

Primary School's Psychoeducational Cognitive Behavior Module as a Preliminary Prevention Strategies for Problematic Behavior

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Abstract

The aim of this experimental study is to determine the effect of early psychoeducational intervention process through Primary School's Psychoeducational Cognitive Behavior Module (MPpKTSR) on psychological aspects (resilience, motivation, depression and coping skills). First phase of this study involved 160 participants who have Marker System characteristics. While second phase involved 80 subject (40 males; 40 females) who had been chosen from the result of the first phase based on few criteria (low level of resilience, motivation and coping skill; high level of depression). These criteria were measure through *Instrumen Remaja Berisiko Sekolah Rendah* (IRBSR). They were divided into two group (treatment and control group). Through ANCOVA analysis that have been conducted, MPpKTSR have positive impact where this module effectively increases the level of resilience, motivation and coping skill, and reduce depression level among subject in treatment group (male and female). As the conclusion, an early intervention as a way to overcome problematic issues among primary school students is recommended.

Keywords: Primary School's Psychoeducational Cognitive Behavior Module; Resilience; Motivation; Coping Skills; Depression; Adolescents' Problematic Behavior

Introduction

The children and adolescents developmental process are influenced by social factors such as families, communities and wider social institutions (Bronfenbrenner, 1979). The influence of these social factors includes processes in families, peers, social support and community resources, neighbourhood security, quality of life, and wider institutions such as schools. Children with atypical risk behaviors come from a negative environment or a risky environment - families that include family function failure and failure to receive parental support (Attar-Schwartz, Mishna, & Khoury-Kassabri, 2017; Coyle, Demaray, Malecki, Tennant, & Klossing, 2017), poverty (Baharudin, Krauss, Yacoob, & Pei, 2017; Kurt & Ergene,

2017), risky neighbourhood environment (Tam & Freisthler, 2015; Tompsett et al., 2016), peer (Reynolds & Crea, 2015; Weermen et al. 2015) and school (Bao, Li, Zhang & Wang, 2015; Synder & Smith, 2015).

Failure of family functions, poverty, peer pressure and risky neighbourhood's environment act as Risky Antecedent or factor that lead children and adolescent getting involve in problematic behavior. Within a certain period of time, children and adolescent who grew up under these risky circumstances tend to be more fragile, have low level of resilience and social efficiency. These characteristics make the child fail to adjust their behavior when facing a stressful situation, and they are at risk to engaging in problematic behavior including involving in criminal behavior in future (Rovis, Bezinovic, Basic, 2015; Mann, Kretsch, Tackett, Harden, Tucker-Drob, 2015).

In addition, Risky Psychology such as low level of resilience (Newsome & Sullivan, 2014; Yee & Sulaiman, 2017), incompetence coping skill (Carnicer & Calderón, 2014), less motivational (Zainudin Sharif & Norazmah Mohamad Roslan, 2011) and depressive problems (Anderson, Cesur, & Tekin, 2015; S. A. Lee et al., 2015) experienced by the teenagers can be a contributor to them getting involve problematic behaviors. These risky children and adolescents can be identified at an early stage based on the Marker System before a symptom of behavioral problems develop (Burt, Resnick & Novick, 1998).

Signs of child and adolescent who at risk are they have low level of academic achievement, not interested in school activities and often involved in school truancy problem (Dryfoos 1990). Various types of risky behaviors have been done by adolescent such as bullying, stealing and robbing, drinking alcoholic, engaging in substance use activity and early sex activities without legitimate ties (Attar-Schwartz et al., 2017; Salom et al., 2016; Shek & Lin, 2016). Based on a library study that had been conducted, we developed an Antecedent and Marker System Model consists of four main constructs which are Risky Antecedent, Risky Psychology, Marker System and Problematic Behavior.

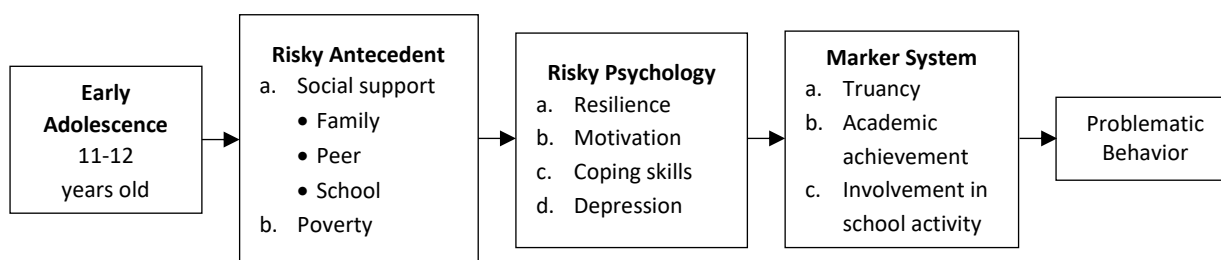


Figure 1: Conceptual Framework of Primary School Students' Problematic Behavior

Based on library research and conceptual framework of primary school students' problematic behavior, the *Instrumen Remaja Berisiko Sekolah Rendah* (IRBSR) has been developed to measure all construct in this study. The IRBSR instrument contains 90 items as a whole representing 4 constructs (Risky Antecedent, Risky Psychology, Marker System and Problematic Behavior). In addition, Primary School's Psychoeducational Cognitive Behavior Module based on Rational Emotive Behavior Therapy (REBT) has been used in this study. Based on past psychoeducational and counselling approaches, REBT' was found to be effective in solving psychological problem and individual behavior including discipline problem, delinquency and criminal across different culture and age (Abdullah, 2015; Bistamam, 2006; Bistamam et al., 2012; Bistamam et al., 2015; Bistamam et al., 2016; Zainol, 2016).

Objective

The objective of this study was to determine the effect of early psychoeducational intervention process through Primary School's Psychoeducational Cognitive Behavior Module (MPpKTSR) on psychological aspects (resilience, motivation, coping skill and depression) and problematic behavior among risky primary school students based on;

- i. Pre-test and post-test result of psychological aspect (resilience, motivation, coping skill and depression) between treatment groups and control groups.
- ii. Pre-test and post-test result of psychological aspect (resilience, motivation, coping skill and depression) between male treatment group and female treatment group with control group.

Methodology

To achieve all of the above objectives, an experimental study was conducted. Independent variable in this study is MPpKTSR and dependent variable are psychological aspects (resilience, motivation, coping skill and depression) and problematic behavior among adolescents. A total of 80 primary school students (11 - 12 years old) were chosen as the subject of experimental studies. They are selected through a purposive sampling process. The subjects' selection process has going through two phases according to Antecedent and Marker System Model.

During the first phase, 160 participants who have Marker System characteristics which they have low academic achievement, not actively involved in school activity, have truancy and disciplinary problem at school were selected by the school with the help of school's counsellor and disciplinary teachers. IRBSR was administered to the selected subjects. A total of 80 subjects who meet the criteria (have low resilience, motivation and coping skills, and high depression scores) were selected as the subjects of experimental studies.

Table 1 shows the validity and reliability value for the IRBSR which the type validity that have been used in these studies was face validity. This category looks at whether the instrument adequately covers all the content that it should with respect to the variable or in other words, does the instrument cover the entire domain related to the variable, or construct it was designed to measure? (Heale & Twycross, 2015). The validity score based on each construct were varying between .79 to .97 with the total validity score for the instrument was .91. For reliability score, the Cronbach alpha value for each construct vary between .67 to .90 with total Cronbach alpha value for the instrument was .75. The general rule of thumb suggested ideal Cronbach alpha value is above .70 (good), .80 (better) and .90 (best) (DeVellis, 2003; Rachel, 2018).

Some of the construct have fewer items that is below than 10 items have a quite low Cronbach alpha value as it is quite sensitive to the number of items in the scale (Pallant, 2007). So, Pallant (2007) suggest that it would be more appropriate to report the mean inter-item correlation value for the items. Briggs and Cheek (1986) recommend optimal range for inter-item correlation is between .20 to .40. The mean inter-item correlation of this instruments varies between .21 to .39 with total average value is .30 that shows an acceptable value.

Table 1

Validity and reliability of IRBSR

Construct	Variable	Number of Item	Validity	Reliability	Mean Inter-item Correlation
Risky Antecedent	Social support from family	8	.91	.76	.38
	Social support from peer	8	.92	.70	.28
	Social support from school	8	.93	.74	.21
Risky Psychology	Poverty	5	.92	.75	.27
	Resilience	10	.93	.70	.32
	Motivation	8	.88	.67	.26
	Coping skills	10	.95	.68	.22
Marker System	Depression	10	.85	.84	.37
	Truancy	2	.79	.54	.36
	Academic achievement	5	.91	.82	.28
	Involvement in school activity	3	.97	.84	.39
Problematic Behavior		19	.95	.90	.26
Total/Average		96	.91	.75	.30

Next, during the second phase, subjects of the experimental study were divided into two groups which were treatment group (40 subject) and control group (40 subject) through pair random sampling technique. Treatment group subjects undergo intervention process through eight (8) group counselling sessions based on MPpKTSR adapted from the Youth Adjustment Group Counselling Module by Bistamam (2006). At the same time, the control group subjects are in a waiting state, where the same intervention (MPpKTSR) is done on them as soon as the post-test result is taken.

Result

This part was divided into two section which are first for demographic background of the participant in this study while second section discuss the outcome from the analysis of the data from experimental study (phase 2) through ANCOVA and Post-Hoc Analysis.

Demographic Background of the Participant

In this study, total number of samples that involved was 160 respondents. Table 2 shows the demographic background of all respondents in this study according to participants' age, gender and race based on frequency and percentage. Through the descriptive analysis that have been conducted, there are 80 (50%) male and 80 (50%) female who agreed to fill up the questionnaire and most of them were Malay (131) followed by Chinese (13), Indian (8), Others (6) and Indigenous Sabah/Sarawak (2). The age of the respondents were 11 years old (60.63%) and 12 years old (39.37%).

Table 2

Demographic Background of Respondents

Demographic Background		Frequency	Percentage
Gender	Male	80	50.00
	Female	80	50.00
Age	11 years old	97	60.63
	12 years old	63	39.37
Race	Malay	131	81.88
	Chinese	13	8.12
	Indian	8	5.00
	Indigenous Sabah/Sarawak	2	1.25
	Others	6	3.75

Analysis of Covariance (ANCOVA) and Post-Hoc

This section divided into two section according to objectives of this study. Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of variances, homogeneity of regression slopes, and reliable measurement of the covariate. The independent variable was the type of MPpKTSR and the dependent variable consisted of scores on psychological aspects administered after the intervention was completed. Participants' scores on the pre-post administration of the psychological aspects were used as the covariate in this analysis.

- a. Pre-test and post-test result of psychological aspect (resilience, motivation, coping skill and depression) between treatment groups and control groups.

A one way between groups analysis of covariance was conducted to compare the effectiveness of MPpKTSR to improve subjects' psychological aspects (resilience, motivation, coping skill and depression) between treatment group and control group. According to Table 3, after adjusting for pre-post scores, there was a significant difference between the two groups (treatment and control) on post-test scores for all psychological aspects which are resilience ($F(1,77) = 60.78, p = .00$, partial eta squared = .52), motivation ($F(1,77) = 36.08, p = .00$, partial eta squared = .39), coping skill ($F(1,77) = 37.83, p = .00$, partial eta squared = .40) and depression ($F(1,77) = 30.24, p = .00$, partial eta squared = .35).

Table 3

ANOVA of the Effect MPpKTSR on Psychological Aspect between treatment and control group

Variable	Mean Square	F	p	Partial Eta Squared
Resilience	4.22	60.78	.00*	.52
Motivation	3.12	36.08	.00*	.39
Coping Skills	3.32	37.83	.00*	.40
Depression	2.91	30.24	.00*	.35

* $p < .05$

- b. Pre-test and post-test result of psychological aspect (resilience, motivation, coping skill and depression) between MTG, FTG and CG

A one way between groups analysis of covariance was conducted to compare the effectiveness of MPpKTSR to improve subjects' psychological aspects (resilience, motivation, coping skill and depression) between male treatment group, female treatment group and control group. According to Table 4, after adjusting for pre-post scores, there was a significant difference between the three groups on post-test scores for all psychological aspects which are resilience ($F(1,77) = 48.34, p = .00$, partial eta squared = .63), motivation ($F(1,77) = 43.26, p = .00$, partial eta squared = .61), coping skill ($F(1,77) = 39.65, p = .00$, partial eta squared = .42) and depression ($F(1,77) = 25.00, p = .00$, partial eta squared = .47).

Table 4

ANOVA of the Effect MPpKTSR on Psychological Aspect between MTG, FTG and CG

Variable	Mean Square	F	p	Partial Eta Squared
Resilience	2.59	48.34	.00*	.63
Motivation	2.44	43.26	.00*	.61
Coping Skills	2.44	39.65	.00*	.42
Depression	1.74	25.00	.00*	.47

* $p < .05$

Note: MTG (male treatment group) FTG (female treatment group) CG (control group)

Table 5 shows that post-hoc comparisons test indicated that the mean score of all psychological aspects except depression between the male treatment group was significantly different from the female treatment group and control group ($p = .00$). For depression, there is no significant different between male treatment group with female treatment group ($p = .07$), but there are significant different between control group with male treatment group and female treatment group ($p = .00$).

Table 5

Post-Hoc Analysis of the Effect MPpKTSR on Psychological Aspect between MTG, FTG and CG

Variable	Group		Mean Difference (I – J)	Sig. (p)
	I	J		
Resilience	MTG	FTG	.31	.00
	MTG	CG	.72	.00
	FTG	CG	.41	.00
Motivation	MTG	FTG	.42	.00
	MTG	CG	.70	.00
	FTG	CG	.28	.00
Coping Skills	MTG	FTG	.41	.00
	MTG	CG	.72	.00
	FTG	CG	.31	.00
Depression	MTG	FTG	-.16	.07
	MTG	CG	-.58	.00
	FTG	CG	-.42	.00

* $p < .05$

Note: MTG (male treatment group) FTG (female treatment group) CG (control group)

Discussion and Suggestion

Based on the results from the analysis that had been conducted based on the objectives stated above, the MPpKTSR which is based on the Rational Emotive Behavior Therapy (REBT) approach is effective in increasing the resilience, motivation and coping skills together with reducing the depression level among primary school students who have problematic behavior. By improving their psychological aspect, they are expected to have a more optimistic view of their future, higher self-control and eager to take risk in positive ways. Well psychological aspects can help to buffer negative effect of stressful situation and risky environment while prevent them from involving in problematic behavior.

We suggest two main concern from this study which are the need for intervention and recovery program to overcome problematic problem among adolescent in Malaysia and emphasis on problematic behavior prevention practice in the early stages at school.

The Need for Prevention and Recovery Program to Overcome Problematic Problem Among Adolescent in Malaysia

Based on the finding from the previous study, they show that not all problematic behavior can be easily overcome through recovery intervention program. This is because the individual has been directly involved in problematic behavior and they have their own perception, norms and attraction towards the problematic behavior itself (Burt, Resnick & Novik 1998). The above statement has been proved by the increasing number of drug addict who relapse from year to year. Based on this phenomenon, we need to find more proactive approach in the long term to overcome the problematic problem among adolescent in Malaysia. One of these approaches is in the form of early intervention or in the other words, prevention is better than cure.

This step should start by understanding the characteristics or profile of teenagers who involve in problematic behavior and then followed by second step which is run prevention program to help the adolescent avoiding the problematic behavior in the future. Developmental and prevention interventions such as identifying and transform the problematic behavior such as bullying, using substance and robbery to more positive and effective behavior is needed and this also can be done by teaching them on how to handle a stressful situation and environment.

Emphasis on Problematic Behavior Prevention Practice in the Early Stages at School

Generally, schools have been known as places where various activities should be planned to improve adolescents' efficiency and thus prevent the development of problematic behavior. In addition, the school is also expected to be able to build good personality development regularly and continuously throughout the year to all students as the majority of parents and guardians' have high expectations towards school.

IRBSR and MPpKTSR intervention model (Bistamam et.al, 2018) can be used as a foundation in schools in order to identify early symptoms of problematic behavior among adolescents through Risky Psychology and Marker System. Hence, school administrators, teachers and school counsellors are responsible to explore the adolescents' behavior problem phenomenon in their school.

Conclusion

The main focus of this study is to highlight the concept of adolescents' problematic behavior and early intervention by emphasizing the development and prevention process through

Primary School's Psychoeducational Cognitive Behavior Module (MPpKTSR) as one of the efforts to improve their psychological aspects (resilience, motivation, coping skills and depression). MPpKTSR was developed based on the REBT and found to be effective in psychological adjustment process which included several aspects such as thinking, feeling and behavior of the adolescent. Then, this psychological adjustment process can be evaluated through increasing level of resilience, motivation, coping skills and decreasing level of depression. When psychological aspects improved, we hoped that adolescents who have been exposed to MPpKTSR can avoid any problematic behavior in the future and strategies used in this study can serve as a guide to all such as Malaysia Ministry of Education, schools, family and community.

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