Natural Resources for Human Health
eISSN: 2583-1194

Original Research

Received 20 March 2026
Revised 26 April 2026
Accepted 24 May 2026

Natural Resources for Human Health 2026, Vol. 6 (3): 1113–1121

KEYWORDS:
Addiction Recovery, DARE2change Module, Emotional Intelligence, Malaysia, Psychoeducation, Readiness to Change, Relapse Prevention

Integrating Emotional Intelligence and Readiness to Change in Addiction Recovery: Evidence from the DARE2change Module in Malaysia

Amir Shariffuddin[1*], Noor Azniza Binti Ishak[2], Jamaludin Mustaffa[3]

[1*] School of Applied Psychology, Social Work and Policy, College of Arts and Sciences, Universiti Utara Malaysia (UUM), Changlun Kedah, Malaysia.
[2]Research Division, Prisons Department of Malaysia
[3]School of Applied Psychology, Social Work and Policy, College of Arts and Sciences, Universiti Utara Malaysia (UUM), Changlun Kedah, Malaysia.

ABSTRACT:

Background and Objective: Addiction relapse remains a persistent challenge in Malaysia, with high rates reported by the National Anti Drugs Agency (AADK)[1]. Emotional Intelligence (EI) and readiness to change are psychosocial constructs that influence recovery outcomes, yet few studies have examined their integration in structured rehabilitation programs. Guided by the Transtheoretical Model (TTM)[2], Self Determination Theory (SDT)[3], Social Learning Theory (SLT)[4], and Motivational Interviewing (MI)[5], this study aimed to evaluate changes in readiness to change following participation in the DARE2change psychoeducational module and to test EI as a predictor of motivational progression.

This figure illustrates the conceptual framework and outcomes of the DARE2change psychoeducational module. The left panel highlights Emotional Intelligence (EI) domains—emotional awareness, self regulation, and empathy—while the right panel depicts Readiness to Change stages based on the Transtheoretical Model (TTM)[2]. The central section presents the DARE2change program components: psychoeducation, counseling, and group support. The lower section summarizes outcomes, including reduced relapse and increased resilience, and policy recommendations for integrating EI into rehabilitation programs[6–8].

Materials and Methods: A quasi experimental study was conducted among 70 residents (35 treatment, 35 control) of Therapeutic Community Program (TC) recruited from a Drug Rehabilitation Centre under the Prisons Department of Malaysia. Participants were aged 21 years and above. Readiness to change was measured using the University of Rhode Island Change Assessment (URICA) instruments (TSPRA_ KE/TSPASCA_KE)[9],[10] while Emotional Intelligence (EI) was assessed using the USMEQ i, validated in Malaysia[11] which evaluates domains such as emotional awareness, regulation, and commitment. Statistical analyses included paired t tests, Pearson correlations, regression models, and MANOVA.

Results: Readiness to change improved significantly in the treatment group (Mpre = 3.0991, Mpost = 3.2773; $t(69) = -2.790$, $p = 0.007$). Correlation analysis revealed moderate stability ($r = 0.467$, $p < .001$). Regression analysis indicated that EI domains,

Natural Resources for Human Health
eISSN: 2583-1194

particularly Emotional Awareness and Commitment, significantly predicted readiness improvements. Effect size analysis (Cohen's d ≈ 0.33) suggested a small to moderate practical impact.

Conclusion: The DARE2change module enhanced readiness to change, while EI emerged as a significant predictor of motivational progression. These findings reinforce TTM's stage-based framework[2] and support global evidence that emotional regulation interventions reduce relapse risk[12,13]. Practically, rehabilitation programs should prioritize EI and readiness training as short-term targets, while embedding longer-term strategies to reshape self-concept. Policymakers are encouraged to integrate structured modules such as DARE2change into national rehabilitation frameworks, aligning with Malaysia's recovery goals

1. INTRODUCTION

Addiction relapse remains one of the most pressing challenges in Malaysia's public health landscape. Despite decades of policy interventions, relapse rates continue to undermine rehabilitation outcomes, with the National Anti-Drugs Agency (AADK) reporting persistently high figures[1]. Relapse is not merely a return to substance use; it represents a complex psychosocial process influenced by motivational readiness, emotional regulation, and contextual factors such as family support, stigma, and policy frameworks. Addressing relapse therefore requires more than punitive or compulsory treatment models; it demands evidence-based psychosocial interventions that strengthen resilience and empower individuals to sustain recovery[6,7].

Globally, relapse prevention has been studied through multiple theoretical lenses. The Transtheoretical Model (TTM) conceptualizes behavior change as a staged process[2], ranging from pre-contemplation to maintenance. This model emphasizes readiness to change as a dynamic construct, highlighting the importance of interventions tailored to an individual's stage of change. Complementing this, Self-Determination Theory (SDT) underscores the role of intrinsic motivation and autonomy in sustaining behavioral change[3]. Meanwhile, Social Learning Theory (SLT) emphasizes observational learning and reinforcement[4], while Motivational Interviewing (MI) provides a client-centered counseling approach that enhances motivation by resolving ambivalence[5]. Together, these frameworks provide a robust foundation for designing interventions that address both motivational and emotional dimensions of recovery.

In Malaysia, rehabilitation has historically relied on compulsory treatment centers[6], often criticized for their punitive orientation. Recent reforms, however, have shifted toward voluntary, community-based models that emphasize psychosocial support[7]. Within this evolving landscape, there is growing recognition of the need to integrate Emotional Intelligence (EI) training into rehabilitation programs. EI, defined as the ability to perceive, regulate, and utilize emotions effectively, has been linked to resilience, relapse prevention, and improved psychosocial functioning[11]. Goleman's seminal work on EI highlighted domains such as emotional awareness, regulation, empathy, and commitment, which are particularly relevant in addiction recovery[11].

International evidence supports the role of EI in relapse prevention. Studies by Blázquez-Morales and Biolcati demonstrated that structured EI training enhances emotional regulation and readiness to change among individuals in treatment[12,13]. Similarly, Elyse and colleagues found that readiness to change predicts intervention success, reinforcing the importance of motivational constructs in recovery[14]. In Asia, Thekkumkara and Chan reported that psychosocial interventions targeting readiness and emotional regulation significantly improved treatment outcomes[15,16]. These findings suggest that integrating EI and readiness training into rehabilitation programs can yield meaningful improvements in recovery trajectories.

Malaysia's national goal of achieving an 80% recovery rate by 2026 underscores the urgency of adopting innovative, evidence-based strategies[8]. Peace education initiatives and psychosocial modules have been introduced to strengthen rehabilitation outcomes[9,10], yet empirical evidence on their effectiveness remains limited. The DARE2change psychoeducational module was developed to address this gap, combining psychoeducation, counseling, and group support to enhance readiness to change and EI. By embedding theoretical frameworks such as TTM, SDT, SLT, and MI into structured modules, DARE2change aims to provide a holistic approach to relapse prevention.

The present study therefore seeks to evaluate the effectiveness of the DARE2change module in enhancing readiness to change and Emotional Intelligence among residents of a Malaysian rehabilitation center. Specifically, it examines whether participation in the module leads to significant improvements in readiness to change, and whether EI domains such as emotional awareness, regulation, and commitment predict motivational progression. By situating this study within Malaysia's evolving rehabilitation landscape, it contributes to both national policy goals and global evidence on psychosocial interventions in addiction recovery.

2. MATERIALS AND METHODS

2.1 Study Design and Setting

A quasi-experimental study design was employed to evaluate the effectiveness of the DARE2change psychoeducational module in enhancing readiness to change and Emotional Intelligence (EI) among individuals undergoing rehabilitation. The study was conducted at a Drug Rehabilitation Centre under the Prisons Department of Malaysia, reflecting the national context where relapse prevention remains a critical priority[8].

2.2 Participants and Sampling

A total of 70 residents were recruited, comprising 35 participants in the treatment group and 35 in the control group. Eligibility criteria included being aged 21 years and above, currently enrolled in rehabilitation, and providing informed consent. Exclusion criteria included severe psychiatric comorbidities or cognitive impairments that could interfere with participation. This age threshold was selected to ensure participants had reached adulthood and were capable of providing informed consent, consistent with ethical standards in addiction research[6,7].

2.3 Intervention

The DARE2change psychoeducational module was developed to integrate theoretical frameworks such as the Transtheoretical Model (TTM)[2], Self-Determination Theory (SDT)[3], Social Learning Theory (SLT)[4], and Motivational Interviewing (MI)[5]. The module consisted of structured sessions combining psychoeducation, counseling, and group support. Content emphasized emotional awareness, regulation, empathy, and commitment, alongside motivational strategies to progress through stages of change. Sessions were delivered by trained facilitators (staff and peers) over a six-week period, with each session lasting approximately 120 minutes.

2.4 Measures Readiness to Change (URICA)

Readiness was assessed using the University of Rhode Island Change Assessment (URICA) instruments, adapted into Malay versions (TSPRA_KE/TSPASCA_KE). These instruments measure motivational stages including pre-contemplation, contemplation, preparation, action, and maintenance[9,10]. The URICA has been widely validated in addiction research and provides a reliable measure of motivational progression.

2.5 Measures Emotional Intelligence (EI)

EI was measured using the USMEQ-i[11] inventory, developed and validated in Malaysia[32]. This instrument evaluates domains such as emotional awareness, regulation, empathy, and commitment. Previous studies have demonstrated its reliability and predictive validity in psychosocial and educational contexts[12,13].

2.6bEthical Considerations

Ethical approval was obtained from the relevant institutional review board, and the study adhered to the principles of the Declaration of Helsinki. Written informed consent was obtained from all participants. Confidentiality was maintained by anonymizing data and restricting access to research staff only.

2.7 Statistical Analyses

Data were analyzed using SPSS version 26. Descriptive statistics were computed for demographic variables. Paired t-tests were conducted to evaluate pre-and post-intervention differences in readiness to change. Pearson correlations were used to examine associations between EI domains and readiness scores. Regression analyses were performed to identify EI predictors of motivational progression, with emotional awareness, regulation, empathy, and commitment entered as independent variables. MANOVA was employed to assess multivariate effects across groups. "Effect sizes were calculated using Cohen's d to

determine practical significance, with thresholds of 0.2 (small), 0.5 (moderate), and 0.8 (large) applied[23],[24]. With a mean difference of −0.17826 and pooled SD ≈ 0.53459, d ≈ 0.33, indicating a small to moderate effect size[23],[24].

2.8 Sample Size Justification

The sample size of 70 was determined based on feasibility and prior studies in similar rehabilitation contexts[15],[16]. While modest, this sample provided sufficient power to detect small-to-moderate effects, consistent with effect sizes reported in EI and readiness interventions[12],[13].

2.9 Reliability and Validity

The URICA instruments have demonstrated strong psychometric properties in addiction research[14],[15], while the USMEQ-i has been validated in Malaysian populations[32]. Together, these measures ensured reliable assessment of readiness and EI domains.

2.10 Summary

This methodological framework allowed for rigorous evaluation of the DARE2change module's impact on readiness to change and EI. By combining validated instruments, structured intervention delivery, and robust statistical analyses, the study was designed to generate evidence relevant to both national policy and global recovery science.

3. RESULTS

3.1 Readiness to Change (Paired t-test)

Analysis of readiness to change revealed a statistically significant improvement among participants in the treatment group following the DARE2change intervention. Pre-intervention scores (M = 3.0991) increased to post-intervention scores (M = 3.2773), yielding a mean difference of −0.17826 (SD = 0.53459). The paired t-test confirmed this difference was significant ($t(69) = -2.790$, $p = 0.007$, two-tailed). The 95% confidence interval (−0.30573 to −0.05079) excluded zero, reinforcing the robustness of the improvement. Effect size analysis indicated a small-to-moderate practical impact, consistent with prior studies demonstrating modest but meaningful gains in readiness following psychosocial interventions[12–14]. Cohen's d was calculated to estimate the magnitude of change. With a mean difference of −0.17826 and pooled SD ≈ 0.53459, d ≈ 0.33, indicating a small-to-moderate effect size. This suggests that while the improvement is statistically significant, its practical impact is modest, warranting integration with other psychosocial supports.

These findings align with international evidence that readiness to change is responsive to structured interventions. Elyse[14] and Martínez-Lorca[18] reported similar improvements in motivational progression among individuals exposed to psychoeducational modules. In Malaysia, Wong[19] and Lim[24] highlighted readiness as a critical predictor of relapse prevention, reinforcing the relevance of these results to national rehabilitation goals.

Table 1 Paired t-test results comparing pre-and post-intervention readiness scores

Statistic	Value	Interpretation
Mean Difference	−0.17826	Negative value indicates higher post-intervention scores compared to baseline.
Standard Deviation (SD)	0.53459	Reflects variability in the difference scores.
t-value (df = 69)	−2.790	Indicates statistically significant difference between pre- and post-scores.
p-value (two-tailed)	0.007	Confirms statistical significance at $p < 0.01$.
95% Confidence Interval (CI)	−0.30573 to −0.05079	Interval excludes zero, confirming robustness of improvement.
Effect Size (Cohen's d)	0.33	Small-to-moderate practical impact of the intervention.

3.2 Emotional Intelligence

Predictors (Regression Analysis) Regression analysis identified specific EI domains as significant predictors of readiness to change. Emotional Awareness (β = 0.312, p = 0.010) and Commitment (β = 0.278, p = 0.018) emerged as strong positive predictors, indicating that participants with higher scores in these domains demonstrated greater motivational progression. In contrast, Self-Regulation (β = 0.142, p = 0.230) and Empathy (β = 0.095, p = 0.380) did not reach statistical significance. The overall model explained approximately 21% of the variance in readiness scores, suggesting that EI contributes meaningfully to motivational outcomes, though other psychosocial factors may also play a role.

These findings are consistent with Blázquez-Morales[12] and Biolcati[13], who reported that emotional awareness and commitment are particularly responsive to intervention. Lee[17] and González-Pérez[27] further demonstrated that EI training enhances relapse prevention, particularly when focused on awareness and commitment domains. The non-significant results for self-regulation and empathy may reflect the short duration of the intervention, as these domains often require longer exposure to demonstrate measurable change[16],[18].

Table 2 Regression analysis of Emotional Intelligence (EI) domains predicting readiness to change

Predictor (EI Domain)	**β (Standardized Coefficient)**	**t-value**	**p-value**	**Interpretation**
Emotional Awareness	0.312	2.65	0.010	Significant positive predictor; higher awareness linked to greater readiness.
Commitment	0.278	2.41	0.018	Significant positive predictor; stronger commitment enhances motivational change.
Self-Regulation	0.142	1.21	0.230	Non-significant predictor; limited effect in this sample.
Empathy	0.095	0.88	0.380	Non-significant predictor; weaker association with readiness.
Overall Model (R^2)	0.21	—	—	EI domains collectively explained 21% of variance in readiness scores.

3.3 Multivariate Analysis (MANOVA)

MANOVA results confirmed significant multivariate effects of the intervention on readiness and EI domains. Participants in the treatment group demonstrated greater improvements across emotional awareness and commitment compared to controls, supporting the regression findings. These multivariate effects highlight the integrated nature of readiness and EI, suggesting that interventions targeting both constructs simultaneously may yield synergistic benefits.

3.4 Comparisons with Malaysian Evidence

The observed improvements resonate with findings from Malaysian rehabilitation studies. Wong[19] identified psychosocial predictors such as motivation and emotional regulation as critical to relapse prevention, while Lim[24] reported that psychoeducation modules significantly enhanced readiness among incarcerated individuals. Ibrahim[26] emphasized the role of self-efficacy and readiness in sustaining recovery, reinforcing the importance of motivational constructs in the Malaysian context.

3.5 Summary of Results

Overall, the results demonstrate that the DARE2change module significantly improved readiness to change and that EI domains, particularly emotional awareness and commitment, predicted motivational progression. These findings provide empirical support for integrating EI and readiness training into rehabilitation programs, aligning with both global evidence and Malaysia's national recovery goals.

4. DISCUSSION

4.1 Theoretical Implications

The responsiveness of EI observed in this study supports Goleman's model of emotional competencies[11], suggesting that emotional awareness and commitment can be strengthened relatively quickly through structured psychoeducation. This complements findings by Blázquez-Morales and Biolcati[12],[13], who reported similar improvements in EI among individuals undergoing addiction treatment. In contrast, readiness to change demonstrated more gradual progression, consistent with TTM's stage-based framework[1].

The findings of this study demonstrate that participation in the DARE2change psychoeducational module significantly improved readiness to change and that Emotional Intelligence (EI) domains, particularly emotional awareness and commitment, predicted motivational progression. These results reinforce the Transtheoretical Model (TTM)[2], which conceptualizes behavior change as a staged process. By enhancing readiness, the module facilitated progression through stages of change, consistent with Prochaska and DiClemente's framework. The predictive role of EI aligns with Self-Determination Theory (SDT)[3], which emphasizes intrinsic motivation and autonomy, and with Motivational Interviewing (MI)[5], which seeks to resolve ambivalence and strengthen commitment. Together, these findings highlight the importance of integrating motivational and emotional constructs into rehabilitation programs.

4.2 Comparison with Global Evidence

International studies have consistently reported that readiness to change is a critical determinant of recovery outcomes. Elyse[14] and Martínez-Lorca[18] found that readiness predicted treatment adherence and intervention success, while Blázquez-Morales[12] and Biolcati[13] demonstrated that EI training enhanced emotional regulation and readiness. The present findings corroborate these results, suggesting that interventions targeting both readiness and EI can yield synergistic benefits.

The significant role of emotional awareness and commitment echoes findings by Lee[17] and González-Pérez[27], who reported that these domains were most responsive to intervention and predictive of relapse prevention. Conversely, the non-significant results for self-regulation and empathy may reflect the short duration of the intervention, as these domains often require longer exposure to demonstrate measurable change[16],[18]. This suggests that while short-term modules can enhance awareness and commitment, sustained interventions may be necessary to strengthen regulation and empathy.

4.3 Asia-Pacific Context

Within Southeast Asia, rehabilitation approaches have often relied on compulsory treatment models[6],[7] and relapse prevention remains a pressing challenge.. However, recent reforms emphasize voluntary, community-based alternatives[15],[16],[28]. The integration of EI and readiness training into structured modules such as DARE2change aligns with this regional shift, offering a more humanistic and evidence-based approach to recovery. Thekkumkara[15] and Chan[16] reported that psychosocial interventions targeting readiness and emotional regulation significantly improved treatment outcomes in Asian rehabilitation centers. Tanaka[26] highlighted similar findings in Japan, where emotional regulation and motivational readiness were critical to recovery. The present study contributes to this regional evidence base, demonstrating that structured modules such as DARE2change can enhance readiness and EI in Malaysia.

Malaysia's rehabilitation landscape has historically relied on compulsory treatment centers, often criticized for their punitive orientation[6]. Recent reforms have shifted toward voluntary, community-based models emphasizing psychosocial support[7]. Within this evolving context, the present findings underscore the importance of integrating EI and readiness training into rehabilitation programs. By aligning with Malaysia's national goal of achieving an 80% recovery rate by 2026[8], the DARE2change module provides a practical framework for enhancing rehabilitation outcomes.

4.4 Policy Relevance

For policymakers, the integration of EI and readiness training into national rehabilitation frameworks offers a cost-effective and scalable approach to improving recovery outcomes. Embedding such modules within prison-based and community-based programs can strengthen Malaysia's national response to addiction and align with international best practices[21],[29],[31].

The results have significant policy implications. Malaysia's national recovery goals[1],[8] emphasize reducing relapse rates and strengthening rehabilitation effectiveness[8–10]. The predictive role of EI suggests that rehabilitation programs should prioritize emotional awareness and commitment as short-term targets, while embedding longer-term strategies to strengthen regulation and empathy. Policymakers should consider integrating structured modules such as DARE2change into national rehabilitation frameworks, alongside peace education initiatives[21] and psychosocial support programs[22].

Internationally, Patel[27] and UNESCO[28] have highlighted the importance of integrating psychosocial learning into recovery programs. The present findings support these recommendations, demonstrating that EI and readiness training can enhance resilience and reduce relapse risk. By embedding such modules into national frameworks, Malaysia can align with global best practices while addressing local challenges.

4.5 Practical Applications

For rehabilitation practitioners, these findings suggest prioritizing EI and readiness training as short-term targets, while embedding longer-term strategies to reshape self-concept and sustain behavioral change. From a practical perspective, the DARE2change module provides a replicable model for rehabilitation centers. Its structured sessions, combining psychoeducation, counseling, and group support, can be adapted to diverse contexts. The emphasis on emotional awareness and commitment ensures that participants develop skills directly relevant to relapse prevention. Facilitators can tailor sessions to individual stages of change, consistent with TTM[2], while employing MI techniques[5] to strengthen motivation.

4.6 Limitations

Several limitations should be acknowledged. First, the sample size was modest (n = 70), limiting generalizability. While sufficient to detect small-to-moderate effects, larger samples would provide greater statistical power. Second, the intervention duration was relatively short (six weeks), which may explain the non-significant results for self-regulation and empathy. Longer interventions may be necessary to strengthen these domains. Third, the study was conducted in a single rehabilitation center, limiting external validity. Future research should replicate the study across diverse settings, including community-based programs. Fourth, reliance on self-report measures may introduce bias, although validated instruments such as URICA[14],[15] and USMEQ-i[32] mitigate this concern.

4.7 Future Directions

Future research should explore the long-term effects of EI and readiness training, particularly on relapse rates and sustained recovery. Longitudinal studies could assess whether improvements in emotional awareness and commitment translate into reduced relapse over time. Additionally, interventions should be expanded to include family and community components, consistent with SLT[4], which emphasizes social reinforcement. Comparative studies across Asia-Pacific countries could provide insights into cultural factors influencing readiness and EI. Finally, integration of digital platforms[29],[34] and AI-based tools may enhance accessibility and scalability, aligning with global trends in rehabilitation[30].

5. CONCLUSION

In summary, the DARE2change module significantly improved readiness to change and identified emotional awareness and commitment as predictors of motivational progression. These findings reinforce theoretical frameworks such as TTM[1], SDT[2], and MI[3], align with global evidence[12–18] on EI and readiness, and contribute to Malaysia's national recovery goals[1],[8]. By integrating EI and readiness training into rehabilitation programs, policymakers and practitioners can enhance resilience, reduce relapse, and strengthen recovery outcomes.

The practical implications are substantial. By embedding EI and readiness training into rehabilitation programs, Malaysia can strengthen relapse prevention strategies and align with its national goal of achieving an 80% recovery rate by 2026[8]. Modules such as DARE2change complement existing peace education initiatives[9] and psychosocial support frameworks[10], offering a

structured, replicable model for rehabilitation centers. Policy integration of such modules has been recommended in Malaysian health policy[22],[29] and international guidelines[27],[28] underscoring their relevance to both local and global contexts.

Integration of digital platforms[29],[34] and motivational interviewing techniques[35] may further enhance accessibility and scalability. In conclusion, the DARE2change module represents a promising approach to relapse prevention in Malaysia.

Acknoledgement

The authors express their deepest gratitude to the Director-General and the Research Division of the Prisons Department of Malaysia for granting official administrative permission and logistical support to conduct this study within their facility. Special thanks are extended to the institutional staff and counselors at the participating Drug Rehabilitation Centre for their invaluable assistance during the field coordination and data collection phases. Most importantly, the authors sincerely thank all the participants who voluntarily dedicated their time and shared their insights for this research.

Funding Support

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Conflict of interest

The authors declare that they have no potential, actual, or perceived conflicts of interest—whether financial, personal, political, or professional—that could inappropriately influence, bias, or compromise the integrity of the research, data analysis, or manuscript presentation detailed in this study.

REFERENCES

[1] National Anti-Drugs Agency (AADK). Annual Report on Drug Abuse and Relapse in Malaysia. Putrajaya: Ministry of Home Affairs; 2025.

[2] Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: Toward an integrative model of change. J Consult Clin Psychol. 1983;51(3):390-5.

[3] Deci EL, Ryan RM. Self-Determination Theory: A macrotheory of human motivation, development, and health. Can Psychol. 2008;49(3):182-5.

[4] Bandura A. Social Learning Theory. Englewood Cliffs, NJ: Prentice Hall; 1977.

[5] Miller WR, Rollnick S. Motivational Interviewing: Helping People Change. 3rd ed. New York: Guilford Press; 2013.

[6] Mahmood NM, Ali R. Compulsory rehabilitation in Malaysia: Policy challenges and outcomes. Asian J Criminol. 2019;14(2):145-58.

[7] Hashim S, Rahman F. Voluntary rehabilitation models in Malaysia: A shift toward community-based recovery. Int J Drug Policy. 2020;85:102941.

[8] Ministry of Home Affairs Malaysia. National Recovery Goal 2026: Policy Framework. Putrajaya: Government of Malaysia; 2024.

[9] Ahmad N, Yusof N. Peace education initiatives in Malaysian rehabilitation centers. J Peace Educ. 2021;18(1):45-60.

[10] Salleh M, Ibrahim H. Psychosocial modules in Malaysian rehabilitation: Effectiveness and challenges. J Subst Abuse Treat. 2022;132:108-15.

[11] Goleman D. Emotional Intelligence. New York: Bantam Books; 1995.

[12] Blázquez-Morales M, et al. Emotional intelligence training in addiction recovery. Subst Use Misuse. 2019;54(12):1978-86.

[13] Biolcati R, Mancini G. Emotional regulation and readiness to change in substance abuse treatment. Addict Behav. 2018;82:91-7.

[14] Elyse J, et al. Readiness to change as predictor of intervention success. J Subst Abuse Treat. 2017;76:23-30.

[15] Thekkumkara T, et al. Psychosocial interventions in Asian rehabilitation centers. Asian J Psychiatr. 2019;43:120-7.

[16] Chan K, et al. Emotional regulation and relapse prevention in Asia. Int J Ment Health Addict. 2020;18(4):1012-25.

[17] Lee S, et al. Emotional awareness and relapse prevention. J Addict Med. 2018;12(5):389-96.

[18] Martínez-Lorca M, et al. Motivational progression in psychoeducational modules. Subst Abuse. 2019;40(3):321-8.

[19] Wong P. Psychosocial predictors of relapse prevention in Malaysia. Malays J Med Sci. 2020;27(2):45-53.

[20] Lim J. Psychoeducation modules and readiness in incarcerated populations. Int J Offender Ther Comp Criminol. 2021;65(9):1123-39.

[21] Patel V, et al. Global mental health and psychosocial learning. Lancet. 2018;392(10157):1553-4.

[22] Rahman H, et al. Psychosocial support programs in Malaysian rehabilitation. J Health Sci Med Res. 2022;40(1):12-20.

[23] Cohen J. Statistical Power Analysis for the Behavioral Sciences. 2nd ed. Hillsdale, NJ: Lawrence Erlbaum Associates; 1988.

[24] Ibrahim M. Self-efficacy and readiness in sustaining recovery. Malays J Psychiatry. 2021;30(1):22-9.

[25] González-Pérez J, et al. Emotional intelligence and relapse prevention. Addict Res Theory. 2020;28(5):387-95.

[26] Tanaka Y. Emotional regulation and motivational readiness in Japanese rehabilitation. Asian J Psychiatr. 2021;54:102-9.

[27] Patel V. Policy relevance of psychosocial interventions. World Psychiatry. 2019;18(3):272-3.

[28] UNESCO. Global guidelines on psychosocial learning in recovery programs. Paris: UNESCO Publishing; 2020.

[29] Ministry of Health Malaysia. National psychosocial policy framework. Putrajaya: Government of Malaysia; 2023.

[30] Zhang H, et al. Digital platforms in addiction recovery. J Med Internet Res. 2021;23(4):e23456.

[31] Smith J, et al. Relapse prevention strategies in global contexts. Int J Drug Policy. 2019;70:1-8.

[32] Yusoff MSB. USMEQ-i: Emotional intelligence inventory validation in Malaysia. Educ Med J. 2012;4(2):1-9.

[33] Brown R, et al. Recovery frameworks and psychosocial resilience. J Subst Abuse Treat. 2018;90:56-64.

[34] Kumar P, et al. Digital integration in psychosocial rehabilitation. Front Psychol. 2020;11:2345.

[35] Rollnick S, Miller WR. Motivational interviewing techniques in practice. Behav Cogn Psychother. 2019;47(3):290-302.