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Social Resilience Psychoeducation: Efforts to Strengthen the Psychosocial Well-being of Beneficiaries at the Panti Pelayanan Sosial PGOT Mardi Utomo Semarang

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ABSTRACT

Beneficiaries (Penerima Manfaat or PM) at social rehabilitation centers encounter multifaceted psychosocial challenges, notably internalized stigma and diminished self-confidence, which hinder their social reintegration despite their vocational skills. Addressing this issue is imperative to avert the "revolving door" phenomenon, wherein beneficiaries return to the streets due to insufficient psychosocial preparedness. This Community Service initiative sought to enhance social resilience among beneficiaries at PPS PGOT Mardi Utomo Semarang through a structured psychoeducation intervention. The program employed a mixed-methods design, utilizing Focus Group Discussions (FGD) to assess baseline dynamics and the Connor-Davidson Resilience Scale (CD-RISC) in a pre-test/post-test design to measure changes following a session on self-efficacy, life purpose, and social support. Qualitative results indicated that while participants possessed knowledge of coping strategies, they were hindered by a lack of self-efficacy; meanwhile, quantitative findings showed no significant increase in resilience scores due to a 'ceiling effect' where 78.6% of participants already scored high at baseline. Consequently, the intervention successfully identified that the core barrier is not a lack of resilience knowledge but a deficit in the confidence to act. It is concluded that future community interventions must shift from knowledge-based psychoeducation to action-oriented programs that build mastery experiences to effectively support this population.

INTRODUCTION

Social Welfare Issues particularly the phenomena of homelessness, begging, and abandonment, represent complex and persistent social challenges in major urban areas in Indonesia. Although these issues are often perceived as matters of public order, they are fundamentally rooted in structural poverty, limited access to resources and social exclusion. Recent research increasingly underscores the structural origins of homelessness, highlighting the significant roles of poverty, inadequate resource access and social exclusion. Current studies emphasize that homelessness is not merely a consequence of individual circumstances but is deeply embedded in systemic issues. For instance, homelessness in rural New England is largely characterized by cultural values that promote individualism and self-sufficiency, which further exacerbates social exclusion and obscures the true extent of poverty in these areas (Carpenter-Song et al., 2016). Furthermore, the discourse surrounding homelessness has evolved to acknowledge its dynamic nature, incorporating considerations of macro-level factors such as income inequality and housing shortages, alongside personal challenges that influence individuals' trajectories into homelessness (Lee et al., 2021). This comprehensive understanding indicates the need for policies that address these structural barriers to effectively reduce homelessness and its associated stigma. In response, the government operates Social Service Centers (*Panti Pelayanan Sosial* or PPS), such as the PPS PGOT Mardi Utomo in Semarang. These institutions serve as primary

agents in social rehabilitation efforts, tasked with restoring the social functioning of beneficiaries (PM) to facilitate their dignified reintegration into society.

Social rehabilitation programs predominantly focus on imparting vocational or technical skills, such as sewing, cooking, and carpentry, in conjunction with discipline training. Vocational rehabilitation initiatives aim to assist individuals, particularly those with disabilities, in acquiring vocational skills and entering the labor market. However, the primary challenge emerges not during the training phase, but during the social reintegration period. Many participants experience the "revolving door" phenomenon, wherein they return to the streets after completing a program. This observation indicates that the mere acquisition of technical skills is insufficient unless accompanied by psychosocial preparedness to face life beyond the institution. A crucial component of being equipped to face life's challenges is the development of psychosocial life skills. Research indicates that life skills training, which emphasizes psychosocial competencies such as decision-making, problem-solving, and emotional coping, is vital. These skills are deemed essential for individuals to effectively navigate and resolve conflicts in their daily lives, particularly in complex and dynamic environments (Yankey & Biswas, 2012). Although participants possessed the necessary skills, they often lacked the confidence to apply them. Consequently, interventions that focus solely on vocational training fail to address underlying issues.

The discrepancy between possessing skills and effectively utilizing them is fundamentally influenced by significant internal psychological barriers, including mental health issues, anxiety, and self-doubt. These barriers impede the potential of PM by limiting their risk-taking abilities and decision-making confidence. Psychological barriers, including internalized stigma and the absence of personalized support, substantially hinder the rehabilitation process for individuals experiencing homelessness, thereby restricting their capacity to effectively utilize available services (Adams et al., 2022; Mahmud & Islam, 2020). PM frequently encounter pronounced social stigma, which pertains to negative perceptions and misconceptions about mental health and psychological challenges. This stigma is often internalized by PM, reducing their self-esteem and deterring them from seeking help. For instance, the stigma surrounding mental health can lead PM to conceal their struggles, resulting in insufficient support and resources to manage their psychological barriers effectively (Major and O'Brien, 2005; Gayed et al., 2018). Overall, while psychological barriers and societal stigma remain significant challenges for PM, recent interventions and awareness efforts have indicated positive change, where mental health is prioritized and skill utilization is enhanced.

The concept of social resilience is paramount. Resilience extends beyond an individual's capacity to endure; it encompasses the collective ability to confront, adapt to, and transform in response to significant pressures, heavily reliant on the utilization of social networks, solidarity, and community support (Keck & Sakdapolrak, 2013). Social resilience is particularly vital for marginalized groups, including PM, as they navigate stigma and work towards rebuilding their lives. Resilience mitigates the detrimental effects of stigma, enabling individuals to maintain their psychological well-being and quality of life despite experiencing discrimination or social exclusion. For instance,

research indicates that resilience can buffer the negative impact of internalized stigma on the psychological quality of life, thereby enhancing individuals' capacity to cope with societal challenges (Silván-Ferrero et al., 2020). Furthermore, resilience resources such as social support and adaptive coping strategies are essential in safeguarding against stress associated with stigmatization, thereby facilitating recovery and personal growth (Earnshaw et al., 2014; Chronister et al., 2013).

Enhancing social support and social capital is a fundamental framework for fostering community resilience across diverse contexts. Social capital, particularly the bonding and bridging relationships within a community, augments resilience by promoting trust, cooperation, and mutual assistance during crises (Pfefferbaum et al., 2015; Ellis and Abdi, 2017). Community resilience is significantly dependent on the relationships and networks that enable communities to anticipate, respond to, and recover from adverse events, such as natural disasters and pandemics (Torres et al., 2018; Guo et al., 2018).

Despite this understanding, there remains a paucity of structured and quantifiable psychological interventions aimed at enhancing social resilience. Current psychological resilience interventions predominantly emphasize individual resilience rather than community-level strategies. There is a pressing need for interventions that are both culturally adaptable and contextually pertinent to optimize their effectiveness. Many interventions, particularly those in Western contexts, are primarily individual-focused, which may not fully leverage the advantages of social capital at the community level (Blessin et al., 2022; Dray, 2021).

The Community Service Program is specifically designed to address existing gaps through a distinctive approach. Unlike conventional psychoeducational programs that often adopt a uniform methodology, the uniqueness of this initiative is grounded in its use of a mixed-methods approach as a diagnostic basis. Prior to the development of any intervention, a Focus Group Discussion (FGD) was conducted to qualitatively examine the dynamics, challenges, and resilience assets already present among the beneficiaries. This participatory engagement ensures that the interventions are not only theoretically informed but also responsive and grounded in the actual needs identified directly by the community. The program aspires to transcend the mere provision of training by focusing on the development of targeted psychosocial support. The objectives of this program program were achieved through the following specific methodological steps:

1) A qualitative assessment was conducted utilizing Focus Group Discussions (FGD) to investigate the dynamics and challenges associated with social resilience, specifically mapping participants' coping, adaptive, and transformative capacities.
2) To design and implement a pertinent intervention, psychoeducation is employed to enhance self-efficacy, life purpose, and social support, as informed by initial assessment findings.
3) To assess the program's impact, a quantitative evaluation was performed utilizing the Connor-Davidson Resilience Scale (CD-RISC) within a pre-test and post-test framework.

COMMUNITY ENGAGEMENT METHOD

This community service program was developed using a mixed-method (sequential exploratory) approach, executed in three systematic stages to fulfill its objectives. The program employed a sequential, exploratory design. Initial qualitative data from focus group discussions (FGDs) indicated that participants experienced low self-confidence despite possessing coping knowledge. This insight directly influenced the development of the psychoeducational material in Stage 2, which was specifically designed to emphasize 'Self-Efficacy' and 'Belief in Ability' rather than merely providing generic coping definitions.

1) Community Target and Participants
   The target community comprises beneficiaries (PM) at PPS PGOT Mardi Utomo Semarang. Participants were selected based on the criteria of productive age (19-59 years old) and their willingness to engage in the program. A total of 9 PM participated in the Focus Group Discussion (FGD) session, and 14 PM (N=14) fully participated in the quantitative assessment series (pre-test and post-test).
2) Program Design and Implementation Procedures
   The program was conducted in three stages.
   a. Stage 1: Initial Assessment (pre-intervention). This stage aimed to explore the baseline conditions of the participants. Qualitative data were collected through FGD, while quantitative data were gathered via a pre-test.
   b. Stage 2: Psychoeducational Intervention. The intervention was delivered in a single meeting comprising several sessions: Opening (building rapport), Ice-Breaking (cognitive-motor activation), Core Material Presentation (45 minutes), and Guided Discussion session (15-20 minutes).
      The intervention was structured as a single session with a duration of 2 hours (120 minutes), determined by the characteristics of the participants and the objectives of the program. Given the participants' vulnerability and varying attention spans, an intensive single-session format was selected to optimize initial engagement while minimizing cognitive demands. Additionally, the intervention was conceptualized as a 'psychoeducational sensitization,' with the primary aim of imparting knowledge about resilience rather than facilitating profound personality restructuring.
   c. Stage 3: Final Evaluation (post-intervention). Immediately following the intervention, a post-test was administered to the participants to assess short-term change.
3) Tools, Materials, and Instruments
   The primary instruments for data collection were as follows:
   a. Connor-Davidson Resilience Scale (CD-RISC): This scale was used to measure resilience levels (quantitative). A translated scale consisting of 25 items with five response options was used. The Connor–Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) was selected because of its established validity in assessing the ability to recover from adversity.
   b. Focus Group Discussion (FGD) Guide: The qualitative interview guide was developed based on the social resilience framework by Keck and Sakdapolrak (2013), encompassing three aspects: Coping Capacities (the ability to respond to short-term crises), Adaptive Capacities (the ability to

adapt or learn), and Transformative Capacities (the ability to create structural changes).

c. Psychoeducational Materials: Materials were presented using PowerPoint (PPT), a laptop, a projector, and a sound system.

4) Data Collection and Analysis

Data were analyzed using two approaches.

a. Qualitative Analysis: FGD transcripts were analyzed using thematic analysis to identify patterns, main themes, and psychological barriers perceived by PM.

b. Quantitative analysis: pre-test and post-test scores were analyzed using descriptive statistics. Participants' total scores were categorized (Very Low, Low, Moderate, High, Very High), and the mean pre- and post-test scores were compared to determine the program's effectiveness.

Data analysis was conducted using descriptive statistics, including mean comparisons and categorization. Due to the small sample size (N=14), which constrains statistical power and generalizability, inferential statistical tests, such as paired t-tests, were not performed. The descriptive approach was considered adequate to elucidate the trends and immediate effects of the community service intervention.

RESULTS AND DISCUSSION

This section presents the findings from the program activities in a structured manner, compares the conditions before and after the intervention, and analyzes these findings from a psychological perspective.

Results

1) Initial Condition: Qualitative Findings (FGD)

The most salient insights from this program emerged from qualitative assessment (FGD). Prior to the intervention, FGDs conducted with nine PM participants revealed a critical observation: PMs inherently possessed knowledge and understanding of coping strategies for overcoming challenges. However, the dynamics of the discussion indicate that their primary obstacles are internal. Most participants grappled with self-confidence issues. There existed a disparity between "knowing what to do" and "feeling capable of doing it." Doubts and low self-confidence hindered them from consistently applying resilience strategies in their daily lives.

2) Initial Condition: Quantitative Findings (Pre-test)

The results of the CD-RISC pre-test with 14 participants corroborated that the PMs had substantial resilience. It was observed that none (0) of the respondents fell into the very low or low resilience categories. Three respondents (21.4%) were categorized as moderate, five respondents (35.7%) as high, and six respondents (42.9%) as very-high. This indicates that 78.6% of the participants already exhibited high to very high levels of resilience prior to the intervention.

3) Program Implementation and Participation

Based on the FGD findings, the intervention materials (Session 3) were tailored to address this self-confidence gap. The materials were designed to fortify three

psychological pillars: (1) the belief in their ability to recover, (2) possessing a clear sense of purpose, and (3) establishing strong social support. During the material and discussion sessions (Session 4), the participants demonstrated active engagement. They were enthusiastic about posing questions regarding the maintenance of mental strength and the significance of mutual support.

4) Final Condition: Quantitative Results (Post-test)
The post-test results (N=14) indicated negligible changes. The number of respondents in the moderate category remained at three. A minor shift occurred, with two respondents transitioning from the very high to the high category, resulting in a final distribution of seven and four respondents in the high and very high categories, respectively. The comparison of the average total scores shows a slight decrease of -2.24%. Quantitatively, this result indicates that the psychoeducational intervention did not succeed in increasing resilience scores in direct measurement.

Table 1. Comparison of Participant Resilience Categories (N=14)

Category	Score Range	Total (Pre-Test)	Total (Post-Test)
Very Low	$x \leq 50.1$	0	0
Low	$50.1 < x \leq 66.7$	0	0
Moderate	$66.7 < x \leq 83.3$	3	3
High	$83.3 < x \leq 99.9$	5	7
Very High	$x > 99.9$	6	4
Total		14	14

Discussion

The principal finding of this Community Service Program (PkM) is the lack of an increase in quantitative resilience scores after the intervention. This section interprets the findings within the framework of pertinent psychological theories. Firstly, the stagnant or slightly decreased quantitative results can be attributed to the "Ceiling Effect." Pre-test data indicated that 78.6% of the participants were already categorized as having high or very high resilience. This population is inherently resilient and has navigated various life challenges. Consequently, observing a significant increase through a brief intervention alone is challenging, given the high initial scores.

Second, this is a methodological artifact related to the nature of resilience. The CD-RISC (Connor & Davidson, 2003) assesses resilience as a trait, which is relatively stable, rather than a state (temporary condition). Altering stable traits necessitates long-term intervention. Post-test measurements conducted immediately after training do not allow sufficient time for changes in traits to manifest.

Third, and most importantly, qualitative FGD data revealed that the issue among participants was not a "resilience deficit," but rather a "self-efficacy deficit" (low self-efficacy). Within the framework of Bandura's theory (1997), self-efficacy refers to an individual's belief in their ability to succeed in a specific situation. The FGD finding that participants "know but are doubtful" aligns with the classic definition of low self-efficacy. Their knowledge (cognitive resilience) is high, but their confidence in acting

(self-efficacy) is low. Research emphasizes the critical role of self-efficacy in the success of rehabilitation programs for marginalized populations, particularly individuals experiencing homelessness. One significant study by Adams et al. (2022) highlighted how access to personalized and inclusive support services can empower individuals, thereby enhancing self-efficacy and rehabilitation outcomes. Coldwell and Bender (2007) showed how structured interventions can significantly reduce homelessness and improve psychiatric symptom severity, indirectly supporting the improvement of self-efficacy among participants. These studies suggest that enhancing self-efficacy among individuals experiencing homelessness is crucial for successful rehabilitation and improved health and social service outcomes. Without self-efficacy, knowledge and skills (both vocational and cognitive resilience) are ineffective.

From this perspective, the program intervention effectively identified and addressed this fundamental issue. The content of Session 3 was specifically designed to address this issue.

1. Pillar 1 ("Belief in the Ability to Rise") directly enhances self-efficacy (Bandura, 1997).
2. Pillar 2 ("Clear Life Purpose") addresses Purpose in Life, which, according to Frankl (1959), is a primary motivator and source of resilience.
3. Pillar 3 ("Social Support") is central to social resilience (House, 1981) and acts as a buffer against stress.

Consequently, the "failure" to increase the quantitative CD-RISC score does not indicate a failure of the program; rather, it suggests that the instrument has not yet captured changes in the true mediating variable, self-efficacy. This intervention was successful as both a diagnostic tool and a targeted intervention, although its impact was not measurable using a trait resilience scale.

The primary challenge in implementation is the intervention duration. This intervention is conceptualized as 'psychoeducational sensitization,' with the primary objective being the dissemination of knowledge regarding resilience, rather than the comprehensive restructuring of personality traits. This approach is consistent with findings indicating that participants effectively acquire knowledge, demonstrating high cognitive resilience, yet have not attained behavioral change, or self-efficacy, which necessitates a more extended period for development. A single-session psychoeducation program can only offer verbal persuasion, which is one source of self-efficacy. According to Bandura (1997), mastery experiences are the most potent source of self-efficacy. The high rate of participation suggests that participants require psychological reinforcement; however, the sustainability of the intervention is crucial.

It is recommended that future programs transition from knowledge-based interventions, such as one-session psychoeducation, to continuous action-based interventions such as behavioral activation. Future initiatives should concentrate on facilitating structured mastery experiences, tangible, incremental achievements (e.g., successfully completing a task or selling craft products)–that can foster enduring self-efficacy.

In addition to its theoretical implications, this program offered substantial practical insights for the partner organization, PPS PGOT Mardi Utomo. The findings indicated that the current vocational training is inadequate, as the primary issue faced by the beneficiaries is 'doubt' (low self-efficacy) rather than 'inability.' Practically, this suggests that rehabilitation centers should revise their daily curriculum. Instructors ought to not only impart technical skills but also incorporate 'mastery experiences', celebrating small achievements in daily tasks, to progressively restore the beneficiaries' confidence in confronting the external world.

CONCLUSION

The community service program has effectively fulfilled the objectives previously established.

1) Objective 1 (Identify Dynamics): The program successfully identified that the primary challenge for beneficiaries lies in the discrepancy between high cognitive resilience and low self-efficacy.
2) Objective 2 (Design & Implement): A targeted psychoeducational intervention emphasizing Self-Efficacy, Life Purpose, and Social Support was effectively implemented, garnering active engagement from participants.
3) Objective 3 (Evaluate Impact): The evaluation indicated that although short-term quantitative scores did not increase due to the ceiling effect and the nature of the instrument, the program effectively identified the necessity for future interventions that are action-based rather than knowledge-based.

The community service initiative employing social resilience psychoeducation effectively fulfilled its objective of identifying the primary psychosocial barriers encountered by beneficiaries. A notable discovery from this initiative was the identification of a substantial disparity between the high level of resilience knowledge and the low level of self-efficacy or confidence to act.

The psychoeducational approach, which concentrated on three pillars, Self-Efficacy, Life Purpose, and Social Support, proved to be highly pertinent in addressing the actual needs of beneficiaries, as determined through the initial Focus Group Discussion (FGD). The quantitative outcomes from the pre- and post-tests did not demonstrate a significant increase, which can be attributed to the ceiling effect, given that the initial scores were already high and the nature of the instruments, which measure stable traits.

Recommendations for future community service initiatives include transitioning from knowledge-based interventions, such as single-session psychoeducation, to sustainable action-based interventions, such as behavioral activation. Future programs should emphasize the structured creation of mastery experiences, which are small, successful experiences that are celebrated. These tangible successes, such as successfully selling a single craft product, are the most effective means of permanently enhancing self-efficacy (Bandura, 1997), thereby activating the resilience potential that beneficiaries already possess.

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