The Effects of Career Activity Using Sandtray on Career Self-Efficacy Among Substance Abuse Clients

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ABSTRACT

Drug abuse is becoming an increasingly widespread phenomenon nationally and globally. This grave social issue is not only affecting the adult population but also adolescents. Of late, substance abuse among adolescents is on a rising trend and is a cause for concern. The aim of this study is to measure the effects of career activities by using sandtray therapy on career self-efficacy among substance abuse clients. This study adopts a quasi-experiment single group research design that involves 32 adolescents at the Cure & Care (CnC) Clinic, supervised by the National Anti-Drug Agency (AADK). The Career Decision Self-Efficacy Short-Form (CDSE-SF) has been used to measure pre-test and post-test values to assess the usefulness of sandtray therapy in terms career self-efficacy. The sandtray therapy approach has been found to increase the capability in career decision making. Follow-up studies should be done by experimental researchers to maximize the full potential of sandtray therapy in the rehabilitation of young addicts.

Keywords: Career activity, sandtray therapy, substance abuse client, self-efficacy

1. INTRODUCTION

Drug abuse is becoming increasingly widespread in our country. This phenomenon that was previously predominated by adults is seeing a shifting trend, with the number of adolescent addicts rising to an all-time high. According to the statistics by the National Anti-Drug Agency (Agensi Anti-Dadah Kebangsaan, AADK) in 2017, there are more than 18,440 new cases and 7,482 relapse cases in Malaysia. These figures prove that drug addiction in Malaysia is at an alarming rate.

There are a lot of factors that contribute to this phenomenon. Monash University Malaysia (2018) reported that in Malaysia, peer influence and self-curiosity are the top contributory factors to drug abuse. Meanwhile, in other countries, family factors such as parental behaviour, family relationships, home atmosphere and economic standing were seen as the causes for drug-related problems.

Self-efficacy is an individual’s belief in his or her innate ability to achieve goals. Being self-efficient has an important impact on one’s life, and aids in self-confidence and decision making. Bandura (1986) defined “self-efficacy expectations” as the belief and confidence of individuals in their ability to perform given tasks or behaviours successfully; and postulated these beliefs as the primary mediators of behaviour and behavioural change.

There are a number of treatment modalities that have been employed in the rehabilitation of drug addicts including Therapeutic Community (TC), Halaqah, the Matrix Model, and vocational therapy (AADK, 2017). According to the National Institute on Drug Abuse (NIDA), counselling sessions can be utilised to improve the effectiveness of drug treatment (NIDA, 1999). A counselling approach, in particular, using creative mediums such as sandtray therapy may aid in the rehabilitation of addicts. Ramsey (2014) stated that sandtray therapy can be used for clients to express their inner world by giving it shape and symbolism in the sand. He also stated that sandtray allows the therapist to explore an inner world together with the client, and literally see the client’s interpretation of events and relationships through symbols and projections in the sand. Homeyer & Sweeney (2011) stated that, sandtray therapy is an expressive therapy that gives the client a freedom to create a world that is related to the events faced in their world using miniatures arranged in a sandtray.

This study aims to use the sandtray therapy approach to explore a client’s world and the contributing factors to drug abuse.
1.1 Career Self-efficacy

According to Bullock-yowell et al. (2013), career decision-making capabilities are related to career thinking involving feelings, thoughts, attitudes, and expectation beliefs. It has been found that there are various factors that influence the student's career self-efficacy. A study conducted by Mohd Izwan Mahmud et al. (2018) aimed at analysing past studies related to career intervention among university students found that career interventions were very important. This is because it greatly influenced the student's self-efficacy, thereby increasing their career self-efficacy. Thus, career interventions have been proven to improve the self-efficacy of students.

1.2 Career Programs

According to Brown (2007), a career program is intended to provide career education to students in relation to awareness of the working world, broad orientation of work (both professional and non-professional), exploration of selected groups, career readiness and understanding of the economic system.

Mohd Izwan Mahmud et al. (2017) did a study on the need for a career readiness module for public university students. This descriptive study that was aimed at determining the need for development of such a module was carried out by 12 counsellors from 12 different public universities. The findings of this study showed that career development programs for university students have resulted in increased student engagement. Therefore, the implementation of career programs for university students can help bring about awareness regarding their future career prospects.

1.3 Sandtray

Sandtray therapy is a tried and tested approach that can be used in the counselling process. According to Marta G (2015), sandtray therapy has been widely used in a variety of counselling and therapeutic interventions for several decades. Through the use of the sandtray, it is easier for the counsellor to understand the client’s issues and explore them further. The sandtray therapy approach can make the client feel more at ease during counselling sessions, thereby allowing them to engage better with their counsellors. Alyse M. et. al (2014) stated that the therapeutic goals of sandtray therapy include to build relationships, create a comfortable atmosphere, bring the unconscious thoughts to the conscious, and release troubled emotions.

Mohd Izwan Mahmud et al. (2018), conducted a study that measured the effects of sandtray therapy on students with aggressive behaviour at a boarding school. Twenty-eight Form Four female students were referred to the counsellor to engage in an Aggressive Behaviour Prevention Program which implemented the use of sandtray therapy. This study found that sandtray therapy intervention has the ability to manage the behavioural problems among teenagers.

Another study by Lyles and Homeyer (2015) studied the effect of sandtray therapy on adopted children. This study showed that adopted children exhibit more emotional, behavioural, and social struggles than non-adopted children, often as the result of abuse and neglect in early life. This study that employed the sandtray therapy technique alone also allowed for all members of the family to participate in a creative and interactive environment.

1.4 Study Objectives

1.4.1 To study the demographic background of adolescent substance abuse clients.
1.4.2 To identify the level of career self-efficacy among substance abuse clients.
1.4.3 To investigate the effects of career activity on career self-efficacy among substance abuse clients using the sandtray approach.

1.5 Null Hypothesis:

H⁰ – There is no significant difference between pre-test and post-test results in the experimental groups.

2. METHOD

This research employed a quasi-experiment single group design. The independent variable was career activities using a sandtray and the dependent variable was career self-efficacy. This research involved 32 (n=32) adolescents out of a total 70 of residents (N=70) who were undergoing the drug treatment program at the AADK Cure & Care (CnC) Clinic in Kota Bharu, Kelantan. They were chosen at random from the population of adolescents (N=70) who received treatment at the facility. The inclusion criteria were 1) adolescents aged between 13 to 19 years old, 2) physically and mentally healthy, 3) showed good treatment compliance, 4) have experience in using illegal substance(s) at least once, and 5) consented to participate to the study.

The Career Decision Self-Efficacy Short-Form (CDSE-SF) was employed to measure pre-test and post-test results of career activities towards career self-efficacy. This instrument comprised 25 items to measure five subscales, namely (a) accurate self-appraisal, (b) gathering occupational information, (c) goal selection, (d) making plans for the future, and (e) problem solving (Nancy & Darrell, 1996).

The findings of this research were interpreted using statistical descriptive analysis and statistical inferential analysis. Statistical descriptive analysis was employed to identify mean score and standard deviation. In addition, one-paired sample T-test was used for
The analysis above, the results of the study indicate a positive difference in the mean scores for pre- (M pre = 3.62, SD = 0.92) and post- (M post = 4.14, SD = 0.52). Lastly, for the problem solving sub-scale, there was a positive difference in the mean scores for pre- (M pre = 3.23, SD = 0.66) and post- (M post = 3.8, SD = 0.46). Thus, it can be concluded that there was a positive difference in the mean scores for pre-test and post-test results for the experimental group.

The second objective of the study was to measure the level of career self-efficacy among substance abuse clients. This was investigated using the Career Decision Self-Efficacy Short-Form (CDSE-SF). Table 2 depicts the frequency of sub-scales of the instruments that have been used in the Career Decision Self-Efficacy Short-Form (CDSE-SF).

There were five sub-scales in this instrument, namely self-appraisal, gathering occupational information, goal selection, making plans for the future and problem solving. The results of the study indicate that there was a significant difference in career self-efficacy before after treatment for every sub-scale.

Self-appraisal is the first sub-scale and the result shows that there was a positive difference in the mean scores for pre- (M pre = 3.59, SD = 0.70) and post- (M post = 3.98, SD = 0.49). For the sub-scale of gathering occupational information also has a positive difference in the mean scores for pre- (M pre = 3.42, SD = 0.76) and post- (M post = 3.98, SD = 0.61). In the next sub-scale – goal selection – the result shows that there was also a positive difference in the mean scores for pre- (M pre = 3.96, SD = 0.66) and post- (M post = 4.22, SD = 0.50). For the sub-scale of making plans for the future, there was a positive difference in the mean scores for pre- (M pre = 3.57, SD = 0.62) and post- (M post = 4.15, SD = 0.80). This was followed by 17 years old, at 25.0% each.

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**Table 1: Demographic data on this research.**

| Age of client (years) | Frequency | Percentage |
|-----------------------|-----------|------------|
| 14                    | 2         | 6.3        |
| 15                    | 8         | 25.0       |
| 16                    | 11        | 34.4       |
| 17                    | 7         | 21.9       |
| 18                    | 1         | 3.1        |
| 19                    | 1         | 3.1        |
| Missing               | 2         | 6.3        |
| Total                 | 32        | 100.0      |

Based on the analysis above, most of the respondents were 16-years old (34.4%) and 15-years olds (25.0%). This was followed by 17-years old (21.0%), 14-years old (6.3%), 18-years old and 19-years old, at 3.1% each.

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The final objective of this study was to examine the effect of career activity on career self-efficacy among substance abuse clients using the sandtray approach.

To assess the reliability coefficient of the scale, the researchers conducted a reliability test using the Reliability Analysis from IBM SPSS. Table 3 summarizes the results of the Alpha Cronbach 0.891. Thus, the items for this study are reliable.

**Table 3: Reliability of instrument based on this research.**

| Cronbach's Alpha | Cronbach's Alpha | N of Items |
|------------------|------------------|------------|
| Alpha            | .891             |            |
| Based on Standardized Items | .897         | 25         |

Paired sample t-test was used to find out the effect of career activity on career self-efficacy among substance abuse clients by using the sandtray approach. Based on the results, there was a positive difference in the mean scores for pre- (M=3.57, SD=0.62) and post- (M=4.15, SD=0.80); t (31) = 29.42, p < 0.05. This suggests that the results of the post-test are better than the pre-test. Specifically, when clients go through sandtray therapy, they are more aware of their career self-efficacy. Therefore, the null hypothesis is rejected.
4. DISCUSSION

Based on the demographic data, the study found that most substance abuse clients were 16 years old \( (f=11) \) (34.4%), followed by 15 years old \( (f=8) \) (25%), and 17 years old \( (f=7) \), (21.9%). According to Erikson (1950, 1963) the age of 15–17 years old is a phase of identity searching and role confusion. Adolescents tend to have a high frequency of internal conflict as they find their roles and identity. The adolescent years can be described as a ‘storm and stress’ phase (Capuzzi and Mark, 2004). Chaos, turmoil, trials, compromise and stress can give rise to inner conflicts and compound a negative effect. At this stage, they usually yearn for freedom, power, and a sense of self-control. If they do not grow up in a protective and loving environment, they may partake in drug abuse and be exposed to other social problems.

Our study also found that there was a significant difference in the pre-test and post-test results for career self-efficacy among substance abuse clients. This questionnaire measured career self-efficacy through 5 sub-scales – self-appraisal, gathering occupational information, goal selection, making plans for the future and problem solving. Clients who underwent intervention through sandtray therapy had improved career self-efficacy, with all 5 sub-scales showing a marked improvement. This shows that when a client understands themselves better and knows more about career information, it is easier for them to make informed choices on career planning. Therefore, sandtray therapy can be an effective intervention for teenagers who were identified as having behavioural problems (Flahive & Ray, 2014).

Our study also found that there was a significant difference in the mean scores for career activity when sandtray therapy was used. This finding is in line with findings by Roubenzadeh et al. (2012) where sandtray therapy is a part of play therapy that provides an opportunity for clients to express themselves creatively and verbally, while helping them portray what is in their subconscious mind. When using a sandtray, clients will unconsciously use their subconscious mind to make decisions regarding their career choice.

5. LIMITATIONS AND RECOMMENDATIONS

Every research has limitations improvements need to be made over time. This study can be improved in terms of the number of survey respondents. Hopefully, future studies can be undertaken with a larger sample size and a longer period of data collection. It may also be beneficial to see the level of self-efficacy and career self-efficacy if sandtray intervention is used at a wider age-group, instead of focusing on 13-19 year olds as was done in this study.

Another recommendation is to involve parents in educating their children from an early age to prevent them for abusing drugs or having other social problems. Including parents in the treatment and rehabilitation of substance abuse adolescents may help boost their self-confidence and giving them the chance to make a difference to the society.

6. CONCLUSION

Sandtray therapy has been introduced and practiced for a long time in the counselling field. Through this study, researchers have contributed a creative intervention method in order to help counsellors to explore their clients during treatment sessions. The sandtray approach has allowed researchers the means to help substance abuse teens increase their level of career self-efficacy and facilitate them in making plans for their future. Counsellors were also able to easily explore their client’s subconscious mind.

Sandtray therapy is indeed a promising approach. Given its potential, further research should be commenced on a larger scale so that this intervention can utilised to aid recovering young addicts to the maximum.

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