



Private Medically Supervised Withdrawal Management
Bali, Indonesia

sabalical.com

Professional Referral Guide

Clinical overview, programme pathways and referral information

PROFESSIONAL CLINICAL PUBLICATION

7-day, 14-day and 30-day programmes
two months of personalised professional aftercare
Private villa care · Maximum 3–4 clients · Bali, Indonesia

Admission is subject to clinical assessment. Immediate medical or psychiatric emergencies require hospital or emergency care.

A private clinical option when timing matters

Sabalical Embodied Recovery provides privately coordinated, medically supervised withdrawal management and embodied recovery programmes in Bali. The service combines clinical assessment, medical stabilisation, trauma-informed therapeutic support, nervous-system regulation, structured nutrition and personalised discharge planning in a private villa environment.

Recovery begins when the nervous system no longer believes it is in danger.

What distinguishes Sabalical

Rapid, clinically assessed access Admissions may be coordinated within 24–72 hours when the presentation is clinically appropriate and practical arrangements are confirmed.	Maximum privacy A maximum of 3–4 clients at any time, with accommodation privately selected and booked for the client or small cohort.
Integrated care Medical withdrawal management, somatic and trauma-informed therapy, lifestyle medicine and nervous-system restoration are coordinated as one programme.	Continuity after Bali Every programme includes two months of personalised professional aftercare, supporting the transition into home, work and continuing treatment.

Programme pathways

Sabalical offers 7-day, 14-day and 30-day programmes. The appropriate pathway is determined through clinical assessment, risk, substance history, goals and the depth of recovery work required.

Duration	Primary focus	Core emphasis	Aftercare
7 days	Withdrawal management and stabilisation	Medical safety, sleep, nutrition, regulation skills and an individual recovery plan	two months of personalised professional aftercare
14 days	Stabilisation and embodied recovery	Extended somatic and therapeutic work, pattern recognition, regulation and discharge planning	two months of personalised professional aftercare
30 days	Comprehensive recovery immersion	Staged stabilisation, deeper therapeutic work, identity and lifestyle rebuilding, relapse-prevention planning	two months of personalised professional aftercare

Potentially appropriate presentations

- Alcohol Use Disorder and clinically assessed alcohol withdrawal management
- Substance Use Disorder and selected substance withdrawal presentations
- Prescription medication, benzodiazepine and opioid dependence
- Trauma-related conditions, complex PTSD and attachment trauma
- Anxiety and depressive disorders where co-occurring
- Chronic stress, burnout, compassion fatigue and nervous-system exhaustion
- High-functioning addiction and behavioural addictions



- Co-occurring neurodevelopmental conditions such as ADHD or autism
- Veterans, defence personnel, police, first responders, FIFO and mining professionals
- Family-referred and international admissions

Clinical boundaries

Sabalical is a private villa-based recovery programme, not a hospital. Suitability is never assumed. A person may require hospital-based withdrawal management, acute psychiatric care or a longer residential programme where risk is elevated.

- Immediate medical or psychiatric emergency
- Previous withdrawal seizures or delirium tremens
- Acute medical instability or severe liver disease
- Clinically complex polysubstance dependence
- Severe psychiatric instability, unmanaged psychosis or acute suicide risk
- Any presentation the clinical team considers unsuitable for villa-based care

The Sabalical Method

The Sabalical Method is organised around physiological safety. Addiction, trauma and chronic stress are approached as adaptations of the brain and nervous system rather than failures of character. The programme integrates:

Polyvagal-informed care Environment, pacing and interaction are designed to reduce threat and support regulation.	Somatic principles Body awareness, breathwork, movement and felt-sense practices support regulation without overwhelm.
Attachment-informed care Warmth, consistency and relational safety are treated as active therapeutic elements.	Addiction neuroscience Psychoeducation reduces shame and informs treatment sequencing.
Lifestyle medicine Sleep, nutrition, hydration, movement, social connection and purpose support neurological recovery.	Evidence-informed therapy Therapeutic modalities are selected and sequenced to the client's phase, capacity and clinical profile.

Professional referral pathway

1. Contact Sabalical with the prospective client's consent, or ask the client or family to contact admissions directly.
2. Provide available information on the presenting concern, current use, medical and psychiatric history, medications, withdrawal complications and immediate risk.
3. A confidential screening and clinical assessment determine suitability and the appropriate programme duration.
4. If clinically appropriate, medical, accommodation and arrival arrangements are coordinated.
5. With client consent, Sabalical can communicate with existing treating professionals to support continuity, discharge planning and aftercare.



Information helpful at first contact

- Primary substance or presenting concern and current pattern of use
- Previous withdrawal history, seizures, delirium or admissions
- Medical conditions, current medications and allergies
- Psychiatric diagnoses, current mental state and known risk concerns
- Polysubstance use and current intoxication status
- Treating clinicians and preferred continuity arrangements
- Travel readiness, support person and preferred timing

Frequently asked questions

Are programmes only for executives?

No. Sabalical supports suitable adults from different backgrounds. The programme can be adapted for executives and professionals who require specific privacy, scheduling or return-to-work planning.

Which duration should be selected?

The 7-day, 14-day or 30-day pathway is recommended after clinical assessment. Seven days focuses on withdrawal management and stabilisation; 14 days allows more recovery work; 30 days provides the most comprehensive immersion.

How quickly can admission occur?

Admission may be available within 24–72 hours, subject to clinical assessment, medical suitability, travel and accommodation availability.

What aftercare is included?

Every programme includes two months of personalised professional aftercare.

Can the referring clinician remain involved?

Yes, where the client provides informed consent. Communication can support continuity, discharge planning and ongoing care.

Professional contact

Our goal is the person's recovery, not filling a bed. We will advise honestly when hospital care or longer treatment is required.

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For professional information only. This publication does not replace individual medical assessment, emergency care or hospital-based withdrawal management where clinically indicated.