Research Article

Designing A Positive Psychology Intervention (PPI) Program for Persons Who Use Drugs (PWUDs) Undertaking Treatment and Rehabilitation

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ABSTRACT

This manuscript explored the integration of positive psychological science in the context of treatment and rehabilitation of persons who use drugs (PWUDs). Banking on the psychological needs of PWUDs based on the initial investigation conducted by Masanda et., al. (2022), this study endeavors to design a Positive Psychology Intervention (PPI) program that aims to harness the Character Strengths and Virtues (CSV) of the PWUDs as supplemental to their drug abuse treatment and rehabilitation. Guided by Positive Psychology, only the exclusive psychologically relevant data were included in creating the comprehensive psychological program. Specifically, the session activities of PPI are designed to enhance the following CSVs of the PWUDs: conformity, hope, self-acceptance, assertiveness, self-esteem, self-regulation, openness to change, motivation, personal strength, patience, happiness, and belongingness. The designed PPI is a 14-session program intended to be delivered once a week within three months. It was subjected to the scrutiny of three expert psychologists with decades of forensic psychological experience. Based on their judgments guided by the evaluation standards stipulated by Yarbrough et al. (2010), the designed PPI serves the psychological needs of the PWUDs in terms of their drug abuse treatment and rehabilitation, with its session activities deemed as realistic, prudent, diplomatic, and frugal. The program also shows and conveys technically adequate activities relative to drug addiction that merits good service. Finally, the PPI also secures legal and ethical requirements with due regard for the welfare of the PWUDs and other stakeholders. Pertinent implications and recommendations germane to the designed program are provided.

Keywords: *Character Strengths and Virtues (CSV), Drug Abuse Treatment and Rehabilitation, Persons Who Use Drugs (PWUDs), Positive Psychology Intervention Program (PPI)*

Introduction

At present, all government-operated treatment and rehabilitation facilities across the country have an existing intervention program that combines the Cognitive Behavioral Therapy (CBT) framework and Therapeutic Community (TC) modality. However, a need for more eclectic, integrative, and culturally compatible interventions that could serve as a supplement to their overall program, which could aid in the treatment and rehabilitation of Persons Who Use Drugs (PWUDs), is still strongly needed. As an affirmative response to this clamor, and on top of the glaring needs for valuable research in drug treatment and rehabilitation, this undertaking thus aimed to develop a positive psychology intervention program for PWUDs based on the initial investigation conducted by Masanda et., al. (2022). This holistic approach of program development aims to provide responsive intervention activities that could hone the PWUDs' overall personhood to recover from illicit drug use and thrive and flourish despite it all.

The current understanding in drug abuse treatment and rehabilitation focuses more on the classic pathologic model, where substance use is best understood as a "disease" that disables individuals to optimal functioning. Similarly, exiting programs and frameworks of dealing with PWUDs tend to center more on clinical and community-based approaches proven effective. This study, however, aimed to add more to the literature by venturing forward to positive approaches and thus veered away to the classical "disease" model in handling disorders and related symptoms of substance use. Furthermore, using a positive psychological framework entail looking at the PWUDs' inner characters with a more positive view that can be harnessed through guided training, thus inviting them towards a psychological good life and a flourishing sense of wellbeing.

Banking on the humanistic-existential perspective that "strives to help people fulfill their potential and maximize their wellbeing" (Cherry & Lacy, 2020) and considers "human nature to be open-ended, flexible and capable of an enormous range of experience" (Norcross & Lambert, 2011) where "the person is in a constant process of becoming" (Vos, Craig, & Cooper, 2014), this study utilized Positive Psychology as a framework. It is the scientific study of human flourishing and an applied approach to optimal functioning. It focuses on developing strengths and virtues that enable individuals, communities, and organizations to thrive (Gable & Haidt, 2005, Sheldon & King, 2001). Its proponent Martin Seligman (2012) theorized that by focusing on "positive subjective experience, positive individual traits, and positive institutions, quality of life is achieved." By seeing what makes life most worth living promotes both individual and societal wellbeing. Thus, what leads people to live more meaningful lives can translate to better mental illness management. Correcting negative behaviors and increasing happiness and productivity promotes strengths, virtues, and factors contributing to a meaningfully content and fulfilling life.

One of the facilities that deal with drug abuse and addiction by the Department of Health Dangerous Drugs Abuse Prevention and Treatment Program (DOH-DDAPTP) is the Drug Abuse Treatment and Rehabilitation Centers (DATRCs), medical centers, and specialty hospitals. These facilities deliver more sophisticated services that are technically challenging and specialized than those presented by primary care facilities. The services offered in these institutions include acute and emergency treatment, outpatient, in-patient, laboratory and special procedures, hospital care, rehabilitation, and counseling. In addition, health information, training, and administrative and logistical support to other facilities that offer community and primary health care programs are also offered.

This residential rehabilitation is a crucial element in effective treatment and rehabilitation for PWUDs. Of note, though, residential rehabilitation has not been very popular as community-based treatment facilities in the past years because of the need to increase its bed capacities and other residential treatment facilities (Best, O'Grady, Charalampous, & Gordon, 2015). Punzalan (2016) noted that among the 700,000+ surrenderees mentioned previously, only less than 1% of these would be admitted

to TRCs, and the rest will be referred to Intensive Outpatient Treatment and Community Based Rehab Program (CBRP). As of 2016, there were only 44 accredited TRCs in the country, 15 of which are under DOH that can only accommodate around 5,300 in-patients. The Mega DATRC, however, promised to hold 10,000 patients.

Over the past decades, several scientifically based approaches to drug addiction treatment have been developed and investigated for their efficacy through research. Each of them is framed to address the effects and impacts of illicit drug use on individuals, families, and communities. The following treatment approaches below are some of the most effective ones:

Relapse Prevention. Marlatt & Grodon (1985) developed a cognitive-behavioral therapy initially to treat alcohol addiction and then later adapted to cocaine use. It uses cognitive-behavioral strategies in dealing with maladaptive behavioral patterns. In this approach, individuals are taught to identify and correct problematic behaviors and facilitate abstinence who experience a relapse.

Supportive-Expressive Psychotherapy. Developed by Luborsky (1984), it is a time-bound and focused psychotherapy for individuals who abused heroin and cocaine. It has two main components: (a) "supportive techniques to help patients feel comfortable in discussing their personal experiences and (b) expressive techniques to help patients identify and work through interpersonal relationship issues."

Individualized Drug Counseling. It deals directly with reducing or ending the patient's illicit drug use. The goal was to address impaired functioning and boost the patient's recovery program. In addition, it aims to help the patients develop coping strategies and mechanisms for abstaining from drug use and maintain it (UNODC, 2017).

Motivational Enhancement Therapy. Miller (1996) developed this client-centered treatment approach to initiate behavior change by assisting the clients (initially among alcoholics and marijuana-dependent individuals) resolve ambivalence about going through treatment and rehabilitation and stopping drug use by helping the clients evoke rapid and internally motivated change in the client.

Behavioral Therapy for Adolescents. This approach uses a clear demonstration of the target behavior and constant reward of incremental steps toward achieving through homework, rehearsals, recording and reviewing progress, and a reward system to achieve three types of control: stimulus, urge, and social. Urine samples are regularly collected, and significant others may also attend therapy sessions to treat the patient.

Multidimensional Family Therapy (MDFT). Developed by Diamond & Liddle (1996), it is an outpatient family-based drug abuse treatment for teenagers that aims to reduce unwanted behaviors and increase desirable ones through multiple means across various settings.

Multisystemic Therapy (MST). This approach focuses on addressing antisocial behaviors among children and adolescents who abuse illicit substances by dealing with the patients' characteristics, their families, peers, school, and neighborhood (Henggeler, Schoenwald, Borduin, Rowland, and Cunningham, 1998).

Combined Behavioral and Nicotine Replacement Therapy for Nicotine Addiction. Duly endorsed by APA in 1996, it contains two chief components: "(a) the transdermal nicotine patch or nicotine gum reduces symptoms of withdrawal, producing better initial abstinence, and (b) the behavioral component concurrently provides support and reinforcement of coping skills, yielding better long-term outcomes." It includes behavioral skills training in treatment, social, and school/work to learn specific coping skills coupled with pharmacological interventions.

Community Reinforcement Approach (CRA) Plus Vouchers. Designed by NIDA in 1999, it includes 24-week intensive outpatient therapy for the treatment of cocaine addiction. It has two primary goals: "(a) to achieve cocaine abstinence long enough for patients to learn new life skills that will help sustain abstinence, and (b) to reduce alcohol consumption for patients whose drinking is associated with cocaine use." Therapeutic components focus on improving relations, especially among family members, vocational counseling, teaching sets of skills to lessen drug use, and developing new recreational activities and social networks.

Voucher-Based Reinforcement Therapy in Methadone Maintenance Treatment. By providing vouchers each time the patients can give drug-free urine, this approach helps patients maintain abstinence from illicit drug use. These vouchers have a monetary value that can be exchanged for specific goods and services vital to their treatment. The value of the vouchers increases with the number of consecutive drug-free urine specimens that the patients provide. It was designed by Silverman, Higgins, Brooner, Montoya, Contoreggi, Umbricht-Schneiter, Schuster, and Preston (1996).

Day Treatment with Abstinence Contingencies and Vouchers. Developed by Milby, Schumacher, Raczynski, Caldwell, Engle, Michael, and Carr (1996) to treat homeless substance users. It has a 2-month duration of treatment consisting of 5.5 hours daily that covers foods, transformation, and shelter for the users. Therapeutic interventions include individual and group counseling, individual assessment and goal setting, multiple psychoeducational groups, and patient-governed community meetings during which patients review contract goals and provide support and encouragement to each other. It also has a voucher system that also rewards drug-free related social and recreational activities.

The Matrix Model. It delivers a framework for engaging substance users in treatment using multifaceted approaches in helping them achieve abstinence. Patients are taught the critical issues related to addiction and relapse by a qualified therapist while consistently monitoring substance use through urine testing (NIDA, 1999). In addition, the program includes education for family members affected by the addiction. Of note, the program used by the Mega DATRC, Nueva Ecija, is patterned conceptually in this model.

Drawing from the mentioned treatment approaches to drug abuse treatment and rehabilitation, none of which deals with improving positive characteristics of PWUDs, but this does not mean that they cannot be integrated. Therefore, the following Character Strengths and Virtues (CSV) of Peterson & Seligman (2004) are discussed based on their empirical formulations and viable application in the ongoing treatment and rehabilitation of the PWUDs in the Mega DATRC the designed Psychological Intervention Program of this study.

Positive Emotions. In the recent decade, psychology has also tended to the medical view of "fixing" problems rather than focusing on the positive side of life. Specifically, "positive emotion" may be considered as "any feeling where there is a lack of negativity, such that no pain or discomfort is felt" (Seligman, 2001). In a study conducted by Flora & Stalika (2015), the role of positive emotions in the process of therapy was examined that might influence its outcome. With 157 clients undergoing therapy for substance abuse in a residential treatment facility, the results indicate positive emotions and the distinction of impact in various treatment stages. This study established the complex role of positive emotion as a factor in addiction.

Happiness Promotion. Research that utilized positive psychology over the past decades has persuasively established that "people can sustainably increase their happiness by using effortful cognitive and behavioral strategies" (Lyubomirsky, Sheldon, & Schkade, 2015). Other research suggested that "happiness activities lead to a boost in a positive mood and enhanced savoring or appreciation of one's immediate physical environment and one's life in general" (Bryant, Smart, & King, 2015).

Grit. The ability to not give up in one's activities and persevere in challenging situations to be helpful to enact in the recovery process from substance abuse is grit. Crede and Tynan (2016) identified grit as a "trait-level ability to be persistent and focused on pursuing long-term goals, which may promote sustained recovery."

Motivation. Köpetz, Lejuez, Wiers, and Kruglanski (2015) argued that "addiction models have frequently invoked motivational mechanisms to explain the initiation and maintenance of addictive behaviors." Further, they said that similar psychological principles fundamental to motivating actions, in general, may also be applied to understand addictive behaviors. Hence, looking at improving internalized motivation among PWUDs could aid in their treatment and rehabilitation.

Curiosity. Curiosity represents "one's intrinsic desire for experience and knowledge" (Peterson & Seligman, 2004, p.125). Curiosity

is mainly noticed when someone seeks knowledge that goes beyond the principle of "utility of the information" to seeking information for its own sake (Loewenstein, 2014, p.75). In the context of drug addiction, different from leading current drug policy literature cited in the Introduction, drug users themselves rarely used "curiosity" in the context of risk or danger. Hence, in this study, curiosity will be channeled as a social lubricant among PWUDs to facilitate treatment and rehabilitation.

Courage. Goud (2015) identified three main themes in the developmental process for learning courage (a) building confidence and self-trust, (b) perceiving a worthy purpose, and (c) managing fear; this can also be applied even in addiction research. In the literature, there are six types of courage recognized through research done by Woodard & Pury (2017): (1) physical courage – this is the courage most people think of first: bravery at the risk of bodily harm or death; (2) social courage – this type of courage is also very familiar to most of us as it involves the risk of social embarrassment or exclusion, unpopularity or rejection; (3) intellectual courage – this speaks to our willingness to engage with challenging ideas, to question our thinking, and to the risk of making mistakes; (4) moral courage – This involves doing the right thing, mainly when risks involve shame, opposition, or the disapproval of others; (5) emotional courage – this type of courage opens us to feeling the full spectrum of positive emotions, at the risk of encountering the negative ones; and (6) spiritual courage – this fortifies us when we grapple with questions about faith, purpose, and meaning, either in a religious or non-religious framework. All of which is deemed crucial in developing among PWUDs.

Strength. In the literature, there are two predominant models in the contemporary understandings of strengths: "one paradigm describes strengths as an element of character that produces virtue, whereas the other views strengths as personal competencies that generate optimal performance" (Froh & Parks, 2013). Specifically, the Values in Action Institute conceptualize strengths as "morally valued components of character that contribute to a fulfilling life" (Peterson & Seligman, 2004). In essence, this virtue facilitates perspective-taking, which is "the ability to imagine a situation from another person's point of view, which is widely regarded as a critical skill for managing interpersonal conflict and fostering positive social relationships" (Froh & Park, 2013).

Relationships. PWUDs have to be introduced to the concept of capitalization interactions during treatment and rehabilitation. Therein, individuals talk about something positive in their life, and another person responds to that sharing. Heinz and colleagues (2010) conducted a study that utilized a focused-group discussion among individuals recovering from addiction and investigated how spirituality could be incorporated into their formal treatment sensitively to their religious differences. One of the unintended results was the deepened relationships among study participants that positively impacted their addiction treatment.

Empathy. Identifying and understanding other people helps develop an essential understanding in addiction treatment, often lost due to drug use. Ferrari, Smeraldi, Bottero, & Politi (2014) explored empathy abilities among addicted patients and assessed the differential impairment between affective and cognitive empathy. This study suggested that "specific impairment in emotional empathy combined with preserved cognitive empathy." These findings show significant clinical inferences in the expansion of specific treatment programs for the prevention of relapse.

Mindfulness. Mindfulness is defined as "letting go of taking things for granted... which means to return to the present moment...is the self-regulation of attention with an attitude of curiosity, openness, and acceptance" (Niemiec, 2017). Studies showed that MBIs decrease substance use and craving by moderating cognitive, affective, and psychophysiological processes essential to self-regulation and reward processing (i.e., Garland & Howard, 2018). In addition, in the study of Tang Hölzel & Posner (2015), daily and steady practice of mindfulness practices has been shown to cultivate significant changes in the overall attitude of drug users.

Culture and Subjective Wellbeing. There is a significant figure of empirical research on Subjective Wellbeing (SWB) and the effect of stress which could likely lead to substance addiction (see Routledge, 2017; Long, Evans, Fletcher, Hewitt, Murphy, Young, & Moore; 2017). Research has shown how people get trapped with addiction to reduce stress, and these addictions negatively affect their physical and mental wellbeing. The culture was found to be "a determining factor in drinking and binge drinking; however, it was not found to influence drug use" (Routledge, p. 78). In this study, multifactorial analyses found that "both psychological wellbeing and life satisfaction had a significant relationship with drug abuse."

Humility. In the language of drug treatment and rehabilitation, humility seems to arise in a person with addictive behavior due to a cognizance of having hit rock bottom that entails admission of faults (Kelemen, Erdos, & Madacsy, 2017). Consequently, it also means owning up to a sense of powerlessness over one's life (Dyslin, 2018).

Forgiveness. In the context of addiction treatment, self-forgiveness may facilitate recovery based on some studies (see Baumeister, Exline, & Sommer, 1998). In a similar vein, Neff and MacMaster (2015 p. 674) argued that "a model of recovery based on the forgiveness of God has to be better formalized."

Gratitude. The three components of gratitude that have been generally accepted by psychologists, as explained by Peterson & Seligman (2004), were the following: (a) a warm sense of appreciation for somebody or something; (b) a sense of goodwill toward that person or thing, and (c) a disposition to act on what flows from appreciation and goodwill. In terms of research endeavors, "gratitude is one of the strongest correlates of emotional wellbeing, and experimental studies have supported the theory that gratitude enhances happiness" (Watkins, Van Gelder, & Frias, 2019).

Hope. "Hope, optimism, future-mindedness, future-orientation represents a cognitive, emotional, and motivational stance towards the future" (Peterson & Seligman, 2004, p. 570). In the context of addiction research, hope is considered a solid mediator of recovery and positive treatment outcomes. Hope is generally defined as "positive expectations for the future; hopelessness as negative expectations... the early installation of hope for the future is a key element to recovery" (Magura, Knight, Vogel, Mahmood, Laudet, & Rosenblum, 2013, p. 307).

Methods
Research Design
The descriptive research design was utilized in this undertaking, where the designing of a psychological program based on previously established data by the researcher himself and his colleagues. It describes what an ideal program should be from the framework of Positive Psychology based on the psychological needs of the PWUDs.

Participants
Five experts in the field of rehabilitation psychology and forensic psychological assessment validated the designed program. They were solicited for their professional judgments and informed opinions about the designed program's rigor, sophistication, and responsiveness. Their experienced views, erudite comments, and qualified suggestions were used to improve the overall capacity of the said program.

Instrumentation
A researcher-made *Expert Validation Questionnaire* was devised to evaluate the utility, feasibility, propriety, and accuracy of the designed PPI. It is a 2-part questionnaire consisting of a 22-item 7-point Likert scale and three open-ended questions for the three expert validators. It is created based on the evaluation standards proposed by Yarbrough, Shula, Hopson, & Caruthers (2010).

Data Gathering Procedures
During the process of conceptualization and designing of the comprehensive PPI program for PWUDs based on the pre-established data gathered by Masanda et., al (2022), the following steps were observed and followed:
1. *Analyzing the themes as the basis for the program and session activities.* Then, based on the emergent themes extracted from

the data, sets of pertinent program session activities were designed that comprised the PPI.

2. *Literature analysis.* Gathered data from the review of the literature was also analyzed vis-à-vis the analyzed themes. Together, these data were used as a springboard in the designing of the PPI.

3. *Designing of the program.* Based on all the gathered and analyzed data, a comprehensive program was designed to develop various relevant positive psychological competencies among the PWUDs.

4. *Selection of and solicitation of consent to expert validators.* Three expert psychologists working in the fields of forensic and rehabilitation psychology were selected. Consents to evaluate the designed PPI program were then secured. Finally, a token of appreciation was provided for all the expert validators.

Data Analysis

Descriptive statistics through means and standard deviations and Cohen's Kappa Statistics were used in the evaluation results of the three experts to describe, show and summarize their assessments of the designed PPI program in a meaningful way.

Results and Discussion

In designing the PPI program, the factors deemed to be more psychologically heavy are cut out as the program activities; hence, other themes/factors that were extracted are not covered by the program even though some psychological variables can be implicated in them to some degree. Specifically, these are the intrapersonal dynamics: conformity, hope and hopelessness, self-acceptance, assertiveness, self-esteem, self-regulation, openness to change, increasing motivation, personal strength, patience, sadness, and one from the interpersonal dynamics: belongingness. These topics were empirically based, scientifically informed, and contextually based on this study's findings and the reviewed literature. Albeit limited studies have been conducted thus far, these variables are worthy of exploring the application of positive psychology programs to PWUDs.

The other themes extracted are outside a "hardcore psychological program" because they tend to be more socio-economic. However, these factors can be used for another program to intervene in drug addiction. The milieu-related dynamics as a superordinate theme deals with environmental and economic factors that affect the drug use of the reformists. Hence, these factors cannot be dealt with directly by the objectives of this study. Further, on top of this study's limited scope and purposes, practical and logistical concerns delimit the selection of target psychological variables targeted to be improved by this study. Hence, only a total of 12 topics is included in the designed program, which totaled 14 sessions, including the pre- and post-testing. Thus, the program can be facilitated ideally for approximately three months with one activity session per week. Activities are facilitated using the local language in Filipino. The details of the program and its guided activities are presented on the following pages.

Based on the professional judgments and opinions of the three experts, the designed comprehensive psychological intervention program has the following scores in terms of the set criteria:

Table 1. Cumulative scores of the designed program based on the experts' ratings.

Criteria	Mean	SD
Utility	4.75	2.17
Feasibility	4.75	2.38
Accuracy	4.78	2.26
Propriety	4.50	3.04
OVERALL	4.69	0.13

Legends:

1.00 – 1.85	Very Low
4.41 – 5.25	High Average
1.86 – 2.70	Low
5.26 – 6.10	High
2.71 – 3.55	Low Average
6.11 – 7.00	Very High
3.56 – 4.40	Average

Table 2. Cohen's Kappa Statistics of the Rater's Scores.

Weighted Kappa	SE of kappa	95% confidence interval
0.65	0.612	-0.519 to 0.519

Legends:

Kappa < 0: No agreement
Kappa between 0.00 and 0.20: Slight agreement
Kappa between 0.21 and 0.40: Fair agreement
Kappa between 0.41 and 0.60: Moderate agreement
Kappa between 0.61 and 0.80: Substantial agreement
Kappa between 0.81 and 1.00: Almost perfect agreement

Based on these results, the designed PPI program garnered a *substantial agreement* among the 3 experts who validated the program. This yielded a *high average* rating which indicated that the experts believed that the activities selected in the designed program were solidly based on the needs of the stakeholders of the Drug Abuse Treatment and Rehabilitation Center (DATRC). The needs assessment was conducted upon which the program's activities were designed comprehensively sufficient enough, and the target behaviors appeared to be reflective of the psychological needs of the PWUDs based on the needs assessment results. Further, the results indicated that the activities selected by the PPI program seemed to target essential values and virtues relevant to the treatment and rehabilitation of the PWUDs. In essence, the designed program seemed to encourage the PWUDs to rediscover, reinterpret, or revise their understandings of and behaviors towards substance use. It is because the topics selected for each program activity are timely and appropriate to their current conditions. Hence, the PPI program was able to promote responsible and adaptive applications while guarding against unintended negative consequences.

In terms of its feasibility, the activities in the PPI program have a high capacity for effective management strategies, and its procedures are practical and responsive to the way a psychological intervention program operates. The designed PPI program can recognize, monitor, and balance the PWUDs' cultural and political interests and needs based on their activities. The use of resources for its activities may also be done effectively and efficiently. Furthermore, the activities selected by the program seem to be explicitly justified in the cultures and contexts of the PWUDs and other stakeholders based on the information provided by the program in its activities. Further, it seems to serve the intended purposes of treatment and rehabilitation and support valid interpretations. The PPI program activity procedures also yielded sufficiently reliable and consistent information for the PWUDs, as expected from its explicitly appropriate context descriptions based on the PWUDs' details and scope of experiences. The designed PPI program also employed systematic information collection, review, verification, and storage methods based on technically sound designs and analyses appropriate for the program evaluation.

Finally, the designed PPI program appeared to be responsive to stakeholders and their communities based on the professional value judgments of the three expert validators. It was explicit in its efforts to consider the needs,

expectations, and cultural contexts of PWUDs and other stakeholders. It protects human and legal rights and maintains the dignity of participants and other stakeholders in its included activities. As their overall impression implied, the designed PPI program was understandable and fair in addressing the PWUDs' needs and purposes.

Rationale:
1. PWUDs are human persons deserving of positive treatment and rehabilitation.
2. Even though suffering from Substance Abuse Disorder, increasing positive experiences among PWUDs help improve their quality of life, develop more meaningful sense of self, and a higher level of wellbeing.

3. Positive Psychology Interventions are viable supplementary programs for DATRCs.

General Objectives:
1. To provide positive experiences for PWUDs to help them attain optimal functioning despite drug addiction.
2. To inculcate positive individual traits among PWUDs to enable them to maintain healthy and positive relationships with others and thus become contributing members of the society.
3. To assist DATRCs to become increasingly positive institutions that promulgate character strengths and virtues (CSVs) for PWUDs.

Table 3. The Designed Positive Psychology Intervention (PPI) Program for Persons Who Use Drugs (PWUDS) Undertaking Treatment and Rehabilitation

Intervention Phase 1: Institution
- *Orientation*:
  - To orient the PWUDs about the study objectives and significance.
  - To introduce to the PWUDs the theories, basic concepts, and ideas of Positive Psychology.
  - To solicit informed consent and study participation.
- *Psychological Pre-testing:*
  - To determine the pre-intervention psychological profiles and assess the functioning of the PWUDs.

Intervention Phase 2: Self-acceptance through Forgiveness
- *Forgiveness: Cultivating Forgiveness through Positive Psychology* (Worthington, Gartner, Jennings, & Davis, 2013).
  - To help the PWUDs learn about forgiveness by applying it to their lives, forgiving those holding a grudge.

Intervention Phase 3: Personal Strength
- *Strength: Using a Strength Approach to Build Perspective-Taking Capacity* (Louis, 2013)
  - To enhance the PWUDs' ability to use strengths approach to engaging in perspective-taking.
  - To help the PWUDs recognize how other's thoughts, feelings, and behaviors may be connected, these affect one another.
  - To improve their ability to reframe their situation in the center from alternative viewpoints.

Intervention Phase 4: Conformity
- *The Asch Experiment: Breaking Down Conformity to Improve Independent Thinking* (Jordan, 2014; Myers, 2013)
  - To encourage PWUDs to be independent thinkers because research (Jordan, 2014) shows that those who merely conform – who change their opinion or behavior based on some group standard – are far more likely to relapse.

Intervention Phase 5: Sadness (targeted through Positive Emotion)
- *Positive Emotions: How Positive Emotion Broaden and Build* (Kok & Fredrickson, 2013).
  - o To introduce the importance of positive emotions and how it widens attentional scope and creativity
  - o To inculcate positive emotions on creativity.
  - o To discuss how positive emotion can impact one's drug treatment and rehabilitation
- *Happiness Promotion: Using Mindful Imagery to Increase Positive Emotion* (Kurtz & Lyubomirsky, 2013).
  - o To help the PWUDs learn how to sustainably increase their happiness by using effortful cognitive and behavioral strategies.
  - o To emphasize the importance of promoting happiness in their ongoing treatment and rehabilitation.

Intervention Phase 6: Self-esteem
- *Rebuilding Self-esteem Beyond Drug Addiction* (Steppingstone, 2019).
  - o To help the PWUDs regain and redevelop their feeling of having respect for themselves and their abilities
  - o To help the PWUDs recover their confidence and satisfaction in themselves.

Intervention Phase 7: Self-regulation
- *Managing the Self and Emotion to Combat Drug Addiction* (Ackerman, 2019)
  - o To assist the PWUDs to learn how to handle stressful and frustrate g situations that could aggravate their fight against illicit drug use.
  - o To help the drug reformist regulate their emotions positively and productively to avoid future triggers to drug use.

Intervention Phase 8: Assertiveness
- *Assertiveness Training for PWUDs* (Speed, Goldstein, & Goldfried, 2018)
  - o To help the PWUDs develop more confident statements and behavior against drug use.
  - o To help the PWUDs meet their needs in honest and safe ways without resorting to drug use.

Intervention Phase 9: Motivation
- Internalized Motivation despite Addiction (Sheldon, 2013)
  - o To help the PWUDs assess their motivation in the treatment and rehabilitation program and why this could be suboptimal.
  - o To inculcate to the PWUDs the importance of internalized motivation in their ongoing quest for treatment and rehabilitation.

Intervention Phase 10: Belongingness
- *Relationships: Capitalizing on Positive Events with our "Kapwa"* (Gable, 2013)
  - o To assist the PWUDs in understanding the different types of responses to positive events disclosure.
  - o To help the PWUDs prepare to become more positive in their relationships with others despite their history of drug addiction.

Intervention Phase 11: Openness to Change
- *Engaging Activities to Inculcate Openness and Change Management* (Mcdonell, 2019; Seidel, 2019; Stroud, n.d).
  - o To instill the importance of openness to change as an essential aspect in their treatment and rehabilitation efforts to the PWUDs.
  - o To help the PWUDs develop an openness to their experiences as a supportive mechanism in their quest to become drug-free, especially in challenging situations.

Intervention Phase 12: Patience
- *Teaching patience for the PWUDs* (Lipman, 2013).
  - o To teach PWUDs the importance of patience as part of their treatment and rehabilitation process.

Intervention Phase 13: Hope and Gratitude
- *Gratitude: Taking Care of Business with Gratitude* (Watkins, Sparrow, & Webber, 2013).
  - o To demonstrate to the PWUDs how grateful coping can help bring closure to troubling memories and how this can be an essential facet in their ongoing treatment and recovery.
  - o To show the PWUDs how gratitude contributes to a good and fuller life.
- *Hope: Hope Projects to One's Future Self* (Magyar-Moe, 2013).
  - o To help the PWUDs apply the hope theory to significant, long-term personal life goals to aid in the development and sustainment of their sobriety.

Intervention Phase 14: Dissolution
- Psychological Post-testing
  - o To draw inferences to the relative usefulness of the program based on the pre and post-psychological test results.
- Debriefing and Closure
  - o To inform the PWUDs of their psychological test results and how this might help them.
  - o To ascertain the possible effect of the designed program on the PWUDs' ongoing treatment and rehabilitation.
  - o To debrief the PWUDs about the overall performance of the designed program
  - o To extend gratitude and appreciation to the participants in this study.

Conclusion

In view of the designed PPI program and the psychologically oriented needs of the PWUDs, the following conclusions are hereby made:

1. Integrating activities that aim to harness character strengths and virtues (CSVs) among PWUDs is a specific psychologically oriented and proactive approach to drug abuse treatment and rehabilitation.
2. Positive Psychology Intervention (PPI) program is an emergent trend in the field and practice of forensic and rehabilitation psychology. Applying the theory and concept of positive psychology in drug addiction treatment and rehabilitation is a promising frontier, especially in challenging times.
3. As created, the designed PPI program is considered supplemental to the existing programs of the drug abuse treatment and rehabilitation centers (DATRCs) deemed to be a viable option in helping PWUDs attain a psychological good life despite drug addiction.

Recommendation

To make use of the designed PPI program drawn from the psychological needs of the PWUDs, the following recommendations are hereby suggested:

1. Run the designed PPI program for pilot study among PWUDs in a drug abuse treatment and rehabilitation center setting to establish the specific details about its proper delivery.
2. Assess the validity of the piloted version of the designed PPI program for its proper implementation in drug abuse treatment and rehabilitation facilities.
3. Explore possible application of the designed PPI program as supplemental to the existing Community-Based Rehabilitation Programs (CBRP) for PWUDs.

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