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THE VALIDITY AND RELIABILITY OF TF-CBTGC MODULE FOR VICTIMS OF BULLYING IN SCHOOLS

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Abstract:

Incidents of bullying among teenagers nowadays are becoming more prevalent, mostly involving school students. This behaviour needs to be curbed to prevent annoyance to the victim, leading to depression, anxiety, and stress. Immediate action should be taken to approach and deepen the bullying victims through appropriate counselling modules to be rehabilitated from a further hit by various internal problems. Therefore, this study aims to verify the Trauma-Focused - Cognitive Behavioural Therapy Group Counselling Module (TF-CBTGC). This module touches on three main aspects: depression, anxiety, and stress among bullying victims. There are six experts have been appointed to review and verify the modules developed. Besides, 34 students who were victims of bullying were identified to assist in the module reliability measurement process. The study results showed that the developed module has high validity and reliability, with a Cronbach's Alpha value of 0.952. This module's development can benefit victims of bullying among students to improve the quality of self-management and reduce their depression, anxiety, and stress. This module can allow the victim of bullying to choose the appropriate techniques, especially when facing real situations with bullies.

Keywords:

Depression, Anxiety, Stress, Module, Cognitive Behavioural, Bullying

Introduction

Bullying is defined as repeated, malicious behaviour from one party to another. These negative actions are intended to inflict distress or discomfort on the other party, such as boycotting the individual involved, hitting, giving obscene gestures, or mocking (Olweus, 2013). According to Rigby and Smith (2011), bullying behaviour is a malicious act, including physical, verbal, psychological, boycott, or blackmail. Studies related to bullying have been widely studied as early as 1970. They are gaining attention because this bullying behaviour is becoming more severe and complicated, mostly affecting bullying (Hassan, Rashid, Sufahani, & Aziz, 2016).

Bullying can be divided into four forms of conditions: physical bullying, verbal bullying, social bullying, and cyberbullying (Vlachou, Andreou, Botsoglou, & Didaskalou, 2011; Paluck & Shepherd, 2012). Physical bullying usually includes explicit acts such as hitting, kicking, punching, and so on, injuring the victim. Verbal bullying involves speech such as mocking, teasing or calling the victim with embarrassing titles such as insulting the body shape, teasing, or spreading rumours. Social bullying makes a person feel marginalized or rejected from others, such as refusal to speak, spread slander or boycott someone from a group until the victim feels very uncomfortable (Wang, Iannotti, & Nansel, 2009). Cyberbullying is a harmful act through technology such as email, instant messaging, social media, mobile phones aimed at harassing, threatening, or embarrassing others (Sabanci & Cekic, 2019).

Schools are a popular location for the increase in bullying cases to the point of becoming an issue around the world. The adverse effects that arise from this bullying behaviour have many negative influences on the teaching and learning environment in schools. Bullying also creates anxiety and fear that interfere with health conduction in building self-growth and more effective teaching and learning (Shafie, Amat, Noor, & Amat, 2016). Incidents of bullying can usually provide an overall bitter experience of the life of a student experiencing it (Juvonen & Graham, 2014).

Various studies related to bullying focus on the problems that occur in schools. For example, the study of Kennedy, Russom and Kevorkian (2012) and Cross, Lester, Pearce, Barnes and Beatty (2018) has identified that the occurrence of bullying is one of the significant negative phenomena in schools that is increasing every day. Besides, Polakova (2018) states that bullying behaviour is the most common disciplinary issue among school students. The study also explained that victims of bullying would often experience lifelong adverse effects such as trauma and emotional disorders. In simple terms, a bully is an individual who generates feelings of trauma among the victims of bullying resulting in long-term adverse effects.

Bullying behaviour continuously causes bullying victims to experience high mental health problems such as depression, anxiety, and stress (Olweus, 2013). Some lead to outrageous acts, including suicide. Bullies usually fail to control their behaviour so that bullying is a normal thing for them. This situation is very worrying because ongoing bullying activities can cause bullies to become criminals when they grow up (Cornell & Limber, 2015). Students who are victims of bullying are more likely to injure themselves for no reason, commit malicious acts without control, and lead to suicidal acts if the stress experienced is difficult to deal with properly.

Accordingly, an action in the form of appropriate counselling assistance should be implemented against victims of bullying among students immediately. Prompt action is the

best prevention strategy. The victim of bullying does not feel traumatized and continues to be side-lined without attention to invite unexpected actions. Traumatic events will cause the victim to feel insecure, unpredictable, low environment, and trustworthy by anyone (Midgett & Doumas, 2019). Trauma also cracks victims' lives to view the world as abnormal, insignificant in existence, and feel their lives are very meaningless (Sengun & Ogretir, 2018).

Based on the latest phenomena, an intervention module needs to create a more proactive approach to help victims of bullying traumatized. The primary purpose of this module's construction is to restore the confidence of the victims of bullying so that they do not feel marginalized. This module can also help victims of bullying continue living in the future as typical students. Therefore, a module has developed and named Trauma Focused - Cognitive Behavioural Therapy Group Counselling (TF-CBTGC). This module is inspired and adapted from the Trauma Focused - Cognitive Behaviour Therapy (TF-CBT) module to treat bullying victims. This module's treatment is comprehensive, covering aspects of depression, anxiety, and stress for students identified as bullying victims in the school environment.

Theoretical Framework of Module

Trauma Focused – Cognitive Behaviour Therapy (TF-CBT)
This TF-CBT module aims to help students who are victims of bullying to reduce depression, anxiety, and stress. Besides, this module helps victims of bullying change their thinking patterns to be more positive in their daily actions. This module also provides awareness to bullying victims in identifying the symptoms of trauma in terms of emotional, behavioural, and cognitive (Marquez, Deblinger, & Dovi, 2020). TF-CBT can also help counsellors improve their skills in handling clients who are traumatized and improve the efficiency of mental health counselling practices (Goldbeck, Muche, Sachser, Tutus, & Rosner, 2016).

Therapists such as counselling teachers or other counselling practitioners often use the TF-CBT module to treat their clients. The TF-CBT module is also used in other counselling sessions, such as Trauma Focus - Cognitive Behavioural Therapy Group Counselling (TF-CBTGC), for individuals with traumatic events. Each activity in this module is implemented based on the acronym component of PRACTICE introduced by Deblinger, Mannarino, Cohen, Runyon and Heflin (2015) as follows:

(a) P (Psychoeducation):
   Psychoeducational education aims to normalize exposure to traumatic events, establish social norms for trauma victims, explain and neutralize existing symptoms. Methods that can be used in psychoeducation are discussions, books, attachments, games, and the internet. Most traumatized clients will express relief when they realize they are in non-crazy conduction. They are convinced that they are only experiencing the expected reaction i.e., everyday life from the traumatic events experienced (Rauch, Hembree, & Foa, 2001).

(b) R (Relaxation Skills):
   The goal of relaxation is to create awareness by teaching specialized skills to reduce the stress experienced by traumatic events (Scotland-Coogan & Davis, 2016). The methods used are like teaching muscle relaxation, yoga, breathing practice, and listening to music.

(c) A (Affective Modulation Skills):

The goal of affective modulation skills is to implement cognitive triangle teaching involving the relationship between emotion, behaviour, and cognition. Besides, this module can also identify strategies to improve skills when facing and to experience traumatic events (Cohen, Mannarino, & Deblinger, 2010). Later, these skills try to explain the feelings experienced concerning the traumatic events experienced. The method used is like having a discussion with the client or through a specific game.

(d) C (Cognitive Coping Processing):

In cognitive coping processing, the counsellor assists the client with a method of understanding the relationship between their thoughts, feelings, and behaviours and the relationship between the three components. The first step is to monologue internally, which does not require awareness from the client (Foa, Riggs, Dancu & Rothbaum, 1993). Counsellors will introduce cognitive triangles and try to demonstrate the use of those triangles along with appropriate examples. This method can enhance the client's thinking and create new, more positive thoughts (Esperanza & Bulusan, 2020).

(e) T (Trauma Narrative):

Trauma narrative is adapted from mainstream exposure approaches and first-time testimonial therapy for trauma victims involving cases of torture and war. This therapy is uniform and short-term in nature. It is designed to treat trauma victims and document human rights violations. Clients need to build their life narrative from chronological order to the moment they are treated. The client should detail the traumatic events and clearly explain the thoughts and emotions involved (Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011). This therapy serves to promote habituation to trauma memory through exposure and reconstruction of individual autobiographical memory (Phoenix Australia, 2019). Among the methods that can be used are rewards, incentives for efforts, reading books and video shows, songs, or vice versa.

(f) I (In-Vivo Mastery of Trauma Reminders):

Encourage the client to assume that the client is safe to reduce the client's daily routine dysfunction (Cohen et al, 2010). The method that can be used is to make a list of fears and give incentives.

(g) C (Conjoint Child-Parent Sessions):

This session aims to enhance the warmth, intimacy, and support of the whole family (Deblinger et al, 2011). Sessions with parents can support the construction of skills that have been taught from home. Parents are asked to be more positive towards children who are traumatic in their family. Among the methods used are playing together in a family, carrying out routine activities together, role-playing, and trying to analyze children's behaviour with traumatic.

(h) E (Enhancing Future Safety and Development):

During this phase, the client will try to identify past histories of how the traumatic event began (Deblinger et al, 2015). Then, the level of trauma should be identified so that appropriate treatment can be given correctly to the clients, especially children and school students.

Module Construction Model

This study module's construction is guided by the construction model proposed by Noah and Ahmad (2005). They have introduced a more comprehensive approach to the construction of an integration module. This model involves two stages, involving preparing the draft module and the stage of trying and evaluating the module. The following Figure 1 shows the approach used for the construction of a model translated in this study.
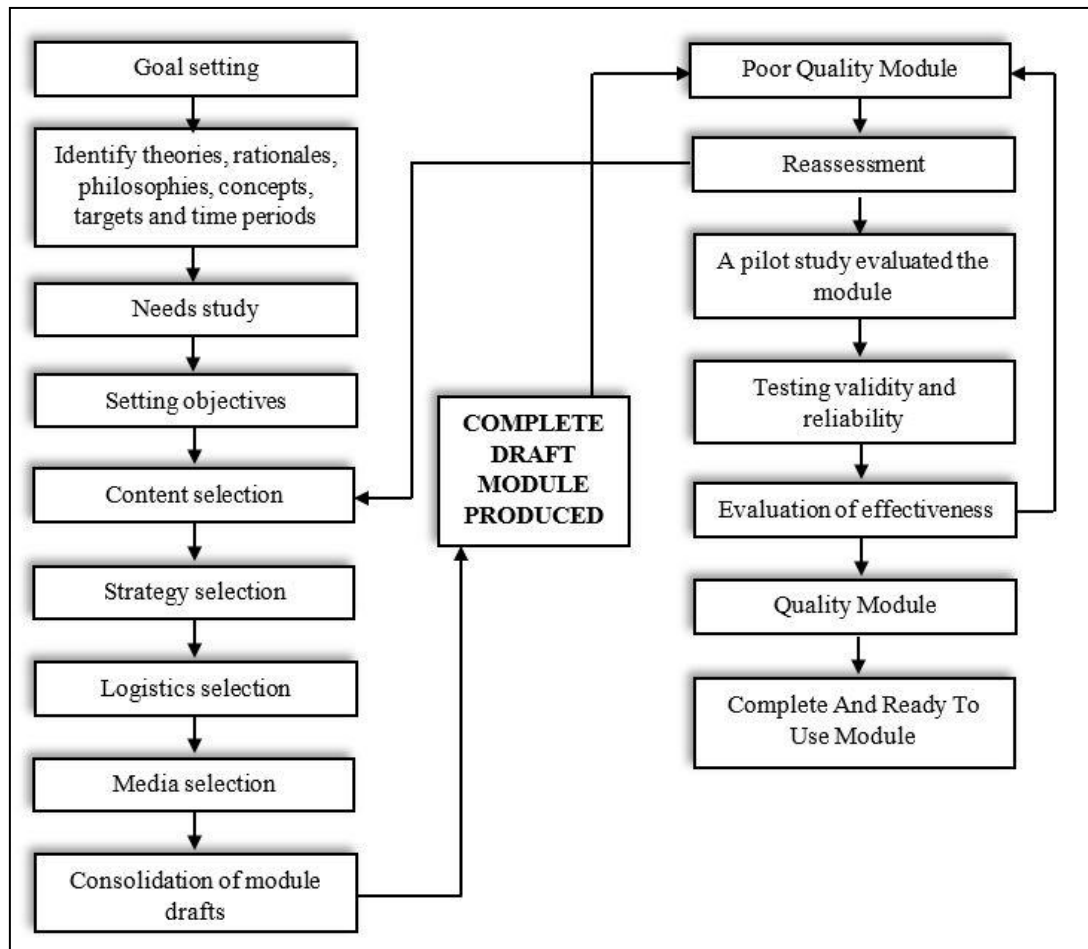

Figure 1. Module Construction Design Model

The draft preparation stage has nine steps starting with goal building until the draft module consolidation. While the second stage, which is to try and evaluate, has seven steps starting from an incomplete module until the module is complete and ready to use. The following Figure 1 shows the approach used for the construction of a model translated in this study. This reference is because the model is integrated and comprehensive and has undergone a pilot study process. Through pilot studies, the model's validity and reliability become an input to researchers to improve existing weaknesses. At their suggestion, this study adapted the model to obtain the validity and reliability of the module.

Methodology

Research Design
This study is a survey study aimed at testing the validity and reliability of the module construction draft. The first focus of the study was to obtain module validity through written responses from six experts. These experts consist of scholars who have a high level of knowledge in psychology and counselling. They are also practitioners because they directly involve as lecturers at local universities and teacher education institutions. The expert group is individuals who have expertise, experience, and are directly involved with the construction of other modules before (Chua, 2012). The profiles of the six expert panels are as in table 1 below:

Table 1: Expert Validity Panel Profile

No	Profile	Institute
1.	Lecturer A, PhD	Universiti Pendidikan Sultan Idris
2.	Lecturer B, PhD	Universiti Sains Malaysia
3.	Lecturer C, PhD	Universiti Sains Malaysia
4.	Lecturer D, PhD	Teacher Education Institute
5.	Lecturer E, PhD	Teacher Education Institute
6.	Lecturer F, PhD	Teacher Education Institute

This study's second focus is to obtain the module reliability value through written responses from 34 subjects who are students of bullying victims in school. These students are directly involved in testing in obtaining the reliability value of the TF-CBTGC module. They are students who attend regular day schools and have a record of being victims of bullying. The selection process of these students is following the standard operating procedures that have been set. The researcher needs to get permission from the Penang State Education Department and express the intention to carry out the study. After obtaining permission, the researcher needs to contact the school to arrange a meeting session in collecting study data. Selected students also inform in advance that they were the target group of the study. Besides, the students' heirs were also informed and asked for permission so that the study could continue without any problems (Hair, Black, Babin, Anderson, 2014).

Module Validity Study Tool
The process of determining validity and reliability is an essential factor in the construction of a module. This validity and reliability is also a starting point to ensure a module's quality (Noah & Ahmad, 2005). According to Chua (2012), questionnaires are the easiest ways to obtain complete information related to quantitative data. Quality questionnaires can increase the module's validity, thus helping to achieve the targeted objectives in module construction (Hair et al, 2014). Meanwhile, Rusell (1974) suggested that the validity of a module should meet the following five aspects:
   (a) Module content meets the target population.
   (b) The content of the module is straightforward and can be implemented correctly.
   (c) The content of the module is following the allotted time.
   (d) Module content can enhance student behaviour change.
   (e) Module content can change students' attitudes towards excellence.

There are two validity methods used, namely face validity and content validity by the outer panel. Aspects that are given attention in the expert review are related to the module's understanding in terms of proper use of language. For information, the TF-CBTGC module is designing using a simple and appropriate language for school students. In this phase, two expert language teachers have reviewed module sentences before distributing to six expert panels for further action.

A set of module content questionnaires prepared from Rusell (1974) aligned with Noah and Ahmad (2005) used as a measuring tool in this study. The module's content was reviewed by six experts to determine the instrument's level of validity. Experts should place ten optional points, starting from the value of 1 (strongly disagree) to the value of 10 (strongly agree). According to Noah and Ahmad (2005), a suitable module should have more than 70% content validity. The calculation of the percentage of content validity based on the following formula:

$$\text{Content Validity} = \frac{\text{Total score form experts}}{\text{Maximum score}} \text{ x } 100\%$$

Module Reliability Study Tool

Reliability is associated with consistency, which means that a test is said to have a high reliability if the same score obtains from the same individual at different times (Hussin, Ali, & Noor, 2014). According to Arip, Saper, Jais, Ahmad and Supeni (2014), a module's reliability refers to the consistency and stability in treating what should explain as the study's objective. Testing the reliability of a module can be seen through the extent to which students can follow a module (Tabachnick & Fidell, 2014). Determining the reliability of a module has similarities with the method of determining the reliability of a study measuring instrument (Noah & Ahmad, 2005). Both of these procedures need to follow to ensure that the instrument meets the study objectives' requirements. Therefore, the items' construction in this study is based on forming a robust TF-CBTGC module. Guidelines are always referenced from time to time. The construction of the item does not deviate from what is requiring in the study.

The process of analyzing reliability starts with the data collected from the study sample. In this case, the reliability value refers to the Cronbach's alpha coefficient. According to Hair et al (2014), the minimum value for reliability is around 0.60. These values give the impression that the modules developed have high reliability and can widely use in actual studies. However, a low value of 0.60 means that this module needs to be repaired and re-tested to ensure its consistency level.

Findings

Module Validity

Table 2 results from the findings of the validity of the module presented by the six experts. They gave their views referring to five statements related to the construction of the TF-CBTGC module. The percentage is calculated based on the formula presented in the previous methodology section. Based on the results of the module's validity, 86.6% of experts stated that the content of this module met the study's target population. Meanwhile, 85% of the respondents agreed that the TF-CBTGC module could be used more effectively on the study respondents and have the appropriate time allotted in answering the questionnaire.

Experts also think that this module's content can help students who are victims of bullying to relieve depression, anxiety, and stress. Simultaneously, the percentage of 81.6% submitted by experts also agreed that the TF-CBTGC module's content could improve the skills of counsellors at a higher level. The total validity of the module content is 84%. According to Noah and Ahmad (2005), a suitable module has a content validity value exceeding 70%. This situation proves that the TF-CBTGC module has a high level of mastery in constructing a module. Besides, all experts agree that the five criteria presented are unanimously accepted. The summary of content validity values based on expert views is as in Table 2.

Table 2: Content Validity Value Based on Expert Evaluation

No	Statement	%	Result
1.	Module content meets population targets.	86.6	Accepted
2.	Module content can be implemented perfectly.	85.0	Accepted
3.	The content of the module correspond to the allotted time.	85.0	Accepted
4.	The content of the module can help students who are victims of bullying who experience depression, anxiety and stress.	81.6	Accepted
5.	Module content can improve counsellor skills.	81.6	Accepted

Table 3 shows the validity results from experts referring to the activities listed in the TF-CBTGC module. There are nine modules in all with a total module breakdown of 18 sub-modules. All modules submitted were unanimously receiving from all six experts. The "get to know bullying" module is the highest sub-module recorded with 91.6% validity. On average, other modules also have a percentage above 80.0%. Only two sub-modules get a value of 80.0%, namely "my life story" and "peace". An overview of the modules used in TF-CBTGC is as follows in Table 3.

Table 3. Expert Validity Value Based on Module Activity

No	Module	Statement	%	Result
1.	Get to know	Get to know me.	86.6	Accepted
		I do not know then I do not love.	83.3	Accepted
		Yes or no.	83.3	Accepted
2.	Retelling 1	Get to know bullying.	91.6	Accepted
		My life story.	80.0	Accepted
3.	Retelling 2	Show your feeling.	85.0	Accepted
		Feeling thermometer.	83.3	Accepted
4.	Symptom	Symptoms of bullying.	83.3	Accepted
		Triangle.	81.6	Accepted
5.	Normalize symptoms	Relaxation.	83.3	Accepted
		Peace.	80.0	Accepted
6.	Self-control	Emergency box.	81.6	Accepted
		I am precious.	86.6	Accepted
7.	Strategy	Survival kit.	81.6	Accepted
		Support system.	85.0	Accepted
8.	Alternative	Future.	86.6	Accepted
9.	Termination	Termination.	83.3	Accepted
		Overall	**84.0**	**Accepted**

Meanwhile, the six experts also provided written comments related to their overall views on this TF-CBTGC module. These views are instrumental in helping researchers to make improvements to the study module. The comments given are also useful input. This module needs to be updated to produce a module that has a considerable impact on bullying victims. Therefore, researchers have made revisions and improvements to the module based on the comments submitted. However, these improvements still refer to the study's objectives to achieve the desired goals perfectly. The following Table 4 contains comments on improving the content of the module proposed by the six experts.

Table 4. Module Content Improvement Comments

No	Expert	Comment
1.	Expert A	Overall this module is excellent and able to achieve the objectives outlined. However, improvements need to make as per grammar and spelling errors.
2.	Expert B	Spelling errors need to correct, reduce the number of group members to help focus group members.
3.	Expert C	Language errors need to correct. The whole module is suitable.
4.	Expert D	Modules that help target groups.
5.	Expert E	Making reviews and improvements and activities should have the concept of cognitive behaviour therapy.
6.	Expert F	Modules are suitable and need to make improvements in terms of spelling and grammar.

Module Reliability
Table 5 displays the module reliability values observed in terms of Cronbach's alpha values. The results show that all modules in TF-CBTGC have high reliability. It is evident by the Cronbach's alpha value exceeding 0.80. According to Chua (2012), a good reliability value is at least 0.70. The overall value for the reliability of this module is 0.952, which is very high. The summary for each reliability of the modules is as in Table 5 below.

Table 5. Module Reliability Value Based on Cronbach's Alpha

No	Module	Cronbach's alpha
1.	Get to know	0.876
2.	Retelling 1	0.873
3.	Retelling 2	0.861
4.	Symptom	0.877
5.	Normalize symptoms	0.798
6.	Self-control	0.876
7.	Strategy	0.873
8.	Alternative	0.879
9.	Termination	0.875
	Overall	**0.952**

It can assume that all these modules can improve counsellors' skills and help students who are victims of bullying in school. Counsellors can use the modules presented in taking steps to reach out to the students. Victims of bullying can also understand this module's approach because it is especially creating to understand the recovery process from beginning to end.

Discussions

This study aims to build a Trauma Focused - Cognitive Behavioural Therapy Group Counselling Module (TF-CBTGC). This TF-CBTGC module can be considered as a complete module because it has undergone a validity and reliability study to coincide with the module construction procedure proposed by Noah and Ahmad (2005). A quality and considered complete module need to go through its phases of validity and reliability tests. In the construction of training and intervention modules, previous researchers also conducted the same test to ensure that the content of the module built meets the needs. The validity and reliability of a module can lead to the accuracy of the study objectives on the target population. Previous studies such as Arip et al. (2014), Yaacob (2007) and Jusoh, Rahman, Bistamam and Arip (2011) proved that validity and reliability are phases to strengthen the module before use in actual studies.

As a result of the validity and reliability of this TF-CBTGC module should be able to reduce depression, anxiety and stress among students of bullying victims. This statement is appropriate because the three elements have a relationship with the symptoms of trauma in each victim (Klomek, Marrocco, Klienman, Schonfeld, & Gould, 2007). Therefore, this module can be a liaison to curb these symptoms from continuing to increase to a worse level. Trauma victims recommended following each module arranged to improve their quality of life and evoke more positive thinking. The main focus of this module is to reduce the symptoms of trauma that exist in victims of bullying. If not curbed from the beginning, they will most likely create the ideal of negative thinking so that they are willing to commit suicide.

In reality, victims of bullying often think that their lives are miserable and willing to do anything to satisfy the whispers of the devil (Vlachou et al, 2011; Jimenez, 2019). Therefore, this module built as a new direction for victims of bullying for them to delve into each sub-module explicitly created for them. This module can improve the quality of bullying management experienced so that the victims can be independent and think logically (Arslan, 2017). Each of the skills and techniques provided can encourage victims of bullying to change little by little so that they can increase their self-confidence (Sabanci & Cekic, 2019). Students of the victims of bullying also have the opportunity to choose techniques or skills that suit their level and delve into the sub-module to succeed. One of the main goals of this module is how students of bullying overcome problems when faced with a situation faced by bullies.

The validity of the TF-CBTGC module has been reviewed by six experts who are medical scholars and have a high level of knowledge in the field of science. Findings from the content validity test found that experts earning this module is very suitable for use based on the target population (Chua, 2012). The content of the module is also appropriate and meets the desired objective of treating trauma victims of bullying among students. The presence of this module is also timely because of more and more students plagued by trauma problems including depression, anxiety and stress (Foa et al, 1993). Therefore, Rusell (1974) states that five things also cover the quality of module validity:
  (a) Accurate population,
  (b) Appropriate module implementation,
  (c) Adequate implementation time,
  (d) Increased module utilization output,
  (e) Module successfully change an individual's attitude towards a positive one.

The reliability finding of this TF-CBTGC module as a whole is well above the level of 0.60, which is 0.952. According to Hair et al. (2014), if the reliability value obtained is high, at least 0.60 means the TF-CBTGC module has an adequate level of consistency. This situation means that the TF-CBTGC module is acceptable and reliable and can use in interventions. Studies such as Arip et al. (2014), Jusoh et al. (2011) and Cohen et al. (2016) also agree that the module reliability value is an indicator to the formation of a more robust module. They are also of the view that every module built should go through a phase of expert validity and module reliability. A pilot study is also needed to prove that the modules built have high reliability (Tabachnick & Fidell, 2014).

Conclusion

Bullying is an act that can be considered a crime. The incidence of bullying among students nowadays is very worrying. The majority of victims of bullying have had nightmares, including trauma within themselves. This trauma is a hazardous emotional disease and difficult to control once it has reached a high level (Ishak, Ahmad, & Omar, 2020). Victims of bullying will usually experience symptoms such as depression, anxiety and prolonged stress (Wang et al., 2009; Midgett & Doumas, 2019). All three of these are natural emotional impacts that are difficult to treat if they have reached a sharp point. Usually, students who are victims of bullying will feel like they are not appreciated, fear of facing others, like to be alone and much silence (Juvonen & Graham, 2014). They are willing to do anything without thinking about the harmful effects such as self-harm, rebellion and can lead to suicide.

Accordingly, initial measures to prevent trauma problems should implement immediately so that victims of bullying do not feel neglected. Appropriate treatment is an effective medicine for students who are victims of bullying to prevent them from contracting depression, anxiety or stress (Rigby & Smith, 2011; Scotland-Coogan & Davis, 2016). Therefore, help from professional bodies, counselling practitioners, school counsellors and even psychologists is very much demand in channelling their expertise to overcome this problem. Among the methods that can use is to implement trauma-related modules to treat victims of bullying (Deblinger et al., 2011). School counselling practitioners can absorb certain elements that are appropriate for the conduct of bullying victims through the modules provided.

Timely, a module developed to help treat victims of bullying more systematically. This module named TF-CBTGC is a continuation of the Noah and Ahmad (2005) and adapted according to current needs and environment. Therefore, this study conducted to obtain the value of validity and reliability of the module. Findings show that the TF-CBTGC module is very suitable to be integrated into students who are traumatized by bullying. This module has also been able to produce a positive impact on victims of bullying and confirmed by experts in the field of counselling.

Further action expected so that this module can better be applied in the school environment by counsellors or counselling practitioners. The construction of this module is very meticulous, especially emphasizing on the easy use of language and the freedom to choose any desired module (Rusell, 1974). May the TF-CBTGC module have a positive impact on curbing the spread of trauma among students of bullying victims in the future.

Acknowledgements

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