



**UNIVERSITI PUTRA MALAYSIA**

***RELATIONSHIPS BETWEEN GENERAL SELF-EFFICACY, NUMBER OF  
COUNSELLING SESSIONS, MANDATED COUNSELLING  
SATISFACTION AND READINESS TO CHANGE AMONG  
INSTITUTIONALISED ADOLESCENTS IN MALAYSIA***

***AZZAH SABRINA BINTI MUHAMMAD SHARIFF PAUL***

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By

**AZZAH SABRINA BINTI MUHAMMAD SHARIFF PAUL**

**Thesis Submitted to the School of Graduate Studies, Universiti Putra  
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Science**

**December 2015**

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the Degree of Master of Science

**RELATIONSHIPS BETWEEN GENERAL SELF-EFFICACY, NUMBER OF COUNSELLING SESSIONS, MANDATED COUNSELLING SATISFACTION AND READINESS TO CHANGE AMONG INSTITUTIONALISED ADOLESCENTS IN MALAYSIA**

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**December 2015**

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Readiness to change is the first step towards a successful behaviour modification in a treatment programme. It is associated with higher self-efficacy and higher satisfaction. Various literatures suggest association between self-efficacy and satisfaction on readiness to change, also the association of number of treatment sessions with positive treatment outcome, but fail to measure the relationship of these three variables together. Furthermore, the popularity of mandated counselling as part of behavioural treatment among institutionalised adolescents in Malaysia strengthens the justification of the current research. Hence, the current research determined to study the relationships between general self-efficacy, number of counselling sessions, mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia.

Quantitative correlational research design was used, where a total of 365 institutionalised adolescents were selected from seven rehabilitation institutions across Malaysia using cluster sampling method. A set of self-administered questionnaires were used to collect information related to institutionalised adolescents' demographic characteristics information, general self-efficacy measured using General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), and mandated counselling satisfaction and readiness to change, measured using Mandated Counselling Satisfaction Scale (Mansor, Rumaya & Zainal, 2013) and University of Rhode Island Change Assessment (Prochaska & DiClemente, 1982) respectively.

Descriptive analysis revealed that 65.8% institutionalised adolescents were contemplating to change behaviour, 52.9% were in the high general self-efficacy category and 53.4% were experiencing high level of mandated counselling satisfaction. Bivariate analysis displayed significant strong relationships between general self-efficacy, number of counselling sessions, mandated counselling satisfaction, and readiness to change.

Furthermore, multiple regression analysis showed that 64% of variation in readiness to change was explained by the predictors, where mandated counselling satisfaction variable was the most significant predictor in determining readiness to change. Finally, mediation analysis for general self-efficacy and number of counselling sessions revealed partial mediation effect, where the relationships between mandated counselling satisfaction and readiness to change were reduced to .04 and .02 when controlling general self-efficacy and number of counselling sessions variable respectively. Sobel Test also confirmed the mediation effect of both variables.

In conclusion, general self-efficacy and number of counselling sessions were the key towards facilitating institutionalised adolescents' readiness to change. The findings provide significant information on ways to improve institutionalised adolescents' behaviour modification treatment in Malaysia.

**Keywords:** General Self-Efficacy, Number of Counselling Sessions, Mandated Counselling Satisfaction, Readiness to Change, Institutionalised adolescents

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia  
sebagai memenuhi keperluan untuk Ijazah Master Sains

**HUBUNGAN EFIKASI KENDIRI AM, BILANGAN SESI KAUNSELING,  
KEPUASAN KAUNSELING RUJUKAN DAN KESEDIAAN UNTUK  
BERUBAH DALAM KALANGAN REMAJA BERINSTITUSI DI MALAYSIA**

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Kesediaan untuk berubah merupakan langkah awal bagi kejayaan modifikasi tingkah laku dalam rawatan tingkah laku. Ianya dikaitkan dengan efikasi sendiri dan kepuasan yang tinggi. Pelbagai kajian literatur mencadangkan perhubungan antara efikasi sendiri dan kepuasan terhadap kesediaan untuk berubah, juga bilangan sesi rawatan dan hasil positif, tetapi gagal untuk mengukur hubungan ketiga-tiga pembolehubah ini bersama. Tambahan lagi, populariti kaunseling rujukan sebagai sebahagian daripada rawatan tingkah laku dalam kalangan remaja berinstitusi di Malaysia menguatkan justifikasi kajian semasa. Oleh itu, kajian ini menetapkan untuk mengkaji hubungan efikasi sendiri am, bilangan sesi kaunseling, kepuasan kaunseling rujukan dan kesediaan untuk berubah dalam kalangan remaja berinstitusi di Malaysia.

Rekabentuk kajian korelasi kuantitatif telah digunakan, dimana sejumlah 365 remaja telah dipilih daripada tujuh institusi pemulihan di Malaysia menggunakan teknik persampelan kluster. Satu set soal selidik dijawab sendiri telah digunakan untuk mengumpul maklumat remaja berinstitusi berkaitan ciri-ciri demografi, efikasi sendiri am, diukur menggunakan *General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995) dan kepuasan kaunseling rujukan serta kesediaan untuk berubah, diukur menggunakan *Mandated Counselling Satisfaction Scale* (Mansor, Rumaya & Zainal, 2013) dan *University of Rhode Island Change Assessment* (Prochaska & DiClemente, 1982) masing - masing.

Analisis deskriptif menunjukkan bahawa 65.8% remaja berinstitusi sedang mempertimbangkan untuk berubah, 52.9% berada dalam kategori efikasi diri am yang tinggi dan 53.4% mengalami kepuasan kaunseling rujukan yang tinggi. Analisis bivariat mendapati hubungan signifikan antara efikasi sendiri am,

bilangan sesi kaunseling, kepuasan kaunseling rujukan dan kesediaan untuk berubah.

Tambahan lagi, analisis regresi pebagai menunjukkan bahawa 64% daripada variasi dalam kesediaan untuk berubah dapat dijelaskan oleh peramal, dimana kepuasan kaunseling rujukan merupakan peramal paling berpengaruh dalam menyumbang kepada kesediaan untuk berubah. Akhirnya, analisis mediasi bagi efikasi sendiri am dan bilangan sesi kaunseling menunjukkan kesan mediasi separa, dimana hubungan diantara kepuasan kaunseling rujukan dan kesediaan untuk berubah telah menurun kepada .04 dan .02, setelah mengawal efikasi sendiri am dan bilangan sesi kaunseling masing-masing. Ujian Sobel juga mengesahkan kesan mediasi diantara kedua-dua pembolehubah.

Kesimpulannya, efikasi sendiri am dan bilangan sesi kaunseling merupakan kunci bagi memudahkan kesediaan remaja untuk berubah. Hasil kajian ini memberi informasi penting bagi cara untuk meningkatkan rawatan modifikasi tingkah laku remaja berinstitusi di Malaysia.

**Kata Kunci:** Efikasi Kendiri Am, Bilangan Sesi Kaunseling, Kepuasan Kaunseling Rujukan, Kesediaan Untuk Berubah, Remaja Berinstitusi

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This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfillment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

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## LIST OF ABBREVIATIONS

$\beta$	Beta
A	Action
ACASI	Audio Computer-Assisted Self-Interview
ARCQ	Adolescent Relapse Coping Questionnaire
AV	Antecedent Variable
C	Contemplation
CSO	Community Service Orders
DV	Dependent Variable
EFA	Exploratory Factor Analysis
$F$	Degree of Freedom
GSE	General Self-Efficacy
HIV	Human Immunodeficiency Virus
IV	Independent Variable
K	Kurtosis
LISREL	Linear Structural Relations
M	Maintenance
Max	Maximum
MCgSS	Mandated Counselling Satisfaction Scale
Min	Minimum
MV	Mediator Variable
n	Frequency
NCD	Noncommunicable Disease

$p$	Significance Level
PMR	Lower Secondary Assessment
PC	Pre-Contemplation
Q-Q plot	Quartile-Quartile Plot
$r$	Correlation Distribution
RO	Research Objective
S	Skewness
SBIRT	Screening, Brief Intervention and Referral to Treatment
SE	Standard Error
SEM	Structural Equation Modeling
SD	Standard Deviation
SPM	Malaysian Certificate of Education
SPSS	Statistical Package for the Social Science
STB	Sekolah Tunas Bakti
STPM	Malaysian Higher School Certificate
SWD	Department of Social Welfare
TSP	Taman Seri Puteri
TTM	Thranstheoretical Model
UPSR	Primary School Evaluation Test
URICA	University of Rhode Island Change Assessment

## CHAPTER 1

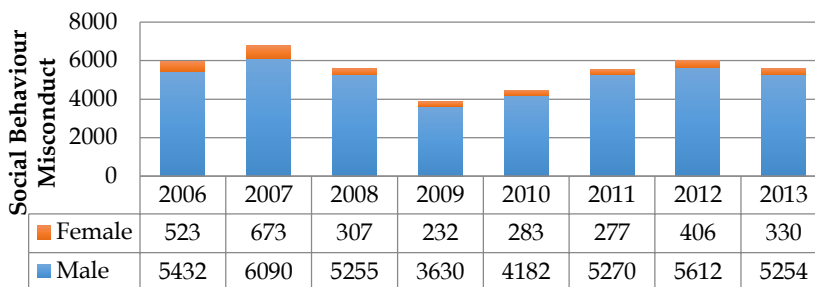
### INTRODUCTION

#### 1.1 Research Background

Adolescence is a stage of many developmental changes, where one experienced biological, physical and psychological growth. During this stage, they became more independent, facing new environment and expanding their social interaction, while learning new experience, knowledge and skills. They seek an identity that can represent themselves and any interaction, experience and knowledge learned during this period will mould their identity, producing new set of behaviour and attitudes. According to Santrock (2014), issues faced by adolescents during this period are rapid physical growth, poor health habits, self-image and peer acceptance. Hence, it can be said that this is a crucial period where, if unsupervised will lead to social behaviour misconduct.

Worldwide research on adolescent's social behaviour misconduct showed that there was a linear decrease in number of adolescent's involved in alcohol, tobacco use and violence-related behaviours across the years. Nevertheless, 46.8% out of 13583 adolescent's had involved in sexual intercourse, 34.9% had drunk alcohol, 23.4% adolescent's had used marijuana, and 15.7% had smoked cigarettes (Centers for Disease Control and Prevention, 2014).

In Malaysia, the increasing number of social behaviour misconduct among adolescents were also evident. According to the statistic from the Department of Social Welfare (SWD) in Figure 1, the numbers of adolescents involved in risk taking behaviour from 2009 to 2012 increased from 3862 to 6018 (Jabatan Kebajikan Masyarakat, 2014). The statistic also reported that most male adolescents took a large proportionate of ratio in the social behaviour issues compared to women.



**Figure 1 : Statistics of adolescent who are involved social behaviour misconduct based on gender, 2006 - 2013**

Table 1 below showed statistics of adolescents' social behaviour misconduct based on the type of misconduct. Adolescents' in Malaysia were mostly involved with cases such misconduct in relation to property, misconduct in relation to people, minor offenses act, violating condition monitoring, drugs, gambling, weapons/fuel, traffic and flee from institution/ reformatory school (Jabatan Kebajikan Masyarakat, 2014). Other type of behaviour misconduct include roaming without personal identification, possessing pornographic material, entering restricted area, application for uncontrolled adolescent, and other offences under the act of fisheries, transportation, corruption, telecommunication and offence under poisonous ordinance. Statistics also reported that from 2006 to 2013, most cases committed by adolescents involved misconduct in relation to property, followed by drugs, misconduct in relation to people and misconduct related to traffic (Jabatan Kebajikan Masyarakat, 2014).

**Table 1 : Statistics of Social Behaviour Misconduct based on Type, 2006 - 2013**

Type of Misconduct	2006	2007	2008	2009	2010	2011	2012	2013
In relation to property	3454	3593	2935	1925	2109	2743	2857	2621
In relation to people	193	304	189	356	543	762	994	906
Minor offenses act	89	184	159	44	47	79	143	78
Violating condition monitoring	16	41	13	10	4	30	3	6
Drugs	718	810	792	631	1014	1096	1136	968
Gambling	47	34	35	28	24	42	79	74
Weapons/fuel	98	112	81	67	40	72	91	104
Traffic	515	834	862	349	224	262	200	253
Flee from institution/ reformatory school	45	14	4	2	1	3	19	6
Others	780	837	492	450	459	458	496	568

Various treatments were conducted in respond this issue. In Malaysia, the Department of Social Welfare has been given the task by the government to adolescents who are involved in crimes and uncontrolled behaviour cases by educating them to develop positive attitudes, strong personalities and to also equip them with skills to enable them to live independently in the community. Under the Child Act 2001, adolescent who are apprehended by the authority for any social and behaviour misconduct were sentenced by the court, to either; (a) enter an rehabilitation institution or reformatory school; (b) be put under community service orders (CSO); or (c) attend *Bengkel Interaktif* under the Department of Social Welfare (Pesuruhjaya Penyemak Undang-undang Malaysia, 2006).

Adolescents reported for social behaviour misconduct are sent to rehabilitation institutions for improving their learned behaviour. This is to ensure that their behaviour could be modified through several strategies such as counselling. While opportunities have been given to help them to change, there were still many who do not want to take the first step in making any changes to their behaviour. Hence, readiness to change may be the possible factor of a successful behavioural treatment.

Readiness to change can be defined as the willingness of a person to mentally and physically make changes in themselves (Anthis & LaVoie, 2006). It represents one's state of mind whether they are ready to commit to take an action on what has been decided. The most common theory used for behaviour change is the Transtheoretical Model (TTM) of behaviour change by Prochaska and DiClemente (1982), where the model explained that a person will go through a five stages, i.e. pre-contemplation, contemplation, preparation, action and maintenance during the behaviour change process (Woody, DeCristofaro & Carlton, 2008). From this model, it is easier to identify at which stage a person is at on changing his/her behaviour. The model also gives an overall idea of a person's degree of willingness to change his/her behaviour.

However, to understand the client's readiness to change does not mean definite positive outcome as it requires the cooperation of both the practitioner and the client. The practitioner needs to have skills and knowledge in facilitating the change. However, during the treatment, one can be urged to follow the programme intervention, but that does not suggest the commitment to abide to the treatment once the treatment is over.

In line, with this statement, many research has been done on the factors and barriers to readiness to change treatment (Trusz, Wagner, Russo, Love & Zatzick, 2011; Narayan, Steele-Johnson, Delgado, Cole, 2007). According to Narayan et al. (2007), social support, motivation and perceived choice to attend

treatment were factors that affected readiness to change, while Trusz et al. (2011) mentioned that lack of engagement and past trauma as barriers in readiness to change. Most of the literatures also explained self-efficacy as one of the variables that is usually associated with adolescent's readiness to change (DiClemente & Hughes, 1990; Fitzgerald & Prochaska, 1990; Ok & Jae, 2009).

Self-efficacy in general refers to the belief that one can execute or cope with challenging task (Schwarzer & Jerusalem, 1995). One can adapt and cope with their daily hassles and difficult tasks if they are confident of themselves that they can produce the necessary outcome. In relation to behaviour treatment, Berry, Naylor and Wharf-Higgins (2005) stated that self-efficacy was showed to be lower when one are contemplating for behaviour change compared to when they are preparing and making changes in their behaviour. Furthermore, self-efficacy for behaviour change was revealed to be the most important factor in readiness to change as they have a more positive view of their ability and knowledge, hence the willingness to execute the changes needed (Berry et al., 2005).

Another variable that was looked upon in associating with readiness to change is the adolescent's satisfaction in the behaviour treatment service. Usually, satisfaction variable were researched in the marketing industry, to identify the association of service quality, customer's satisfaction and behaviour intention (Ranjbarian, Saayei, Kaboli & Hadadian, 2012; Ramez, 2012; Dado, Petrovicova, Cuzovic and Rajic, 2012; Jen, Tu & Lu, 2011). In this study, the treatment service refers to the mandated counselling as adolescents under study were those in the rehabilitation institutions and counselling were made compulsory to them. It is the goal of the helping profession intends to achieve as the satisfaction can be seen as an outcome to the service provided and needed for both the practitioners of helping profession and the adolescents who are their clients.

Client satisfaction is defined as individual feelings towards the whole experience in the examination and treatment received at a certain environment and during a specific time frame (Beattie, Dowda, Turner, Michener & Nelson, 2005). It is usually a self-report, a personal assessment on the overall service given. As the assessment is subjective, only the client can observe, experience and report their satisfaction. Davey, Rostant, Harrop, Goldblatt and O'Leary, (2005) mentioned in their study that the client felt satisfied with the treatment given if the service is on par or exceeded with the client's expectation of the service or otherwise if the service does not meet the client's expectation. Furthermore, satisfied respondents felt that their worries were lessened and were able to cope better with their problems (Charles, Kessler, Stopfer, Domchek & Halbert, 2006).



Lastly, number of treatment sessions was also researched on in the current study, whereby the treatment in the current study refer to counselling. Number of counselling sessions is defined as the frequency of sessions attended by clients during the treatment (Newbern & Czuchry, 2005). The number of sessions for behavioural treatment were not specific and based on the treatment approach, where Brief Therapy have a shorter number of sessions (Taylor, Wright & Cole, 2010; Bannink, 2007; Bayar & Sayil, 2005) compared to other treatment method. Though both approaches produced a positive outcome on behavioural change, past literature stated that the positive outcome were more on treatment with more sessions compared to less sessions (Harnett, O'Donovan & Lambert, 2010; Draper, Jennings, Baron, Erdur & Shankar, 2000; Kadera, Lambert, & Andrews, 1996).

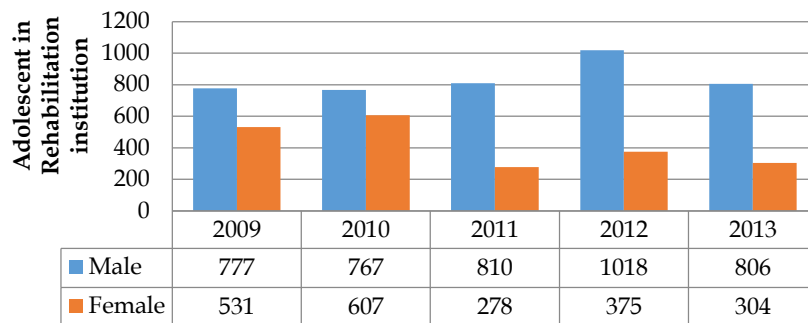
The needs of adolescents in the institutions in Malaysia demand further attention to ascertain possible treatment approach and psychological research on the adolescent general self-efficacy, mandated counselling satisfaction and readiness to change are pertinent to implicate the adolescents to a healthier lifestyle.

## **1.2 Problem Statement**

The increasing number of adolescents in rehabilitation institution has been one of the most pressing issues that need to be faced by the Malaysian government. Statistics of adolescents sent to rehabilitation institutions in Figure 2 showed an increase of 5% in 2010 and 28% in 2012 from the previous year and the numbers fluctuated and only decreased to 1110 in 2013 (Jabatan Kebajikan Masyarakat, 2013).

The statistic of increase of adolescent in the rehabilitation institution reflected that more adolescents were involved with social behaviour issues. According to Abas (2014), their involvement in these behavioural delinquency is due to their curiosity in experimenting new things and influence from peers. If the behaviour issues is not addressed and handled at the early stage, this behavioural problem may persist to adulthood (Santrock, 2014). Hence, it is the utmost importance to identify ways to assist them in understanding the consequences of their current actions, in order to guide them in a more positive way.





**Figure 2 : Statistic of adolescent in the rehabilitation institution, 2009-2013**

In behavioural treatment, their readiness to change is one of the most important aspect to be look upon. Research on readiness to change has been conducted focusing on 593 adult drug users in drug rehabilitation centre in Malaysia whereby they exhibit high readiness to change their drug related issues. As the findings showed positive outcome for drug related setting, this issue can be replicated focusing on institutionalised adolescents in Malaysia.

While it is important to focus on adolescents' readiness to change, it is also important to identify elements that discourage them to remain in their current behaviour. Research on behavioural intervention stated that one of the reason for lack of willingness to change is due to self-efficacy (Haddad & Petro-Nustas's, 2006; Aira, Wang Riedel & Witte, 2013). Thus, initial intervention focusing on institutionalised adolescents' general self-efficacy will provide them the knowledge to improve their general self-efficacy in addressing their behavioural issues.

Another important element that needs to be considered is the satisfaction of the behavioural services provided. Various research has proved the relation of satisfaction and behavioural intention (Dado et al., 2012; Ranjbarian et al., 2012, Aliman & Mohamad, 2013). However, limited were found to research satisfaction and behavioural intention in the helping service, especially on mandated counselling services. Hence, the current study attempt to identify institutionalised adolescent's satisfaction towards mandated counselling service and how it is associated with their readiness to change.

Lastly, the current study attempts to identify how number of treatment sessions influence readiness to change as changes can't be done in a short duration as the client needs to understand where they stand in their change plans, barrier to change and how to address those issues (Woody et al, 2008). It is important to

identify the duration of treatment needed in order to successfully change and maintain the needed behaviour.

Past literature discussed above showed the importance of self-efficacy, number of treatment sessions, satisfaction and readiness to change in adolescents' behaviour treatment. However, there was lack of research concerning a possible connection between the aforementioned variables, especially focusing on institutionalised adolescents in Malaysian context. Therefore, the current study attempt to study all the variables together so as to capture the issue holistically and to fill the gap in literature. The study aims to answer the following questions:

1. What are the demographics characteristics (age, gender, number of counselling sessions) among institutionalised adolescents in Malaysia?
2. What are the level of general self-efficacy, mandated counselling satisfaction, and readiness to change among institutionalised adolescents in Malaysia?
3. What are the relationships between demographic characteristics (age, gender and number of counselling sessions), general self-efficacy, mandated counselling satisfaction (alliance-system, counselling expectancy, therapeutic change and counsellor-counselling effect) and readiness to change among institutionalised adolescents in Malaysia?
4. What are the unique predictor(s) of readiness to change among institutionalised adolescents in Malaysia?
5. Do general self-efficacy and number of counselling sessions mediate the relationships between mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia?

### **1.3 Research Objectives**

#### **1.3.1 General Objective**

This study aims at examining the relationships between general self-efficacy, number of counselling sessions, mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia.

#### **1.3.2 Specific Objectives**

Specific objectives are then developed to guide this study. The objectives are as follows:

1. To describe demographics characteristics (age, gender, number of counselling sessions) among institutionalised adolescents in Malaysia.
2. To describe level of general self-efficacy, mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia.
3. To determine the relationships between demographics characteristics (age, gender and number of counselling sessions), general self-efficacy, mandated counselling satisfaction (alliance-system, counselling expectancy, therapeutic change and counsellor-counselling effect) and readiness to change among institutionalised adolescents in Malaysia.
4. To identify unique predictor(s) of readiness to change among institutionalised adolescents in Malaysia.
5. To determine the mediation effect of general self-efficacy and number of counselling sessions in the relationships between mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia.

#### **1.4 Significance of Study**

Readiness to change among adolescents was widely researched in behavioural treatment in Malaysia. The research range from smoking to drug and alcohol abuse issues, where participation were voluntary. However, not much research was found that focused on institutionalised adolescents who attend mandated counseling. In Malaysia, rehabilitation institutions were one of the government's approaches in facilitating behaviour modification among adolescents with social behavioural issues where they were mandated to attend counselling sessions during their stay. Hence, how they perceived the treatment and the living environment itself may differ from adolescents who are surrounded by their supportive people and willingness to come for treatment. Thus, research that focused on these populations will increase knowledge on how to address readiness to change based on their treatment method and living environment.

The current research is also important to identify factors influencing readiness to change among institutionalised adolescents in Malaysia. Readiness to change was considered an important aspect to be looked upon in the behavioural treatment. The information gained from the findings of the current study will bring upon new information for the researchers, the helping profession, education institution and parents. The findings in this study will contribute more in understanding institutionalised adolescents' readiness to change holistically. It is also hoped that the findings of this study will make a crucial and significant contribution to human development as a whole. The findings from current study can also help to improve the behaviour modification

intervention approach and issues regarding adolescents in the institution can thus be highlighted.

Furthermore, there is not much information of general self-efficacy as a mediator on readiness to change among institutionalised adolescents in Malaysia as most of the literatures are from countries other than Malaysia. In addition, the current study attempts to examine the number of counselling sessions as potential mediator on readiness to change. Therefore, this study is significant to determine the role of general self-efficacy and number of counselling sessions in the relationships between mandated counselling satisfaction and readiness to change for the researcher, practitioners and policy makers. The data can also further provide guidance for facilitating institutionalised adolescents towards readiness to change as it documented the issues and specific needs to be addressed.

Finally, this research findings also contributes to future research to expand the research in a new, different context. The findings from the current study could provide a stepping stone to expand to other variables that may contribute to the institutionalised adolescents' readiness to change. According to the Transtheoretical Model of Change, other variables such as decisional balance, temptation are pertinent factors in influencing readiness to change. Hence, predictors study is important as to pinpoint which variables are most influential to assist researchers in formulating an appropriate intervention, focusing on certain aspects that matters most.

## **1.5 Research Hypotheses**

A hypothesis is a specific statement of prediction. It describes in concrete rather than theoretical terms what researchers expect will happen in the study. The hypothesis must be based on theories and past literatures (Shaughnessy, Zechmeister & Zechmeister, 2012). Null hypothesis were used when assumed that the independent variables used in the study has had no effect on the dependent variable. Whereas, alternative hypothesis were used when there are high probability of an effect of independent variable on dependent variable of the study (Shaughnessy et al, 2012).

In the current study, the research hypotheses were divided into two types, null hypothesis and alternative hypothesis. This is because not much literature was found on association of adolescents' age, gender and readiness to change. Whereas, more past studies found that association of self-efficacy, satisfaction and number of treatment sessions on readiness to change. In order to guide this study, selected hypotheses are as follow:

### 1.5.1 Null Hypotheses

H<sub>01</sub>: There is no significant relationship between age and readiness to change among institutionalised adolescents in Malaysia.

H<sub>02</sub>: There is no significant relationship between gender and readiness to change among institutionalised adolescents in Malaysia.

### 1.5.2 Alternative Hypotheses

H<sub>a1</sub>: There is a significant relationship between number of counselling sessions and readiness to change among institutionalised adolescents in Malaysia.

H<sub>a2</sub>: There is a significant relationship between general self-efficacy and readiness to change among institutionalised adolescents in Malaysia.

H<sub>a3</sub>: There is a significant relationship between mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia.

H<sub>a4</sub>: There is a significant relationship between alliance-system and readiness to change among institutionalised adolescents in Malaysia.

H<sub>a5</sub>: There is a significant relationship between counselling expectancy and readiness to change among institutionalised adolescents in Malaysia.

H<sub>a6</sub>: There is a significant relationship between therapeutic change and readiness to change among institutionalised adolescents in Malaysia.

H<sub>a7</sub>: There is a significant relationship between counsellor-counselling effect and readiness to change among institutionalised adolescents in Malaysia.

H<sub>a8</sub>: The regression coefficient for all the selected variables is significant when regressed against readiness to change among institutionalised adolescents in Malaysia.

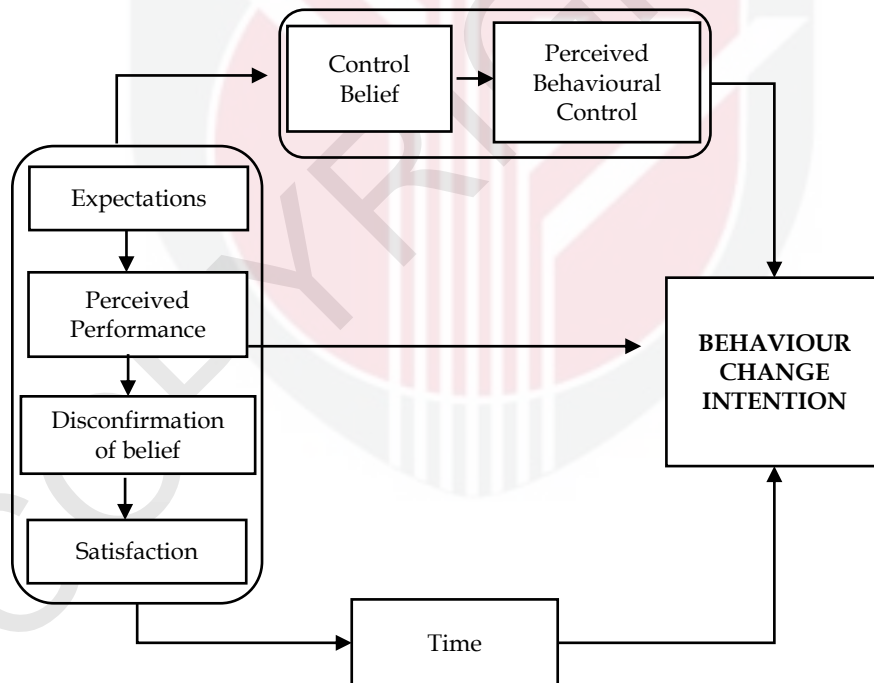
H<sub>a9</sub>: General self-efficacy mediates the relationship between mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia.

H<sub>a10</sub>: Number of counselling sessions mediates the relationship between mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia.

## 1.6 Theoretical Framework

In this study, the variables identified as important in the study were highlighted using a framework adapted from three theories; the theory of Planned Behaviour by Ajzen (1985), Transtheoretical Model of Change by Prochaska and DiClemente, (1982) and the Expectation Confirmation Theory by Oliver (1977, 1980). In this study, the researcher attempts to identify the association of general self-efficacy, number of counselling sessions and mandated counselling satisfaction on institutionalised adolescents' readiness to change.

As presented in Figure 3, the behaviour change intention was determined by (a) perceived behavioural control, (b) time and, (c) Satisfaction. Ajzen (1991), refers to behaviour change intention as the cognitive representation of willingness and effort planned to apply so as to perform the required behaviour. In this study, the variable was characterised by institutionalised adolescents' readiness to change, which was to the degree of their willingness to change their negative behaviour to a new positive behaviour.



**Figure 3 : Framework adapted from Theory of Planned Behaviour (Ajzen, 1985), & Transtheoretical Model of Change by Prochaska and DiClemente, (1982) the Expectation Confirmation Theory (Oliver, 1977, 1980)**



The framework stated that the behaviour change intention was influenced by perceived behavioural control, which are their perceptions of their abilities to perform a given behaviour. Ajzen's (1991) perceived behavioural control originates from Bandura's (1977) Social Cognitive Theory concept of self-efficacy, where one refers self-efficacy as their perceived ability or conviction that they can successfully execute the necessary skills or actions to produce the required behaviour and positive or negative expectations in addition to recurring failure or success was to influence the behavioural reaction.

Hence, in this study, perceived behavioural control variable was the institutionalised adolescents' general self-efficacy to perform a task, which is to change their behaviour. It is assumed that the institutionalised adolescents' perceptions of ability to change their behaviour were determined by the total set of accessible control beliefs, which refers to beliefs about the presence of factors that may accelerate or hinder the accomplishment of the act of behaviour change. The higher the belief of their abilities to change their behaviour, the higher the behaviour change intentions. Therefore, it can be hypothesised that the institutionalised adolescents' increased behaviour change general self-efficacy will enhanced their readiness to change their behaviour.

Ajzen's (1991) Theory of Planned Behaviour, focusing in associating perceived behaviour control and behaviour intention has been researched in various fields such as health-related (Elliott & Ainsworth, 2012; Pickett et al., 2012), environmental (Graham-Rowe, Jessop & Sparks, 2015; Clement, Henning & Osbaldiston, 2014) and tourism (Quintal, Lee & Soutar, 2010) where findings proved positive correlation between both variables. Hence, the current study attempts to test the perceived behaviour control and its association with behavioural change intentions which are the institutionalised adolescents' general self-efficacy and readiness to change.

However, one of the limitation mentioned by Ajzen (1991) is that the theory do not take into account the role of time, assuming a linear decision-making process that caused the behaviour intention. Hence, the current study attempts to narrow the shortcoming of the theory by highlighting the association of time and behaviour intention in the framework. Time refers to the frequency of the mandated counselling sessions for each institutionalised adolescent.

According to Prochaska and DiClemente (1982) in the analysis of Transtheoretical Model of Behaviour Change, the readiness to change of each stage i.e pro-contemplation, contemplation, preparation, action and maintenance occurs over time, where each of the readiness stage represents different cognitive and behavioural action. This is supported by a study by Lenio (2006) that mentioned the role of time in the behaviour change process.

This can be implied time is needed to move to each stage in the model during the behaviour modification treatment.

However, limited research was conducted on time as one of the variables in readiness to change. An early research related to number of sessions was conducted by Kadera et al., (1996) where the research studied session-by-session analysis in psychotherapy treatment proving the correlation of number of sessions and positive outcomes. It can be implied that the duration of behavioural treatment is equivalent to the number of sessions attended in mandated counselling. If a session is conducted per week, and the session continues for for a month, it also showed that more time were used to change a behaviour. Hence, the current study attempts to correlates the number of counselling sessions and institutionalised adolescents' readiness to change. It is hypothesised that the more sessions the institutionalised adolescents went, the higher their readiness to change their behaviour as they believe that they are in control of their behaviour.

Lastly, the framework highlighted the association of satisfaction in relation to institutionalised adolescents' readiness to change. Oliver (1977, 1980) stated in his theory that expectation, perceived performance and disconfirmation of belief will subsequently influence the satisfaction. Satisfaction in Figure 3 referred to the mandated counselling satisfaction, which were the institutionalised adolescents' degree of pleased or displeased with the mandated counselling service. The satisfaction were looked in from the point of view of the one who received the service/product and how they interpret it. Expectation refers to the anticipation or belief of a certain product, where in this study refers to expectation of the mandated counselling service. Institutionalised adolescents who undergo mandated counselling will have a certain expectation of what the mandated counselling service can do to achieve their goals, which is the behaviour change.

Oliver (1977, 1980) explained that a positive disconfirmation happens when the performance of the service provided outshines the original expectation of the service, and this will subsequently lead to the increased of satisfaction. According Oliver (1997) it is in the human's nature to compare things in order to decide what is best for them. Thus, by comparing the difference of their expectation against the actual mandated counselling service given and proving that the mandated counselling service provide better service than what has been expected, the institutionalised adolescents will feel more satisfied with the mandated counselling.



The framework also showed the association between satisfaction and behaviour intention, where in the current study represents the mandated counselling satisfaction and readiness to change. Oliver (1977, 1980) explained that satisfaction will influence the behaviour intention as when a sense of fulfilment is reached, it is natural to go for the same service in the future. This is proved by a study conducted by Dado et al. (2012) in the education setting where the findings stated that student who are satisfied with the service quality will want to study again if given the chance, proving the correlation between satisfaction and behaviour intention. Hence, it is hypothesised the more satisfaction felt by the institutionalised adolescents of the mandated counselling service will increase their readiness to behaviour change as the main reason for attending mandated counselling is for the behaviour modification treatment.

The framework in Figure 3 indicates mediation relationship between perceived behavioural control and behaviour change intention. Eventhough the Azjen (1991) do not mentioned the mediation relationship in the theory, past research on perceived behavioural control as a mediator were studied and the findings proved the mediation effect of perceived behavioural control on behaviour change intention (Giantari, Zain, Rahayu & Solimun, 2013; Godin, Gagne & Sheeran, 2004). Hence, it is hypothesised that general self-efficacy will mediates the relationship between mandated counselling satisfaction and readiness to change.

Finally, the framework also shows mediation relationship between time and behaviour intention. Prochaska and DiClemente (1982) stated that one needs to move from one stage to another stage of behaviour change process, which is from the intention for behaviour change until the execution of the intended behaviour. This whole process can either move forward a stage or fall back to the previous stage. Hence, it can be implied that time plays an indirect relation in the behaviour intention process. The current study attempts to empirically study the mediation effect of number of counselling sessions and readiness to change to provide new insight on the study variables for further testing.

In conclusion the model proposed the relationship between general self-efficacy, number of counselling sessions and mandated counselling satisfaction and its association with readiness to change. It is hypothesised that the higher the institutionalised adolescents' general self-efficacy, number of counselling sessions and mandated counselling satisfaction, the more ready the institutionalised adolescents to change their behaviour. Furthermore, the current study also hypothesised that the institutionalised adolescents' general self-efficacy and number of counselling sessions to mediate the relationship between mandated counselling satisfaction and readiness to change.

## 1.7 Conceptual Framework

Conceptual framework represents the connection between variables included in the present study based on the adapted theoretical framework (page 18). This study aims to examine the relationships between general self-efficacy, number of counselling sessions, mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia (refer Figure 4).

The conceptual framework described the relationships among antecedent variable (AV), independent variable (IV), mediator variable (MV), and dependent variable (DV). The AV consists of the institutionalised adolescents' age, and gender. Mandated counselling satisfaction is the IV, while general self-efficacy and number of counselling sessions is the MV in this study. Lastly, the DV is the readiness to change.

The framework in Figure 4 proposed that the four variables are related to each other. Based on the adapted theoretical framework, it is implied that satisfaction will have a direct association with behaviour change intention. Thus, for the current study, it is indicated that mandated counselling satisfaction have a direct association with institutionalised adolescents' readiness to change.

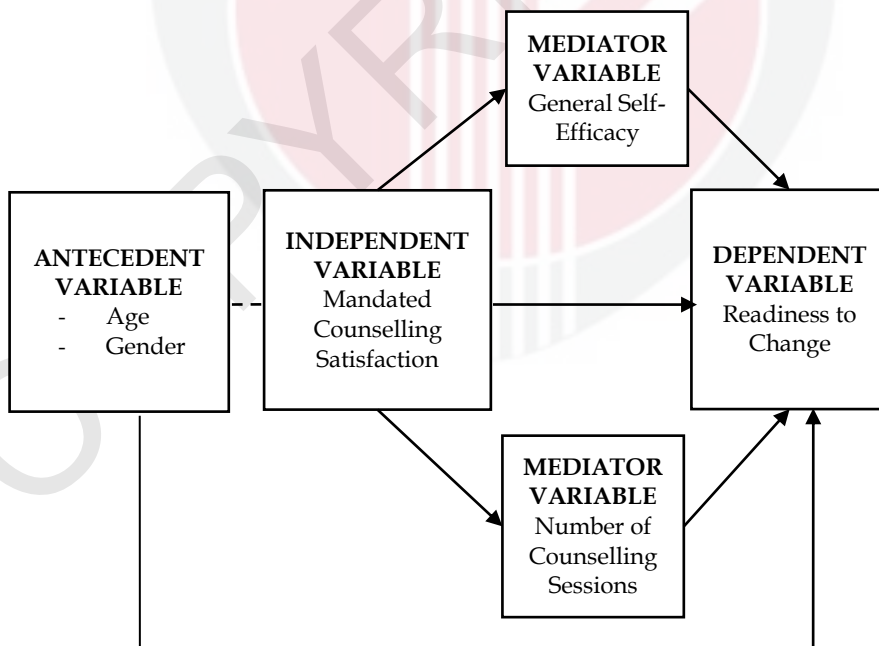


Figure 4 : Conceptual framework of the relationships among study variables

Furthermore, the adapted theoretical framework implied direct relationship of perceived behavioural control and number of sessions on behaviour change intention. Hence, the current study proposes to determine the correlation of general self-efficacy on readiness to change and number of counselling sessions and their role as mediator in the relationship between mandated counselling satisfaction and readiness to change. Meanwhile, the antecedent variables, which are institutionalised adolescents' age and gender are proposed to have direct correlation with readiness to change.

## 1.8 Definition of Terminology

### 1.8.1 General Self-Efficacy

**Conceptual Definition:** General self-efficacy conceptualises the belief that one can execute or cope with challenging task (Schwarzer & Jerusalem, 1995).

**Operational Definition:** General self-efficacy in this study refers to the institutionalised adolescents' total score in the General Self-efficacy (GSE) Scale, a 10 items measuring belief in changing negative behaviours. High score indicate high belief in knowledge and skills acquired in changing current negative behaviour to a more positive behaviour, while low score indicate difficulty in believing their capabilities to change their current behaviours.

### 1.8.2 Mandated Counselling Satisfaction

**Conceptual Definition:** Mandated counselling satisfaction, conceptually defines how one appraises the systemic or administrative aspect of counselling service, the counselling process and the result of their service experience (Chao, Metcalfe, Lueck & Petersen, 2005).

**Operational Definition:** Mandated counselling satisfaction in this study refers to the institutionalised adolescents' total score in the Mandated Counselling Satisfaction Scale (MCgSS), a 16 items with four subscales. High score indicates institutionalised adolescents' satisfaction in the mandated counselling alliance-system, counselling expectancy, therapeutic change, counsellor and the counselling effect as a whole. Low score indicates institutionalised adolescents' dissatisfaction in the mandated counselling alliance-system, counselling expectancy, therapeutic change, counsellor and the counselling effect as a whole.

### 1.8.2.1 Alliance-system

**Conceptual Definition:** Alliance-system, conceptually defines how one appraises the systemic aspect of counselling service. (Mansor, Rumaya & Zainal, 2013).

**Operational Definition:** Alliance-system Satisfaction in this study refers to the institutionalised adolescents' total score in the Mandated Counselling Satisfaction Scale (MCgSS) subscale. The subscale has 4 items where high score indicates institutionalised adolescents' satisfaction in the alliance-system. Low score indicates institutionalised adolescents' dissatisfaction in the alliance-system.

### 1.8.2.2 Counselling Expectancy

**Conceptual Definition:** Counselling Expectancy, conceptually defines how one appraises their expectation of the counselling service. (Mansor, Rumaya & Zainal, 2013).

**Operational Definition:** Counselling Expectancy Satisfaction in this study refers to the institutionalised adolescents' total score in the Mandated Counselling Satisfaction Scale (MCgSS) subscale. The subscale has 4 items where high score indicates institutionalised adolescents' satisfaction in the counselling expectancy. Low score indicates institutionalised adolescents' dissatisfaction in the counselling expectancy.

### 1.8.2.3 Therapeutic Change

**Conceptual Definition:** Therapeutic change, conceptually defines how one appraises the positive outcome one receives after receiving counselling session. (Mansor, Rumaya & Zainal, 2013).

**Operational Definition:** Therapeutic change Satisfaction in this study refers to the institutionalised adolescents' total score in the Mandated Counselling Satisfaction Scale (MCgSS) subscale. The subscale has 4 items where high score indicates institutionalised adolescents' satisfaction in the therapeutic change. Low score indicates institutionalised adolescents' dissatisfaction in the therapeutic change.

#### 1.8.2.4 Counsellor-counselling Effect

**Conceptual Definition:** Counsellor-counselling, conceptually defines how one appraises the counsellor's skills, knowledge and the counselling process contributes in facilitating them to solve their behavioural issues in the counselling service. (Mansor, Rumaya & Zainal, 2013).

**Operational Definition:** Counsellor-counselling Satisfaction in this study refers to the institutionalised adolescents' total score in the Mandated Counselling Satisfaction Scale (MCgSS) subscale. The subscale has 4 items where high score indicates institutionalised adolescents' satisfaction in the counsellor-counselling. Low score indicates institutionalised adolescents' dissatisfaction in the counsellor-counselling.

#### 1.8.3 Readiness to Change

**Conceptual Definition:** Readiness to change refers to one's willingness to change their current behaviours to a required behaviour (Prochaska & DiClemente, 1982).

**Operational Definition:** Readiness to change in this study refers to the institutionalised adolescents' mean score of University Rhode Island Change Assessment Scale (URICA), a 32 items with four subscales. High score indicates institutionalised adolescents' willingness to change their current behaviour, while low score indicates institutionalised adolescents' reluctance to change their current behaviour.

### 1.9 Summary

Chapter 1 explains factors which led to the commencement of the research. The objective of this research is to ascertain the relationship of general self-efficacy, number of counselling sessions, mandated counselling satisfaction and readiness to change among institutionalised adolescents in Malaysia. This research was conducted based on several past studies carried out by researchers at that time based on chapter 2 i.e. with regards to the literature review.

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