

RELIABILITY OF TRAUMA AND MENTAL HEALTH COUNSELLING MODULE

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Abstract

This study aims to find out the reliability of Trauma and Mental Health Counselling Module or (MKKMT – ‘Modul Kaunseling Kesehatan Mental dan Trauma’). This module consists of five sub-modules, namely Orientation and Setting, Understanding the Trauma and Mental Health, Trauma Assessment, Trauma Early Intervention, and Self-care. This is an experiment study whereby the research sample would be treated according to the KKMT module; thereafter, complete the reliability questionnaire survey to find out the reliability coefficient value of the KKMT module. The research samples consist of 137 counsellors from fully government-aided schools, selected based on purposive sampling method. The accumulated data were then analysed with Alpha Cronbach. Result shows that the overall Alpha Cronbach value of MKKMT is .947. Alpha value for each of the sub-modules are .750 for Orientation and Setting; .844 for Understanding the Trauma and Mental Health; .912 for Trauma Assessment; .809 for Trauma Early Intervention (Crisis Intervention); .783 for Trauma Early Intervention (Trauma Counselling); and last but not the least, .826 for Self-care. Finally, some implications and recommendation are made based on the results.

Keywords: Trauma and Mental Health Counselling, module, crisis.

INTRODUCTION

Nowadays, people everywhere are shocked with the staggering news such as natural calamities, wars, economy and political crisis, tragedy, disease outbreak, and other significant incidents of life which had surely leave a strong impact and traumatic experience especially to the victims. Such unexpected, unforeseeable and unavoidable incidents could affect the emotional and psychological functional and leave a deep impact to the victims. According to Riethmayer (2002), traumatic experience would cause the victim to see the world as insecure, unexpected, unforeseeable, bad, and unbelievable. Trauma always destroys the victim's world; things which had always been normal before were gone and the world would never be the same again.

In terms of mental health, traumatic experience could affect normal functional; hence, caused the individual to show avoidance. This could happen to anyone irrespective of age and the traumatic stress was a lifetime cumulative. Responses towards trauma include intense fright, helpless and horror. Besides, trauma often related to some health problem such as Post Traumatic Stress Disorder (PTSD) whereby the individual would form a set of character and reaction based on the traumatic experience. Other mental problems are like schizophrenia, depression, and bipolar disease which are all caused by traumatic experience.

The role of a counsellor and other helping profession should not be underestimated even though there are many psychiatrists and medical doctors nowadays treating patients with mental and traumatic disorders. Moreover, counsellors are one of the main pillars who have helped their clients to achieve and stayed positive mentally. Counselling could guide an individual to realise the importance of maintaining a positive mental health in accordance with the objectives of the Ministry of Health of Malaysia, as well as with what was stressed by the World's Health Organisation (WHO). A competent counsellor would be able to help a traumatic victim to regain emotional stability and increase mobility.

However, not every counsellor possesses the competence and expertise in mental health and trauma especially in recognising the symptoms of mental disorders, to diagnose, and treat clients with mental disorders and trauma. There are counsellors who have failed to diagnose accurately due to lack of knowledge in mental health, mental disorders, mental disease and trauma.

As such, the Trauma and Mental Health Counselling (KKMT) module is developed based on the needs to have a guideline to systematically increase the knowledge and competency of counsellors and the mental health practitioner in handling cases caused by traumatic experiences. This module consists of theoretical and practical aspects to increase knowledge, skills and practices of counselling. It contains five exercise modules and nine integration activities in mental health and trauma. These five modules include the important components underlying the KKMT module which involve the aspects of awareness, knowledge and skills which could help to increase competency level of counsellors such as the fundamental of trauma and mental health, crisis intervention, trauma counselling, trauma assessment, and self-care (Samsiah et. al, 2014).

Rusell (1974) defined module as a teaching package related with syllabus and it takes effort to teach them to an individual in order to help them master the content of a lesson before moving on to the next unit. Creager and Murray (1985), on the other hand, stated that module is a complete and flexible teaching unit with the main focus of achieving some clearly devised objectives. Husen and Postlethwaite (1985) summarised that module represent a complete teaching package for a subject.

Klingstedt (1973) explained that even though teaching by module was not proven as the most efficient method; it was, however, a method that should be given serious thought. Rusell (1974) summarised that module could improve academic performance of students and could also be used to teach non-academic lesson such as recreation, exploration, favourite or self-improvement activities. Besides, module could be practised by individuals, in a small cluster (4 to 6 persons) or in a bigger group (30 persons).

Sharifah Alwiah Alsagoff (1985) stressed that module could provide a pleasant learning experience for students; be it in a group or by individual. Shahrom Noordin and Yap Kueh Chin (1991) explained that module enable students to choose the most suitable method for them so that learning could be more efficient and productive. In conclusion, module approach has facilitated teaching process, support students' understanding, and improves mastery and achievement.

Even though there were already many modules produced to facilitate teaching and learning process; however, not many of them are related to the reliability coefficient value of the module. In Malaysia, studies related to reliability coefficient value of a module are very limited. Among them

are studies done by Subahan Meerah (1990), Zurina Abd Wahab (1992), Suhaili Abd Rahim (1994), Shahrom Noordin (1995), Zaid Ali (1997), and Md. Noor Saper (2012).

PROBLEM STATEMENT

According to Rusell (1974), reliability testing of a module was carried out by measuring the coping ability of student towards the content of the module. Sidek and Jamaludin (2005) agreed that the method to identify the reliability of a module is similar with the method to identify the reliability of a test or a measurement tool; because both were made for a particular purpose. Abu Bakar Nordin (1987), stated that any measurement tool which has not fulfilled the requirement related to reliability is considered useless; therefore, result acquired from it is unacceptable. Julie (1995), stressed that a measurement tool is considered reliable and steady when there are proof of its reliability coefficient. As such, in order to identify the reliability coefficient of KKMT module, a research query was addressed: Is the reliability coefficient value of the KKMT exercise module high? This study was carried out to identify the reliability of KKMT exercise module among the school counsellors in Malaysia.

RESEARCH AIMS

This research was carried out to identify the reliability coefficient of the KKMT exercise module practised by school counsellors in four different zones in Malaysia. In detail, this research would examine and identify the reliability coefficient of the five sub-modules of KKMT, namely i) Orientation and Setting; ii) Understanding Trauma and Mental Health; iii) Trauma Assessment; iv) Trauma Early Intervention; and v) Self-care.

RESEARCH METHODOLOGY

Research Design

This research used the experiment design because such approach would determine the effect of changes of the independent variable which was KKMT module, towards the dependant variable which was the counselling competency (Mohd Majid Konting, 1998). In other words, the research subject would first be treated according to the KKMT module; and then they would answer the reliability questionnaire in order to find out the reliability coefficient value of the KKMT module. If the reliability coefficient value was high, then the KKMT module could determine the effect of the independent variable towards the dependant variable.

Research Location

In order to test the reliability of the module, research location was set in schools throughout Malaysia through the District Education Office or (PPD – '*Pejabat Pendidikan Daerah*') in each state. However, locations were specified to only four (4) zones, namely i. North Zone (Kedah); ii. Middle Zone (Perak); iii. East Zone (Pahang); and iv) Sabah.

Research Sample

Research samples involve 137 counsellors from fully government-aided school, selected based on purposive sampling. According to Kerlinger and Lee (2000), purposive sampling could selectively select the respondents in order to fulfil the aim of research and solve research problems. The selection of respondents was based on these criteria:

- i. Professional level with at least a Bachelor Degree in Guidance and Counselling from any government-recognised institution.
- ii. Possessed not less than 5 years experiences as a professional counselling and psychology practitioner.

Table 1: Respondents Sampling Table (Reliability Testing)

Zone	Location	Total
North	PPD Kota Setar, Kedah	47
East	PPD Kuantan, Pahang	15
Middle	PPD Pasir Salak, Perak	22
Sabah	PPD Tawau, Sabah	53
Total		137

Research Tool

Researchers have designed the tool to determine the reliability coefficient value of KKMT module. The items of question designed were based on the steps in each activity listed in each sub-module of KKMT. The idea was based on study by Jamaludin & Sidek (2005) and Vale (1998), in which the items of question created to test the reliability coefficient value of a module must based on the steps in each activity as listed in the module itself. This method is also in congruent with study by Mohammad Aziz Shah (2010), Jazimin et. al (2011) and Md Noor (2012). In this research, the reliability was tested through the 137 counsellors from fully government-aided secondary schools joining the KKMT module. These counsellors were selected based on the specified criteria. After they had completed the activities within the module, they would be given the reliability questionnaire.

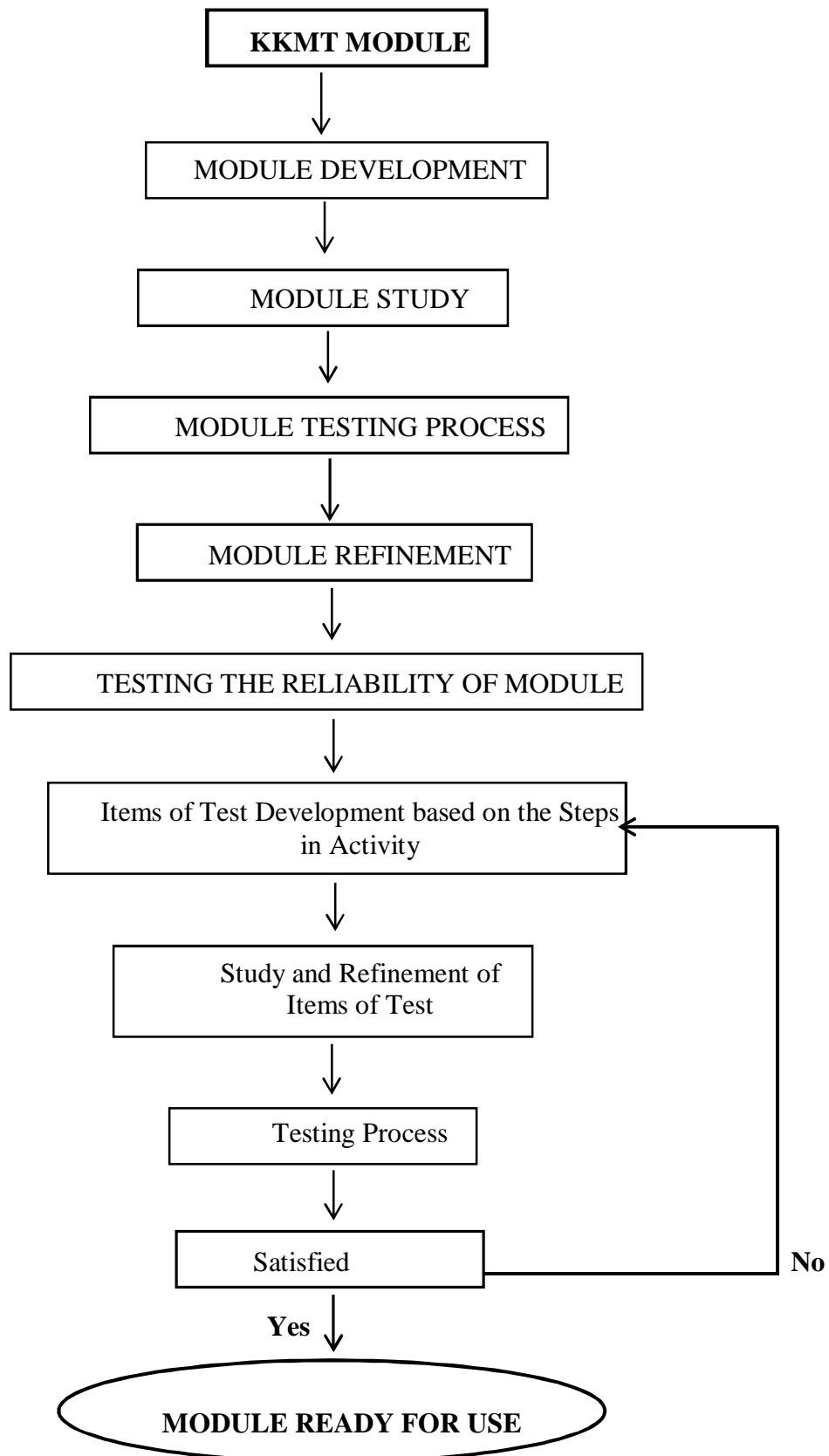
Statistic Data Analysis

Reliability value of KKMT module was tested with Alpha Cronbach because this is a suitable technique to test an instrument or test-tool. A constructive reliability value for an instrument should exceed α value of 0.6 at significant level of .05 (Kerlinger, 1979). However, the best α value of a construct for an instrument should exceed 0.7; bearing in mind that α value exceeding 0.6 is still acceptable (Gay, 1996).

RESEARCH FINDINGS

After correction, improvement and refinement, the KKMT module was finally distributed to the counsellors representing each district in the selected zones. During this process, the revision, correction, improvement and refinement of the KKMT module was an on-going process. This was in congruent with Rusell (1974), who stressed that the most important process in determining the reliability coefficient value of a module was the process of module testing by evaluating the feedbacks of the participants.

Figure 1: KKMT Module Reliability Testing Process



Findings on Reliability Testing

This Trauma and Mental Health Counselling Module was designed to help counsellors improve their level of competency and practices in trauma and mental health counselling as one of the objectives of the research. Apart from validity, a good module must be tested in terms of reliability. Sidek and Jamaludin (2005) explained that a good and usable module must possess high reliability value. As a result, this module would be consistently usable for long term.

In order to test the reliability of the module, a set of questionnaire was designed based on study by Sidek and Jamaludin (2005). The questionnaire consists of items to test the steps in each activity listed in the module in order to find out the reliability coefficient value of it. After the questionnaire was ready, it was distributed to a group of research subjects. These research subjects have earlier gone through the practical exercises based on the steps of activities listed in the module.

In the context of this research, the reliability was tested based on the internal consistency of the module by using Alpha Cronbach test as specified by Valette (1997). A total of 137 school counsellors were involved as subjects in this research. Table 2 and 3 below showed the value of reliability for Trauma and Mental Health Counselling Module for the overall module and by sub-modules.

Table 2: Overall Reliability Values of KKMT Exercises Module

N	Total of Items	Alpha (α) Value	Level
137	48	.947	High

Table 2 above indicates the research findings based on the overall Trauma and Mental Health Counselling Module's questionnaire; consisting of 48 items to test the reliability of the module based on Alpha Cronbach test analysis towards the 137 research subjects. Result shows that Alpha (α) value is .947. A good reliability value for a construct of a questionnaire must be higher than α value 0.6 at significant level of .05 (Kerlinger, 1979). However, the best α value for a construct must be higher than 0.7, while α value more than 0.6 is still acceptable (Gay, 1996). As such, the reliability value based on the internal consistency of the Trauma and Mental Health Counselling Module is at high level.

Table 3: Reliability Values of KKMT Module Based on Sub-constructs

Sub-modules	N	Total of Items	Alpha Value	Level
Orientation and Setting	137	8	0.750	High
Understanding Trauma and Mental Health	137	8	0.844	High
Trauma Assessment	137	8	0.912	High
Trauma Early Intervention (Crisis Intervention)	137	8	0.809	High
Trauma Early Intervention (Trauma Counselling)	137	8	0.783	High
Self-care	137	8	0.826	High

Table 3 above indicates the analysis result of the questionnaire of the Trauma and Mental Health Counselling Sub-modules: i) Orientation and Setting; ii) Understanding Trauma and Mental Health; iii) Trauma Assessment; iv) Trauma Early Intervention (Crisis Intervention); v) Trauma Early Intervention (Trauma Counselling); and vi) Self-care, which consist of 8 items for each sub-modules to test the reliability of sub-modules based on Alpha Cronbach test towards the 137 research subjects.

Result of Alpha Cronbach test analysis shows that the alpha values for the sub-module of Orientation and Setting is .750; whereas alpha value for the sub-module of Understanding Trauma and Mental Health is .844; and alpha value for the sub-module of Trauma Assessment is .912; alpha value for Trauma Early Intervention (Crisis Intervention) is .809; for Trauma Early Intervention (Trauma Counselling) is .783; and lastly, alpha value for sub-module of Self-care is .826.

Based on the overall findings, the reliability of each sub-module of the Trauma and Mental Health Counselling are high. This indicates that KKMT module is acceptable, reliable and usable in counsellors' practises so as to improve their competency level in trauma and mental health counselling.

DISCUSSION

Findings of this research confirm that the KKMT module possessed high level of reliability coefficient value. Based on the results, Trauma Assessment sub-module scored the highest reliability coefficient value, followed by Understanding Trauma and Mental Health sub-module, and then Self-care, Trauma Early Intervention (Crisis Intervention), Trauma Early Intervention (Trauma Counselling) and the lowest was Orientation and Setting sub-module. All of the reliability coefficient values of the components of KKMT module were higher than .80. These were in

congruent with study by Edward and Richard (1979) whereby the minimum reliability coefficient value of a measurement tool is .80, as scored by the Trauma Assessment sub-module, Understanding Trauma and Mental Health sub-module, Self-care sub-module, and the Trauma Early Intervention (Crisis Intervention) sub-module. Moreover, the reliability coefficient value of Trauma Assessment was even higher than .90. This was also in congruent with Hopkins (1998), who stated that the reliability coefficient value of a measurement tool must be higher than .90.

Among the sub-modules of KKMT, results showed that the Trauma Assessment sub-module scored the highest reliability coefficient value with .912, followed by the Understanding Trauma and Mental Health sub-module with .844, Self-care sub-module with .826 and then the Trauma Early Intervention (Crisis Intervention) sub-module with .809. The lowest scored were the Trauma Early Intervention (Trauma Counselling) sub-module and the Orientation and Setting sub-module with .783 and .750, respectively. Even then, both of these still fulfilled the recommended score addressed by Edward and Richard (1979), Mohd Majid Konting (1998), Valette (1977), and Fraenkel and Wallen (1996). In conclusion, the reliability coefficient value of KKMT module was good and fulfilled the requirements set by experts from the West.

RESEARCH IMPLICATIONS

Findings indicated that the KKMT module possessed high level of reliability coefficient value. In other words, this module has confirmed the objectives of the research; therefore, suitable for implementation by the target groups. Besides, this module could indirectly serve as an intervention to improve the competency level of counselling practices in general, and the mental health and trauma counselling practices, in specific. Apart from school setting, this KKMT module could also be implemented in other setting such as for the counselling practitioners and those involved in human development in various setting. The KKMT module could also be used by school counsellors to recognise students with traumatic stress which could have lead to severe effect (such as suicide, consuming substance and run away from home) if there was no early intervention. Other than school setting, KKMT module is also suitable for organisational setting, welfare centre, hospital, home for refugee or rehabilitation centre that often faced with cases like obvious depression, sadness, and anxiousness. Since most counsellors are well-equipped with basic and higher counselling skills, therefore, this KKMT module could serve as a value-added reference in their practices while carrying out their duty.

School counselling service should not only focus on mere counselling, but also involve other programs such as education, prevention and treatment. The KKMT module could be useful in these programs to educate and to spread the information on mental health. This method had been practised by several researchers and applied in some programs throughout the world (Van Houten & Tom, 2006; McEvoy & Ziegler, 2006; Jordons, 2002; EU Lifelong Programme, 2006).

It is hope that this module would be used widely in every school in the country; even better, to serve as a reference and guidance for counsellors in various setting such as in rehabilitation centre, welfare centre, in public as well as in private organisations. Schools could also design similar module to be used in schools so that the usage of modules could be extended in the future.

RESEARCH SUGGESTION

This research revolved around the development of KKMT module. It was limited to the development and testing of reliability and validity of the module. Nevertheless, this research should have presented the overview of the crisis and trauma intervention. It is hope that the next researcher would expand the study to wider scopes and look at the effect of module on counselling competency. Furthermore, study on trauma counselling supervision should also be explored given the complexity of the field of trauma and mental health.

Since the reliability coefficient value of the KKMT module was high; therefore, the KKMT module is recommended to be comprehensively practise in all types of secondary schools in Malaysia as well as in the government and private institutions that offer support services. Besides, further research related to reliability coefficient value of the KKMT module could also be practise in other states throughout the country. If the findings concerning the psychometric quality are the same as in the KKMT module; therefore, it is suggested that the KKMT module should be practise throughout the country.

The nature of the KKMT module was general. There are still plenty of competency constructs related to positive development of psychology. Among them are skills, knowledge, personality, etc. which could be study by future scholars. Besides, this research can be repeated using wider scope of samples while focusing on response from different settings; not only on school counsellors but counsellors from different setting such as hospital, rehabilitation centre, welfare centre, etc. This would reveal the compatibility of this module in different setting. Comparison study could also be done whether on gender comparison, demography, small treatment cluster and bigger treatment group. Moreover, module comparison based on theory could also be done such as attitude cognitive theory, individual psychology theory, and human-centred theory.

Finally, this research revealed that the reliability coefficient value of a module could be found by using the questionnaire survey approach based on steps in the module's activity as recommended by Vale (1998). As such, it is hope that future scholars would use the questionnaire survey approach based on the steps of module's activity to find out the reliability of the module.

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