WholeLife Community: Holistic Paradigms for the Treatment of Substance Use Disorder and their Comorbidities

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Abstract

WholeLife represents a set of Paradigms that address integrative and holistically, best practices for SUD treatment protocols. The essence of this treatment philosophy is to address our multiple domains of function (physical, emotional, spiritual, vocational, community, passion development). Inclusive in this approach are the following, (which can be found in our WholeLife Manifesto): 1. Supporting non-judgmentalism--meeting clients where they are; 2. accepting that clients are all different, thus providing opportunities for Multiple Pathways of Recovery. This includes both Allopathic and Holistic integrated tools such as Harm Reduction, Mindfulness, Breathing Exercises, CBT, MI, Yoga, Passion Development, Meditation, etc; 3. Supporting the nurturing and training of Peer Support Specialists (those individuals with lived experience of addiction); 4. Utilizing the power of community, and recognizing that a loss of community bonds and resources can be a major factor in addiction and other mental illness; 5. Supporting and fostering recreation, fun, the arts, and hobbies, as significant tools for addressing the challenges of addiction. These include groups, classes, and activities in all varieties of music (education, music production, recording arts, instrumental classes, songwriting, internet radio production), writing, video, media production and other passion development activities; 6. Supporting and fostering a diverse program of groups, interventions and classes that address our multiple domains of function, including Peer Recovery Support, Counseling and other groups which address our shared life challenges. These can certainly include access to Vocational Options, Spiritual Options and Community/Relationship Options. Inclusive in our paper are recommendations from our Executive Summary for a WholeLife Community.The overall goal is to create a sustainable, self-supporting community based enterprise which provides the fore-mentioned approaches, creating opportunities for client(s) re-entry. This author's vision includes a Physical Community Center, providing these resources (classes, media resources, etc) both to clients, and to the community at large.

Introduction

The techniques, treatment protocols and methodologies for the treatment of Substance Use Disorder (SUD) have arisen from both empirical, as well as holistic and anecdotal resources. Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Intensive Outpatient Programs (IOP), and Group Therapy, have had extensive research studies demonstrating their effectiveness and success in aspects of talk therapy. Harm Reduction such as the use of methadone, suboxone, cannabis, and even

nicotine patches are mainstream palliatives from the allopathic world. Peer Support and 12-step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have flourished worldwide, in the Recovery Community—initiated by the notion, that lived experience can be a powerful tool in making human and spiritual connection. Holistic tools, for the treatment of SUD are plentiful and inclusive in physical, mental/emotional and spiritual domains. Herbs such as ashwaghanda and tulsi (adaptogens), can be very effective in the treatment of anxiety and depression, comorbidities seen in Recovery. Other holistic activities include the practices of yoga, yoga nidra, mudras, qigong, tapping, intentional breathing, mindfulness, exercise-body building, meditation, arts/music therapy, and spiritual-religious practice, etc. In fact, *any* activity, including positive addictions (Glasser, W. 1976), that can distract, replace or ameliorate physical/mental cravings for substances can and should be considered a treatment. This especially mirrors and utilizes what Marlatt (Marlatt, 1985) and Bowen (Bowen, 2009) refers to as 'Urge Surfing'. As our WholeLife Manifesto theorizes, these activities occur within our domains of function: Mental/Emotional, Physical, Community, Passion Development, Spiritual, Vocational, (add your own). Here I will share some personal background to help bring home this idea:

Personal Background

In the turbulent late 60's, this author was a member of that esteemed group of counter-culture folks know as Hippies. I lived the lifestyle and of course, partook in the consciousness-enhancing goodies of the 60's: Pot, LSD (Acid), Mescaline, and sadly, IV Methamphetamine. Well as you might expect, this experience did not end particularly well for yours truly (although it did happily, create my catharsis). In late 69, at popular Morse Beach in Chicago, I overdosed (OD'd) on a mixture of Meth and Acid. After getting ER treatment at the local hospital, I woke up to the reality that I needed help. Thankfully, (and gratefully), I was able to get into a wonderful therapeutic community[1] called Gateway House. (I am still a fervent fan of this type of 'in-patient' therapy). During my stay, one of my fellow residents gave me a harmonica and said, this helped him to take his mind off of his 'jones' (cravings). I started playing that harmonica, as often as I could, and 50 years later, am still playing it, as well as several other instruments. For me, music was my ticket, my gateway to Recovery. For others it could be any number of activities, skills, or endeavors, taking place within our vast domains of function.

Holistic Practices for Recovery

SAMHSA (Substance Abuse and Mental Health Services Administration), a major US government agency, has provided evidence that by addressing our domains of function, a holistic impact creates a synergistic effect, which can reduce relapse and foster long term Recovery[2]. Some of the holistic practices that this author-therapist uses both personally and in practice include Positive Addictions, Meditation, Mindfulness, and Arts Therapy.

Positive addictions

Positive addictions, first theorized by Glasser (1976), is characterized by being engaged in creative, healthful, fun, and joyful activities and pursuits, even to the point of being considered 'addictive'. Positive addictions can include, but are not limited to activities such as yoga, exercise,

breathwork, running, writing, playing music, painting, doing crossword puzzles, etc. In essence, by displacing cravings for substances with these activities, we shift our life focus to more productive and less harmful activities. Physiologically, these activities stimulate dopamine release, not attributed to chemicals. One might even think of positive addictions as a form of harm reduction. Positive addictions can include activities of *passion development*. Since we are all unique beings, with our unique genetic and life histories, there are limitless activities that could be included in the category of positive addictions. When doing an initial assessment of a new client, it would be valuable to include an inventory of potential activities that could be designated as passion development/positive addictions. (See Appendix A)

Meditation

Meditation, has long been recognized as a healing and healthful mental/emotional activity. It is a mainstay of several spiritual practices including Buddhism, Islam (tafakkur/contemplation, dhikr/remembrance), Hinduism and Christianity. Meditation can take several forms including Transcendental Meditation (TM), where a mantra is repeated, mindfulness meditation, watching the breath, and guided meditation. Meditation is a powerful tool for promoting relaxation, reducing stress, and enhancing cognitive functions. It has been demonstrated by several researchers including Marlatt, Dakwar, Levin, Zgierska, Rabago, Chawla, Kushner, and Koehler, that when practiced, it decreases substance use and increases relapse prevention[3].

Mindfulness

In 1979, Jon Kabat-Zinn established the Stress Reduction Clinic at the University of Massachusetts Medical School. This was based on his Mindfulness-Based Stress Reduction (MBSR) program. The program was initially developed for chronically ill patients, that had challenges with conventional, allopathic medical treatments. Mindfulness involves the conscious, non-judgmental awareness of the present moment. This awareness can be both a mainstay of our thinking patterns, and/or enveloped into mindfulness meditation. The habit of mindfulness, as demonstrated by Bowen, Witkiewitz, Clifasefi can assist in the amelioration of cravings as well as modulate affective, cognitive and self-regulation processes[4]. This author also theorizes that side benefits of mindfulness could include increased safety, security, and better decision making, by being more present in our cognition. Mindfulness is an important part of Buddhist practices. Thich Nhat Hanh (1926-2022), the well known Vietnamese Buddhist monk and founder of Plum Village, was very active in promoting the practice of mindfulness in our daily life, as well as his work promoting non-violence and peace.

Art Therapy

Art Therapy provides the opportunities to express emotion, process trauma, build self-esteem, as well as providing a creative outlet for releasing stress and producing Dopamine, the neurotransmitter associated with pleasure and motivation. Arts-based activities (music, visual arts, dance and movement, drama, computer graphics and games, etc) have been demonstrated to reduce relapse, substance cravings, and to foster all important self-purpose and identity. Music Therapy, one of the most prominent arts therapy treatments, is used to treat an impressive scope of disorders including

anxiety, depression, PTSD, schizophrenia, dementia, in addition to addiction. Many countries and US states have specific curricula for the Arts Therapy specialization. In my own background, as a long-time musician and producer, I have created a series of mini-classes, which include instruction in instruments, music appreciation, music performance, utilizing the latest digital audio workstation (DAW), and even audio fundamentals such as the science of music and audio. (Appendix B).

Qigong

Qigong represents a series of traditional exercises, originating in China. It encompasses meditation, controlled breathing, gentle movements, and tapping on various nerve centers, muscles and bone and joint areas. It promotes mental clarity, relaxation, emotional balance, and has shown to aid in neuroplasticity and Recovery[5].

Breathwork

Breathwork has long been recognized as a significant therapy by many spiritual practices, as well as from holistic practitioners. Fundamentally, it represents a most important tool of regulating and controlling our parasympathetic system, especially when there is a challenge in Cortisol production. According to Breathless Expeditions[6], breath work was an important part of ancient Yogic and Ayurvedic practices and traditions. Its origins are spiritual, meant to cleanse both body and mind, while helping to nurture peace, equilibrium and a union with the cosmos. Wim Hof brought this practice to the masses with his YouTube videos, joining many other very able teachers, with well-developed breathing routines.

WholeLife Manifesto

Grok[7], an AI tool used in this paper, has made a great description of the WholeLife Manifesto, the base philosophy of the WholeLife Community: "The WholeLife Manifesto is a holistic, integrative framework for SUD treatment, emphasizing the interconnectedness of physical, mental/emotional, spiritual, passion development, community, and vocational domains to foster recovery and well-being. It draws from biopsychosocial-spiritual models, positive psychology, and recovery-oriented systems of care, aiming to replace maladaptive behaviors with positive, sustainable practices. Recovery is a lifelong process that requires addressing all domains of function to achieve a balanced, fulfilling life".

The WholeLife Manifesto is meant to be a living, breathing and flexible document, eluding to the importance of addressing our lives, our health, our well-being, and our community, holistically and integrative. My wish is that it evolves to not only addressing the challenges of mental health, but serves as a blueprint for improving the living conditions of any community. Obviously, cultural competence must prevail in its interpretation; this initial itineration was created in the United States. I invite the reader to insert their own comments, make additions, correct for cultural competence, and forward your contribution to my email address. Herein is the current rendition of the WholeLife Manifesto:

- We support and foster non-judgmentalism, meeting clients where they are at, utilizing harm reduction, and multiple pathways of recovery;

- We support and foster holistic and integrated, interventions, efforts, and activities. This is best represented by functionally addressing our multiple domains of function. We believe that allopathic medicine and pharmacology/psycho-trophic medications should not be the sole alternative for our physical and behavioral health, and in fact, a holistic and integrated approach to health and wellness is much preferred;
- We believe in the power of Peers, those individuals with learned experience. They can be amongst the best ambassadors for recovery;
- We believe in the power of Community, and that a loss of community bonds and resources can be a major factor in addiction, as well as other mental illness. To that end, it will be a priority for the Community to provide and/or be instrumental in creating and supporting community activities and events, as well as supporting re-entry activities;
- We believe that it is most important for the individual to define what Recovery means for them, and that any strategies or pathways used, should be helpful in supporting long-term recovery;
- We support and foster recreation, fun, the arts, hobbies, etc. They can be significant tools for addressing the challenges of addiction. These can include groups, classes, and activities in all varieties of music education, music production, recording arts, instrumental classes, songwriting, internet radio production, writing and video and media production, and the visual arts, such as painting, graphic arts, and computer graphics;
- We believe that appropriate and stimulating work/vocation can significantly aid in Recovery. A goal of a future WholeLife Community should include the support and creation of Business Incubators and Employee owned Co-ops, which will aid both our clients, as well as support our sustainability as a self-supporting entity;
- We believe that individuals should have the freedom and choice to utilize multiple pathways of recovery including abstinence only, harm reduction, moderation management, as well as medically assisted treatment (MAT);
- We support and foster a diverse program of groups, interventions and classes that address the multiple domains of function towards Recovery, and that these groups would integrate with passion development activities, ongoing peer recovery support and counseling groups.
- We believe that Recovery is possible, and that we can control our own destiny. We believe that there are many different spiritual pathways that support Recovery and a positive way of life. We align ourselves with a variety of organizations and individuals whose philosophies of Recovery bring hope, fresh insights, and newer perspectives to the Recovery Movement.

The Landscape of Mental Illness in Malaysia today

Addiction and Comorbidities

The landscape of mental illness in Malaysia, encompassing addiction, depression and anxiety is characterized by rising prevalence, cultural stigmas and systemic challenges. We have seen steadily rising increases in mental disorders, with close to 1 in 3 Malaysians, above the age of 16, experiencing some mental health challenges. The National Health and Morbidity Survey (NHMS) reported, that in 2023, at least 8-12% of the population Malaysians suffered from severe depression, and a significant

number of Malaysians exhibited impulses for suicide and self-harm. Factors such as the cost of living and relationship issues are responsible for a significant percentage of KL residents suffering from anxiety and depression. The states of Perlis, Kedah, Lelantan and Terengganu reported the highest rates of substance abuse per capita--drug addiction cases increased by 27% in the first six months of 2023. Commonly abused substances include opioids, methamphetamine, and prescription medications like ADHD drugs or cough medicines containing dextromethorphan[8].

Smoking

Smoking is another serious medical and addiction problem in Malaysia. According to the National Strategic Plan for Non-Communicable Diseases and Grok, '22.8% of Malaysians aged 15 and above are current smokers, with a stark gender disparity: 43% of adult males and 1.4% of adult females smoke. In 2022, there were an estimated 6 million tobacco product users in Malaysia'. Clearly, the tobacco companies are winning the war for revenue, and Malaysians are continuing to endanger their health. Tobacco accounts for the third highest cause of death and disability in Malaysia. It is a key causal agent for ischemic heart disease, stroke, lung cancer and chronic obstructive pulmonary disease. Furthermore, the vaping industry is making head roads with their toxic product offerings.

Metabolic Disease/Sugar Addiction

A search using AI Deepseek uncovered the following information about metabolic disease in Malaysia. According to the National Health and Morbidity Survey (NHMS) 2019 (6 years ago), over 50% of adults were either overweight or obese, with the incidence of childen being almost 15%. Over 18% of adults have been diagnosed with Diabetes Mellitus, and another 14% with pre-diabetes. Metabolic syndrome affects 25-30% of adults, with symptoms including high blood sugar, hypertension, and dyslipidemia (unhealthy lipid levels in the blood). The food mania here in Malaysia has obviously contributed to some un-wellness in the population, metabolic disease should be considered a major health hazard, as well as a major addictive disorder. Lastly and sadly, in Malaysia and elsewhere, this metabolic syndrome is likely contributing to increased incidence of vascular cognitive impairment, dementia and Alzheimer[9]. In this author's opinion, this should be considered a national emergency.

Social Media Addiction

Social Media Addiction has contributed not only to mental health challenges—it has challenged the norms of human behavior and human communication. I have coined the phrase PSA (Phone Separation Anxiety), for that behavior which is characterized by a lost and misplaced phone. All one has to do is look around at our population at various gathering spots and note the phone linked compulsive behaviors, even among infants, which this author has seen oftentimes watching video images on Mom's large screen. Young people, even on dates, spend copious amounts of time, texting and viewing, while ignoring their partners, and opportunities for true communication and intimacy.

What are the most significant contributing factors, leading to the proliferation of these challenges in Malaysia? The same ones present in any fast moving, technological, and capitalistic (predatory?) type society. Urbanization and financial pressures are omnipresent in society—as income

streams primarily reach restricted groups. The majority of the hoi polloi struggle with less, to provide for themselves and their families. We had a Covid pandemic which is still playing havoc with peoples' lives and livelihood. The social media revolution has substantially reduced opportunities for communication, community and culture, with potentially, unseen dangers in future programming and propaganda. In Malaysia, the stigma of suffering a mental health disorder is significant, often leading to suicidal ideation, and being cut off from friends, family and society. Lastly, the State priorities are lacking in the Mental Health arena. Although the Ministry of Health disseminates mental health and psycho-social support with programs like publishes resources on mental health and psychosocial support with programs such as Minda Sihat and Mentari, these initiatives are often not sufficient in providing solutions to cultural stigma, or addressing the mental illness challenges. In reality, it appears that there is a dearth of treatment facilities, more focus on allopathic treatments then spiritual and counseling, a lack of peer support, and a deficiency of holistic and integrated solutions which could utilize community and community interventions. Next we will discuss a potentially powerful intervention, which could address many of these aforementioned challenges, and provide ongoing, sustainable hope to the populations at risk.

WholeLife Community—A model

The WholeLife Community **(**and sub-community, WholeLife Recovery Community*)*, is the DBA of a US Based NGO, Arizona Creative Works. Initially formed, as a recovery community, WholeLife Community has expanded its vista, to be a self-sustainable, holistic, integrated therapeutic organization, purposed to form a physical community resource.

The concept of a WholeLife Community Center (WCC) was derived from our core philosophy and paradigms on our approaches to Recovery, which is easily extrapolated to the needs of the community and general population. Primarily these include (1) addressing our multiple domains of function, (2) optimizing the influence and importance of peers; and (3) harm reduction.

WholeLife refers to our domains of function as our physical health, mental emotional health, our spirituality, our resilience, passion development, educational/vocational and community/family. We know from nature and nurture, that we are all unique beings. Some of us are driven by knowledge, some by fun and recreation, some by our health and wellness (or lack of it), some by material wealth, some by our passions, and some by love, family and community. Thus, for different individuals, Recovery, as well as quality of life, is emphasized more or less within the various domains of function of individuals. Some are driven by the arts, some by our love of community, others by material wealth, and so on. Having resources that can help identify the important domains of function for our clients can be very helpful, especially when considering assessment, talk therapy and programming

Background

In 2012, after Grad School and licensing, I started my new career as an Addiction Therapist. Although I studied well, and had significant focus on my coursework, I was not overly impressed with the curriculum and the direction in which Addiction Treatment had been progressing. My perception was that it essentially followed similar paradigms as allopathic medicine, by treating symptoms, ignoring significant etiologies, and limiting treatment options. Intensive Outpatient Programs (IOP) are essentially 1-3 groups a week, sometimes including family therapy and a weekly individual session.

Outside the IOP programs are , the well-established 12-Step programs--AA, NA and the like. As I started to practice, it became apparent that both of these processes had advantages and flaws. The IOP programs were limited by their lack of learned experience, the boredom factor, and in many cases, (especially in the case of criminal cases), a lack of motivation by the clients. On the other hand, the 12-Step programs, did oftentimes produce significant catharsis, but lacked the professional techniques that CBT (Cognitive Behavioral Therapy), Rogerian Therapy and Motivational Interviewing (MI) could provide. Seeing this phenomenon, I started to investigate avenues wherein motivated folks with learned experience could hone their communication skills and become more valuable (Peer Support Specialists). I discovered a wonderful organization, Faces and Voices of Recovery[10], which is still a recognized authority for Peer Support. Through their resources, I did my training, receiving my 'Train the Trainer' certificate. (Appendix C)

Peer Support Specialists

Peer Support Specialists represent a virtually untapped resource, not only in mental health, but in a variety of helping professions, such as CNAs, parenting skills, teaching, etc. Having the assistance of those with learned experience is vital to opening up communication, sharing common experiences, and most important of all, giving reassurances that Recovery is possible. In the US and elsewhere, Peers are recognized to be a most valuable member of the treatment team. Often times, a peer that has received some training such as MI, can be more effective than the counselor or clinical psychologist--he shares the experience of his client. I have attached collateral on training for Malaysian and Filipino populations. (Appendix D)

Harm Reduction: a new definition and direction

Harm Reduction was initially defined as reducing harm to IV users. These activities, in the conventional definition include providing clean needles to addicts, making opiates available legally as methadone, suboxone, or heroin, providing safe places for injection, and other interventions which would prevent harm to addicts. WholeLife expands the meaning of harm reduction to refer to all activities which can reduce harm to our domains of function. For example, promoting holistic practices such as herbalism, passion development, breathwork, qigong, and yoga fit into that definition, as interventions that can provide wellness and better health. Teaching mindfulness can help someone in Recovery to live more in the present, in dealing with cravings. Providing nutrition education to the public could prevent diabetes. Stop-smoking clinics, along with low cost nicotine patch prescriptions might reduce the smoking epidemic here in Malaysia. Promoting the healthful teachings of Islam or Buddhism could enhance and spark clients' rentry and re-interest in their spirituality. Reducing harm can and should be the goal of all holistic and allopathic interventions, and quite frankly, should take precedence in the urban community. One revolutionary part of the WholeLife Community concept is to help support and administrate the formation of worker owned co-operatives. By allowing workers to control their own destiny and to own their own labor, could go a long way in optimizing their health and welfare.

WholeLife Community Center Activities, Classes, Events and Resources

A WholeLife Community Center will offer a host of therapeutic, artistic/creative, recreational, and vocational resources to the community-at-large. Designed as a worker owned co-operative, most of the activities would be operated by individuals and community members who would be responsible for programming, and have a stake in outcomes. It would conform to cultural competent and community standards, wants and needs. Within its 10-15,000 sq. ft space we would observe a beehive of activities of interest to the community at large:

- Classrooms hosting a robust schedule of community activities, classes, trainings and workshops for vocation, literacy, the arts, recreation, holistic health and spirituality. These would include mini-classes in music, the arts, managing social media, and technology.

- Behavioral health groups including group therapy, family group, couples group, spirituality groups, peer support specialist training, and other therapeutic groups such as yoga, qigong, exercise, breathwork, etc. These would be part of a WholeLife Mental Health Clinic or Recovery Clinic or?

- Arts, music/recording, video, and other creative studios and production facilities, as well as performance resources, and hosting community based events. We could administrate a WholeLife Community Channel, which would produce beneficial media for the community, and interface with Universities, Civic Departments, and other organizations whose purpose is complementary.

- We have unlimited numbers of pharmacies in Malaysia, but nary any apothecaries. Apothecaries specialize in herbal remedies. The WCC would house an impressive selection of affordable herbs, tinctures, growing mediums, seeds, etc. Let's dream a little further and have a respectable sized community garden.

Business Incubators and Worker Owned Co-operatives

Two of the most powerful tools we have as societies to combat inequality are experiential education (apprenticeships) and the creation of worker owned businesses and enterprises. A functioning WholeLife Community could include an administration which operates the activities of the Community Center, as well as distinct enterprises such as *WholeLife Mental Health Clinic*, *WholeLife Peer Academy*, *WholeLife Music, WholeLife Media, WholeLife Community Channel*, and the *WholeLife Apothecary*. WholeLife could also help to start up a variety of business incubators, fostering enterprises in construction, real estate/housing, and technology, as well as supporting and initiating partnerships, internships and apprenticeships with unions, training organizations, schools and neighborhood businesses, big and small. Best of all: this WholeLife Community Center can be sustainable and self-supporting from its activities and business incubators, given an adequate amount of start-up capital and solid administration.

Conclusion

Malaysia, it can be said, is a nation on the rise. It has rich and unique blend of Malay, Chinese and Indian cultures, as well as indigenous influences. The country boasts of a thriving arts scenes, beautiful beaches, lush rainforests, and diverse landscapes throughout the country. Its modern cities, like Kuala Lumpur are known for excellent infrastructure, well developed roads, excellent cuisine, and in general, the opportunity for its citizens to enjoy higher standards of living, especially when compared to its neighbor, the Philippines. Its success in embracing technology and its thriving economy should provide growth and continuing opportunities in the future. It also appears that the Government offices, with their heavily Islam influences, prioritize education and healthcare.

However, mental health in Malaysia is a growing public health concern, with depression, anxiety, and addiction affecting a significant portion of the population, exacerbated by the COVID-19 pandemic, cultural stigma, and systemic limitations. There is also the un-wellness epidemic present, manifested by high numbers of metabolic disease, and other chronic illness. While government initiatives, helplines, and private treatment centers provide some support, addressing the crisis requires increased funding, culturally sensitive interventions, and efforts to reduce stigma and improve access to care. The integration of digital tools and community-based programs offers promising avenues for progress, but sustained action is needed to meet the rising demand for mental health services.

This clinician believes that there has not been enough emphasis on holism and integration, and due to economic, political, and prejudicial science and propaganda, an uncomfortable reliance on allopathic medical solutions for wellness. This is not unusual in an advanced society such as Malaysia—the same challenges are in the US, and much exacerbated in the Philippines, where even the allopathic establishment is underwhelming, especially in the provinces.

This author has introduced a holistic and integrated model of a Community Center, that can address these challenges, and provide some concrete solutions. It embraces the need for the Community to be involved, and to be empowered. It provides an opportunity for the hoi polloi to take control of several aspects of their future, and it celebrates the human spirit. As envisioned by this writer, the WCC can provide a world of opportunity and communication to the community. In addition to its function as a mental health center, there will be ongoing classes, events, programs, videos, music, concerts, video channels, community get-togethers, and recreational opportunities available to the community. Having connections with colleges or universities would furthermore network students as well as provide up-to-date news and education. There are abundant areas for funding, generating revenue, and self-sustainability in a WCC. These include:

- Fee income from classes, workshops, conferences, concerts, lectures, honorariums, production services, production assets, events, and memberships;
- Corporate benefactors, spiritual partners, and government partners;
- Income from professional services from our mental health component;
- Income from the administration of business incubators and Worker-owned Co-ops;

Obviously, such a project like the WholeLife Community Center is not without its detractors and challenges. It will take capital, organization, community involvement, and champions who understand the enormous positive potential and possibilities that could occur after the first one is opened. The obvious job ahead will be to build an initial model, in a welcoming part of an urban or suburban center. With the help of Allah, Jesus, Yahwah, The Mystic Force, and Karma, perhaps all things are possible.

Appendix A: The WholeLife Counseling Assessment I used from 2019-2020. Note the questionnaire on passion development items.

Appendix B: Catalogue of Activities for a WholeLife Community for the US.

Appendix C: Train the Trainer flyer, Certificate, Training outline

Appendix D: Grok created Peer Support Specialist Curriculum

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APA Journals policy on generative AI: Additional guidanceGenerative artificial intelligence, specifically the kind based on Large Language Models (LLMs) like ChatGPT, has become a transformative force in many fields. Scholarly writing and publishing are no different, and generative AI has begun to have an impact on scholarly work.

In response to this impact, the APA Publications and Communications Board has approved policies regarding the use of generative AI in scholarly materials. These policies (as well as APA policies on other potential issues in scholarly publishing, and additional reading on the subject) can be found on the APA Publishing Policies page and will continue to develop as we gain a better understanding of the effects of generative AI on scholarly publishing. APA's current policies on generative AI are:

1. When a generative AI model is used in the drafting of a manuscript for an APA publication, the use of AI must be disclosed in the methods section and cited.
2. AI cannot be named as an author on an APA scholarly publication.
3. When AI is cited in an APA scholarly publication, the author must employ the software citation template, which includes specifying in the methods section how, when, and to what extent AI was used. Authors in APA publications are required to upload the full output of the AI as supplemental material.

WholeLife Community

SUBSTANCE ABUSE ASSESSMENT FORM

Please make copies as needed and please type or print legibly.

Instructions for use: Complete this form and use these questions to guide the EAP client interview when conducting a formal substance abuse assessment to determine a client's treatment needs. Thank you.

Client's Name: _____

Client's Job Title or Position: _____

Client's Employer: _____

Counselor's Name: _____

Reason for the Client's Referral (include details that lead to a formal EAP referral by the employer if applicable):

_____

_____

_____

_____

_____

Substances used and history:

Alcohol:	____ Never used	____Currently using	____ Past use	____Age first used
Amphetamines	____ Never used	____Currently using	____ Past use	____Age first used
Anti-anxiety (e.g. Valium)	____ Never used	____Currently using	____ Past use	____Age first used
Barbiturates	____ Never used	____Currently using	____ Past use	____Age first used
Cocaine/crack:	____ Never used	____Currently using	____ Past use	____Age first used
Heroin/morphine:	____ Never used	____Currently using	____ Past use	____Age first used
LSD/acid	____ Never used	____Currently using	____ Past use	____Age first used
Marijuana/hash:	____ Never used	____Currently using	____ Past use	____Age first used
Meth/Crystal meth:	____ Never used	____Currently using	____ Past use	____Age first used
Painkillers (e.g., Oxycontin)	____ Never used	____Currently using	____ Past use	____Age first used
Other (specify)_____	____ Never used	____Currently using	____ Past use	____Age first used

Describe type, amount and frequency of use for each substance indicated above:

Has client used drugs and/or alcohol in situations where it is physically dangerous, such as driving while impaired? ☐ Yes ☐ No

If Yes,describe: _____

Has client been intoxicated, hungover, or in withdrawal at times when he/she is expected to fulfill important obligations, such as while at work? ☐ Yes ☐ No

If Yes, describe: _____

Has client given up occupational, social or recreational activities because of substance use? ☐ Yes ☐ No

If Yes, describe: _____

Has client used drugs and/or alcohol to ease difficulties with emotions, relationships, or as a stress reliever?

☐ Yes ☐ No

If Yes, describe:

_____

_____

_____

_____

Work problems: ☐ Violation of the Employer's substance abuse policy, example: a positive drug test.

☐ Absenteeism ☐ Tardiness ☐ Accidents

☐ Working while hung-over ☐ Trouble concentrating

☐ Decreased job performance ☐ Consumed substances while at work

☐ Lost job in past due to substance abuse ☐ No work problems

Comments: _____

_____

_____ _____ _____ _____

Client's perception of substance use: ☐ Not a problem ☐ Unsure if problem ☐ Some problem ☐ Significant problem ☐ Severe problem ☐ Actively wants help

Family problems that are pre-existing, or are exacerbated by substance use:

☐ Quarrels ☐ Domestic Violence ☐ Family abuses alcohol/ drugs

☐ Child Abuse ☐ Child Neglect ☐ Family worried about client's use

☐ Separated ☐ Divorce ☐ None

Legal problems:

☐ DUI ☐ Public intoxication ☐ Other substance-related arrest ☐ None

Other (specify)

_____

Financial problems: ☐ Some ☐ Moderate ☐ Severe ☐ None

Describe: _____

_____

Social problems: ☐ Some ☐ Moderate ☐ Severe ☐ None

Describe: _____

_____

Mental health disorders that are pre-existing, or have been exacerbated by substance use: _____

_____

_____

Physical or medical problems:	☐	Increased tolerance	☐	Hangovers	☐	Liver disease	☐ Stomach ailments
	☐	Experiences withdrawal symptoms	☐	Heart ailments	☐	Blackouts	☐ Other medical problems

Comment:

Medications currently being prescribed (specify): _____

Evidence of psychological dependence to substances? ☐ Yes ☐ No

Comment: _____

Has the client attempted to cut down or stop alcohol and drug use: ☐ Yes ☐ No

(Describe) _____

Control over use: ☐ No loss of control ☐ Uses more than intends ☐ Getting worse

☐ Unpredictable ☐ Uses to get high ☐ Gets argumentative

☐ Increased tolerance

History of suicide attempts (describe): ___ ____ _____

_____ ____ _____

_____ ____ _____

History of violent behavior (describe): _____

_____

Previous treatment: ☐ None ☐ Yes

(Describe: date, type, setting, and outcome) _____

_____

Reports from collateral contacts (spouses, family, friends) concerning the client's substance use: _____

_____

_____

Additional Assessment Comments:

_____

Multi-Axial DSM IV Diagnostic Impressions

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Prognosis: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Your recommendations for this client's treatment: (please check all that apply)

☐ Intensive outpatient substance abuse treatment program Duration

☐ Inpatient substance abuse treatment or detoxification Duration

☐ Self-help or 12 Step Groups Frequency Duration _____ _____

☐ Random Drug Testing Frequency Duration _____ _____

☐ Other outpatient treatment Frequency Duration _____ _____

Additional comments about treatment recommendations, or if you conclude that no further EAP or treatment services are needed or recommended, please comment:_____

_____

Multiple Domains/Passion Development Activities Inventory

From 1 to 10 (10 being the highest), denote your level of interest and or/motivation to participate in the following activities, subject matters, vocations, and life pursuits. There are no correct answers here. Even if you have no direct experience, imagine that you have the time and resources to pursue an activity, and mark it accordingly. **Only grade the pursuits of interest.**

Musical Pursuits

Singing _____
Playing an instrument _____
Hand Drumming _____
Song Writing _____
Lyric Writing _____
Playing in a group _____
Learning mixing _____
Learning about audio engineering _____
Producing Music _____
Learning about synthesizers _____
Music appreciation _____
Learning Percussion _____
The art of listening _____
Studio Performance _____
Live Music Production _____
Video Production Workshops _____
Internet Radio Production Workshop _____
Participating in FreeSoul Radio _____
Participating in FreeSoul Video _____
Participating in FreeSoul Music _____
Other Music Endeavors _____
_____ _____
_____ _____
_____ _____

Visual Arts Pursuits

PhotoShop _____
Graphic Design _____
Video Editing _____
Audio Editing _____
Digital Artwork _____
Writing _____
Typesetting/Creating Brochures _____
Painting _____
Drawing _____

Wellness and Spiritual Pursuits

Meditation _____
Qi Gong/Tai Chi _____
Mindfulness _____
Holistic Health _____
Herbology _____
Organic/Community Gardening _____
Naturopathic Medicine _____
Energy Medicine _____
Christianity _____
Buddhism _____
Judaism _____
Islam _____
Other Religion_____ _____
Holistic Practitioner _____
Nursing _____
Medical Doctor _____
Medical Tech _____
Massage Therapy _____
Home Health Care _____
_____ _____
_____ _____
_____ _____

Recovery Work

Peer Recovery Specialist _____
BHT _____
Therapist _____
Other_____ _____

Vocational/Entrepreneurship

Start your own business _____
Possibilities _____
_____ _____
_____ _____
_____ _____

Woodworking _____
Carpentry _____
Other Visual Artistic Endeavors _____
_____ _____
_____ _____
_____ _____

Educational Pursuits
School--High School Diploma/GED _____
Associates Degree _____
Bachelors Degree _____
Masters Degree _____
Doctorate Degree _____
Online Classes _____
Other Pursuits of Interest _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
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_____ _____
_____ _____

_____ _____
_____ _____
_____ _____

Volunteering and Careers
Animal Shelter _____
Senior Citizens _____
Folks in Recovery _____
Hospice _____
Serious Mentally Ill population _____
Political _____
Religious and Spiritual _____
Other volunteer and career interests _____
_____ _____
_____ _____
_____ _____

Technology Pursuits _____
Internet Research _____
Computer Technology _____
Computer Programming _____
Online Classes _____
Technology in General _____
Electricity and Electronics _____
Audio and Musical Instrument repair _____
Computer repair _____
Tech Support _____
Other Computer/Tech interests _____
_____ _____

Client Signature_____ **Date**_____

Counselor Signature_____ **Date**_____

PROPERTY OF THE

ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Creative Works, dba
Wholelife Community
9617 North Metro Parkway, Suite 2090
Phoenix, AZ 85051

This facility is licensed to operate as a(n) Counseling

From: January 28, 2019

To: December 31, 2019

Issued: March 14, 2019

Recommended By: William Alcock, Bureau Chief

License: CSLG9363

Amended name

Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

ADHS (Rev. 8/02)

PROPERTY OF THE

ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Creative Works, dba
Wholelife Community
9617 North Metro Parkway, Suite 2090
Phoenix, AZ 85051

This facility is licensed to operate as a(n) Counseling Facility

Effective: January 01, 2020

Kathryn McCanna

Recommended By: Kathryn McCanna, Branch Chief

License: CSLG9363

Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
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ADHS (Rev. 8/02)

WholeLife Community Catalog of Activities, Groups, and Events

Behavioral Health/Recovery oriented activities	Category	Sustainability
Participating in FreeSoul Radio	Artistic, Lifeskills, HIOP	A, PP, PI, CG
Participating in FreeSoul Video	Artistic, Lifeskills, HIOP	A, PP, PI, CG
Comedy School	Artistic, Special Event	PP, CG
HIOP Process Group	HIOP	A, PP, PI, CG
Literacy/Intensive GED	Lifeskills	A, PP, PI, CG
Entrepreneurship	Lifeskills	A, PP, PI, CG
Writing Workshop	LifeSkills, Artistic, Special Event	PP, CG
Book Club	LifeSkills, Special Event	PP, CG
Peer Coaching Group	Recovery	A, PP, PI, CG
WHAM, WRAP, or Similar	Recovery	A, PP, PI, CG
Foods and Feelings	Recovery	A, PP, PI, CG
Medications and your heatlh	Recovery	A, PP, PI, CG
Mindfulness	Recovery, HIOP	A, PP, PI, CG
Anger Management	Recovery, HIOP, Lifeskills	A, PP, PI, CG
Dealing with DES/CPS	LifeSkills	A, PP, PI, CG
Developing our resilience	Recovery, HIOP, Lifeskills	A, PP, PI, CG
What is Recovery?	Recovery, HIOP	A, PP, PI, CG
Holistic Relapse Prevention	Recovery, HIOP, Holistic	A, PP, PI, CG
Self-Esteem Generation	Recovery, HIOP	A, PP, PI, CG
Passion Development	Recovery, HIOP, Holistic	A, PP, PI, CG
Addressing our Domains of Function	Recovery, HIOP, Holistic	A, PP, PI, CG
Developing our Strengths	Recovery, HIOP	A, PP, PI, CG
Harm Reduction for daily living	Recovery, HIOP	A, PP, PI, CG
Music and Music Therapy Workshops	Recovery, HIOP	A, PP, PI, CG
Individual Peer and/or IOP Coaching/Coaching	Recovery, HIOP	A, PP, PI, CG
Meditation	Recovery, HIOP, Holistic	A, PP, PI, CG
Yoga	Recovery, HIOP, Holistic	A, PP, PI, CG
Stretching and Exercise	Recovery, HIOP, Lifeskills	A, PP, PI, CG

WholeLife Community Recovery Programs

HOLISTIC IOP (HIOP)

MINIMUM WEEKLY REQUIREMENTS	No. times per week	Hours per session	Total hr
HIOP Process Group	2	1.5	3
Peer Counseling Group	1	2	2
Individual Counseling w/Counselor	1	1	1
Electives (LifeSkills, Vocational, Recovery, Wellness Mgmt., etc)	2	2	4
Mutual Support	2	2	3
Special Event/Volunteer	2	2	3
Totals	**10**		**16**

The Holistic IOP program is a 3-6 Month Program, followed by a 3-6 month Aftercare Program (Peer Recovery Program)

PEER RECOVERY SUPPORT GROUP PROGRAM

MINIMUM WEEKLY REQUIREMENTS	No. times per week	Hours per session	Total hr
Peer Counseling Group	2	2	4
Individual Coaching w/Peer Coach	1	1	1
Electives in Self-Help, Workshops, Music, Etc	3	2	6
Mutual Support	2	1	2
Special Event/Volunteer	1	2	2
Totals	**9**		**15**

The Peer Recovery Support Group is 3 -9 Month Aftercare program.

Dealing with Procrastination	Recovery, HIOP, Lifeskills	A, PP, PI, CG
Discipline Development	Recovery, HIOP, Lifeskills	A, PP, PI, CG
Treating your Neurotransmitter Deficiency Deficit	Recovery, HIOP, Lifeskills	A, PP, PI, CG
Participating in FreeSoulMusic	Recovery, HIOP, Lifeskills	A, PP, PI, CG
Business Incubator/Apprenticeship	Recovery, Lifeskills, Vocational	A, PP, PI, CG
To be determined by staff and peers	Recovery, Lifeskills, Vocational	A, PP, PI, CG

SUSTAINABILITY: A=Ahcccs, PP=Private Pay, PI=Private Insurance, CG=Corporate Grant, N/C=No Charge

Artistic and Special Events (Open to General Public)	**Category**	**Sustainability**
Drumming	Recovery, IOP, MusicArts	A, PP, PI, CG
Group Instrumental Music	Recovery, IOP, MusicArts	A, PP, PI, CG
Class instrument lesson	Recovery, IOP, MusicArts	A, PP, PI, CG
Songwriting	Recovery, IOP, MusicArts	A, PP, PI, CG
Group Singing	Recovery, IOP, MusicArts	A, PP, PI, CG
Ensemble Playing	Recovery, IOP, MusicArts	A, PP, PI, CG
Music Appreciation	Recovery, IOP, MusicArts	A, PP, PI, CG
The Art of Listening	Recovery, IOP, MusicArts	A, PP, PI, CG
Studio Recording Workshops (1-12)	Recovery, IOP, MusicArts, Vocational	A, PP, PI, CG
Music Production Workshops (1-12)	Recovery, IOP, MusicArts, Vocational	A, PP, PI, CG
Individual instrument lesson	Recovery, IOP, MusicArts, Vocational	A, PP, PI, CG
Learning Pro Tools	Recovery, IOP, MusicArts, Vocational	A, PP, PI, CG
Studio Performance	Recovery, IOP, MusicArts, Vocational	A, PP, PI, CG
Live Music Production	Recovery, IOP, MusicArts, Vocational	A, PP, PI, CG
Video Production Workshops (1-12)	Recovery, IOP, MusicArts, Vocational	A, PP, PI, CG
FreeSoul Music	Recovery, IOP, MusicArts, Vocational	PP
FreeSoul Radio	Recovery, IOP, MusicArts, Vocational	PP
FreeSoul Video	Recovery, IOP, MusicArts, Vocational	PP
To be determined by staff and peers	Recovery, IOP, MusicArts, Vocational	A, PP, PI, CG

Special Events Catalog

Music Concerts	Special Event	PP, CG, N/C
Comedy Night	Special Event	PP, CG, N/C
Movie Night	Special Event	PP, CG, N/C

Sober Social	Special Event	PP, CG, N/C
Guest Lecture	Special Event	PP, CG, N/C
Philosophy of World Religions	Special Event	PP, CG, N/C
Book Club	Special Event	PP, CG, N/C
Coffeehouse/Clubhouse Special Event	Special Event	PP, CG, N/C
To be determined by staff and peers	Special Event	PP, CG, N/C

SUSTAINABILTY: A=Ahcccs, PP=Private Pay, PI=Private Insurance, CG=Corporate Grant, N/C=No Charge

Categories of Groups and Activities

HIOP (Holistic Intensive Outpatient)
Holistic
Life Skills
MusicArts
Recovery
Special Events
Vocational

SPECIAL PROGRAMS

Peer Counseling/Health Navigator Training
Business Incubator Participation
Internet Radio Training-Operator
FreeSoul Audio and Music Production Training (Operator, Producer, Writer)
FreeSoul Video Production Training (Operator, Producer, Writer)
GED on Steroids

Potential Businesses in the Business Incubator
Aquaponics, Gardening and Permaculture related
BIG ROOM Rental
FreeSoul Radio--Internet Radio Station
FreeSoul Records
FreeSoul Video Services and Production
Groups, Classes, and Workshops
Handyman Services
Home Improvement and Repair services
Insurance Sales including Health and Life and Property and Casualty
Members Initiatives
Music School
Musical Composition and Production
Peer Coaching Services: Adolescent to Adullts
Radio Commercial Production
Recording Studio Rental
Sober Home Management
Solar Home Services
Studio Musicians and Independent Production Company
Trade Union Partnerships
Training and Training Resources

WholeLife Community

Certified Peer Recovery Support Specialist Training

With focus on Recovery from Alcohol, Opiates, Other Drugs and Co-Existing Disorders

Designed for candidates with *learned experience* who are interested in facilitating Recovery Groups, and working in/with Treatment Centers, Residential Treatment, Addiction Therapists, Outpatient Clinics, Addiction Physicians, and Peer Recovery Communities and Organizations.

September 16th-28th (M-Sat)--1:00-5:30 PM

Discussion Topics And Activities Include

What is Recovery?
Multiple Pathways of Recovery
Harm Reduction
The Art of Recovery Coaching
Motivational Interviewing
Moderation Management
Medically Assisted Treatment (MAT)
The Roles of Peer Support Specialists
Facilitating Recovery Groups
Developing Peer Competencies
Faces and Voices of Recovery--ARCO
Peers and Dual Relationships
Recovery Capital
Wellness and resilience in Recovery
Multiple domains of Recovery
Passion Development in Recovery
Addressing Co-Existing Disorders
The importance of Self-Care
Mindfulness in Recovery
Meditation and other Holistic Practices
Music and Arts Inspired Recovery
Peer Assessment Tools
Self Disclosure and Boundaries
Career Potentials of Peer Support
Stages of Change--a tool for Recovery
Sharing our Journey
Peer as Advocate and Coach
SMART Groups
WRAP and Individual Service Plans
Ethics, Confidentiality, and Duties to Warn
Becoming Cultural Competent
Age appropriate Recovery Support
History of Recovery
Developing Empathy
Working with Special Populations
And much, much more.....

NATIONAL RECOVERY MONTH 2019

To celebrate National Recovery Month, we are offering a special Tuition of only $750.00 for the certification. Client's are required to complete a 120 hr internship. Final Exam is open book/ open notes on September 28th. For more details and to apply for the training, please go to: **www.wholelifearizona.com/peeracademy • Email: wholelifeaz@gmail.com • 602-477-9562**

Peer Support Specialist Course Outline: Substance Abuse and Co-Morbidities

Target Populations: Malaysian and Filipino Audiences

Course Overview

This course trains individuals to become Peer Support Specialists (PSS) focusing on substance abuse and co-morbidities (e.g., mental health disorders, chronic illnesses). It is tailored for Malaysian and Filipino populations, incorporating cultural nuances, local resources, and community-based approaches. The course duration is 8 weeks, with 3-hour weekly sessions, combining theoretical learning, practical activities, and assessments.

Course Objectives

- Equip participants with knowledge and skills to support individuals with substance abuse and co-morbidities.
- Foster culturally sensitive peer support practices.
- Develop communication, empathy, and crisis intervention skills.
- Prepare participants to collaborate with healthcare systems and community organizations.

Course Outline

Module 1: Introduction to Peer Support and Substance Abuse

- **Duration**: Week 1 (3 hours)
- **Learning Objectives**:
  - Understand the role of a Peer Support Specialist.
  - Identify common substances abused in Malaysia (e.g., methamphetamine, kratom) and the Philippines (e.g., shabu, marijuana).
  - Recognize co-morbidities (e.g., depression, anxiety, HIV/AIDS).
- **Methodologies**:
  - Lecture with case studies (Malaysia: kratom use in rural areas; Philippines: shabu in urban slums).
  - Group discussion on cultural stigma around addiction.
- **Activities**:
  - **Malaysia**: Role-play a community dialogue addressing stigma in a kampung setting.

    - **Philippines**: Storytelling session sharing recovery experiences in a barangay context.
- **Assessment Tools**:
    - Quiz on substance abuse terminology and PSS roles (10 questions, multiple-choice).
    - Reflective journal entry (200 words) on personal perceptions of addiction.

Module 2: Cultural Competence and Community Resources

- **Duration**: Week 2 (3 hours)
- **Learning Objectives**:
    - Apply culturally sensitive communication strategies.
    - Identify local support resources (e.g., Malaysia: AADK, Pengasih; Philippines: DOH, DSWD).
- **Methodologies**:
    - Interactive workshop on cultural values (Malaysia: collectivism, Islamic principles; Philippines: bayanihan, family-centric values).
    - Guest speaker from a local NGO.
- **Activities**:
    - **Malaysia**: Create a resource map of local addiction support services.
    - **Philippines**: Design a community outreach poster in Filipino/Tagalog.
- **Assessment Tools**:
    - Group presentation on a local resource (5 minutes per group).
    - Self-assessment checklist on cultural competence.

Module 3: Communication and Empathy Skills

- **Duration**: Week 3 (3 hours)
- **Learning Objectives**:
    - Practice active listening and motivational interviewing.
    - Develop empathy through lived experience sharing.
- **Methodologies**:
    - Role-playing with feedback (scenarios tailored to local contexts).
    - Guided meditation on empathy.
- **Activities**:
    - **Malaysia**: Pair activity practicing motivational interviewing in Bahasa Malaysia.
    - **Philippines**: Role-play a family mediation session in a Filipino household.
- **Assessment Tools**:
    - Peer feedback form on role-play performance.
    - Written scenario response (150 words) on de-escalating a client's frustration.

Module 4: Co-Morbidities and Mental Health

- **Duration**: Week 4 (3 hours)
- **Learning Objectives**:
    - Understand common co-morbidities (e.g., PTSD, bipolar disorder).

    - Recognize signs of mental health crises.
- **Methodologies**:
    - Case study analysis (Malaysia: PTSD in former inmates; Philippines: depression in OFW families).
    - Video-based learning on mental health symptoms.
- **Activities**:
    - **Malaysia**: Group discussion on Islamic counseling approaches for mental health.
    - **Philippines**: Create a mental health first-aid checklist for community use.
- **Assessment Tools**:
    - Case study response (200 words) identifying co-morbidity signs.
    - Quiz on mental health terminology (10 questions).

Module 5: Crisis Intervention and Safety Planning

- **Duration**: Week 5 (3 hours)
- **Learning Objectives**:
    - Learn de-escalation techniques for crises (e.g., overdose, suicidal ideation).
    - Develop safety plans for clients.
- **Methodologies**:
    - Simulation-based training with mock crises.
    - Workshop on creating safety plans.
- **Activities**:
    - **Malaysia**: Simulate an overdose response in a rural clinic setting.
    - **Philippines**: Draft a safety plan for a client in a typhoon-prone area.
- **Assessment Tools**:
    - Practical assessment: Demonstrate de-escalation in a 5-minute simulation.
    - Safety plan submission (1-page template).

Module 6: Ethics and Boundaries

- **Duration**: Week 6 (3 hours)
- **Learning Objectives**:
    - Understand ethical guidelines for PSS (confidentiality, professionalism).
    - Set healthy boundaries with clients.
- **Methodologies**:
    - Group discussion on ethical dilemmas (e.g., Malaysia: family pressure; Philippines: gift-giving culture).
    - Lecture on boundary-setting frameworks.
- **Activities**:
    - **Malaysia**: Debate on confidentiality in close-knit communities.
    - **Philippines**: Role-play refusing inappropriate client requests.
- **Assessment Tools**:
    - Ethical dilemma essay (300 words).
    - Boundary-setting checklist completion.

Module 7: Collaboration with Healthcare Systems

- **Duration**: Week 7 (3 hours)
- **Learning Objectives**:
  - Navigate healthcare and rehabilitation systems.
  - Advocate for clients' needs.
- **Methodologies**:
  - Panel discussion with healthcare professionals.
  - Case study on system navigation.
- **Activities**:
  - **Malaysia**: Mock referral to AADK or hospital services.
  - **Philippines**: Simulate a DOH rehabilitation program application.
- **Assessment Tools**:
  - Referral letter draft (200 words).
  - Group quiz on healthcare system processes.

Module 8: Capstone and Certification

- **Duration**: Week 8 (3 hours)
- **Learning Objectives**:
  - Synthesize skills through a capstone project.
  - Prepare for PSS certification.
- **Methodologies**:
  - Project-based learning.
  - Peer and instructor feedback.
- **Activities**:
  - **Malaysia**: Present a community-based peer support initiative.
  - **Philippines**: Develop a barangay-level recovery support group plan.
- **Assessment Tools**:
  - Capstone project presentation (10 minutes).
  - Final reflective essay (500 words) on personal growth as a PSS.

Expectations for Students

- **Attendance**: Attend at least 90% of sessions.
- **Participation**: Actively engage in discussions, role-plays, and group activities.
- **Assignments**: Submit all assessments on time (quizzes, essays, projects).
- **Professionalism**: Demonstrate respect, confidentiality, and cultural sensitivity.
- **Certification**: Achieve a minimum of 70% on assessments and complete the capstone project.

Condensed Teacher's Guide

Preparation

- **Materials**: Slides, case studies, role-play scripts, local resource lists.
- **Cultural Adaptation**:
    - **Malaysia**: Incorporate Islamic values, Bahasa Malaysia terminology, and rural community contexts.
    - **Philippines**: Use Filipino/Tagalog, family-oriented scenarios, and urban/rural barangay settings.
- **Guest Speakers**: Invite local NGO representatives or recovered peers.

Delivery Tips

- **Engagement**: Use storytelling and local examples to connect with students.
- **Flexibility**: Adapt scenarios based on students' lived experiences.
- **Feedback**: Provide constructive, culturally sensitive feedback on assessments.
- **Safety**: Ensure a safe space for discussing sensitive topics (e.g., stigma, trauma).

Assessment Guidelines

- **Quizzes**: Grade objectively (70% passing score).
- **Essays/Journals**: Evaluate for clarity, cultural relevance, and application of concepts.
- **Practical Assessments**: Use rubrics focusing on empathy, communication, and problem-solving.
- **Capstone**: Assess creativity, feasibility, and alignment with PSS principles.

Resources

- **Malaysia**: AADK guidelines, Pengasih recovery manuals, Islamic counseling frameworks.
- **Philippines**: DOH addiction treatment protocols, DSWD community programs, local church-based support groups.

Notes on Cultural Tailoring

- **Malaysia**:
    - Emphasize Islamic principles (e.g., taubah, community support).
    - Address rural-urban divides and kratom-specific challenges.
    - Use Bahasa Malaysia for accessibility.
- **Philippines**:
    - Highlight bayanihan and family roles in recovery.
    - Address shabu prevalence and post-Duterte drug war stigma.
    - Use Filipino/Tagalog and regional dialects where relevant.