

Validity and Reliability of the Soft Skills Psychoeducation Intervention Module

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The purpose of this study was to evaluate the validity and reliability of the Soft Skills Psychoeducation Intervention Module (SSPIM). The content of SSPIM was based on the ten core life skills suggested by the World Health Organisation. To determine the validity, the MIPKI draft was submitted to eight expert panels in the field of counselling, psychology and module development. Improvements to this module were made based on reviews and feedback from the expert panels. A total of 36 students from two schools in the Klang Valley were involved in measuring module reliability. The Cronbach's alpha validity for the entire module content was 0.803, while the validity of the session content was 0.837. The reliability of the alpha value of the Cronbach's alpha module 0.904 indicates that this module is appropriate and achieves its stated objectives. This module is expected to help improve life skills among aggressive adolescents. This study is expected to develop more advanced modules of psychoeducation intervention to deal with aggressive behaviour among adolescents.

Key words: *Module, psychoeducation, life skills, validity, reliability, aggressive.*

Introduction

Lately, there have been many modules developed by experts in various fields of psychology such as motivation modules, training modules, performance modules, leadership modules, and psychoeducational modules. Some of the most commonly used module designs include ADDIE Model (Branch 2009), Model 5E (Bybee, 2009) and Design and Developmental Research or DDR (Richey and Klein, 2007). In the management of guidance and counselling in Malaysia, there are many studies on the development of training modules and motivational modules that have been used to treat problem behaviours. Studies show that counselling services using the intervention module are important for treating problem behaviours in many aspects. These include aspects of personal development, prevention, recovery and crisis counselling (Amla, Zuria and

Salleh, 2009; Sapora and Hapshah, 2008). Most intervention modules for treating this problematic behaviour are using training modules based on SMDM or Sidek Module Development Model (Sidek, 2005). In previous studies, there were various modules of intervention strategies used to treat aggressive behaviour (Mohammad Aziz Shah, 2010; Azemi, 2014; Norzihan, Rohany, Mohd Suhaimi & Nor Ba'yah, 2016).

Although various methods of intervention are used, the use of psychoeducational group intervention modules were found to be effective for treating aggressive behaviour (Mohamad Aziz Shah, 2010; Aslina, 2013; Mohammad Aziz Shah, Ahmad Jazimin, Syed Sofian, & Muhammad Bazlan, 2015; Md Noor, Nurul Ain & Norazani, 2016). This psychoeducational group intervention is effective as it focuses on educating, preventing and developing the potential of Chaturvedi members (2007). However, the existing psychoeducational intervention module does not use the theoretical framework based on the Ten Core Life Skills Concepts outlined by the World Health Organisation (WHO 1993; 1994; 1997). Whereas, WHO (1993;1994;1997) has outlined the Ten Core Life Skills as an education that focuses on strengths, resilience, and prevention approaches to address issues such as violence, adolescent pregnancy, HIV AIDS prevention, drug abuse, alcoholic, cigarette, and psychoactive substances, elementary education, conflicts, illnesses, child abuse, suicide, adolescent health services, education system efficiency and lifelong learning promotion.

As the psychoeducational intervention module is still lacking, the researchers have developed the Soft Skills Psychoeducation Intervention Module (SSPIM) to reduce aggressive behaviour and improve life skills and resilience among aggressive adolescents. SSPIM was based on the Ten Core Life Skills Concept outlined by the World Health Organization (WHO 1993; 1994; 1997). SSPIM is a psychoeducational group training module built on SMDM or Sidek Module Development Model (2005). To ensure that this module is well-suited and targeted to the target group, the purpose of this study was to measure the content validity and reliability of this module.

Literature Review

Life skills are one of the most important approaches to holistic individual development in terms of intellectual, personality, capacity building, social competence, practical intelligence, emotional intelligence and psychosocial well-being. Life skills also help change and develop an individual's behaviour to face the challenges and pressure of life more positively (UNICEF, 2002; WHO, 1993; WHO, 1999; Rao, 2006). According to the World Health Organisation (WHO 1993; 1994; 1997), life skills are defined as, "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life".

The Ten Core Life Skills concept by WHO (1997) was based on five theoretical frameworks, namely Social Cognitive Theory (Bandura, 1986), Problem Behaviour Theory (Jessor, 1977), Social Influence Theory (McGuire, 1964; 1968), Cognitive Problem Solving Skills and Gardner's Theory of Multiple Intelligences (Howard Gardner, 1993). The Ten Core Life Skills concept consists of self-awareness skills, empathy, effective communication, interpersonal relationship skills, creative thinking skills, critical thinking skills, decision-making skills, problem solving skills, coping with emotions and coping with stress. These ten core life skills have been practiced in many countries and across various fields of curriculum as well as mental health.

The psychoeducational intervention module is a therapeutic intervention that combines psychotherapy and education. These psychoeducational interventions can be created in the form of individuals or a psychoeducational group. This psychoeducational group is also referred to as a guidance group (Gladding, 2003; 2013). A Psychoeducational group is also a counselling approach that involves aspects of psychology and guides clients on educational techniques or strategies (Amalia Madihie, 2015). Psychoeducation is also known as “re-education”, “psychological education”, and “psychologically informed education” (Richards Scott & Dennis, 2012).

Theoretically, psychoeducation is an approach or strategy of intervention based on a variety of specific psychological theories or models. Among them are Dialectical Behavioural Therapy, the core components of Cognitive Therapy, key components of Cognitive-Behavioural Therapy, Cognitive theory, behavioural theory and humanistic-existential theory, systems approach, customer-centered therapy and separate models. Psychoeducation can educate an individual to develop resources to support specific social capacity to face the challenges of life in the future (Walsh, 2010). Meanwhile, Corey and Corey (2010) stated that psychoeducation aims to provide information relevant and appropriate to the problems faced by the target group.

Firstly, the development of any module, whether it is an academic module, motivation module, or training module should be tested in terms of validity and reliability. Previous studies have shown that the construction of tools, materials or resources such as modules is a guide for module developers to obtain a wealth of information related to studies that need to be tested in terms of their validity and reliability.

The validity of the module describes how well the results should be achieved. An instrument is said to have high validity if it shows a high degree of ability in measuring variables (Mohd Majid, 1990; Sidek, 2002). The validity of a module's content is considered to be good and high if it can effectively measure all its content and produce the achievement of the objective that the researcher wants to measure. Content validity refers to the extent to which the study instrument measures the variables to be measured

(Ary, Jacobs, & Sorensen 2010) and the ability of the instrument to contain information that includes components of the studied area. This opinion is in line with the content validity of the module specified by Sidek and Jamaluddin (2005). On the other hand, De Vellis and Kent (2005) explained that content validity is related to face validity. Content validity can be obtained from three sources, namely literature review, representative of relevant population and expert panel assessment (Burns & Grove 1993).

An approach to gaining content validity for the module through expert panel assessment was suggested by Russell (1974). In the context of module development, the views of experts are important in terms of improving the quality of management and implementation (Yusni Mohamad Yusop, Melati, Mohd Ibrahim, Azeez Shahriza, 2015). The approach to the validity of the module content through expert panel assessment has been used by local researchers before (Jamaludin & Sidek 2001; Sidek & Jamaludin, 2005; Mohammad Nasir, 2006; Mohammad Aziz Shah, 2010; Ahmad Jazimin, Abdul Malek, Mohammad Nasir & Mohammad Aziz Shah, 2011; Mohammad Aziz Shah, Muzaffar Syah, Abdul Malek, Ahmad Jazimin, Syed Sofian, & Muhammad Bazlan, 2015; Md Noor Saper, Nurul Ain Mohd & Norazani, 2016); Mohd Izwan Mahmud, Sidek, Jamaludin & Wan Marzuki Wan Jaafar, 2016; Mohd Izwan Mahmud, 2017).

Reliability refers to the consistency of a study tool. A measuring instrument is said to be stable and solid if it is found to meet the Cronbach's alpha reliability (Julie, 1995). According to Abu Bakar Nordin (1987), a measuring instrument is considered to be defective if it does not meet the reliability requirements. Sidek and Jamaludin (2005) explained that the method of determining the reliability of a module is similar to the method of determining the reliability of a test or measuring instrument.

Russell(1974) stated that the reliability testing of a module can be based on how well a student is able to follow the content of the module. A study tool is said to have high reliability if the same score was obtained from the same individual at different times. (Sidek 2002). Meanwhile, Mohammad Aziz (2010) stated that the reliability of a module refers to the stability and consistency of a module in treating a matter as defined in the objectives of a module. This module's reliability testing approach has been used by local researchers before (Jamaludin & Sidek 2001; Mohammad Aziz Shah, 2010; Mohd Izwan Mahmud, Sidek Mohd Noah, Jamaludin Ahmad, Wan Marzuki Wan Jaafar, 2016; Mohd Izwan Mahmud 2017).

Research Methodology

The study used a descriptive study design aimed at measuring the validity and reliability of the SSPIM draft built. The study used a descriptive study design aimed at measuring the validity and reliability of the SSPIM draft. There are two groups of samples in this

study. The first group consisted of eight expert panels who evaluated the validity of the module. The second group consisted of 36 adolescent males who had been acting aggressively between the ages of 15 and 17 at two schools in the Klang Valley. They were involved in a pilot study to determine the reliability of the module. The researchers obtained official approval through the Educational Planning and Research Division, Ministry of Education Malaysia to conduct the pilot study. The findings and feedback of the respondents in this pilot study were taken into account for the purification process of SSPIM content before conducting the study on the actual target.

SSPIM Development Process Based on Sidek Module Development Model

The survey approach and the use of psychoeducation module is very common in the practice of guidance and counselling in Malaysia (Sidek & Jamaluddin, 2005; Sidek, 2001). However, a standard module development model was introduced by Sidek Mohd Noah (2001), namely Sidek Module Development Model (SMDM). SMDM is a more comprehensive model of integration module development, especially in the field of counselling. The use of SMDM is appropriate for reference in light of the cultural norms in Malaysia (Amalia Madihie, 2015). Meanwhile, Izwan (2016) also stated that the development of good training modules should be based on the appropriate module development model.

In this study, Sidek Module Development Model (Sidek dan Jamaludin, 2005) was used as a guide to develop and write, measure validity and determine module reliability. This ensures that the quality of the module is maintained and can be used by other counsellors. There are two phases of module preparation in the SMDM, namely the draft module, and to try and evaluate the module (Sidek Mohd Noah, 2001).

The first phase, namely the draft module includes nine steps proposed by SMDM, starts from goal setting, identifying theory, rationale, philosophy, concept, target and timeframe, research needs, setting objectives, content selection, strategy selection, logistics selection, media selection and module draft consolidation. SSPIM has applied psychoeducational intervention methods that emphasise cognitive, emotional and action as an important source of support and skills to meet the needs of aggressive adolescents to be more prepared to face the challenges of life in the future. Generally, SSPIM content consisted of 12 sessions. Ten of the 12 group activity sessions (Session 2 to Session 11) were based on the Ten Core Life Skills Concept outlined by the World Health Organisation (WHO 1994; 1997). Meanwhile, the other two sessions, namely Session 1: Introductory and Familiar Sessions and Session 12: Closing and Evaluation Sessions.

In the second phase, the researchers will need to get approval from the expert panel to evaluate and measure the reliability of the module. The module is considered good,

complete, of good quality and can be used if the validity and reliability of the module exceeds 0.60 (Mohd Majid Konting, 2004; Borg, Gall & Gall; 1993; Jamaludin Ahmad, 2012). In this study, the measurement of the validity of the module was done by getting feedback and evaluation through the expert panel. To determine the reliability of the module, a questionnaire was developed and contained items based on the steps of the activity. The researchers conducted a pilot study to determine the appropriate module and quality before conducting the actual study.

Approaches to Get the Module Validity

To measure the validity of the SSPIM content, the researcher obtained a written response and expert judgement/external criticism as suggested by Russell (1974). According to Sutinan, Chalard and Pattananusorn (2013), in order to ensure effective implementation of psychoeducational intervention modules, the validity of the views of experts should be implemented. According to (Othman Mohamed, 2004), at least six to nine people were appointed to measure the validity of module content. In this study, eight experts in psychology and counselling, module development and academics were selected to read, evaluate and validate the content of the module. The process of obtaining validity from experts by appointing six to nine experts in line with previous studies that produced psychoeducation modules (Mohd Izwan, 2017; Ahmad Jazimin et al. 2011; Mohammad Aziz Shah, 2010).

In this study, the researcher has developed two sets of questionnaires. The first set is the overall validity of the module content based on Russell's (1974) view, which was modified by Sidek and Jamaludin (2005). For the validity of the content of the sessions (sub-units) and activities (sub-scales), a set of questionnaires was built according to expert recommendations (Mohammad Aziz Shah, 2010; Salleh, Mhd. Subhan, Wan Marzuki, Zuria & Ku Suhaila, 2014). Therefore, both sets of questionnaires were presented to the expert panel for the following purposes:

1. Measure the validity of the entire Soft Skills Psychoeducation Intervention Module (SSPIM) based on Russell's method (1974).
2. Measure the validity of the session content and activities of the Soft Skills Psychoeducation Intervention Module.

Copies of the modules include introduction, general and specific module objectives, explanations of the basis of the intervention, the basis of the module development model, the theoretical framework of the SSPIM development, namely the ten core life skills concept, session schedules, sessions, the overall contents of SSPIM and the appendix of the module.

In terms of the validity of the module, the questionnaire contained five statements to obtain the validity of the module as presented by Russell (1974), namely: a) Meet the target population; b) Make sure the situation of teaching or method of implementation of the module is appropriate; c) The time allocated to run the module or the module implementation method is sufficient; d) The module has successfully led to an increase in student achievement in the targeted area; and e) Module managed to modify the attitude of students.

The expert panels were asked to rate the item's suitability for each item on a semantic scale of 11 points (0 = strongly disagree to 10 = strongly agree) as suggested by Sidek and Jamaluddin (2005). This type of questionnaire can provide more accurate results (Sidek & Jamaludin 2005). The level of validity of module content has been set at 70% as a condition of determining the level of mastery or achievement of module content validity. These conditions are in line with the recommendations made by Tuckman and Waheed (1981), Abu Bakar Nordin (1995) and also previous researchers (Mohamad Hashim Othman 2003; Mohammad Nasir; Mohammad Aziz Shah et al. 2011).

The expert panels were also requested to provide suggestions for improvement, feedback and response in the space provided. Suggestions for improvement, reviews and feedback from the expert panels have been applied to SSPIM draft improvements. Once the contents of the draft module have been refined and purified, the reliability measurement test was performed on the target group.

Approaches to Get the Module Reliability

The study also aims to determine the overall content reliability coefficients and module sessions. The process of obtaining the reliability was consistent with studies that have been carried out by researchers of the previous module (Jamaludin, 2002; Mohammad Aziz Shah, 2010; Linda, Ku Suhaila & Salleh, 2018). To determine the value of the module Cronbach's alpha reliability, there are two methods that can be used, namely the construction of questionnaire items based on module objectives or implementation steps within the module (Sidek and Jamaludin, 2005).

However, the construction of items based on the steps of implementation of each activity in the module can provide greater accuracy using Cronbach's alpha reliability test (Sidek & Jamaludin, 2005; Mohamad Aziz Shah, 2018). The steps in the module activities determine the objective mastery of the module for the individuals involved. In this study, the researchers have used the method of constructing the module reliability questionnaire to obtain the reliability coefficient for the module. The module reliability questionnaire consisted of 86 statement items based on the steps of implementation of each activity in SSPIM.

Reliability value testing was based on a total of 12 sessions (sub-units) and activities within the SSPIM module. Respondents also answered questionnaire items for module reliability after attending sessions and activities within SSPIM. To measure the reliability of the module, a pilot study was conducted on 36 adolescent males, aggressive and aged between 15 to 17 years old. The location of the study to test the reliability of the module was conducted at two schools in the Klang Valley. The selection of respondents was in accordance with the characteristics of the respondents of this study. In terms of reliability, the minimum value of 0.60 means that the module has a good level of consistency (Mohd Majid, 2000; Pallant, 2011; Sekaran, 2014). If less than 0.60, the module is in poor consistency and needs to be repaired. The value of the Cronbach's alpha less than 0.6 is considered weak and the closer the Cronbach's alpha to 1.0 is better (Sekaran, 2014). When the value of Cronbach's alpha is more than 0.7, this is considered good and acceptable (Fraenkel dan Wallen, 2006). Bond & Fox (2015) and Sekaran (2014) stated that a Cronbach's alpha more than 0.8 is considered good and acceptable. To obtain the module reliability Cronbach's alpha value, the researchers used Statistical Packages for Social Sciences (SPSS) version 23.

Findings and Discussion

The findings of this study discuss the validity and reliability of the module.

Module Validation Findings

The validity of this module involved eight experts who were appointed to evaluate the validity of the construct and the validity of the module. The criteria for selecting panel experts are: (i) Expertise and knowledge in psychology and counselling ; (ii) Over five years working experience in psychology and counselling ;(iii) Expertise and experience in module development in psychology and counselling ;(iv) academicians; (v) Practitioners in psychology and counselling (Registered Counsellors). The appointed expert panels also serve in the public universities, Psychology and Counselling Division (BPsk), Ministry of Education Malaysia, individuals who are expert in guidance and counselling, and student affairs management in schools. To determine the content level of the SSPIM module, the findings of expert validation, using questionnaire based on the validity of the modified Russell (1974) module, are used. The results of the overall evaluation of expert validity for the whole content of SSPIM are shown in Table 1 below:

Table 1: Overall Evaluation of Expert Validity for the whole content of SSPIM

NO	STATEMENT	PERCENTAGE (%)	VIEWS OF EXPERTS
1.	The content of this module meets its target population.	83.8	Accepted
2.	The contents of this module can be implemented perfectly.	81.25	Accepted
3.	The content of the module is compatible with the time allocated.	80	Accepted
4.	The content of this module can increase the level of skills (life skills and resilience) of aggressive adolescents more effectively.	81.3	Accepted
5.	The content of this module can transform aggressive adolescents' behaviours toward better behaviour.	76.3	Accepted
	Score by experts		
	$\frac{\text{Score obtained}}{\text{The total overall score}} \times 100\%$	80.3	Accepted
	Overall content validity value	0.803	

Table 1 shows the overall validity value of SSPIM content based on expert panel evaluation. All the expert panels respond to the items provided. The findings indicate that the average value of the entire module content is 80.3% or 0.803. The minimum percentage is 76.3% of the content statement of this module can transform the aggressive adolescents' behaviour towards better behaviour. Meanwhile, the maximum percentage is 83.8%, namely the content of this module meets its target population. Overall, the content validity of the content of this module is good as it exceeds 0.7. This means that the level of validity of the SSPIM is accurate and in line with the objectives and objectives of the module. While the findings of expert validity based on sessions (sub-units) and activities (sub-scales) are shown in Table 2.

Table 2: The findings of the validity of the experts based on the sessions and activities

SESSION	ACTIVITY	PERCENTAGE	VIEWS OF EXPERTS
Session 1: Introduction and Orientation	Activity 1.1: Solid chain	81.3%	Accepted
	Activity 1.2: You/Him/Her and Me	81.3%	Accepted
Session 2: Self-Awareness	Activity 2.1: My Story	86.3%	Accepted
Session 3: Empathy	Activity 3.1: Open Heart	80%	Accepted
Session 4: Effective Communication	Activity 4.1: Choral Speaking	77.5%	Accepted
Session 5: Interpersonal Relationship	Activity 5.1: Friendly Relationship	83.8%	Accepted
Session 6: Creative Thinking	Activity 6.1 : Intelligent Minds	82.5%	Accepted
Session 7: Critical Thinking	Activity 7.1: Smart Tree	82.5%	Accepted
Session 8: Decision Making	Activity 8.1: Touch the Sky	86.3%	Accepted
Session 9: Problem Solving	Activity : 9.1 Branch of Mind	83.8%	Accepted
Session 10: Coping with Emotions	Activity 10.1: Suluh Kalbu (Good Heart)	85%	Accepted
Session 11: Coping with Stress	Activity 11.1 : Self-Sufficiency	87.5%	Accepted

Session 12: Conclusion and Evaluation	Activity 12: Summary and Conclusion	87.5%	Accepted
<u>Score obtained</u> x 100%		83.7%	Accepted
Total overall score		0.837	

Based on Table 2, the finding of expert validity based on session content and activity in the overall SSPIM module was 83.7% or 0.837. A minimum of 77.5% is for Activity 5.1: Friendly Relationship in Session 5: Interpersonal Relationship Skills. Meanwhile, the maximum percentage was 87.5% for Activity 11.1: Self-Sufficiency in Session 11: Exercise Skills and Activity 12: Summary and Conclusion in Session 12: Summary and Conclusion. This means that the validity level of the SSPIM module was good as it exceeds 0.7.

Experts also provide written reviews and suggestions for researchers to make improvements to the content or activity of the module. Expert 3 recommends Activity 1.1. and 1.2 should be combined into sessions, due to the similarity and consistency of 90 minutes, as with other sessions. Expert 1 suggested that effective communication skills be added aggressively in Activity 4. Expert 7 suggested that each of the sub-units (sessions) have three to four objectives only. Expert 8 suggested that the name 'character' should be clear in order to avoid confusion. Expert 8 also emphasised that the concept of empathy was emphasised during the course of the session and was associated with aggressive behaviour.

Based on the high findings of the validity panel by the expert panels at the level of 83.7% or the validity Cronbach's alpha of 0.837, it shows that SSPIM was in good standing with its objective. However, researchers have made improvements to the sub-modules, based on reviews, suggestions and evaluations by the expert panels.

Module Reliability Findings

Based on sessions and activities conducted on aggressive adolescents, the overall reliability Cronbach's alpha (α) of the 12 sub-constructs of the SSPIM module, was 0.904. This indicates that the overall reliability of the SSPIM module was high. SSPIM Module and session reliability values are shown in Table 3.

Table 3: Values of Reliability for Sessions and Activities of the Soft Skills Psychoeducation Intervention Module (SSPIM)

Sub-construct	Value α
Introduction and Orientation	0.898
Self-Awareness Skills	0.901
Empathy skills	0.894
Effective Communication Skills	0.896
Interpersonal Relationship Skills	0.897
Creative Thinking Skills	0.905
Critical Thinking Skills	0.895
Decision Making Skills	0.894
Problem Solving Skills	0.893
Coping with Emotion Skills	0.890
Coping with Stress Skills	0.889
Evaluation and Conclusion	0.896

Table 3 shows the reliability values of the 12 sub-constructs. The highest Cronbach's alpha value was 0.905 for the Creative Thinking Skills sub-construct and 0.901 for the Self-Awareness Skills sub-module. Meanwhile, the lowest Cronbach's alpha was 0.889, namely Stress Coping Skills.

Based on the pilot study, the overall Cronbach's alpha reliability was 0.904. This indicates that the SSPIM reliability Cronbach's alpha values were high, acceptable and reliable for counselors and target groups. Meanwhile, the Cronbach's alpha reliability of sessions and activities that exceed 0.8 over ($\alpha = 0.889$ to 0.905) was greater than the value of 0.60. A Cronbach's alpha that exceeds 0.60 indicates that the module has a good level of consistency (Mohd Majid (2000). Because the overall Cronbach's alpha reliability of the module exceeds 0.7, it is considered good and acceptable (Fraenkel and Wallen, 2006). This high reliability indicates that the respondents have mastered the objectives and are able to successfully follow the steps of each activity in this module. The high reliability values of the SSPIM Cronbach's alpha reliability indicate that the content of this module is reliable, excellent, and can be used for experimental studies. Improvements have been made based on expert panel feedback. The smoothness of the target group following each

activity indicates that the modules produced are good and have an impact on improving life skills and resilience as well as reducing aggressive behaviour.

Overall the results show that the construction of the SSPIM is accurate and appropriate as it complies with the two phase module development in SMDM or Sidek Module Development Model (Sidek and Jamaludin, 2005). The development of the SSPIM as a training module is considered as high quality and complete, as it has undergone a process of validation and a pilot study to determine its reliability (Sidek & Jamaludin 2005). The process carried out by the researchers is in line with the process done by the previous researchers. The results of the SSPIM validation show that the content generation of each session (sub-unit) and activity (sub-scale) reflects the sub-life skills framework proposed by WHO (1993;1994;2007). Analysis of the evaluation, feedback, reviews and suggestions for improving the overall content of SSPIM, indicate that the validity was good and meets the objectives of the module. This process is in line with the opinion expressed by Jeffries (2007), that the evaluation and review of the objectives of each session or sub-module should reflect the reactions of each sub-construct and the target group. The high and good reliability of the SSPIM also indicates that this module can be used in experimental studies.

The development of SSPIM that has adopted this psychoeducational intervention approach has been found to be effective in treating aggressive behaviours and in line with previous studies. While, the content of SSPIM, sessions and activities based on the theoretical foundations of the Ten Core Life Skills proposed by the World Health Organization (WHO 1993; 1994; 1997) are found to be effective and stimulate holistic and systematic adolescent change. The findings of the pilot study have shown that aggressive adolescents develop life skills and resilience to reduce aggressive behaviours.

Conclusion

This study shows that this module has high validity and reliability. The suggestions and feedback obtained and the improvements made contribute to the effectiveness of the module and the development of a quality psychoeducational intervention module in the field of psychological research and counselling. To expand the use of this module, training of trainers can be provided to qualified facilitators in psychology and counselling, psychologists and counsellors, and those who have a registered counselling certificate to handle this module in school. These training of trainers sessions can be done in stages. The study also suggested that the effects of this intervention module should be implemented in a more comprehensive way and developed among aggressive adolescents between the ages of 15 and 17 in regular daily schools as well as behavioural rehabilitation schools. The initiative is expected to provide comprehensive, integrated knowledge and skills to aggressive adolescents to improve life skills and resilience as well



as to reduce aggressive behaviour. The deployment of this module will help counsellors deal with aggressive adolescents in an integrated and effective manner.

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