Effect of Adventure Based Counselling on Resilience among National Service Trainee

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ABSTRACT
This study aims to look at the effects of Adventure Based Counselling (ABC) against the resilient (RES) and resilient subconstructs which are optimistic (RES-OPT), self-control (RES-KAD) and facing challenges (RES-CAB) among young trainees at the National Service Training Programme (NS). A total of 60 (N = 60) National service trainees are involved in this quasi-experimental study. They were divided into 2 groups of treatment group and control group. ABC is operated by the 6 facilitators (3 counsellors and 3 NS trainers). Data were collected by self-report through Resilience Scale Instrument (RES) and were analysed with mean difference, T-test, ANCOVA and MANCOVA at a significant level of 0.05. The results showed that ABC has increased the resilience among the subjects of NS trainees. It is suggested that the ABC approach to be used as an alternative counselling treatment in improving the level of resilience among young National Service trainees.

Keywords: Adventure Based Counselling, National Service Training Programme, Resilience.

Background of the Study
Adventure Based Counselling (ABC) particularly Low Element Challenge Courses (LECC), a low-level risk activities which is a group oriented program in helping participants to improve the aspects of self and the relationships with others, building confidence, becoming more assertive, developing problem-solving skills, increasing motivation and improving leadership skills (Long et. al, 2003). It is an innovative approach in a helping services which are increasingly popular in recent years (Springett, 1987, in Glass & Myers, 2001). This approach is associated with an inventive thinking about doing something new, unusual and challenging (Anderson, 2014). It is a contemporary therapeutic counselling approach that can be adapted to almost all procedural and counselling approach. ABC involves two main activities, namely the challenge activities (adventure) and the process of discussion (debriefing), which uses group counselling approach. Challenge courses are components of outdoor programme that use the natural environment to create new experiences which challenge participants-emotionally, physically and socially (Ewert, 1989). Challenge activities in this approach is the driving factor for someone to get out of his/her behavior and try to find new and better possibilities in problem solving (Schoel & Maizell, 2002; Fletcher & Hinkle, 2002). Many researchers agreed that the challenge activities
contain elements of surprise, something exciting, with real and expected risks and full of effort and interaction with the environment (Gregg, 2007; Bunting, 1990; Priest, 1999).

The use of training in the form of adventure has been carried out in Malaysia. Among the training programmes are the physical training, survival and team building. The programmes are conducted by agencies such as National Service (NS) camp, Outward Bound School and Institutions of Higher Learning in the country. However these adventure training activities are endless if not processed properly in the form of group counselling. This is similar to the NS camp as training are carried out with two main activities, which are the outdoor physical training and indoor teaching-learning activities. Physical challenge activities are not processed and the teaching methodology used is most of the time lecture based. This is boring for teenagers who are energetic and requires challenges to stimulate them (Miles, 1987). This also resulted in fragmented teaching programme that ultimately caused the actual training objective in the NS programme could not be passed on to the youth. Therefore, this programme needs to be standardized, so that the actual objective of NS is achieved optimally. The ABC program, which involves challenges and followed by discussion through counselling activities are meant to link the training activities to the challenges of teaching and learning which should be acquired by participants of the NS. Discussion activities are focused on what they have learned in the challenges and how they can apply it in real life, so that they acquire literacy in teaching and training activities in accordance with the implementation objective of NS which is to produce future generations who are mentally and physically adept with creative, innovative leadership and possess high discipline, confidence and are highly skilled to work in a team with high comradeship (JLKN, 2008).

Previous studies conducted indicate that ABC programme effective in self-improvement of resilient. However, there are a large number of study which do not have strong empirical evidence (Galloway, 2004). Based on literature review made, clarification on ABC in some review settled in a bit loose. Likewise with the handling of the program, many ABC programs are facilitated by non-certified counsellors (Gass, Gillis & Russell, 2012). Therefore, the validity and reliability of the research is disputable. In addition, there is also research which was not accurately planned, including not having treatment and control group, small sample and the selection of participants are taken from among the "high risk" batch. Therefore, this study is intended to examine the impact of the ABC in increasing resilient among trainees of Malaysia NS camp.

The history of ABC approach begins with two programs which are quite strong in the United States which is the Outward-Bound Program (OB) and Project Adventure (PA). OB was inspired by Kurt Hahn in Britain in 1941, to train the British navy during the World War 2, meanwhile the PA was pioneered by Jerry Pieh in 1941, in the United States that seeks to provide more opportunities for young people to experience good field education program that is growing in the US due to the development of the OB program (Schoel, Prounty & Radcliffe, 1988; Schoel & Maizell, 2002). PA program basically aims to help students to be high spirited, instil responsibility, using the concepts and values of the OB into the physical education curriculum in schools. Following the success obtained by the PA, the PA concept was further
highlighted in the counselling approach called ABC (Schoel & Maizell, 2002; Schoel, Prounty & Radcliffe, 1998). This program aims to provide a more therapeutic intervention in the activities of the PA program. By focusing on the effort to take the benefits and the therapeutic value from the challenging activities and learning through experience that are processed by the group counselling, the ABC has optimized the use of the challenge elements which are the risk factors to promote growth and change in participants (Glass, 2009).

In the meantime, the National Service Training Program (NS), is a mandatory national service in Malaysia for teens who are selected to follow the program (National Service Training Act, 2003). The implementation of the national service program in Malaysia is not military in nature (non-military conscription) (JLKN, 2008). Rather, it is a training that aims to produce future generations with strong mental and physical strength and have creative leadership, innovative, have strong discipline and confidence as well as can work in a team with high camaraderie (JLKN, 2008). It was initiated on February 16, 2004 (JLKN, 2008), across the country and carried out in the duration of 3 months for each session and involves 3 intakes in a year (National Service Training Act, 2003), in national service camps that have been set.

Resilience is the measured psychological element in this study. It is a person’s ability to bounce back from life’s pain and disallow themselves to continue to be overwhelmed by feelings (Siebert, 2005). Resilience focuses on a person’s ability to adapt themselves to a systemic change including feelings and well-being of a person. Resilience element is selected as the study variable because of its importance in shaping the adolescent’s character to be competitive and able to succeed in life. Mampane & Bouwer (2006), stated that an individual who is resilient tends to identify and use his best available capacity, competencies and strengths and also his available assets when faced with a situation that is considered challenging. With resilient, a young person will be more optimistic, independent, and are able to face the challenges in life. Instead, teenagers who have a low resilience will have negative personality, are vulnerable and will have difficulty to bounce back from failures in his life. According to Mohammad Nasir, Samsiah, Muhamad Bazlan, Ahmad Jazimin, Aslina & Noraini (2013), resilience can be obtained through a more optimistic perception of the future, have good skills and being independent and dare to take risks. Thus, self-resilient is very important and is highly needed by teenagers in their survival.

Meanwhile, the ABC intervention is a group counselling model that optimizes the use of the challenge as one of the effective strategies to improve a person’s resilience. Kumper & Summerhays (2006), states that the resilient will be enhanced by placing a person in a state of stress and outside of the person’s comfort zone. ABC encourages participants to challenge themselves and to get out of their comfort zone, which in turn can improve their level of resilience.

**Literature Review**

Adventure-based counselling is a therapeutic help service approach which can be adapted into almost all procedural and counselling approach. It involves three phases of the program, the first is explanation and instruction activities (briefings), the second is the running of the
activities (doing) and the third is discussion activity (debriefing) (Schoel, Prounty & Radcliffe, 1998; Glass, 2009). In the explanation and instruction activities, the counsellors or facilitators provide information with respect to regulations, guidelines and safety procedures to be followed by the participants. Subsequently, this helps participants to set appropriate goals to be achieved. The next phase is doing, where the participants of the program implement challenge activities that have been assigned and the final phase is the debriefing which is also called as the processing phase with group counselling. In this phase, the counsellor will facilitate discussions with group counselling. This discussion activities are conducted each time an adventure activity is completed (Schoel, Prounty & Radcliffe, 1998; Glass, 2009).

This approach focuses on a structured learning experience, where participants were exposed to a new set of tasks or activities that are then processed with a counselling group. This activity is not meant to be competitive but is more concerned on group cooperation with stages of difficulty level, i.e. from a low level of difficulty to a higher level of difficulty. It is based on group interaction which is based on trust between members, communication and problem-solving skills in activities or assigned group tasks (Schoel, Prounty & Radcliffe, 1988; Fletcher & Hinkle, 2002). This was followed by debriefing. Here, the participants will share experiences and things they have learned during the challenge activities that have been carried out and how they can apply the lessons learned into their real life (Schoel, Prounty & Radcliffe, 1988; Schoel & Maizell, 2002). The participants earn a positive impact as a result of the experience of activity caused by the presence of risk factors and pressures that require a participant to mobilize and use all the skills and ability to cope with risk and stress which is processed through the group counselling (Schoel, Prounty & Radcliffe, 1988; Priest, 1999; Fletcher & Hinkle, 2002). Here, risk and stress factors are seen as therapeutic agents in assisting the participants’ biological and personal change and development (Schoel & Maizell, 2002; Christian, D, 2013).

ABC is a group-oriented program that helps participants to share responsibility, cooperation in problem solving, increase the level of self-belief as well as self-wellbeing. ABC includes a combination of experiential learning, outdoor education and group counselling strategies that can be adapted to various interventions settings (Schoel, Prouty & Radcliffe, 1988). ABC may be the main approach, at the same time it can be used as a component in another intervention approach. ABC approach involving components of behavioural, cognitive and affective which are integrated in the activities that have been designed to bring positive change to an individual or group (Priest & Gass, 1997; Schoel, Prounty & Radcliffe, 1988).

Basically, ABC intervention program is conducted outdoors where elements of nature provide a healing environment (Miles, 1987). It involves elements of real challenges and risks faced by participants (Priest, 1999). Thus, the ABC counsellor must possess additional skills which are competent in the implementation of elements of the challenge, is committed to the issue of safety of the clients and can explain the relationship between the activity with the real needs of the program participants as well as traditional counselling skills such as active listening skills, reflection skill, verbal and non-verbal communication skill, ethics and so on.

ABC approach is different from other traditional counselling approach. This difference can be seen in terms of its place of implementation, where it is carried out in the open that view nature as a therapeutic source whereas traditional counselling is conducted in specific
areas (Schoel, Prounty & Radcliffe, 1998; Fletcher & Hinkle, 2002). The difference can also be seen in terms of the risk element in ABC. The program involves elements of real risk with the use of challenge activities while in traditional counselling, it only involves expected risk which are verbally discussed in counselling sessions (Schoel, Prounty & Radcliffe, 1998; Fletcher & Hinkle, 2002). In terms of skills, apart from the clinical skills which are specific counselling skills or soft skills, the ABC approach requires additional skills, namely technical skills, such as skills in organizing programs as well as running challenge activities such as ice breaking activities, group initiatives, trust building exercises, as well as the rope activities (high and low) which are known as hard skills (Fletcher & Hinkle, 2002; Schoel & Maizell, 2002). In addition, the difference is also seen in terms of the emphasis on the use of metaphor in the transfer of insight or learning gained through activities carried out in the program participants daily life, which is not present in the traditional counselling approach (Fletcher & Hinkle, 2002; Schoel, Prounty & Radcliffe, 1998; Schoel & Maizell, 2002).

Resilience as previously stated is a person’s ability to cope with challenging situations successfully. It is defined as the ability to bounce back from adversity, disappointment and misfortune (Ledesma, 2014). A resilient individual will be better able to cope with the traumatic and dangerous situations and able to bounce back from that state. Resilience is crucial in the development of a person’s life. Studies by Irmohizam (2016), Himmel (2015), Zaiton & Rathakrishnan (2014), Ledesma (2014) and Tiet (1997), show that resilience is required by an individual to succeed in various fields. It is a psychological element that influenced the life of an individual, let alone a teenager. Teens who have a high level of resilience is more courageous to face new environment, and wiser in problem solving and in life survival (Thompson, 2008, in Zaiton, 2014).

The application of the ABC approach is regarded as capable of raising the level of a participant’s resilience. From the perspective of this approach, change will happen to participants when they are outside of their comfort zone (Fletcher & Hinkle, 2002; Schoel & Maizell, 2002; Gass, Gillis & Russell, 2012). In ABC, one of its goals is to create a situation of imbalance (disequilibrium) to the program participants (Gass, 1993). It is intended that participants can reveal, challenge and accordingly change the behaviour that was set for repair. The ABC counsellors creates an imbalance situation for the participants by carrying out new activities and in a unique setting (Alvarez & Strauffer, 2001), which requires participants to take risks in its implementation (Fletcher & Hinkle, 2002; Gass, Gillis & Russell, 2012; Schoel & Maizell, 2002). In ABC, the element of risk is seen as the key mechanism for change. It is used to move participants out of their comfort zone, and promote the occurrence of change. The new situation and the challenge activities will disrupt their homeostasis state, thereby forcing them to react and make decisions about how they can deal with the situation. With the element of risk in every activity, participants will experience an increase in feelings of anxiety, positive stress (eustress) and thus create a state of imbalance (disequilibrium) that cannot be resolved by their common way of problems solving (Gass, Gillis & Russell, 2012).

In ABC, it is important for counsellors to use the challenge activities that have appropriate level of difficulty. Activities that have a level of risk that is too high will cause the participant to withdraw because of extreme fear. Meanwhile, if the risk level is too low, the
participant will remain in a state of homeostasis and this will not trigger changes from occurring (Steinberg, 2007). In this approach, it involves the application of real and expected risk elements. The real risk element is the risk of the actual physical threat, while the expected risk does not pose a threat of physical risk, but can cause a person to experience feelings of shame or possibility of failures to implement activities (Fletcher & Hinkle, 2002). Both types of risk are used by counsellors in ABC's challenging problem-solving skills and encourage participants to apply the new behaviour.

Studies by Tessner (2014), Beightol & Jesse (2012), Merryman & Mezei (2012), shows that ABC is effective in increasing the level of resilience of the participants.

Objectives of the Study
The objectives of this study which were descriptively and statistically measured are as below;
1. To measure the impact of ABC on Resilience (RES) and the RES subconstructs which are Optimistic (RES-OPT), Self-Control (RES-KAD) and Facing Challenges (RES-CAB) of NS trainees based on the analysis of changes in the mean of pre-test and post-test between treatment groups and control groups.
2. To measure the impacts of ABC on RES and RES-OPT, RES-KAD and RES-CAB subconstructs based on the analysis of changes in the mean of pre-test and post-test based on gender among male treatment group, female treatment group and the control group.

Objective 1 can be measured through descriptive analysis of the mean change in pre-test and post-test between treatment groups with the control group. Objective 2 can also be measured by using T-test, ANCOVA and MANCOVA statistical tests.

Research Methodology
This study is a quasi-experimental study. It involves two main variables, namely independent variable, Adventure Based Counselling (ABC) and the dependent variables, Resilience (RES) and the RES subconstructs of RES-OPT, RES-KAD and RES-CAB among trainees of NS camps. Gender factor serves as a moderating variable in this study. Resilience Survey Instrument (RES) which were developed by Mohammad Nasir et al. (2013), was administered on a pre-test and post-test among the treatment group and the control group. RES scale consists of 21 items with 5-point Likert scale which is divided into three sub-constructs which are Optimistic (RES-OPT) 9 items; Self-Control (RES-KAD) 7 items; and Challenge (RES-CAB) 5 items. The validity of RES was tested using the technique of external critics (external criticism) and the reliability was tested through Cronbach Alpha technique at 0.05 significance, as stated by Mohammad Nasir et al. (2014). RES is found to have content validity coefficient value of .83, RES-OPT .82, RES-KAD .81, and RES-CAB .85. While the reliability values are; RES-OPT .86, RES-KAD .77, and RES-CAB .86. Anastasi (1982) and Sidek (2005) confirmed that instruments which have validity and reliability coefficient value above 0.6 are considered to have high content validity and reliability.

Sixty subjects of NS trainees at camps in the state of Selangor were selected for this study who are from among the those who have a low level of resilience and those who never experienced the ABC program. The selection of subjects is made using random sampling
A total of 60 subjects, which consisted of 30 treatment group subjects and 30 control group subjects participated in this study. The subjects of the treatment group consisted of 15 men and 15 women. While the control group consisted of 15 men and 15 women. The experiment research data were descriptively analysed through comparative analysis of the RES pre-test and post-test mean between the treatment group and the control group. In addition, the T-Test statistical analysis, analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA) was also carried out to enhance the effect of ABC towards resilience variable of NS camps trainees.

Research Findings
The findings are described in the descriptive analysis and inferential analysis based on the objectives to be achieved in this study;

i. Descriptive analysis of the mean comparison of RES pre-test and post-test and RES sub-constructs i.e., RES-OPT, RES-KAD and RES-CAB, for the treatment group with the control group.

ii. Statistical analyses of T-test, ANCOVA and MANCOVA, RES and RES-OPT, RES-KAD and RES-CAB sub-constructs are based on the measurement of the pre-test and post-test between male treatment group, the female treatment group and the control group.

Table 2 below shows a summary of the analysis by descriptive comparison of mean pre-test and post-test for RES and RES-OPT, RES-KAD and RES-CAB sub-constructs for the treatment group and the control group.
Table 2: Summary of descriptive analysis of mean pre-test and post-test scores of RES and RES-OPT, RES-KAD and RES-CAB sub-constructs between treatment groups and control groups.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Mean Pre Test</th>
<th>Mean Post Test</th>
<th>Mean Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience (RES)</td>
<td>Treatment</td>
<td>3.4905</td>
<td>4.4984</td>
<td>1.0079</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.2841</td>
<td>2.9063</td>
<td>-0.3778</td>
</tr>
<tr>
<td>RES-OPT</td>
<td>Treatment</td>
<td>3.5444</td>
<td>4.4704</td>
<td>0.926</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.3185</td>
<td>2.9259</td>
<td>-0.3926</td>
</tr>
<tr>
<td>RES-KAD</td>
<td>Treatment</td>
<td>3.5000</td>
<td>4.5333</td>
<td>1.0333</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.3429</td>
<td>2.9048</td>
<td>-0.4381</td>
</tr>
<tr>
<td>RES-CAB</td>
<td>Treatment</td>
<td>3.3800</td>
<td>4.5000</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.1400</td>
<td>2.8733</td>
<td>-0.2667</td>
</tr>
</tbody>
</table>

The results as shown in Table 2 above shows an increase in the RES mean between the pre-test and post-test treatment group (+1.0079) compared to the control group (-0.3778). In addition, the study also shows an increase in the mean between pre-test and post-test RES OPT sub-constructs treatment group (+0.926) as compared to the control group (-0.3926); RES-KAD treatment group (1.0333) as compared to the control group (-0.4381); RES-CAB treatment group (1.12) as compared to the control group (-0.2667).

The result of the analysis as shown in Table 2 above shows that the ABC module was found to be effective in improving the mean of RES and RES-OPT, RES-KAD and RES-CAB sub-constructs for the treatment group compared to the control group.

ii. T-test, ANCOVA and MANCOVA statistical analyses, towards RES and RES-OPT, RES-KAD and RES-CAB sub-constructs between male treatment group, the female treatment group and the control group.

Table 3 below shows a summary of the T-test statistical analysis of the RES based on pre-test and post-test between male treatment group, the female treatment group and the control group.
Table 3: The t-test shows differences in resilience in pre-test and post-test measurements for treatment group and control group.

<table>
<thead>
<tr>
<th>Resilience/Group</th>
<th>Pre/Post</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>DF  (N-2)</th>
<th>T Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>3.4905</td>
<td>.50227</td>
<td></td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-12.202</td>
<td>.000*</td>
</tr>
<tr>
<td>Post</td>
<td>4.4984</td>
<td>.34127</td>
<td></td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>3.2841</td>
<td>.44045</td>
<td></td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.286</td>
<td>.000*</td>
</tr>
<tr>
<td>Post</td>
<td>2.9063</td>
<td>.38817</td>
<td></td>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at alpha value (α)= .05

The results of the study analysis based on Table 3 above, found that there are significant differences in mean score of RES pre-test and post-test for treatment groups at the P = .000. Meanwhile, the analysis found that the control group had significant decrease at the value of P = .000.

The findings of the study with the t-test above, showed that the treatment with ABC module was found to be significantly effective towards RES research subjects, as compared to control subjects which experience a significant decline.

Table 4 below provides a summary of t-test analysis of pre-test and post-test differences in RES -OPT, RES-KAD and RES-CAB sub-constructs for the treatment group and the control group.
Table 4: The t-test shows the differences in RES-OPT, RES-KAD and RES-CAB sub-constructs in pre-test and post-test measurements for treatment group and control group.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Pre/Post</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>DF (N-2)</th>
<th>T Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimistic</td>
<td>Treatment</td>
<td>Pre</td>
<td>3.5444</td>
<td>.51570</td>
<td>30</td>
<td>10.494</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>4.4704</td>
<td>.3518</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>Pre</td>
<td>3.3185</td>
<td>.46204</td>
<td>30</td>
<td>7.823</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>2.9259</td>
<td>.42318</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Control</td>
<td>Treatment</td>
<td>Pre</td>
<td>3.5000</td>
<td>.57968</td>
<td>30</td>
<td>-10.110</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>4.5333</td>
<td>.37316</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>Pre</td>
<td>3.3429</td>
<td>.50695</td>
<td>30</td>
<td>8.875</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>2.9048</td>
<td>.42334</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenge</td>
<td>Treatment</td>
<td>Pre</td>
<td>3.3800</td>
<td>.62223</td>
<td>30</td>
<td>-11.106</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>4.5000</td>
<td>.43232</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>Pre</td>
<td>3.1400</td>
<td>.57572</td>
<td>30</td>
<td>5.135</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post</td>
<td>2.8733</td>
<td>.43781</td>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at alpha value (α)= 0.05

Table 4 shows the results of pre-test and post-test Paired Samples T-test for RES-OPT, RES-KAD and RES-CAB sub-constructs between the treatment group and the control group. The results showed significant differences in RES-OPT, RES-KAD and RES-CAB pre-test and post-test for the treatment group at (p = .000). The results also showed a significant reduction in RES-OPT, RES-KAD and RES-CAB post-test for the control group.

The mean comparative analysis shows an increasing trend in RES-OPT, RES-KAD and RES-CAB sub-constructs post-test mean as compared to pre-test mean for the treatment groups. Therefore, based on the analysis of Paired Samples T-test, the ABC module is proven to be effective for increasing the RES-OPT, RES-KAD and RES-CAB sub-constructs among the treatment subjects of trainees in NS camps.

Table 5 below shows the ANCOVA analysis on the effects of ABC module towards the RES pre-test and post-test based on gender for the treatment group and the control group.
Table 5: ANCOVA statistical analysis examining the effect of ABC module on pre-test and post-test resilience based on male treatment group, female treatment group, male control group and female control group

<table>
<thead>
<tr>
<th>Source</th>
<th>Total Variable</th>
<th>Total Square</th>
<th>DF</th>
<th>Mean Square</th>
<th>F Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Test</td>
<td>Post Test</td>
<td>2.235</td>
<td>1</td>
<td>3.235</td>
<td>44.419</td>
<td>.000*</td>
</tr>
</tbody>
</table>

*P < .05

ANCOVA analysis results as shown in Table 5, shows a significant difference between RES pre-test and post-test among male treatment groups, female treatment group and the control group at the F = 44.419 (P <.05).

The ANCOVA analysis results showed that the treatment with ABC modules was found to be effective to improve RES level for the male treatment group and female treatment group compared with the male control group and female control group.

Table 6 below is MANCOVA analysis on the impact of ABC module towards the resilience sub-constructs pre-test and post-test for the treatment group and the control group based on gender.

Table 6: MANCOVA statistical analysis of the impact of ABC towards RES -OPT, RES-KAD and RES-CAB sub-constructs pre-test and post-test for male treatment group, female treatment group, male control group and female control group.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Source</th>
<th>Total Variable</th>
<th>Total Square</th>
<th>DF</th>
<th>Mean Square</th>
<th>F Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimistic</td>
<td>Pre-Test</td>
<td>Post-Test</td>
<td>.516</td>
<td>1</td>
<td>.516</td>
<td>5.609</td>
<td>.022*</td>
</tr>
<tr>
<td>Self Control</td>
<td>Pre-Test</td>
<td>Post-Test</td>
<td>.870</td>
<td>1</td>
<td>.870</td>
<td>8.381</td>
<td>.005*</td>
</tr>
<tr>
<td>Challenge</td>
<td>Pre-Test</td>
<td>Post-Test</td>
<td>2.189</td>
<td>1</td>
<td>2.189</td>
<td>20.587</td>
<td>.000*</td>
</tr>
</tbody>
</table>

*P < .05

Results of MANCOVA analysis in Table 6 shows that there is a significant difference in RES-OPT, RES-KAD and RES-CAB pre-test and post-test among the male treatment group, the female treatment group and male control group and female control group at the RES-OPT F = 5609 (P <.05); RES-KAD F = 8381 (P <.05); and RES-CAB F = 20,587 (P <.05).

The MANCOVA analysis results above confirm that ABC module to be significantly effective in increasing the RES-OPT, RES-KAD and RES-CAB sub-construct variables for the male treatment group and female treatment group compared with the male control group and female control group.
Summary of Research Findings
The research findings analysis is based on the objectives of the study mentioned above which shows that the ABC module was found to be effective for improving RES and RES sub-constructs RES-OPT, RES-KAD and RES-CAB among young boys and girl’s trainees at NS camps. With a high level of resilience, the trainees at the NS camps are expected to have a much more optimistic view of their future, higher self-control and courage to face any risk with a more positive manner. It is hope that high level of resilience can act as a buffer when they encounter stress in life and subsequently behaving constructively and refrain from negative behaviour.

Discussion
The concept of resilience provides useful information in order to build the framework of the individual strength. Resilience is a behaviour and attitudes that can be learned. It can be self-taught and are not necessarily trained. However, continuous training and learning can effectively improve the aspects of a person resilience (Norris, 2010). Overall, the descriptive findings found that there is a significant increase of the research variable RES post-test mean compared to the pre-test mean for the treatment groups. For the control group, it shows a decrease in mean for post-test compared to pre-test. This proves that the treatment with the ABC module is effective in improving RES and RES-OPT, RES-KAD and RES-CAB sub-constructs among the subjects in the treatment groups. The results of this descriptive research support the findings by Beightol & Jesse (2012), involving 51 Grade 5 students in Santa Fe, New Mexico, United States, a total of 26 men and 25 women from Latin American ethnic group, which found that intervention by the ABC has managed to increase the resilience of program participants.

Next is the testing of objective 2. According to statistical analysis by paired sample t-test, ANCOVA and MANCOVA, there are significant differences between the pre-test to post-test mean for dependent variable RES and RES-OPT, RES-KAD and RES-CAB sub-constructs for treatment groups. This shows that treatment with ABC module is statistically effective in increasing levels of RES among the treatment subjects. This study supports studies by Tessner (2014), Merryman & Mezei (2012); Beightol & Jesse (2012), that ABC intervention has a positive relationship to a person resilience. Overall, intervention with ABC module is proven to increase the level of RES among the NS trainees in the treatment group compared to the control group. Thus, the ABC module should be applied to the NS trainee’s camps because of its effectiveness in improving resilience among trainees.

Conclusion
ABC module that uses the element of risk, a controlled pressure and threats through adventure activities and group counselling are effective in increasing the RES and RES-OPT, RES-KAD and RES-CAB sub-constructs among NS camps trainees. These findings are consistent with Richardson, (1990); Masten, (1994), which state that a person will become more resilient through perception, participation and training supplied by the factors of difficulty, pressure and threats which ultimately makes a person more resilient. The findings also revealed that the ABC module can increase resilience of male and female treatment groups. This finding supports studies by Tessner (2014), Merryman & Mezei (2012); Beightol & Jesse (2012), who found that
the ABC intervention is effective in increasing the level resilient of program participants. Thus, the ABC module should be appropriately applied in the NS training camps, so that participants are more confident, more independent and be able to face the challenges while in training camp and later in their lives after the NS.

**Recommendations**

Studies using the ABC approach is still limited in the field of counselling in this country. In contrast to the situation outside of the country which have made the ABC approach as one of the contemporary approach that is widely used to treat and improve the psychological aspect of a client. Therefore, it is recommended that treatment with the ABC approach to be widely performed as an alternative treatment for our youths.

Studies on the psychological aspects of NS camp trainees is still very scarce. This resulted in a lack of empirical evidence regarding the advantages or disadvantages of the NS program to increase the psychological aspects of the youth involved in the program. This study will add knowledge on research on the psychological aspects of youth in the NS camps. It is hoped that this ABC module will be able to assist NS in designing and implementing counselling intervention for the trainees. The NS trainees are young people who are very active physically and psychologically. Thus, the ABC approach, which involves physical challenge activities and psychological intervention through group counselling, will be able to motivate and balance the physical and psychological needs of young trainees.

With the ABC approach, involving physical and mental adventure activities, combined with the psychological intervention through group counselling which is implemented outside the norm which is outdoors, it becomes more interesting, more holistic and therapeutic in providing assistance to this young people (Miles, 1987). Therefore, it is expected that the ABC modules will help the NS counsellors in providing treatments to NS trainees in balancing their physical and psychological needs, during the training program in the NS camps.

This ABC Module is not only applicable in NS camps, but it also suitable to be used in schools, colleges and universities, as well as other agencies such as the Social Welfare Department (for rehabilitation of children placed in rehabilitation institutes), Ministry of Youth and Sports (MYS), and the Outward-Bound School (OBS) and the National Civics Bureau (BTN) which are involved with youth training programs in the country. It is hoped that this ABC module will help the agencies involved in designing and implementing appropriate and effective training elements to train our youth.

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