

**E-PROCEEDING (EXTENDED ABSTRACT)
MARITAL AND SEXUALITY COUNSELING SEMINAR
MASEC 2021
UNIVERSITI SAINS ISLAM MALAYSIA**

*“Keluarga Sejahtera: Cabaran di Abad 21”
“Family Well-Being: Challenges in the 21st Century”*

22 SEPTEMBER 2021

Organized by
Counseling Programme, Faculty of Leadership and Management
In collaboration with
Sa'adah Counseling and Consultation Centre for Wellbeing
(Sa'adah Centre)

MASEC 2021

Marital and Sexuality Counseling Seminar



Sa'adah
Sa'adah Counseling and Consultation Centre for Well-being

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MASEC 2021

Universiti Sains Islam Malaysia (USIM), Nilai, 71800 Negeri Sembilan.

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Editors:

Dr. Abdul Rashid Abdul Aziz (Chief Editor)

Noor Isma'Alya Hasbullah

Nor Nazhirah Zaidi

Nur Anati Izni Zakaria

Nur Adibah Roslan

Nur Syamimi Syahirah Zulkiflee

Nurun Najihah Musa

Aghesna Rahmatika

MASEC 2021

Marital and Sexuality Counseling Seminar



FOREWORD

HEAD OF COUNSELING PROGRAMME



Assalamualaikumwarahmatullahi Wabarakatuh.

Marital and Sexuality Conference (MASEC) is a bi-annual event that is organized by Counselling Program in the Faculty of Leadership and Management, Universiti Sains Islam Malaysia. The conference is a relevant platform for researchers, practitioners, educators, and students; both postgraduates and undergraduates in the field of counselling, psychology as well as social work and human services to gather, share and exchange their knowledge and experience. For the first time, the MASEC 2021 was conducted in the form of virtual via online means. The event was also an opportunity for those who are interested to present the cases that they have dealt with during counselling sessions amidst the pandemic when tele-counselling is still new to many.

Marriage and family issues during the enduring COVID 19 pandemic has marked a turn to the essential role of counsellors and practitioners in the field. Cases of violence, negligence, separation and divorce, mental health, aggression, and addiction in the family institution are extensively reported as the after-effects of the pandemic. Counsellors and practitioners in the field are also experiencing a difficult time in rapidly adjusting to the new modality of counselling sessions.

The compilation of reports and cases in the conference is hoped to be of help for the counsellors to add to their knowledge and references to continue effectively playing their roles in prevention, intervention, and treatment plan in a safe and protected manner. Selected papers and cases relevant to the issues of family and marriage counselling are compiled in this abstract proceeding is aimed to help and guide counsellors in exchanging information. It is hoped that the compilation is fruitful to all relevant parties.

Thank you.

Dr Nurhafizah Mohd Sukor
Head of Counselling Programme
Faculty of Leadership and Management
Universiti Sains Islam Malaysia

MASEC 2021

Marital and Sexuality Counseling Seminar



FOREWORD

COORDINATOR

MARITAL AND SEXUALITY COUNSELING SEMINAR
(MASEC 2021)



Assalamualaikumwarahmatullahi Wabarakatuh.

Praise to Allah s.w.t for His abundance of blessings, the *Marital and Sexuality Counselling Seminar* (MASEC 2021) has been successfully organized. This program is synonymous with Universiti Sains Islam Malaysia (USIM). It is an initiative inspired by Counseling Programme & Saadah Center to promote family well-being in Malaysia. "Keluarga Sejahtera: Cabaran di Abad 21" was the theme for MASEC 2021.

The seminar focuses on the challenges facing by families in the 21st century which highlight the aspects of counseling in building a prosperous family, as well as sharing local case studies in an effort to provide knowledge and exposure to counselors, psychologists, physicians and the community involved with the issue related to family. In addition, the seminar also opens up opportunities for participants to produce innovative works/products in the form of videos related to designated themes.

Nowadays, we can see the collapse of family institutions emerging from the stressful life environment. Stress is a person's physical, emotional and mental response to any changes or demands. Hence, it is the obligation of counsellors in guiding the community to manage their family in facing the stress through a proper way. Indeed, MASEC 2021 is viewed as an amazing platform for implementation, and participation by counsellors as well as the public in imparting skills improvement, knowledge as well as experience to the participants. Hopefully this seminar can provide knowledge and benefits, especially in ensuring the well-being of family institutions in Malaysia.

Before concluding this speech, I want to congratulate all participants and committee members of MASEC 2021. The success of the seminar is the result of the high commitment and dedication of the committee members, and not forgetting the authors, presenters and participants who have given their best through participation in MASEC 2021. Infinite thanks to the lecturers and students of Faculty of Leadership and Management (FKP) as a main force of MASEC 2021.

Thank you.

Dr. Nor Hamizah bt Ab Razak
Coordinator,
Marital and Sexuality Counselling
Seminar (MASEC 2021)

MASEC 2021

Marital and Sexuality Counseling Seminar



FOREWORD

CHIEF EDITOR

MARITAL AND SEXUALITY COUNSELING SEMINAR
(MASEC 2021)



In the name of Allah, Most Gracious, Most Merciful

All the praise to Allah, The Almighty and The Most Glorified, the e-Proceeding with the theme of “Keluarga Sejahtera: Cabaran di Abad 21” can be published. The e-Proceeding (Extended Abstract) contains 18 papers covering various aspects of life in Malaysian society including mental health issues, social problems, sexuality, marriage, addiction and technology. In the widespread and seemingly endless pandemic COVID-19, this seminar indeed provides a platform for dialogue and discussions between academicians, researchers, counselors and graduate students to address current issues, challenges and opportunities across counseling fields in relation to marriage, family and sexuality issues.

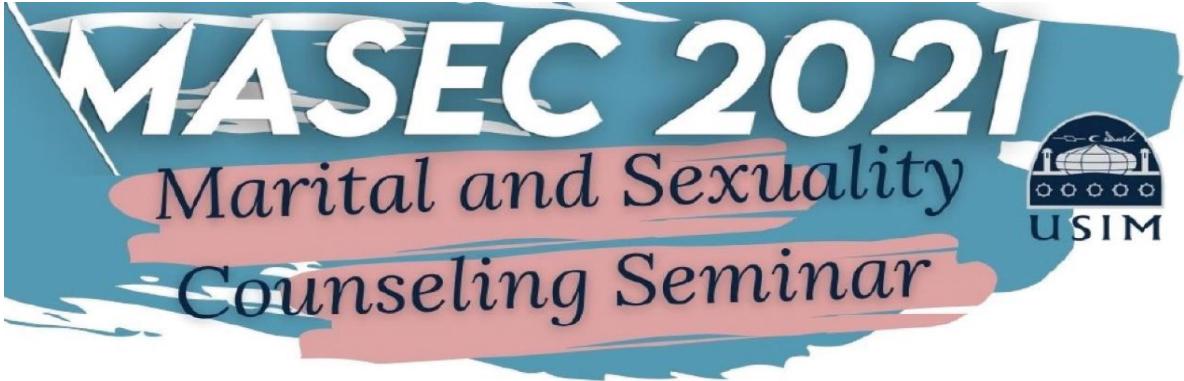
This paper has gone through a detailed level of screening and was reviewed by certified evaluators. This collection of paperwork in this e-Proceeding is useful as a:

1. Reference sources for handling counselling cases involving mental health issues, marriage, sexuality and drug addiction
2. Guideline in deciding the best methods in finding a solution to solve the problem faced by clients.
3. Platform to the world of counseling in strengthening counseling skills and techniques which can be obtained by counselors when facing the critical issues in counselling sessions.

I am very honoured and would like to thank the committee members of MASEC 2021 who involved in the editing process of the e-Proceeding. Words of appreciation and thanks are also addressed to the Counseling Program, the Faculty of Leadership and Management as well as University Sains Islam Malaysia (USIM) which provide a very encouraging cooperation throughout the issuance period of the e-Proceeding. Not to forget, many thanks to Sa'adah Centre who makes all the effort for the e-Proceeding publication comes true. Hopefully, it can be disseminated to community and benefit others in finding the best solutions for conflicts that plague in ourselves, family, friends and surrounding communities.

Thank you.

Dr Abdul Rashid Abdul Aziz
Chief Editor,
Marital and Sexuality Counseling
Seminar (MASEC 2021)



INTRODUCTION

Marriage is one of the most important relationship that every human being has, where it involves the commitment of emotional aspects between men and women. It is a relationship which warrant the individual to fulfill the need in terms of material, sexual and psychological aspects. This relationship has a clear goal to develop a happy and permanent family institution towards the 'redha' from Allah SWT. It is known that a family institution needs to be built and create based on Al-Quran and Al-Sunnah to ensure the harmony of the household. In addition, the Prophet Muhammad PBUH is a best role model to each Muslims in forming a mindful and happy family based on the right path. In the Al-Quran, it has been stated in surah Al-Furqan verse 74 which means:

"Oh, our God! Give us our wives and our descendants as comforters and make us leaders for the righteous."

To unravel the meaning of family, the researcher and the society reach a consensus that building a family is an important asset in shaping a harmony society and the country in the realm of modernity. Without this family institution, the existence of a peace nation will not be achieved. Hence, to achieve the level of a happy family, parents need to play an important role in developing their children at an early stage of life by guiding them morality.

Recently, the issues of family fragility are frequently mentioned in newspaper and mass media. Every family has their own challenges, but if these issues cannot be curbed from the beginning, they can lead to many social problems such as divorce, child abuse, domestic violence etc. A troubled family originated from the family members who are experiencing crisis within themselves and family. Many recent studies revealed that family crisis start from the stress experienced within its members.

Hence, MASEC 2021 takes the initiative to publish the e-proceeding as a compilation of case studies conducted by researchers on issues related to family matters in Malaysia. As an addition to the issues of marriage and family, this e-proceeding also touched the issued regarding drug addiction and mental health. In fact, mental health issues cannot be neglected as it can destroys individual's happiness and well-being. In conclusion, hopefully this e-proceeding can provide enlightenment to the community to have better understanding pertaining to problem related to family. This e-proceeding can also be as a guideline in helping people to achieve a sustainable happiness and in further creat a harmony and peaceful country.

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COUNSELLING INTERVENTION TO INMATES
(Intervensi Kaunseling Kepada Banduan)

Muhamad Naim Bin Hj Amir¹, Muhamad Isa Amat²

^{1,2}Faculty of Leadership and Management, Universiti Sains Islam Malaysia

muhamadnaimamir@gmail.com (corresponding author)

1.0 INTRODUCTION

Client's Background

The client is a 42-year-old who is serving a prison sentence in Jelebu Prison after being sentenced under drug offense for 2 years. The client is a third child of 6 siblings and the only son in the family. He has 2 youngest sisters that down syndrome. The client higher education is degree in hospitality from UITM and still bachelor. Clients started involved with substance abuse at the age of 19 due to focusing on study. The client was involved in a road accident until coma for 3 months at 2005 and started taking methamphetamine after recovering from injuries and trying heroin after being released from prison at 2010 due to influence by his uncle.

Client's Problem Background

Client's relationship with his father was not good when he was 10 years old. While studying at UITM, the client had the girlfriend studying in the same faculty and class with him. Clients are considered to have an advantage in the academic field because they often get excellent results in exams as well as strong financial ability. Due to substance abuse, client gets a supply of cough medicine domicom from his girlfriend's sister. The client started taking methamphetamine and heroin after being introduced by his good friend and uncle. He was found to have soul wound of his father for more than 30 years.

Objectives

This study was done to look at the effectiveness of counselling intervention, specifically on addiction and relationship with his father.

2.0 LITERATURE REVIEW

PCC theory is the principle of the ability to listen, accept the client without making any judgment (Othman Mohamed, 2005). When the counsellor listens and accepts the client without making any judgment, when the counsellor wants a client to change his behavior. In this theory, a client is believed to have a parallel responsibility and the power to direct himself for the happiness of his life. Gestalt talking about the past is useless because it has already happened and cannot be changed anymore (Corey, 2005).

In this case, Rational Emotive Behavior Therapy (REBT) is used to help client to dispute his irrational thinking of his father. Rational emotive behavior theory (1993) also pioneered by Albert Ellis. This theory focuses on thinking, assessment, determination, analysts, and action. This theory is based on the view that the cognitive, emotional and behavior interact significantly, and the relationship between cause and effect. REBT basic hypothesis is that emotions are made up of beliefs, evaluation, interpretation, and reaction from a person's life. Clients will learn how to replace thoughts that are not rational and effective to permanently change their emotions to the new situation. REBT approaches assert that people do not need to be accepted and loved, even though this may to high desirable (Gerald Corey, 2008).

In addition, the counselor used the "Motivational Interviewing" (MI) approach as an intervention and counseling treatment to reduce the client's addiction to methamphetamine and heroin. MI is used by counselors to dig out and strengthen the client's internal motivation as well as more intervention to help and guide the client. The theory used is Motivational Interviewing (MI) based on basic MI skills (OARS).

3.0 METHODOLOGY

This case study is based on individual counseling interventions periodically for 3 sessions and uses document analysis methods related to questionnaires and psychometric tests related to addictions. Counselors have used the application by psychometric tools namely drug abuse screening test (dast-20) and Stage of Change (SOC) Counselor applied Rational Emotive Behavior Therapy (REBT) which assist client to dispute his irrational thinking. During first session, psychometric tools was applied to the client. The Drug Abuse Screening Test (dast- 20) revealed the score of 4. In the case of this client, the results show that client is not addicted to getting a score of 4 which is "not addiction". The client has gone through an effective rehabilitation process throughout his sentences at Jelebu Prison. The recovery period of 2 years greatly affects the client.

While the Stage of Change (SOC) Test is a test that needs to be implemented according to the phase and level of change in inmate behavior. The basis of the change assessment was measured through the University of Rhode Island Change Assessment Scale (URICA) Screening Test which had to be done during the second session. There are 5 stages of change, namely pre-contemplation, contemplation, preparation, action, and maintenance. (Emilia, Mohamad Isa et.al, 2018). Counsellors need to do this test at the initial session such as the first and second sessions to find out the scale of the client's level of change. Therefore, improvements to the use of this SOC test should be done at least twice in the intervention at the beginning of the session and the end of the session to see the development of client progress in the scale of change. In this counselling intervention, the counsellor only used this test once in the second session only and the SOC test results showed that the client was in the preparation stage with a total score of 12. The results show that he may intend to change his addiction. This SOC test is used in counselling interventions through the Motivational Interviewing (MI) approach.

4.0 RESULTS AND DISCUSSION

In this first session, entertaining skills and listening skills are important in this PCC approach so that counseling interactions are more effective and help in reducing client anxiety in stating the key issues discussed together. Then, the counselor will use the Theory of Rational Emotive Behavior Therapy (REBT) and "Motivational Interviewing" (MI) for the next session to explore the issue of the use of unfinished business with his father and substance abuse.

During first session, the client is quite passive and alert with each of his speeches. However, after gaining a level of comfort with the counselor, the client began to talk about the family and the beginning involve with drugs. At the second session, the counselor used "Motivational Interviewing" (MI) approach as an intervention and counseling treatment to reduce the client's addiction to heroin and methamphetamine. The counselor focused on the ambivalent doubts of the client and states "change talk" for the client. Based on the strategy "Change Talk" is like the client needs to express the desire to change by changing the desire from weak to strong such as "I hope things will change" to "I will change. Using REBT in this session also help client to dispute his irrational thinking of his father.

The termination of the session indicates that the client can understand the given technique and is able to practice it in his life. Furthermore, client began to realize that his father was always concerned about him and other siblings. However, because the divorce status is hidden by the parent, it has a lasting effect on all parties. Therefore, Long-term goals can help prevent clients from getting caught up in drug addiction in the future through means of evolution using MI i.e., counselors try to help clients change external motivation to internal motivation. The technique used is DARN-CAT (Desire, Ability, Reasons, Need, Commitment, and Activation, Taking steps).

5.0 CONCLUSION

Overall, it can be concluded that the counselor's relationship with the client is very good since the beginning of the counseling session. I have used a variety of interviewing and observation skills during the counseling process. Interviewing and observation skills are essential for the counselor to master to build relationships and understand the client's self. Counseling, psychotherapy, and interviews are necessary in the relationship with the client. All of this can help the client discuss the issues brought up

and understand his or her life history (Ivey, 2007). In addition, I have also used three theories as a basis in understanding the client's problems, the theory of Person-Centered Client (PCC), Motivational Interviewing (MI) and Rational Emotive Behavior Therapy (REBT). These three theories aim to drive clients towards more mature thinking as well as a prevention of substance abuse addiction. There is also a limitation in this case study that counseling sessions were conducted by Master Counseling trainee counselors in a short period of time due to the standard operational procedure (SOP) in facing the impact of covid-19 in the new norms of counseling interventions. During the session, counselor need to wear full Personal Protection Equipment (PPE) to make sure there are zero contact to both parties. In addition, follow-up action cannot be taken to see the client's future development and after care follow up can be arranged to take follow- up action in accordance with the client recovery plan.

THE USE OF MOTIVATIONAL INTERVIEWING (MI) IN INCREASING INSTRINSIC MOTIVATION IN PREVENTING RELAPSE ON METHAMPHETAMINE DRUG USER
(Penggunaan temubual motivasi dalam menghalang relaps ketagihan syabu)

Nazlan Ibrahim¹, Abdul Rashid Abdul Aziz² & Muhamad Isa Amat³
^{1,2,3}Faculty of Leadership and Management, Universiti Sains Islam Malaysia

rashid@usim.edu.my (corresponding author)

1.0 INTRODUCTION

Client's Background

Shah (not his real name), is 37 years old, Malays, Muslims who lives in Rawang, Selangor. He has 4 children. He divorced his wife four years back. Following that, the client started to involve himself with methamphetamine drug addiction. In the beginning, he took the drug just to help him to forget the grief resulting from divorce. On top of that, the client had financial problems leading the client to be a drug dealer in a small scale. Writing a case study using this Motivational Interview strategy will highlight 1) the client's background including initial appearance, willingness to change, and triggering addiction, 2) case conception, 3) treatment planning, and 4) treatment implementation

Client's Problem Background

The client began to neglect the responsibility of providing the needs for his children living with his ex-wife. During the period of drug addiction, the client has behavioural problems and loses focus on life as well as being irresponsible towards the family as well as neglecting all the responsibilities that should be borne as a child, and a father. Finally, in 2020, the customer was arrested for repeated drug-related offenses and is currently serving a 3 -year prison sentence and will be released in November 2021.

Objective

The objective of this case study is to investigate the impact of drug addiction therapy utilizing the Motivational Interviewing (MI) approach for drug misuse clients undergoing imprisonment in Kajang Prison, Selangor.

2.0 LITERATURE REVIEW

MI strategies are used to help solve problems faced by clients. This strategy is client-centered, has assumptions, passion, and purpose that can generate changes in client behavior voluntarily according to a set of "stages of change" (Prochaska & Norcross, 2004). Humanistic centralization strategy but this directive is a counseling strategy to change addictive behavior through the exploration and resolution of uncertainties or ambiguities that exist within the client. In addition, the factor of change in client behavior is also seen through natural changes that is an increase in internal strength manifested through changes in speech (Puteri Hayati, 2015). The MI relationship process involves engaging, focusing, evoking and planning.

The MI strategy emphasizes on collaboration between the client and the counselor because the interpersonal relationship between the two can help encourage change in the client's behavior. Counselors need to unconditionally accept the client as this factor will help remove the stigma that haunts the client's self. The client will feel accepted and given the opportunity to improve. Another factor that help to chnge behavior according to this strategy is to dig out the hope, enthusiasm, and self-efficacy that is already in the client

3.0 METHODOLOGY

The client's problem is feeling unsure to stop taking drugs due to the harassment of old friends who were both addicted to drugs before. Based on the perspective of MI, the client faces the problem of not being confident to stop taking drugs is due to the problem of uncertainty or ambiguity which is an internal conflict experienced by the client or called psychological difficulties. To help users change behavior, any uncertainties must be resolved. Discussions of harm and pleasure thoughts that are compiled with peers need to be focused on by the counselor so that ambiguity can be addressed. The

following framework needs to be understood and appreciated by counselors for the purpose of client change goals. The client began to neglect the responsibility of providing for the 4 children living with his ex-wife. During the period of drug taking, the client has behavioral problems and loses focus on life as well as being irresponsible towards the family as well as neglecting all the responsibilities that should be borne as a child, and a father. Finally, in 2020, the customer was arrested for repeated drug-related offenses.

4.0 RESULT AND DISCUSSION

Based on the MI strategy, in general, the goal of the change to be achieved is to overcome the problem of ambiguity or uncertainty of the client. Uncertainty is an internal conflict experienced by clients. MI strategy during the treatment process is based on 4 processes, namely 1) engaging, 2) focusing, 3) evocation, and 4) planning. Through this treatment process, problems will be addressed and changes in client behavior can be generated. The problem of Shah's case, the goal of change that has been known to surely help consumers improve consumers to stay recoverable with the problem of uncertainty. Conflict construction is needed by the counselor because the result will be a voluntary change in the client's behavior. Conflict construction aims to explain the uncertainties that occur within the client's client through an analysis of the question of behavior with the purpose as well as the value desired by the client (recovering and not taking drugs). The discrepancy (or behavioral gap between current behavior and recovery) can also be overcome by looking at the importance of change. MI strategies help explain uncertainty through the client's own self and not through coercion (Miller & Rollnick, 2002). This involves the identification and clarification of goals and values that conflict with current behavior. Conflicts will raise awareness to the client about the consequences of not being confident to quit addiction will bring misery to the client's self, family and life. MI also argues that if discrepancies can be built, then clients will be able to increase self-efficacy, be able to voice reasons and intentions to change voluntarily.

First Session - (Building relationships and structuring): During this session, client stated that he wanted to change but in view of the interference from old friends leading the client to have no confidence to recover. This uncertainty is an uncertainty which is considered normal in any client recovery process (Miller & Rollnick, 2013). To confirm the client's willingness to change, the counselor used a readiness ruler and the client chose a scale of 10. However, on the client's observations and language, the counselor felt the client was at level 5-6 i.e. did have intentions or was considering change, (Contemplation stage). The client is hesitant to change because he still feels that syabu benefits him.

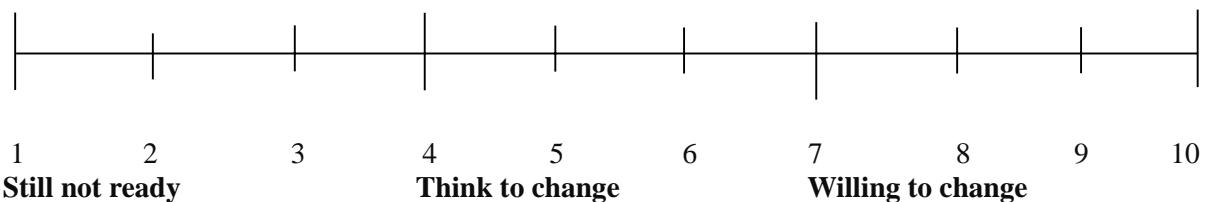


Figure 1: Readiness Ruler

Readiness Ruler Description:

1-3: I have no problem with drugs right now, so no need to change

4-6: I have a problem with drugs and I should think about it

7-10: I really want to stop using drugs

Second Session- Problem Exploration (Focusing process): The client was found to be unable to control his drug use and it was very difficult to live without drugs, thus affecting the client's life. In this session the client is helped to resolve uncertainty or ambiguity through an exploration of the dangers of drugs. At the end of the session, the counselor summarizes the discussion of the third counseling session. A lot of time is spent by the counselor to discuss the suffering (consequences) so that the

ambiguity can be eliminated and will directly increase the client's confidence to change the behavior. Among the hardships faced by Shah such as disharmony in his family relationship, not being responsible for the family and losing his job, the mother did not believe in herself and suffered from health problems. Financial problems are also a big issue in a client's life as most of the money is used to procure drug supplies.

Third Session - Problem Solving (Evocation process): This Evocation process is followed by a discussion to identify barriers that are interfering with the client's efforts to make behavioral changes. Discussions give the main focus to planning for the client to avoid getting stuck again and help increase the client's confidence to stay recoverable. In addition, the counselor also helps the client identify the supportive individuals around the client. Identifying these significant individuals is particularly important because they become a network of supporters when clients feel lonely. At this session, the client acknowledges the need to avoid old friends if the client wants to recover.

Fourth Session - Problem Solving (Evocation and Planning process): After the client recalled what had happened in the third session, the client was helped to identify the trigger situation that generated the client's desire to use drugs. In addition, also the discussion is focused on the perception of the desired effect by the client (fun, acceptance, relief, strong etc.). This discussion helps the client build a plan to deal with the trigger situation. The trigger situation for Shah is related to the presence of old friends. When looking at old friends, a sense of fun manifests in his head and this is what strengthens his feeling to take drugs. The counselor-client discussion revolved around how the sense of fun experienced (when looking at old friends) can be replaced by a negative image (handcuffed by police, taken to jail, flogged, and mother crying). The process of converting a fun effect to a horror effect resulting from an identified trigger (seeing an old friend) takes a long time and involves imagery techniques. This process involves the conversion of image representations in the client's mind because of the effect of thought -related triggers.

Fifth Session - Action (Planning process): Next, the discussion of this fifth session focuses on helping the client increase his confidence so that the client is able to change his behavior (make a plan). Discussion on the strengths and successes achieved by the client before that is able to grab tenders and compete with reputable companies (when the client worked first). Based on observations, counselors can feel that clients are ready to change through 1) increased client conversational change, 2) reduced discussion of problems and 3) clients often show curiosity about what to do if they want to succeed (Puteri Hayati 2015). Clients also ask for information related to individuals who have been addicted but have now succeeded in their lives in order to be emulated.

An assessment of the client's level of variable readiness at the eighth session was performed to compare with the current client's level of variable readiness at the beginning of the previous session. In this session, the client mentioned a lot about his self-confidence to stop addicted and put a scale of 10 . The client is confident and ready to change. The counselor feels that the client is in the Preparation stage compared to the Contemplation stage at the beginning of the previous meeting session based on the following characteristics, namely 1) the client no longer gives various reasons to change, 2) the client is ready to take action, 3) the client no longer showing resistance and 4) many conversational changes. The client also stated that the client should focus on treatment and rehabilitation throughout the period of being a Supervised Person. The focus on family and employment will now continue to be a client's priority and clients strive to avoid old friends who become disruptive to the client's recovery process. Clients also suggest trying to position themselves to remain in a permanent recovery zone.

5.0 CONCLUSION

Based on the above formula, the client has gained mental literacy and the client needs to change his billing behaviour so that the misery does not recur. The use of MI strategies in treatment sessions has been able to help clients eliminate ambiguities related to addictive behaviours, clients are confident to stay recovering and now have concrete plans to not re -addict in the future.

CBT INTERVENTION ON SMOKING CESSATION: A CASE STUDY ON TOBACCO ADDICTION CLIENT

(Intervensi CBT Dalam Berhenti Merokok: Satu Kajian Kes Klien Ketagihan Tembakau)

Mohd Hadith bin Kamaruddin¹, Roslee bin Ahmad² & Muhamad Isa bin Amat³

^{1,2,3}Faculty of Leadership and Management, Universiti Sains Islam Malaysia

hadith81@gmail.com (corresponding author)

1.0 INTRODUCTION

Client's Background

This case study is all about a client named Awi (not a real name) who lives in Raub, Pahang. He married and had 5 kids. He has poor knowledge of Islamic education because he always skipping school. He became addicted to cigarettes as early as 13 years old since school. His smoking activities were known to the family and had been scolded by his parents but ignored even though he had been beaten with a cane by his father. This stubbornness led to his reaching the age of 18 and only then did he recognize the heroine introduced by his friend, Usop. Almost over 15 years wallowing in drug addiction and 2 times he was arrested by AADK. The last time he was admitted to PUSPEN Besut and there this client repented after undergoing rehabilitation based on Islamic Spiritual. There, the client learned to pray, recite, and was finally released in 2017. After more than 5 years the client quit drug addiction and was seen to have the potential to be given responsibilities. Then in 2019, he was appointed as a Peer Staff or PRS to help fellow clients at AADK Raub. Efforts to quit drug addiction don't stop there. Even the client is present to meet the trainee counselor to undergo a smoking cessation counseling session. The client has provided good cooperation throughout the session with the trainee counselor and the desire to reduce cigarette addiction was also expressed at the beginning of the rapport session. Clients started getting involved with cigarettes at the age of 13 (form 1). He wanted to try and have fun because he was influenced by his peers.

Client's Problem Background

Now he has been a heavy smoker by takes 40 sticks of tobacco per day which are two boxes of cigarettes. He thinks that this approach can keep him maintaining abstinence from drugs used. Table 1 shows the frequency of clients smoking cigarettes per day.

Table 1: Frequency of Smoking / Tobacco

Time of Smoking	No. of Smoking (Tobacco)
6 – 9 am	5 sticks
12 – 3 pm	15 sticks
3 – 6 pm	10 sticks
8 – 11 pm	10 sticks
Total (per day)	40 sticks

Based on table 1, shows that the client smokes 40 cigarettes in a day starting in the year he was released from PUSPEN Besut. The client's determination to quit drugs has made the client choose only cigarettes for the client to use as a substitute for drugs. During the time the client worked between 12 noon and 3 pm, the client was seen smoked 15 sticks of cigarettes to focus while working. This is because at this time clients usually take ice/meth drugs during working hours. When this happens until 2020, the client begins to feel stuffy in his breathing and easily tired. As a result, the client begins to feel worried about the situation and begins to think about how to quit smoking.

Objectives

This case study is to see how the client can reduce smoking cigarettes per day, secondly is to explore more how the client himself reduce smoking when he gets bored by changing irrational thinking and behavior by himself, and lastly to help the client making his own decision in maintaining well-being without cigarettes and gain insight as a result.

2.0 LITERATURE REVIEW

Today's hardcore smokers have done something very harmful to almost all the organs of their body as well as those around them who have also inhaled their cigarette smoke called second smokers. This is because according to the Ministry of Health (MoH) based on a study, in a cigarette there are about 4,000 types of toxic substances that are inhaled into the body when a person smoke. Among the harmful contents of cigarette smoke are tar, Tobacco, and carbon monoxide. Therefore, prevention is better than cure is a method of prevention that can also prevent people from being affected by drug abuse in the future. This is because each drug addict is smoking but not each smoker is a drug addict. Still, the smoke has Tobacco a type of drug. The case study of this counseling intervention is hoped to guide AADK counselors in overcoming cigarette addiction among ex-drug addicts. Efforts to quit smoking among ex-drug addicts are strongly encouraged to clean up their image as drug addicts into someone clean from drug addiction indirectly in the eyes of the public.

The size of a cigarette is the circumference of a paper cylinder measuring between 70 to 120 mm (various types according to the country) with a diameter of about 10 mm which contains dried tobacco leaves that have been finely chopped. Cigarettes are burned at one end and burned until the smoke can be inhaled through the mouth at the other end. There are two types of cigarettes, namely refined and unfiltered cigarettes. Filtered cigarettes are made from synthetic fiber foam that serves to filter out Tobacco. Cigarettes are usually sold in box-shaped packaging or paper packaging that is easy to put in a bag. The Malaysian government's efforts to warn smokers are accompanied by health messages that warn smokers about the health dangers of smoking, such as lung cancer or heart attack. However, for hardcore addicts, it is just a decoration on the box (Bahagian Pendidikan Kesihatan, 2017).

The ingredients contained in cigarette smoke are 2 times more Tobacco, 5 times more carbon monoxide, 3 times more tar, and 50 times more chemicals that are harmful to health. Nearly one-fourth of heart disease victims are the result of a smoking habit. According to studies and analysis by European health experts (Boyle P, 1997) pointed out that in every developed country in general, tobacco is responsible for being the cause of death with a percentage of 24% of all male deaths and 7% of all female deaths; this figure continues to show an increase of more than 40% in men in several countries in central and eastern Europe and to 17% in women in the United States. Research conducted in the context of frequency in the field of cigarette smoke composition and chemistry has declined in the last decade. Even so, there are many studies through official data showing that cigarette smoke is a very complex mixture containing about 4800 different compounds (Hoffmann, D., & Hoffmann, I., 1997). According to Hoffmann, D., & Hoffmann, I. (1997), about 100 of these compounds are also known as carcinogens, cocarcinogens, or mutagens. It is a very complex mixture also containing gases such as ozone, formaldehyde, ammonia, carbon monoxide, toluene, and benzene, and about 1010 particles with different sizes in each mL of mainstream smoke. According to Saha, et al, (2007) the leading causes of death especially in industrial society are cardiovascular disease, and atherosclerosis. It stems and starts from Coronary Artery Disease (CAD) which is atherogenesis, which can also cause aortic and peripheral atherosclerotic vascular disease. According to Powell JT (1998), it is currently quite difficult to understand the mechanisms by which smoking affects the development and progression of atherosclerosis, however recent studies have shown that tobacco smoke adverse effects of smoking on endothelial and smooth muscle cell function as well as thrombotic disorders.

In Malaysia, refer to Ministry of Health (MoH), heart disease is the leading cause of death while stroke is the fourth leading killer. Toxins from smoking also have a reaction effect to drugs. It is generally known that smoking can affect the function of several groups of enzymes in the liver and sometimes it can exacerbate the side effects of a drug. Smokers not only endanger their health but also affect the health of those around them. Those who inhale cigarette smoke without smoking from people who smoke are known as passive smokers. For example, children will be prone to lung and heart diseases such as asthma, impaired lung growth, hearing impairment, have low IQ, motor control problems, miscarriage, and death in the womb. Pregnant mothers will also experience adverse implications for the unborn baby such as giving birth to premature babies and underweight babies (Wikipedia, 2020). Tobacco is an addictive tobacco product, a chronic brain disorder. Prolonged use results in physiological dependence as well as a strong urge to use tobacco. This addiction is closely related to the rate at which

Tobacco is absorbed and reaches the brain (Prochaska, 2015). In addition, Tobacco can promote blood clotting (Schaller et al, 2013) and can absorb into the placenta of pregnant mothers whose it will interfere with the developmental process of the baby in the womb. Although, it is not easy to change the behavior of someone who is addicted. This is because behavior modification is a difficult and complex procedure. One of the reasons that behavior change attempts fail is that the person is not ready for change (Prochaska and DiClemente, 1982). Efforts to provide awareness to Malaysians need to continue, especially for those just starting as new smokers.

3.0 METHODOLOGY

Counselors conducted each session using Egan's Skilled Helper Model. According to Egan, Gerard. (1982), Egan's model consists of three stages: The Exploration stage- What is going on? The Understanding stage- What do I want instead? and The Action stage- How will I get it? This method requires the counselor to be an active and engaged observer of the session, by simply ensuring the direction of the best choice of action for the client. With a collaborative combination of the Egan Model Skilled Assistants formed from exploration, understanding, and action, counselors can develop appropriate frameworks for client well-being and therapeutic advancement (Serrao, Ferdie. 2019). This case study is based on individual counseling interventions periodically for 5 sessions and uses document analysis methods related to questionnaires and psychometric tests related to smoking habits and addictions. CBT or Cognitive Behavioral Therapy deals with situations that affect their reactions (emotions, behaviors, physiology) based on psychological constructs interpreted by individuals, more than that the situation itself. According to Judith S. Beck & Sarah Fleming (2021), the CBT perspective also sees people's interpretations may be inaccurate, distorted, or does not help, especially when psychopathology is present. This interpretation, called "Automatic thinking", involves the underlying belief that the individual better understands the will of themselves, others, the world, or the future. The CBT approach is a therapy that will validated using randomized controlled trials distributed in the form of such literature that others can learn, practice, and improve treatment (Beck, 2019).

Trainee counselors have also used the psychometric tools namely the Alcohol, Smoking, and Substance Intake Screening Test (ASSIST) and the Stage of Change (SOC). According to World Health Organization (WHO), the Alcohol, Smoking, and Substance Intake Screening Test (ASSIST) was developed for the World Health Organization (WHO) by a group of international researchers and doctors as a technical tool to help identify early health risks associated with substance use and substance use disorders in primary health care, treatment general medicine, and other conditions. The criteria of using ASSIST are that the condition is a significant problem affecting the health and well-being of the client. According to WHO (2020), three levels of risk readings can be obtained from this screening test, namely: (1) Lower risk; which is clients with an ASSIST risk score of 'three or less' for other substances ('10 or less 'for alcohol) are at low-risk problems related to the use of its materials. They can sometimes use materials, did not experience any related problems its use, and low risk to develop problems related to the use of their materials in the future with their current usage patterns. (2) Simple risk; which is clients scored 'between 4 and 26' for other substances ('11 and 26 'for alcohol) of moderate risk to health and other problems and maybe being experienced some of these problems now. Continued use of this way indicates the possibility of future health and other problems, including possibilities of dependence. The risk increases for those who have a history of the use of related materials problems and dependencies. And lastly, (3) High risk; which is clients who get a score of '27 or high is for any substance including alcohol indicates that high-risk clients depend on the substance and may experience health, social, financial, legal, and rapport problems as a result of the use of their materials. Moreover, the client is having injected medication in the last three months more than an average of 4 times a month may also be at high risk.

While the Stage of Change (SOC) Test is a test that needs to be implemented according to the phase and level of change in client behavior. The basis of the change assessment was measured through the University of Rhode Island Change Assessment Scale (URICA) Screening Test which had to be done during the first pre-session. there are 5 stages of change, namely pre-contemplation, contemplation, preparation, action, and maintenance (Fidancı, İzzet & Ozturk, Onur & Unal, Mustafa, 2017). According to Mohamad Isa et.al, (2018), counselors need to do this test at the initial session such as the first and second sessions to find out the scale of the client's level of change. Therefore, improvements to the use

of this SOC test should be done at least twice in the intervention at the beginning of the session and the end of the session to see the development of client progress in the scale of change. In this counseling intervention, the counselor used this test once in the 5th session only and the SoC test results showed that the client was in the action stage with a total score of 13.86. The result shows that he intended to practically change his behavior in term of smoking addiction problem solving.

4.0 RESULTS AND DISCUSSION

The findings of smoking frequency through the report of individual counseling intervention sessions and as a total of 5 sessions were conducted by the counselor on the client. In the first session, the client admitted to smoked 40 cigarettes every day. At the end of the year 2020, he feels pain in his chest and feeling tired easily. He was afraid if he will be admitted with lung cancer and so on and advised by a doctor who treats him at a clinic to try to stop smoking. Thus, the search for help, and finally, he met a counselor. Next in the second session, the client can reduce 10 sticks of cigarettes from 40 sticks a day but still not able to self-control in cigarette addiction. The counselor shows the client how bad being a heavy smoker that suffering from lung cancer, Tuberculosis (TB), nausea, and so on. In the third session, there was a reduction in smoking addiction by 30 cigarettes a day compared to 15 cigarettes a day. The fourth session also showed a decrease in smoking addiction from 15 cigarettes to 10 cigarettes a day. This shows a positive result because the client has successfully reduced the number of cigarettes. The counselor has also given an affirmation to the positive behavior of the client. In the fifth session, the client experienced a grateful moment after telling the counselor that he manages to smoke only 5 sticks of cigarettes. According to Hoffmann, D., & Hoffmann, I. (1997), various studies show that increasing the number of cigarettes smoked per day carries a high risk of developing CAD, number of years of smoking and age of onset of smoking, thus showing a dose -related response. On the other hand, it has been reported that a reduction in mortality and morbidity due to atherosclerotic vascular disease can be achieved if smoking is stopped.

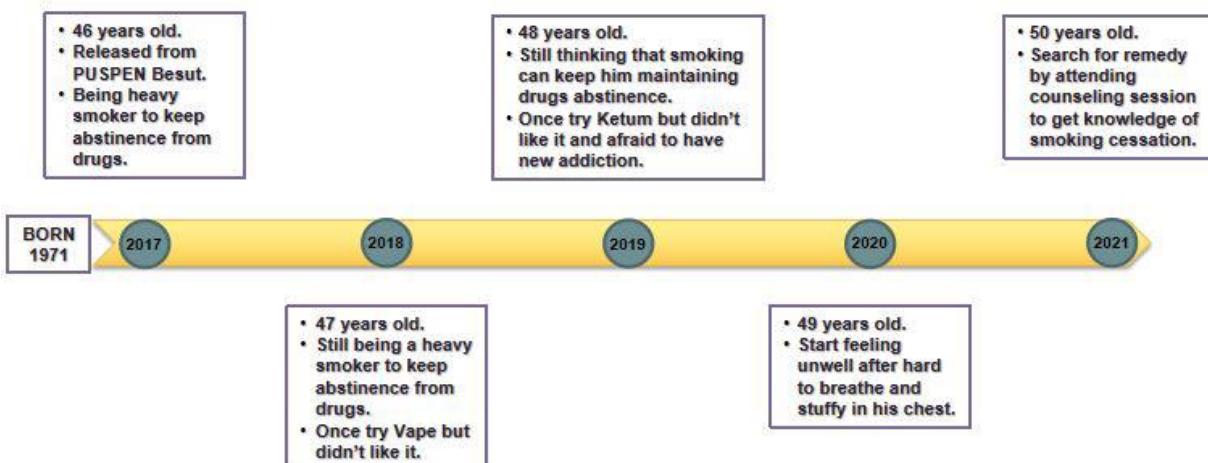


Figure 1. Chronology of client's tobacco smoking frequency.

5.0 CONCLUSION

Strong determination with significant personal support with clients is crucial in curbing a relapse of smoking. Every drug addict needs to make wise choices in overcoming their cravings for the use of substances that can be self-destructive as well as their significant other. The results found that the client was able to quit smoking, but there were still situations where the client still experienced a situation of ambivalence. This situation tends to lead the client towards distorted thinking and continues to drift into a circle of recurring shadows. Carelessness and peer influence can also weaken a client's motivation to make changes. His action of staying away from friends who smoke is a positive action towards self-stability and the effort that clients need to continue. This is because the client is easily overwhelmed and swallowed by the persuasion of a friend if not restrained. The application of Islamic spiritual values to clients helps a lot in maintaining rational thinking and good behavior, especially in reducing the rate of cigarettes smoked daily. In maintaining that reduction, clients need an injection of encouragement from

friends and family to be able to deal with triggers and distorted thoughts to continue to abstain from smoking. Ongoing intervention and non-smoking moral support should be implemented by all parties, namely his spouse, family, friends, and AADK Daerah Raub management so that the client does not relapse with smoking and drugs. Therefore, all parties need to work together to realize the aspirations of the country to produce intellectually, spiritually, emotionally, and physically balanced citizens. Proposed in the future, this client is given other CBT techniques such as triggering and anchoring technique to maintain his recovery.

SMOKING HABIT: TREATMENT FOR SECONDARY SCHOOL'S STUDENTS IN HULU LANGAT DISTRICT

(Tabiat Merokok: Rawatan Untuk Pelajar Sekolah Menengah Di Daerah Hulu Langat)

Abdul Rashid Abdul Aziz¹ & Ahmad Rajaie Amerudin²

^{1,2}Faculty of Leadership and Management, Universiti Sains Islam Malaysia

rashid@usim.edu.my (corresponding author)

1.0 INTRODUCTION

Client's Background

The client is a 17-year-old, Indian, Christian teenager. He is a second from three siblings. The client lives with his family at home not far from the school. The client was referred by the school discipline unit for being caught smoking in the school grounds and having possession of a cigarette on his body. When arrested, the client was seen smoking with some of his friends after school hours. The client was arrested by the disciplinary unit and action was taken by the school disciplinary unit.

Client's Problem Background

Besides his smoking habit, the client had committed disciplinary offenses several times and action was taken by the disciplinary unit. The client had also been called several times to undergo counselling sessions for offenses of breaking school rules.

Objectives

This study was done to identify the causes, risks of smoking, and its effects on students who smoke and the role of counselling session in helping the client.

2.0 LITERATURE REVIEW

Counselors used Person Client Centered Theory (PCC) theory and Rational Emotive Behavior Therapy (REBT) during counselling session. The PCC theory founded by Carl Rogers is commonly used at the beginning of counseling sessions because it emphasizes congruence, unconditional acceptance and empathy. This theory is used so that the client feels comfortable and confident. Next, the counselor used the REBT theory founded by Albert Ellis for the next session until the last session. This theory basically states that human beings are unique in that they have a tendency to think rationally and irrationally. This theory also states that a person with a problem will have an irrational belief system. Thus, it is the counselor's job to challenge or dispute the irrational belief system so that the client can get a new belief system that is more rational. The main concept of this theory is the concept of ABCDEF.

There a lot of previous study mentioning regarding smoking habits in teenagers. Roslee & Sharif (2006) revealed that age factors influence teenagers' views on smoking habits. Meanwhile, the findings from study done by Kandel (2000) state that nicotine dependence rates vary according to the age group where nicotine dependence rates are high among young smokers compared to older smokers. Nicotine dependence is significant among people who smoke less than 15 cigarettes a day compared to people who smoke more than one or two packs of 20 sticks a day. In addition, Mahathir, Noremy & Nazrie (2018) revealed that the results of the interviews conducted found that there are four factors that influence respondents involved in smoking activities which are the influence of friends, stress, curiosity and personal satisfaction. Noorlaile (2015) also revealed that smokers know that smoking is an unhealthy, harmful and unbeneficial habit.

3.0 METHODOLOGY

Client started to be involved in cigarettes since the age of 14. The client started by trying cigarettes with his friends who also a smoker. The client shared that he experienced a sense of glamor and fun when he hanged out with friends who also smoke, especially if there is a girlfriend around. Since starting to smoke, the client has become addicted to cigarettes. Every day, the client would smoke a cigarette with his friends. The client stated that he will smoke 6 or 7 sticks daily.

Client started seeing people smoking since he was young because his father and brother are smokers. Since childhood, the client has seen that the cigarette is not wrong because even his family member's smoke. In fact, his father and brother never forbade or prevented him from smoking. The client saw that his father and brother had no adverse effects despite smoking for so long. The client said that he has become aware of the disadvantages of smoking and the dangers to health.

In this case study, counsellor used two psychometric tools to get to know the client better. Counsellor used two psychometric tests in this study namely Making Decision in Everyday Life (CC Mincemoyer and DF Perkins, 2001) and Students Needs Checklist In New Habit (MOE, 2020). The treatment plan was discussed in relation to the aim to reduce the numbers of cigarette used daily and identification of causes, risks of smoking, and its effects on the clients.

4.0 RESULT AND DISCUSSION

From the counselling sessions that have been carried out, the client successfully reduce the number of cigarettes taken. If in the past the client would smoke in 6 to 7 cigarettes a day, after the last session, the client stated that he able to reduce the cigarettes to only 1 or 2 sticks a day. In addition, the client stated that after successfully taking action to reduce smoking, the client felt healthier than when addicted to cigarettes. The client's health improved. Client is an active person in sports, so the client felt more energetic during sports after smoking less. The client also stated that after undergoing the session, the client could lower the risk of addiction. Cigarettes can be addictive because the content in cigarettes includes substances such as nicotine. When involved in addiction, client finds it difficult to quit smoking. Eventually, the client may continue to smoke until adulthood. However, after the session, the client stated that he had successfully reduced his dependence and addiction to cigarettes. At first there were situations such as withdrawal symptoms, but eventually the client could overcome them well.

After the counselling session, it is hoped that the risk of being involved in drug abuse can be lowered. As previously informed, smoking is a gateway to drug abuse. People who have been addicted to cigarettes since school, are at high risk to try and get involved in drug addiction. From the experience of conducting counselling sessions at AADK, most clients stated that they started by smoking cigarettes since adolescence and eventually tried drugs. Therefore, smoking prevention programs are very important to be carried out at all levels, especially at the school level. The next effect is that the client had the insight and willingness to stop smoking. After the session, the client stated that there was a strong awareness of the importance of quitting smoking. The client is in the process of quitting smoking in a suitable way such as trying to reduce the number of cigarettes little by little and so on. If an action is made by force, then usually the effort is difficult to be consistent and it is easy to fall into relapse. If the action is made sincerely from the heart over self-awareness, usually it is easier to do and easier to be consistent.

5.0 CONCLUSION

There are a lot of risks factors that can contribute to the smoking habits in students. Besides that, smoking habit also led to many bad consequences in people who used it. It might lead to the addiction. However, with the help from the counselling intervention, the risk of addiction can be lower down. It is proven that counselling session may helpful in increasing the awareness among the smoker about the implications of the smoking and further increase their motivation to stop smoking.

CASE STUDY ON SEDATIVE ADDICTION AT PENJARA KAJANG, SELANGOR
(Kajian Kes Penagihan Sedatif Di Penjara Kajang, Selangor)

Abdul Rashid Abdul Aziz¹ & Mohd Shahril Bin Yahaya²

^{1,2}Faculty of Leadership and Management, Universiti Sains Islam Malaysia

rashid@usim.edu.my (corresponding author)

1.0 INTRODUCTION

Client's Background

The client is Muslim man who was 36 years old and Malay. The client is the third of eight siblings and the close relationship between them. His parent's are still healthy and the client has a close relationship with both of them. The divorce application by wife's was approved and the syariah court dissolved their marriage in November 2020 on the grounds of threat to life safety. This decision again inhibits the soul and puts pressure on the client. The client continues to use sedative pills as a way for him to forget about this incident. Meanwhile, the client's offense of making threats and physically assaulting causing injury to his wife has started to be tried in civil court. The court convicted and sentenced him to 10 months in jail and a fine of RM4,000 in January 2020 at Kajang Prison, Selangor Darul Ehsan.

Client's Problem Background

The client started taking the sedative pill (lorazepam) in early April 2020. The intake of this drug was initially due to feeling stressed with the increased workload as a result of the restructuring of his company. He was found to have poor coping skills and stress management skills.

Objectives

This study was done to look at the effectiveness of counselling intervention, specifically involving sedative addiction and coping skills in adapting to the pandemic atmosphere.

2.0 LITERATURE REVIEW

In this case, the intrinsic motivation can be built when the client's ambiguity about the client's status in addiction and the effects of the drug on health is discussed. This discussion is intended for the client to be able to consider the differences in the effects of harm and relief derived from the drug if continuing the addiction further addressing the ambiguity. Nevertheless, the motivation to make changes or maintain recovery needs to be present from the client's self with his awareness. This intrinsic motivation is seen as a self-contained internal resource in helping clients stay recovering. Interviewing Motivation (MI) approaches with passion such as Collaboration, Compassion, Acceptance and Evocation are seen to be able to build intrinsic motivation (Miller & Rollnick, 2013).

The use of MI processes such as engaging, focusing, evoking and planning as strategies to ensure clients are accountable for readiness and build motivation to make changes. It can also be a bridge for clients to find solutions and strive to achieve those goals. In implementing this process, the skills of Open question, Affirmation, Reflection, Summarizing (OARS) are used to build interpersonal interactions between counselors and counselors thereby avoiding a confrontative approach. Meanwhile, Reality theory sees human beings as individuals who have the "power to grow" and every human behavior is purposeful and comes from within a person. In other words, reality theory emphasizes on "not the way the world actually exists but more on how we perceive it to exist" which affects the conflict between the "Quality World" and the "Reality World" (Corey, 2013). Reality theory focuses on four main types of relationships that significantly need to be improved throughout a person's life namely relationships as children with parents, students with teachers, employees with employers and husbands with wives.

Past studies by Idris, Shaffie, and Mariamdaran (2020) have emphasized that a strong determination as well as a truly strong self-resilience is needed to stay away from drugs. High self-confidence and morale can set a stance and make ex-addicts less susceptible while adapting when returning to the fold of

society. Reality Therapy Approach Interventions contribute significantly to the changing self - confidence of drug addicts directly.

3.0 METHODOLOGY

This case study is based on individual counseling interventions periodically for 5 sessions and uses document analysis methods related to questionnaires and psychometric tests related to appearance and behavior, emotional status, components of thought and functionality the client's cognitive and addictions. Counselors have used the application by psychometric tools namely Mental Status Examinations (MSE), The Depression Anxiety Stress Scale and Stage of Change (SOC).

The implementation of the MI approach that has been done has resulted in the movement of the client's level of change. The client initially experienced ambiguity regarding his addiction status had received intellectual literacy regarding his addiction status. This awareness results in the client's acknowledgment and self-acceptance of the addiction issue he is experiencing. With the MI process also the client is able to express change talk and sustain talk coming from intrinsic motivation.

Behavioral changes are addressed with the use of reality therapy. Client who are seen using identities fail in managing relationships and the changes he go through have become aware of the situation. The client has identified that previous behavior is not able to achieve the "Quality World" that he wants. Reality therapy strategies have been able to help clients to bring the "Reality World" closer to the "Quality World". The client is able to express his sense of confidence to manage stress and take responsibility for the behaviors that have been performed.

4.0 RESULT AND DISCUSSION

In this first session, counselor creates conducive connections and surroundings in this session to provide a safe environment in which behavior exploration can be applied effectively. Counselor have shown unconditional acceptance in order to build a collaborative connection with client. This step in MI techniques entails establishing a rapport between the counselor and the client. This session also gives counselors an opportunity to learn more about the client's background and current issues. Clients were requested to complete *Dass* and *SoCS* self-assessments at the end of the session.

In this second session, the exploration is focused on the results of the analysis of psychometric tests that have been answered by the client. Results for client SoCS testing were identified to be at the Contemplation stage. The client is explored regarding his acceptance of the issues faced. This situation illustrates that the client has the intention and interest to change but is still not able to act. This situation indicates the client has ambivalence in deciding to stay recovering or will return to repeat old behaviors. Uncertainty of which is considered normal in any client recovery process (Miller & Rollnick). In this session as well, the client begins to express a 'change talk'. When there is 'change talk', hope and the existence of motivation are focused and amplified. It also aims to evoking and increase the client's level of confidence to stay motivated to change.

The client has identified the strengths he have in managing a group of employees. This success was also given recognition and emphasis as a driver to change motivation. The client also acknowledged that the confidence and composure he had at the time was a factor for him to efficiently make decisions and manage various situations. The client also bring out to a 'sustain talk' by expressing his commitment to always take care of his emotions through religious practices and zikr that he had learned in religious classes. Client is guided to perform "relaxation" techniques through breathing when feeling tense emotions. Client is also assigned to perform the relaxation technique 5 times a day throughout the week. It is an effort to familiarize the client with the technique when going through an emotionally tense issue in third session.

The client has found that he is necessary and has accepted the situation that occurred as a result of the decision that has been made and is able to go through it. Client is also helped to plan and take appropriate action in managing life. The client has been rational about the situation he is experiencing now and will focus on existing family relationships such as parents and siblings. The 'SAMIC³' approach

was used in evaluating each planning performed. The client will relate the planning to be done whether it is simple, attainable, measurable, immediate, controlled by him, committed to, and continuously done (Corey, 1996). In the context of relapse prevention, client was exposed related to H.A.L.T (hungry, angry, lonely, tired) as a condition that puts the client at risk if in such a situation especially an attack in the emotional aspect which is a major risk factor for relapse in fourth and fifth session.

5.0 CONCLUSION

This study has implications for the understanding of the effects of sudden lifestyle changes causing the occurrence of emotional stress to a serious degree. The failure of individuals to govern various aspects of life in terms of finances, social relationships and personal emotions has caused individuals to become increasingly immersed in this issue. In such cases, the individual should examine all the circumstances that have taken place and acknowledge the changes that are being experienced. Individuals can also see this situation in a broader perspective because this pandemic has involved various parties around the world. The use of Motivational Interviewing in the earliest sessions is seen to affect awareness and increase client motivation. While the use of reality therapy choice theory is seen to be able to motivate clients to make decisions, planning and action in making changes.

**EXPLORING THE EFFECT OF FATHER'S SMOKING HABIT TOWARDS CHILD'S
CIGARETTE AND DRUG ADDICTION THROUGH REALITY THEORY**
*(Mengenalpasti Kesan Tabiat Merokok dalam Kalangan Bapa Terhadap Ketagihan Rokok dan
Dadah kepada Anak Melalui Teori Realiti.)*

Abdul Rashid Abdul Aziz¹& Nor Aishah Mahad²

^{1,2}Faculty of Leadership and Management, Universiti Sains Islam Malaysia

rashid@usim.edu.my (corresponding author)

1.0 INTRODUCTION

Client's Background

Nasser (pseudo name) is a 17-year-old, Malay, Muslim teenager. He is a third of 5 siblings. His mother is a housewife, and his father works as a factory operator.

Client's Problem Background

The client was referred by a discipline teacher for being involved in vaping in the school toilet. In addition, he also often skipped school and had a low academic achievement record.

Objectives

This case study was conducted to look at the role of the family and the effect of a father's smoking habits on the child's involvement towards cigarette and drug addiction.

2.0 LITERATURE REVIEW

In this case, Reality Theory was used to explore issues, understand and being a directive counsellor in helping the client to plan for his future as he is now approaching SPM. Reality therapy specifically focuses on the behaviours perpetrated by the lack of satisfying relationships in a client's world (Corey, 2013). The client facing a bad example in his relationship where his father is a "chain smoker" which influenced him to involve in the addiction. The focus on behaviour is not limited to actions but also thoughts, feelings, and physiology that clients possess as a way of coping with current situations. This is called 'Total Behaviour' which is the combined effort that an individual makes to go from what they want to getting them what they need (Glasser, 1998). Reality therapy is applied to a wide range of problems including addiction (Honeyman, 1990). In this case, the counsellor assures the client that success belongs to everyone. Reality Therapy approach was used in which client was asked to draw a picture of himself:

- 1) If he manages to overcome his addiction to cigarettes and drugs
- 2) If he still cannot leave the habit of addiction

This is to create awareness for him to leave the addiction and ready for a better change. The client has to have a good perception on himself or a success identity because according to Glasser (1998), individual's identity is determined by ability to satisfy own need to be loved and own need to feel worthwhile. In addition, according to Mohd Muzaffar Shah and Abdul Malek (2005) teenagers in school usually start getting involved with drug abuse between the ages of 13 to 17 years old and these teenagers start getting caught up in drug abuse after being involved in smoking and alcoholism. Starting with cigarette exposure at an early age, then leads to greater addiction, thus influencing them towards drug abuse (Mahyudin, 2011). In addition, students are also often involved with disciplinary problems and students with disciplinary problems in schools usually perform poorly in academics. Many past studies show that there is a relationship between students' academic performance and non-compliance with school discipline (Azizi, Halimah & Mohamad Hasan, 2011; Wan Mohd Fazli, 2014). At the same time, this puts them in a high-risk situation and become less functional individuals if they are not guided well.

3.0 MATERIALS AND METHODS

From the case conceptualization of the client, it is proven that the client has a problem with drugs and cigarette addiction. At the same time, he does not have a clear career direction. He had lack of

information regarding education opportunities after SPM and absolutely has no planning after leaving school. This situation causes him to have no motivation of going to school, lack of focus and often skips classes to smoke in the school toilet. He also often does not attend school and does not care about his academic achievement even though he will sit for the SPM examination soon. The client also seems to have given up on academic achievement and his presence in school is just for the sake of attending with no purpose. Treatment plan for the client aiming in changing client's smoking habit and drug addiction. Besides that, client needs to identify career areas that suit his personality and counsellor plan to provide information on post-SPM education, especially skill areas that are more suited to the client's academic ability.

4.0 RESULTS AND DISCUSSIONS

Three counselling sessions were carried out. The client provided good cooperation and showed willingness to be helped. The activities include building rapport, problem exploration and alternative selection and termination of counselling sessions. URICA inventory was used in the session to identify client's willingness to change his smoking habit. URICA is a tool used to measure the level of readiness of clients undergoing rehabilitation programs. University of Rhode Island Change Assessment (URICA) testing tools will be provided to clients before and after clients undergo rehabilitation programs. The client scored 7.42 which shows that the level of change of the client is at the level of Pre-Contemplation.

At this stage, a client (pre contemplator) is characterized as an unconscious person or denies the billing problem faced, or even if they admit it, they will not think seriously about making changes (Connors et al., 2001); and have no desire to change their behaviour in the near future, usually within six months (DiClemente & Prochaska, 1995), they tend to denial and resistant, defensive, uncompromising or passive in treatment, avoiding measures- steps towards change consciously or not, lack of awareness of the problem, feeling compelled by others to change and often receiving pressure from others to seek treatment and no longer wanting to think about change due to discouragement. At this stage, the client is still not ready to make changes and need strong support from counsellors, family members and even the community. Clients was encouraged to view his potential from another angle.

In the second session, the client is guided to identify risk factors and protective factor in order to understand more on his addiction and discussing his recovery plan. In this case, the client admitted having his non-smoking brother and mother as his protective factors. The strong and positive family bonds in monitoring the client's activities and peers have helped provide better changes in him. Besides that, the client needs to be more careful with some risk factors that might hinder his positive changes. The main risk factors are the curiosity of trying various types of drugs, ineffective father role, and affiliations with peers displaying deviant behaviours, low academic achievement as well as the money earned from working after school that gives the client the ability to buy cigarettes and drugs.

In addition, Inventori Minat Kerjaya (IMK) was also conducted in the session to assist client in providing awareness of careers that are appropriate to the client's interests. The result revealed that the client has R-S-A personality which indicates that the client has a dominant personality in Realistic, Social and Artistic aspects. He also informed that he is fond of career in the technical field and is interested to do engineering course. Career options and the action plan to achieve the career goals were also discussed in the session. The factors that encourage client's motivation to attend school and focus on his study were identified.

5.0 CONCLUSION

The client needs to believe that the addiction problem he is experiencing is not impossible to overcome. He also needs to focus on the protective factors that is his brother and mother who are always there to provide support and attention to the client.

COUNSELLING INTERVENTION FOR TOBACCO AND METHAMPHETAMINE ADDICTION (DUAL USERS)

(Intervensi Kaunseling bagi Ketagihan Tembakau dan Methamphetamine (Pengguna Dual))

Abdul Rashid Abdul Aziz¹ & Subashini A/P Ramachandran²

^{1,2}Faculty of Leadership and Management, Universiti Sains Islam Malaysia

rashid@usim.edu.my (corresponding author)

1.0 INTRODUCTION

Client's Background

The client is a 30-year-old lady who is under rehabilitation program with AADK Daerah Kinta due to examination of urine shown positive methamphetamine (syabu). The client is a third child of 5 siblings. The client married and lives with her husband and child. Her husband forced her to smoke cigarettes (tobacco) and using syabu immediately after smoking to get better satisfaction. This is called "dual users". Clients started getting involved with cigarettes at the age of 23 because of academic stress. Meanwhile, she wanted to try and having fun with methamphetamine at the age of 25 after being influenced by her peers and boyfriend.

Client's Problem Background

Client is a heavy smoker and using methamphetamine. Due to these substance abuse, client experiences stress in managing her kids and marriage life. She was found to have poor coping skills and stress management skills.

Objectives

This study was done to look at the effectiveness of counselling intervention, specifically involving dual user's addiction.

2.0 LITERATURE REVIEW

In this case, Cognitive Behavioral Therapy (CBT) is used to help individual with substance abuse learn to live well. CBT helps to reduce the symptoms experienced and prevent the occurrence of recurrence. Counselors will help clients change harmful or destructive beliefs and behaviors. Such change refers to thought patterns by changing harmful or negative thought patterns to healthy and positive beliefs. CBT therapy can help clients to deal with the responsibilities and stresses of life better. Sysko & Hildebrandt (2009) revealed that CBT is effective in combating substance use disorder. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life (American Psychological Association, 2017).

Besides that, the counselor used the "Motivational Interviewing" (MI) approach as an intervention and counseling treatment to reduce the client's addiction to cigarettes and methamphetamine. MI is used by counselors to dig out and strengthen the client's internal motivation as well as more intervention to help and guide the client. The theory used is Motivational Interviewing (MI) based on basic MI skills (OARS).

In addition, Kavanagh et al (2004) reported that a total of 3 hours' motivational interviewing resulted in significantly better outcomes during n a pilot study of 25 in-patients who have history of drug and substance use disorder with early psychosis. Meanwhile, Cognitive-behavioural therapy (CBT) has been shown to be effective for problems associated with alcohol (Shand et al, 2003), cannabis (Copeland et al, 2001) and amphetamine use (Baker et al, 2005), for improving psychotic symptomatology (Haddock et al, 2003) and in related service contexts (Graham et al, 2004).

3.0 METHODOLOGY

This case study is based on individual counseling interventions periodically for 3 sessions and uses document analysis methods related to questionnaires and psychometric tests related to smoking habits and addictions. Counselors have used the application by psychometric tools namely The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1) and Stage of Change (SOC).

Counselor applied Cognitive Behavioral Therapy (CBT) with (mindfulness technique) which helps client with her treatment plan. During first session, psychometric tools was applied to the client. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1) and Soal selidik skala tahap perubahan (Stages of Change) both showing high score, ASSIST v3.1 with tobacco revealed the score of 34. Meanwhile, amphetamine revealed the score of 36 whereas SOC revealed 10.14 in stage of contemplation.

During first session, the client was in silence and begins to tell her problems after she felt comfortable. Subsequently, the treatment plan and actions were done based on case conceptualization. It was done to enhance the client's ability to self-assess her behavior and make decisions about the behavior that needs to be changed.

During second and third session, the counselor used the "Motivational Interviewing" (MI) approach as an intervention and counseling treatment to reduce the client's addiction to cigarettes and methamphetamine. MI is used by counselors to dig out and strengthen the client's internal motivation as well as more intervention to help and guide the client. MI is used based on the "Stage of Change" (SOC) test to see the level of change in client attitudes and behaviors. MI is used to help the client from precontemplation to the next level.

4.0 RESULT AND DISCUSSION

In this first session, entertaining skills and listening skills are important in this PCC approach so that counseling interactions are more effective and help in reducing client anxiety in stating the key issues discussed together. Then, the counselor will use the Theory of "Motivational Interviewing" (MI) for the next session to explore the issue of the use of cigarettes and methamphetamine.

During first session, client was in silence at first. However, she began to tell her problems after she felt comfortable. Client otherwise look clean and tidy. During second session, the counselor used "Motivational Interviewing" (MI) approach as an intervention and counseling treatment to reduce the client's addiction to cigarettes and methamphetamine. The counselor focused on the ambivalent doubts of the client and states "change talk" for the client. This aims to create a deep understanding and self-awareness of the client in the process of helping, guidance, and solution to the issue.

MI is used subsequently during third session to help the client from precontemplation to the next level. The client gets a score of 10.14 which is at the level of "contemplation". In the second stage, the client realizes that her behavior is problematic but still ambivalent about making any changes. Client may have a desire to change and may even have considered changing her behavior. Client showed her determination to change soon. An appropriate MI strategy that can be used is to explain the client's own goals and strategies for change. Discuss the plan: change and treatment: scaling question: from 1-10, 1 do not determine, 10 very determine- he said 7).

During this session, clients are seen to be more open about sharing issues with counselors. Clients are also seen to be more positive to reduce one cigarette in a day. Clients are aware of the effects of cigarette addiction and are a danger to the physical and mental health of the client as it can cause long-term dependence if not prevented early. Therefore, Long-term goals can help prevent clients from getting caught up in drug addiction in the future through means of evolution using MI i.e., counselors try to help clients change external motivation to internal motivation. The technique used is DARN-CAT (Desire, Ability, Reasons, Need, Commitment, Activation, Taking steps)

5.0 CONCLUSION

Client having stress and pressure issues in campus while she is studying. Clients still commit smoking and using methamphetamine and after 3 sessions, there was encouraging progress on the new client's positive behavior change. Findings from the intervention session showed that the frequency of smoking was reduced. While the findings on the use of methamphetamine showed that the client is determined to quit because in the 3RD session, there is no case of relapse. This shows that the treatment by counseling intervention done for 3 months has a positive effect in overcoming smoking & substance addiction, the session with client still on going because due to covid issue the are trouble in meeting up client as regular basis, client also agree to continue the session and have a therapeutic alliance and working together with counselor.

**ROLES OF MOTHER IN MOTHER-CHILD RELATIONSHIP AMONG ADOLESCENT
WITH AN UNWANTED PREGNANCY**

(Peranan Ibu dalam Hubungan Ibu dan Anak di Kalangan Remaja yang Hamil Luar Nikah)

Noradila Mohamed Faudzi¹, Melati Sumari², Azmawaty Mohamad Nor³ & Norhafisah Abd Rahman⁴

¹Department of Educational Psychology and Counseling

²University of Malaya, Kuala Lumpur

³Malaysia School of Educational Studies

⁴University of Science Malaysia

azy_mn@um.edu.my (corresponding author)

1.0 INTRODUCTION

Mothers play a huge role in their adolescent's lives, caring for them, loving them, teaching them, and so much more because the mother more sensitive than father. Roles of mothers in nurturing will associated with the behavior of adolescents. The relations between the mother-child relationship and adolescent behavior problems were reciprocal, with a poor mother-child relationship contributing to greater behavior problems and behavior problems contributing to a decline in the quality of the mother-child relationship (Aroian, 2016). This study intends to understand and explore the experience of the roles of mother in mother-child relationship among adolescents with an unwanted pregnancy. Previous study has indicated in terms of roles of mother that mothers are more involved in childcare than fathers, and that mothers and fathers maintain unique interaction styles with their children (Hossain, 2013). Most of adolescent and child closer to the mother Yaacob (2006) because, the mothers are more sensitive to the issue of predictability in children than the fathers. Another study has shown that mothers perceived their role as a primary resource of sexual health information and educator. The data revealed the mothers felt confident in their content knowledge and ability to answer any questions (Masciola, 2016). A study in Japan indicated that close relationship and conversation between mother and daughter revolve around sex, then it shows that adolescents is comfortably talk with the mother (Suizu et al., 2017).

2.0 MATERIALS AND METHODS

There are 10 total of participants, 5 adolescents and 5 mothers of adolescents. Aside from gender and race, the sample is homogenous in the sense that they share similar life experiences. The participants were selected using purposive sampling. Using this procedure, a government shelter home support the wellbeing unwanted pregnant adolescents and their mothers were contacted. This shelter home was located at Cheras, Selangor. A qualitative research approach is proposed. Then, the phenomenology approach was adopted. Data were collected in the form of interviews, observation during interview, field notes and image-based research. The adolescents also were given the diary to allow them to externalize and express the experiences that they had with their mothers while being pregnant. Triangulation technique was used on the collected data to verify the information on the relationships between adolescents with an unwanted pregnancy and their mothers. This phenomenology approach comprises a process called "époche" which means to refrain from judgment (Merriam, 2009). The process of data analysis fully depended on the words and evidence collected from the participants to ensure the reliability and trustworthiness of the research. The researchers organized the verbatim transcription of the data using NVIVO 12 software. The use of NVIVO 12 enables inductively coding the transcripts and add to the reliability of the findings. This study used thematic analysis approach to analyze the data. The findings of this research have good reliability and validity because the collected data went through the process of triangulation, member-checking, audit trail and peer-review. In the triangulation process, the researchers used multiple sources to gain a more in-depth understanding of the data.

3.0 RESULTS AND DISCUSSION

Based on the data collected a total of five themes were identified that are expressive of the relationship between adolescents with unwanted pregnancy and their mothers. The five themes that emerged from the data are as follows: (1) supervision and monitoring, (2) rules and regulation, (3) shows affection, (4) educating adolescents, (5) support and encouragement.

Supervision and Monitoring: In this study, the mothers did monitor and supervise their adolescent children, such as checking on them when they came home late at night, checking them at the places that they always went to, supervised their education, and kept updated on their children's activities, but some mothers admitted that they may have missed some of their daughters' activities. The adolescents said that their mother did monitor and supervise their activities. **Rules and Regulation:** Some of the mothers laid down the rules to improve the mother-child relationship. It made the relationship more positive and peaceful, but some of the adolescents sometimes broke the rules due to eagerness to be free. **Shows Affection:** All the mothers showed and gave affection to their adolescent daughters. The adolescents felt the affection, but two of them thought that their mother rarely gave attention because they were busy with their other siblings. **Educating Adolescents:** The mothers had educated their daughters to be independent, self-motivated, and on sexuality. The adolescents realized what their mother taught them, sometimes they treated it as lesson and sometimes they ignored it. **Encourage and Support:** The mothers reported that they encouraged and gave support to their daughters in what they did if it is useful for them. They did it because they wanted their daughters to feel that they were concerned about them. The adolescents could feel that their mothers encouraged and supported them in what they did. They felt happy and appreciated.

4.0 DISCUSSION

The participants expressed about monitoring and supervising that occurred in the mother-child relationship. Most of them had supervised and monitored the adolescents and the adolescents agreed but due to disrupted family structure, they lacked or missed supervising and monitoring the adolescents. This is in line with a past study by Hajar et al. (2017), which indicated that the matriarchal incapacity impaired the mother's competence to control and supervise their children. It is different compared to a family with a father and a mother. Some of the mothers had implemented their responsibility in setting the rules, but their adolescent children did not obey the rules. This is in line with a past study which found that 60% (30 persons) of respondents strongly agreed that they need to obey their parents and protect the good image of the family to prevent unwanted pregnancies among adolescents (Hamjah & Kusrin, 2017).

The mothers showed their love and affection to their adolescent children and the adolescents could feel their mother's love. This is consistent with a previous study which mentioned that when adolescents felt unloved, with too-busy parents, they may readily accept the advances of a male seeking a 'hook-up' – as teenagers often call a 'casual' sexual occurrence – and then they may find themselves with an unwanted pregnancy (Honig, 2012). In this study, the mothers educated the adolescents to be independent, responsible and about sexuality but due to some factors like uncomfortable and shyness then the mother and adolescent rarely discuss about that. This is supported by a study that has mentioned about sexuality, like parents have an important role as their children's primary sexuality educators. However, several factors, including lack of knowledge, skills, or comfort, may impede a parent's successful fulfilment of that role (Breuner et al., 2016).

This study has revealed the experiences of encouragement and support received by adolescents. Most of the mothers supported and encouraged the adolescents to be involved in any activity that they liked. The adolescents admitted that they received support from their mothers but perhaps the support and encouragement were not really what they wanted because they need stable, safe and loving home environment. Creating an atmosphere of honesty, mutual trust, and respect. This is line with study where they draw on sources of support that are familiar, mature, friendly, and most importantly, worthy of trust. Their most valued type of support is emotional, although there should be a match between the needs and the help offered (Camara, 2017).

5.0 CONCLUSION

Findings disclosed five themes that emerged from the experiences the roles of mother in mother-child relationship among adolescents with unwanted pregnancy. Thus, whereas the roles and challenges are connected to the events of unwanted pregnancy among adolescents. The mothers need to stay close with adolescents to make sure they are on the right track. The five themes of roles need to implement together with other method in enhancing the family functioning. This study recommended to practitioners to use the experiential therapy because the goals of experiential therapy are to increase the awareness and expression of feelings, to promote flexibility in response to problems, and to promote spontaneity and playfulness within the family. This study has some limitation regarding to the participants, future research maybe can involve the whole family so it can illustrate the family functioning and family structure of a family. Next, the sample of this study is limited to only the first pregnancy among adolescents due to the inclusion criteria. Other researchers can conduct studies on the second and next unwanted pregnancy of the adolescents so we can see what the root course is and why it is happen twice and more.

6.0 ACKNOWLEDGMENT

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THE EFFECT EARLY MARRIAGE AND MARITAL STRESS AMONG UNIVERSITY STUDENTS IN USIM

(Kesan Perkahwinan Awal dan Tekanan Perkahwinan di atas Pelajar Universiti di USIM)

Nor Hikmah Ngesan¹ & Othman Ab. Rahman²

^{1,2}Fakulti Kepimpinan dan Pengurusan, Universiti Sains Islam Malaysia

hikmahngesan97@gmail.com (corresponding author)

1.0 INTRODUCTION

According to recent census data, approximately 50% of first marriages end in divorce, one of life's most stressful events. Even for those marriages that do not end in divorce, many are characterized by unhappiness. For example, it has been estimated that approximately 20% of all married couples experience marital distress at any given time. Despite the risk associated with marriage, almost 90% of the population chooses to marry at least once, and nearly 75% of divorced individuals choose to remarry. Therefore, understanding marital distress and its consequences, and developing effective marital therapy treatment programs, have been a major focus of individuals in the field of mental health. According to Waters (2018), another factor is missing out on the fun of teenage life and being young if when young adult gets married at the early age that can be easily fragile due to their immature minds. This situation can lead to health problems because they are always depressed and cause a great deal of stress which the couple has to go through when their minds are not capable to take them up. This study was carried out to identify the association of early marriage among student's male and female at Faculty of Leadership and Management and Faculty of Quranic and Sunnah Studies in University Sains Islam Malaysia (USIM) with marital stress.

2.0 MATERIALS AND METHODS

The methodology that researcher used is mixed method research. Mixed method research is focused on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. The research that will be conducted is quantitative method by using correlational design and descriptive survey research design. Descriptive survey design was selected for this study in the light of the objectives of the study by distribute questionnaire to samples. The main purpose of this research is to investigate whether there is any correlation between the two variables in this research which is stress as a dependent variable (DV) and early marriage couple students as an independent variable (IV). The degree of correlation between two variables is classified in the form of correlation coefficient. Pilot test also conducted and used in order to measure the reliability and validity of the instruments in this research. Qualitative research is primarily exploratory research. It helps to develop ideas or hypotheses for potential quantitative research. In this research, an interview of open questions with the early marriage couple students in USIM was conducted in order to determine research question. The purpose of using the qualitative method is due to curiosity to explore more about how the early marriage couple students cope with the stress and to collect more data from the participants. Hence, the research design that will be used in this study is mixed method research design. Faculty of Leadership and Management has been chosen for this study for convenience since this population of interest is most accessible to the researcher. The total of sample that will be used and choose in this research is 50 Faculty of leadership and management students that have been married whether it is male or female. There is no age limit because the researcher only focusing on marital status of the sample which is has been married. Participation was voluntary and an informed consent was obtained from the participants who met the inclusion criteria. The couples, who agreed to participate, were invited to do an online interview and answering a questionnaire that have been given by researcher that will be conducted through the phone. The interviews were conducted in English or Malay depending on participant's preferences around 20-30 minutes to answer the question in interview session. In addition, they need to filled out the questionnaires independently that took approximately 20-30 minutes for each questionnaire to complete and no time limits were given for completion of the test. Statistical Package for the Social Sciences (SPSS) Statistics Version 25.0 software will be used as the main tool for quantitative data analysis to describes and analyse the data, to test the mediating hypotheses, to create statistical analysis, data

management that include perform case selection, create derived data, and perform file reshaping, and data documentation. Meanwhile, for analyse qualitative data, there are six steps which are the first one is preparing and organizing the data analyse by organize material for interview. Secondly, exploring the data through coding that include obtain general sense, read all the field notes and interview, identify text segments, assign code word, and do lean coding. Thirdly, using codes to develop description and themes. Fourthly, representing and reporting the findings by report quotes from interview that include dialogs to support theme. Fifthly, interpreting and summarize the findings, compare finding with literature, and address limitation and suggestion. Last but not least, validate the finding by doing triangulation, member checking, and external audit. The first psychometric tool that used for the data collection is Perceived Stress Scale (PSS) that has been developed to measure the perception of the stressful experiences that proven to be valid and reliable. In addition, it is also one of the instruments that can help to measure level of stress of an individual other than Depression, Anxiety, and Stress (DASS), and so on. The second instrument for this research is Marital Satisfaction Scale (MSS) was designed to assess one's level of satisfaction toward his or her own marriage. Below is the result for total reliability of Perceived Stress Scale (PSS) and Marital Stress Satisfaction (MSS):

Table 1: Total Reliability of Perceived Stress Scale (PSS) and Marital Stress Satisfaction (MSS)

Cronbach's Alpha	N of items
.823	58

3.0 RESULTS AND DISCUSSION

This chapter will be concluding with a summary of the finding consist of Section A, Section B and Section C. In section A, the participant of the respondents for this research are 30% of male and 70% of female respondents respectively which consist of 15 or male and 35 female of student marriage. There are 40 respondents from the age 22 years old until 24 years old and 10 respondents from the age 25 years old until 27 years old. Furthermore, there are 20 respondents married in less than 1 year, 25 respondents that married in 1 – 2 years and 5 respondent that married in 3 0 4 years. Besides that, there are 20 respondent that have less than RM 1,000 for their income, 15 respondents have about RM 1,000 – RM 2,000, 5 respondents with RM 2,000 – RM 4,000 and 10 respondent that have more than RM 4,000 for their income.

In section B, the researcher using bivariate correlation which is Pearson Correlation Coefficient in order to identify the relationship between Stress and Marital Satisfaction among USIM students. there was a significant positive correlation between stress and marital satisfaction among the students in University Sains Islam Malaysia (USIM) ($r = 0.61$; $p < 0.01$). Moreover, there is slightly strong relationship between stress and marital satisfaction as the value r is more than 0.6. Other than that, the value of $p = 0.00$ shows that there is significant between stress and marital satisfaction. This revelation suggest that these two variables have a very strong significance correlation within positive direction. Below are the data for Pearson Correlation between Perceived Stress Scale (PSS) and Marital Stress Satisfaction (MSS):

Table 2: Pearson Correlation between Perceived Stress Scale (PSS) and Marital Stress Satisfaction (MSS)

Correlations

		PSS	MSS
PSS	Pearson Correlation	1	.617**
	Sig. (2-tailed)		.000
	N	50	50
MSS	Pearson Correlation	.617**	1
	Sig. (2-tailed)	.000	
	N	50	50

**. Correlation is significant at the 0.01 level (2-tailed).

For section C, there are six open questions in total to respondent. For the first question, majority of respondent gave quite a same answer where the issue that can often lead to fights is miscommunication and financial problems due to short saving and insufficient salary especially for a marriage couple that already have a child. For the second question, most of the respondent have a conflict between studies, assignments, and marriage with their partner because sometime their partner can't understand and tolerate with them when they have other roles to be like a student and this problem to some extent gives a negative effect to their marriage. Next, for the third question which is their marital relationship has been affected by someone else especially involvement of family or family in law because there is no trust to the couple to being independent by themselves because they are still young and already getting marriage. After that, the fourth question have two different answer on how couples deal with stress. The first answer stated they will discuss and communicate with their partner about their problem and each one give and share their opinion, the second answer stated they prefer to keep it alone rather than communicate with their partner thus resulting to lack of understanding between each other. Furthermore, the fifth question is about whether the respondent will seek counselor to help couples with their issue, all the respondent gives the same answer which is no and they have no intention to see a counsellor to help them settle down the problems in their marriage due to various reason such as not having a mental issue, trust issue with counsellor and did not know about services that counsellor provide for marriage couple. Lastly, for the sixth question some respondent stated that the best way to deal with stress are communicate with their partner and fix the problem that occur, some of them answer that they will seek help and consult with someone who have more knowledge and experience in marriage such as their parents or family or religious person.

4.0 CONCLUSION

According to this study, it can be concluded that the level of stress and marital satisfaction among marriage couple students are in moderate level. Overall, there is significant between stress and marital satisfaction. The two variables in this study also have a very strong significance correlation within positive direction. Therefore, everyone plays an important role to give support, have awareness and strive to keep the quality of life of early marriage couples at achieving the level of happiness.

**THE RELATIONSHIP BETWEEN PERSONALITY AND CAREER DECISION-MAKING
SELF-EFFICACY AMONG PRE-UNIVERSITY STUDENT AT MACHANG, KELANTAN**
*(Hubungan antara Personaliti dan Efikasi Kendiri dalam Membuat Keputusan Kerja dalam
Kalangan Pelajar Pra-Universiti di Machang, Kelantan)*

Firzanaah Al Zahra Binti Zulkifli¹ & Othman Bin Ab Rahman²

^{1,2}Faculty of Leadership and Management

alzahrafirzanaah@gmail.com (corresponding author)

1.0 INTRODUCTION

Career is an important thing that related to an individual's development. The development of career is involved with one's lifetime from a day of birth until death includes during the school period. Therefore, being pleased with own career or job is an essential aspect of a person's happiness. According to Saguni el. at (2018), a career is a sequence of occupations or activities that a person practices to carry out his or her duties over a period of time. Sometimes, it is what people do to reach a target live. Career can also be defined as an individual's perception, attitudes and behaviours related to work activities as well as experiences in an individual's life (Siti Aisyah, 2018).

Everyone has the right to choose their career interests. However, choosing a career is complicated, and it is a necessity for a person to have enough knowledge and information before making a decision. Career choice is a developmental process in one's whole life; it involves a series of decisions rather than a single decision. A career decision is not just about selecting a job that matches the characteristics of the person, but the process is much more complicated in reality. (Abdul Himid, 2016). However, what is happening now shows that students are not ready for career choice. Students' preparedness to make career choices leads to adverse effects on young people. According to the Main Labour Statistics of Malaysia May 2015 released by the Department of Statistics, the year-on-year unemployment rate increased by 0.2 percent. (BHarian, July 24, 2015). There are 107,000 unemployment peoples consist of undergraduate student and above. (Metro Daily, December 7, 2015). This shows that student has a low level of preparation in making a career decision. In 2020, Malaysia's unemployment rate rose to 5.0 per cent in April from the same period last year following the increase in the number of unemployed individuals significantly increased to 778,800. This happens due to the impact of the closure of operations for most businesses during the Movement Control Order (PKP), which triggers the factors of job loss and difficulty in getting a job. (BHarian, June 15, 2020). These statistics bring a concern to Malaysians, especially for fresh graduates. Therefore, Pre-University can be said to be very important for students to determine their respective career fields. The selection of courses or majors at the Pre-University level is important for the future of the students. There are various courses offered and require filling from students. Pre-University students need to be wise to choose courses that are appropriate and in line with their interests.

2.0 MATERIALS AND METHODS

This study uses a mixed method design of quantitative and qualitative in determining the relationship between personality and career decision making self-efficacy. The respondent been selected by using simple random sampling method, as 175 student Pre-University from four secondary schools have an opportunity to be a respondent. 5 respondents were selected to interview in obtaining qualitative findings. Data collected by using Big Five Inventory-2 (BFI-2) by Oliver P. John and Soto (2016) for measuring Personality and Career Decision Making Self-efficacy Scale Short Form (CDMSE-SF) by Betz, Klein, & Taylor (1996) for measuring the self- efficacy of student to make a career decision. Then data analyzed using Statistical Package Social Science 25.0 (SPSS) to define the relationship between personality and career decision making self-efficacy among Pre-University students. The T test was used in finding gender differences in the personality and level of self-efficacy of the respondents.

3.0 RESULTS & DISCUSSION

Then data analyzed using Statistical Package Social Science 25.0 (SPSS) to define the relationship between personality and career decision making self-efficacy among Pre-University students. The T test was used in finding gender differences in the personality and level of self-efficacy of the respondents. The results showed no difference between conscientiousness ($t (173) = - 0.280$, $p <0.05$), openness ($t (173) = 0.613$, $p <0.05$), neuroticism ($t (173) = - 1.434$, $p <0.05$), agreeableness ($t (173) = 0.857$, $p <0.05$), extraversion ($t (173) = - 0.559$, $p <0.05$) and level of self-efficacy ($t (173) = 1.558$, $p <0.05$). Pearson correlation test is used to find the relationship of two variables. The results showed that conscientiousness, ($r = 0.505^{**}$, $n = 175$, $p <0.05$) openness, ($r = 0.212^{**}$, $n = 175$, $p <0.05$) neuroticism, ($r = -0.366^{**}$, $n = 175$, $p <0.05$) and extraversion ($r = 0.486^{**}$, $n = 175$, $p <0.05$) had a significant relationship with self-efficacy in decision making among Pre-University students. However, there is no significant relationship between agreeableness and self-efficacy in career decision making ($r = 0.128$, $n = 175$, $p <0.05$). These findings are supported by qualitative findings which interview findings that show that there is a relationship between personality and self-efficacy in career decision making.

4.0 CONCLUSION

This study is significant for students, counsellor, and parent in helping students related to their careers. This study contributes to help student understanding and acknowledge their personality and it's also help counsellor to identify the difficulties and issues that student faced in making career decision. With this study, counsellor can design a better module or programmes to encourage student to select a career correctly. This study can further reduce the unemployment and labour waste issues. This study can give benefit to parent in enhancing their children performance by improving children self-efficacy in making career decision. By acknowledge children interest and personality, parent can provide good social support and encourage children to achieve their target.

PENGAPLIKASIAN REBT DALAM MENANGANI KEBERGANTUNGAN TERHADAP RAKAN SEBAYA

(*Rational Emotive Behaviour Therapy for Emotional Dependence in Relationship among Youth*)

Abdul Rashid Abdul Aziz¹ & Nurun Najihah Musa²

^{1,2}Fakulti Kepimpinan dan Pengurusan, Universiti Sains Islam Malaysia

rashid@usim.edu.my (corresponding author)

1.0 PENGENALAN

Kepincangan institusi keluarga menjadi faktor kebergantungan anak beralih arah mencari sumber lain untuk menyokong kehidupan mereka. Di peringkat remaja, perhatian sepenuhnya harus diberikan untuk membantu perkembangan sihat seseorang remaja. Oleh itu, saat ini merupakan fasa penting untuk ibu bapa menjadi ‘kawan rapat’ yang memahami emosi, psikologi dan keperluan anaknya. Namun, perkara sebaliknya berlaku apabila ibu bapa gagal memahami anak dan menyebabkan mereka menjadikan rakan seusia orang rapat di dalam hidup mereka. Hal ini telah berlaku pada klien yang dikenali dengan nama Wadi (bukan nama sebenar) yang berumur 19 tahun dan menetap di Perak serta merupakan seorang pelajar di Institut Pendidikan Guru (IPG) Kampus Darulaman. Klien mempunyai kenalan rapat sejak memasuki IPG. Kenalannya telah menjadi kawan yang sentiasa berkongsi masalah dan menjadi tempat bergantung dalam apa jua keadaan. Klien juga mempunyai seorang ayah yang bersikap panas baran dan menyebabkan klien tiada hubungan yang rapat dan baik dengan bapanya. Hal tersebut menyebabkan klien mewujudkan hubungan yang baik dengan kawan rapatnya, namun keadaan berubah apabila klien mengesan rakannya berubah sikap terhadapnya secara mendadak. Hal ini disedari apabila, rakannya tidak membala *whatsapp* dan tidak mengindahkannya. Berikut hal tersebut, klien telah menyedari rakannya tidak memberi perhatian kepadanya. Hal ini menyebabkan klien berasa sedih kerana tiada siapa mengambil berat akan dirinya. Oleh itu objektif kajian kaunseling yang dijalankan adalah untuk melihat keberkesanan teori REBT dalam memperbetulkan pemikiran dan emosi klien yang terganggu dan menyelesaikan masalah yang dihadapi agar klien dapat meneruskan hidup dengan baik.

2.0 METODOLOGI

Berdasarkan kronologi perkara yang telah menimpa diri klien, klien didapati menghadapi masalah keluarga apabila berhadapan dengan bapa yang mempunyai sikap panas baran. Sikap bapa yang sedemikian menyebabkan klien bergantung emosi dengan rakan baik yang dikenali di tempat pengajiannya. Klien sentiasa berkongsi masalah dan mewujudkan hubungan selesa dan rapat untuk memenuhi ruang kosong yang ada dalam dirinya. Kebergantungan emosi terhadap rakannya menyebabkan klien mengesan rakannya mula tidak mengendahkan dirinya. Hal ini menyebabkan klien berasa sedih, kecewa, berfikiran tiada siapa mempedulikannya dan berputus asa untuk meneruskan kehidupan. Kaunselor mendapati bahawa klien mengalami pemikiran tidak rasional (*irrational belief system*) apabila beranggapan negatif terhadap rakan baiknya. Hal ini berlaku kerana klien berasa keseorangan apabila ibu bapa tidak memberi perhatian terhadapnya pada saat klien memerlukan. Pelbagai masalah timbul sewaktu dalam pengajian, klien berasa selesa apabila dirinya dihargai dan diambil berat oleh rakannya. Walau bagaimanapun, situasi tersebut telah menimbulkan masalah kepada klien apabila klien gagal mengawal dirinya dari menerima sebarang perubahan yang berlaku terhadap rakannya.



Rajah 1: Permasalahan yang dikenal pasti oleh klien

Oleh itu, perancangan rawatan terhadap klien bertujuan untuk mengubah tanggapan klien terhadap rakannya dengan mengenalpasti masalah sebenar yang berlaku. Dalam pada masa yang sama, membantu klien untuk mewujudkan hubungan baik dengan bapanya agar klien dapat menjalinkan hubungan kekeluargaan yang normal dengan bapanya.

3.0 DAPATAN KAJIAN DAN PERBINCANGAN

Hasil dari sesi kaunseling yang dijalankan pada pertama kalinya, Kaunselor melakukan penerokaan terhadap isu yang dihadapi oleh klien. Klien menceritakan masalah yang dihadapi dan kaunselor menggunakan beberapa teknik seperti kemahiran menyayal, mendengar, parafrasa dan refleksi untuk menggalakkan klien menyatakan isu berkaitan sikap rakannya lambat membala mesej di *whatsapp*. Justeru pada pertemuan kali pertama ini kaunselor telah berjaya mengenalpasti beberapa masalah klien yang mendapati sikap rakannya berubah. Manakala, berdasarkan sesi kaunseling yang dijalankan pada kali kedua, klien menyatakan bahawa dirinya berasa sedih, murung serta berputus asa untuk meneruskan kehidupan. Hal ini berkaitan klien berasa sedih dengan perubahan sikap rakannya serta hubungan yang jauh dengan keluarganya. Oleh itu, kaunselor melakukan penerokaan dengan lebih mendalam tentang isu yang dinyatakan klien serta membuat pertikaian terhadap pemikiran negatif klien dengan memberi persoalan tentang bukti yang menunjukkan rakannya tidak mengambil berat akan dirinya. Sementelah itu, kaunselor memberi tugas untuk klien membuat senarai perkara yang boleh mencetuskan rasa gembira terhadap dirinya sebelum sesi tamat. Kemudian pada sesi perjumpaan ketiga, kaunselor membuat perbincangan dengan klien berdasarkan tugas yang diberikan dan mendapat keadaan klien bertambah baik berbanding sebelum ini. Kaunselor juga turut mengaplikasikan teknik REBT dengan menyarankan klien membuat tugas untuk mengawal emosi dan menstruktur pemikiran dengan baik hasil dari permasalahan yang timbul. Kaunselor juga turut memberi tugas untuk klien membuat jadual harian untuk mengelak klien dari berasa keseorangan dan memenuhi masa dengan aktiviti yang bermanfaat serta menjalinkan hubungan baik dengan ahli keluarganya. Seterusnya, pada sesi akhir kaunselor melakukan semakan terhadap tugas yang diberikan dan tindak balas yang diberi memberangsangkan apabila klien celik akal untuk menyelesaikan masalahnya dan didapati lebih tenang, gembira menjalani kehidupannya tanpa bergantung mengharap dan terlalu memikirkan rakannya juga lebih mengambil berat terhadap keluarga.

Pengaplikasian teknik REBT telah digunakan untuk mengenal pasti dan menganalisis masalah klien. Norhazirah Mustaffa (2020) menyatakan bahawa REBT sebelumnya dikenali sebagai Rational Emotive Therapy (RET) dan dikembangkan oleh Albert Ellis pada tahun 1950-an. Teori REBT merupakan kaedah yang membantu klien untuk merasionalkan emosi dan tingkah laku yang negatif atau tidak diingini dengan mengubah emosi dan tingkah laku yang rasional untuk mengatasi masalah yang berlaku (Nucci, 2002). Teori ini memperlihatkan bahawa emosi tidak tercetus disebabkan perkara atau masalah yang berlaku sebaliknya berpunca menerusi cara individu mentafsir, menilai dan tanggapan terhadap sesuatu perkara yang berlaku. (Ellis, Gordon, Neenan & Palmer, 1997). Justeru, REBT digunakan dengan meletakkan situasi klien dalam kaedah A(*Activating event*), B(*Belief*), C(*Consequence*), D(*Dispute*), E(*Effect*) dan F(*New Feeling*).

Jadual 1: Hasil permasalahan dan kesan yang dihadapi oleh klien menerusi teknik dalam teori REBT.

Krisis (<i>Activating event</i>)	Pemikiran (<i>Beliefs</i>)	Kesan kepada pemikiran (<i>Consequence</i>)	Pertikaian pemikiran negatif (<i>Dispute</i>)	Kesan (<i>Effect</i>)	Emosi dan pemikiran yang baru (<i>New feeling</i>)
Kawan berubah sikap dengan menjauhkan diri (lambat membala <i>whatsapp</i>)	Klien berfikiran bahawa dia memerlukan seseorang yang mengambil berat dan bersedia mendengar dirinya	Klien berasa sedih, kecewa, dan tidak mahu meneruskan hidup	-Bukti yang menunjukkan rakannya tidak mengambil berat akan dirinya	-klien mula berfikiran tentang dirinya -klien dapat mengawal pemikirannya -klien celik akan masalahnya	Klien berasa tenang, rasional dan gembira untuk meneruskan kehidupan selepas ini. Klien lebih fokus dengan keluarga

4.0 KESIMPULAN

Tuntasnya, teori REBT yang diguna pakai terhadap permasalahan klien didapati membantu klien keluar dari masalah yang membelenggu dirinya. Hasilnya klien lebih mementingkan hubungan sesama ahli keluarga dari rakannya. Klien berasa diri dihargai dan tidak keseorangan apabila celik dari pemikiran negatif yang menyebabkannya dirinya berasa tidak dihargai. Teknik REBT yang membantu klien merasionalkan pemikiran, emosi dan tingkah laku dapat membantu individu dari terus beranggapan negatif dan berasa murung. Hal ini kerana, masih banyak peluang dan ruang dapat digunakan untuk mencipta kehidupan yang berkualiti dan bahagia.

**PEMIKIRAN BUNUH DIRI DALAM KALANGAN LELAKI GAY YANG MENGALAMI
KEMURUNGAN: SATU KAJIAN KES**
(Suicide Thoughts among Gay Men Experiencing Depression: A Case Study)

Khadijah Nasrah¹, Rezki Perdani Sawai² & Joki Perdani Sawai³

¹Universiti Sains Malaysia

²Universiti Sains Islam Malaysia

³Universiti Malaysia Sabah

rezki@usim.edu.my (corresponding author)

1.0 PENGENALAN

Klien merupakan seorang lelaki berusia 45 tahun. Klien dikenali sebagai Ahmad (bukan nama sebenar). Beliau bekerja sebagai akauntan di salah sebuah bank termuka di Malaysia. Beliau tidak pernah berkahwin dan merupakan anak tunggal. Beliau berasal dari salah sebuah negeri pantai timur dan menetap di Selangor dan mempunyai sejarah kesihatan penyakit darah tinggi dan juga HIV. Beliau mula terjebak dengan seks songsang sejak berumur 15 tahun ketika di sekolah menengah.

Ahmad dirujuk ke Bahagian Psikologi Kaunseling kerana mempunyai kecenderungan untuk bunuh diri dan juga tahap kemurungan yang tinggi. Ahmad juga pernah beberapa kali melakukan tingkah laku impulsif mencederakan diri seperti mengelar tangan dalam keadaan tidak sedar, menelan 30 biji panadol dalam satu masa dan menumbuk cermin. Dari segi emosi pula, Ahmad sentiasa mempunyai mood yang tidak stabil. Sikap panas baran yang dialami oleh klien sangat mengganggu dirinya dan kehidupan sehari-hari klien. Aspek kognitif atau pemikiran Ahmad banyak dipengaruhi oleh emosinya. Berdasarkan pemantauan dari psikiatri dan juga pegawai psikologi kaunseling, emosi Ahmad akan sentiasa berubah apabila ada sesuatu perkara yang tidak diingini terjadi seperti tahap kesihatan HIV yang dialaminya merudum. Ini adalah antara salah satu waktu yang menyebabkan pemikiran Ahmad menjadi tidak rasional dan memberi kesan kepada tingkah laku impulsif mencederakan dirinya.

Tujuan kajian ini dijalankan adalah untuk melihat tahap kecenderungan bunuh diri di dalam pemikiran Ahmad. Di samping itu juga, kajian ini bertujuan untuk membantu Ahmad di dalam menguruskan kecenderungan bunuh diri dan mencederakan dirinya berdasarkan faktor-faktor yang menyebabkan Ahmad sentiasa mencederakan diri dan ingin membunuh diri. Berdasarkan laporan American Association of Child and Adolescent Psychiatry (1), dapatan kajian menunjukkan bahawa golongan gay mempunyai sekurang-kurangnya 40% idea untuk bunuh diri disebabkan oleh masalah seksual orientasi yang mereka alami. Idea bunuh diri dan mencederakan diri dalam kalangan gay ini terjadi disebabkan beberapa faktor iaitu, kemurungan, penyalahgunaan bahan dan juga mangsa buli samaada melalui perkataan ataupun perbuatan (5,10,3). Selain itu, faktor-faktor lain yang menyumbang kepada kecenderungan membunuh diri dalam kalangan remaja gay adalah konflik keluarga, tiada sokongan di sekolah dan juga faktor sosiososial yang melibatkan homophobia (2,1,4, 6).

Minority Stress Theory (7) telah mengemukakan perbezaan tahap penerimaan masyarakat dan diri sendiri untuk menjelaskan proses tekanan perasaan dan emosi yang lebih khusus untuk golongan minoriti seksual ini. Diskriminasi, kemurungan dan konflik dalam diri menyebabkan golongan ini cenderung untuk membunuh diri mereka (8,9).

2.0 METODOLOGI

Kajian ini adalah kajian kualitatif yang menggunakan reka bentuk kajian kes. Kajian kes yang digunakan dalam kajian ini adalah *single-case study*. *Single case* merujuk kajian ke atas seorang individu (11). Kajian single case menurut Yin (11) ialah kajian yang melibatkan satu responden dan satu tempat lapangan kajian, data yang dikumpul dan dianalisis diambil daripada satu tempat lapangan kajian. Tempoh temu bual separa berstruktur ini telah berlangsung antara 60 hingga 90 minit, ia bergantung kepada maklumat yang diberikan oleh peserta kajian dan dikendalikan oleh kaunselor berdaftar dalam tempoh 8 sesi. Inventori Kecenderungan Bunuh Diri (IKBD) digunakan untuk mengukur tahap kecenderungan bunuh diri sample.

Analisa data telah dibuat dengan menggunakan triangulasi antara kaedah. Triangulasi antara kaedah dibuat dengan membandingkan data temu bual dengan data analisis dokumen berdasarkan maklumat yang sama. Selain itu, pengkaji turut mendapatkan pengesahan peserta kajian untuk menyemak semula (counter check) data dan maklumat yang telah diperolehi dan dianalisis.

3.0 DAPATAN KAJIAN DAN PERBINCANGAN

Hasil daripada 8 sesi kaunseling yang dijalankan, terdapat tiga tema utama yang menyumbang kepada kecenderungan untuk bunuh diri. Tema-tema tersebut terdiri daripada faktor persekitaran, kemurungan, dan konflik dalaman diri yang dibincangkan secara terperinci seperti di bawah.

1. Faktor persekitaran

Hasil dapatan temubual peserta kajian menunjukkan bahawa faktor persekitaran merupakan faktor utama yang mempengaruhi golongan gay untuk cubaan bunuh diri. Faktor persekitaran ini merangkumi keluarga dan rakan-rakan sebaya yang mempunyai persepsi negatif serta meminggirkan individu gay ini. Persepsi negatif yang dipamerkan orang sekeliling mendorong individu gay untuk melakukan cubaan bunuh diri. Perkara ini menyebabkan individu gay menghadapi emosi yang tidak stabil dan berasa tertekan dengan keadaan sekeliling yang tidak memahami diri mereka seterusnya mengambil tindakan di luar kawalan dengan cubaan bunuh diri atau mencederakan diri sendiri.

2. Kemurungan

Dapatan temubual juga menunjukkan bahawa golongan gay mempunyai keinginan untuk membuat cubaan bunuh diri disebabkan tekanan dan kemurungan yang dihadapi oleh mereka. Kemurungan merupakan gangguan perasaan yang menyebabkan seseorang itu merasa sedih yang berpanjangan, keletihan dan ketiadaan tenaga, cepat marah serta kehilangan minat dalam aktiviti harian. Tekanan yang melampau menyebabkan individu gay merasa tidak dihargai dan disayangi oleh sesiapa. Justeru, mereka berasa sendirian dan akhirnya, menyebabkan kemurungan.

3. Konflik Dalaman Diri

Dapatan kajian juga menunjukkan bahawa konflik dalaman diri menyebabkan golongan gay berkeinginan untuk membuat cubaan bunuh diri. Konflik dalaman diri merangkumi masalah emosi, kekeliruan identiti dan tidak berupaya menyelesaikan masalah dengan baik. Ketiga-tiga konflik ini merupakan punca keinginan individu gay untuk bunuh diri. Klien menjelaskan bahawa beliau sering menyebut untuk bunuh diri kerana mempunyai perasaan marah dan geram kepada pasangannya yang curang dan menyebabkan klien tidak boleh mengawal emosi dan bertindak untuk melakukan cubaan bunuh diri.

Sehubungan dengan itu, dapat dirumuskan bahawa faktor kecenderungan bunuh diri mempunyai perkaitan dan signifikan dengan *Teori Minority Mayer* seperti yang dibincangkan di dalam bab pengenalan.

4.0 KESIMPULAN

Kajian ini bertujuan untuk mengenalpasti faktor-faktor yang menyumbang kepada kecenderungan bunuh diri dalam kalangan gay. Dapatan kajian menunjukkan bahawa faktor persekitaran, kemurungan dan konflik dalaman diri menjadi faktor utama kepada kecenderungan bunuh diri dalam kalangan gay. Pemahaman yang kritikal mengenai tingkah laku, ciri-ciri, punca, serta keadaan emosi dan psikologi golongan gay seharusnya ditekankan dalam usaha untuk membantu golongan ini menyelesaikan kemelut yang melanda diri mereka. Kaunselor perlu mempertingkatkan kompetensi untuk mengendalikan isu ini. Kajian ini mencadangkan agar kajian akan datang dijalankan terhadap cara intervensi dan terapi kepada golongan gay yang mempunyai kecenderungan untuk membuat cubaan membunuh diri.

SUAMI SCHIZOPHRENIA MENJAGA ISTERI BIPOLAR MOOD DISORDER?:

SATU KAJIAN KES

(*Schizophrenia Husband Takes Care of Bipolar Mood Disorder Wife?: A Case Study*)

Hanieza Fadzlina Yahya¹, Tuti Iryani Mohd Daud² & Mohd Izwan Mahmud³

^{1,2}Hospital Canselor Tuanku Muhriz, PPUKM

³ Fakulti Pendidikan, Universiti Kebangsaan Malaysia

fadzlina@ppukm.ukm.edu.my (corresponding author)

1.0 PENGENALAN

Kertas kerja ini bertujuan untuk membentangkan laporan kes kaunseling berkaitan kepentingan penggunaan instrumen klinikal dalam intervensi kaunseling di seting hospital. Selain itu ianya juga bertujuan untuk memberi kesedaran dan kefahaman kepada kaunselor tentang kepentingan sokongan keluarga serta penjaga klien walaupun mereka juga merupakan klien psikiatri. Model perawatan Psikiatri adalah bio-psiko-sosial-spiritual. Ini bermakna selain rawatan biologi melalui ubatan intervensi melalui psikososial dan spiritual juga amat efektif terhadap kesembuhan klien secara holistik.

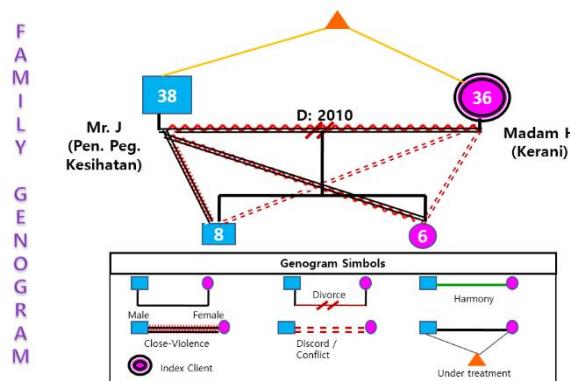
2.0 MATERIAL DAN METODOLOGI

Laporan kes ini menggunakan analisa laporan kaunseling dan tadbiran instrumen klinikal. Sebanyak 6 sesi kaunseling individu telah dilaksanakan termasuk tadbiran instrumen klinikal seperti *Hypomania Checklist (HCL-32 R) Manual*, *Mood Disorder Questionairs (MDQ)*, dan *Quick Inventory of Depression Symtomology (QIDS- SR)*. Selain 4 sesi kaunseling pra-perkahwinan, 4 sesi kaunseling keluarga, 5 sesi psikopendidikan sokongan keluarga juga dilaksanakan terhadap penjaga klien.

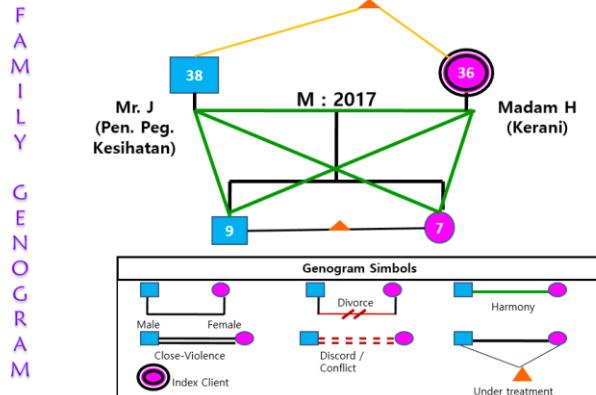
3.0 KEPUTUSAN DAN PERBINCANGAN

Hasil intervensi tadbiran instrumen klinikal *Hypomania Checklist (HCL-32 R) dan Manual Mood Disorder Questionairs (MDQ)* keputusan menunjukkan klien berkencenderungan mengalami simptom-simptom penyakit *Bipolar Mood Disorder (potential bipolar)* seperti peningkatan tenaga berlebihan iaitu sukar tidur dan dorongan seksual yang tinggi, idea yang banyak, sukar mengawal percakapan, merasakan diri amat bagus sehingga melibatkan perubahan penampilan yang *grandiose* seperti mewarnakan rambut perang, mengenakan solekan yang tebal, pemakaian minyak wangi yang terlalu kuat, berpakaian mencolok mata dan boros berbelanja. Manakala keputusan tadbiran *Quick Inventory of Depression Symtomology (QIDS- SR)* juga tinggi (*severe*). Ini bermakna gejala depresi yang dihadapi klien masih ada disusuli dengan gejala mania pula tanpa mampu dikawalnya. Justeru setelah Kaunselor merujuk semula kes kepada Pakar Psikiatri untuk pengesahan dan rawatan ternyata terdapat perubahan diagnosa klien telah berlaku. Rujukan semula kes dengan segera beserta keputusan tadbiran instrumen klinikal amat membantu pakar psikiatri mengkaji semula diagnosa asal seterusnya memberi diagnosa yang lebih tepat lagi. Hasil analisa data mendapati pentingnya kepekaan kaunselor terhadap perubahan simptom klien dan penggunaan instrumen klinikal demi keberkesanan rawatan psikiatri. Disamping rawatan secara biologi, didapati sokongan keluarga yang kuat juga mampu meningkatkan kemahiran penjaga dalam menguruskan klien sekaligus meningkatkan kesejahteraan psikologikal klien dan penjaga itu sendiri. Implikasi daripada intervensi didapati kompetensi kaunselor signifikan terhadap keberkesanan rawatan psikiatri sekaligus memperkasakan kesejahteraan psikologikal klien dan keluarga, serta meminimakan stigma terhadap penjaga yang juga merupakan klien psikiatri. Berikut adalah lampiran genogram keluarga klien awal rawatan dan setelah perubahan diagnosa berlaku. Awal rawatan klien merupakan penjaga kepada bekas suaminya iaitu pengidap skizofrenia namun setelah bercerai, trauma dan kegagalan perkahwinannya dengan anak-anak yang masih kecil mengakibatkan klien mengidap *Major Depressive Disorder* secara klinikal. Namun setelah klien pula bertukar diagnosa dan dimasukkan ke wad, bekas suaminya pengidap skizofrenia bergejala terkawal dengan rawatan suntikan secara berkala di Klinik Psikiatri pula bertindak sebagai penjaga kepada anak-anaknya dan klien semasa diwad. Sesi kaunseling keluarga bersama anak-anak dan bekas suami serta program psikopendidikan menunjukkan perubahan yang positif dalam dinamik hubungan kekeluargaan yang saling menjaga dalam

maju kehadapan menuju kesembuhan. Setelah mereka menjalani sesi pra-perkahwinan mereka akhirnya bersetuju untuk berkahwin semula setelah dua tahun saling menjaga dan menyokong antara satu sama lain.



Genogram 1 : Awal rawatan psikiatri dan sesi kaunseling individu.



Genogram 2: Setelah diagnosa baharu dengan memperkasa intervensi biopsikososialspiritual.

4.0 KESIMPULAN

Sokongan keluarga yang kuat mampu meningkatkan kemahiran penjaga dalam menguruskan klien sekaligus meningkatkan kesejahteraan psikologikal klien. Implikasi daripada intervensi didapati kompetensi kaunselor signifikan terhadap keberkesanan rawatan psikiatri sekaligus memperkasakan kesejahteraan psikologikal klien dan keluarga. Disamping itu ianya juga dapat meminimakan stigma terhadap penjaga yang juga merupakan klien psikiatri. Maka perkhidmatan kaunseling kesihatan mental amat penting dalam membantu pakar psikiatri memberikan rawatan yang lebih efektif kepada klien psikiatri di samping berperanan untuk memperkasakan sistem sokongan keluarga dan penjaga klien.

5.0 PENGHARGAAN

Kajian ini adalah hasil penyelidikan dengan menggunakan geran penyelidikan Universiti Kebangsaan Malaysia. GG-2019-078 dan GG-2020-009.

**PUTUS CINTA: APLIKASI TERAPI RASIONAL EMOTIF TINGKAHLAKU MENDEPANI
MASALAH KONSEP KENDIRI DALAM KALANGAN REMAJA**
(Love Breakup: Application of Rational Emotive Behaviour Therapy in Facing the Self -Concept Issue Among Adolescents)

Abdul Rashid Abdul Aziz¹, Norizan Yusof² & Nor Hamizah Ab Razak³

^{1,3} Fakulti Kepimpinan dan Pengurusan, Universiti Sains Islam Malaysia

²Pusat Sains Kemanusiaan, Universiti Malaysia Pahang

rashid@usim.edu.my (corresponding author)

1.0 PENGENALAN

Latar Belakang Klien

Klien merupakan seorang gadis yang berusia 23 tahun dan berasal dari Jitra, Kedah. Klien berketurunan Melayu dan beragama Islam. Klien juga merupakan penuntut jurusan Pengurusan Awam dalam semester enam di Universiti Utara Malaysia (UUM). Klien adalah anak kedua daripada tujuh orang adik beradik yang terdiri daripada empat orang lelaki dan tiga orang perempuan. Bapanya bekerja sebagai perunding dan juru ukur tanah manakala ibunya merupakan suri rumah tangga sepenuh masa. Klien mempunyai personaliti yang ceria dan peramah. Beliau senang bergaul dengan sesiapa sahaja yang dikenalinya, namun perwatakan klien berubah disebabkan oleh masalah yang dihadapinya.

Latar Belakang Masalah Klien

Klien mempunyai masalah untuk memberikan fokus pada pelajarannya, cemburu kepada orang Terengganu dan rakan-rakan yang bercinta, merasa rendah diri dan tidak cantik serta sering memenculkan diri dari orang lain. Siti kemudiannya menyatakan isu putus cinta

Objektif

Kajian ini dijalankan untuk mengenalpasti keberkesanan Terapi Rasional Emotif Tingkahlaku (REBT) bagi mendepani masalah konsep kendiri dalam kalangan remaja selepas putus cinta.

2.0 KAJIAN LITERATUR

Di dalam kajian kes ini, kaunselor telah menggunakan Terapi Rasional Emotif Tingkahlaku (REBT) dalam menyelesaikan permasalahan berkaitan konsep kendiri dalam kalangan remaja selepas putus cinta. Teori REBT ini diasaskan oleh Albert Ellis. Menurut Albert Ellis, manusia sememangnya boleh berfikir, beremotif dan bertingkah laku secara rasional atau tidak rasional. Kepercayaan yang tidak rasional besar kemungkinan dipelajari daripada orang-orang dewasa dan kepercayaan. Kepercayaan ini akan menjadi sebatи dan menjadi sebahagian dari diri kita. Kepercayaan inilah yang menyebabkan gangguan emosi dan pemikiran manusia. Oleh itu, adalah tugas kaunselor untuk mencabar atau mempertikaikan sistem kepercayaan yang tidak rasional sehingga klien dapat memperoleh sistem kepercayaan baru yang lebih rasional. Konsep utama teori ini adalah konsep ABCDEF.

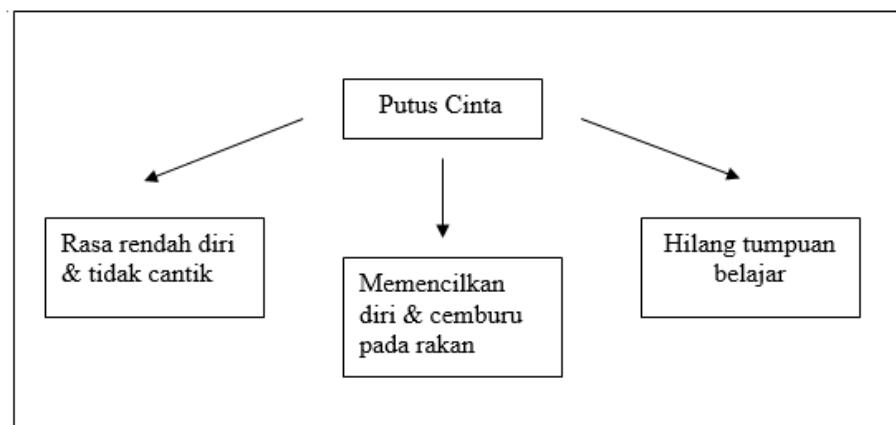
Di dalam kes klien, klien menyatakan bahawa dia tidak boleh melupakan Jo kerana asyik teringatkannya walaupun cuba mengambil langkah yang telah dibincangkan. Klien asyik terbayangkan Jo dengan teman wanita baru dan ini membuatkan klien geram. Klien diterangkan dengan konsep pemikiran tak rasional yang dialaminya.

3.0 METODOLOGI

Klien menyatakan berakhirnya hubungan cinta menyebabkan dia mengalami tekanan yang melibatkan masalah-masalah lain. Namun klien sebenarnya mempunyai pemikiran yang tidak rasional atau irrational belief apabila menyatakan bahawa dia tidak boleh melihat rakan-rakannya mempunyai teman lelaki dan merasakan dirinya tidak cantik disebabkan ditinggalkan kekasihnya yang curang. Selain itu, pemikiran tidak rasional klien dapat dilihat apabila klien menyatakan bahawa dia tidak boleh melihat rakan yang berasal dari Terengganu di sebabkan bekas teman lelakinya Jo, berasal dari Terengganu.

Selain itu, Klien sebenarnya tidak mendapat kasih sayang yang menjadi asas kepada keperluan manusia apabila menyatakan rasa sunyi dan tidak mendapat perhatian keluarga serta belaihan kasih sayang seorang lelaki. Klien juga kelihatan menyesal terhadap tindakannya yang telah membelanjakan sebahagian besar wang untuk hadiah-hadiah yang diberikan kepada Jo. Klien juga sebenarnya Klien sebenarnya masih mengharapkan cinta daripada teman lelakinya apabila menyatakan tidak dapat melupakan detik manis bersama Jo. Klien mempunyai irrational belief system terhadap realiti percintaannya iaitu tidak dapat menerima situasi yang berlaku.

Perkaitan di antara isu-isu yang dikemukakan oleh siti dapat dilihat dalam rajah di bawah;



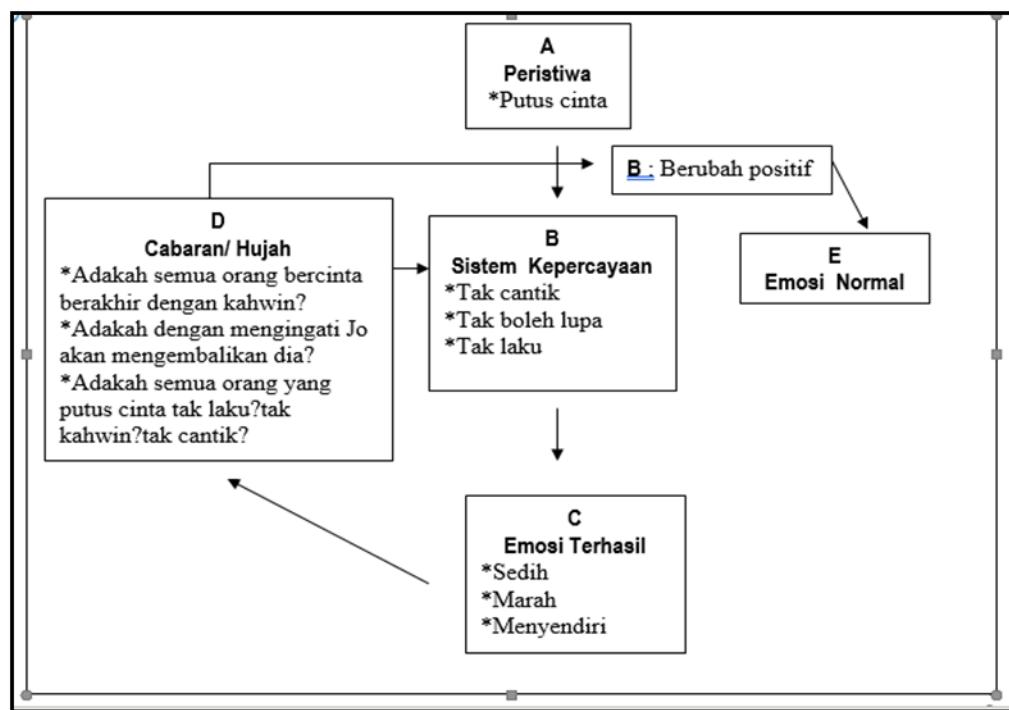
Rajah 1: Perkaitan permasalahan yang dialami oleh klien

4.0 HASIL DAN PERBINCANGAN

Pada sesi pertama ini, kaunselor banyak mendengar dan cuba memahami apa yang dilalui oleh klien. Sesi pertama berakhir dan kaunselor memberi tugas untuk klien lakukan iaitu mengenalpasti kekuatan dalam dirinya dan juga menyenaraikan matlamat atau impian yang ingin dicapainya dalam kehidupan.

Pada sesi yang kedua, kaunselor menggunakan terapi realiti dengan melihat kepada keperluan asas manusia yang dinyatakan dalam teori tersebut tidak diperolehi oleh klien iaitu kasih sayang dan rasa dipunyai. Selain itu klien juga tidak dapat mengubah perasaannya jika tidak mahu mengubah pemikiran dan tindakan. Ini kerana, tindakan dan pemikiran yang diubah akan mempengaruhi perasaan dan fisiologi klien.

Manakala pada sesi ketiga, didapati klien mempunyai sistem pemikiran yang tidak rasional. REBT teori telah digunakan dalam menyelesaikan permasalahan ini. Setiap pemikiran yang tidak rasional dirungkai dan diuraikan seperti dalam Rajah 2 dibawah:



Rajah 2: Sistem pemikiran tidak rasional klien

5.0 KESIMPULAN

Teori REBT dilihat amat efektif dalam membantu menangani permasalahan konsep kendiri yang dialami oleh klien. Ia dapat menyingkirkan pemikiran tidak rasional yang dimiliki oleh klien dan seterusnya membantu klien mendapatkan jalan keluar dalam menyelesaikan isu konsep kendiri yang rendah selepas putus cinta.

INTERVENSI KAUNSELING TERHADAP SIMPTOMATOLOGI PTSD MANGSA BULI:

SATU KAJIAN KES

(*Counselling Interventions on the Symptomatology of PTSD Victims of Bullying: A Case Study*)

Siti Fadhlina Mustapa Kamal¹, Syed Mohamad Syed Abdullah² & Rezki Perdani Sawai³

^{1,2}Universiti Sains Malaysia

³Universiti Sains Islam Malaysia

siti.fadhlina@student.usm.my (corresponding author)

1.0 PENGENALAN

Mangsa buli berisiko mengalami gejala gangguan stress pasca trauma (PTSD) (Andreou et al., 2020; Noraskin, 2020). Ini kerana, ciri-ciri gejala yang timbul sewaktu atau sejurus selepas dibuli (*peritraumatic distress*) dan derealisasi sewaktu dibuli (*peritraumatic dissociation*) didapati berkorelasi kuat dengan perkembangan gejala PTSD (Gušić et al., 2018). Gejala PTSD seperti mimpi buruk, pemikiran berulang berkaitan pengalaman dibuli, menghindari interaksi rakan sebaya serta cenderung berperasaan tidak berdaya dan putus asa yang tidak dirawat, berisiko untuk mendedahkan mangsa buli kepada isu psikologikal lain seperti penyalahgunaan bahan, depersonalisasi dan bunuh diri (APA, 2000; Brake et al., 2017; McGuckin et al., 2011).

Berdasarkan implikasi buruk mangsa buli ini, maka terdapat keperluan untuk memberi rawatan berbentuk intervensi kaunseling yang mengaplikasi sesuatu kaedah terapi bagi mengurangkan tahap simptomatologi PTSD mereka. Menerusi kajian literatur, penyelidik mendapati psikoterapi Kognitif Tingkah Laku (CBT) berfokuskan trauma sangat efektif dan terbukti berkesan secara konsisten dalam mengurangkan gejala PTSD pada orang dewasa, remaja dan kanak-kanak yang terdedah kepada trauma (Cukor et al., 2010). Bagi tujuan kajian ini, terapi Desensitisasi Bersistem (*Systematic Desensitization*; CBT-SD) atau Penghapusan Deria Secara Bersistem (Wolpe, 1958) diaplikasi dalam 5 daripada 7 sesi kaunseling individu bagi mencapai empat objektif kajian iaitu; mengenal pasti tahap simptomatologi PTSD remaja mangsa buli, mengenal pasti isu-isu psikologikal penting yang berkaitan dengan PTSD, mengenal pasti tahap simptomatologi PTSD sebelum, semasa dan selepas sesi kaunseling dan mengkaji keberkesanan intervensi Kognitif Tingkah laku Desensitisasi Bersistem (CBT-SD) dalam mengurangkan tahap simptomatologi PTSD remaja mangsa buli.

2.0 METODOLOGI

Kajian ini menggunakan kaedah gabungan (*Mixed Method*). Data kajian kuantitatif diperoleh daripada alat ukur *Detailed Assessment of Post-traumatic Stress* (DAPS; Briere, 2001) melalui kaedah tinjauan bagi menganalisis dapatan ujian pra serta ujian pos 1 dan 2, untuk melihat skor perbandingan tahap simptomatologi PTSD dan keberkesaan teknik CBT-SD ke atas klien sebelum, semasa dan selepas rawatan. Manakala kajian kualitatif jenis kajian kes tunggal digunakan bagi mengumpul, menerang dan menganalisis data kualitatif berkaitan subjek (Yin, 2003) yang mengalami PTSD kesan dibuli dan keberkesaan teknik rawatan CBT-SD secara terperinci melalui sesi kaunseling individu. Pensampelan kajian dipilih berdasarkan kaedah pensampelan bertujuan. Pengenalpastian maklumat subjek berkaitan tajuk penyelidikan dilakukan melalui laporan konsultasi kes daripada bapa subjek dan pentadbiran Ujian Psikologi *DAPS* yang dijalankan sebagai Ujian Pra sebelum sesi kaunseling bermula. Kemudian, dapatkan kajian dianalisis secara deskriptif menggunakan skor-T merujuk manual DAPS dan analisis kandungan transkripsi verbatim temubual, pemerhatian dan triangulasi.

3.0 HASIL DAN PERBINCANGAN

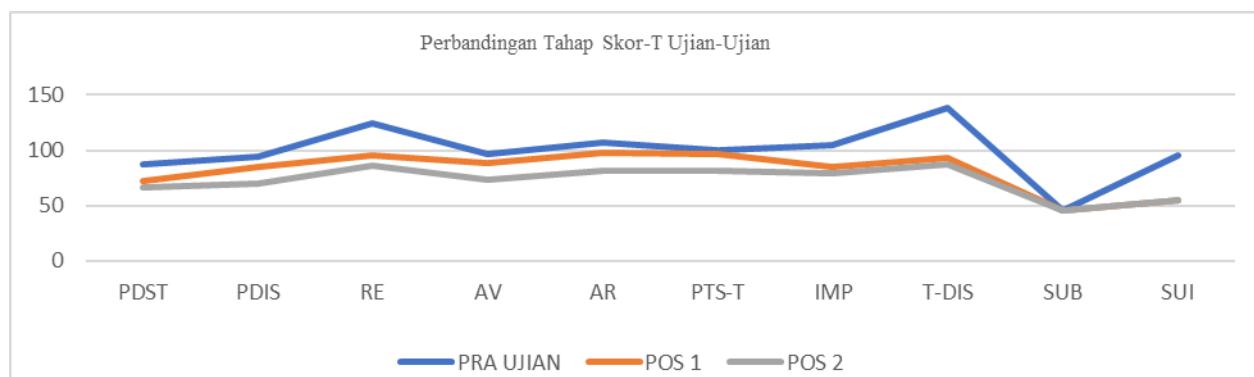
Hasil dapatkan yang diperoleh melalui analisis kuantitatif Skor-T merujuk manual DAPS dan analisis kualitatif berdasarkan transkripsi verbatim, pemerhatian penyelidik dan triangulasi telah dikodkan mengikut tema berpandukan persoalan kajian seperti yang ditunjukkan dalam Jadual 1 di bawah.

Jadual 1: Tema dan Subtema Analisis Kualitatif

TEMA	SUBTEMA	ANALISISIS SKALA
Tema 1: Simptomatologi PTSD	Subtema 1a: <i>Peritraumatic Distress</i>	a) Fear, b) Helplessness, c) Horror, d) Guilt e) Shame/Humiliation f) Disgust, g) Upset, h) Might Die
	Subtema 1b: <i>Peritraumatic Dissociation</i>	Dissociation
	Subtema 1c: <i>Posttraumatic Distress</i>	a) Reexperiencing (RE), b) Avoidance (AV), c) Hyperarousal (AR), d) Posttraumatic Impairment (IMP)
Tema 2: Isu Psikologikal	Subtema 2: <i>Associated Features</i>	a) Dissociation (T-DIS), b) Substance Abuse (SUB), c) Suicidality (SUI)
Tema 3: Tahap Simptomatologi PTSD	Subtema 3: Sebelum, Semasa dan Selepas	Semua skala
Tema 4: Keberkesanannya CBT-SD	Subtema 4: Kognitif, Emosi dan Tingkah Laku	Semua skala

Hasil kajian membuktikan keberkesanannya teknik CBT-SD dalam menurunkan gejala PTSD melalui perbandingan di antara skor Ujian Pra, Ujian Pos 1 dan Ujian Pos 2 serta perkembangan kendiri subjek yang lebih positif dari segi kognitif, emosi dan tingkah laku terhadap perlakuan negatif buli serta kehidupannya pada masa lalu, semasa dan akan datang. Berdasarkan Graf 2 di bawah, skor-T menunjukkan terdapat pengurangan gejala bagi setiap skala yang diukur. Berdasarkan dapatan Ujian Pra, subjek disahkan mengalami simptomatologi PTSD peringkat teruk (*severe*) secara kliniknya ($T>75$) pada skala PDST ($T=87$), PDIS ($T=94$), RE ($T=124$), AV ($T=97$), AR ($T=107$), PTS-T ($T>100$), IMP ($T=105$), T-DIS ($T=138$), SUB ($T=46$) dan SUI ($T=95$). Setelah rawatan dijalankan, dapatan Ujian Pos 1 menunjukkan penurunan skor pada setiap skala iaitu PDST ($T=72$), PDIS ($T=85$), AV ($T=89$), AR ($T=98$), PTS-T ($T=97$), IMP ($T=85$) dan SUB ($T=46$) serta menunjukkan peningkatan skor yang positif pada skala RE ($T=96$), T-DIS ($T=93$) dan SUI ($T=55$) jika dibandingkan dengan dapatan skor pada skala berkenaan dalam Ujian Pra.

Penurunan tahap simptomatologi yang baik dapat dilihat secara khususnya pada dua skala iaitu Skala SUI di mana isu psikologikal kecenderungan bunuh diri yang kebiasaannya mempunyai perkaitan dengan PTSD telah berkurangan dan disahkan berada pada tahap tidak signifikan (*Nonsignificant* ($T=<60$) dan Skala PDST ($T=72$) yang berada pada tahap sederhana (*Moderate* ($T=65-74$)). Manakala Skala SUB tetap diberi skor yang sama iaitu tidak signifikan secara kliniknya. Penurunan tahap simptomatologi PTSD yang positif terus diperolehi melalui analisis skor dalam Ujian Pos 2 dengan penurunan skor pada setiap skala iaitu Skala PDST ($T=66$), PDIS ($T=70$), RE ($T=86$), AV ($T=73$), AR ($T=81$), PTS-T ($T=81$), IMP ($T=79$), T-DIS ($T=87$) dan menunjukkan konsistensi positif pada Skala SUI ($T=55$) dan SUB ($T=46$). Hasil dapatan dari Ujian Pos 2 turut mengesahkan terdapat penurunan tahap pada Skala PDST, PDIS dan AV yang berada dalam tahap *Moderate* ($T=65-74$). Skor-skor pada setiap skala dijelaskan dalam Graf 1 di bawah:



Graf 2: Skor-T tahap PTSD pada setiap skala DAPS

Di samping itu, berdasarkan laporan deskriptif DAPS pada skor-T Pra Ujian mengesahkan subjek mengalami kesan psikologikal yang sering dikaitkan dengan PTSD pada peringkat teruk (*severe*) secara klinikalnya ($T>75$) pada skala *Dissociation-T-DIS* ($T=138$) dan *Suicidality-SUI* ($T=95$) kecuali pada skala *Substance Abuse-SUB* dengan $T= 46$. Walau bagaimanapun, hasil kajian mendapati terdapat percanggahan dapatan pada skala *SUI* ($T=95$) dengan transkripsi yang dianalisis. Subjek menafikan kenyataan ini dengan bersungguh-sungguh ketika penyelidik melakukan penerokaan berkaitan hal tersebut. Namun begitu, subjek lebih menunjukkan tingkah laku membala dendam dan keinginan untuk membunuh individu yang membulinya. Subjek melaporkan pernah membala dendam terhadap perlakuan negatif buli tersebut dengan mencari mangsa yang lebih lemah dan kecil tubuh badannya daripada subjek. Tingkah laku ini terdorong daripada perasaan benci, marah, takut dan tertekan sehingga wujud keinginan memperlihatkan kuasa atau membala perbuatan pembuli lain (River et al., 2007). Ini membenarkan dapatan kajian oleh Wan Salwina et al. (2009) yang mendapati mangsa buli bertindak menjadi pembuli akibat pernah dibuli (*bully-victims*). Perasaan dan pemikiran sebegini jika tidak dibendung boleh membawa kepada gejala sosial dan jenayah dalam kalangan mangsa buli (Ma et al., 2001). Berikut adalah transkripsi verbatim keinginan untuk membunuh;

“Yang bunuh tu dia relate dengan keadaan saya masa tu, suka menyeka budak, sama macam saya sekarang, suka menyeka orang. Cuma dalam keadaan tengah-tengah tu, perantara antara saya kecil dengan saya dewasa sekarang ni, itu tak berlaku, aaa, benda tu berkaitan. Bermula daripada saya suka pukul budak sampai biasa, sampai meningkat ke membunuh sekolah rendah dan sampai nak buat betul-betul sekarang ni, saya nampak lebih”. (S7-201)

Seperti yang dinyatakan sebelum ini, perkembangan kendiri subjek yang lebih positif dari segi kognitif, emosi dan tingkah laku terhadap perlakuan negatif buli serta kehidupannya pada masa lalu, semasa dan akan datang menjadi pengukur terhadap keberkesanan intervensi CBT-SD selain daripada dapatan skor DAPS. Subjek dilihat semakin berfikiran rasional bermula daripada sesi kelima ketika beliau mampu mengulang semula cerita dibuli dalam keadaan tenang, bersahaja malah subjek dilihat ketawa dan menerima peristiwa tersebut sebagai satu sejarah yang boleh dijadikan iktibar. Berikut adalah beberapa pernyataan yang menunjukkan subjek mengalami perubahan dari segi kognitif;

“Saya sedar, saya juga mungkin, ya mungkin menyumbang sama dalam hal ni, sebab sikap saya, saya kuat mengamuk, kuat menangis” (S5-20)

“...kesakitan masa lalu itu yang membuatkan saya jadi lagi kuat hari ni”. (S7-373)

Manakala perubahan emosi ditunjukkan oleh subjek melalui riak wajah dan pergerakan lisan dan bukan lisan fizikalnya yang semakin baik dari segi berjalan yang sudah kurang menunduk, jarang memegang dan memicit dahinya, selalu tersenyum, memandang penyelidik dengan lebih ceria dan selalu ketawa berbanding ketika Pra Sesi atau dalam beberapa sesi awal sebelum menjalani rawatan. Perubahan ini dapat dilihat menerusi analisis transkripsi verbatim di bawah:

“Saya rasa lebih lapang bila bercerita semula, dalam persepsi sikap saya. Erm, berbeza rasanya dari dulu dengan sekarang. Hehehe (ketawa).” (S5-68)

“...seriously bosan. Hehe. Tapi cuma perasan tu dah berubah pula. Menjadi bosan bila bersendirii” (S6-58)

“Maaf saya terlalu gembira, saya tak tahu nak cakap apa” (S7-150)

Perubahan tingkah laku subjek pula ditunjukkan menerusi keinginannya bagi menukar personaliti dan lebih menjaga penampilan diri, mengambil langkah pertama menjalinkan perhubungannya dengan abang-abang tirinya, kembali melakukan hobinya seperti melukis dan bermain permainan video, beliau mula melukis karakter yang lebih ceria, cantik dan tidak menakutkan pada lembaran lukisannya yang dibawa ke sesi untuk ditunjukkan kepada penyelidik, berani menjalinkan perhubungan dengan rakan sebaya, berasa gelisah jika bersendirian di kawasan kampus, mampu berjalan seiring dengan pembuli

dan juga individu-individu yang dahulu dikenal pasti mengancamnya dan sudah berani menghampiri kawasan ramai tumpuan rakan sebaya.

“Saya mula jaga penampilan, baru tau gaya rambut yang sesuai untuk saya, saya pakai stoking, saya pakai tali pinggang, saya pakai...” (S5-98)

“Ha, yes! Saya ada kehidupan, saya ada kawan, ada banyak benda yang saya perlu fikir” (S6-10)

“Saya rasa lebih baiklah, saya takde nak meracau, nak mengamuk” (S6-22)

“So, apa-apa pun, saya rasa, apa benda yang saya kena buat pun, saya kena maafkan orang, saya kena maafkan dia orang, jangan rahsia benda tu, dan jangan menyalahkan orang lain” (S7-180)

Di samping itu, hasil temubual dengan bapa, seorang rakannya serta seorang staf di universiti tersebut menyokong hasil dapatan kajian ini. Menurut bapanya, subjek semakin kurang beremosi, sudah pandai ketawa dan bergurau, semakin rasional dan tidak membentak, senang beralih dalam urusan dengan adik-beradik dan dilihat menjaga penampilan dirinya. Sementara itu, rakannya pula mendapati subjek serasi menegur rakan sekelas yang lain, tidak lagi bersendirian dalam kawasan kampus, wajahnya yang ceria dan tidak lagi kelihatan murung seperti sebelum ini dan hampir kebanyakan masa subjek dilihat berada dalam keadaan emosi yang tenteram dan tenang. Akhir sekali, hasil temubual dengan seorang staf universiti yang mengetahui kajian ini secara tidak langsung, beliau dapat mengenal pasti beberapa perubahan yang hampir sama, namun jelasnya subjek dilihat lebih yakin sewaktu berjalan, berani menegur pelajar lain di kafeteria dan kelihatan lebih berkeyakinan sewaktu berkomunikasi yang mana perlakuan tersebut amat dihindarinya sebelum ini. Oleh itu, hasil dapatan ini menyokong keberhasilan dan keberkesanan teknik CBT-SD dalam mengurangkan gejala PTSD yang dialami oleh subjek.

4.0 KESIMPULAN

Hasil kajian membuktikan penggunaan Teknik CBT-SD berkesan dalam mengurangkan tahap simptomatologi PTSD mangsa buli dan mengurangkan isu-isu psikologikal penting khususnya pada skal bunuh diri. Penurunan tahap gejala PTSD memberi kesan terhadap peningkatan kefungsian peribadi subjek dalam kehidupannya. Dapatan ini menunjukkan bahawa pencegahan dan pemulihan awal berbentuk intervensi kaunseling yang bersesuaian dengan isu klien amat penting untuk membantu mangsa buli mencapai kesejahteraan psikologikal. Kajian ini memberi manfaat kepada subjek, guru, kaunselor, pengamal psikoterapi dan terutamanya kepada ibu bapa. Peranan dan pengetahuan ibu bapa dalam memahami isu kesihatan mental anak dan keperluan untuk menanganinya turut mempengaruhi keberkesanan intervensi. Pengetahuan ibu bapa tentang isu buli dan kesan negatifnya terhadap perkembangan psikologikal anak sangat penting supaya ibu bapa lebih cakna terhadap perubahan emosi dan tingkah laku mereka supaya dapat memberi bantuan awal dengan merujuk kepada pakar yang berkaitan. Bantuan awal ini diharapkan dapat mengekang pelbagai cabaran kesihatan mental remaja agar dapat melahirkan keluarga yang harmoni dan sejahtera. Dicadangkan untuk agar kajian lanjutan dijalankan untuk mengetahui perkaitan di antara tingkah laku membunuh, membala dendam dan membunuh diri dengan jenis sikap mangsa buli iaitu sama ada pasif atau agresif. Adakah mangsa buli agresif lebih bertindak untuk mengamuk dan membunuh manakala mangsa buli yang pasif lebih berasa tidak berdaya dan mengambil jalan kematian bagi melenyapkan masalah.

**KESAN TERAPI AL QURAN TERHADAP KONFLIK WARGA EMAS: SATU KAJIAN KES
(*The effects of the Qur'anic Therapy on Senior Citizens Conflicts: A Case Study*)**

Othman Ab Rahman
Universiti Sains Islam Malaysia

othmanrahman@usim.edu.my (corresponding author)

1.0 PENGENALAN

Tujuan kajian ini dijalankan adalah untuk mengesan isu sebenar yang dihadapi oleh subjek, mengenal punca dan seterusnya mengenal pasti tindakan yang berkesan dalam membantu subjek keluar dari persoalan yang sedang dihadapinya. Subjek dikatakan mengalami perubahan tingkah laku, emosi dan fikiran selepas anak sulungnya diserang sakit *stroke* hingga tidak boleh mengurus diri. Segalanya berlaku dengan mengejut dan di luar jangkaan. Subjek kehilangan seorang anak yang sedang meniti kejayaan dalam kerjayanya juga merupakan anak harapan dan sandaran keluarga dalam urusan kewangan. Kini subjek memiliki dua orang anak kelainan upaya (OKU). Sebelum ini subjek dihormati sebagai seorang wanita berpengalaman dalam urusan rumah tangga, pengurusan masakan dan gubahan bunga, kini subjek sudah diketepikan oleh ahli keluarga dan masyarakat kawasan perumahan. Beliau dianggap sebagai seorang yang tidak waras kesan perubahan tingkah laku, pemikiran dan emosi yang ditunjukkan.

Subjek kajian merupakan seorang wanita warga emas. Berumur 81 tahun, seorang balu dan mempunyai dua orang anak OKU. Walaupun subjek mempunyai ramai anak tiri namun sejak 20 tahun yang lalu subjek tinggal bersama dua orang anaknya dengan aman dan bahagia. Tiada sebarang perubahan tingkah laku, pemikiran dan emosi yang keterlaluan ditunjukkan oleh subjek sebelum ini. Jika sebelum ini semua tugas rumah seperti urusan makanan, bayaran bil elektrik dan air, pengurusan adik OKU dijalankan oleh anak sulung subjek, kini subjek telah kehilangan sandaran utama untuk melaksanakan tugas-tugas tersebut.

2.0 METODOLOGI

Rekabentuk kajian adalah kajian etnografi. Kajian etnografi berkaitan isu warga emas sebelum ini turut dilaksanakan oleh Nor Raudah (2015) yang telah mengumpul dan menganalisa data secara kualitatif. Data kualitatif dikumpulkan melalui dokumen, pemerhatian, temubual dan sesi kaunseling individu. Ia selari dengan Genzuk (2003) yang menyatakan penyelidikan etnografi biasanya melibatkan tiga jenis pengumpulan data iaitu temubual, pemerhatian, dan dokumen. Sebanyak lima kali sesi kaunseling dengan menggunakan terapi Al-Quran telah dijalankan terhadap subjek. Antara terapi Al-Quran yang subjek jalani ialah zikir munajat, bacaan Surah Yaasin serta tahlil arwah. Subjek juga membaca petikan surah dalam Al-Quran seperti Surah Al Baqarah secara talaqi dengan pengkaji. Setiap kali lawatan sesi dilakukan pengkaji juga menjalankan sesi temubual dan pemerhatian terhadap subjek. Pengkaji juga menggunakan seorang pembantu jururawat yang sedang merawat anak sulung subjek sebagai pembantu pemerhati apabila pengkaji tiada di lokasi kajian. Pengkaji juga mendapatkan laporan pemeriksaan kesihatan subjek dalam pengumpulan data kajian.

Sebagai tambahan kepada teknik yang dijalankan pengkaji juga menjalankan terapi psikodrama. Menurut Gerald Corey dan J. L Moreno (dalam Ekin Ahmad), psikodrama merupakan teknik yang digunakan oleh ahli terapi untuk mengeksplorasi dan memecahkan masalah klien menggunakan aksi dramatik.

3.0 DAPATAN DAN PERBINCANGAN

Semasa lawatan kajian dijalankan subjek diperhatikan sering mengeluh terhadap nasib malang yang sedang dihadapinya. Subjek juga sering mengulangi permintaan untuk mendapatkan seorang pembantu rumah ditugaskan sebagai pembantunya namun permintaan tersebut tidak dapat ditunaikan oleh ahli keluarga kerana kekangan kewangan. Subjek juga mudah menjadi pemarah dan meluahkan emosi panas barannya sehingga memukul anak bongsunya yang juga seorang OKU apabila menghadapi kesulitan

dalam menguruskan anak tersebut. Kecelaruan fikiran subjek semakin kronik apabila dia menunjukkan emosi cemburu terhadap perhatian yang diperoleh oleh anak sulungnya yang sedang mendapat rawatan akibat *stroke*. Subjek pernah bertindak mencederakan diri sendiri dengan mencerahkan air panas ke atas kedua-dua peha, betis dan lengannya sehingga menyebabkan kecederaan kulit.

Selepas kecederaan kulit pulih, subjek telah bertindak lebih agresif dengan merebahkan dirinya seolah-olah dia sedang mengalami sakit pinggang dan lutut yang serius sehingga tidak boleh bangun untuk mengurus diri dan anak bungsunya. Ini menyebabkan situasi di rumah menjadi tidak terurus juga kesan bau yang tidak menyenangkan.

Subjek telah dibawa ke hospital untuk pemeriksaan dan rawatan. Ujian pemeriksaan darah menunjukkan subjek tidak mengalami masalah organ dalaman badan. Pemeriksaan x-ray menunjukkan subjek mengalami masalah tulang belakang yang membengkok. Pemeriksaan fisioterapi telah dijalankan terhadap subjek dan mendapati subjek hanya mengalami simpulan urat pinggul yang tidak begitu serius dan boleh dirawat melalui senaman pemulihan. Lima latihan senaman telah diajar kepada subjek. Subjek dilihat mampu melakukan senaman rawatan fisioterapi tersebut. Bagaimanapun, subjek masih tidak menunjukkan kesungguhan untuk bangun dan mengurus diri. Konflik tingkahlaku, pemikiran dan emosi yang ditunjukkan oleh subjek kajian menjadi faktor kepada pengkaji menjalankan sesi kaunseling individu dengan menggunakan terapi Al-Quran.

Firman Allah swt dalam Al-Quran, Surah Yunus, ayat 57:

“Wahai umat manusia! Seungguhnya telah datang kepada kamu Al-Quran yang menjadi nasihat dan pengajaran dari Tuhan kamu, dan menjadi penawar bagi penyakit-penyakit batin yang ada di dalam dada kamu, dan juga menjadi hidayah petunjuk untuk keselamatan, serta membawa rahmat bagi orang-orang yang beriman.”

Dapatkan kajian menunjukkan subjek akan bertindak positif jika dimaklumkan pihak berkuasa seperti hospital atau Jabatan Kebajikan Masyarakat (JKM) akan bertindak membawa subjek ke pusat jagaan orang tua dan memisahkanya dengan anak-anak OKU. Begitu juga subjek telah menunjukkan tahap agresif yang semakin terkawal apabila dipandu membacakan ayat-ayat suci Al Quran dan zikir munajat.

4.0 KESIMPULAN

Kesimpulan kajian mendapati tahap pemikiran serta emosi subjek masih waras, boleh dikawal dan dibantu pulih jika mendapat terapi yang sesuai oleh terapis berpengalaman. Ia selari dengan saranan (Norazam & Ismail, 2016) yang menyatakan pendekatan bukan ubatan atau *non-pharmacology* perlu ditekankan sebagai langkah pencegahan dan rawatan utama. Rawatan psikoterapi seperti terapi kognitif dan tingkah-laku atau *Cognitive-Behaviour Therapy* (CBT) dan terapi individu seperti penyelesaian masalah dan kaunseling sokongan boleh dilakukan oleh perawat yang bertauliah.

PERGURUSAN KERESAHAAN MAHASISWA IPTA DI MUSIM COVID 19
(Anxiety Management of IPTA Students in COVID-19)

Amin Al Haadi Shafie

Universiti Sains Islam Malaysia, Fakulti Kepimpinan dan Pengurusan, Nilai, Negeri Sembilan

amin@usim.edu.my (corresponding author)

1.0 PENDAHULUAN

Pandemik Covid 19 telah melanda kebanyakan negara di seluruh dunia dan menjelaskan kehidupan dan aktiviti manusia di dunia. Banyak sektor yang terjejas seperti sektor ekonomi, sektor pendidikan, keselamatan dan kesejahteraan mental di seluruh dunia. Bagi bidang pembelajaran, kebanyakan negara memfokuskan pengajaran dan pembelajaran dalam talian sebagai alternatif untuk menguruskan sistem pendidikan pengajar dan pembelajaran. Ini membawa kepada pelajar belajar secara bersendirian dan pemikiran mereka dikuasai oleh maklumat -maklumat dari media massa. Terdapat banyak kesan sampingan yang dihadapi oleh pelajar dalam menghadapi kehidupan norma baharu ini. Artikel ini akan membincangkan bagaimana kaunselor membantu klien dalam menjalani kehidupan norma baharu dan mengurangkan keresahan yang dihadapi klien. Kaunselor menggunakan pendekatan terapi tingkah laku dan kognitif (CBT) untuk menstrukturkan kembali pemikiran dan mengubah tingkah laku yang dapat membantu klien mengadaptasi klien dalam kehidupan di norma baharu. Lapan sesi dijalankan bagi membincangkan pemikiran yang ada pada klien, merasionalkan pemikiran tersebut, melihat tingkah laku hasil dari pemikiran dan daya tindak yang sesuai untuk klien praktikan. Hasil daripada sesi kaunseling yang dijalankan bersama kaunselor, klien dapat mengawal keresahan yang dialami dan dapat mendapat semangat untuk lebih fokus kepada pembelajaran dalam talian. Pendekatan terapi tingkah laku dan kognitif ini sesuai dalam membantu mereka yang berhadapan dengan keresahan disebabkan perubahan norma baharu yang sedang dilalui oleh pelajar kini.

Katakunci: Covid 19, keresahan, Universiti, Pandemik, CBT

2.0 METODOLOGI

Dalam kajian kes ini, kaunselor ialah menggunakan pendekatan teori kognitif tingkah laku yang memfokuskan terapi tingkah laku emotif rasional (REBT). Pendekatan ini merupakan sebahagian di bawah Teori Kognitif dan Tingkah laku (CBT) dan ia berdasarkan teori kognitif (CT), terapi tingkah laku emotif rasional (REBT), (Selva, 2021).

Kajian kes

Anis (bukan nama sebenar) merupakan pelajar tahun kedua di sebuah universiti tempatan yang tinggal di kolej kediaman di universiti berkenaan. Beliau sedang mengambil aliran psikologi dan beliau merupakan seorang pelajar yang cemerlang. Daripada laporan yang lepas dan temu bual bersama kaunselor, beliau tidak mempunyai sebarang masalah kesihatan mental sebelum ini dan tiada masalah hubungan bersama pelajar yang lain dan pensyarah-pensyarah. Isu-isu yang dibawa oleh klien ialah beliau menghadapi masalah pembelajaran apabila semua pengajaran dalam subjek-subjek perlu dijalankan melalui talian (online). Klien merasakankekangan dalam mengikuti kuliah kerana tidak begitu memahami dengan apa yang disampaikan dalam kuliah secara dalam talian dan kebosanan mengikuti pembelajaran dalam talian ini. Beliau juga berhadapan dengan keadaan yang sangat resah apabila terdapat kes-kes jangkitan Covid 19 di blok-blok asrama bersebelahan dengan bloknya, sehingga beliau takut hendak ke tandas asrama, ke cafeteria dan koperasi kolej kediannya. Isu-isu tekanan dan keresahan (stress and anxiety) yang beliau hadapi mengganggu diri beliau dan ia juga ditunjukkan dengan simptom fisiologikal, seperti sesak nafas, berdebar-debar dan berpeluh di tapak tangan.

Langkah-Langkah Diambil Kaunselor

Kaunselor menjalankan sesi kaunseling dengan klien sebanyak 8 sesi kaunseling dengan menggunakan pendekatan REBT dan Terapi Tingkah laku dan menyusun sesi-sesi seperti berikut dengan persetujuan klien. Jadual dibawah merupakan rumusan sesi-sesi yang dijalankan bersama klien:

No.	Sesi	aktiviti
1	Pengenalan	Berkenalan dan mengenalpasti isu klien
2	Intervensi pemikiran	Menjalankan intervensi pemikiran kurang rasional, Teknik ABC digunakan bagi membentulkan pemikiran iaitu, Covid 19 bukan menyebabkan beliau resah (A), tetapi pemikiran percaya bahawa ia perlu sangat berhenti-hati kerana situasi sekarang yang sangat bahaya akan menyerangnya bila-bila masa sahaja (B).
3	Daya tindak	Mempelajari daya tindak mengurangkan keresahan yang ditunjukkan klien – Teknik imaginary dan pernafasan
4	Daya tindak	Membimbing dan menjalankan Teknik systematic desensitization untuk mengurangkan keresahan secara berperingkat
5	Kerja rumah	Latihan / Aplikasi Teknik ABC
6	Perbincangan	Membincangkan kembali apa yang sudah dipelajari
7	Penutup	Membincangkan rumusan sesi-sesi yang lepas
8	susulan	Membuat sesi susulan bersama klien

3.0 HASIL DAN PERBINCANGAN

Kesan daripada sesi-sesi kaunseling menunjukkan bahawa klien telah dapat mengawal dirinya daripada keresahan dan tekanan yang dilaluinya. Klien juga dapat mengfokus kepada pembelajaran yang terganggu akibat dengan khabar berita yang menyatakan bahawa dirinya terancam dengan Covid 19 walaupun telah mengikuti SOP dan sentiasa tinggal di bilik asramanya. Pemikiran tidak rasional klien (B) telah dinyahkan menggunakan Teknik ABC oleh kaunselor dan telah digantikan dengan falsafah baru. Turner (2016) menyatakan, teknik ABC membantu menyahkan pemikiran tidak rasional dan digantikan dengan falsafah baru. Keresahan dan tekanan yang ditunjukkan melalui fisiologikal seperti sesak nafasa, menggigil sehingga takut untuk ke tandas, kafetaria dan koperasi kolej kediaman telah dapat dikawal dengan baik menggunakan pendekatan tingkah laku seperti latihan pernafasan, senaman di tapak tangan dan menggunakan falsafah yang baru dipelajari semasa menjalankan aktiviti daya tindak ini. Menurut Norelli, Long, Krepps (2021), senaman terapeutik dan latihan pernafasan ini akan boleh membantu mengurangkan keresahan hasil daripada daya tindak dan perubahan pemikiran. Ini membantu klien dalam memfokuskan dirinya untuk sesi pembelajaran secara dalam talian untuk semester ini dan beliau berjaya menamatkan semester ini dengan lebih tenang dan berkeyakinan.

4.0 KESIMPULAN

Kesimpulannya, pandemik Covid 19 telah melanda kebanyakan negara di seluruh dunia dan menjelaskan kehidupan dan aktiviti manusia di dunia. Banyak sektor yang terjejas seperti sektor ekonomi, sektor pendidikan, keselamatan dan kesejahteraan mental di seluruh dunia. Bagi bidang pembelajaran, kebanyakan negara memfokuskan pengajaran dan pembelajaran dalam talian sebagai alternatif untuk menguruskan sistem pendidikan pengajar dan pembelajaran.

**APLIKASI PENDEKATAN TERAPI BERMAIN TERHADAP ISU SOSIAL DAN EMOSI
PELAJAR PINTAR BERBAKAT**
(The Application of Play Therapy Approach on Social and emotional Issues among Gifted and Talented Students)

Nor Hamizah bt Ab Razak¹, Abdul Rashid Abdul Aziz² & Nadziroh bt Mohd Zubir³

^{1, 2} Fakulti Kepimpinan dan Pengurusan, Universiti Sains Islam Malaysia

³ Jabatan Sains & Kemanusiaan Fakulti Pengajian Islam, Universiti Sultan Azlan Shah

rashid@usim.edu.my (corresponding author)

1.0 PENGENALAN

Latar Belakang Klien

Klien merupakan sekumpulan pelajar pintar berbakat di salah sebuah institusi pintar dan berbakat di Malaysia. Pelajar pintar berbakat (PPB) merupakan pelajar yang dikategorikan sebagai pelajar berkeperluan khas. Pelajar ini memiliki tahap perkembangan dan pertumbuhan kognitif, emosi dan sosial yang berbeza jika dibandingkan dengan pelajar biasa (Rorlinda, Noriah, Siti Aishah & Afifah 2016). Walau bagaimanapun, di sebalik kelebihan yang dimiliki terpalit tekanan dan konflik dalaman yang membantutkan perkembangan sosial dan emosi mereka. Perkara ini membawa kepada masalah seperti rasa rendah diri, rendah motivasi kendiri, pencapaian bawah tahap (*underachievement*) dan kebimbangan. Klien yang terlibat dalam kajian ini adalah PPB yang berusia diantara 13-15 tahun.

Latar Belakang Masalah Klien

Antara isu-isu yang dialami oleh PPB adalah seperti masalah ketegangan emosi, kesempurnaan yang melampau, kebimbangan yang tinggi, sensitiviti yang tinggi, keterujaan yang melampau, kepekaan terhadap keadilan sosial yang tinggi, kritik diri yang tinggi, kesukaran mengadaptasi ke suasana baharu dan kurang kemahiran penyesuaian sosial dan berkomunikasi. Kegagalan menangani isu-isu sosial dan emosi ini boleh menjelaskan perkembangan potensi kepintaran PPB yang semula jadi.

Kemahiran membuat keputusan dalam kalangan PPB boleh tergugat disebabkan oleh ciri-ciri golongan itu sendiri. Contohnya, ciri kesempurnaan melampau yang dimiliki oleh PPB meletakkan mereka dalam keadaan tekanan dan marah apabila tidak mampu menyempurnakan sesuatu perkara seperti mana yang dijangkakan seterusnya gagal menangani perkara tersebut secara sihat. Sikap ini memaksa PPB untuk melihat sesuatu perkara sama ada ‘betul’ atau ‘salah’ tanpa mengambil kira perbezaan di antara ‘betul’ dan ‘salah’ dan mengabaikan alternatif ketika mengambil keputusan. Justeru, golongan ini perlu diberi bimbingan bagi meningkatkan tahap kemahiran membuat keputusan. Tanpa kemahiran tersebut, PPB gagal menguruskan isu sosial dan emosi secara berkesan seterusnya membantu perkembangan mereka yang sepatutnya boleh dikembangkan secara optimum.

Neihart (2002) menjelaskan ciri-ciri pelajar pintar adalah sebagaimana ciri-ciri pelajar yang berdaya tahan tinggi. Namun, faktor psikologi PPB seperti perkembangan fizikal dan umur yang tidak selaras serta ekspektasi yang tinggi daripada masyarakat memberi tekanan dan menggugat daya tahan mereka. Disamping itu, daya tahan yang tinggi dapat mengurangkan jurang *asynchronous* dalam kalangan mereka. Tanpa kebolehan tersebut, bukan sahaja memberi kesan negatif kepada PPB itu sendiri malahan turut merugikan negara kerana PPB merupakan aset penting sesebuah negara. Oleh yang demikian, intervensi bimbingan kaunseling keatas sekumpulan PPB ini memfokuskan kepada membantu peningkatan kemahiran membuat keputusan dan daya tahan mereka.

Objektif

Kajian ini dijalankan untuk mengenalpasti keberkesanan pendekatan terapi bermain dalam membantu PPB menguruskan isu sosial dan emosi dengan berkesan yang menekankan kepada elemen membuat keputusan dan juga daya tahan.

2.0 KAJIAN LITERATUR

Kepentingan perkhidmatan bimbingan dan kaunseling kepada golongan PPB di sekolah atau kolej tidak dapat dipertikaikan lagi (Abu Yazid & Noriah 2016). Ini kerana isu dan permasalahan yang ditimbulkan oleh golongan ini telah mendapat perhatian banyak pihak terutamanya pihak sekolah atau kolej. Melihat kepada saranan dan pandangan pengkaji lepas berkaitan dengan intervensi terhadap PPB yang memerlukan pendekatan yang berbeza daripada pelajar biasa. Oleh yang demikian, elemen seperti kreatif, imaginasi, fantasi, sensitif (Rosselet & Stauffer 2013; Gere et al. 2017) yang terkandung dalam pendekatan terapi bermain sangat sesuai untuk diaplakisikan kepada PPB dalam memberikan perkhidmatan yang berkesan kepada mereka. Selain itu, penggunaan terapi bermain juga salah satu pendekatan yang sesuai untuk diaplakisikan kepada remaja yang berbeza tahap perkembangan, tahap pembelajaran dan juga berbeza keperluan sosial dan emosi seperti PPB (Rosselet & Stauffer 2013).

Perkara tersebut bertepatan dengan cadangan Caputo (1993) dalam kajiannya yang mendapati terapi boneka sangat sesuai bagi pelajar berkeperluan khas terutamanya bagi pelajar yang mengalami masalah emosi dan tingkahlaku. Ini adalah selari dengan PPB yang juga merupakan kategori pelajar keperluan khas yang menuntut pendekatan yang unik. Malahan, menurut Caputo (1993) lagi terapi boneka turut sesuai digunakan oleh guru-guru sekolah untuk membantu pelajar bagi menyuarakan kesakitan terhadap masalah peribadi tanpa wujud perasaan asing dengan guru dan juga pelajar lain.

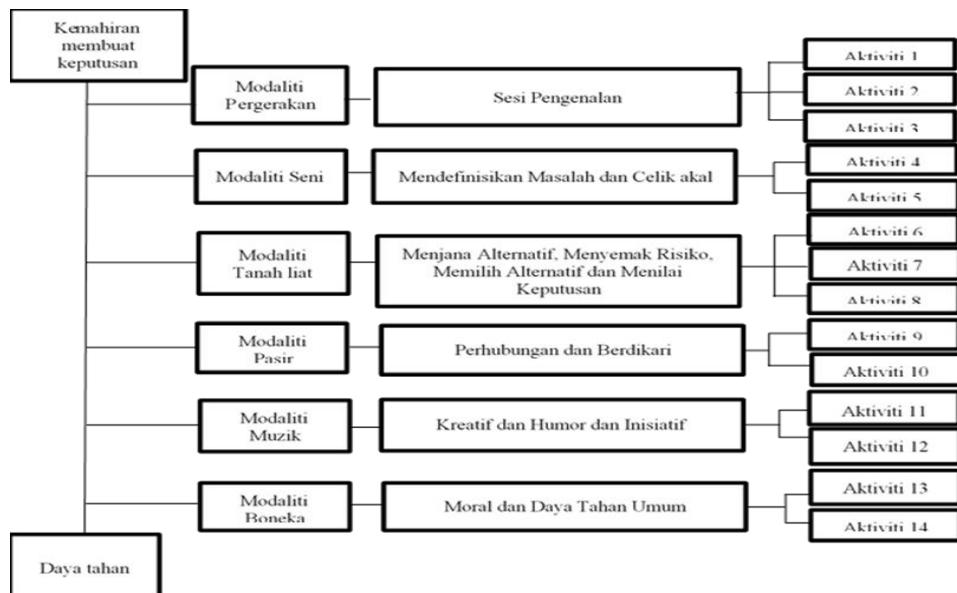
Kajian Rosselet & Stauffer (2013) juga telah membuktikan keberkesanan kelompok terapi bermain Adlerian menggunakan kaedah *group role playing game* ke atas pelajar pintar. Kajian kes telah dijalankan ke atas seorang kanak-kanak yang berusia 15 tahun yang mengalami rendah estim kendiri, masalah tingkahlaku di sekolah, membuli serta kegagalan akademik. Hasil daripada intervensi kelompok terapi bermain, kanak-kanak tersebut dapat mengawal emosi dan membentuk hubungan yang baik dengan orang lain serta masalah tingkahlaku di sekolah dan pembelajaran turut menunjukkan perubahan positif. Di samping itu, kelompok tersebut juga membantu kanak-kanak itu menerima kesalahan orang lain serta membina kebolehan interpersonal.

Seterusnya, Ashby, Kottman & Martin (2004) turut menyokong keberkesanan terapi bermain terhadap sikap maladaptif iaitu kesempurnaan melampau. Sikap ini juga sering kali ditemui dalam kalangan PPB. Menurut kajian mereka, terapi bermain membantu kaunselor dalam mengenal pasti tingkahlaku maladaptif kanak-kanak yang memiliki kesempurnaan melampau. Penggunaan terapi bermain telah berupaya menilai dan merawat kesempurnaan maladaptif kanak-kanak dalam kajian mereka.

Oleh kerana kajian ini melibatkan pelajar pintar berbakat yang memiliki keunikan efektif, maka kaedah yang unik dan kreatif sangat sesuai diaplakisikan kepada mereka. Justeru, menjadi tanggungjawab kaunselor untuk menyokong keberkesanan terapi bermain sebagai suatu intervensi kaunseling dalam menangani masalah yang berkaitan dengan populasi pintar dan berbakat.

3.0 METODOLOGI

Perkhidmatan bimbingan kaunseling telah dijalankan bersama dengan sekumpulan 8 orang pelajar pintar yang telah dikenal pasti memiliki tahap membuat keputusan dan daya tahan yang rendah. Satu intervensi berbantuan modul iaitu Modul Terapi Bermain Kognitif Tingkahlaku (Modul TBKT) dijalankan. Intervensi ini merupakan sesi bimbingan kelompok yang mengandungi 6 sesi iaitu mewakili 6 kali pertemuan. Setiap pertemuan akan memfokuskan kepada domain tertentu yang merangkumi keupayaan membuat keputusan dan juga daya tahan. Berikut adalah perjalanan bimbingan kelompok yang telah dijalankan bersama sekumpulan pelajar ini.



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MEMBERS OF COMMITTEE MARITAL AND SEXUALITY COUNSELING SEMINAR (MASEC) 2021

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Professor Dr. Mohammad Hamiruce Marhaban
Deputy Vice Chancellor (Research & Innovation)
Universiti Sains Islam Malaysia

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Assoc. Prof. Dr. Mohd Faizal bin Kasmani
Dean, Faculty of Leadership & Management,
Universiti Sains Islam Malaysia.

ADVISOR 2

Assoc. Prof. Dr. Nurkareelawati Abd. Karim
Deputy Dean (Research & Innovation),
Faculty of Leadership & Management,
Universiti Sains Islam Malaysia.

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