

Level of Competency and Knowledge of Addiction Counselling among Malaysian Ministry of Health Counsellors

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Abstract

This study was conducted to assess the level of counselling competency and knowledge in addiction counselling among counsellors of the Malaysia Ministry of Health. The subjects consisted of 50 counsellors from the Ministry of Health Malaysia from Johor, Perak, Sabah, Sarawak, Terengganu, and Putrajaya. Data were analysed using SPSS version 26. The instruments used were the Malay translated versions of the Questionnaire Addiction Counseling Curriculum and Competencies (ACCC) survey and the Counselor Competencies Scale-Revised (CCS-R) questionnaire. This study showed that the Cronbach's alpha reliability coefficient for the ACCC questionnaire was $\alpha = 0.72$, and for the CCS-R, the reliability coefficient was $\alpha = 0.824$. There was a positive correlation between counsellors who had knowledge of addiction counselling and those with competence in conducting counselling sessions. This study provides beneficial information for elevating the effort, competency, and knowledge of stakeholders who have been involved in the field of drug abuse and prevention in Malaysia.

Keywords: level of competency, level of knowledge, addiction counselling

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Introduction

Drug abuse is a major global issue that requires global efforts to combat. According to Malaysian statistics released by the National Anti-Drug Agency (NADA) in June (2020) ^[1], drug statistics showed that the number of drug and substance abusers has increased over the year, with 95,505 people identified. This phenomenon should no longer be underestimated by professionals, particularly to help those affected. Many efforts have been made from multiple perspectives in Malaysia. Much serious action has been taken to solve these issues, especially regarding the treatment or intervention on the part of the social sector, with efforts by stakeholders, such as teachers, counsellors, clinical psychologists, psychiatrists, and social workers ^[2].

The role of the counsellor in addiction recovery constitutes a different process compared to any other mental health issue, as assisting with addiction management issues can range from immediate medical intervention to long-term recovery support. As counsellors, this basic information must be recognised and clearly understood before embarking on any treatment, therapy, or any other counselling process or technique ^[3].

It is crucial to gain competence and skills through being a competent counsellor. Harwood *et al.* suggested that counsellors must gain knowledge about many differing political perspectives, which may lead to mutual open dialogue with respect, openness, and respect for differences ^[4]. A counsellor needs to have a wider diversity of knowledge in many aspects of issues from which they can gain respect. Moreover, extensive and diverse knowledge can enhance their ability and competence in managing a therapeutic counselling session and can have an impact on the helping process ^[5].

Thus, the objectives of our study were to measure the level of competency and knowledge among Malaysian Ministry of Health counsellors and to identify the correlation between their level of competency and their level of knowledge of addiction counselling.

Materials and Methods

The method of data collection for this study is probability sampling using simple random sampling. In this study, the sampling method used is non-random sampling purpose in which the researcher selects respondents based on a specific purpose. This study consists of 50 respondents, who have been selected in selection states of duty place among counsellors in Malaysian Ministry of Health. This study was conducted in all setting in the

Ministry of Health where there is placement of counsellors. A quantitative research method was employed in this study by applying the correlation research design to obtain the data.

Each of respondents is given a set of questionnaires (online survey) using Google Form link which contains of:

1. Demographic Information (Part A)
2. Instrument - Addiction Counselling Curriculum and Competencies Survey (ACCC) Survey (Part B)
3. Instrument - Counsellor Competencies Scale-Revised (CCS-R) (Part C)

For instrument in Part B, there are 31 questions using a five-point Likert-type scale of agreement or disagreement. While for instrument in Part C there are 29 questions using five - point Likert type scale of measuring own competency. In this study, quantitative data was obtained using two (2) questionnaires, Addiction Counselling Curriculum and Competencies Survey (ACCC) Survey and Counsellor Competencies Scale- Revised (CCS-R).

The reliability and validity of this questionnaire and its three constructs were studied. During this questionnaire, the reliability was that Cronbach's coefficient Alpha, i.e., from 0.72, is considered acceptable reliability. Findings of the reliability and validity analysis for the competency involvement instrument of this study showed an overall Cronbach Alpha of 0.959.

The tools have been translated into Malay and made the validity (face validity) by two experts in the field of counselling and psychological well-versed in Malay and English, Lecturers in the Counselling Program of the Faculty of Leadership and Management from University of Science Islamic Malaysia, Nilai Malaysia (USIM). Data were analysed using T-test and Pearson R. Correlation analysis using Statistical Package for Social Science (SPSS) software to obtain frequency and percentage for each item. The results of the study are discussed based on the data obtained according to the items based on the research questions.

Results

Table 1 presents the demographic profile of respondents who participated in this study. The demographic data contain information on the frequency of age, genders, races, religions, states of duty, highest level of education, years of services and background of study in addiction (either in treatment, prevention and rehabilitation).

Table 1 Demographic profiles of the respondents

Demographic	Frequency	Percentage (%)
Age		
21 – 30 years	23	46.0
31 – 40 years	19	38.0
41 – 50 years	7	14.0
51 – 60 years	1	2.0
Gender		
Male	16	32.0
Female	34	68.0
Race		
Malay	32	64.0
Chinese	5	10.0
India	1	2.0
Others	12	24.0
Religion		
Islam	37	74.0
Buddha	3	6.0
Hindu	0	0
Christian	8	14.8
Others	2	3.7
State of duty		
Johor	16	32.0
Perak	10	20.0
Sabah	10	20.0
Sarawak	5	10.0
Terengganu	5	10.0
Putrajaya	4	8.0
Highest level of education		
Degree	24	48.0
Master	26	52.0
Years of services		
Less than 1 year	21	42.0
1-5 years	9	18.0
6-10 years	8	16.0
11-15 years	8	16.0
16-20 years	4	8.0
Background in addiction		
No Basic	28	56.0
Attending Short Course	6	12.0
Certificate In Prevention/Treatment	2	4.0
Degree	8	16.0
Master	6	12.0

The level of knowledge in addiction counselling of among counsellors was summarized in Table 2. It showed that most of the respondents score the medium level in level of addiction counselling score with frequency of 34 respondents at 68.0 percent. The frequency level of competency among counselors is shown in table 3. It shows that most of

the respondents score the medium level in competency with frequency of 33 at 66 percent.

Table 2 Level of knowledge in addiction counseling of among counselors

Knowledge in Addiction Counseling	Frequency	Percent (%)
Low	9	18
Medium	34	68
High	7	14

Table 3 Level of competency in addiction counseling of among counselors

Competency in Addiction Counseling	Frequency	Percent (%)
Low	7	14
Medium	33	66
High	10	20

The correlation between level of competency in doing counseling and level of knowledge in addiction counseling among the counselors is shown in Table 4. There was a positive correlation between competency and knowledge in addiction counseling among selected counselors. The increased in knowledge in addiction counseling is correlated with the increase in competency.

Table 4 Correlation between competency of counseling and level of knowledge in addiction counseling of among counselors

	Competency	Knowledge In Addiction
Pearson Correlation	1	0.284*
Sig (2-tailed)		.045

* Correlation is significant at the 0.05 level (2-tailed).

Discussion

The present study reported on the levels of knowledge and competency in addiction counselling among counsellors of the Malaysian Ministry of Health.

In this study, most respondents scored medium-level competency in counselling. This study is in line with the findings by Ku Suhaila and Mohamad Isa (2019), who reported that four out of five counsellors answered that the counselling approach used contributed to their competency in terms of the application of counselling theories during sessions^[6]. Regarding the efforts made to increase

their competency, the findings also revealed that counsellors need to increase their competency by furthering their studies at a graduate level. Four out of five said that they increased their knowledge and competency through reading and attending courses related to knowledge to enhance their knowledge and skills in counselling.

In terms of the level of knowledge, the present study showed that the majority of the respondents scored either in medium or low levels of knowledge. Since knowledge is also one of the main components of competency, we observed that the level of knowledge in addiction counselling among the Ministry of Health counsellor was still low. Thus, improvements in knowledge, especially about the basic requirements needed for addiction counselling, are needed and are the most significant.

Nowadays, many counsellors have the educational level of bachelor's or master's degree, or even doctor of philosophy. However, most counsellors enhance their knowledge while counselling drug abuse clients in practice. Given that education and experience or involvement influence the profundity of the individual counsellor's knowledge and skills, not all the counsellors will be experienced and capable in all the competencies examined in this study^[7,8]. Nurul-Hasyimah (2006) showed that a professional counsellor does their job with self-awareness through lessons and education as well as by experience^[9]. Thus, professional counsellors must receive specialised training to ensure their expertise in conducting future counselling practices and have a deep level of knowledge related to counselling ethics to ensure that they are not engaged in ethical issues^[10,11].

However, a few respondents in this study scored high in their level of knowledge (14% of the respondents). Respondents with a high score on their knowledge mostly had backgrounds of studies in addiction education compared to respondents who had medium- and low-level knowledge in addiction counselling, most of whom had no background in addiction counselling or had not or only attended one course related to addiction.

Our study also showed that there was a positive correlation between competency and knowledge in handling drug addiction among counsellors. Levels of competency correlated with the scores on knowledge of addiction counselling. This result is consistent with Hovartich et al.'s study, which showed that counsellors' competency was based on their knowledge and attitude towards understanding addiction^[12].

During addiction counselling sessions, facilitating client discussions requires huge efforts since

counsellors can solely create a climate of safety and acceptance in which people can trust one another and therefore engage in productive conversations^[13]. Counsellors can encourage the open expression of conflict and help clients overcome barriers to direct communication. According to Gerdard and Gerdard (2001), facilitating is a helpful way of giving clear insights and building goals, which can help clients achieve goals on their own according to the issues intervened^[14].

Drug use is a voluntary behaviour that turns a switch to a point where the individual moves to a state of addiction characterised by compulsive drug seeking and use^[15]. At this stage, it is necessary to understand the core which the consequences of fundamental already change the brain function, which counsellors should be recognised and clearly understood before subjecting clients to any treatment or therapy^[16,17].

In conclusion, the present study provides beneficial information in elevating the effort, competency and knowledge of stakeholders who have been involved in the field of drugs abuse and prevention in Malaysia.

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