluid, context-sensitive, and ethically responsive practice. Safety, power, culture, and empowerment are not discrete steps but interdependent processes that unfold within relationships and are shaped by both cultural meaning systems and institutional constraints. This framework extends existing trauma-informed models by grounding them in Filipino cultural realities and emphasizing that effective trauma care in schools must be relationally enacted, culturally negotiated, and systemically

CONCLUSION AND RECOMMENDATIONS

This study developed a Relational-Cultural Trauma-Informed Care Framework grounded in the lived experiences of Filipino school counselors. The framework reconceptualizes trauma-informed care as a dynamic and relational process centered on the restoration of client agency, shaped by relational safety, cultural mediation, ethical and institutional practice, and empowerment and advocacy. By integrating cultural values and institutional realities, the study extends existing trauma-informed models and offers a contextually grounded contribution to school counseling literature in the Philippines. In line with the Relational-Cultural Trauma-Informed Care Framework developed in this study, the Tugon-Kalinga Protocol was also formulated as an applied guide for culturally responsive and trauma-informed school counseling practice.

Based on the findings and the proposed Relational-Cultural Trauma-Informed Care Framework, several recommendations are offered for practice, policy, training, and future research within Philippine school counseling contexts.

First, at the school and institutional level, guidance offices and school administrations are encouraged to strengthen the structural conditions that support trauma-informed practice. This includes ensuring private and safe counseling spaces, establishing clear confidentiality protocols, and integrating trauma-sensitive procedures into intake, referral, and documentation systems. Schools should also review existing disciplinary practices to minimize the risk of retraumatization and align institutional responses with trauma-informed principles of safety, trust, and dignity.

Second, at the policy level, the Department of Education (DepEd) and the Commission on Higher Education (CHED) may consider institutionalizing trauma-informed and culturally responsive counseling competencies within counselor education and school personnel training programs. This includes the development of standardized yet context-sensitive guidelines that reflect Filipino cultural realities such as *kapwa*, *hiya*, and *utang na loob*, while also promoting ethical reflexivity and client autonomy. Policy support for regular supervision and continuing professional development in trauma-informed care is also recommended to address the identified gap in sustained training.

Third, at the professional practice level, school counselors are encouraged to adopt a relational-cultural stance in trauma work, emphasizing presence, pacing, and co-construction of safety rather than procedural application of techniques alone. Counselors should continue engaging in reflective practice to navigate cultural values ethically, particularly in balancing respect for collectivist norms with the protection of student agency. Strengthening culturally sensitive communication strategies is also recommended to improve engagement with students who experience shame, silence, or relational obligation in disclosure processes.

Fourth, at the training and education level, counselor education programs should integrate culturally grounded trauma-informed care into their curricula. Training should go beyond theoretical knowledge and include experiential learning on relational attunement, cultural mediation, ethical decision-making, and institutional advocacy. Supervised practice in trauma-informed approaches should be strengthened to better prepare future counselors for the complexity of real-world school contexts.

Finally, for future research, further studies may test and refine the proposed framework across different educational levels and regions in the Philippines to examine its applicability and adaptability. Quantitative validation studies may also be conducted to operationalize the framework's components and examine their impact on student outcomes such as well-being, help-seeking behavior, and perceived safety. Comparative studies between urban and rural school settings may further enrich understanding of contextual variations in trauma-informed practice.

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