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The Application of Solution-Focused Therapy Intervention Module to help Individuals Experiencing Psychological Distress in Organization

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ABSTRACT

This study is a descriptive study of developing a solution-focused therapy as a counselling intervention module for individuals experiencing psychological distress. This module was built based on the Sidek's module development model that includes the principles of module construction. This counselling intervention model is specifically designed to help individuals with psychological distress to reduce their symptoms. Solution-focused therapy was chosen as an aid because the techniques in this therapy focus more on solution rather than the problem, counselling sessions are simple and brief with minimal cost. There are nine (9) experts consisting of counselling practitioners and counselling academics experts participating as module expert evaluator. The Pearlin's theory of distress psychology is used in this study as a theoretical foundation to understand the distress psychology and its symptoms. Overall, the experts found that the content of the module is suitable for the target audiences with an acceptable evaluation score. Solution focused therapy embedded in a module is a good initiative and can be strengthened further to be used by counselling practitioners in a real setting.

Keywords: Solution focused therapy, counselling intervention, module development, distress psychology, organizational stress

1. Introduction

Psychological distress is a type of mental stress that develops throughout the process which involves mental health status, self-identity, self-concepts, and identity role resulting to unconscious conflicts within the individual's personality (Thoits, P.A., 2013). When a stressful issue persists without a solution, the person will feel distressed. Individuals will experience high psychological distress when they must assume various roles either at work or in the family such as the role of husband, wife, mother, father and as an employee in an organization. When experiencing high distress, it will lower their level of life satisfaction. As a result, individuals often feel depressed, unhappy, sad, anxious, and depressed (Mirowsky & Ross, 2003).

From a mental health perspective, psychological distress belongs to mental health problems. The two main components of psychological distress are anxiety and depression, both of which are mental illnesses that are increasingly popular in society today. Based on gender differences, women dominate the high rate of mental disorders including depression, emotional disturbances, anxiety, anger, and sadness (Beach, S. R., & Whisman, M, 2012). Compared to men, women are synonymous with health and mental disorders. There is a study that proves working wives

experience high levels of distress and twice as much depression as husbands (Markman, H. J., Rhoades, G. K., Stanley, S. M., Ragan, E. P., & Whitton, S. W., 2010). Despite the low help-seeking behavior, men also experience a high level of psychological distress, emotional disturbances, mental stress, and mental disorders due to various factors including biological, socio-economic, and other unpredictable factors (Rice, S. M., Oliffe, J. L., Kealy, D., Seidler, Z. E., & Ogrodniczuk, J. S., 2020).

Therefore, many individuals who experience psychological distress need to be helped with appropriate therapy to improve their lives. Solution focused therapy is a modern therapy approach introduced as a treatment method to help reduce the level of psychological distress (Grant, 2017). Additionally, solution focused therapy focuses on finding solutions to problems and making changes by thinking positively and rationally. The positive thinking style that is applied during the counseling session also helps the individual to control their emotions and helps reduce the symptoms of psychological distress that they are experiencing.

Psychological distress falls under the category of mental health and in Malaysia mental health issues are becoming increasingly prevalent, with many individuals and communities affected by various mental health problems. According to the National Health and Morbidity Survey conducted by the Ministry of Health Malaysia in 2019, 29% of adults in Malaysia had experienced at least one mental health problem in their lifetime (Khaw, W. F., Nasaruddin, N. H., Alias, N., Chan, Y. M., Tan, L., Cheong, S. M & Yong, H. Y., 2022). Some of the common mental health issues faced by Malaysians include anxiety, depression, and stress-related disorders (Tan, M. M., Su, T. T., Ting, R. S. K., Allotey, P., & Reidpath, D., 2021). Other issues include substance abuse, schizophrenia, and bipolar disorder. There are several factors that contribute to the prevalence of mental health issues in Malaysia such as the stresses of modern life, such as financial pressures, work-related stress, and social isolation (bin Hassan, M. F., Hassan, N. M., Kassim, E. S., & Hamzah, M. I., 2018). Other factors include poor mental health literacy and stigma around mental health issues, which can prevent individuals from seeking help and support.

Despite the growing prevalence of mental health issues, mental health services in Malaysia are often underfunded and under-resourced (Chong, S. T., Mohamad, M. S. & Er, A. C., 2013). The availability of mental health professionals and services is also limited, particularly in rural areas. This can make it difficult for individuals who are struggling with mental health issues to access the support and treatment they need. However, the government of Malaysia has recognized the importance of addressing mental health issues and has taken steps to improve mental health services in the country. This includes increasing funding for mental health services and expanding the availability of mental health professionals (Deva, M. P., 2005). There has also been a growing movement to raise awareness and reduce stigma around mental health issues in Malaysia.

Solution-focused therapy (SFT) is a relatively new approach to counselling and psychotherapy that has gained popularity in recent years. Although it originated in the United States, it has been adopted in many countries around the world, including Malaysia especially to help with mental issues (Lindforss, L., Magnusson, D., & Björkman, T., 2021). SFT is a brief therapy approach that focuses on helping clients identify and achieve their goals. It is based on the belief that clients can create their own solutions to their problems, and that the therapist's role is to help them identify and build on their strengths. In Malaysia, SFT has been used in a variety of settings, including mental health clinics, hospitals, and private practices (Bakar, A. Y. A., & Suranata, K., 2020). Some therapists have also incorporated SFT principles into their work with specific populations, such as couples, families, and adolescents.

One of the advantages of SFT is that it can be adapted to different cultural contexts, including Malaysia. However, it's important for therapists to be aware of cultural differences and to be sensitive to the needs of their clients (Corcoran, J., 2000). For example, some clients may be more comfortable with a more directive approach, while others may prefer a more collaborative approach. SFT has the potential to be an effective and culturally sensitive approach to counselling and psychotherapy in Malaysia. However, it's important for therapists to receive adequate training and to be aware of the unique needs and cultural context of their clients.

Solution-focused therapy uses a different approach from other conventional therapies in counseling. Most of the conventional therapies build on the goal of counseling to understand and identify the client's problems. But solution-focused therapy builds the goal of counseling to build a solution based on the resources available in the client. Solution-focused therapy believes that problems do not happen all the time. Therefore, the client needs to put themselves in a problem-free situation to build a solution. Clients who are experiencing psychological distress have a negative thinking style. Therefore, this therapy helps the client to have positive emotions and then able to think positively (Kim, J. S., & Franklin, C., 2015).

Since the mid-1980s, solution-focused therapy has had a positive effect on clients experiencing stress, depression, and other mental conditions such as addiction (Hopwood, L., 2021). Solution-focused therapy can have a positive effect on the client because the counselling session focuses on changing the client in terms of emotions, thinking and behaviour. The counsellor's role is also important to build a positive and safe space for the client to make changes. The role of the counsellor is to encourage the client to continue making changes. The solution-focused therapy helps clients to change their emotions and thinking to be more positive, thereby helping to reduce the level of distress by reducing the symptoms of distress.

Therefore, this study has two objectives namely: a) Exploring the suitability of the Solution-focused Therapy Module as a counselling intervention model to help individuals experiencing psychological distress, and b) Building a Solution-Focused Therapy Module as a counselling intervention model to help individuals experiencing psychological distress.

2. Literature Review

According to the definition from the World Health Organization (WHO) "Health is a state that includes physical, mental and social health" (Organization, 2013). There is no official term or one fixed definition of mental health. Cultural differences, subjective assessments, professional theories, and policy have influenced how mental health is defined in certain group of society (Goldman, H. H., & Grob, G. N., 2006). Thus, it can be understood that mental health is a state of well-being in which an individual is aware of his own capabilities, can handle stress well, can work productively and is able to contribute to society. Mental health is the basis of individual well-being and the ability of society to function effectively. Mental health is an expression of emotions and symbolizes the ability to adapt in the various pressures and the demands of life.

However, there is no single criterion that can be used to define a condition of good mental health. No one person always has all the characteristics of good mental health. It depends a lot on individual, social and environmental factors (Amaddeo, F., & Jones, J., 2007). There are several social, psychological, and biological factors that determine the level of mental health of a person at one time. Mental health can be affected due to socio-economic problems, sudden changes in environmental or social conditions, stress at work, and physical illness. Unlike mental health

problems, those with mental illness also experience a situation where a person's mental level causes the individual's daily functioning to be affected either socially or at work.

Mental and behavioural disorders are expected to increase from 11% to 15% of the disease burden by 2020 around the world. The World Health Organization (WHO) also predicts that globally, mental illness like depression will occupy the second place after the coronary heart disease. Depression is also one of the risk factors for suicidal behaviour. Malaysia is no exception in mental health problems, even the number is increasing year by year (Raaj, S., Navanathan, S., Tharmaselan, M., & Lally, J., 2021). Prevention needs to be intensified through improving the economy and education system as well as awareness of the dangers of mental illness in the community.

The total number of people with mental illness in Malaysia is 11.2%. That is a total of 3.3 million out of a total of 30 million Malaysians (NHM5, 2015). The Chinese recorded the highest number with 31.1%. In terms of gender differences, more women suffer from mental illness which is as much as 55% compared to men as much as 45%. In terms of geographical area, urban residents are more affected which is 12.6% compared to rural areas which are 8.5%. Factors such as work pressure and economic burden contribute a lot to mental health problems among urban residents. Mental health problems are higher among those who are uneducated or poorly educated, which is as much as 15 to 16%. Statistics show that marital status also plays an important role, the highest group experiencing mental health problems are those who are divorced with the percentage of 13.6%, followed by singles which is 13.1%, widows is 12.2% and the lowest are those who are married which is 10.5%. One of the latest research findings shows that among the professional job in Malaysia, teachers are the most likely to feel stress related to personal and work accomplishment which is at high risk of mental illness (Pau, K., Ahmad, A. B., Tang, H. Y., Jusoh, A. J. B., Perveen, A., & Tat, K. K., 2022).

Mental health problems are also closely related to cultural and religious norms (Yeap, R., & Low, W. Y., 2009). Due to stigma and embarrassment, Asian society often avoiding the professional treatment for any case of mental illness. Despite the high need for mental health-related services, only a few of those who experience the issue seek or receive treatment from a therapist. In most group of society, mental therapists are overshadowed by healers and traditional treatments. Most people still adhere to the values of traditional medical practices and religious beliefs that later had formed their own mental health concept. Mental health illiteracy is the most common in Asian society which brings the lack of interest to seek for professional treatment provided by the health institution. For example, in the Malay community, the services of mental health therapists are underutilized because they are considered less effective. This is because mental illness is seen as a spiritual disorder rather than a physical disease.

2.1. Pearlin Psychological Distress Theory

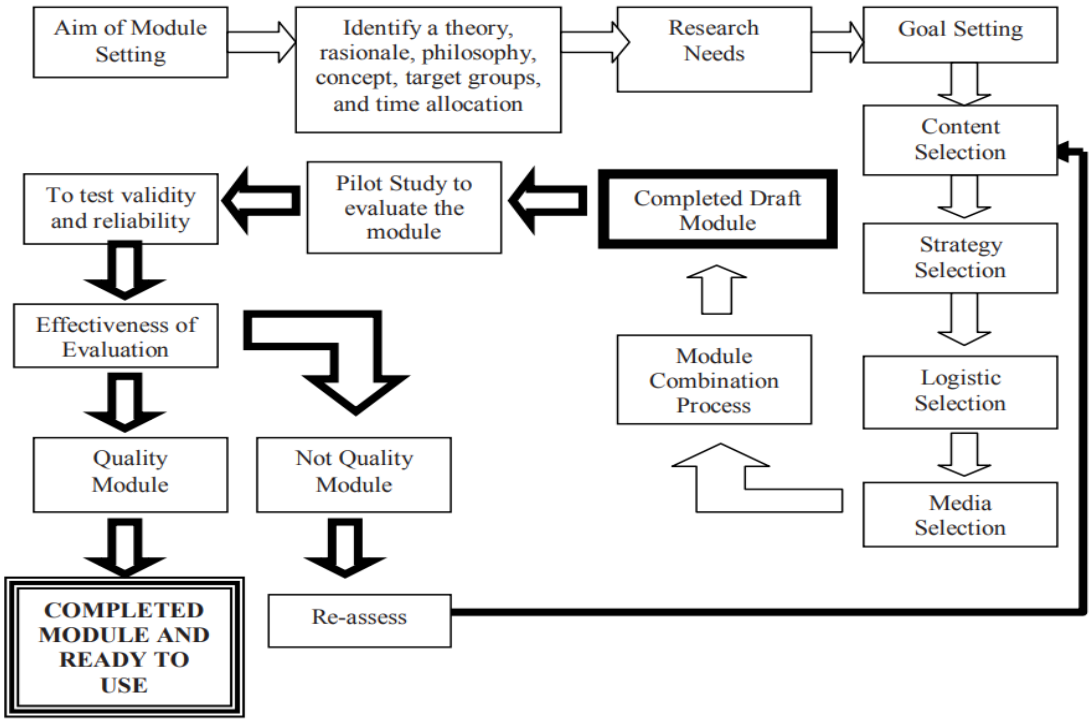
Pearlin defines distress as a stimulus that leads to a psychological response (Mirowsky, J., & Ross, C. E., 2003). Pearlin's Psychological Distress Theory explains that humans reach maturity throughout their lives after going through life's stress or challenges (Pearlin, L. I., 1999). This theory sees human development happening continuously and not having to stop at any stages or levels. Pearlin describes distress from a sociological perspective which means that the environment plays an important role in the development of the individual. Distress process refers to stress factors and methods of dealing with them. Therefore, each individual has a different experience due to different factors and methods of dealing with stress.

In this theory of psychological distress, there are four (4) important elements that influence individual self-development, namely, i) Personality which includes the characteristics of the individual such as gender, race, educational background, family, intellectual level, and culture. The variety of these characteristics will affect the level of individual distress. ii) Coping power which refers to the individual's skills in handling distress. iii) social support such as individuals need social support to help deal with distress well. This social support includes family, spouse, close relatives, friends, and a wider network of contacts. iv) situations and times when individuals experience distress requires an appropriate response. Pearlin argues that individuals in early adulthood experience psychological distress due to having to bear responsibilities such as work and marriage that has just begun. However, individuals have their own right to plan their lives according to their wants and needs.

2.2. Sidek's Module Development Model

The Sidek's Module Development Model was applied to establish the solution focused therapy intervention model that is comprehensive, engaging, and responsive to the needs of clients and counsellors in dealing with issues related to psychological distress. Sidek's Module Development Model (Ahmad, J., & Mohd, S. N., 2005). According to the construction of this module, there are two levels of module development, namely, the first level is the process of producing a draft module and the second level is the process of evaluating the module. The steps are 1) goal building, 2) identifying theory, rationale, philosophy, concept, target, and time period, 3) needs assessment, 4) setting the objectives, 5) content selection, 6) strategy selection, 7) logistic selection, 8) media selection and 9) module combination process. The second stage involves the process of trying and evaluating the draft module which include 1) pilot study, 2) test validity and reliability 3) effectiveness evaluation and 4) quality module. All the steps and procedures in Sidek's Module Development will result to the completed and ready to use module.

Figure 1: Sidek's Module Development Model



3. Methodology

This study is a descriptive study aim to test the validity of the Solution Focused Therapy Model which was built based on the need as a counselling intervention to help individuals whom experiencing psychological distress. The value of validity is obtained through written responses by a group of experts in the field of psychology and counselling. This descriptive study is to determine the validity of the content of the Solution Focused Therapy Model which is elaborated according to the appropriateness of the study objectives. Ten (10) experts had been invited to participate in this research as an expert panel but only nine (9) of them responded to the invitation. Nine (9) module's experts including practising counsellors and counselling academicians from several public universities have reviewed and assessed the draft module at an early stage. This group of experts are those who have areas of expertise, experience, and compatibility with the module. The selection criteria for expertise are academician in the field of psychology and counselling, working as a counsellor in any relevance institutions, having knowledge related to counselling therapy session and familiar with issues relating to mental health.

For determining the content level of the Solution Focused Counselling Model, experts were given a series of module content validity questionnaires that are based on the ideas of Russell (1974) and have been translated and adapted by Sidek and Jamaludin (2005). There are ten possible ratings on this scale, ranging from 1 (strongly disagree) to 10 (strongly agree). A module has high content validity when it receives 70% and is deemed to have been mastered or achieved at a high level (Ahmad, J., & Mohd, S. N., 2005). The total score completed by the expert (x) will be divided by the total actual score (y) and multiplied by 100 to establish the degree of validity of the module content. These are the formulas:

$$\text{Content validity achievement} = \frac{\text{Total score from expert (x)}}{\text{Total actual score (y)}} \times 100\%$$

4. Result

A module is confirmed to have high content validity when proven to obtain 70% and above is considered to have mastered or reached a high level of achievement. If the percentage obtained from the Solution Focused Therapy module exceeds 70% then it has high content validity. The findings of the module content validity study are based on Russell's (1974) module content validity questionnaire, which has been modified according to Jamaludin (2002). The items found in the questionnaire include the content of the module that meets the target, the implementation of the module, the compatibility of the module with the client, the time allocated, the value of awareness and changes in the client. Validity values for the entire content of the module can be seen in Table 2.

Table 2: Validity Value of Module Content based on Expert Evaluation

No	Expert Panels	Score (%)	Evaluation
1.	Expert 1	82%	Accepted
2.	Expert 2	94%	Accepted
3.	Expert 3	90%	Accepted

4.	Expert 4	82%	Accepted
5.	Expert 5	82%	Accepted
6.	Expert 6	82%	Accepted
7.	Expert 7	76%	Accepted
8.	Expert 8	92%	Accepted
9.	Expert 9	84%	Accepted

Table 2 shows that the highest percentage is 94% and the lowest is 76% for all items evaluation which consist of; 1) Module content meet the target participants, 2) module can be implemented in accordance with the allocated time,3) module able to increase the awareness among participant, 5) module able to help change participant's' behaviour. Overall, the findings show that the content of the module is consistent and compatible with the target participant of the module. Meanwhile, based on comments from a group of module experts in Table 3, the procedure for module refinement was done. Overall, it is based on the response of the evaluators to the content of the module, showing that this module meets the objectives that have been stated. Based on expert opinion, a solution-focused therapy module was built based on the principle of brief therapy. The objective of this module is clearly stated that to help clients reduce their psychological distress symptoms and help them to explore the solution for their problems. All the experts agreed that this module is acceptable and practical to be applied as intervention for clients whom experiencing psychological distress particularly depression and anxiety condition. A suggestion from one of the experts which is expert 9 to add the number of sessions from three to five session will be taken into consideration. As drafted in the module that the number of sessions may increase depending on the client's progress of change. After the second session, both counsellor and client need to evaluate progress and change before deciding to move to the next session. Therefore, the number of sessions may increase if they need to revisit the second phase.

Table 3: Comments from Module Expert's Evaluation

No	Expertise	Comments
1.	Expert 1	*This module is suitable to be used with client having stress.*
2.	Expert 2	*Overall, this module met the criteria needed for a module. The module is good and complete. But maybe need to add examples of counsellor's statement as a guideline.*
3.	Expert 3	*Overall, this module is good and suitable to be used with client in solution focused therapy session.*
4.	Expert 4	*Overall, this module is good and complete.*
5.	Expert 5	*Addition of session three in terms of reflection to be implemented. A good initiative in the production of this module.*
6.	Expert 6	*The content in this module is suitable for treatment of depression and anxiety.*
7.	Expert 7	*Content of the module is well designed for targeted participant.*
8.	Expert 8	*This module is good and suitable to be used in counselling session.*
9.	Expert 9	*This module is suitable for use with clients who have symptoms of psychological distress. It is recommended*

for future applications to increase the number of sessions from 3 sessions to 5 sessions.

4.1. Phases and Techniques in The Solution-Focused Therapy Module

After going through the process of evaluation and considering the feedback from experts as well as clients, some changes has been made the the initial draft. The changes include the three phases and selected techniques based on the principle on Solution-Focused Therapy and Brief Therapy. Therefore, this module has (3) three phases that can be divided into three or five sessions depending on the client's changes and progress. The three phases in this module are in Table 4:

Table 4: Phases and Techniques in Intervention

No	Phase	Technique
1	Phase 1: The Introduction	- Relaxation technique - Scaling question - Miracle question - Exception question - Build cooperative relationship
2	Phase 2: Exploring the Solution	- Scaling question - Pretherapy change - Formulating first session task - Counsellor feedback to client
3	Phase 3: The Closure	-Scaling question - Coping question - Future focused question - summary and closing

4.1.1. Phase 1: The Introduction

Flow in session as in figure 2 shows that the three phases are interrelated to each other depending on client's progress of change. In solution focused therapy session for psychological distress clients, it is crucial during phase 1 to create a comfortable and relaxed environment. One effective way to achieve this is by starting with a relaxation technique. This technique can involve deep breathing exercises, progressive muscle relaxation, guided imagery, or any other method that helps individuals relax their mind and body. By initiating the session with relaxation, it allows the client to let go of any tension or stress they may be carrying, enabling them to be more receptive to the forthcoming process. Following the relaxation technique, the counsellor can introduce the scaling question. This question serves as a tool to assess the current situation or issue the client is facing. It involves asking the person to rate their current experience or problem on a scale, usually ranging from 0 to 10, with 0 being the worst and 10 being the best. This question helps to identify the severity or intensity of the issue, providing a

baseline from which progress can be measured. Next, the counsellor may introduce the miracle question. This question invites the individual to envision a future where their issue or problem has been completely resolved. It prompts them to imagine waking up one day and discovering that a miracle has occurred, resulting in their problem disappearing overnight. By exploring this hypothetical scenario, clients are encouraged to think beyond their current limitations and tap into their desires, hopes, and aspirations. The miracle question can unlock hidden potential and provide a vision for what the individual truly wants to achieve or experience.

In addition to the miracle question, the counsellor can also use the exception question. This question focuses on identifying moments when the client's issue or problem is less prominent or absent from their life. It encourages the client to reflect on instances when they have experienced progress, even if small, or when the issue has been temporarily alleviated. By highlighting these exceptions, client can gain insights into the factors and circumstances that contribute to positive change. This awareness can then be utilized to generate strategies or solutions to overcome the problem more effectively. Throughout the introduction phase, it is essential to build a cooperative relationship between the counsellor and the client. A cooperative relationship is characterized by trust, empathy, and collaboration. The counsellor creates a safe and non-judgmental space where the individual feels comfortable expressing themselves and exploring their thoughts and emotions. Active listening, empathy, and genuine curiosity are employed to demonstrate a deep understanding and genuine interest in the individual's experiences. By establishing a cooperative relationship, the facilitator can foster a strong foundation for the therapeutic or coaching process, promoting openness, honesty, and active engagement.

4.1.2. Phase 2: Exploring The Solution

Phase 2 focuses on exploring potential solutions and formulating actionable steps towards change. The scaling question, which was introduced in the previous phase, is revisited to reassess the individual's current position on the scale. By comparing this new rating with the initial one, the counsellor can determine whether any progress or change has already occurred. This allows for a better understanding of the client's current state and serves as a reference point for further discussions. In addition to the scaling question, the counsellor may introduce the concept of pretherapy change. Pretherapy change refers to any positive shifts or improvements that have taken place before the actual therapy or coaching sessions began. It encourages the individual to recognize and acknowledge any progress they have already made independently or through other means. By highlighting pretherapy change, clients can build confidence in their ability to create change and tap into existing strengths and resources.

Following the exploration of pretherapy change, the counsellor works with the client to formulate the first session task. This task is collaboratively designed based on the client’s goals, preferences, and the insights gained from the previous discussions. The task should be specific, achievable, and aligned with the desired outcomes. Once the first session task is formulated, the counsellor provides feedback to the client. This feedback reflects the counsellor's observations, insights, and understanding of the client's experiences and goals. Feedback can be both supportive and constructive, offering encouragement and highlighting areas for further exploration. By genuinely listening and empathizing, the counsellor creates a safe and non-judgmental space for the client to share openly and honestly. This collaborative approach encourages a sense of partnership, where both counsellor and client work together towards the desired solutions.

4.1.3. Phase 3: The Closure

Phase 3 is the closing session and to begin this phase, the counsellor may revisit the scaling question introduced earlier in the session. By asking the individual to rate their current position on the scale again, it provides an opportunity to assess any changes or progress that have occurred throughout the session. Comparing this new rating with the previous ones allows both the counsellor and the client to gain a clearer understanding of the impact of the session and the effectiveness of the techniques employed. Next, the counsellor may introduce the coping question. This question invites the individual to reflect on their existing coping mechanisms or strategies that have helped them manage their challenges in the past. By exploring these coping mechanisms, the individual can tap into their internal resources and identify strategies that have proven effective. In addition to the coping question, the counsellor may pose a future-focused question. This question prompts the client to envision how they would like their future to be, considering the progress made during the session. It encourages them to imagine a future where they have successfully overcome their challenges and are living the life they desire. By exploring this future vision, clients can tap into their motivation and aspirations, providing a sense of direction and purpose for their ongoing journey.

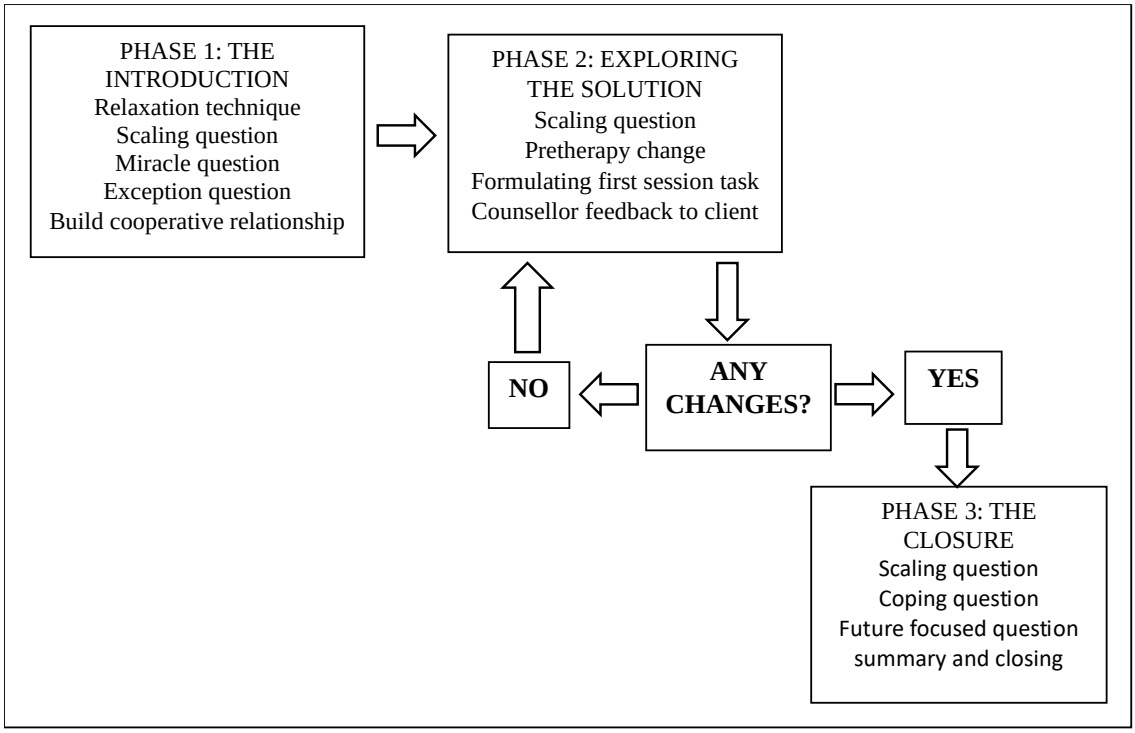
The closure phase includes a formal closing of the session. The counsellor acknowledges the client's efforts, commitment, and participation throughout the session, expressing appreciation for their openness and willingness to explore their challenges. They may offer words of encouragement, emphasizing the progress made and the potential for continued growth. This closing phase contributes to the development of a supportive and trusting therapeutic or coaching relationship, ensuring the individual feels valued and supported throughout their journey.

But, by any chances after the second phase and before moving to closure, the client has not made the expected progress or change, it may be necessary to revisit phase 2 and start the process anew. This decision is made with the intention of providing additional support, exploring alternative strategies, or re-evaluating the goals and tasks set in the previous sessions. Returning to phase 2 allows for a re-examination of the client's situation, including their current rating on the scale and any pretherapy changes that may have occurred. During this re-evaluation, the counsellor may choose to ask the coping question again to explore alternative coping mechanisms or strategies that could be more effective for the client's specific situation.

Additionally, it may be necessary to reformulate the first session task. By revisiting the task and modifying it as needed, the client can be provided with a fresh perspective and a new starting point for their journey towards change. The facilitator collaborates with the client to ensure the task is relevant, achievable, and aligned with their current needs and capabilities. Revisiting phase 2 does not mean disregarding the progress made in previous sessions. Instead, it allows for a deeper exploration of the client's experiences, challenges, and strengths. The client and counsellor work together to identify any gaps, adjust strategies, and refine their approach to better address the client's unique needs. It is important to approach this process with patience and empathy. Recognizing that progress is not always linear, the therapeutic or coaching relationship remains supportive and non-judgmental, with an emphasis on collaboration and partnership. By restarting the process, the counsellor aims to empower the client to take ownership of their journey and actively engage in finding solutions that work for them. This iterative approach allows for a dynamic and flexible process that can adapt to the

client's evolving needs, ultimately increasing the chances of achieving meaningful and sustainable change.

Figure 2: Flow in Session



5. Discussion

In order to ensure that the content of this Solution-Focused Therapy Intervention Module achieves good validity, a total of nine expert panels who are counseling lecturers and counselors from several public universities in Malaysia. The results of the expert's evaluation show that the module developed meets the objectives and can be implemented well. Findings from the expert panel also agreed that the module was suitable for the target group and able to help reduce the level of psychological distress among clients. However, improvements and refinements have been made based on the feedback provided by the evaluator to ensure that the module has the best quality. According to Jeffries (2007), it is necessary to evaluate and examine the module's objectives, as well as to describe how the target group responded to the issues that relates to the module's main focus and objectives. The module developer should take note of this before applying in an actual session.

At the initial stage, the researcher experienced difficulty in adjusting the content according to the theme of each session, especially in terms of selecting appropriate therapy techniques. In addition, the use of appropriate sentences and words is also emphasized from the beginning of the construction of the module. These difficulties are experienced at the initial draft stage and can be overcome after completion of all stages including review, evaluation, validity, and reliability. Once the content is developed, it can be tailored according to the theme of each session. Steck et al. (2015) stated that difficulties during the process of preparing problem scenarios usually occur in the early stages.

In addition, content validity achievement reached the highest score of 94% and the lowest 76%. According to Mohd Majid Konting (2000), if the reliability value obtained is high above 60%, it means that the module has a good level of consistency and if it is less than 60%, it means that the module has a low level of consistency and needs to be improved. The reliability of this module is determined when the clients can master the objectives and can follow each technique and activity in this module. According to Sidek Mohd Noah & Jamaludin Ahmad (2005), all of the activities may be completed successfully, demonstrating the quality and efficacy of the module that was created.

The module's reliability questionnaire was distributed to each client to be filled out after they had completed the counseling session. The questionnaire has 25 items based on the activities in each session. Likert scale is used to get responses. The client needs to answer based on what is actually experienced, not what should be experienced. The Cronbach Alpha method was used to obtain the value of the module's reliability coefficient. Therefore, to obtain accurate values, the Statistical Package for Social Science (SPSS v22) software was used. The Cronbach Alpha value obtained is .746 showing the overall value of the reliability coefficient of this module is a good amount. According to Valette (1977) in Sidek Md Noah and Jamaluddin Ahmad (2005) the minimum acceptable value is .50. But a good reliability coefficient value must be at least .60 to .85. Therefore, the value of the reliability coefficient of this module is good and acceptable. By going through the process of module development as well as validity and reliability, the Solution-Focused Therapy Intervention Counselling Module can be considered as complete and ready to be applied in real setting. A quality and complete module can be identified after testing its validity and reliability (Sidek & Jamaludin 2005). Suggestions and feedback from group of experts contributes towards the effectiveness of this module.

6. Conclusion

In this research, the Solution-Focused Therapy was adapted as a counselling intervention model to help reduce psychological distress symptoms and further to explore solutions to the problems being faced by clients. This study aims to form a solution-focused therapy model as a therapy intervention suitable for use with local clients. Therapy techniques need to be modified using the local language that can be understood within the cultural context to suit the local client. Therapy is most effective when it is responsive to the individual's problems, personality, and socio-culture. Therefore, the construction of this solution-focused therapy module can be used as a solution-focused therapy model for local clients experiencing psychological distress. However, it is important to note that the effectiveness of this module may depend on the cultural context and individual needs of clients in Malaysia. This module may need to be adapted to the local cultural context and may not be appropriate for all patients of all mental health issues. Overall, Solution-Focused Therapy has the potential to be an effective and culturally sensitive approach to psychotherapy for psychological distress in Malaysia. However, more research is needed to determine the effectiveness of Solution-Focused Therapy specifically in the Malaysian context, and to identify the most effective ways to adapt and implement this approach to meet the unique needs of client in Malaysia.

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