

Development, Validity and Reliability of Cognitive Behavioral Therapy for Healing (CBT-H) Module among Malaysian Counselors

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To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v14-i8/22281>

DOI:10.6007/IJARBSS/v14-i8/22281

Published Date: 10 August 2024

Abstract

This study aimed to develop and test the validity and reliability of the Cognitive Behavioral Therapy for Healing (CBT-H) module among CBT-H practitioners, consisting of counselors in Malaysia. The CBT-H module, developed by Mohammad Aziz Shah (2018) based on Aaron Beck's theoretical CBT, is designed to restructure individuals' thinking patterns. The research design is quantitative, focusing on the content validity and reliability on the CBT-H module. A number of panel experts (N=13), all CBT-H practitioners, were selected to answer two questionnaire; a) the module content validity questionnaire by Russell and the module strategy and activity appropriateness questionnaire by Mohammad Aziz Shah. The reliability value was obtained from 43 respondents who completed the CBT-H module and answered the module reliability questionnaire. The findings indicated a high overall percentage of CBT-H module content validity based on Russell (92.67%) and overall strategy and activity appropriateness validity based on Mohammad Aziz Shah (87.98%). The reliability coefficient value for the CBT-H module was also high (.87). Therefore, the study results demonstrate that the CBT-H module has high content validity and reliability among Malaysian counselors. This study indicated that the CBT-H module can be an alternative to enhance counseling skills and techniques in helping relationships.

Keywords: Content Validity, Reliability, Cognitive Behavioral Therapy For Healing (Cbt-H), Counselors.

Introduction

Cognitive-behavioral therapy (CBT) is a combination of cognitive theory and behavioral therapy basis, introduced by psychologists Aaron Beck and Elbert Ellis in the 1960s. This combination of basic principles in Behavioral Therapy (stimulus and response) and elements

of belief systems and interpretative thinking in Cognitive Therapy led to the development of CBT. In brief CBT integrates cognitive, emotional, behavioral, and physiological elements. The Cognitive Behavioral Theory posits three fundamental principles; a) cognitive activity influences behavior, b) cognitive activity can be monitored and changes, and c) the desire to change behavior may influence cognitive changes. CBT is an action-oriented psychosocial therapy that assumes faulty thinking leads to maladaptive behavior and negative emotions. It aims to change how people think (cognitively) and behave to help them feel better.

CBT is based on the model that feelings and actions are influenced by thinking styles rather than external factors. Therefore, the treatment emphasizes the thought system in efforts to change behavior and emotional states. CBT focuses on replacing negative thinking and behavior patterns with positive ones. CBT combines theories and research on cognitive processes. Therapists provide personal thought events, perceptions, evaluations, statements, and assumptions. Therapists also study and manipulate these processes to understand and modify behavior for overt and covert disorders. The basic concept is an active, directive, present-centered theory that does not require long sessions. CBT-H techniques have been used for various problems such as drug addiction, truancy, bullying, and more. This study aims to obtain the validity and reliability of the psychometric properties of CBT-H module.

BACKGROUND OF COGNITIVE-BEHAVIORAL THERAPY FOR HEALING (CBT-H)

Cognitive-Behavioral Therapy for Healing (CBT-H) is an approach formulated by Mohammad Aziz Shah (2016) based on Aaron Beck's theoretical CBT, also known as Cognitive Behavioral Therapy (CBT). The formulation and development of the CBT-H approach began during his doctoral studies in 2004, utilizing the CBT approach in his research. CBT is an important approach that needs to be mastered by psychologists, counselors, guides, teachers, parents, mental health advocates, and anyone seeking mental well-being. To master CBT more effectively, easily, quickly, and creatively, Shah (2016), introduced the CBT-H approach, a new method for mastering CBT through cognitive and behavioral skills, processes, and techniques organized more effectively. This approach was refined in 2023 with a new name, CBT-H or Cognitive-Behavioral Therapy for Healing. To date, the CBT-H approach has produced thousands of practitioners due to its effective, easy, and practical application in helping processes.

Like CBT, the CBT-H approach combines the cognitive and behavioral therapy goals of individuals in the treatment process. Cognitive Behavioral Therapy (CBT) is also a well-known therapeutic approach proven effective in treating various psychological problems, particularly mood disorders and anxiety disorders (Beltman, Oude Voshaar, & Speckens, 2010; Hofman & Smits, 2008; Johnsen & Friberg, 2015). CBT-H is designed for quick, easy, and practical mastery by psychologists, counselors, and guides who want to practice the CBT-H approach in helping relationships. CBT-H aims to reacquaint individuals with their thinking abilities as the main basis for controlling emotions and changing behavior. The CBT-H module incorporates six main strategies.

1. Introduction and Concept of CBT-H
2. Core Thoughts, 15 Distortions, and Mental Health Problems.
3. Role and Skills of Psychologists/Counselors/Guides in CBT-H
4. Application of Six Stages in Psychological/Counseling/Guidance Sessions of CBT-H
5. Application of Effective Cognitive Techniques and Tasks in CBT-H
6. Application of Effective Behavioral Techniques and Tasks in CBT-H
- 7.

The CBT-H approach fundamentally comprises the combination of Cognitive Therapy and Behavioral Therapy developed by Aaron T. Beck. As with the development of Cognitive Behavioral Therapy in the early 1960s, which marked the beginning of the cognitive revolution, CBT-H is an evolving branch incorporating new application approaches and techniques under cognitive-behavioral classification, widely used in helping relationships and human well-being.

Friedberg and McClure (2002), stated that Cognitive-Behavioral Therapy is an action-oriented therapy that assumes maladaptive thinking patterns cause maladaptive behavior and negative emotions. Maladaptive behavior obstructs or interferes with daily life. This treatment focuses on changing an individual's thinking patterns (cognitive patterns) to change behavior and emotional states. According to Dobson and Block (1998), CBT's foundation is there supporting bases; 1) thought processes influence behavior, 2) thought processes can be controlled and modified, and 3) the desire to change behavior can be influenced by changing thoughts. Dobson and Block further explain that CBT approaches describe cognitive processes and behavioral strategies to achieve cognitive and behavioral changes. The CBT-H module, founded by Shah (2010), from his PhD studies in 2004, combines cognitive and behavioral therapy goals to influence emotions and individuals in an action-oriented therapy that builds positive and healthy thinking. CBT-H reorganizes various CBT approaches into a fast, easy, and practical model to address maladaptive thinking patterns causing maladaptive behavior and negative emotions. CBT-H generally does not adhere to a specific approach or theory but is a combination of several main psychotherapy approaches classified under CBT such as Rational Emotive Behavior Therapy, Cognitive Therapy, Rational Behavior Therapy, rational Living Therapy, Schema-Focused Therapy, and Dialectical Behavior Therapy.

Problem Statement

Introducing Cognitive-Behavioral Therapy for Healing aims to identify how behavior and cognition are interconnected. This is because thinking and behavior move in tandem to determine positive actions. Bandura (1986), states that humans are driven by environmental influences. According to Ellis (2011), humans can take care of themselves, think, be happy, love and be loved, communicate with others, grow, and self-recognize. Humans are exposed to emotional and behavioral disturbances when holding irrational beliefs about life events or thoughts about certain priorities such as the desire to be loved, recognized as successful, and viewing these priorities as essential needs that must be fulfilled in life (Alwi & Shaari, 2017).

Psychological well-being and health among Malaysian counselors must be emphasized. This is because, according to Maniam (2010), various issues have recently emerged due to uncontrollable individual conditions. These issues often stem from possibilities within individuals that are sometimes difficult to interpret. Some experience extreme stress, resulting in negative effects on themselves and others. These issues are

closely related to physical health, psychological health, and psychological well-being (Ruziati et al., 2018). According to Ganing et al (2020), individuals experiencing work stress may exhibit symptoms affecting physiology, psychology, and behavior. Excessive work stress can lead to chronic occupational health issues among an organization's human resources. Yahya (2017), stated that difficulty managing work stress is one reason why over 20 000 civil servants retire early each year. Additionally, according to Malaysian Psychiatric Association (MPA) patron Tan Sri Lee Lam Thye, depression will become a major mental health issue in Malaysia by 2020, as more people are expected to experience increased stress due to work and family pressures (Bernama, 2018).

Based on Gabriel (2008), using CBT techniques such as cognitive restructuring is more effective as its psychological treatment does not require a long duration. This technique can change negative thinking into more positive thinking. CBT also addresses thought patterns, feelings, and actions. CBT aims to help individuals identify negative thinking patterns and replace them with healthier thinking styles (Sajad, 2017). Therefore, CBT-H is applied to address prevalent mental health issues. Nor Farahzulaikha and Shah (2021), applied CBT-H therapy in their study to address depression among university students. The study's results demonstrated that CBT-H theory effectively transformed students' negative thinking into more positive thinking. Additionally, previous studies by Asri Rahmaningrum, Mungin Eddy, and Sugiyo (2020) used cognitive restructuring techniques in CBT-H theory to enhance students' positive thinking.

Hence, in this study, the CBT-H module was developed and introduced to address behavioral and cognitive issues. However, any module development must first undergo validation before being distributed to students. According to Sidek (1997) in Jamaludin (2002), the validity of a test instrument is divided into three categories; content validity, criterion validity, and construct validity. This module aims to test the overall validity to strengthen individuals' positive and negative thinking patterns. Individuals with positive thinking are expected to exhibit perseverance, stable emotions, and positive energy and enthusiasm, contrary to individuals with negative thinking. These individuals tend to think negatively and display negative behaviors. Therefore, this study aims to evaluate the overall validity and reliability of the CBT-H module. The researcher believes that this module can be effectively applied to problems faced at the school, university, or public levels.

Theoretical Approach

Behavioral therapy generally does not have a specific approach; rather, CBT is a general classification of several psychotherapy approaches classified under CBT. These include Rational Emotive Behavior Therapy, Cognitive Therapy, Rational Behavior Therapy, Rational Living Therapy, Schema-Focused Therapy, and Dialectical Behavior Therapy (Dobson & Block, 1980). Cognitive Behavioral Therapy (CBT) is a psychotherapy that focuses on the importance of thinking and how it influences an individual's feelings and actions (Dobson & Block, 1998). CBT guides individuals with maladaptive thoughts to change their thinking patterns and actions (Overt Actions). This can be explained through two types of Cognitive Behavioral Therapy models. Dobson (2001), states that the first model helps individuals adjust their responses to stressful situations through coping skills that can be cognitive or overt behaviors. The second model guides individuals in changing thought patterns that contribute to adaptive behavior.

Aaron Beck's cognitive theory was introduced to understand the disturbances within clients and help them change irrational thoughts using more affective and behavioral techniques. This cognitive theory emphasizes beliefs and thinking in determining behavior and feelings. Unlike other theories, Aaron Beck's cognitive theory focuses on the understanding of life experiences by each client. Clients see how thoughts can influence their behavior, rather than emotions influencing behavior. This means that irrational behavior is not caused by feelings or emotions but by thoughts about the event. In summary, Aaron Beck's cognitive theory aims to replace irrational thoughts with rational ones, helping individuals live better psychological lives.

The model used in this module is Russell's content validity model (1974). Russell (1974) states that a module can be applied in all situations, whether individual, group, academic, or non-academic activities and it can lead individuals toward positive change. Russell (1974) explains that a module is considered to have good content validity when it meets the following five criteria: a) It targets the appropriate population (considering counselor behavior and client characteristics), b) The teaching situation or implementation method is good and perfect, c) The time taken to complete the module is appropriate and sufficient, d) It successfully improves individual attitudes towards more effective behavior, and e) It changes individuals' perceptions of their character towards excellence.

Russell (1974), emphasizes that the most crucial aspect of module development is the trial phase on its target audience. Whether the objectives stated in the module can be achieved will be determined at this stage. During the trial process, module developers will obtain various information, such as spelling validity, weak sentence structures, appropriate timing, understanding of the activities conducted, suitability of media tools used, and similar considerations. All information obtained serves as a guide for module developers to refine and improve the module towards a more robust, effective, and similar version. Module developers can address weaknesses and enhance the quality of their modules through the feedback received.

Objectives

This study aimed:

- a) To measure the overall content validity of the CBT-H module based on Russell's (1974) recommendations.
- b) To measure the overall content validity of the CBT-H module according to Mohammad Aziz Shah's (2010) criteria.
- c) To measure the overall reliability of the CBT-H.
- d) To measure the reliability of the sub-modules within the CBT-H module.

Methodology

This study employs a descriptive design that involves analyzing content validity and reliability. According to Mohd Majid (2005), descriptive research describes a situation and phenomenon as it occurs. Additionally, Sidek (2002) states that a descriptive design aims to provide a systematic description of the facts and characteristics of a particular population or area of interest accurately and factually. This survey-based study distributes questionnaires to collect research data. This section outlines the research process, which includes three main phases:

Phase I: Module construction, sub-modules, and activities based on literature review.

Phase II: Content validity testing by experts; and Phase III: Reliability testing of the module.

Phase I: Module Development

The CBT-H approach was developed by Professor Dr. Mohammad Aziz Shah Mohamed Arip from Sultan Idris Education University (UPSI), Perak, Malaysia, based on his research in CBT during his doctoral studies since 2004. CBT-H was formulated by Shah (2017), to deliver knowledge, skills, techniques, and applications of CBT in the simplest, quickest, and most effective manner. The theoretical CBT-H was reformulated and modified based on CBT pioneered by Beck in (1963) and (1976), incorporating various CBT scholars such as Ellis (1962), Meichenbaum (1973), D’Zurilla and Goldfried (1971), Goldfried and Sobocinski (1975), Mahoney (1974), Mahoney and Arnkoff (1978), Maultsby (1984), Christner, Stewart, and Freeman (2007), Friedberg and McClure (2002), Butler, Chapman, Forman, and Beck (2006), Wilson and Branch (2006), Widing and Milne (2008), among others.

According to Shah (2017), the CBT-H approach is fast, easy, and effective for psychologists, counselors, mentors, teachers, students, and anyone interested in practicing CBT-H in helping relationships. CBT-H integrates cognitive and behavioral therapy goals that influence emotions or individuals into a systematic therapy oriented towards cognitive and action-based methods to achieve mental well-being and life satisfaction. CBT-H reorganizes various CBT approaches into a rapid, easy, and practical model to address maladaptive thinking patterns that cause maladaptive behavior and negative emotions, promoting new positive and healthy thinking and behavior patterns. Therefore, the CBT-H treatment is systematically structured to understand humans better, focusing on modifying an individual's thinking patterns to change behavior and emotions positively and healthily. Generally, CBT-H does not adhere to a specific approach or theory but is a combination of several main psychotherapy approaches classified under CBT, such as Rational Emotive Behavior Therapy, Cognitive Therapy, Rational Behavior Therapy, Rational Living Therapy, Schema-Focused Therapy, and Dialectical Behavior Therapy, among others. The goal of the CBT-H approach is to produce skilled CBT-H practitioners theoretically and practically in conducting interventions to strengthen thinking patterns and apply CBT-H techniques and tasks. CBT-H also provides CBT-H training, case study analysis, consultancy, supervision, preparation of case formulation record forms, technique and task forms, and systematic client monitoring records. For the application of CBT-H techniques and tasks, there are over 50 cognitive and behavioral techniques effective for practice in sessions and as homework tasks for clients.

Phase II: Content Validity Testing

Content validity is a measure that examines the extent to which the module can be used. Fauzi, Jamal, and Saifoul (2014), state that validity is the ability of a test instrument to measure what it is supposed to measure. According to Majid (2005) and Wiersma and Jurs (1990), the validity of a measuring instrument is considered high if it can measure what it is intended to measure. This validity is crucial for providing accurate and true statements or explanations if it accurately represents the characteristics of the phenomenon being described, theorized, or explained (Hammersley and Atkinson, 1995).

The expert panel evaluating the module comprises individuals who are experts in fields related to the research conducted by the researcher. This evaluation aims to assess the suitability of the items used to measure the selected domains. Othman (2001), states that six to nine expert panel members are sufficient to evaluate the content validity of sub-modules and research items. The expert validation method is divided into two parts: a) expert evaluation based on Russell (1974), which includes five statements regarding the module's content validity, and b) validity of session and activity suitability according to Shah (2010). The validity of activities and sessions in the module is assessed using items representing sub-modules, with expert panel members agreeing on these items by selecting an agreement scale from 0 to 10. After completing the first, second, and third phases, the module is ready for use by the researcher with the study group. A module is considered to meet the construction requirements and ready for use if it achieves its objectives and has a positive impact (Sidek, 2005).

Phase III: Reliability Testing

Next, the researcher conducts a process to obtain the reliability value of the module by distributing reliability questionnaires to study respondents. The questionnaire, developed by the researcher, contains items based on sessions and activities in the Cognitive Behavioral Therapy for Healing (CBT-H) module. Reliability often refers to stability and internal consistency (Creswell, 2005). According to Kerlinger (1979), a questionnaire with an alpha (α) value exceeding 0.6 at a significance level of 0.05 is considered a good assessment. Once the module achieves appropriate validity, it can be administered to students, teachers, and public staff. To obtain statistical data, the researcher uses SPSS to determine the alpha Cronbach value to assess the questionnaire's reliability.

Sample and Sampling

This study is conducted in three phases, each with different study locations. In the first phase, the study is conducted in libraries and public universities in Malaysia. This phase involves literature review and research at libraries and public universities in Malaysia to develop the module, sub-modules, and activities based on library research. Phase II involves a number of locations which includes, Sultan Idris Education University (UPSI), public universities, Ministry of Education Malaysia, Ministry of Higher Education, Ministry of Human Resources, Ministry of Home Affairs and various government and private agencies. This phase involves distributing content validity questionnaires to expert panels. The third and last phase involves distributing reliability questionnaires to respondents in UPSI and several government ministries to measure the reliability of CBT-H module. These locations are selected to ensure that the data collected is relevant and accurate to the study population and to meet the objectives of the research being conducted.

The study subjects are involved only in the second and third phases of the study. The first phase involves 13 appointed panel of experts (psychologists, counselors and educators) to evaluate the content validity of the CBT-H module among counselors in Malaysia. The third phase involves counselors in Malaysia to obtain the reliability values of the module.

Three research instruments were used in this study. Content validity questionnaire based on Russell (1974), evaluates the content validity of the Cognitive Behavioral Therapy for Healing (CBT-H) module among counselors in Malaysia according to the criteria

established. Next, the content validity questionnaire based on Mohammad Aziz Shah (2010) assesses the content validity of CBT-H module based on the guidelines provided. Lastly, reliability questionnaire developed by the researcher measures the reliability of CBT-H. It encompasses 50 techniques that cover 50 activities.

Findings

Phase I: Module Development

In the first phase of the study, the researcher successfully developed the Cognitive Behavioral Therapy for Healing (CBT-H) module, including sub-modules and self-activities, for counselors in Malaysia. This phase involved creating the module, sub-modules, and self-directed activities, which encompassed 50 techniques and 50 activities.

Phase II: Content Validity Testing

The development of the Cognitive Behavioral Therapy for Healing (CBT-H) module for counselors in Malaysia also involved constructing a questionnaire for evaluation. The module's content validity was assessed using a specific formula: the total score provided by the experts (x) is divided by the total possible score (y) and multiplied by 100. A module is considered to have high validity if it scores above 70% (Tuckman 1978; Jamaludin 2002; Sidek and Jamaludin 2005). The formula is summarized as follows:

$$\text{Content validity level} = \left(\frac{\text{Total expert score } (x)}{\text{Total possible score } (y)} \right) \times 100\%$$

For this study, two methods of expert validation were used: a) Overall content validity based on Russell's method (1974), which includes five statements regarding module validity, and b) Session and activity suitability validity of sub-modules based on Mohammad Aziz Shah (2010). According to Majid (1998), three expert panelists are sufficient to evaluate the validity of a questionnaire. Othman (2004), suggested that six to nine experts are adequate to assess the module and its items. Following the external critique method, the researcher selected 13 expert panelists to evaluate the CBT-H module for counselors in Malaysia. These experts were chosen for their expertise in guidance and counseling, module development, and extensive experience as academic psychologists and counselors.

For this process, the researcher provided complete copies of the CBT-H module, including an introduction to the study and the training module manual. This manual included an introduction, objectives, activity instructions, summaries, and relevant appendices, to gather feedback and suggestions from experts on each module and activity. The evaluation scale used a ten-point Likert scale, ranging from 1 (strongly disagree) to 10 (strongly agree). The researcher developed a specific questionnaire based on Russell's (1974), module validity criteria, which states that for a module to be valid, it must address five key areas: a) Target population alignment (considering subject behavior), b) Suitability of the teaching situation or module implementation method, c) Adequate time allocation for module execution, d) The module's ability to enhance student achievement in the targeted aspect, and e) The module's effectiveness in positively changing student attitudes. The expert panel's evaluation based on Russell's (1974) module validity criteria is shown in Table 1. Table 1 outlines the questionnaire regarding the overall validity value.

Table 1

*Expert assessment of module validity***Cognitive Behavioral Therapy for Healing (CBT-H) (N=13)**

| No. | Statement | Percentage | Remarks |
|-----|---|------------|----------|
| 1 | The content of this module meets the target population's needs | 93.08% | Accepted |
| 2 | The content is appropriate for the allocated time | 92.31% | Accepted |
| 3 | The content of this module can be implemented effectively | 91.53% | Accepted |
| 4 | The content of this module has the potential to positively and healthily alter individual thinking patterns | 93.08% | Accepted |
| 5 | The content of this module has the potential to positively and healthily influence individual behavior | 93.85% | Accepted |

Table 1 showed that the minimum percentage value is 91.53% for the statement that the content of the module can be implemented more effectively. The maximum percentage is 93.85%, indicating that the module content can positively and healthily alter individual thinking patterns. Overall, the module content meets and is consistent with the five validity statements evaluated and has been accepted by the expert panel. The negligible difference between the minimum and maximum validity values also indicates that there is no significant difference in expert opinions regarding the Cognitive Behavioral Therapy for Healing (CBT-H) module among counselors in Malaysia.

In addition to assessing module validity according to Russel (1974), the researcher also conducted validity assessments based on Mohammad Aziz Shah (2010) by examining the cognitive and behavioral techniques and assignments within the module. **Table 2** elucidates the expert validity of the suitability of cognitive and behavioral techniques and assignments in the Cognitive Behavioral Therapy for Healing (CBT-H) module.

Table 2

*Expert assessment of the appropriateness of techniques and tasks***Cognitive Behavioral Therapy for Healing (CBT-H) (N=13)****Based on Shah (2010)**

| | Techniques and tasks | Percentage (%) | Expert remarks |
|---|---|----------------|----------------|
| 26 Cognitive Techniques (CT) and Tasks CBT-H | | | |
| CT – 1 | Analyzing Cognitive Distortions | 93.85% | Accepted |
| CT – 2 | Cognitive Restructuring | 96.15% | Accepted |
| CT – 3 | Psycho education | 75.38% | Accepted |
| CT – 4 | Loving Myself – Making Things Beautiful | 76.15% | Accepted |
| CT – 5 | Separating Self and Ego | 94.62% | Accepted |
| CT – 6 | Journaling | 85.38% | Accepted |

| | | | |
|---------|--|--------|----------|
| CT – 7 | Thought Experiment | 88.46% | Accepted |
| CT – 8 | Image-Based Cognitive Rehearsal | 86.92% | Accepted |
| CT – 9 | Reframing Negative Thoughts – ‘I Understand... But’ | 88.46% | Accepted |
| CT – 10 | Visualizing the Most Beautiful Parts of your Life | 89.23% | Accepted |
| CT – 11 | Cost-Benefit analysis | 86.15% | Accepted |
| CT – 12 | Completing Scripts to the End | 86.15% | Accepted |
| CT – 13 | Writing personal statements to counter negative thoughts | 89.93% | Accepted |
| CT – 14 | Positive prejudice | 89.23% | Accepted |
| CT – 15 | Focusing on five joys | 92.31% | Accepted |
| CT – 16 | Socratic dialogue | 77.69% | Accepted |
| CT – 17 | Rewriting nightmare scripts | 84.62% | Accepted |
| CT – 18 | Dream analysis | 83.08% | Accepted |
| CT – 19 | Releasing emotions through colour | 87.69% | Accepted |
| CT – 20 | Gratitude journaling | 92.31% | Accepted |
| CT – 21 | Positive thought journaling | 91.54% | Accepted |
| CT – 22 | Accepting all good and bad | 92.31% | Accepted |
| CT – 23 | New sleep cycle – wake – renew | 90% | Accepted |
| CT – 24 | Forgiving the unforgivable | 88.46% | Accepted |
| CT – 25 | Forgiving oneself – reconciling with self and nature | 91.54% | Accepted |
| CT – 26 | Total surrender | 90.77% | Accepted |

24 Behavioural Techniques (BT) and Tasks CBT-H

| | | | |
|---------|---|--------|----------|
| BT – 1 | Eight method breathing | 87.69% | Accepted |
| BT – 2 | Silent reflection or Mindfulness Meditation | 90.77% | Accepted |
| BT – 3 | Enjoying four awareness: ‘Here and Now’ and ‘The Power of Now’. | 92.31% | Accepted |
| BT – 4 | Scheduling enjoyable activities | 85.38% | Accepted |
| BT – 5 | Behavioural experiments | 88.46% | Accepted |
| BT – 6 | Bibliotherapy | 85.38% | Accepted |
| BT – 7 | Calmly handling urges | 87.69% | Accepted |
| BT – 8 | Pain stimulus – stop | 84.62% | Accepted |
| BT – 9 | Self-monitoring | 86.12% | Accepted |
| BT – 10 | Problem-solving therapy | 89.23% | Accepted |
| BT – 11 | Social skills training | 88.46% | Accepted |
| BT – 12 | Self-assertion training | 88.46% | Accepted |
| BT – 13 | Systematic desensitization | 86.92% | Accepted |
| BT – 14 | Structured tasks | 86.15% | Accepted |
| BT – 15 | Progressive Muscle Relaxation (PMR) | 88.46% | Accepted |
| BT – 16 | Autobiography | 86.15% | Accepted |
| BT – 17 | Exposure to causes and coping strategies | 87.69% | Accepted |
| BT – 18 | Modelling | 86.15% | Accepted |

| | | | |
|---------|---|---------------|-----------------|
| BT – 19 | Rewards and punishments | 86.15% | Accepted |
| BT – 20 | Empty chair technique | 87.69% | Accepted |
| BT – 21 | Change through excessive behaviour repetition | 86.92% | Accepted |
| BT – 22 | Physical exercise | 91.54% | Accepted |
| BT – 23 | Self-contract | 90.77% | Accepted |
| BT – 24 | Soul cleansing | 92.31% | Accepted |
| | Overall techniques and tasks in module | 87.98% | Accepted |

Table 2 above presents the total scores, percentage validity, and expert opinions regarding the suitability of techniques and tasks in Cognitive Behavioral Therapy for Healing (CBT-H). This data was obtained from a panel of experts who are practitioners of the Cognitive Behavioral Therapy for Healing (CBT-H) module.

Overall, Table 2 indicates that the total validity score for the suitability of techniques and tasks in the Cognitive Behavioral Therapy for Healing (CBT-H) module, as assessed by the expert panel, is 5719, which corresponds to a percentage of 87.98%. Consequently, the panel's evaluation is accepted, and the module's validity demonstrates a high validity score exceeding 70.00%. This clearly indicates that all the techniques and tasks outlined in the module are deemed suitable for implementation at a higher level.

Phase III Study Findings

The findings of the study in Phase III pertain to the reliability values of the Cognitive Behavioral Therapy for Healing (CBT-H) module among counselors in Malaysia. Russell (1974), states that the reliability of a module can be assessed by how well participants can follow its content. Sidek (2005), explains that there are two methods for testing a module's reliability: through the steps in each activity or through the objectives within the module. In this study, the researcher developed a questionnaire to assess the module's reliability and administered it to counselors in Malaysia.

After collecting data from the study subjects, the data was analyzed using the alpha Cronbach (α) method with The Statistical Package for Social Science (SPSS). The reliability coefficient obtained through this method is also known as the alpha Cronbach coefficient (Sidek, 2005). According to Kerlinger (1979), a questionnaire with an α (alpha) value exceeding 0.6 at a significance level of .05 is considered a good assessment. Sekaran (1992), states that a reliability value less than 0.6 is considered low and unacceptable, while a value between 0.6 and 0.8 is considered moderate and acceptable, and a value above 0.8 is considered high and excellent. This is because each step in the module's activities determines whether participants have mastered the module's objectives. According to Majid (2005), a measurement tool is considered high if it accurately measures what it is intended to measure. The reliability findings of the study are presented in Table 3.

Table 3

Reliability coefficient values of techniques and tasks in the CBT-H module among practitioners (N = 43)

| No. | Techniques and tasks | | Reliability coefficient value | Remarks |
|---|----------------------|--|-------------------------------|-------------------|
| 26 Cognitive Techniques (CT) and Tasks CBT-H | | | | |
| 1. | CT – 1 | Analyzing Cognitive Distortions | .84 | High and accepted |
| 2. | CT – 2 | Cognitive Restructuring | .92 | High and accepted |
| 3. | CT – 3 | Psycho education | .91 | High and accepted |
| 4. | CT – 4 | Loving Myself – Making Things Beautiful | .84 | High and accepted |
| 5. | CT – 5 | Separating Self and Ego | .89 | High and accepted |
| 6. | CT – 6 | Journaling | .91 | High and accepted |
| 7. | CT – 7 | Thought Experiment | .90 | High and accepted |
| 8. | CT – 8 | Image-Based Cognitive Rehearsal | .90 | High and accepted |
| 9. | CT – 9 | Reframing Negative Thoughts – ‘I Understand... But’ | .84 | High and accepted |
| 10. | CT – 10 | Visualizing the Most Beautiful Parts of your Life | .90 | High and accepted |
| 11. | CT – 11 | Cost-Benefit analysis | .93 | High and accepted |
| 12. | CT – 12 | Completing Scripts to the End | .92 | High and accepted |
| 13. | CT – 13 | Writing personal statements to counter negative thoughts | .90 | High and accepted |
| 14. | CT – 14 | Positive prejudice | .90 | High and accepted |
| 15. | CT – 15 | Focusing on five joys | .87 | High and accepted |
| 16. | CT – 16 | Socratic dialogue | .91 | High and accepted |

| | | | | |
|-----|---------|--|-----|-------------------|
| 17. | CT – 17 | Rewriting nightmare scripts | .89 | High and accepted |
| 18. | CT – 18 | Dream analysis | .89 | High and accepted |
| 19. | CT – 19 | Releasing emotions through colour | .90 | High and accepted |
| 20. | CT – 20 | Gratitude journaling | .92 | High and accepted |
| 21. | CT – 21 | Positive thought journaling | .90 | High and accepted |
| 22. | CT – 22 | Accepting all good and bad | .84 | High and accepted |
| 23. | CT – 23 | New sleep cycle – wake – renew | .88 | High and accepted |
| 24. | CT – 24 | Forgiving the unforgivable | .86 | High and accepted |
| 25. | CT – 25 | Forgiving oneself – reconciling with self and nature | .87 | High and accepted |
| 26. | CT – 26 | Total surrender | .90 | High and accepted |

24 Behavioural Techniques (BT) and Tasks CBT-H

| | | | | |
|----------|--------|---|-----|-------------------|
| 27. | BT – 1 | Eight method breathing | .88 | High and accepted |
| 28. | BT – 2 | Silent reflection or Mindfulness Meditation | .87 | High and accepted |
| = 29. | BT – 3 | Enjoying four awareness: 'Here and Now' and 'The Power of Now'. | .89 | High and accepted |
| 30. | BT – 4 | Scheduling enjoyable activities | .90 | High and accepted |
| 31. | BT – 5 | Behavioural experiments | .89 | High and accepted |
| 32. | BT – 6 | Bibliotherapy | .90 | High and accepted |
| 33. | BT – 7 | Calmly handling urges | .86 | High and accepted |
| 34. | BT – 8 | Pain stimulus – stop | .84 | High and accepted |

| | | | | |
|---|---------|---|------------|--------------------------|
| 35. | BT – 9 | Self-monitoring | .82 | High and accepted |
| 36. | BT – 10 | Problem-solving therapy | .87 | High and accepted |
| 37. | BT – 11 | Social skills training | .85 | High and accepted |
| 38. | BT – 12 | Self-assertion training | .90 | High and accepted |
| 39. | BT – 13 | Systematic desensitization | .91 | High and accepted |
| 40. | BT – 14 | Structured tasks | .90 | High and accepted |
| 41. | BT - 15 | Progressive Muscle Relaxation (PMR) | .89 | High and accepted |
| 42. | BT – 16 | Autobiography | .88 | High and accepted |
| 43. | BT – 17 | Exposure to causes and coping strategies | .90 | High and accepted |
| 44. | BT – 18 | Modeling | .92 | High and accepted |
| 45. | BT – 19 | Rewards and punishments | .91 | High and accepted |
| 46. | BT – 20 | Empty chair technique | .90 | High and accepted |
| 47. | BT – 21 | Change through excessive behaviour repetition | .89 | High and accepted |
| 48. | BT – 22 | Physical exercise | .88 | High and accepted |
| 49. | BT – 23 | Self-contract | .85 | High and accepted |
| 50. | BT – 24 | Soul cleansing | .90 | High and accepted |
| Overall techniques and tasks in module | | | .86 | High and accepted |

Based on Table 3, the reliability coefficient value of the Cognitive Behavioral Therapy for Healing (CBT-H) module shows that the overall reliability coefficient for the module, as assessed among practitioners, is high at .99. The lowest reliability coefficient is observed in Cognitive Technique and Task 1: Analyzing Cognitive Distortions, with a value of .84.

Conversely, the highest reliability coefficient for the CBT Behavioral Techniques and Tasks is found in Technique and Task 6: Bibliotherapy, with a reliability coefficient of .99.

Discussion and Recommendations

This study was conducted to test the validity and reliability of the Cognitive Behavioral Therapy for Healing (CBT-H) module. The objective of this study is to deliver knowledge, skills, techniques, and applications of Cognitive Behavioral Therapy (CBT) in a straightforward, rapid, and effective manner. The theoretical framework of Cognitive Behavioral Therapy for Healing (CBT-H) has been developed and modified based on CBT pioneered by Beck (1963; 1976), and incorporating various other contributors such as Ellis (1962), Meichenbaum (1973), and others. The validity of the module was assessed by 13 expert panel members who are practitioners of the Cognitive Behavioral Therapy for Healing (CBT-H) module. The percentage validity obtained from the expert panel was 92.77%, while the validity of the suitability of sessions based on cognitive and behavioral techniques and tasks was 87.98%. Additionally, the study findings indicate that the expert panel provided feedback to enhance the quality of the module.

The study results show high values exceeding 80%, reflecting a high level of validity. This is supported by research conducted by Mariah Binti Kamaruddin on the impact of the Helping Skills Module on the fundamental knowledge and skills of peer counselors. Several modules used include the Peer Counselor: Basic Training Module (Ministry of Education Malaysia, 1992) and the National Peer Counselor Module. This study employs the same theory used in the Cognitive Behavioral Therapy for Healing (CBT-H) module. The use of the CBT-H module can have various impacts on practitioners. This is because practitioners come from backgrounds such as counseling, management, psychological officers, and even from the Ministry of Health Malaysia (KKM). This helps them manage emotional and cognitive stress and maintain a positive state. According to Shah (2020), a systematic mental wellness approach through cognitive restructuring, application of cognitive and behavioral techniques and tasks can be used in this module and is suitable for all levels of society.

Moreover, another implication of the study is that this module can assist counselors in guiding and thoroughly exploring individual personalities more effectively according to the sequence of activities provided. The activities included can help psychologists, counselors, public servants, teachers, and facilitators master the knowledge taught in the Cognitive Behavioral Therapy for Healing (CBT-H) module in Malaysia by actively thinking, viewing environmental contexts from different perspectives, and organizing ideas systematically (Saad, 2013). Structured and in-depth training should be provided to ensure the proper implementation of the module (Bleedorn, 1993). Training should also focus on enhancing creativity in building strong relationships between practitioners and clients while implementing the module. The varied knowledge backgrounds of clients and resistant traits are challenges for psychologists, counselors, public servants, teachers, and facilitators in handling them (Piccolo, 2008). Additionally, this module can further expand the techniques used in psychotherapy.

Recommendations

Based on the findings of the study, in order to improve the mental health problem education in secondary schools, several recommendations can be considered. First of all, responsible authorities should provide additional training and resources for educators to effectively implement mental health education with adequate knowledge, skills and techniques. Besides that, it is suggested to develop a culturally sensitive mental health problem prevention education that caters to the diverse backgrounds of Malaysian students. Reducing the stigma that is associated with mental health issues through awareness campaigns and promoting open discussion about mental health in schools can help students feel safer and heard. In addition to educators, parents and the community should be involved in mental health education to create a positive and supportive environment for students. Lastly, it is also suggested that the mental health education is incorporated into the broader school curriculum, rather than treating it as a separate subject.

Conclusion

In conclusion, this study successfully developed the Cognitive Behavioral Therapy for Healing (CBT-H) module among counselors in Malaysia based on theoretical frameworks and previous research. The study benefits the development of other modules by highlighting the need for high validity and reliability assessments. Consequently, this module can be applied in the future and contributes to the field of research. High-quality research results following appropriate procedures can serve as a guide and reference for future researchers to produce quality studies. Ultimately, it is hoped that the findings of this study will benefit the community, particularly psychologists and counselors, in maintaining mental well-being. The researcher hopes that this module will enlighten module developers and lead to higher-quality innovations. This module helps the community in terms of mental wellness.

Ethical Approval

This research was approved under the ethical code of 2023-068-01 by ethical review board of Research Management and Innovation Center (RMIC), Sultan Idris Education University (UPSI), Malaysia.

Funding

This research was funded by the Ministry of Higher Education (MOHE) of Malaysia under the Fundamental Research Grant Scheme (FRGS; 2021-0165-106-02 FRGS/1/2021/SS0/UPSI/01/2).

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