

## **The Effectiveness of Career Counseling Model towards Career Maturity Level and Locus of Control among Inmates in Rehabilitation Centers**

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### **Abstract**

*The aim of this paper is to discuss on the effectiveness of career counseling model toward the level of career maturity and locus of control among the inmates. A Career Therapy Model is carried out, and the results are measured by using Career Maturity Inventory or CMI and ACREDA-Drug-Related-Locus of Control or ACREDA-DRLOC. The results of the CMI test showed that there is a significant increase in the maturity of career planning among those who have undergone the career model (experimental group) than the control group. Whereas, for Locus of Control, the test results showed that there were minor changes to the locus of control experienced by the experimental group. It was concluded that the intervention of career model has given positive impacts as the respondents' career planning clarity are enhanced and the sense of internal-oriented control are instilled.*

**Keywords:** Career Counselling Model, Career Maturity, Locus of Control, Drug Rehabilitation, Career Planning, Employment

### **1.0 Introduction**

Platt and Metzger (1985) assert that employment serves as an essential element for successful rehabilitation of individuals with substance abuse. Employment also serves as means of re-socialization, allowing for integration into the straight world, especially for the former drug addicts who have been detoxed from substance abuse (Platt, 1995). Hermalin, Steer, Platt & Metzger (1990) in Tsui and Rukow (2007) state that studies have repeatedly found a positive association between employment and the effectiveness of drug treatment, particularly in terms of reduced episodes of relapse and decreased criminal activity. Some theories suggest that it is important for recovering addicts to find jobs as quickly as possible, so they can develop a steady income and return to mainstream society (Tsui & Rukow, 2007). Additionally, recovering drug addicts who encounter challenges in finding legal employment may be more likely to return to drug use.

Meanwhile, locus of control is also proven to be one of the factors contributing to the success of a drug treatment (Maral Mardane, Hasan Rafiey, Saeede Masafi and Omid Rezaei, 2013). In a viewpoint of locus of control, Woodburn (1993) concludes that internal locus of control has more contribution in preventing addicted individuals from drug consumption and also a potential impact on drug use prevention. In a study conducted by Henry (1996) regarding the impact of locus of control on heroin-addicted patients, the result revealed that those with internal locus of control have been more successful in the drug treatment than those with external locus of control.

Taking the literature further, Tsui and Rukow (2007) say that employment has been associated with improved self-esteem and self-confidence, economic well-being and enhanced social functioning. According to Hammer, Ravndal and Vaglum (1985) in Laudet, Magura, Vogel and Knight (2007), employment are affiliated with reduced substance use, decreased psychiatric symptoms and hospitalization, increased self-esteem, and improved quality of life. Similarly, it was found that internal locus of control is associated with a more active pursuit of goals, better interpersonal relationship and emotional adjustment, a sense of well-being and higher levels of performance (Carton & Nowicki, 1994; Crandall & Crandall, 1983; Lefcourt, 1991). Career counseling should also help clients to achieve independence rather than dependence (Magnusson, 1995). This is also in tandem with the concept of locus of control posited by Rotter (1971), in which people believing that achieving desired results is within their efforts rather than depending to outer forces, will perform routine tasks better, especially whenever someone think that they have control over conditions. Both of the career-planning and locus of control when integrated together in a treatment or recovery management, will emerge as a two folded factor that can contribute to the success of the outcomes. Although employment rate are low among recovering individuals, there is evidence that they also have intention to be employed (Laudet, Magura, Voget & Knight,2007).Powers (1978) also claims that, contrary to popular opinion that former drug addicts are disinterested in work activities (Perkins & Wolkstein, 1972; Waldorf, 1973), many clients in drug-rehabilitation programs would find much meaning in career-oriented activities.

Therefore, a strong career plan needs to be given to provide a second chance for the inmates to enter a more realistic workplace.According to the Canadian Association of Occupational Therapist (2017), career therapy will help those with drug abuse problems, in identifying strengths, values, interests, resources and challenges in implementing a recovery plan.A study conducted by Powers (1978) has shown that a career counselling intervention towards drug abusers has been found to have significantly greater maturity of career attitudes and competencies and also greater clarity of career plans. By holding a job, the recovering addicts not only will establish a legal source of income but improve his or her self-esteem, which in turn may reduce the use of illicit drug.

In the light of this study, as an initiative to strengthen the treatment and rehabilitation program, a career counseling model has been developed by the researchers. The purpose of the model is to enhance the inmates' level of maturity in planning their career and locus of control. This career model orientation has been influenced by Magnusson's Five Processes of Career Planning (1995) and the Rotter's Theory of Locus of Control (1954). Anthony, Rogers and Davies (1995) also suggest that clients do benefits from vocational and rehabilitation services.Therefore, the aim of this paper is to discuss about the effectiveness of career counseling model toward the level of career maturity and locus of control among the inmates in rehabilitation centers. By setting a ground for the improvement of the therapy model, it is hoped that planning of relevant career alternatives and relapse prevention strategies can be enhanced so it can help to improve treatment engagement and result in a long-term abstinence, or possibly, a life-time one.

## **2.0 Methodology**

### **2.1 Sampling**

The research took place in two rehabilitation centres. The sample has been chosen by using purposive sampling, in which includes 64 respondents who have just finished the detox-treatment process in the centres. Purposive sampling technique, which is also called as judgement sampling, involves identification and selection of individuals or groups of people that are proficient and are used with a phenomenon of interest (Creswell & Plano Clark, 2011). The idea behind purposive sampling is to concentrate on people with particular characteristics who will be able to assist with the research.

In this study, the samples chosen are the inmates who have surpassed their treatment and rehabilitation in two-months period. The 32 respondents in two rehabilitation centres were identified as experiment group and control group, respectively.

## **2.2 Research Design**

The researcher used both qualitative and quantitative methods to collect data. According to McLeod (2008), quantitative research gathers data in a numerical form which can be put into categories, in rank order or measured in units of measurement. This type of data can be used to construct graphs and tables from the raw data collected. Statistics helps to turn quantitative data into useful information to help decision-making process. Statistics can be used to summarise data, describing patterns, relationships, and connections. On another hand, qualitative studies are exploratory in nature, providing rich portrayals and documentary information about a phenomenon (Tripp-Reimer, 1985). As being mentioned by Heusel (1990), the qualitative research design is to study the sample or subject from own experience and perspectives.

The design for this research is experimental research. In this study; there were one experimental group and one control group. Experimental group are the inmates who receive the career therapy intervention by the researchers whereas control group are the inmates who do not receive the same treatment. This type of experimental research is known as true experiment. According to Creswell (2008), true experiment is the most-rigorous between group designs available to the educational researcher. In true experiments, the researcher randomly assigns participants to different conditions of the experimental variable. Individuals in the experimental group receive the experimental treatment, whereas those in the control group do not receive any. One variation on this design is to obtain pre-test as well as post-test measures or observations. The process involved conducting pre-test (answering the assessment instruments) to obtain preliminary data. Then, followed by Career Therapy Model intervention for experimental group only, post-test was carried out afterwards. Both control and experiment group were subjected to pre-test and post-test to collect impact data for comparison purposes.

## **2.3 Instrument**

The measurement tools adopted in this study was Career Maturity Inventory (CMI) and ACREDA Drug-Related Locus of Control (DRLOC). The main purpose of CMI is to measure one's preparedness level of career planning. It consists of 24 items covering 4 main domains namely as i) Concern, ii) Curiosity, iii) Confidence and iv) Consultation. Career Maturity Instrument (CMI) adopts two answer options which is "Yes or Not" for each statement. The tool has been translated into Malay language by counselling expert that has high proficiency in English and Malay. The value of Cronbach's alpha of this instrument was .723, after been tested upon 85 respondents in a field study.

Meanwhile, ACREDA-DRLOC instrument is a psychological instrument used to measure the locus of control among the inmates. It consists of 19-items and comprises two statements for each item (Amin Al Haadi, et al, 2017). The original DRLOC instrument (Elizabeth Hall, 2001) was translated into Malay language by using back translation technique by the researchers and only consists of 15-items, with the Cronbach's alpha value .723. The ACREDA-DRLOC have been added with 4-items to fulfill the need to measure the locus of control associated with the inmates' spirituality and cultural background, as to suit with the objectives of the study. For the scale validation, face validity method has been done by two experts in the counseling disciplines. Streiner and Norman (1989) state that face validity is carried out to identify whether the tools or instrument, can measure what it is supposed to measure. Face validity does not require any empirical approach. Kidder (1982) has stated that face validity is an easy assessment method without using statistical techniques. The instrument possesses strong psychometric properties with the value of Cronbach's alpha .823 which indicates good reliability for an instrument. Chua (2014) asserted that instruments with reliability index of .700 and above could be considered as reliable.

## **2.4 Interventional Analysis**

The model of career therapy applied in this study has been adapted from the career models by Magnusson (1991, 1992) and Kidd (2007), which was influenced by Super's Career Development Theory (1957). The list of activities for Career Therapy model is summarised, as shown in the table below:

**Table 1.0: Career Therapy Model**

Number	Theme	Activities
1	Pre-test	<ul style="list-style-type: none"> <li>• Career Maturity Inventory (CMI)</li> <li>• ACDREDA Drug-Related Locus of Control (ACREDA-DRLOC)</li> </ul>
2	Career	<ul style="list-style-type: none"> <li>• Career Interests</li> <li>• Career Maturity</li> <li>• Decision making</li> <li>• “1 Azam” Talk</li> <li>• Job preparation</li> <li>• Action plan</li> </ul>
3	Coping Skills	<ul style="list-style-type: none"> <li>• Self-Management</li> <li>• Relapse Management</li> <li>• Coping/ Efficacy</li> </ul>
4	Post-test	<ul style="list-style-type: none"> <li>• Career Maturity Instrument (CMI)</li> <li>• ACREDA Drug-Related Locus Of Control (ACREDA-DRLOC)</li> <li>• Termination of session</li> </ul>

### 2.5 Data collection

For the collection of data, the researchers used mix method that involved qualitative and quantitative data. According to Creswell (2008) mix method is used when qualitative and quantitative data can be considered to facilitate the comprehension of problem of the research. Connelly (2009) also emphasizes the statement by noting that mix method empowers a study and reduces the disadvantages of qualitative and quantitative research methods. Qualitative data was obtained data from semi-structured questions feedback and from in-depth interviews with respondents from experiment group after undergoing activities from the Career Model Therapy. Whereas, the quantitative data was taken from the scores of two measuring tools (CMI and ACREDA-DRLOC) that were answered by the respondents. The data was collected to see the career development and effectiveness of the Career Therapy Model towards the level of career maturity and locus of control of the samples being studied.

### 2.6 Data Analysis

In this study, quantitative and qualitative data were analysed and integrated using data triangulation. Perone and Tucker (2003) infer that the triangulation approach involves the use of more than one study methods or more than one data collection techniques. This is because these data represent the dimensions of different topics in a study. Triangulation method allows researchers to collect quantitative and qualitative data simultaneously or sequentially. The results of qualitative and quantitative data results can also be compared to see the similarities from the findings of both data types (Denzin, 1978). Then, comparisons between the mean score of pre-test and post-test for control and experiment group were conducted to see the mean difference, before and after the Career Therapy Model had been intervened. Besides, comparisons between pre-test and post-test were also analysed by t-test to see the effectiveness of the experiments performed. There were 6 hypotheses tested using t-test for accepting or rejecting null hypothesis. Reports were made according to the results of the hypothesis test.

## 3.0 Results

### 3.1 Quantitative Data

This study was attempted to examine the effects of the Career Therapy Model on the respondents' career maturity level and locus of control. Career Maturity Inventory (CMI) and ACREDA-Drug-Related Locus of Control (ACREDA-DRLOC) have been administered to see the changes that occur in the locus of control of respondents, between the pre-test and post-test for control and experimental group. In sum, six hypotheses have been developed, where each three hypotheses are to measuring the respondents' level of career maturity and locus of control, respectively.

**Career Maturity**

i. The Comparison of Mean Score between Pre-test and Post-test for Experimental Group

H0: There is no significant difference in career planning among the inmates for experiment group before and after undergoing the Career Therapy Model in pre and post-test.

The data obtained from Career Maturity Inventory (CMI) has shown that there is an increase in mean score of post-test (15.6250) compared to pre-test (11.1563) for experiment group. The mean difference is shown in the table below:

**Table 2.0: Comparison of Mean Score between Pre-test and Post-test of Experiment Group on Career Planning**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PreExp	11.1563	32	3.33224	.58906
	PostExp	15.6250	32	3.07697	.54394

**Table 3.0: Comparison of t-test value between Pre-test and Post-test for Experiment Group on Career Planning**

	Paired Differences					T	Df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair1 PreExp-PostExp	-4.46875	5.18673	.91689	-6.33877	-2.59873	-4.874	31	.000

Based on Table 3.0, the t-value recorded is -4.874 ( $p = 0.00 < 0.05$ ). Hence the null hypothesis is rejected and H1 hypothesis is accepted. This has proven that Career Therapy Model intervention has given a significant difference on the inmates' maturity level of career planning in the study.

ii. The Comparison of Mean Score between Pre-test and Post-test for Control Group

H0: There is no significant difference in career planning among the inmates in pre-test and post-test for control group. The data analysed from Career Maturity Inventory has shown that there was a slight decrease in mean score of post-test (8.9688) than the mean score of pre-test (10.2188). Negative significant differences are in the following table:

**Table 4.0: The Comparison of Mean Score between Pre-test and Post-test of Control Group on Career Planning**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PreCtrl	10.2188	32	3.73073	.65951
	PostCtrl	8.9688	32	3.60541	.63735

**Table 5.0: The Comparison of t-value between Pre-test and Post-test for Control Group on Career Planning**

	Paired Differences					T	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 PreCtrl - PostCtrl	1.25000	3.13153	.55358	.12096	2.37904	2.258	31	.031

Based on Table 5.0, the t-value recorded is 2.258 ( $p = 0.031 < 0.05$ ). Hence the null hypothesis is rejected and H1 hypothesis is accepted, proving that there is a significant difference to the maturity level of career planning of the inmates in the control group.

iii. The Comparison of Mean Score for Post-test between Control Group and Experiment Group

H0: There is no significant difference in maturity level of career planning for control and experiment group in post-test.

After the intervention of Career Model Therapy towards the experiment group, a post-test has been carried out on both the control and experiment group. The post-test results test shows that the mean score of experimental group (15.6250) is higher than the mean score of control group (8.9688), which has not been intervened with the career model. Significant differences between the two groups are shown in the table below:

**Table 6.0: The Comparison of Mean Score between Post-test of Control and Experimental Group on Career Planning**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PostCtrl	8.9688	32	3.60541	.63735
	PostExp	15.6250	32	3.07697	.54394

**Table 7.0: The Comparison of t-value between Post-test for Control and Experiment Group on Career Planning**

	Paired Differences					T	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 PostCtrl - PostExp	-6.65625	5.04566	.89195	-8.47540	-4.83710	-7.463	31	.000

Table 8 shows that the recorded t-value is  $-7.463$  ( $p = 0.00 < 0.05$ ). Hence the null hypothesis is rejected and H1 hypothesis is accepted. Thus, there is a significant difference in the maturity level of career planning amongst the inmates in control and experiment group, in which the experiment group shows a higher mean score (15.6250) than the control group (8.9688).

### Locus of Control

#### i. The Comparison of Mean Score between Pre-test and Post-test for Experimental Group

H0: There is no significant difference in the locus of control among the inmates in experiment groups in the pre-test and post-test after Career Therapy Model has been applied.

For experiment group which have been intervened the Career Therapy Model, below are the tabulated data obtained from ACREDA Drug-Related Locus of Control (ACREDA-DRLOC). There was a slight increment in the mean score of post-test (26.1563) compared to the mean score of pre-test (25.9375), as shown in the Table 8.0:

**Table 8.0: The Comparison of Mean Score between Pre-test and Post-test for Experiment Group on Locus of Control**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PreExp	25.9375	32	2.75842	.48762
	PostExp	26.1563	32	2.41112	.42623

**Table 9.0: The Comparison of t-value between Pre-test and Post-test for Experiment Group on Locus of Control**

	Paired Differences					T	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 PreExp- PostExp	-.21875	2.58699	.45732	-1.15146	.71396	-.478	31	.636

Table 9.0 shows that the recorded t value is -0.478 ( $p = 0.636 > 0.05$ ). Hence the null hypothesis is accepted and H1 hypothesis is rejected, indicating that there is no significant difference in the locus of control for the experiment group following the Career Therapy Model Intervention.

**ii. The Comparison of Mean Score between Pre-test and Post-test for Control Group**

H0: There is no significant difference in the locus of control among the inmates in control group for pre-test and post-test.

The data obtained from Drug Related Locus of Control (DRLOC) for control group is shown below. There is only a slight increment in the mean score of post-test (31.338) compared to the mean score of the pre-test (31.0625). Table 10.0 shows the results of pre-test and post-test for control group who have not been intervened with Career Therapy Model.

**Table 10.0: The Comparison of Mean Score between Pre-test and Post-test for Control Group on Locus of Control**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PreCtrl	31.0625	32	3.22228	.56962
	PostCtrl	31.3438	32	2.05739	.36370

**Table 11.0: The Comparison of t-value between Pre-test and Post-test for Control Group on Locus of Control**

	Paired Differences				T	df	Sig. (2-tailed)	
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower				Upper
Pair 1 PreCtrl – PostCtrl	-.28125	3.93688	.69595	-1.70065	1.13815	-.404	31	.689

Based on Table 11.0, the recorded t-value is -0.404 ( $p = 0.689 > 0.05$ ). Hence the null hypothesis is accepted and H1 hypothesis is rejected. The results indicate that there is no significant difference in locus of control amongst the inmates in control group for pre-test and post-test.

**iii. The Comparison of Mean Score for Post-test between Control Group and Experiment Group**

H0: There is no significant difference in the locus of control among the inmates for control group and experiment group in post-test.

Below are the tabulated data obtained from ACREDA-Drug Related Locus of Control (ACREDA-DRLOC) for experiment group that have undergone the Career Therapy Model and control group that have not undergone the career model, accordingly. There is a mean difference between the two groups, as can be seen in the Table 12.0 below.

**Table 12.0: The Comparison of Mean Score for Post-test between Control Group and Experiment Group on Locus of Control**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PostCtrl	31.3438	32	2.05739	.36370
	PostExp	26.1563	32	2.41112	.42623

**Table 13.0: The Comparison of t-value for Post-test between Control Group and Experiment Group on Locus of Control**

	Paired Differences				t	df	Sig. (2-tailed)	
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower				Upper
Pair 1 PostCtrl – PostExp	5.18750	2.95599	.52255	4.12175	6.25325	9.927	31	.000

Table 13.0 shows that, the t-value recorded is 9.927 ( $p = 0.000 < 0.05$ ). Hence the null hypothesis is rejected and H1 hypothesis is accepted, proving that there is a significant difference in the locus of control locus among inmates of control group and experiment group.

### 3.2 Qualitative Data

#### *Career Maturity*

The modules for career maturity are put under “Career Planning” theme in the model. Hence the modules are oriented at the career planning process. This theme was specifically implemented with 6 group activities aimed at helping to create awareness to plan a career. The activities are “My Career”, “Am I Ready?”, “It’s My Decision!”, Employment Talk from Jobs Malaysia, “The Success Story” and Action Plan, respectively. In general, the career planning-oriented activities have gathered positive responses from the respondents. All of them (100%) viewed this program as can assist them in identifying employment opportunities, learning about career preparation, improving self-support and family support, acknowledging access to organizations which can assist them in looking for jobs, as well as ways to grow their own business. Furthermore, majority of the respondents (87.5%) agreed that the programs helped them in obtaining information regarding career alternatives. Respondents are aware on how to deal with risks in future careers, get information on companies that can offer to them careers as well as on how to raise the sources of capital for their own business, after leaving the centres. However, there are several of the respondents (12.5%) who do not agree that the program helped them in obtaining information regarding career alternatives because they can hardly understand the information conveyed and also have interest in other areas.

#### *Locus of Control*

There are three activities being carried out under Coping Skills which focuses on self-management, relapse prevention and self-efficacy activity. However, the qualitative data for locus of control focuses on relapse prevention activity only. For this activity, 'Thought Stopping', breathing technique, “*zikir*” and relaxation technique were thought to help clients dealing with triggers or craving that could possibly lead them to relapse. From the respondents’ views, majority (80%) of the respondents considered the activities as 'fun activities can help us manage relapse without other people’s help'. Majority of the respondents (81%) also stated that the thought stopping is “A simple method not only to control the way of thinking during trigger, it can also be applied while in the centre as a training.” Plus, 75% of respondents also stated that they could see the importance to control the way they think and act. In overall, the participants provided 8, 9 & 10 scales for this activity. Summarising the positive and encouraging feedbacks from the facilitators and respondents, the objective of improving the self-control mechanism through this activity was achieved.

### 4.0 Discussion

#### *Career Maturity*

For career maturity, the results of the Career Maturity Inventory (CMI) test have shown that there are a significant increase in the maturity of career planning among those who have undergone the career model (experimental group) compared to the control group, who have not been intervened with the model. The positive impact experienced by the inmates in experimental group can be proven as the mean score for its post-test (15.6250) is higher than the post-test for control group (8.9688). The t-value is - 7.463 ( $p = 0.00 < 0.05$ ), indicating the results as significant. In addition, the mean score for post-test (15.6250) for experimental group is higher than the mean score of pre-test (11.1563). The t-value recorded is -4.874 ( $p = 0.00 < 0.05$ ), proving the difference as significant, which has been experienced by the experiment group undergoing the Career Therapy Model.

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Career maturity is the willingness of an individual to make career decisions with vocational skills and the development of educational tasks (Savikas, 1984). Additionally, the career maturity is the individual's ability to make the right career choice, and also the awareness of what is required to make career decisions and the extent of individual choices in a realistic and consistent manner from time to time (Crites, 1978). In this study, the orientation of this career therapy model is inspired from the idea of Magnusson (1991, 1992), which is actually expanded from the Super’s works. According to Magnusson there are five processes in making career planning: i) initiation, ii) exploration, iii) decision-making, iv) preparation and v) implementation in all of which have been translated into modules and activities during the intervention session.

The first activity has given the respondents exposure about their personalities the relevant employment fields that fit with their interests through Self-Directed Search (SDS) instrument. SDS, which is created by Holland (1969) also, helps respondents in identifying the areas of employment they are interested in. This theory has many contributions in various fields, especially in career choices of individuals.



According to Melati, Norfaezah & Norsafazatul Aznin (2015), the concept in Holland Theory which matches with the individual's interest profile while the relevant environment is the fundamental belief that one's stimulated to explore the career. This is in line with the first stage of career planning proposed by Magnusson (1995), which is initiation. According to him, during this stage, the counsellors or facilitators can renew hope by helping clients build a vision of the future, especially when the clients become discouraged or lose hope for a meaningful career engagement.

The second activity is the continuation of the first activity in which, the respondents are asked to discuss the compatibility of the interested field of employment with their personalities. Many claimed that they are able to see the career opportunities ahead. During this second stage by Magnusson (1995), which is exploration, it can help clients discover ways to implement aspects of their visions. Formal assessment and occupational information are useful and assistive to produce meaningful, accurate and enduring results. Client can be taught with basic networking techniques to identify other people who share a similar passion.

The third activity is when the respondents were given chance to make their decision regarding career choices and further discussing the choices with the fellow group members. According to Magnusson (1995) during this third decision-making stage, uncertainty is often becoming the major obstacle since the clients have to select the most appropriate options from a range of alternatives. In this session, facilitators also serve as a reference for the respondents if they have any questions regarding information about work.

As Schottenfeld, Pascale & Sokolowski (1992) notes, to help clients to develop realistic expectations about work, it is essential that drug or career counsellors give consistent information and advice to clients. Close cooperation also ensures that if clients fall short of relapse to drug use, job search assistance can be withheld until the client has re-established abstinence. The fourth, fifth and sixth activities in the career model are the employment talk given by the representatives from Jobs Malaysia, the success story and also making action plans, respectively. The activities have served as an inspiration towards the inmates to begin a new life and that there is still hope even after they have been discharged from the centre. These three activities serve as the steps for preparation stage in Magnusson's framework (1995). Preparation focuses on planning the specific steps required to implement the choices made earlier, including developing an action plan. In the session, the respondents were asked to make action plans to clarify the resources required to reach the career goal and formulate a timeline for specific tasks that need to be done. Other than that, the employment talk and sharing moment have given some insights for the respondents to get to know how to develop skills and resources they need before the last stages, which is implementation.

The last stage, implementation is when the respondents carry out their action plans after they have been discharged from the rehabilitation center for good. During this stage, respondents should develop support from their surroundings as to make their career plans a realization. However, the counselors should also play an active role and establishing a more facilitative relationship. Furthermore, according to Schottenfeld, Pascale & Sokolowski (1992), in addition to the interventions offered, supportive career counselling is essential to the success of the program. Supportive career counselling enhances clients' self-esteem and perceived self-efficacy, improves the accuracy of self-perceptions and appraisal of the demands of the specific jobs, and increases motivation and ability to tolerate disappointment, frustration and interpersonal difficulties on the job. Hopefully, the Career Therapy Model has been able to prepare the respondents through 4 main stages in planning their career, before they would work their plans into real actions properly.

The qualitative data recorded from respondents through semi-structured questions feedback and in-depth interviews about the activities have garnered positive responses from most of the respondents, hence strengthening the point that the Career Therapy Model intervention upon the experimental group has achieved the main purpose of the model, which is to increase the level of maturity in career planning for the inmates. The result of the study also showed that enhancement was found in the maturity of career attitudes and competencies as well as the clarity of career plans. According to Crites (1973c), greater maturity of career attitudes is associated with greater orientation toward work as well as fuller conception and involvement in the career-choice process. Higher career competence maturity, as Crites (1937c) indicates, is associated with higher capacity for self-appraisal, goal selection, planning, use of occupational information, and problem solving. Increased clarity of career plans indicates greater awareness of career objectives and the means of achieving those objectives.

Crites (1973c) also indicated that career maturity is positively related to career adjustment, and therefore, it is assumed that the heightened career maturity of subjects in the study would enable them to achieve a more stable and satisfying work experience.

### **Locus of Control**

For the locus of control, as stated in the result earlier, the ACREDA-DRLOC test results have shown that there are minor changes to the locus of control among those who have undergone this model (experimental group) compared to the control group. As such, the total mean scores for post-test of experiment group shows a lower score (26.1563) as compared to the total mean scores for control group (31.3438). The t-value is 9.927 ( $p = 0.000 < 0.05$ ) hence, showing the significant difference. Positive effects by the experimental group can also be demonstrated as the total mean score of post-test (26.1563) is higher than the mean score of pre-test (25.9375). However the mean difference is insignificant as the t-test value recorded is 0.478 ( $p = 0.636 > 0.05$ ).

Adding to the statistical results, the positive responses recorded from the respondents from in-depth interviews and open-ended questions about the activities they have gone through indicate that the module intervened has given positive impacts to them and hence, considered a success. Through the activities carried out, most of the respondents responded enthusiastically by stating that they are confident of managing their relapse in the way they have been taught on their own, even without the help of others. This has shown that they can concentrate their own control locus on themselves, which is called as internal locus of control. As posited by Rotter (1975), individuals who adhere to the internal locus of control believe that the outcome of their actions is the result of their own abilities and efforts, rather than from influences from the outside.

Furthermore, studies have proven that individuals with internal locus of control are associated with active achievement of goals, showing more spontaneous involvement in achievement, improved interpersonal relationships, improved emotional adjustments, a sense of wellbeing, and higher level of performance, alertness, and autonomous decision-making (Lefcourt, 1991). That will make the respondents with good internal locus of control to be able to deal and survive with possible relapse after coming out from the recovery centre. After all, recovery is about being responsible and improving the way of life towards betterment. If individuals want to recover from addiction and build a better life, they need more internal locus of control (Huzili, 2013).

In addition, the majority of the respondents have also stated that the 'Thought Stopping' activity taught is an easy-to-do strategy in addition to controlling their thinking patterns effectively. Conceptually, "thought stopping" is a cognitive intervention technique with the goal to disturb and divert pattern of problematic repetitive thoughts. "Thought stopping" is an easy but effective tool to get rid of unwanted and unnecessary thinking (Adeniyi, 2014). Hence, the craving or triggers can be replaced with the new thinking, preventing relapse from happening. By practising the "thought stopping" technique, it can give someone a sense of control over every act (Ankrom, 2017). As noted by Adeniyi (2014) the more an individual is consistent in replacing thoughtless thinking with useful thinking, new helpful thinking becomes more automated. Through the "thought stopping", relaxation technique and also practicing remembrance to Allah that has been taught to clients, clients have become aware of the need to constantly practice these techniques to control themselves from the tendency to relapse, which has only implied the importance of internal locus of control.

United Nations Office on Drugs on and Crime (UNODC) in 2007 has also lists "thought stopping" as a tool or strategy used to address the desire to re-acquire drugs, which is based under Cognitive Behavioural Therapy (CBT). The main focus of the intervention is to help the drug addicts in building strategies to prevent or more relapse (Flaherty, 2012). Studies show that CBT in drug rehabilitation reduces relapse rates among drug addicts in recovery. (Azniza et al, 2014). CBT interventions are also more effective in maintaining recovery than those that do not follow CBT (B.Hunter, Watkins, Paddock, Hepner & Witkiewitz, 2012).

In addition, the results of the feedback provided by the respondents show that most of them have acknowledged the importance of controlling their cognition and behaviours. Strengthening the feedback given, Rotter (1966) has stated that individuals who can control and influence their own lives are considered to have a high internal locus of control. They believe that they are responsible for their fate and future, thus feel motivated to take actions towards their goals in life. Motivation and desire to change are the major factors in the success of addictive reinstatement (Fauziah & Naresh, 2009).

For people in the treatment of substance abuse, particularly drug addiction therapy, switching from external control locus to locus of internal control can play an important role in recovery (Clarke & Nicholson, 2011). The locus of control held by an individual is also important as it can determine the level of success they have experienced in life (Huzili, 2013).

Therefore, based on the responses given by respondents on the implementation of relapse management has had a favourable effect on the locus of control of the respondents, for according to Azniza et al, (2014) "thought stopping" which is based under CBT has positive effects for clients in improving mental states and reducing relapse rates.

### **5.0 Conclusion**

In conclusion the results have shown that there is an increase of the inmates' level of maturity in career planning and locus of control of the experimental group before and after the career counseling model intervention has been imposed. This has indicated that Career Therapy Model is of value in enhancing career development capacities, as well as the internal locus of control. To put them together, the inmates, through the experiment, have found career alternatives that they would like to work after they have been discharged from the centers. They feel that they are in control of their life, in charge of the things that happened to them, instead of just hopelessly waiting for miracles to happen. Therefore, they have been well-equipped to set a mind-set "I can do this", in order to abet the drug relapse from taking over them viciously, over and over again. They are the one who are responsible in leading the direction of their lives, hence putting more conscience and efforts so that the path they choose afterwards is a good and righteous one, or in specific, a drug-free environment.

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