



Development and Validation of a Cognitive Behavioral Spiritual Counseling to Enhancing Spiritual Well-Being among Individuals with Drug Addiction

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Abstract. Drug addiction negatively impacts individuals' quality of life, particularly in terms of spiritual well-being, creating a gap between empirical conditions and the ideal expectation of religious closeness. This gap increases the risk of relapse and highlights the urgency of counseling services that integrate not only cognitive and behavioral aspects but also spirituality, which is often neglected in current approaches. This study aims to develop and validate a Cognitive Behavioral-Spiritual (CBT-S) counseling model to enhance the spiritual well-being of clients with addictions. This research employed a research and development approach using the ADDIE model, consisting of analysis, design, development, implementation, and evaluation stages. Participants included 117 drug-addicted clients to assess spiritual well-being, along with three experts and five addiction counseling practitioners involved in the validation process. Data were analyzed using descriptive qualitative methods and interrater reliability through Cohen's Kappa. The findings indicate that clients' spiritual well-being remains in low to moderate categories, forming the basis for developing the CBT-S model. The results show that the CBT-S counseling model is feasible and reliable for improving spiritual well-being. The model offers a novel framework with stages of Al-Aajis, Al-Khathir, Hadith An-Nafs, Al-Hamm, and Al-'Azm, integrating spiritual values by involving God throughout the counseling process.

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INTRODUCTION

The challenges of counseling services in Indonesia and around the world extend beyond schools to families, addiction, health, and other areas. The world is currently facing a wide range of addiction issues affecting every individual (Harianti et al., 2022). One such challenge is the minority client base, particularly those with drug addiction. Drug addiction in individuals affects the quality of human life (Mark et al., 2019). Drug dependence causes violence in the form of unstable emotional conditions (Broséus et al., 2016; Degenhardt & Hall, 2012; Dolliver, 2015; Fazey, 2007; Paoli & Reuter, 2008; Snyder & Duran-Martinez, 2009; Sontate et al., 2021; Zhong et al., 2020). The impact of drug addiction is to weaken the individual's social and psychological abilities towards thoughts and feelings (Singer, 2008; Smokova et al., 2023; Zhylin et al., 2024). There is a factual gap between the empirical conditions found and the ideal expectations of individuals who are free from drug abuse and have a strong religious closeness. The problem arises from the fact that teenagers, students, adults, and parents are undergoing outpatient and inpatient drug rehabilitation. Preliminary data on 166 drug addicts in Bantul are undergoing rehabilitation, and they ignore religion in their lives. Drugs have an impact on psychological and emotional conditions and damage the mind, memory, heart, soul, and mentality of humans (Sutoyo, 2013).

Addiction counselors in the Special Region of Yogyakarta revealed that addicts haven't found spiritual well-being, and the research results revealed that the spiritual well-being of drug addiction in the moderate category has an impact on addiction recovery (Shahin et al., 2021). This is because spirituality is in the soul (*nafs*) and intuition (*badas*) as human nature (Sutoyo, 2013). Other facts related to the condition of individual self-efficacy to recover from drugs is in the low category (Supriyanto & Hendiani, 2018). Three aspects of individual relapse are negative emotions, social pressure, and interpersonal conflict (Ibrahim et al., 2012).

The issue of spiritual well-being is in the spotlight, especially in the context of rehabilitation and recovery for drug addicts

who often experience spiritual crises that impact the quality of life and emotional well-being. Spiritual well-being is a crucial aspect that helps individuals find meaning and purpose in life and build more harmonious relationships with themselves and their environment through counseling (Ingersoll & Bauer, 2004; Ryff, 2021). Spiritual well-being in drug addiction has two indicators: a relationship with Allah SWT/God and self-satisfaction (Gonçalves et al., 2016). Developing spiritual well-being in drug addiction requires at least a change in mindset to aid recovery.

Therefore, a rehabilitation program through Islamic counseling because Allah guides humans to the path of truth (QS. 18:17) through counselors such as imams (Rassool, 2015). However, rehabilitation counseling still faces challenges, being the only one prioritizing changes in mindset. Should change to a spiritual mindset as a counseling approach (Herindrasti, 2018). Current counseling services have a therapeutic relationship between counselors and clients with four stages, namely, contemplation, preparation, action, and maintenance (Kottler & Balkin, 2016; Mulawarman et al., 2019). Whereas drug addicts need therapeutic help to foster spiritual well-being by involving Allah SWT/God in the counseling process.

Through the counselling/*Ad-Dawa* process, as a treatment process for spiritual illness with religious values. Counseling intervention with a cognitive behavioral intervention pattern can strengthen the self-efficacy of drug addicts (Bowen et al., 2014), but it isn't yet strong and will be more effective if balanced with spirituality. In the context of drug addicts, ignoring the spiritual aspect in counseling can hinder the recovery process. Because some therapy models only focus on psychological and behavioral aspects, while the spiritual dimension is often overlooked.

The need for cognitive behavioral counseling combined with a religious dimension is urgent to foster the spiritual well-being of clients addicted to drugs. CBT-S Counseling is a relevant strategy for addiction counselors to foster the spiritual well-being of addicted clients. CBT-S counseling as a crisis counseling service that is also oriented towards prevention and improvement (Wibowo, 2019), as well as client self-

development (Myrick, 2011). Counseling services with religious values can be integrated into counseling services (Supriyanto, 2016) so that Islamic values allow changing and forming peace of mind from spiritual mindsets (Kibtyah, 2017), thereby also changing individual behavior (Yuliyawati et al., 2018), and then fostering awareness of experience, self-quality, curiosity orientation, openness to experience, acceptance of abilities, and accepting advice from clients (Naini et al., 2021) has an impact on spiritual well-being in drug addicts. The implementation of religious values as the basis for cognitive counseling of spiritual behavior is based on the teachings of Kyai Haji Ahmad Dahlan, a figure who integrates religious knowledge and general knowledge (Awaluddin & Saputro, 2020; Azizah & Dinihari, 2020).

The urgency of the research arises from the high relapse rate, as well as the limitations of counseling models that target the spiritual dimension. Integration of spiritual counseling and cognitive behavioral counseling is a novelty in the world of counseling to improve spiritual well-being with inner nuances according to the demands of Islam and cognitive behavioral therapy. Interventions with religiosity help individuals with drug use problems have a level of efficacy (Hai et al., 2019; Koenig, 2015; Nedelec et al., 2017). Counseling that gives rise to feelings of altruism and a sense of belonging (Wibowo, 2019), as people who help each other, will change the client's dysfunctional thoughts and beliefs through the process of identifying, evaluating, and modifying/replacing thoughts with assumptions and core beliefs from a spiritual mindset. Therefore, the aim of this research is to develop a CBT-S counseling model that is suitable for use in developing the spiritual well-being of drug-addicted clients based on validation results from experts and practitioners (addiction counselors).

METHOD

Research Design

This study employed a research and development (R&D) approach using the ADDIE (Analysis, Design, Development, Implementation, and Evaluation) model by Branch (2009). The purpose of this design was

to develop and test the feasibility of a Cognitive Behavioral Spiritual Counseling (CBT-S) model specifically designed to improve the spiritual well-being of drug-addicted clients.

Participants

Participants in this study consisted of three types of sources: addicted clients, experts, and practitioners (addiction counselors). The 117 addicted clients undergoing rehabilitation in Sleman, Gunungkidul, and Kulon Progo were randomly selected. In addition, three experts from three agencies (Malang, Semarang, and Negeri Sembilan) from two countries (Indonesia and Malaysia) and five practitioners from the National Narcotics Agency (BNN) and the Department of Social Affairs who work as addiction counselors. Experts work at the university with experts in religious counseling, strengths-based counseling, and addiction counseling. The experts and practitioners validated the CBT-S counseling model.

Instruments

The main instrument used in this study was the spiritual well-being scale to measure the level of spiritual well-being among drug-addicted clients with two indicators: relationship with Allah SWT and self-satisfaction (Gonçalves et al., 2016). This scale has been approved by the ethics committee of Ahmad Dahlan University in ethics approval letter number 012010057. This scale has been tested through a Rasch Model with a person measure value of 0.94, Cronbach's alpha reliability of 0.78, person reliability of 0.66, and item reliability of 0.97 with a total of 18 items. In addition, a validation questionnaire and an open-ended feedback form were used to collect data from experts and practitioners regarding the feasibility and practicality of the developed CBT-S counseling model. The model validation questionnaire was adapted from Stufflebeam et al. (2000) on the feasibility and usefulness of the CBT-S counseling model with scores from 1 to 4.

Development Procedures (ADDIE Stages)

Analysis

The analysis stage involved assessing the level of spiritual well-being among 117 drug addiction clients using a spiritual well-being scale. This stage aimed to identify the needs for counseling services based on spiritual values in addiction rehabilitation contexts.

Design

At this stage, the CBT-S counseling model was designed by integrating cognitive behavioral counseling theory with religious values inspired by Kyai Haji Ahmad Dahlan. The design includes conceptual frameworks, intervention strategies, and counseling procedures.

Development

The developed model was validated by three experts in the fields of guidance and counseling, addiction counseling, and Islamic counseling. The validation results were analyzed qualitatively.

Implementation

The implementation stage involved field testing of the model with five practitioners from BNN and the social service. Practitioner validation was conducted using structured questionnaires and open-ended responses, following the evaluation framework proposed.

Evaluation

The final stage involved a comprehensive evaluation of the model's feasibility and applicability. The level of agreement among validators was analyzed using Cohen's Kappa coefficient to ensure the reliability and consistency of the model for practical use in addiction counseling settings.

Data Analysis

Data analysis in this study was conducted using a combination of qualitative and quantitative methods. Qualitative data obtained from expert assessments and feedback from practitioners (addiction counselors) were then analyzed using descriptive qualitative methods according to Miles and Huberman (1994), which included

data reduction, data display, and conclusion drawing. The data reduction process examined key notes from experts and practitioners, then coded them. The data presentation process through coding resulted in components of improvement and feedback. Finally, conclusions were drawn from the data, resulting in improvements and refinements to the CBT-S counseling model. Meanwhile, quantitative data on spiritual well-being, using quantitative descriptive methods (percentages and standard deviations), and validation of the CBT-S counseling model were analyzed using Cohen's kappa coefficient to determine the level of agreement and feasibility (McHugh, 2012) of the developed CBT-S counseling model.

RESULT AND DISCUSSION

Spiritual Well-Being Conditions Foundation of CBT-S Counseling

This study began with measuring the level of spiritual well-being in drug addicts in the Special Region of Yogyakarta. The drug addicts who were the subjects of this study were clients in the Special Region of Yogyakarta Province in Gunungkidul Regency, Sleman Regency, and Kulonprogo Regency. The following are the results of the spiritual well-being of drug addicts in the Special Region of Yogyakarta Province, presented in Table 1.

Some drug addicts in the Special Region of Yogyakarta have low, very low, and moderate levels of spiritual well-being (N=50) from the total population ($\Sigma N=117$). Table 1 conveys the message that spiritual well-being in addicted clients is a crucial variable in recovery. Therefore, the role of addiction counselors in counseling services with spiritual values is urgently needed. Therefore, the CBT-S counseling model, which focuses on changing mindsets, is a relevant intervention for improving spiritual well-being. This foundation is crucial for researchers to foster spiritual thinking in addicted clients.

Table 1. Results of the Distribution of the Spiritual Well-being in Drug Addicts

Location	Spiritual Well-Being (Score Range)										Total
	Very Low		Low		Medium		High		Very High		
	F	%	F	%	F	%	F	%	F	%	
Sleman	2	1,71	10	8,55	27	23,08	39	33,33	23	19,66	
Gunungkidul	0	0	1	0,85	10	8,55	5	4,27	0	0	
Special Region of Yogyakarta	2	(1,71%)	11	(9,4%)	37	(31,63%)	44	(37,6%)	23	(19,66%)	117 (100%)

Actual findings about the development of spiritual well-being in drug addicts while undergoing a drug rehabilitation program still have individuals with low (9,4%), very low (1,71%), or moderate (31,63%) spiritual well-being. Individuals in this category need treatment through counseling services by professional addiction counselors. Counselling services for improving spiritual well-being need to form a change in spiritual mindset with CBT-S counseling.

Expert Validation

CBT-S counseling in its development process goes through several stages. First, the model that has been compiled based on theoretical studies then gets an assessment by counseling experts from Indonesia and Malaysia. The results of the analysis of expert validation can be seen in Table 2, with nine improvement components. Nine improvement components emerged from the three experts' notes after the data reduction process. The coding of V1-V9 with several improvement components is then presented.

The nine improvement components have 56 improvement notes from model rationale, model concept and definition, model vision and mission, model objectives, basic principles of the model, model design (6 notes), model stages, evaluation and follow-up, and policymakers, procedures, and technical instructions for using the model. From these components, it can be seen that the main improvements are in the rational part of the model, model concept and definition, basic principles of the model, and model design. These four components need to be improved by researchers.

The results of the improvements make the CBT-S counseling model more comprehensive in all components based on input from validators. In the rational model aspect, the theoretical foundation is formulated with the human nature that addicted clients have, with aql, qolbu, ruh, and nafs as the main foundation and the problems of spiritual well-being of addicted clients. The concept and definition of the CBT-S counseling model have emphasized the integration of cognitive, behavioral, and spiritual aspects. The vision and mission of the CBT-S counseling model have been reconstructed, resulting in progressive spiritual transformation in accordance with the essence of Kyai Haji Ahmad Dahlan's concept. The objectives of the CBT-S counseling model have been detailed into indicators for achieving spiritual well-being. The basic principles of the model are enriched with an emphasis on the paradigms of cognitive-behavioral philosophy and the paradigms of spiritual philosophy. The design and stages of the CBT-S counseling model have included an intervention flow and a comprehensive integration of spiritual components. The evaluation and follow-up aspects are clarified through the determination of model success indicators and the formulation of a post-counseling follow-up plan. Finally, the aspects of policy, procedures, and technical instructions were refined by compiling more operational instructions so that the CBT-S counseling model became more applicable, systematic, and suitable for implementation in addiction counseling practice.

Table 2. Coding of Validation Results of the CBT-S Counselling

Code	Validation Component	Notes	Improvement
V1	Model Rationale	<ol style="list-style-type: none"> 1. Need to strengthen theoretical arguments 2. Suitability with the needs of drug addicts 3. Need for deeper spiritual context relevance 	The theoretical basis emphasizes the nature of humans (addicted clients) with their <i>aql</i> (mind), <i>qolb</i> (heart), <i>ruh</i> (spirituality), and <i>nafs</i> (desire), as well as the spiritual well-being of addicted clients.
V2	Model Concept and Definition	<ol style="list-style-type: none"> 1. The definition of spiritual counselling is less operational 2. Need to emphasise the integration of cognitive, behavioural, and spiritual aspects 	CBT-S counseling emphasizes the integration of cognitive, behavioral, and spiritual aspects.
V3	Model Vision and Mission	<ol style="list-style-type: none"> 1. Vision doesn't reflect spiritual transformation 2. The mission needs to be linked to long-term welfare goals 	CBT-S counseling is reconstructed to reflect spiritual transformation based on the values of Kyai Haji Ahmad Dahlan's thought.
V4	Model Objectives	<ol style="list-style-type: none"> 1. Goals need to be detailed based on achievement indicators 2. Short-term and long-term goals aren't yet clear 	Indicators for achieving spiritual well-being are measured through a scale.
V5	Model Basic Principles	<ol style="list-style-type: none"> 1. Ethical principles in spiritual application aren't yet illustrated 2. Need to emphasise humanistic and transformative principles 	Emphasis on the cognitive-behavioral philosophical paradigm and integration with spiritual philosophy.
V6	Model Design	<ol style="list-style-type: none"> 1. Intervention flow needs to be simplified 2. Spiritual components haven't been systematically integrated 	A clearer intervention flow with comprehensive and consistent integration of spiritual components.
K7	Model Stages	<ol style="list-style-type: none"> 1. Stages need consistency in the logic of the counselling process 2. Need to emphasise the stages of spiritual strengthening 	
K8	Evaluation and Follow-up	<ol style="list-style-type: none"> 1. Indicators of model success aren't yet clear 2. Post-intervention follow-up plans haven't been formulated in detail 	Establishment of success indicators for improving spiritual well-being with a structured post-counseling follow-up plan.
K9	Policy, Procedure, & Technical Instruction Arrangement	<ol style="list-style-type: none"> 1. Technical instructions are still general 2. There isn't written standard operating procedure 	Development of instructions with CBT-S counseling guidelines in addiction counseling practice.

After that, the revised model was obtained according to the input of the experts. Input from the experts was improved as qualitative data. In addition, the researcher obtained quantitative data from the assessment of the experts with a score of 1-4 from nine (9) input components. The assessment results were then analyzed quantitatively by the inter-rater test. The following are the results of the inter-rater test data analysis in Table 3. The results of the expert assessment show that the rational components and stages of the model have a

moderate category, while the components of policymakers, procedures, and technical instructions for using the model, as well as evaluation and follow-up, have a good category. Furthermore, the concept and definition of the model, vision and mission, model objectives, model design, and basic principles of the model are all in a very good category. Based on the inter-rater test analysis in Table 3, this model is declared suitable for use with improvements, with a Cohen's kappa value of 0.526 (suitable for use). The approximate significance result of 0.043

(≤ 0.05) shows that CBT-S counseling has a moderate category and is suitable for use with improvements, with a standard error of 5% (Belur et al., 2021).

Table 3. Test Analysis Results: Inter-Rater Symmetric Measures Kappa Cohan

	Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Measure of Kappa Agreement	0.526	0.260	1.793	0.043
N of Valid Cases	9			

Practitioner Validation (Addiction Counselor)

After the assessment by experts and when its feasibility is known, the researcher conducts a validation test on users, namely addiction counsellors, with aspects of model assessment including usefulness, ease, accuracy, compliance, language use, and sentence writing. The following are the results of the model test by practitioners. There were five (5) practitioners from the National Narcotics Agency of the Special Region of Yogyakarta Province, the National Narcotics Agency of Sleman Regency, and the Kulonprogo Social Service. The validator provided a quantitative assessment through a questionnaire and also qualitative suggestions

and input. The qualitative assessment summarized five recommendations as a source of support for the model, namely 1) research subjects (6 recommendations), 2) model implementation (7 recommendations), group leaders (1 recommendation), counseling sessions (1 recommendation), and evaluation (1 recommendation), all of which can be seen in Table 4. The results of the model validation from practitioners obtained 5 recommendation components for the improvement of CBT-S counseling. Of the five recommendations, the main element that received full attention was the implementation of the model and the subjects of this study.

Table 4. Validation of the Model by Practitioners (Addiction Counsellors)

Code	Validation Component	Notes	Improvement
P1	Research Subject	<ol style="list-style-type: none"> 1. Subject criteria need to be clarified (age and recovery stage) 2. Subject selection must consider spiritual readiness 3. A more comprehensive initial psychosocial assessment is needed 	Participant criteria are grouped based on age and stage of recovery and take into account spiritual readiness accompanied by an initial assessment of spiritual well-being.
P2	Model Implementation	<ol style="list-style-type: none"> 1. Session duration needs to be adjusted to the client's condition 2. Media and methods must be more flexible 3. The implementation environment needs to support spiritual and emotional processes 4. The importance of initial provision for implementing counsellors 	Session duration is tailored to the client's condition, with a minimum of five sessions to support the spiritual and emotional process. This doesn't include a preparation phase for the addiction counselor and the addicted client.
P3	Leader	Group leaders/addiction counsellors must have spiritual competence and experience in dealing with addiction.	Addiction counselors have spiritual competence as priests or spiritual leaders with experience in handling addiction cases.
P4	Counseling Session	Counseling materials need to be adjusted to the reality of the lives of former users.	CBT-S counseling is adapted to the realities of life for former drug users undergoing drug rehabilitation.
P5	Evaluation	Evaluation of counselling results needs to include aspects of sustainability and spiritual follow-up.	Indicators of success and follow-up plans for spiritual well-being after counseling.

Input from practitioner validators was summarized for the improvement of CBT-S counseling to improve spiritual well-being with technical implementation in the experiment. Researchers also collected quantitative data from practitioner assessments of fifteen (15) sub-aspects of six aspects, including usability, ease of use, accuracy, compliance, language use, and sentence writing, with scores from 1 to 4. Improved notes from specific subject criteria based on spiritual readiness, implementation with an easy-to-use spiritual nuance, and more standardized counselor competencies. In addition, the CBT-S counseling process was adjusted to the reality of addiction clients, and

the evaluation was strengthened by measurements of spiritual well-being through spiritual follow-up. The results of this assessment were then analyzed quantitatively using the Inter-Rater Test. Based on the analysis of the Intraclass Correlation Coefficient test in Table 5, CBT-S counseling was declared suitable for use after receiving improvements from practitioners, with an average Cohen's Kappa value of 0.667 (very suitable for use and useful). A significance value of 0.002 (≤ 0.05) indicates that this model is suitable for use in the high category, with a standard error of 5% (Belur et al., 2021).

Table 5. Results of Intraclass Correlation Coefficient Test Analysis

	Intraclass Correlation ^b	95% Interval	Confidence	F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	0.286 ^a	0.078	0.579	3.003	14	56	0.002
Average Measures	0.667 ^c	0.297	0.873	3.003	14	56	0.002

The results of the assessment of practitioners who have been analyzed obtained information that this hypothetical model can measure validly and reliably with high criteria. While other sub-aspects are in the good and very good categories, they are worthy of being applied in further research. Data analysis shows that CBT-S counseling for improving emotional regulation has moderate criteria according to experts and high criteria according to practitioners, so it can be implemented in services to improve spiritual well-being with improvements. This model is validated by various experts from various fields and tested by practitioners in the field. The validation process involving experts and practitioners, as well as in-depth qualitative and quantitative analysis, makes this CBT-S counseling more measurable and reliable.

Design CBT-S Counseling

CBT-S forms spiritual thinking with the help of Allah SWT in Islamic counseling, which is carried out in a group or individual setting, so that this hypothetical model is

different and meets the needs of individual drug addicts as a service target. The model implementers are Muslim counselors and also peace educators who have peaceful concepts and thoughts as thought by Kyai Haji Ahmad Dahlan. Counsellors/educators integrate general knowledge about peace group counselling with religious knowledge because Allah SWT gives guidance to humans about the path of truth with counsellors as their imams. CBT-S counseling has a spiritual therapeutic relationship between counselors and clients for improving spiritual well-being. The skills of managing peaceful thoughts in counselors, as imams, help drug addicts improve their spiritual well-being.

CBT-S counseling helps drug addicts as a target for improving spiritual well-being as a potential that is owned by forming noble morals. These efforts are developed with the involvement of spiritual values. This model integrates cognitive philosophy and spiritual paradigms as part of the cross-paradigm. The paradigm of this model is the basis for practitioners of guidance and counseling in drug settings to carry out the model

intervention process. The model design can be seen in Figure 1, based on two theories, namely Islamic counseling and cognitive behavioral counseling and validation in developing the model. The stages of the CBT-S model start from *Al-Aajis*, *Al-Khathir*, *Hadith An-Nafs*, and *Al-Hamm* and end with *Al-'Azm*. These five stages can be presented as a CBT-S counseling process, in which the addiction counselor acts as an imam guiding the

addicted client. The addicted client recognizes and interprets addictive thoughts, becoming spiritually aware of the inconsistency of their behavior with God's values. They then replace these thoughts with adaptive spiritual thought patterns and behaviors. Next, the addiction counselor fosters a strong intention and motivation for change in the addicted client, leading to a spiritual commitment to behavioral change.

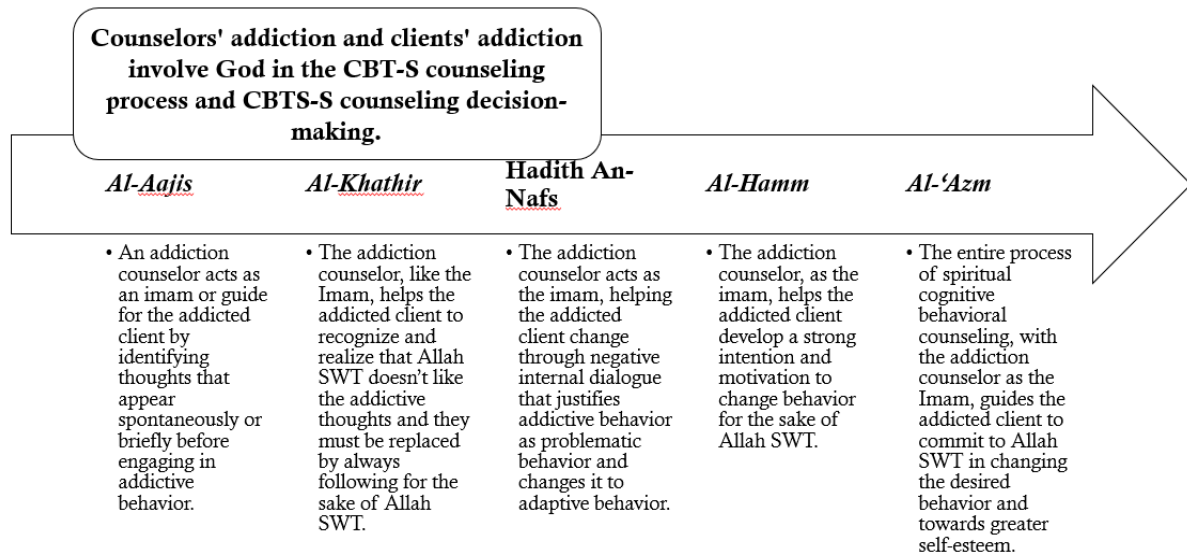


Figure 1. CBT-S Counseling Stage

Discussion

Previous studies have shown various efforts through counseling as a factual model for improving spiritual well-being but have limitations in application and long-term results with a spiritual nuance and closeness to God/Allah SWT. These limitations are the difficulties of individual drug addicts undergoing rehabilitation in making decisions after the counseling process or post-rehabilitation as a challenge for their future (Megawati & Hutahean, 2019). Then, one of the previous studies also emphasized that improving spiritual well-being is more effective with spiritual cognitive counseling (Azizi et al., 2010), but the development of spiritual well-being has limitations in the dimension of re-evaluation of changes in thinking/life problems that suddenly arise after counseling (Alotaibi & Khatatbeh, 2023). Changes in spiritual well-being in drug addiction are a crisis and complex and require serious services (Hariyanto, 2018). There is also counseling for drug addicts in Indonesia,

which still faces various challenges, such as prioritizing changes in mindset in the counseling approach (Herindrasti, 2018), because the profession of addiction counselor is a new profession and is regulated through the Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform Number 44 in 2018.

So it is necessary to recommend changes in the spiritual thoughts of individual drug addicts that are directly integrated with spiritual well-being (Dunfee et al., 2021; Noviyanty et al., 2022) because spiritual perfection arises from mindset (Hajinejad et al., 2019) and spiritual conditions give rise to humans managing emotions and not getting involved with drugs (Francis et al., 2019). The need for CBT-S counseling can integrate counseling services with religious/Islamic values, such as in the learning of Kyai Haji Ahmad Dahlan (W. N. Saputra et al., 2022; W. N. E. Saputra et al., 2021). CBT-S counseling can provide spiritual understanding and coping to recover from drug use in the counseling process (Snodgrass

et al., 2023; Vaezi & Falahikoskab, 2020) , because religiosity has a changing impact on negative attitudes and feelings in drug addiction (Weinandy & Grubbs, 2021).

The basic assumptions of this study are the basis for developing CBT-S counseling that can bring up users' spiritual experiences in the counseling process for improving spiritual well-being. Spiritual experience is a transformative experience and can change the basic attitudes of users in the process of recovering from drug addiction disorders (Gutierrez et al., 2021). The integration of cognitive-behavioral counseling philosophy and spiritual counseling philosophy paradigms serves as a strong foundation for developing a spiritually healthy personality encompassing the *aql*, *nafz*, *ruh*, and *qalb* as novelties. Mindsets with spiritual elements are formed through experiences during the rehabilitation process and counseling processes. The role of addiction counselors in improving individual spirituality has been shown to reduce negative stigma in minority communities (Hassan et al., 2021). Another novelty is the preparation phase, followed by the five stages of CBT-S counseling, starting with *Al-Aajis*, *Al-Khathir*, *Hadith An-Nafs*, and *Al-Hamm*, and ending with *Al-'Azm*. These stages truly involve Allah SWT in the counseling process and decision-making process for addicted clients to foster spiritual well-being (Soylar & Dogan, 2020).

Counseling practices with a spiritual dimension of thought in addiction can develop religious mental health with the involvement of the family and are therapeutic (Kusuma & Rayhaniah, 2022; Priester, 2008). Islam is the basis for addiction counselors for addicted individuals to purify themselves through a faith counselor/group leader (Muhammad et al., 2019). Counselors can direct clients to be able to reflect on the soul so that changes arise through intentions towards Allah SWT. A shared commitment for substance users is to stay away from drugs because drugs are haram and a major sin (el-Feyza & Hidayat, 2022). The integration of CBT-S counseling needs to be developed with a spiritual dimension to bring up spiritual, emotional, intellectual, and physical health with morals, worship, and social life (Mukhlisin et al., 2023).

CONCLUSIONS AND SUGGESTION

This study successfully tested the feasibility of the CBT-S counseling model for drug addicts in the Special Region of Yogyakarta Province. The results of the initial analysis showed that most drug addicts were in the medium- to low-spiritual well-being category, so a counseling approach was needed that integrated cognitive, behavioral, and Islamic spiritual values. The developed CBT-S counseling model has been validated by three experts from the fields of guidance counseling, addiction counseling, and Islamic counseling and was declared feasible to improve spiritual well-being for addiction clients. Five addiction counselor practitioners also used the CBT-S counseling model, which was declared feasible and could be applied. The novel form of the CBT-S counseling model has the stages starting from *Al-Aajis*, *Al-Khathir*, *Hadith An-Nafs*, and *Al-Hamm*, and ending with *Al-'Azm*. This model not only strengthens the spiritual well-being in the addiction recovery process but also provides a conceptual and practical basis for Muslim counselors to serve clients.

The CBT-S counseling model can be indirectly recommended as an alternative intervention in Islamic-based drug addiction counseling services. However, it is undeniable that the CBT-S counseling model can be applied widely, addressing variables other than spiritual well-being and extending beyond drug addiction, including by family counselors, health counselors, school counselors, and other counselors. The limitations of the CBT-S counseling model are that it is implemented by Muslim clients and counselors with Islamic counseling competencies and a readiness to incorporate spiritual values before the counseling process. The CBT-S counseling model can be experimentally tested using various supporting media, both digitally and in-person.

CRedit authorship contribution statement

Agus Supriyanto: Conceptualization of the research idea and ADDIE design, coordination of the overall research process, data collection, data analysis and interpretation, drafting the manuscript, and evaluating the results.

Nurlita HENDIANI: Assisted in the practitioner

validation process, evaluating and refining the model, and evaluating the manuscript for readability.

Samia Athar: Provided methodological support in the research design and development process and helped develop a viable model for application.

Syahrani Maulia Direja: Assisted in the expert validation process, analyzed the research results, and evaluated the manuscript for readability.

Declaration of competing interests

The authors declare that they have no conflicts of interest. The results of this study are presented objectively for the advancement of addiction counseling science.

Declaration of the use of AI

The authors employed Grammarly for language refinement, proofreading, and clarity enhancement during the preparation of this work. The authors carefully read and edited everything that was written, and they are fully responsible for the publication's content.

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