

## ORIGINAL ARTICLE

# Development of Skala Kepuasan Kaunseling Mandatori

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**ABSTRACT**

**Introduction:** Mandated counselling is usually associated with forced participation. Therefore, there is considerably higher likelihood of involuntary participation resulting in client's dissatisfaction toward the counselling session. However, there exists literature that shows satisfaction and positive outcomes among mandated clients. Mandated counselling is widely practised, especially in the case of Malaysia. Thus, an instrument to measure client's satisfaction was developed to capture the client's perception, attitude and factors that contributed to the mandated counselling satisfaction. **Methods:** The respondents involved in this study were adolescents in rehabilitation centres under the supervision of the Department of Social Welfare (Jabatan Kebajikan Masyarakat) aged 13 to 19 who had attended mandated counselling at least twice. The study was divided into four phases. Initially, in the first phase, the items were developed based on themes narrated by mandated clients and from the counsellor's perspectives. Next, the initial measurement developed was tested to identify dimensions conceptualized in the instrument. Then, the reliability of the instrument was tested. In the final phase, a confirmatory factor analysis was conducted to confirm the model. **Results:** Findings showed a 52% of total variance was explained in the exploratory factor analysis, with an internal consistency of .919. The findings also showed a 16-item measurement with four dimensions: (a) alliance-system; (b) counselling efficacy; (c) therapeutic change; (d) counsellor-counselling effect. **Conclusion:** : In summary, this study had identified significant factors essential in influencing satisfaction of mandated counselling clients in the Malaysian context. It is thus beneficial for counselling practitioners in their counselling work involving mandated clients.

**Keywords:** Mandated counselling, satisfaction, counsellor, client**Corresponding Author:**

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**INTRODUCTION**

Mandated counselling is a therapeutic process where an individual is ordered by court or an agency to seek a counsellor for counselling service (1). At present, mandated counselling is an avenue for assistance that has received great attention especially among clients with issues concerning substance abuse (2), alcohol abuse, (3, 4) and smoking (5).

In Malaysia, mandated counselling is practised in educational settings and rehabilitation centres. There are not many differences in the type of client's issues addressed in both education settings and rehabilitation centres. Both settings manage issues related to drug and alcohol abuse, the difference being the education settings also manage career or employment issues (6). According to the Malaysian Children Act 2001, adolescents detained for involving in any juvenile activities would have to go to a rehabilitation centre for at least three years. These adolescents are also mandated by the court to undergo counselling (7). The

2014 statistics showed that most cases committed by adolescents involved properties, drugs, misconduct involving other individuals, and traffic-related offences (8). The increasing number of juvenile cases is worrying as adolescents are more prone to risk-taking behaviour (9). In addition, research conducted by (10) stated that only 48 (8.8%) out of 548 students categorised as having substance use disorders sought help for treatment. Another research by (11) stated that adolescents would rather choose to consult their parents or friends rather than go to a professional. This shows that without an authoritative figure's intervention, they generally would not seek professional help. Hence, mandated counselling approach is introduced to problematic adolescents as a way to guide them in making the right choice, besides assisting them in managing psychological and emotional problems, (12) and also to facilitate them in creating a positive lifestyle (13).

Even though the needs for mandated counselling are essential in facilitating clients towards becoming a better person, physically, mentally and emotionally, there are many differences of opinion regarding the nature of mandated counselling itself. This is because counselling usually promotes voluntary participation whereby trust is essential in a counselling relationship. The counsellors use their skills in order to create a therapeutic relationship with the client (14). However,

mandated counselling is usually associated with client's involuntary participation (15, 16). As such, involuntarily participation can create resistance and may invoke an individual negative response to any effort done by the counsellor in the counselling sessions (17). This phenomenon is common among mandated clients as they are forced to attend counselling sessions. The client may be court mandated or referred by the agency or family. As the decision to attend counselling is not by client's choice, the client feel threatened, hesitant and to a certain extent, become unmotivated. Resistance could also be due to the clients' inability to accept their own negative attitudes and personality (18). These factors eventually hinder any changes or plan of action that was decided in the counselling session (19). In contrast, (20) stated that clients will participate in the mandated counselling session if the counsellor can clearly state the reason they are mandated for counselling. Therefore, it can be said that resistance can be reduced depending on the counsellor's skill, ability and process.

One important aspect in counselling is its ability to promote satisfaction among the client, as intended by the helping professional. Satisfaction can be seen as an outcome to the service provided and is needed for both the practitioner of the helping profession, and the clients themselves. Therefore, with regards to the mandated counselling satisfaction, counsellor variable (21), client variable (22) and the counselling service (23) were found to be important in determining the quality of service. Evidently, these variables played a key role in contributing to the satisfaction in the helping profession.

In addition, (24) have conducted a research on client expectations, psychological adjustment and satisfaction in a genetic counselling service. The result showed that the expectation in regards to providing information surpasses the client's expectations. It also showed that clients are satisfied with the service, particularly regarding counselling sessions. Classic research by (25) stated that counsellor's positive characteristics and length of treatment showed that they are satisfied with the treatment whereas those who are dissatisfied will drop out of the treatment program before its scheduled end.

On the other hand, clients also played a part in contributing to the counselling satisfaction. Research by (26) stated that there is a positive correlation between the client's attitudes towards mental health service and satisfaction. It can be concluded that the satisfaction variable plays an essential part not only for the client's outcome, but also to improve counselling service. It is important for the counsellor to understand what the client perceived as a good treatment, what the client wants, and expects to gain in a session, as that will contribute to the satisfaction of the counselling session.

In this study, counselling satisfaction, particularly for

mandated clients was the subject of interest. Although research increasingly attends to the role of satisfaction in counselling, there is no related scale specifically designed to measure client satisfaction focusing on mandated clients. Hence, this study was conducted in order to develop an instrument that measures mandated counselling satisfaction suitable for the Malaysian context. Malay language was used in the scale development as most of the mandated clients sampled for this study were less educated. It was easier for the client to comprehend the items generated in the questionnaire as it is in their mother tongue.

**MATERIALS AND METHODS**

Overview of the Present Study: Respondents targeted for this study were adolescents currently going for mandated counselling sessions under the Department of Social Welfare (JKM). Cluster random sampling method was used in recruiting respondents where they were selected based on these criteria: (a) adolescents aged between 12 to 19 years old (b) client issues are related to social behaviour; and (c) client had already attended mandated counselling at least two times. Cluster refers to the institution they were sent for rehabilitation, for example, Sekolah Tunas Bakti (STB).

**Table 1:** Phases and steps of the development of Skala Kepuasan Kaunseling Mandatori

Development process	Objective	Methods	n
<b>Phase I</b>	<b>Item Development of Instrument</b>		
Step 1	To develop instrument	a. In-depth interview with mandated clients b. Focus Group Discussion with counsellors	23 21
Step 2	Item construction		
Step 3	To assess the content validity and face validity	Expert review: a. Counsellors b. Lecturers	2 2
<b>Phase II</b>	<b>Dimension Identification</b>		
Step 1	Preliminary assessment of the instrument	Administered to mandated clients; Selangor, Melaka, Perak and Pahang.	200
Step 2	Identify instrument's dimensions	Exploratory Factor Analysis	
<b>Phase III</b>	<b>Pilot test</b>		
Step 1	To assess the clarity of wording and face validity of the 2 <sup>nd</sup> version of instrument	Administered to mandated clients	66
Step 2	To evaluate reliability of the instrument	a. Cronbach's Alpha b. Inter-item correlation	
<b>Phase IV</b>	<b>Validation</b>		
Step 1	To validate the instrument	Administered to mandated clients: Melaka, Perak, Selangor, Pahang, Terengganu, Sabah and Sarawak	364
Step 2	To determine model of the instrument	a. Confirmatory factor analysis b. Literature review	

Note: n = Frequency of respondents

The overall study aimed to develop an instrument to measure satisfaction among mandated clients

appropriate for the Malaysian context. The study was divided into four phases (Table I). In the first phase, the items were developed based on mandated clients' and counsellors' perspectives. In the next phase, the initial measurement developed was tested to identify factors in the instrument. In the third phase, reliability and validity of the instrument were tested. In the final phase, a confirmatory factor analysis was conducted to confirm the model.

**Phase I:** This phase provides the initial process of the development of *Skala Kepuasan Kaunseling Mandatori* (Mandated Counselling Satisfaction Scale). The information was obtained through in-depth interviews with both counsellors and clients so as to collect unbiased data that represents both the clients' and counsellor's perceptions and attitudes towards mandated counselling, and factors that they perceived as important in contributing to counselling satisfaction.

*Sample and Location:* The respondents for this phase consisted of 23 mandated clients and also 21 counsellors with experience in counselling mandated clients from STB JKM in Selangor and Negeri Sembilan.

*Method:* An in-depth interview was conducted where open-ended questions concerning possible factors that could contribute to mandated counselling satisfaction were asked. The interviews were audio recorded and transcribed. The interviews with mandated clients were done individually and lasted 40 to 60 minutes per person, while the duration of the group interview with counsellors lasted about two hours.

*Item development:* Here, the in-depth interviews for both clients and counsellors were transcribed. Keywords of the conversation were extracted to develop items pertaining to mandated counselling satisfaction. Lastly, the 40 items were reviewed by three expert panels to evaluate the item construction, language and format of the mandated counselling satisfaction scale items.

*Ethical consideration:* This study was granted under the FRGS (NO 05-11-09 754FR). Permission to conduct the study was approved by the Malaysian Department of Social Welfare. For each phase, the respondent were briefed regarding the research objective and given an Informed Consent. Participation was voluntary and respondents could refuse to continue at any time of the data collection process if they felt uncomfortable. Also, to ensure confidentiality, personal information of respondents was kept to a minimum to respect the respondent's privacy.

**Phase II:** The objective of this phase is to eliminate overlapping items and also to identify whether the items developed is a one-dimension scale or multi-dimension scale.

*Sample and Location:* A total of 200 respondents from STB JKM located in Selangor, Melaka, Perak and Pahang.

*Skala Kepuasan Kaunseling Mandatori* (Mandated Counselling Satisfaction Scale) *items:* There were initially 40 items, designed on a 10-likert scale ranging from 1 = not satisfied at all (*sangat tidak berpuas hati*) to 10 = very satisfied (*sangat berpuas hati*). The higher score represents higher satisfaction, while lower score shows dissatisfaction in mandated counselling. All items were positively worded with the exception of items 5 and 7 that were reversed during analysis.

*Data Analysis:* Exploratory Factor Analysis (EFA) was done to identify the factor structure of the Mandated Counselling Satisfaction Scale items based on data obtained from participants. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) and Bartlett's Test of Sphericity were used to identify whether the items were one-dimensional or multidimensional scale. Cronbach's Alpha was used to analyse the internal consistency among the items before conducting the EFA. A range between .7 to .8 is an acceptable value of Cronbach's Alpha (27). Item analysis was measured using the item-total correlation (ITC), where any item with value less than .2 was discarded (28).

**Phase III:** This study was carried out to identify internal consistency of the mandated counselling satisfaction scale items, and also to discard any problematic items.

*Sample and Location:* This study is conducted in Selangor and Negeri Sembilan, where 66 respondents were involved. These respondents were never involved in the earlier Phase 1 and Phase 2.

*Skala Kepuasan Kaunseling Mandatori* (Mandated Counselling Satisfaction Scale) *items:* The items had been reduced to 26 items and were all positively worded based on recommendation from experts.

*Data Analysis:* Reliability of the item construct was determined using internal consistency by looking at the Cronbach's alpha values. Face validity were also conducted by discussing each item of mandated counselling satisfaction with the respondents to ensure the clients' understanding of the items.

**Phase IV:** The purpose of this study was to validate the *Skala Kepuasan Kaunseling Mandatori* (Mandated Counselling Satisfaction Scale)

*Sample and Location:* A total of 364 respondents from three regions, namely East, West and Sabah/Sarawak, were involved.

*Skala Kepuasan Kaunseling Mandatori* (Mandated Counselling Satisfaction Scale) *items:* The instrument

consists of demographic characteristics and Mandated Counselling Satisfaction Scale. The instrument consists of 16 items and the likert scale has been changed from a 10-likert scale to 5-likert scale ranging from 1 = not satisfied at all (*sangat tidak berpuas hati*) to 5 = very satisfied (*sangat berpuas hati*).

**Data Analysis:** Confirmatory Factor Analysis (CFA) was applied using Analysis of Moment Structures (AMOS) software in order to identify the goodness-of fit of Mandated Counselling Satisfaction Scale. Chi-square test statistics ( $\chi^2$ ), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA) were used to assess the degree of model fit (27). Insignificant (set at .05) chi-square test statistics signifies model fit. The value of above .90 would indicate model fit for CFI and TLI, while a value less than .08 would signify reasonable model fit for RMSEA.

## RESULT AND DISCUSSION

### Phase 1

**Demographic Background:** The respondents for this phase comprise mandated clients (n = 23) and counsellors (n = 21). As for mandated client, Mean age was 16.39 (S.D. = 1.47). Ethnicity background showed that the majority (19 or 82.6%) of the respondents were Malay and both Chinese and Indian ethnicity showed equivalent figures (2 or 8.7%). Mean age of counsellors was 40.2 (SD=3.7), with 18 Malays (85.7%), two Chinese (9.5%) and one Indian (4.8%); with 13 females (61.9%) and 8 males (38.1%).

Based on the in-depth interview conducted, a total of 40 items were generated using the keywords spoken by the respondents. Some of the items generated were supported by literature. The item "*Kaunselor tidak mengungkit kes yang menyebabkan saya perlu mendapatkan kaunseling*" (Counsellor did not bring up the case that necessitated me to get counselling) portrays the prejudice that the counsellor has towards the client. It is imperative that the counsellor maintain a neutral position during the session and not impart any of their values on the client so that the client will disclose their innermost problems. It is also to help the counsellor understand the client's problem (30).

*"Kaunselor mendengar sepenuh perhatian apabila saya bercerita"* (Counsellor listens with full attention when I speak) dealt with one of the essential skills of the counsellor during the sessions. Active listening involves the counsellor focusing on verbal and non-verbal cues of the client and this requires full concentration and focus (31). Clients will feel satisfied if they know that they are heard and understood, and thus would cooperate actively in the counselling session.

Among the items generated, there are 11 items that can be considered different from the items in traditional

voluntary counselling. Some of the items include, "*Perintah mendapatkan kaunseling memotivasikan saya untuk mendapatkan pertolongan profesional*" (Order to get counselling has motivated me to get professional help) which explains the benefit obtained from the coercion for counselling. In addition, "*Kaunseling mandatori menunjukkan ada pihak yang mengambil berat terhadap diri saya*" (Mandated counselling shows there are parties concerned about me) portrays the perception that the client felt cared for by the authorities when they are mandated to go for mandated counselling.

The response when answering the scale was in structured format, which were in Likert form, ranging from one to ten, whereby one would indicate 'not satisfied' and ten for 'very satisfied'. This structured response would help the respondent to respond to the items with ease.

An expert review from two senior counsellors with experience in counselling mandated clients and one lecturer from the counselling department in UPM concluded that the items generated clearly represent what it needed to measure, which was the mandated counselling satisfaction. However, to further prove the content validity, additional analysis needs to be conducted.

### Phase II

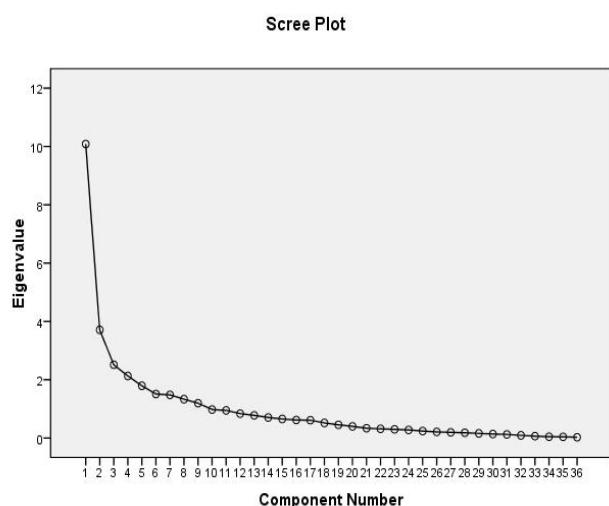
**Demographic Background:** In phase II, the mandated counselling satisfaction item was tested to on 200 respondents from four states, namely Selangor, Melaka, Perak and Pahang. Based on the descriptive analysis, the majority of the respondents were Malay (171, 85.5%; Chinese (25, 12.5%) and Indian (4, 2%). Mean age was 16.72 (S.D = 1.38) and most only completed UPSR (94, 47%) and PMR (69, 34.5%).

**Internal Consistency:** Internal consistency of mandated counselling satisfaction items were assessed using Cronbach's Alpha. Result showed a value of .90, indicating an excellent value (27). Analysis also resulted in dropping four items from the list of items as they were identified as having low item-total correlation ( $r < .20$ )

**Exploratory Factor Analysis (EFA):** Next, EFA was conducted to identify the mandated counselling satisfaction factor structure. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy value of mandated counselling satisfaction items were .62 which is an acceptable value with Bartlett's Test of Sphericity being very significant ( $p = .00$ ). This analysis also shows that the mandated counselling satisfaction is a multidimensional construct.

Principal Component Analysis (PCA) method was used in order to identify the factors in Mandated Counselling Satisfaction items, where the Eigenvalues greater than 1 was retained. The result shows nine components that accounted for 71.53% of total variance (first factor:

28.01%; second factor: 10.31%; third factor: 6.98%; fourth factor: 5.91%; fifth: 4.98%; sixth: 4.20%; seventh: 4.12% eighth: 3.70%; ninth: 3.32%). The extractions of the factor loadings show value less than .70 which contradicts the Eigenvalues rule. The Scree plot (Figure 1) also shows an inflexion at the first three or four factors before the plot begins to level out. This suggests that the Eigenvalues might be able to come out with three or four factors. Hence, to make sure that the best model is produced, a few models (comprising three, four, five and six factors) were tested before deciding on the best model.



**Figure 1: Scree plot of Skala Kepuasan Kaunseling Mandatori items.** The Scree plot shows an inflexion at the first three or four factors before the plot begins to level out. The plot is used to predict numbers of possible factors as indicated by the Eigenvalues. As seen, the point where the slope produces the 'elbow' indicated the number of factors that could be generated by the factor analysis.

The best model of the *Skala Kepuasan Kaunseling Mandatori* (Mandated Counselling Satisfaction Scale) items was a four-factor loading using varimax rotation. A total of 10 items were discarded from the list of mandated counselling satisfaction items as the value were less than .20 in the cross-factor loadings. Then, each factor was given a theme based on the item interpretation in each factor. Therefore, it is concluded that the EFA resulted in 26 items that formed a four-factor model, namely counselling system, client's experience, client's intention/readiness, and effective process. This model accounted for 51.22% of the total variance. Table II describes the final factor loadings of Mandated Counselling Satisfaction items.

### Phase III

**Demographic Background:** The descriptive analysis showed that mean age was 16.91 (S.D = 1.411), mostly male (46 or 69.7%) and majority (53 or 80.3%) were Malay, followed by Indian (9 or 13.6%) and Chinese (4 or 6.1%). The highest level of education was SPM (11 or 16.7%) followed by PMR (35, 53%); UPSR (16, 24.2%), while 4 (6.1%) do not have any education background.

**Face Validity:** Each item had been discussed again with the respondent during data collection to ensure the face validity of the Mandated Counselling Satisfaction items. As a result 10 items were removed from the list.

**Table II: Varimax rotation on Skala Kepuasan Kaunseling Mandatori item construct.**

Item	Component			
	1	2	3	4
22_kaunselor dapat mewujudkan hubungan yang baik dengan saya	.783			
34_saya dapat menyatakan apa sahaja dalam sesi kaunseling rujukan tanpa halangan	.778			
35_kaunselor berupaya membuatkan saya dengan mudah dapat mempercayai beliau	.710	.361		
23_setelah menjadi klien dalam kaunseling rujukan,saya telah berubah pandangan mengenai fungsi kaunseling	.680			
39_saya akan menggalakkan rakan-rakan yang enggan mendapatkan perkhidmatan kaunseling rujukan untuk pergi mengikutinya	.652			
25_kaunseling rujukan mempunyai prosedur yang dapat melindungi saya daripada sangkaan buruk orang lain	.651			
40_saya akan mendapatkan khidmat kaunseling pada masa akan datang	.599	.345		
30_kaunseling rujukan secara individu berbanding berkumpulan lebih berkesan dalam membantu saya berubah	.555			
28_kaunselor kelihatan benar-benar tahu apa yang dikatakan			.691	
3_segala maklumat yang saya kongsi bersama kaunselor terjamin kerahsiaannya			.657	
8_kaunseling rujukan menyediakan peluang kepada saya meluahkan perasaan secara bebas			.568	
2_kini, saya lebih yakin untuk menghadapi cabaran hidup			.560	
4_kaunseling rujukan menunjukkan ada pihak yang mengambil berat terhadap diri saya			.534	
36_kaunselor melayan saya dengan baik			.500	
20_kaunseling rujukan yang kerap boleh membantu menyelesaikan masalah saya			.482	
1_kaunselor mendengar sepenuh perhatian apabila saya bercerita			.400	
15_kaunselor membantu saya menetapkan perubahan yang saya inginkan			.729	
16_perintah mendapatkan kaunseling rujukan memotivasikan saya untuk mendapatkan pertolongan profesional	.347		.700	
29_saya digalakkan untuk menghasilkan pelbagai pilihan bagi menyelesaikan masalah		.385	.674	
14_kini, saya memahami kepentingan untuk bercakap benar	.348		.661	
31_saya percaya untuk berubah, saya yang perlu memulakannya			.579	
33_saya sedar bahawa tidak semestinya perlu mempunyai masalah untuk mendapatkan perkhidmatan kaunseling			.449	
17_kaunselor bersungguh-sungguh untuk menolong saya				.829
24_kaunselor banyak bertanyakan soalan untuk memberi saya peluang menjelaskan dengan lebih mendalam				.780
19_saya dapat mengenali diri saya dengan lebih baik				.771
10_kini, saya rasa lebih tenang			.325	.527
Eigenvalue	10.085	3.711	2.513	2.513
Percentage of variance explained	28.014	10.308	6.979	5.914
Cumulative percentage of variance explained	28.014	38.322	45.301	51.216

Note: 1- counselling system, 2- client's experience, 3 - client's intention/readiness, 4 - effective process

**Reliability Analysis:** Next, the reliability of each factor was examined. The overall Cronbach's Alpha for *Skala Kepuasan Kaunseling Mandatori* (Mandated Counselling Satisfaction Scale) items was .92, a value which was higher than the reliability obtained during the pilot test (.88). The internal consistency of all four factors also shows a value above .70, which even though slightly lower than the previous study, is still considerably high (27). Table III shows the Cronbach's Alpha of each factor and the overall items.

**Table III:** Cronbach's Alpha of each factor on *Skala Kepuasan Kaunseling Mandatori* items before and after pilot test.

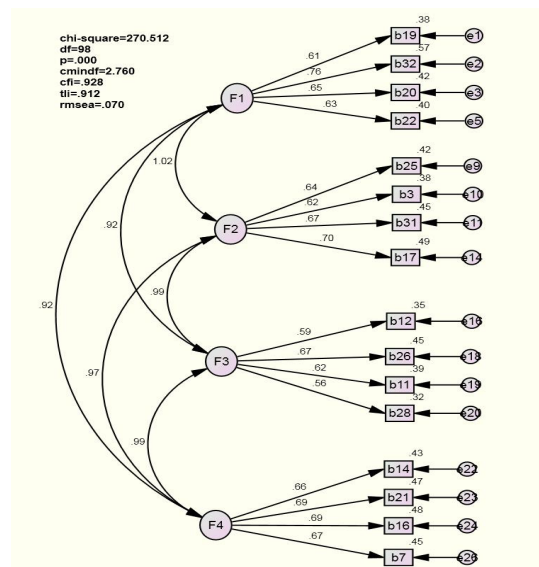
Factor in MCgSS	Before Pilot Test		After Pilot Test	
	Total items	Cronbach's Alpha	Total items	Cronbach's Alpha
	8	.855	4	.760
	8	.772	4	.754
	6	.788	4	.704
	4	.799	4	.771
<b>Total items</b>	<b>26</b>	<b>.882</b>	<b>16</b>	<b>.919</b>

**Phase IV**

**Demographic Background:** Background or origins are as follows, Sarawak 77 or 21.1%; Pahang 72, 19.7%; Terengganu 64, 17.8%; Melaka 49, 13.4%; Perak 47, 12.9%; Selangor 29, 7.9% and Sabah 26, 7.1%. As for the respondent age, mean = 16.58, S.D = 1.348; they were mostly male (221, 60.3%) with 145 females (39.7%). Majority (79.2%) were Malay, Others (41,11.3%), Chinese (22, 6%) and Indians (13, 3.6%). In terms of education: UPSR (154, 42.2%), PMR (136, 37.3%), SPM (55,15.1%), no education (19,5.2%) and STPM (1,0.3%).

**Confirmatory Factor Analysis:** A Confirmatory Factor Analysis (CFA) was conducted in order to identify the goodness-of-fit model on final items of *Skala Kepuasan Kaunseling Mandatori*. The goodness-of-fit result shows that the four-factor model was a good fit to the data ( $\chi^2$  (98) = 270.512,  $p < .001$ ,  $\chi^2/df = 2.760$ , CFI = .928, TLI = .912, RMSEA = .070). Both CFI and TLI were successfully met with the value above .90. The value of  $\chi^2/df$  was also less than value of 3.0 which indicated adequate model fit (29).

The results of the factor loadings of items showed that the items were evenly distributed ranged from .56 to .76 and the squared multiple correlations of each observed variable's value ranged from .32 to .51 in explaining variance. This shows that the items were loaded with an acceptable value onto latent factors. A new theme was given to each factor namely; (a) Alliance-system, (b) Counselling Efficacy, (c) Therapeutic Change, and (d) Counsellor-counselling effect. Hence, it is concluded that the four-factor model with 16 items is a good model for determining counselling satisfaction among mandated clients in Malaysia.



**Figure 2:** Factor loadings of items of *Skala Kepuasan Kaunseling Mandatori*. Factor loading presented in this figure expresses the relationship between each observed variable to the underlying or latent factor. In this case, a factor loading is used to show the range of distribution and squared multiple correlations of each observed variables in explaining the variance. Thus, it indicates whether the items were loaded with an acceptable value onto the latent factors or otherwise.

**Table IV:** Measure of goodness-of-fit for the four-factor model of *Skala Kepuasan Kaunseling Mandatori*

CFA fit indices	
$\chi^2$	270.512
Df	98
$\chi^2/df$	2.760
P	.000
CFI	.928
TLI	.912
RMSEA	.070

Factor/ Item	Factor loadings	Squared multiple correlation
Alliance-System		
19	.61	.377
32	.76	.574
20	.65	.417
22	.63	.401
Counselling Efficacy		
25	.64	.415
3	.62	.382
31	.67	.449
17	.70	.489
Therapeutic Change		
12	.59	.354
26	.67	.451
11	.62	.386
28	.56	.318
Counsellor-Counselling Effect		
14	.66	.431
21	.69	.473
16	.69	.479
7	.67	.445

Note: CFA= confirmatory factor analysis;  $\chi^2$ = chi square; df= degree of freedom; CFI= comparative-fit index; TLI= Tucker Lewis index; CFI= comparative fit index; RMSEA= root mean square error of approximation.

## Discussion

Until now, the availability of documented studies regarding issues of mandated counselling in the Malaysian context is still sparse (16, 22, 20), especially regarding mandated counselling satisfaction (31, 32). Hence, the primary aim of this study was to develop a scale to measure mandated counselling satisfaction suitable for Malaysian context. In the first phase, the scale was developed using the clients' perception and attitudes towards mandated counselling satisfaction. The data was triangulated with the counsellor's data, before using the keywords of the transcript data to develop the initial items. The result forms a 40-item that describes counselling satisfaction. The next phase, the initial item list of mandated counselling satisfaction, was tested to identify the factor structure of the items. The items were examined using the Principal Components Factor Analysis using varimax rotation. The best model was a four-factor structure with four themes, namely counselling system, client's experience, client's intention/readiness and effective process, with a reduction of items to 26 items. All the subscales accumulative explained variation to be at 51.22%.

To ascertain the face validity of the initial scale, discussions with respondents were held during the pilot test, where the respondents were asked their opinion on each item regarding mandated counselling satisfaction. As a result 10 items were dropped from the item list. The reason for removing the items were because; (a) some items were overlapping with other items, and (b) irrelevant items unrelated to the mandated counselling satisfaction were being asked. A reliability analysis that was conducted showed an increased value of Cronbach's alpha on the scale, from .88 to .92. Then, to identify the goodness-of-fit of the revised scale, a Confirmatory Factor Analysis (CFA) was conducted, whereby the four-factor model of mandated counselling satisfaction scale showed a good model fit. The themes were renamed as Alliance-system, Counselling Efficacy, Therapeutic Change, and Counsellor-counselling effect.

The first factor, which is Alliance-system was characterised by how secure the client felt before, during, and after undergoing mandated counselling. The item in the first factor includes "*Kaunseling mandatori mempunyai prosedur yang dapat melindungi saya daripada sangkaan buruk orang lain*" (Mandated counselling has procedures to protect me from bad impressions of others). As most of the mandated clients would feel threatened and do not trust the counsellor during the early sessions, it is imperative that the counsellor makes sure at all times to be prepared to not to provoke the client or make them feel at a disadvantage. Providing autonomy and at the same time supporting the client when they need them is essential throughout the counselling process when counsellors are dealing with mandated clients (33).

The second factor, counselling efficacy highlighted how the client perceives the effectiveness of the counselling that they have experienced. One of the item was, "*Kaunselor kelihatan benar-benar tahu apa yang dikatakan*" (counsellor seems to really know what he/she said). In order for the counselling session to be effective, the counsellors themselves must be effective in the performance of their duties (34). Therefore, counsellors should have positive personal characteristics, and cognitive ability in order for the client to feel confident in disclosing any information regarding themselves (35).

"*Saya percaya untuk berubah, saya yang perlu memulakannya*" (I believed for me to change, I must initiate it) was one of the items in the third factor which is the therapeutic change. This factor highlights the beneficial changes gained by the client during the counselling session. The fourth factor, counsellor-counselling effect defines how the client perceives the effect of counsellor skills and intervention towards helping the client. "*Kaunselor banyak bertanya soalan untuk saya menjelaskan masalah dengan lebih mendalam*" (Counsellor asks many questions so that I explain my problem in more detail) was one of the items that relayed the counsellor's skills during the session. To the client, the counsellor's various skills indirectly influence the client during the session. The client would feel satisfaction or dissatisfaction depending on the counsellor's interventions.

## CONCLUSION

All in all, the objective to develop a scale to measure mandated counselling satisfaction suitable for the Malaysian context was achieved. Using multi-method approach in four distinct phases, each phase encompassed a systematic methodology, producing 16-items, with four subscales that measure the mandated counselling satisfaction. This research provides the reliability and validity of the scale and is a good starting point to provide a tool to be used by counsellors and researchers in determining mandated counselling satisfaction among mandated clients in Malaysia. The produced scale will be helpful for the counsellor in capturing useful information regarding what the client expects of the counselling process, and to improve the mandated counselling practice or services.

However, as the sample only focused on institutionalised mandated clients, further validation is needed in order to identify whether the tool developed can be used in other settings. It is recommended that the instrument is to be tested on referral and mandated clients in other settings such as in universities and other community platforms.

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