

# Effects of Mental Health and Trauma Counselling Module towards the Competency of Mental Health and Trauma Counselling Practices

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## Abstract

This study aims to examine the effect of Mental Health and Trauma Counselling (MHTC) module toward counsellors' competency in handling mental health and trauma counselling among school counselling teachers. In addition, this study also examines the effect of MHTC module towards sub constructs' competencies namely knowledge, skills and awareness based on three demographic aspects that are related to subjects such as sex, age and level of experience of attending MHTC workshop. Quasi-experimental pre-test and post-test treatment group design was used in this study. The sample consists of 48 high school counselling teachers (14 males and 34 females) selected using purposive sampling within Selangor and Perak. Mental Health and Trauma Counselling Skills Instruments (MHTCSI) which contains three sub constructs competencies namely knowledge, skills and awareness are used in this study. Quantitative data of experimental study are analyzed using SPSS version 20. Descriptive statistics of mean, percentage and standard deviation and inferential statistical of t-test were used to analyze the data. The results show that MHTC module is found to be descriptively effective for enhancing the counsellor's competency and sub constructs' competencies, namely knowledge, skills and awareness based upon gender, age and level of experience of handling mental health and trauma counselling. The findings by inference using paired sample t-tests have proven that there are significant differences in pre-test and post-test for construct competency [ $t(47) = -13,865, p < .05$ ] and sub construct' competencies of knowledge [ $t(47) = -12,197, p < .05$ ], skills [ $t(47) = -10,592, p < .05$ ] and awareness [ $t(47) = -10,392, p < .05$ ]. Based on the results, this study shows that mental health and trauma counselling workshop has successfully enhanced the counsellors' competency and all sub variables' competencies such as knowledge, skills and awareness. The implications of this study would directly enhance the efficiency of counselling practices and counsellor education in the context of mental health, especially in the field of trauma counselling among school counselling teachers.

**Keywords:** Mental Health and Trauma Counselling Module, Counselling competency, Trauma, Crisis, Mental health.

## 1. Introduction

Trauma has been a main worry which is related to the wellbeing of mental and physical health of human (Beck & Sloan, 2012; Brown et al, 2011; Solomon & Johnson, 2002). Studies show that 82.8% of Americans are exposed to traumatic incidents throughout their lives and majority of them have experienced post traumatic stress disorder or PTSD at least once based on the criteria and level defined by Diagnostic Statistical Manual-5 (DSM-5; American Psychiatric Association, 2013) (Beck & Sloan, 2012). In Malaysia, for instance, many incidents have traumatized majority of Malaysians such as the massive flood calamity, the disappearance of MH370 aircraft, the shooting on MH17 aircraft, the foreign aggression and abduction at Lahad Datu, Sabah, cases of child-abused, abandonment of babies, political upheaval, as well as the cases out of the country such as the aggression at Gaza, Palestin; all these have brought deep impacts to every Malaysian especially to the victims (survivors) and their families. These critical tragedies have left deep psychological impacts that might last a life-time to certain individual or victim (Samsiah et al, 2014).

Counsellors are among the main pillars that help their clients to prevent and maintain positive mentality, apart from psychiatrist and medical practitioners. Counselling service is an important alternative which could helps to improve the emotion and mental health of an individual. Besides, counselling could offers guideline so that an individual would realize the importance of maintaining a healthy mentality as in congruent with the objective of the Ministry of Health of Malaysia and the World Health Organization (WHO). A competent counsellor would be able to assist the traumatized victims to regain their emotional stability and improve mobility. However, not every counsellor possesses the competency and expertise in the field of mental health and trauma particularly in recognizing the symptoms of mental disorder, diagnosing, and treating clients with mental disorder and trauma. There are cases whereby counsellors failed to diagnose accurately due to lack of knowledge in the field of mental health, mental disorder, mental illness or trauma.

A report published by the Department of Health and Human Services of the United States (2003) stressed on the importance of enhancing the strategies of mental health because the result of traumatic stress could bring negative effect to the public's health. Nevertheless, there is still shortage in terms of training on trauma and stress after the trauma within the graduates' counsellor education program (Courtois & Gold, 2009; Layne et al, 2014; Litz & Salters-Pedneault, 2008; Logeran et al, 2004). As such, it is important to include the components of basic trauma knowledge and the trauma-competent clinical reasoning skill within the counsellor education program (Layne et al, 2014) because a counsellor could be working in various types of mental health setting; therefore, could be assisting the traumatized victims

anytime. This further leads to an essential need to develop trauma-competent counsellors as well as to support the development of the existing trauma counsellors. In other words, *“the dissemination of a comprehensive model of trauma-focused, empirically informed competencies (knowledge, skills, and attitudes) is currently required to provide the foundational training for a “trauma informed mental health workforce.”* (Cook & Newman, 2014, pg. 300). Based on the scenario above, the researchers have developed the Mental Health and Trauma Counselling (MHTC) training module which integrates the trauma component as the main component and the mental health component as the additional component. The validity and reliability tests have been carried out towards this module (Samsiah et al, 2014). Result of Alpha Cronbach test indicates the overall alpha value of the MHTC module with .947, meaning this module can be used as intervention. In this study, researchers aim to find out the effect of MHTC module towards competency (knowledge, skills, awareness) of the trauma counselling practices among the school counsellors.

## **2. Objectives**

This study aims to measure the effect of Mental Health and Trauma Counselling (MHTC) module towards the counsellors' competency and its' sub constructs, namely knowledge, skills and awareness in managing MHTC based on:

1. Descriptive analysis on the mean differences of pre-test and post-test measurements of counsellors' knowledge based on the aspects of gender, age levels and experience in mental health counselling workshop.
2. Descriptive analysis on the mean differences of pre-test and post-test measurements of counsellors' skills based on the aspects of gender, age levels and experience in mental health counselling workshop.
3. Descriptive analysis on the mean differences of pre-test and post-test measurements of counsellors' awareness based on the aspects of gender, age levels and experience in mental health counselling workshop.
4. Descriptive analysis on the mean differences of pre-test and post-test measurements of counsellors' competency based on the aspects of gender, age levels and experience in mental health counselling workshop.
5. Inferential analysis based on the mean differences of pre-test and post-test of counsellors' competency.
6. Inferential analysis based on the mean differences of pre-test and post-test of the sub construct of competency, namely knowledge of counsellors.
7. Inferential analysis based on the mean differences of pre-test and post-test of the sub construct of competency, namely skills of counsellors.

8. Inferential analysis based on the mean differences of pre-test and post-test of the sub construct of competency, namely awareness of counsellors.

### **3. Hypotheses**

Based on the listed objectives, four hypotheses are prepared to achieve the objectives from no. 5 to no. 8; whereas objectives no. 1 to no. 4 are achieved descriptively based on the mean changes trend analyses of pre-test and post-test.

Hypothesis Nol 1 (Ho1): Pre-test and post-test measurements show no significant differences for counsellors' competency among subjects of the MHTC module.

Hypothesis Nol 2 (Ho2): Pre-test and post-test measurements show no significant differences for the sub construct of counsellors' competency, namely knowledge of counsellors among subjects of the MHTC module.

Hypothesis Nol 3 (Ho3): Pre-test and post-test measurements show no significant differences for the sub construct of counsellors' competency, namely skills of counsellors among subjects of the MHTC module.

Hypothesis Nol 4 (Ho4): Pre-test and post-test measurements show no significant differences for the sub construct of counsellors' competency, namely awareness of counsellors among subjects of the MHTC module.

### **4. Methodology**

**Design:** This study uses the quasi-experimental pre-test and post-test treatment group design (Christensen, 2000). Independent variable is the MHTC module while the dependent variable is the counsellors' competency. The counsellors' competency consists of three sub constructs, namely knowledge, skills and attitude. The effect of treatment is based on three moderator variables, namely gender, teaching experiences and the experiences of attending mental health counselling.

**Instruments:** The Mental Health and Trauma Counselling Competency Instruments or MHTCCI are developed by the researchers themselves based on literature review and ideas of experts. The instruments consist of 60 items which are divided into three sub constructs, namely i. Knowledge of Counsellors; ii. Skills of Counsellors; and iii. Awareness of Counsellors. Each sub construct consists of 20 items with five agreement scales, namely Strongly Disagree (SD); Disagree (D); Almost Agree (AA); Agree (A) and Strongly Agree (SA). Findings through both the panel of experts as well as the recommendation of statisticians based on literature review

indicate that the validity coefficient value of the MHTCCI is high with 0.827; while the overall reliability coefficient value of competency is .913.

**Location of Study:** This experimental study mainly involves the counselling teachers from two districts, namely Hilir Perak District of Perak and Hulu Selangor District of Selangor.

**Subject Selection:** *The subjects of this experimental study are selected based on purposive sampling (Johnson and Christensen 2000). In this context, subjects are selected when they fulfilled the following two criteria:*

- i. Possess at least a bachelor degree in counselling from any higher learning institution recognized by the Public Services Department of Malaysia.
- ii. Practicing counselling as a counsellor.

**Data Collection:** The quantitative data collection is carried out by means of a questionnaire survey with self-responded forms distributed to the subjects to measure the pre-test and post-test of the dependent variables, namely the counsellors' competency and sub constructs of counsellors (knowledge, skills and attitude). This questionnaire consists of several parts including background of the subjects and the instruments of the study, which are the Mental Health and Trauma Counselling Competency Instruments (MHTCCI).

**Procedures of Study :** The MHTC workshops are carried out in two different locations, namely at The Hall of Swiss Garden Hotel at Sungai Petani for counsellors from Hilir Perak District; and at the Training Hall of Hulu Selangor District Education Office for counsellors from Hulu Selangor District. The researchers have obtained the permissions from both Chief Education Officers from Hilir Perak and Hulu Selangor Districts before the workshops are carried out. A special workshop on methods to manage the MHTC module has been carried out earlier in order to train two facilitators who would be conducting the workshops. Following that, two letters of appointment to manage the workshops are given to the two facilitators. This was done to avoid bias towards the effects of intervention between the groups.

**Data Analyses:** *The quantitative data of this experimental study based on the pre-test and post-test of the variables collected by using the instruments of the study, namely the MHTCCI, are then analysed with SPSS version 20. Paired sample t-test is used to analyse the data of this experimental study which are modified in accordance to the objectives and hypotheses of this study.*

## 5. Results

### (a) Descriptive Data on the Effects of MHTC Module towards Counsellors' Competency

The Mental Health and Trauma Counselling Competency Instruments (MHTCCI) are used to collect the pre-test and post-test data of this study. There are three sub constructs within MHTCCI, namely the aspects of knowledge, skills and awareness. As such, the descriptive results of this study on the effects of Mental Health and Trauma module/workshops towards counsellors' competency (consist of gender, age levels and experiences aspects according to MHTC module are recorded based on the mean comparison analyses of pre-test and post-test of the variables as stated above.

**Table 1: Effects of Mental Health and Trauma Counselling Module towards Knowledge Aspect**

Variables	Groups	Mean		Mean Changes
		Pre-test	Post-test	
Gender	Male	3.3536	4.2786	+0.93
	Female	3.2926	4.4015	+1.20
Age Levels	Below 35	3.1896	4.3875	+1.20
	36 until 45	3.3433	4.3467	+1.00
	Above 46	3.5778	4.3389	+0.76
MHC Exp.	Attended	3.4000	4.4000	+1.00
	Never	3.3000	4.3616	+1.06

Table 1 indicates the effects of mental health and trauma counselling towards knowledge aspect. Results show that there are mean changes on the post-test of knowledge compared to its' pre-test among subjects based on gender, age levels and the experiences of attending MHTC. The mean of knowledge for male subject has increased with +0.93, while the mean for female subject has increased with +1.20. The mean for subjects with age levels below 35 has increased with +1.20, while mean for subjects with age levels between 36 until 45 has increased with + 1.00 and mean for subjects with age levels above 46 has increased with +0.76. Furthermore, the mean of knowledge for subjects who have attended the Mental Health and Trauma Counselling workshops has increased with +1.00, while mean for subjects who have not attended the workshops has also increased with +1.06.

**Table 2: Effects of Mental Health and Trauma Counselling Module towards Skills Aspect**

Variables	Groups	Mean		Mean Changes
		Pre-test	Post-test	
Gender	Male	3.0429	4.2250	+1.18
	Female	3.0206	4.1926	+1.17
Age Levels	Below 35	2.8792	4.2208	+1.34
	36 until 45	2.9367	4.0500	+1.11
	Above 46	3.5722	4.4056	+0.83
MHC Exp.	Attended	2.8800	4.5600	+1.68
	Never	3.0442	4.1605	+1.11

Table 2 indicates the effects of mental health and trauma counselling towards skills aspect. Results show that there are mean changes on the post-test of skills compared to its' pre-test among subjects based on gender, age levels and the experiences of attending MHTC. The mean of skills for male subjects has increased with +1.18, and the mean of skills for female subjects has increased with +1.17. The mean of skills for subjects with age levels below 35 has increased with +1.34 while the mean for age levels between 36 until 45 has increased with + 1.11 and the mean for age levels above 46 has increased with +0.83. Furthermore, there is increment for subjects who have attended the Mental Health and Trauma Counselling workshops with +1.68 while for those who have not attended has also increased with +1.11.

**Table 3: Effects of Mental Health and Trauma Counselling Module towards Awareness Aspect**

Variables	Groups	Mean		Mean Changes
		Pre-test	Post-test	
Gender	Male	3.4750	4.0893	+0.61
	Female	3.6103	4.2309	+0.62
Age Levels	Below 35	3.6625	4.2104	+0.55
	36 until 45	3.3900	4.1733	+0.78
	Above 46	3.6278	4.1611	+0.53
MHC Exp.	Attended	3.6100	4.2700	+0.66
	Never	3.5663	4.1802	+0.61

Table 3 indicates the effects of mental health and trauma counselling towards awareness aspect. Results show that there are mean changes on the post-test of awareness compared to its' pre-test among subjects based on gender, age levels and the experiences of attending MHTC. The mean of awareness for male subjects has increased with +0.61, and the mean of

awareness for female subjects has increased with +0.62. The mean of awareness for subjects with age below 35 has increased with +0.55 while the mean for age levels between 36 until 45 has increased with + 0.78 and the mean for age levels above 46 has increased with +0.53. Furthermore, there is increment for subjects who have attended the Mental Health and Trauma Counselling workshops with +0.66 while for those who have not attended has also increased with +0.61.

**Table 4: Effects of Mental Health and Trauma Counselling  
Module towards Competency Aspect**

Variables	Groups	Mean		Mean Changes
		Pre-test	Post-test	
Gender	Male	3.2905	4.1976	+0.91
	Female	3.3078	4.2750	+0.97
Age Levels	Below 35	3.2437	4.2729	+1.03
	36 until 45	3.2233	4.1900	+0.97
	Above 46	3.5926	4.3019	+0.71
MHC Exp.	Attended	3.2967	4.4100	+1.11
	Never	3.3035	4.2341	+0.93

Table 4 indicates the effects of mental health and trauma counselling towards competency aspect. Results show that there are mean changes on the post-test of competency compared to its' pre-test among subjects based on gender, age levels and the experiences of attending MHTC. The mean of competency for male subjects has increased with +0.91, and the mean of competency for female subjects has increased with +0.97. The mean of competency for subjects with age levels below 35 has increased with +1.03 while the mean for age levels between 36 until 45 has increased with + 0.97 and the mean for age levels above 46 has increased with +0.71. Furthermore, there is increment for subjects who have attended the Mental Health and Trauma Counselling workshops with +1.11 while for those who have not attended has also increased with +0.93.

**(b) Inferential Data on the Effects of MHTC Module towards Counsellors' Competency**

Table 5 indicates the results of Paired Sample t-test on the effects of MHTC workshops towards counsellors' competency and its' sub constructs, namely knowledge, skills and awareness. A t-test is considered significant when the p probability value is less than the alpha value. Results of the test indicate p probability value is .000 and the alpha significant level value is .000 < 0.05. As such, results show that there are significant differences of pre-test and post-test for the competency variable and the sub constructs' variables, namely knowledge, skills and awareness.



Based on the mean comparison analyses in Table 5, there are increment trend on the post-test of mean compared to the pre-test of mean in the competency variable and all of the sub constructs' variables, namely knowledge, skills and awareness. As such, based on paired sample t-test, it is proven that the mental health and trauma counselling workshops has successfully increased the mean of counsellors' competency variable and the entire sub constructs' variables, namely knowledge, skills and awareness.

**Table 5: Summary on the Results of Pre-Test and Post-Test of Paired Sample t-Test on the Effects of MHTC Workshops towards Counsellors' Competency and its' Sub Constructs, namely Knowledge, Skills and Awareness**

Variables	Tests	Mean	S.P	Dk (N-1)	t Value	p Value
Knowledge	Pre-test	3.3104	.48410	47	-12.197	.000*
	Post-test	4.3656	.39735			
Skills	Pre-test	3.0271	.66827	47	-10.592	.000*
	Post-test	4.2021	.61115			
Awareness	Pre-test	3.5708	.43636	47	-10.392	.000*
	Post-test	4.1896	.33053			
Competency	Pre-test	3.3028	.42998	47	-13.865	.000*
	Post-test	4.2524	.38406			

\*significant at level .00

### (c) Testing of Hypotheses

***Hypothesis Nol 1 (Ho 1): Pre-test and post-test measurements show no significant differences for counsellors' competency among subjects attending the MHTC workshop.***

A difference test to find out the effect of MHTC module towards competency indicate value t (47) = -13.865,  $p < .05$ , meaning there are significant differences for mean score between pre-test and post-test whereby the hypothesis (Ho 1) is rejected. This finding indicates that there is increment in the counsellors' competency variable among subjects attending the MHTC module.

***Hypothesis Nol 2 (Ho 2): Pre-test and post-test measurements show no significant differences for the sub construct of competency, namely counsellors' knowledge among subjects attending the MHTC workshop.***

A difference test to find out the effect of MHTC module towards one of the sub construct of competency, namely knowledge indicate value t (47) = -12.197,  $p < .05$ , meaning there are

significant differences for mean score between pre-test and post-test whereby the hypothesis (Ho 2) is rejected. This finding indicates that there is increment in the sub variable of competency, namely knowledge among subjects attending the MHTC module.

***Hypothesis Nol 3 (Ho 3): Pre-test and post-test measurements show no significant differences for the sub construct of competency, namely counsellors' skills among subjects attending the MHTC workshop.***

A difference test to find out the effect of MHTC module towards one of the sub construct of competency, namely skills indicate value  $t(47) = -10.592$ ,  $p < .05$ , meaning there are significant differences for mean score between pre-test and post-test whereby the hypothesis (Ho 3) is rejected. This finding indicates that there is increment in the sub variable of competency, namely skills among subjects attending the MHTC module.

***Hypothesis Nol 4 (Ho 4): Pre-test and post-test measurements show no significant differences for the sub construct of competency, namely counsellors' awareness among subjects attending the MHTC workshop.***

A difference test to find out the effect of MHTC module towards one of the sub construct of competency, namely awareness indicate value  $t(47) = -10.392$ ,  $p < .05$ , meaning there are significant differences for mean score between pre-test and post-test whereby the hypothesis (Ho 4) is rejected. This finding indicates that there is increment in the sub variable of competency, namely awareness among subjects attending the MHTC workshops.

## **6. Discussion**

Overall, the results of this study whether descriptive or by inferential also indicate that the Mental Health and Trauma Counselling (MHTC) module/workshops are significantly effective in improving the counsellors' competency in conducting mental health and trauma counselling. Besides, this study also indicates that the MHTC module/workshops are significantly effective in improving the sub constructs of competency, namely knowledge, skills and awareness in conducting the mental health and trauma counselling. The results of this study clearly show that the MHTC module/workshops are descriptively effective in improving the counsellors' competency and the sub constructs of competency, namely knowledge, skills and awareness in conducting the mental health and trauma counselling based on the variables of gender, age levels and experiences in conducting the mental health counselling.

## **Effects of MHTC Module towards Counsellors' Competency**

Findings of this study support the statement in which competency is seen as the basic of ethics based on the ACA Code of Ethics (2014). In the Code of Ethics, it is specified clearly to every counsellors involved in specialized field that *"counsellors practice in specialty areas new to them only after appropriate education, training, and supervised experience"* (C.2.b; ACA, 2014). According to Myers (1992), competency is an essential component of professionalism because "competency is the aspect in which a professional ought to be able to carry out his/her duty at a specified standard" and "such standard is often determined by the particular profession."

Findings of this study show that the MHTC module is able to improve counsellors' competency from the aspects of knowledge and skills on mental health and trauma. In this study, the aspect of knowledge in trauma counselling includes some general and specific competencies such as: General competency: 1. Awareness and sensitivity towards the specific needs and desire of traumatized victims; 2. Knowledge and skills to recognize the specific needs and desire of traumatized victims; and 3. Knowledge and relevant relationship or network to make necessary reference. Specific competency: 1. Important concepts and terminologies; 2. Trauma assessment; 3. Counselling approaches; 4. Trauma intervention; and 5. Important elements and stages of trauma recovery. On the other hand, the aspect of mental health counselling includes knowledge, skills and application related to these aspects: 1. Positive and negative mental health; 2. Mental illness and mental disorder; 3. Risk and security factors; and 4. Coping skills and resilience.

Findings related to one of the sub constructs of competency, namely knowledge indicate that the subjects of this study have shown improved knowledge in terms of mental health and trauma, particularly in the aspects of crisis and trauma content, psychology and counselling, and mental health. These also include the important concepts, symptoms of trauma, theories of crisis and trauma, psychological trauma assessment, trauma response and PTSD, and resilience. These knowledge would strengthen the confidence of counsellors while conducting trauma counselling session whereby counsellors need to offer psycho education to clients in order to educate them on the risk of PTSD. As such, the findings of this study would motivate counsellors to improve their competency as in congruent with study (in terms of competency) by Jackson and Fraser (2009). Jackson and Fraser had conducted a study on knowledge and attitude of midwives towards their care on sexually-abused women. Based on their study, most midwives (n=207, 56%) were not ready to handle sexual-abused disclosure from the victims, while 109 midwives (29%) were unsure if they have the ability to handle the disclosure. Only a small number of midwives are knowledgeable on sexual-abused and have the experience to

handle such situation effectively. As such, counsellors must be equipped with solid knowledge concerning the issues faced by their clients so that they could offer the best assistance which would fulfil the need of the patients/client.

Apart from knowledge, skills are also an important aspect in counselling. In this study, one of the sub constructs of competency, namely skills are related to the aspect of trauma counselling competency which include general competency such as 1. Knowledge and skills to recognize the specific needs and desire of traumatized victims; and 2. Knowledge and relevant relationship or network to make necessary reference. On the other hand, the aspect of mental health counselling competency includes knowledge, skills and application related to these aspects: 1. Positive and negative mental health; 2. Mental illness and mental disorder; 3. Risk and security factors; and 4. Coping skills and resilience.

These findings are in congruent with the Spencer and Spencer Ice Blocks Competency Model approach (1993), in which knowledge and skills to carry out a task are some of the required qualification to hold a position and these are important in order to carry out a task effectively. As such, knowledge competency and understanding in trauma counselling could be acquired from the experiences gained through professional and technical training such as the MHTC workshops. Furthermore, these knowledge and skills are practised in real world and the differences of each individual could be assessed from one person to another.

Besides, these findings also indicate that in order to increase the effectiveness of a counsellor to assist clients with traumatic experience, the most important aspects include awareness, positive and optimistic attitude apart from the necessary knowledge and skills so that the therapeutic result of the counselling which aims to reduce symptoms of trauma from every aspect such as affective, cognitive, and attitude could be achieve. These aspects include awareness and attitude, knowledge and skills in the components of crisis and trauma, mental health, and counselling and psychology (Samsiah, 2008).

## **7. Implications**

This study provides several implications in terms of theory, counselling practises as well as in the counsellor education. In Malaysia, the development of MHTC module and its' effects towards the competency of MHTC practices have not yet been practise systematically or comprehensively; hence, the results of this study would directly enhance the present theories on crisis and trauma counselling as well as solidify the counselling knowledge based on mental health, trauma and traumatic stress.

Besides, this study also suggests a module-based training approach (such as the Mental Health and Trauma Counselling Module) which can be used to improve competency of counselling practices. Furthermore, this MHTC module-based approach can serve as a main backup plan to other researcher and developers in the process of module-making, to examine the validity and reliability of a module, and to observe the effect of the module. The same method has been practised by previous researchers to design training module related to counselling and trauma to train the counsellors, social workers and those involved in the helping services in order to enhance their skills so as to effectively assist the traumatized victims (van Houten & Tom, 2006; McEvoy & Ziegler, 2006; Jordons, 2002; International Planned Parenthood Federation, 2002).

This study has successfully translate research and theory into practical practices based on the development of MHTC module to improve counsellors' competency in terms of knowledge, skills and awareness related to mental health, trauma, and trauma counselling. Trauma counselling is a specific field in which counsellors are required to attend certain training in order to make sure that they are qualified to manage counselling session for traumatically stress cases. As such, the MHTC module from this study can serve as an approach or alternative to assist counsellors to manage trauma counselling session effectively. The techniques and process within the module can be used as guidelines to avoid 'secondary trauma' or 'retraumatization' to clients, which would then result in a therapeutic outcome.

The needs of such module in the field of counselling does not only serve to fulfil the standard of competency of trauma counselling, but also to fulfil the current need nowadays where there are increasing traumatizing incidents and emergencies. Counsellors would realize the importance of maintaining a positive mental health and good self-care emotionally and physically with the guidances provided by this module. This is in congruent with most of the other trauma counselling models produced by several researchers who have inspired the counsellors (Powers, 2006; Eagle, 1998; Hobfoll, 1991; Egan, 1998; Prout and Schwarz, 1991; Lewis, 1999; Du Tolt, 2002; Goleman, 1995; Greenberg, 2002).

Finally, the development of MHTC module is based on the development model in the module by Russell (1974) which was later adapted from Sidek and Jamaludin (2005). The findings of this study indicate that the validity and reliability values of the MHTC module is higher than level .60 with .947; therefore, this module is assumably a complete module to train counsellors in order to improve the competency level of counsellors in mental health and trauma counselling (Samsiah et al, 2014). Based on literature review, the component of mental health and trauma is both relevant and needed in the counselling and psychotherapy services (Eagle, 2003; Foa &

Friedman, 2000; Marotta, 2000; Chu, 1998; Hembree, 1997; Briere, 1996; Meichenbaum, 1994; Ryle, 1990; Wachtel, 1977). Besides, previous studies have also solidified the importance of mental health component within the curriculum of counsellor education (Abdul Halim Othman, Md Shuib Che Din and Sapora Sipon, 2000; Bradshaw et al, 2006; Ng Lum Ki, 2005; Green, 2011).

## **8. Summary**

Lately, people all around the world are continuously surprised with earth-shaking news such as natural calamities, wars, economy and political crisis, horrifying tragedy, disease outbreak, and other significant incidents which would surely leave deep impacts and traumatic experiences to the lives of most victims. As such, the roles of counsellors and those involved in the helping profession are critical during these emergencies. However, in order to provide efficient counselling services, counsellors must be competent in recognizing, diagnosing and treating patients. As such, these groups of professional such as counsellors must equip themselves with knowledge, skills and technique/strategies of handling trauma and crisis cases because these services, whether effective or less effective, would leave a deep impact to the wellbeing of the lives of traumatized victims. As a result, the Mental Health and Trauma Counselling module is developed and its' reliability tested; thereafter administered to a group of school counsellors in order to examine its' effects towards the competency of counsellors. The results of the study indicate that the MHTC module is significantly efficient in improving the competency levels of trauma counselling practises among counsellors attending the MHTC workshops. These improvements include the aspects of knowledge, skills and awareness in managing the trauma counselling session. As such, this study hopes to have contributed whether conceptually or practically towards improving the competency of mental health and trauma counselling among the school counsellors. Lastly, further studies in mental health and trauma counselling must be improved from time to time as an accessible knowledge to the counsellors and those involved in the helping profession within the human development.

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## **References**

- Abdul, H. O., Md. Shuaib, C. D., & Sapora, S. (2000). Latihan kaunseling di Malaysia: Satu ulasan dan cadangan. *Jurnal PERKAMA* 8, 137-151.
- American Counseling Association*. (2014). *ACA code of ethics*. Alexandria, VA: Author. Retrieved from <http://www.aca.org>.

American Psychological Association. (2002). Ethical principles and code of conduct. *American Psychologist*, 57, 1060–1073.

Bradshaw, T., et al. (2006). Developing mental health education for health volunteers in a township South Africa. *Primary Health Care Research and Development* 2006; 7: 95 - 105.

Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC)*. Odessa, FL: Psychological Assessment Resources.

CACREP (2009). *2009 standards for accreditation*. Alexandria, VA: Author. Retrieved from <http://www.cacrep.org>.

Beck, J.G., & Sloan, D.M. (2012). *The oxford handbook of traumatic stress disorders*. New York: Oxford University Press.

Cook, J.M. & Newman, E., (2014). A consensus statement on trauma mental health: The new haven competency conference process and major findings. *Psychological Trauma: theory, Research, Practice, and Policy*, 6(4), 300-307

Courtois, C.A. & Gold, S.N. (2009). The need for inclusion of psychological trauma in the professional curriculum: A call to action. *Psychological Trauma: Theory, Research, Practice and Policy*, 1(1), 3-23.

Christensen, L. (2000). *Educational Research: Quantitative and Qualitative Approaches* (1st Edition). Allyn & Bacon.

Chu, J. (1998). *Rebuilding shattered lives*. New York, NY: John Wiley & Sons.

Du Toit et. al., (2002). Specialisation topics in trauma counselling. Dalam: Roos, V., Du Toit, R & Du Toit,

M.A. (Eds.). *Counsellor guide in dealing with trauma, death and bereavement*. Pretoria: Van Schaik.

Eagle, G T. (1998). An integrative model for brief term intervention in the treatment of psychological trauma. *International Journal of Psychotherapy* . 135-146.

Egan, G. (1998). *The skilled helper: a problem-management approach to helping*. 6th ed. New York: Brooks/ Cole

- Foa, E. B., Keane, T. M., & Friedman, M. J. (Eds.). (2000). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. New York: Guilford.
- Goleman, D. (1995). *Emotional intelligence*. New York: Bantam Books.
- Green, G. (2011). Developing trauma training for an indigenous community: Hopefully not seagulls. *Australian Social Work*. Vol. 64, No. 2, pp. 215-227.
- Greenberg, L.S. (2002). *Emotion-focused therapy: coaching clients to work through their feelings*. Virginia: American Psychological Association.
- Hembree, S. E. (1997). *Parental contributions to young children's sibling relationships*. Doctoral dissertation, University of Wisconsin-Madison, 1996.
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention; Empirical evidence. *Psychiatry*, 70, 283\_315.
- Jordans, M. J. D. (2002). *Specialized training manual in psychosocial counselling for trafficked youth*. IPEC Trafficking in Children-South Asia (TICSA).
- Jamaluddin, A. (2002). *Kesahan, kebolehpercayaan dan keberkesanan modul program maju diri ke atas motivasi pencapaian di kalangan pelajar sekolah negeri Selangor*. Tesis Dr. Fal. Universiti Putra Malaysia.
- Jackson, K.B., Fraser, D. (2009). A study exploring UK midwives' knowledge and attitudes towards caring for women who have been sexually abused. *Midwifery*. 25(3), Pages 223-336.
- Layne, C.M., Strand, V., Popescu, M., Kaplow, J.B., Abramovitz, R., Stuber, M., Amaya-Jackson, L., Ross, L., & Pynoos, R.S. (2014). Using the core curriculum on childhood trauma to strengthen clinical knowledge in evidence-based practitioners. *Journal of Clinical Child & Adolescent Psychology*, 43(2), 286-300.
- Lewis, S. (1999). *An adult's guide to childhood trauma understanding traumatised children in South Africa Cape Town*: David Phillip.
- Lonergan, B.A., O'Halloran, M.S., & Crane, S.C. (2004). The development of the trauma therapist: A qualitative study of the child therapist's perspectives and experiences. *Brief Treatment and Crisis Intervention*, 4(4), 353-366.



- Litz, B.T. & Salters-Pedneault, K. (2008). Training psychologists to assess, manage and treat posttraumatic stress disorder: An examination of the National Center for PTSD Behavioral Science Division training program. *Training and Education in Professional Psychology, 2*(2), 67-74.
- Marotta, S. A. (2000). Best practices for counselors who treat posttraumatic stress disorder. *Journal of Counseling & Development, 78*(4), 492–495.
- McEvoy, M. & Ziegler, M. (2006). *Best practical manual for stopping the violence*. Counselling Program in British Columbia. Department of Justice Canada.
- Meichenbaum, D. (1994). *A clinical handbook/practical therapist manual for assessing and treating adults with post-traumatic stress disorder (PTSD)*. Waterloo, ON: Institute Press.
- Ng Lum Ki. (2005). Latihan kaunseling di Malaysia. \_\_\_\_\_.
- Powers, L.F. (2006). *Community Counsellor Training Kit. Basic Counselling Skills: Participant Manual*. Family Health International and LifeLine/ChildLine, Namibia.
- Prout, M.F. & Schwarz, R.A. (1994). Posttraumatic stress disorder, a brief integrated approach. *International Journal of Short-Term Psychotherapy 6*: 113-124.
- Rusell, J.D. (1974). *Modular instruction: a guide to the design, selection, utilization and evaluation of modular materials*. United States: Publishing Company.
- Samsiah, M. J. (2008). *An integrative approach to trauma counselling*. Doctoral seminar paper presentation. University of South Australia, Australia.
- Sidek, M. N., & Jamaluddin, A. (2005). *Pembinaan modul: Bagaimana membina modul latihan dan modul akademik*. Serdang: Penerbit Universiti Putra Malaysia.
- Samsiah, M. J., Mohammad, N. B., Mohammad, A. S. M. A, Rahmatullah Khan, A. W. K., & Sapora, S. (2014). *Pembinaan model integrasi kesihatan mental dan trauma sebagai strategi peningkatan kecekapan amalan kaunseling kesihatan mental dan trauma di Malaysia. Fundamental Research Grant Scheme*. Kementerian Pendidikan Tinggi Malaysia.
- Solomon, S. D., & Johnson, D. M. Johnson (2002). Psychosocial Treatment of Posttraumatic Stress Disorder: A Practice-Friendly Review of Outcome Research. *JCLP/In Session: Psychotherapy in Practice, 58*(8), 948.
- Spencer, L. M. & Spencer, S. M. (1993). *Competence at work*. New York: Wiley.

Van Houten, H., & Tom, K. (2006). *Trainer's manual for rape trauma counsellors in Kenya*. Ministry of Health, Kenya.

Wachtel, P.L. (1977). *Psychoanalysis and behavior therapy: Toward an Integration*. New York: Basic Books.