

## Construction of Enhanced Recovery Training Module for Former Drug Addicts

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### Abstract

Construction of an academic module requires few main objectives in the module construction which are Module Construction, Module Validity Assessment, Module Reliability Test, and Module Effectiveness on the Studied Variables Test. However, in this research, the researcher focuses on Module Construction, Module Validity and Module Reliability. In this research, Enhanced Recovery Training Module (ERTM) is implied to former drug addicts which refers to person under surveillance (PUS) as an extended training after being released from the rehabilitation center. PUS is those who has completed their treatment and rehabilitation program under Section 6(1)(a) [Magistrate's order to drug addicts to undergo treatment and rehabilitation at PUSPEN for a period of not more than 2 years and after that undergo supervision in the community for not less than 2 years]. The construction of activities in this module is based on the al-Ghazali counselling theory. The module construction in this research uses Sidek Module Construction Model and uses the descriptive research design to evaluate the validity of the module and to test the reliability of the module. To assess the validity of the module content, a total of nine experts in related fields have made a recommendation. Meanwhile, to assess the reliability, it involves 20 samples who had undergone a pilot test of the ERTM module and had answered the module reliability questionnaire. The findings show that Enhanced Recovery Training Module has achieved a high percentage of validity which is 90.3 percent and the high index value of content validity at 0.9. While the module reliability test using the Cronbach Alpha reliability coefficient is high which is .902. Therefore, this module is also able to provide new contributions to PUS as a follow-up training to help this target group continue to recover from addiction to illicit substances. It is hoped that the use of this module can also help reduce the risk of recurring addiction to the target group.

**Keywords:** Module Validity, Module Reliability, Enhanced Recovery Training Module, PUS

### Abstrak

*Pembinaan sesebuah modul secara akademik hendaklah mempunyai beberapa objektif utama pembinaan modul iaitu Pembinaan modul, Penilaian kesahan modul, Pengujian kebolehpercayaan modul dan Pengujian kesan modul terhadap pemboleh ubah yang dikaji. Namun begitu dalam kajian ini, pengkaji hanya fokus terhadap pembinaan modul, kesahan dan kebolehpercayaan modul sahaja. Dalam kajian ini Modul Latihan Pengukuhan Kepulihan (MLPK) di aplikasikan terhadap bekas penagih dadah yang merujuk kepada Orang Kena Pengawasan (OKP) sebagai latihan lanjutan setelah bebas dari pusat pemulihan. OKP adalah mereka yang telah tamat menjalani program rawatan dan pemulihan yang diletak bawah Seksyen 6(1)(a) [Perintah majistret kepada penagih dadah agar menjalani rawatan dan pemulihan di PUSPEN dalam tempoh tidak lebih 2 tahun dan selepas itu menjalani pengawasan dalam komuniti selama tidak kurang 2 tahun]. Pembinaan aktiviti dalam modul ini adalah merujuk kepada Teori Kaunseling al-Ghazali. Pembinaan modul dalam kajian ini menggunakan Model Pembinaan Modul Sidek dan menggunakan rekabentuk kajian jenis deskriptif untuk menilai kesahan kandungan modul dan menguji kebolehpercayaan modul. Bagi menilai kesahan kandungan modul, seramai 9 orang pakar*

dalam bidang berkaitan telah membuat perakuan. Manakala untuk menilai kebolehppercayaan pula, ianya melibatkan 20 orang sampel yang telah menjalani ujian rintis modul MLPK dan telah menjawab soal selidik kebolehppercayaan modul. Dapatan kajian menunjukkan Modul Latihan Pengukuhan Kepulihan mendapat nilai peratusan kesahan yang tinggi iaitu 90.3 peratus atau nilai indeks kesahan kandungan yang tinggi iaitu 0.9. Manakala ujian kebolehppercayaan modul yang menggunakan pekali kebolehppercayaan Alpha Cronbach adalah tinggi iaitu .902. Justeru itu, modul ini juga mampu memberi sumbangan baru terhadap OKP sebagai latihan susulan agar dapat membantu kumpulan sasaran ini terus kekal pulih dari penagihan bahan terlarang. Diharapkan penggunaan modul ini turut dapat membantu mengurangkan risiko penagihan berulang terhadap kumpulan sasaran.

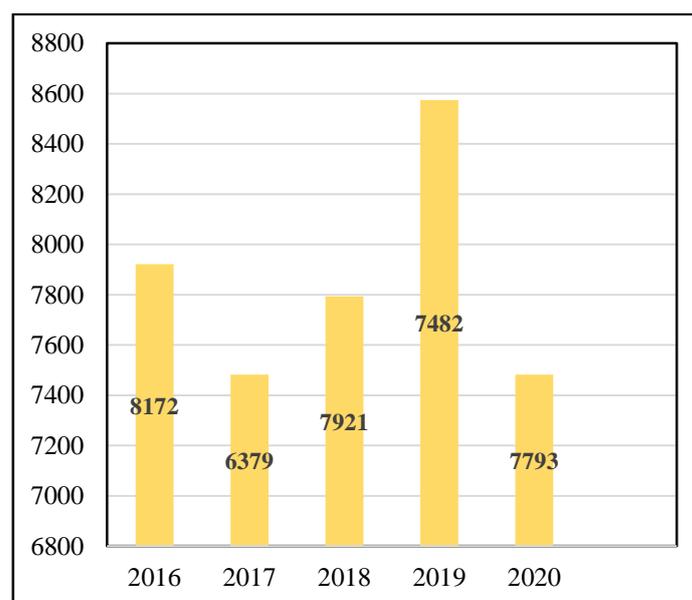
**Kata kunci:** Kesahan Modul, Kebolehppercayaan Modul, Modul Latihan Pengukuhan Kepulihan, OKP

## INTRODUCTION

Drug treatment and recovery program in the country is a pure effort to rehabilitate former drug addicts to avoid recurring addiction. Various programs have been developed and implemented by National Anti-Drugs Agency (NADA) to combat the problem of drug addiction and its recurrence in Malaysia since 1970s until now. One of it is the Therapeutic Community Program in all rehab centers (PUSPEN); detoxification and methadone replacement therapy treatment at the Cure and Care Clinic; temporary local surveillance program, outreach program, drop by and intervention by NADA, daily service center and recovery in community at the Community Home; support group by the volunteers; and prevention campaigns (“Perangi Dadah”, “Dadah Musuh Negara”, “Jauhi Dadah”, etc.), talks and awareness exhibitions in schools, institutions of higher learning, government departments and the general public (National Anti-Drug Agency, 2010). Thus, due to the high rate of recurring addiction, there exists various rehab centers which uses religious or spiritual approach, but only depending on theology and philosophy since not many empirical research that proves the effectiveness of the approach (Raiya & Pargament, 2011; Amin Al Haadi et al., 2016).

Table 1 shows the Drug Statistic Report for the past four years (2016-2020) which shows the average of 7,549 cases of recurring addiction per year. It clearly shows that the recurrence of drug addiction requires a serious attention. This situation indirectly presents a major challenge to existing drug treatment and rehabilitation programs.

**Table 1:** Shows the statistic of the total recurring addiction from the year 2016-2020



(Source: Drug Statistics Report by NADA 2021).

According to Mohammad Isa et al. (2016) there is a lack of research in the scope of modules that use Islamic psychospiritual on former drug addicts and not much studies conducted in the country and abroad. In another development, there are Islamic psychospiritual -based treatment and counseling modules that have been built aimed at building self -identity and personality. However, it does not meet the actual module construction process. According to Russell (1974), construction of a module requires certain approach and adherence to established procedures. The weakness of the recovery module based on Islamic psychospiritual that has gone through scientific research highlights the need to focus on this research. This research involves a practical and empirical module construction based on theory depending on the religious and spiritual aspects.

In line with that, a module based on Islamic psychospiritual technique is built and seen to be more holistic as it emphasizes all aspects in the training especially the basic principles in life which is bringing oneself closer to the Creator. Hence, to sustain the recovery of the PUS, one need to go back to the positive mindset and continue to adhere to religion as a guidance in life. A strong religious belief is important as it gives positive impact to human souls, for example the prayer can prevent the occurrence of evil (Surah al-Ankabut, 29:45), by the remembrance of Allah does a heart find peace (zikr) (Surah ar-Ra'ad, 13:28) and Allah SWT is with the patient (Surah al-Baqarah,2:153). This indicates that all negative behavior can be cured with prayers, restless souls can be treated by increasing zikr and negative thoughts can be treated with patience, contentment, and trust in Allah SWT (Mohd Nasir, 2016). The training form used in the module is based on the research objective, which is to increase religiosity, self-confidence, and self-resilience of the PUS (Israr, A. et al., 2021). One of the activities included in the Enhanced Recovery Training Module is Zikr Training assisted by biofeedback and religious appreciation activities that include Life Goal, Self-Knowledge, Remembering Death, Establishing Prayers, Seeking Repentance, Prayer Appreciation and Self-Reflection. To test the effects of the Enhanced Recovery Training Module on individuals, it is measured based on the pre-test and post-test which use the religiosity instrument of self-confidence, self-resilience and biofeedback test (Haider, S. H et al., 2015).

### **Constructing Enhanced Recovery Training Module**

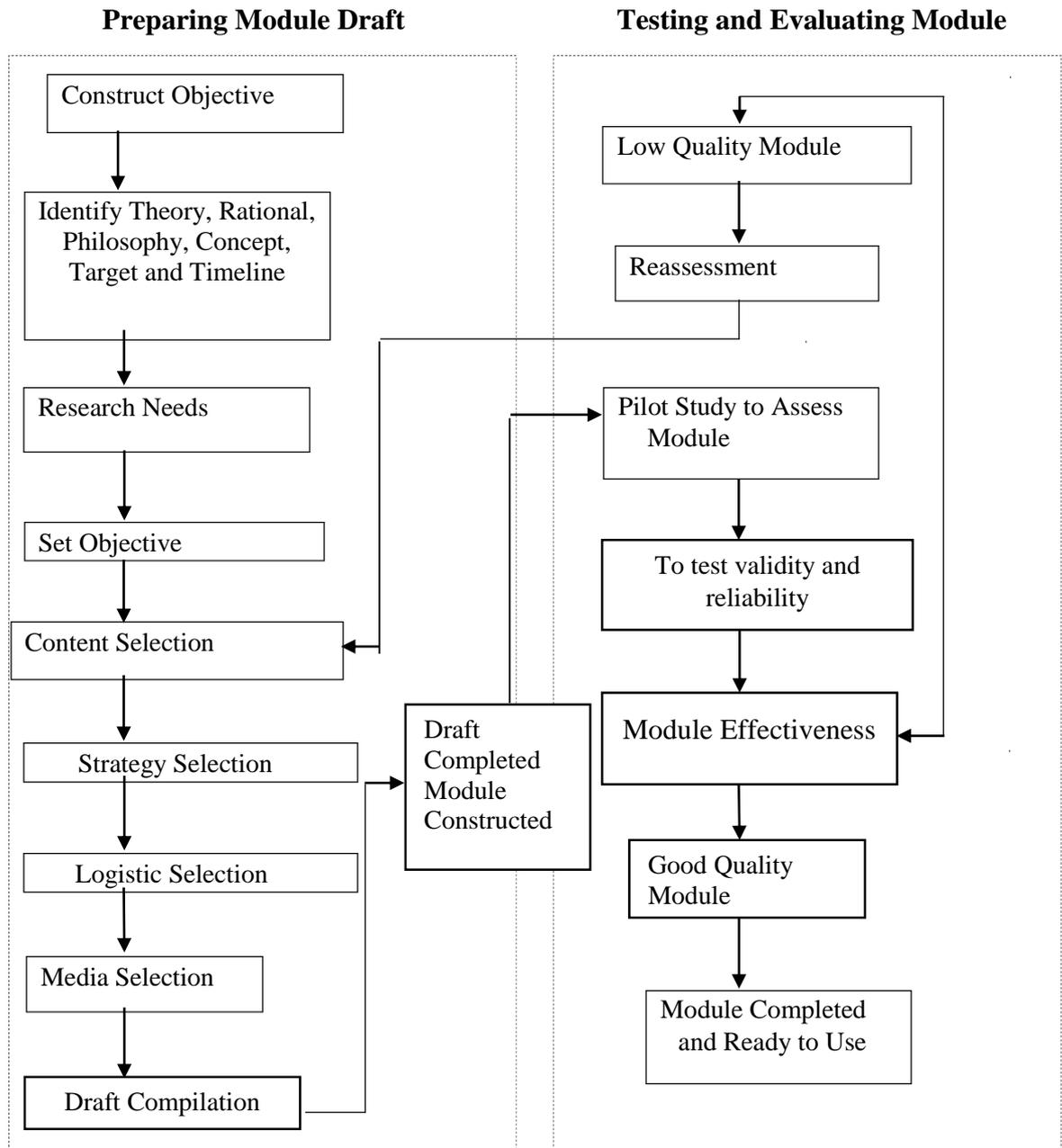
The purpose this paper is written is to introduce the Enhanced Recovery Training Module to assist former drug addicts to maintain their recovery when they are in the community (Haq, M. A. et al., 2021). In constructing the Enhanced Recovery Training Module, it has been through validity assessment process and reliability test. The tests are important because if a test tool does not meet the criteria of validity and reliability then it can be considered incomplete, inconsistent and the information obtained is less accurate (Abu Bakar Nordin;1987, Othman Mohamed, 2000). According to Julie (1995), a measuring instrument is considered robust and reliable when there is evidence of validity and reliability. Hence, the process involved in the module construction covers:

- a) Evaluation of the Enhanced Recovery Training Module content validity and;
- b) Testing the reliability of Enhanced Recovery Training Module constructed.

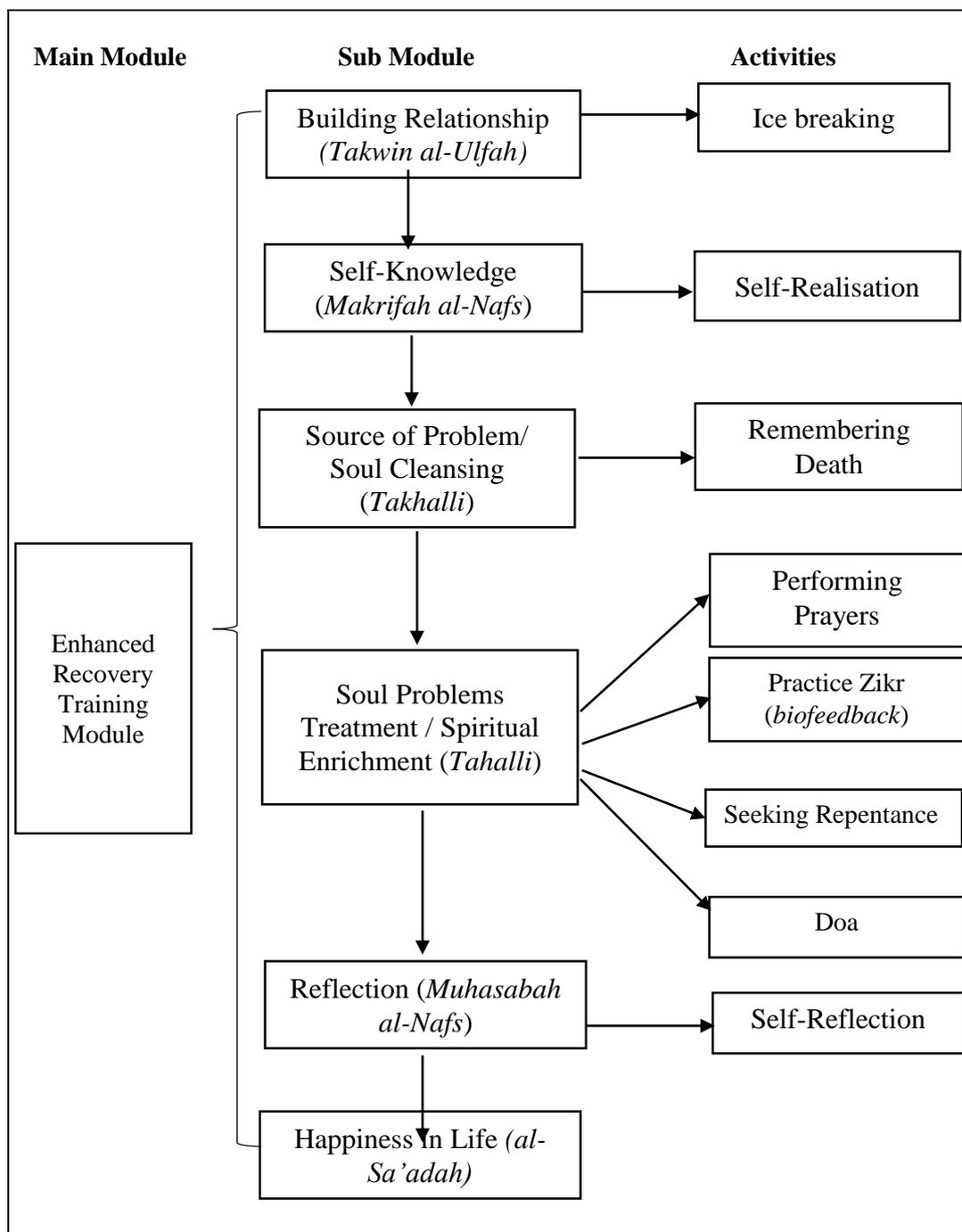
According to Sidek and Jamaludin (2005), a module is a teaching and learning unit that discusses a particular topic systematically and sequentially to facilitate students to learn independently so that they can master a learning unit easily and accurately. Module construction in this research uses the Sidek Module Construction Model (2005) as the module construction procedures. The selection of this model is based on its two-phase module construction which makes it more systematic. The first phase is the phase of preparing the module draft which has nine steps beginning with the objective of the module construction to the module draft consolidation. The second phase is the trial phase and evaluating the draft which goes through a pilot study to determine its validity and reliability. Figure 1 shows the Sidek Module Construction Model by Sidek Mohd Noah and Jamaludin Ahmad (2005). The research uses the theory of Imam al-Ghazali. According to Imam al-Ghazali, individual's character development consists of two main aspects which are physical and spiritual that leads to a holistic individual (al-Ghazali, 2007). Moreover, the spiritual aspect has greater influence on the development and personality on an individual. It is aligned with the al-Ghazali Counselling Theory introduced by Yatimah and Mohd

Tajudin (2008;2011). The theory adopts the philosophy of al-Ghazali's thinking which is from al-Quran and al-Hadith as the main references. The philosophy of this theory states that the aspect of spiritual development in human beings helps them return to God and move towards attaining the level of a perfect human being. According to Nor Ezdianie & Mohd Tajudin (2019), the theory is an alternative approach that can be used in intervention counselling. The philosophy theory assists counsellor to consider the spiritual aspect in their effort for any intervention to assist their clients (Yatimah & Mohd Tajudin, 2008, 2011). Contextually, a method based on Islamic psychospiritual is more holistic as it includes the aspect of heart, mind, soul and spirit (Nazneen Ismail, 2014; Yatimah Sarmani dan Mohd.Tajudin Ninggal, 2008).

Therefore, many members of the Islamic psychospiritual discuss the method of self-purifying by al-Ghazali such as learning Islamic knowledge, constantly repenting, performing zikr, making prayers, maintain good speech and guard the heart. The construction of the ERTM module based on Imam al-Ghazali's theory is shown in Figure 2. The theory highlights that the problems in human's life starts from the impulse of human hearts to contradict the rulings of Allah SWT and the good attributes of the prophets. The researcher's justification makes the theory as the guidelines to construct ERTM to reinforce recovery as al-Ghazali mentions in his writings, *Ihya' Ulum al-Din* on how to cure heart disease which includes spiritual problems which is connected to the difficulties faced by former drug addicts to permanently quit their addiction. Even though al-Ghazali never share his views directly on how to cure heart disease caused by addiction, but the ideas proposed by him in curing the similar disease can be used as a reference and guidelines as the excessive or chronic addiction problems usually begins from the weakness of one's faith (Mohd. Razali, 2010). Table 1 shows the content of ERTM module which comprises of the domain of parent module, sub module, activities and implementation method.



**Rajah 1:** Model Pembinaan Modul Sidek  
**Sumber:** Sidek & Jamaludin (2005).



**Figure 2:** Enhanced Recovery Training Module Framework is adjusted to the al-Ghazali Counselling Theory (Yatimah & Tajudin, 2008).

**Table 2:** ERTM Module Content

Parent Module	Sub Module	Activity	Method
Enhanced Recovery Training Module (ERTM)	Building Relationship ( <i>Takwin al-Ulfah</i> )	Activity 1: Ice breaking/ <i>taaruf</i>	- Explanation of the training. - Filling up consent form as a sign of agreement to follow the training - <i>Biofeedback</i> test on the HRV <i>baseline</i> score reading
	Self-Knowledge ( <i>Makrifah al-Nafs</i> )	Activity 2: Self- Realization	-Explanation. -Discussion. -Puzzle game. -Knowledge Input.
	Source of Problem/ Soul Cleansing ( <i>Takhalli</i> )	Activity 3: Remembering Death	-Explanation of remembering death -Mind fullness of death -Knowledge Input
		Activity 4: Performing Prayers	-Explanation of the importance of prayers -Discussion of the pillars of prayers -Give awareness on the importance of prayers Knowledge Input
	Soul Problems Treatment / Spiritual Enrichment ( <i>Tahalli</i> )	Activity 5: Practice Zikr ( <i>Biofeedback</i> )	-Explanation of Zikr method by using biofeedback -Zikr practice (La'ila ha illa Allah) -Mind fullness and self-peace -Knowledge Input
		Activity 6: Seeking Repentance	-Explanation of repentance -Mind fullness on the importance of repentance -Knowledge Input
		Activity 7: Embracing Doa	-Explanation of the importance of making doa -Mind fullness of doa based on al-Quran -Doa training. -Knowledge Input.
	Reflection ( <i>Muhasabah al-Nafs</i> )	Activity 8: Self-Reflection	-Explanation of self-reflection -Discussion. -Mind fullness of self-reflection based on al-Quran. -Knowledge Input.

One of the strengths of the ERTM module is the implementation based on Islamic psychospiritual which leads to self-submission to Allah S.W.T. In the module, the approach of biofeedback technique is used as an assistive tool to measure the physiology changes of an individual similar to zikr practice to observe how PUS is focused and find peace through the activity, because if someone is sincere in performing zikr, it really could give them a sense of peace, Allah SWT says: Those who believe, and whose hearts find satisfaction in the remembrance of Allah: for without doubt in the remembrance of Allah do hearts find satisfaction(ar-Ra'd:28). The implementation method of the in-module activity is conducted

individually to ensure the effectiveness and maintain focus in the training session. In addition, the content of the module emphasizes the dynamic and comprehensive concept of fitrah and human wellness, hence being the fort for PUS in dealing with their problems and life challenges to remain their recovery (Kashif, M. et al., 2021).

### **Validity of Module Content**

The content validity of the measuring tool or module activity depends on how far the tool has helped to measure a data of the researched field. A measuring tool or module activity is said to have high module validity if the tool or module activity measure all the contents of the researched field effectively (Majid Konting, 2004). It is also emphasized that to increase the module validity, researcher is advised to seek advice from external assessor. External assessor works as an evaluator to ensure the domain in the measuring tool represents the researched field. Furthermore, the validity of the measuring tool tests how far the assessment inventory accurately measures the identified aspects (Othman Mohamed, 2000). According to Jamaludin Ahmad and Sidek Mohd Noah (2001), a measuring tool can be considered equal to module, as a measuring tool and module are tools, resources, and materials to guide a module constructor to obtain various information and data related to studies and research conducted.

According to Russel (1974), a module has high validity when it meets five specific conditions which are a) fulfil population target, b) satisfying module implementation, c) the time taken to handle the module, d) manage to improve students' achievement, and e) manage to improve students behavior towards excellence. Hence the validity assessment for the Enhanced Recovery Training Module comprises of nine experts, namely experts in the field of module construction, guidance and counseling, experts in psychology and counseling and experts in drug addiction prevention are selected to assess the validity of the module content as shown in Table 3.

**Table 3:** List of experts in the module validity assessment

<b>No</b>	<b>Profile Summary</b>	<b>Institution</b>	<b>Field of Expertise</b>
1.	Prof. Madya Dr. (University Lecturer)	UPM	Module Construction, Guidance and Counseling
2.	Dr. (University Lecturer)	USIM	Psychology and Counseling
3.	Dr. (Chief Assistant Director of NADA Institution)	NADA	Psychology, Treatment and Rehabilitation
4.	Dr. (Chief Assistant Director of Enforcement and Security)	NADA	Psychology, Treatment and Rehabilitation
5.	Prof. Madya Datin Dr. (University Lecturer)	UKM	Relapse Addiction, Drug Prevention and Crime
6.	Dr. (University Lecturer)	UMP	Islamic Studies, Soft Skills and Humanities.
7.	Dr. (University Lecturer)	USM	Islamic Civilization, Islamic Studies
8.	Prof. Datuk. Dr. (Professor of Counseling Psychology)	OUM	Psychology and Counseling, al-Ghazali's Theory of Counseling
9.	University College Lecturer	KUIPSAS	Psychology and Education

### **Module Reliability Measurement**

Reliability is defined as the consistency of a measurement tool in producing an equivalent score (Syaharom Abdullah, 1990). According to Othman Mohamed (2000), reliability refers to the extent to which an inventory consistently measures actual factors. In the module construction studies, reliability is an important module to determine how far can the research sample master each objective and follow all steps for every activity effectively. According to Rusell (1974), states that to identify the reliability of a module, it depends on how far the participants can follow through with all the steps for each activity in the module successfully. According to Rusell (1947); Sidek Jamaludin (2005) and Mohd Zaharen et.al (2019), the instrument to evaluate the effectiveness and perfection of the module can be conducted in two ways, through item questions created based on objectives and secondly, item questions based on

the activities specified in each module activity. Reliability is consistency of the studied sample. In other words, reliability is a test that has high reliability if the score obtained is similar from different individuals (Sidek, 2005). According to Muhammad Aziz Shah (2010) in Mohd Zaharen et.al (2019), module reliability refers to the consistency and stability of a module in treating what should be treated as in the objectives of a module. Hence, it is clearly as stated by Rusell (1974), the reliability test of a module can be seen through how best someone can comprehend the content of the module. The validity of the Enhanced Recovery Training Module has been assessed with the evaluation of nine experts in related fields. A total of eleven module evaluation application letters were sent to experts in related fields. Unfortunately, only nine experts have agreed to evaluate the validity of the module content. Therefore, expert appointment letter, a copy of module draft and module content validity assessment form have been given to all the nine experts. Outcome of the assessment, researcher has identified the module validity score from all the nine experts. Score calculation is the formula formulated by Sidek Mohd Noah and Jamaludin Ahmad (2011) as follows.

$$\frac{\text{Total Score}}{\text{Maximum Score}} \times 100\% = \text{Content Validity Mastery Level}$$

**Table 4:** Content Validity Value based on experts' assessment

No	Module Content Validity Statement	Percentage (%)	Expert View
1.	The content of Enhanced Recovery Training Module meets the target population.	96.0	Accepted
2.	The content of Enhanced Recovery Training Module can be conducted perfectly.	84.4	Accepted
3.	The content of Enhanced Recovery Training Module is suitable with the allotted time.	91.1	Accepted
4.	The content of Enhanced Recovery Training Module can increase the enhanced recovery of the target group	89.0	Accepted
5.	The content of Enhanced Recovery Training Module can change the client's attitude towards the better	91.1	Accepted

### Module Reliability

In defining the reliability of the Enhanced Recovery Training Module, a total of 20 PUS was tested by answering the module reliability questionnaire correctly based on each objective in the module activities. It is conducted after the research sample has gone through the training based on in-module activities until the end. According to Cronbach (1990), one of the methods to identify the validity coefficient value of a measuring tool is by using the Alpha Cronbach method. Every response is analyzed using Statistical Packages for Social Science (SPSS) to obtain the Alpha Cronbach reliability coefficient value accurately and efficiently. Table 5 shows the reliability coefficient value for the Enhanced Recovery Training Module based on every activity of ERTM module.

**Table 5:** Reliability coefficient value of every activity

<b>Sub Module</b>	<b>Activity</b>	<b>Alpha Cronbach</b>
Building Relationship ( <i>Takwin al-Ulfah</i> )	1: Ice breaking/ <i>taaruf</i>	0.878
Self-Knowledge ( <i>Makrifah al-Nafs</i> )	2: Self-Realization	0.703
Source of Problem/ Soul Cleansing ( <i>Takhalli</i> )	3: Remembering Death	0.717
Soul Problems Treatment / Spiritual Enrichment ( <i>Tahalli</i> )	4: Performing Prayers	0.721
	5: Seeking Repentance	0.683
	6: Embracing Doa	0.714
Zikrullah (La'ila ha illa Allah)	7: Zikr Practice ( <i>biofeedback</i> )	0.909
Reflection ( <i>Muhasabah al-Nafs</i> )	8: Self-Reflection	0.945

Table 6 shows the result of overall activities of ERTM module through a pilot study involving 20 research sample with 26 total question item that is built on the objective of each module. The findings show the Alpha Cronbach reliability coefficient value is 0.927.

**Table 6:** Pilot study module reliability coefficient value

<b>Research Sample</b>	<b>Min</b>	<b>Total Item</b>	<b>Alpha Cronbach</b>
Person Under Surveillance (PUS)	4.448	26	0.927

The value shows that the module built has a high reliability rate. According to Majid Konting (2004), the reliability coefficient value for a measuring tool needs to be at least 0.6. Edward and Richard (1979) stated that reliability coefficient value needs to reach at least 0.8. Hence, the Enhanced Recovery Training Module constructed is said to provide the same results if used for the same PUS in different times.

## DISCUSSION

The module constructed has been through the process of module construction as prescribed so that the module produced can leave a good impact. The module that has gone through a pilot study on PUS has shown a good content validity and has a high reliability. Hence, the module based on Islamic psychospiritual is suitable to be applied for the PUS as an extended training after being free from the rehabilitation center so that it is more robust, in addition to using existing modules. Enhanced Recovery Training Module is used as an individual training as it creates a face-to-face interaction where the client obtains a direct training from the facilitator (Haider, S. H. et al., 2017). This method is characterized by criterias such as genuine acceptance of the client, the existence of mutual respect, training focus on the client and considering the feelings of the client himself.

Based on the evaluation by the appointed experts, Enhanced Recovery Training Module has high validity rate and can help the recovery of PUS to strengthen the recovery of this group in a better direction. Based on Abu Bakar Nordin (1995), achievement level of 70 percent is considered as mastering or achieving the desired achievement level. Nevertheless, based on the expert panel evaluation, the Enhanced Recovery Training Module has achieved 90.3 percent.

Besides module validity, the findings proves that the Enhanced Recovery Training Module reliability coefficient value is overall high which is 0.927. According to Kerlinger (1979) and Majid Konting (2004), highlight the reliability coefficient value needs to meet the minimum value of 0.6, hence concludes that Enhanced Recovery Training Module has a good consistency level. Hence, based on the findings for validity and reliability indicates that the Enhanced Recovery Training Module is accepted, reliable and can be used in reinforcement exercises to increase the religiosity, self -confidence and resilience of PUS.

## CONCLUSION

As a conclusion, Enhance Recovery Training Module is built to be applied on the PUS so the target group could continuously be helped to prevent them from the risk of recurrence addiction. Research conducted shows that the Enhanced Recovery Training Module has high content validity and reliability. It is expected that the module could be utilized by facilitator, or even counselor as the recovery enhancement approach for the PUS who needs support and extended training in the effort to maintain their recovery for the rest of their lives.

## APPRECIATION

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## REFERENCE

- Abu Bakar Nordin. (1995). *Penilaian Afektif*. Kajang: Masa Enterprise.
- Agensi Antidadah Kebangsaan. (2020). *Maklumat Dadah 2020*. Kuala Lumpur: AADK, Kementerian Keselamatan Dalam Negeri
- Creswell, J. W. (2005). *Educational research: Planning conducting and evaluating quantitative and qualitative research*. New Jersey: Pearson Education Inc.
- Haider, S. H., Asad, M., & Aziz, A. (2015). A survey on the determinants of entrepreneurial training effectiveness among micro finance institutions of Malaysia. *Mediterranean Journal of Social Sciences*, 6(6 S4), 396-403. doi:10.5901/mjss.2015.v6n6s4p396
- Haider, S. H., Asad, M., Fatima, M., & Abidin, R. Z. (2017). Microfinance and performance of micro and small enterprises: Does training have an impact. *Journal of Entrepreneurship and Business Innovation*, 4(1), 1-13. doi:https://doi.org/10.5296/jebi.v4i1.10566.
- Haq, M. A., Asad, M., Natarajan, V., Sankar, J. P., & Asif, M. U. (2021). 2020 Microfinance and empowerment: A case study on beneficiaries of a community development program. *Turkish Journal of Computer and Mathematics Education*, 12(10), 5409-5415.
- Israr, A., Asad, M., Altaf, N., & Victor, S. (2021). Training effectiveness and performance of micro small and medium sized enterprises. *Turkish Journal of Computer and Mathematics Education*, 12(10), 5409-5415.
- Jamaludin Ahmad & Sidek Noah. ( 2001). Pendekatan Alternatif Menentukan Kesahan dan Kebolehpercayaan Modul Program Maju Diri. Jabatan Pendidikan Selangor. *Jurnal PERKAMA* 9: 97-118.
- Jamaludin Ahmad. (2011). *Modul Motivasi Diri*. Penerbit: Dewan Bahasa Pustaka.
- Kashif, M., Asif, M. U., Ali, A., Asad, M., Chethiyar, S. D., & Vedamanikam, M. (2020). Managing and implementing change successfully with respect to COVID-19: A way forward. *PEOPLE: International Journal of Social Sciences*, 6(2), 609-624. doi:org/10.20319/pijss.2020.62.609624.

- Mohamad Isa Amat, Muhammad Khairi Mahyuddin, Khairunneezam Mohd Noor, Mohd Rushdan Mohd Jailani, Mohd Zohdi Mohd Amin, Roslee Ahmad, Ku Suhaila Ku Johari &, & Nurfarhah Mohd Najib. (2016). Penilaian Modul Latihan 7 Langkah Kepulihan dalam Penagihan (7 Steps Recovery in Addiction Modul : 7-SRA) Ke atas Komuniti Aftercare : Aspek Kesahan dan Kebolehpercayaan. ACREDA, Fakulti Kepimpinan Dan Pengurusan Universiti Sains Islam Malaysia, 1–15.
- Mohd Izwan Md Yusof & Saiful Azhar Saadon. (2015). *Peranan Jabatan Kemajuan Islam Malaysia (JAKIM) Dalam Menangani Isu Penagihan Dadah Melalui Intervensi Kerohanian: Kajian Pelaksanaan Program 2011-2015*. Jurnal AADK 2015.
- Mohd Majid Konting. (1998). *Kaedah penyelidikan Pendidikan (Edisi ke-4)*. Kuala Lumpur: Dewan Bahasa dan Pustaka.
- Mohd Majid Konting. (2009). *Kaedah Penyelidikan Pendidikan, Edisi ke 8..* Kuala Lumpur. Dewan bahasa dan Pustaka
- Mohd Nasir Masroom (2016). *Aplikasi Modul Terapi Jiwa Dalam Kalangan Pesakit Mental Dan Faedahnya Terhadap Kesihatan Jiwa*. Tesis Doktor Falsafah yang tidak diterbitkan. Skudai: Universiti Teknologi Malaysia.
- Mohd Zaharen Md Zahir, Md Noor Saper & Mohammad Nasir Bistamam. (2019). *Kesahan dan Kebolehpercayaan Modul Kelompok Bimbingan Integrasi REBT-Tazkiyah An-Nafs*. Universiti Pendidikan Sultan Idris, Tanjong Malim, Perak.
- Mohd. Majid Konting. (2004). *Kaedah penyelidikan pendidikan*. Kuala Lumpur: Dewan Bahasa dan Pustaka.
- Nor Ezdianie Omar & Mohd Tajudin Ninggal. (2019). *Teori Kaunseling Psiko-Spiritual AlGhazali: Suatu Pendekatan Alternatif dalam Intervensi Kaunseling*. GJAT | December 2019 | VOL 9 ISSUE 3 | 69 ISSN : 2232-0474 | E-ISSN : 2232-0482.
- Othman Mohamed. (2000). *Prinsip Psikoterapi dan Pengurusan dalam Kaunseling*. Serdang: Universiti Putra Malaysia.
- Raiya.H.A & Kenneth I (2011). Pargament. “Empirically Based Psychology of Islam: Summary and Critique of the Literature.” *Mental Health, Religion and Culture* 14: 93–115.
- Rosni Wazir, Abur Hamdi Usman, Norsaleha Saleh, Suriani Sudi, Abdul Hadi Awang, Syamim & Zakwan Rosman (2019). *Tuntutan Pencegahan Dadah Menurut Maqasid Sunnah*. e-Prosiding Persidangan Antarabangsa Sains Sosial dan Kemanusiaan.
- Russell, J.D. (1974). *Modular instruction. A guide to the design, selection, utilization and evaluation of modular materials*. New York: Burgess Publishing Company.
- Salasiah Hanin Hamjah. (2016). *Pendekatan Kaunseling Spiritual Menurut Al-Ghazali*. Penerbit: Dewan Bahasa Pustaka.
- Sidek Mohd Noah & Jamaludin Ahmad. (2005). *Pembinaan modul: Bagaimana membina modul Latihan dan Modul Akademik*. Serdang: Penerbit Universiti Putra Malaysia
- Yatimah Sarmani dan Mohd Tajudin Ninggal. (2008). *Teori Kaunseling al-Ghazali. Mengenal Ilmu, Sejarah dan Kandungan Al-Quran*. Penerbit: PTS Islamika Sdn. Bhd.