

Therapeutic Communication Narcotics in Rehabilitation Institution “Rumah Kita” Surabaya

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Abstract— East Java province is one of the area that face a lot of drug use or narcotics problem. Since BNN (Badan Narkotika Nasional) was created at 2009, this institution handled more than 7 thousands cases. In national level, from 4.9 million drug/narcotics users in Indonesia, 400 thousands of them were in East java. The problem of the drug users relate with how to develop rehabilitation process to make the drug users free from their bad habit. This problems are complex because it relates with the individual characteristics of the users, their background and social affiliations. Therapeutic communication for them need specific approach to reach the aim to make them free from the narcotics. Therapists should consider personal aspects and mental capacity of the drug users. The research question in this project is how the therapeutic communications patterns for the drug users implemented by rehabilitation institutions in East Java. Researcher use qualitative approach to find pattern of therapeutic communication for the drug users. Patterns of therapeutic communication can be shown in two kind of interaction.

Keywords—therapeutic communication; therapeutic community; interpersonal communication; therapist-client relations

I. BACKGROUND

East Java can be said as a vulnerable region in the terms of drug abuse. Since National Narcotics Board (BNN) was formed in 2009, this board has taken care of more than 7,000 cases in East Java (Antaraneews.com, March 4, 2014). Nationally, of 4.9 million drug abusers in Indonesia, 400,000 are at the East Java (www.suarasurabaya.net, March 17, 2015). From the mentioned data, it is very clear that the handling of the drug abuse countermeasure in East Java is already at the urgent level. This drug abuse handling can be preventive, curative, and rehabilitative. Using this base, it is important to view the rehabilitation process of the drug addicts from the therapeutic communication side. Addicts that are “consciously” seeking the way out of the drug’s addictive process is urgent to take this therapy process. This is because the addiction effect from the drugs that they previously utilize has its own consequence in its rehabilitation process. Drug injection users, for example, with its unique communal style that often related with AIDS transmission and their couples. For East Java, statistic of this type of user is alarming. More than 27,000 have been identified with the largest cities reported is in Surabaya (4.359 people), followed by Malang (3.249 people), Sidoarjo (2.006 people), Kediri (1.326 people), and Banyuwangi (1.009

people). Statistic above is the 2011 record. When we talk about therapeutic communication, then there are three rehabilitation steps for drug addicts, which are: (1) medical rehabilitation (detoxification), which drug addicts are examined physically and mentally by trained doctors. This doctor then determined whether the addict is necessary to be given some drugs to reduce the doped up effect (sakaw), (2) non-medical rehabilitation, on this step, addicts are to be included in the rehabilitation programs such as therapeutic communities (TC) et cetera, and (3) after care step, where the addicts are being given some activities suitable to their interest talent, schools, or work but still under the supervision. On the mentioned rehabilitation step, therapeutic communication plays an important role because the motivational sincerity of the addicts, beside based on their own high intention and initiative, also depends on the persuasive and motivational supports based on counselor/therapist relationship with its client/drug addicts. This is mainly important on non-medical rehabilitation and after care step. After the addicts detached from the drug’s toxic effects – impossible to be 100 percent recovered, if the addicts itself suffers from individual or social problem there is a possibility to be dragged into an addict again. If he addicts have a positive relationship towards the therapist, the therapy process will be successful due to the effortless self-disclosure of the addict so that alternative steps or preventive measures can be conducted. Moreover, therapy can be conducted in community context (therapeutic community) if the drug addicts’ problems have been found. In this particular context, researchers tries to dig therapeutic communication patterns for drug addicts. Certainly with the hopes that this research can be beneficial on drug abuse countermeasures effort, especially in East Java.

II. THERAPEUTIC COMMUNICATION

Interpersonal communication is the dyadic (two people) inter-participant communication. Interpersonal communication steps – from the intensity side – certainly in accordance with intimacy quality of the inter communication participant’s relationship. Before being intense, the communication process certainly follows the general principal of communication effectivity. Communication will be dubbed as effective if it is shows understanding and positive emotions, influencing attitude, repairing relationship, and generates act [1, pp. 23-26]. Interpersonal communication pattern also will be running well where communication participant feels rewarded in the process. The smoothness of its process also depends on

familiarity on communicant, and so does with interpersonal proximity [2, p. 115] between therapist and client, if it is viewed from therapeutic communication perspective. The effective interpersonal communication that occurred in accordance with the communicant's expectations requires a reinforcement response. Moreover if what occurs is in the form of therapeutic communication that expects high persuasive rate to generate strong motivation from the communicants. Those reinforcement response is called confirmation response that has characteristics, such as: (1) direct acknowledgment, where participant gives response without any delays, (2) positive feeling, where participant express positive response towards what the interlocutors talking about, (3) clarifying response, as the request to describe, which shows attention, (4) agreeing response that shows the agreeing on interlocutors' topic, (5) supportive response that shows supports and understanding towards the interlocutors [2, pp. 127-128]. One of the elements that shows the success of interpersonal communication is the two-way and balanced self-disclosure. Two things that related to the self-disclosure is the quantity of disclosure and valence (positive or negative disclosure). More intimate the interpersonal relationship will result in braver disclosure, although it is a content negative due to the consciousness that its communicant partners will not evaluate negatively or judging [3, p. 261]. Therefore, communicants should foster interpersonal communication because inside the interpersonal communication contains changing elements or stabilities that by Julia T. Wood called as dynamic equilibrium [4, p. 166]. Therapeutic communication is a rehabilitation efforts of drug addicts so that they can be returned to the society and work their own social functions. This process is certainly uneasy because of drug abusing experience is various and individual. To reach the effective communication, therapists should understand their field of experience and frame of reference of drug addict clients. Drug addiction is one of pathological form of modern society, and its cause is very complex. One of the causalities that sometimes associated with drug addiction is the society context that producing mass culture. The "mass culture" [5] then associated with the emergence of individual atomization. Fast pace of society's functional differentiation, along with the fading of farming-based society to industrialization-based society results in community's function that based on citizenry, institutions, on religions becomes weak. This results in the people detached from its group and experienced problems related to its surviving process in the society. This phenomenon is called as atomization, individuals that detached from its communal root will lose its strong home base when facing daily social problems. Moreover if it is added with media phenomenon that transmits information that massive and encourage uniformity. Individuals that suffers daily problems pressure and in the difficult position perhaps will use drugs as the way out. Because of the weakening communal bond and followed by the fading of internalization of community-based values and morality then we can predict the escalation and expansion of drug abusers.

This phenomenon has been happening in Indonesia. 2015 statistics shows that Indonesian drug users are as many as 4.9 million and 400 thousand of it is in East Java. Therapeutic communication problems appears when the addicts gain consciousness that what they did is wrong and they want to

cure the addiction. There are also possible case of the desire to eliminate the addiction because of being forced, because they had been caught by law enforcement when using drug so that they have to be rehabilitated. In general therapeutic communication in non-medical and after care, the most important aspect is the sharing process between therapists and its client. There are some fundamental aspects that delivered by Karen Kearsley (www.studentnurseresource.net) in therapeutic communication, which are: Active listening, Sharing observation, Sharing empathy, Sharing hope, Sharing humor, Sharing feelings, Using touch (mainly for sick client), Silence (for a moment to observe next steps), Providing relevant information (providing relevant information to lift worries), Clarifying (clarifying whether the given information is accurate and to understand client's experience), Focusing (prioritizing on the main and relevant aspects by therapeutic communication), Paraphrasing, Asking relevant question, Summarizing (gathering all information to decide next steps), Self-Disclosure (and telling subjective personal experience associated with rehabilitation process), Confrontation (causing clients to realize its inconsistent feeling, attitude, and trust). Kearsley indeed did not delivering her therapeutic formula exclusively for drug addicts, but every form of rehabilitation or healing, aspect that she did look quite comprehensive. Using the thought base that personal rehabilitation therapy based to self-motivation to recovered or get out of negative experience of addiction towards drugs or other objects. In the personal development, it associates with self-concept, self-consistency, and self-affirmation [6]. If the improvement of these three aspects works or effective based on the personal desire of an addicts to be detached from drugs, then this therapeutic communication can be said as successful.

In its natural condition, this personal success must have support of intimate groups or nearby community. Without another significant other support from the family, couple, friends, and personal successful friend groups. It can be in vain because the addicts can be returned to their old world. And also the supports of religious community or neighborhood, citizenry can strengthen personal support for the addicts to be detached from its addiction. Certainly with the assumption that if this community group can accept without any excessive suspiciousness and too much evaluative measures. What they need is the confirmative response. Community's position is important for the individual development [7]. Therapeutic communication is the interpersonal communication that the main context is rehabilitative and direct. Therapist and client directly meeting face to face. Although it can be happened on certain special cases, the communication rarely utilized mediated communication. Utilization of medium such as smartphone, can be occurred in normal communication relation to strengthen relationship, but not in an *an sich* rehabilitation process. Communication form that happens is transactional because its deliberative, due to position of one of the communicants is determined by the other communicants. The client's sincerity to continuously follow the rehabilitation therapeutic communication process depends on client's perception of the usage and the quality of ongoing process. If this affection response does not happen, it might be resulted in contact termination by the client. Meanwhile, from the

perspective of counselor/therapist, the process certainly is the form of obligation or "duty" as the part of responsibility. However, with no consciousness or sincerity in its participation, then the process will also goes imperfect.

By those transactional process, then one of the crucial aspect that impacted in the success of therapeutic communication is the purpose-sharing process between the communication participants. With the emergence of understanding between communication participants, communication will go effectively. The consciousness of functional role of each actors will grow along the communication step process. In this thing, linguistic factor in the transactional process holds an important role. Communication participants that involved in the therapeutic communication are therapist/counselor and former drug addicts/client. The communication context is the relationship between communication participants in the effort to heal or personal strengthening so the addicts freed from drug's addiction. For analysis importance, it will be viewed on all of the communication components in that therapeutic communication process that includes communication participants (source/receiver), verbal message and its interaction, channel/media used, communication constraint (if any), and good physical or psychological communication context. From the view of communication participant, it will be seen on how communication credibility is built by communication participant. This is important, regarding the therapist is a psychologist or counselor (ex addicts that given education or have certain qualification). Credibility aspects can be seen from performative aspect or its communication process preparation. Message aspect that can be seen from the communication content during the ongoing communication process can be in form of verbal message of words or non-verbal form (artefactual, paralinguistic, proxemics, kinesics, facial expression, et cetera). Communication constraints can be observed when the communication is still ongoing so it can be evaluated whether it is language, cultural, or knowledge aspect or associated with demographic aspects. Communication context observed on several dimension. First, dimension of time choice of therapeutic communication time whether is it related to the communication process. Communication effectiveness is based on consultation time choice whether does it have certain meaning based on the time agreed upon. The choosing process, is it deliberative or based on the tight schedule. Because this research is qualitative study, so communication effect is observed perceptually on communication participant either from the therapist/counselor or client/ex drug addict side. Aspect of communication effect from this perceptual side is viewed from cognitive, affective, and behavioral side. Therapeutic communication will be less effective is the client experiences communication constraints. This already delivered by Lloyd ad Bor [8, p. 63], that researching the cause of client suffers communication difficulties: (1) particularly shy and reserved, (2) embarrassed about some aspect of their problem, (3) feeling sad or depressed, (4) experiencing considerable pain, (5) suffering from physical or cognitive impairments that affect understanding, and/or (6) simply wanting to obstruct the course of the consultation. Meanwhile, the parameter of communication effectivity can be observed from the equation

and emancipatory attitude during communication process [9, pp. 43-44].

III. ANALYSIS UNIT AND DATA GATHERING

Analysis unit in this research is communication behavior in therapeutic communication between counselor/therapist and client/ex drug addict. This analysis unit includes: Communicative act that includes one communicative sequence has special meaning in interpersonal communication process. This aspect will be viewed in interactional relationship with the interlocutors' message so it can be judged as the interactive pair part between therapist and clients. In verbal communicative action, the couples of this communicative act can be judged based on it relations (greeting-greeting, question-answer, statement-response, et cetera), suitable with information qualification in it. Communicative event is the series of communicative act that can be interpreted as a series that contains certain meaning, suitable to the interpersonal relation context. Conceptually, the communicative event can be as sharing observation, sharing empathy, sharing hope, sharing humor, sharing feelings, using touch, silence, providing information, clarifying, focusing, paraphrasing, asking relevant question, summarizing, self-disclosure, and confrontation. Basically, the naming of communicative event based on context and its communication contents. Communicative situation is the whole communicative event in therapeutic communication. Context of communicative communication in therapeutic communication can be based on time, room choice, personal, or group context. Communication context is the happening therapeutic communication's scope. Choice of room, decoration, furniture arrangement, lighting, room temperature are physical context. Social context are inter-participant relation, participant figure's mentions, and another related aspects.

IV. ANALYSIS DESIGN

Analysis design in this research based on qualitative interpretation based on field observation and information gathered from in-depth interview. On the first step, will be known the conversation pattern between the therapists and clients such as their perception towards communication process they have experienced. Qualitative interpretation analysis is also will be conducted on types and information qualification that informed in the therapeutic communication process. The assessment is also conducted on its variety or its process. Conversational analysis is also conducted on this step to know the interactional message partner between the therapist and clients. On the second step of the analysis, modelling will be done based on first step analysis. Kind of information spectrum that needed by client requires transmissible character of certain type of information that certainly cannot rule out its healing or strengthening function. Also, therapeutic communication model can be build based on competence area, appropriateness, and working function relational aspect to serve operational work of therapist's working function personally or organizationally. Meanwhile, modelling also constructed to fulfill standard technical

requirement of an interactional in the process of therapeutic communication and the possibility of its development optimally with advanced qualification.

V. DRUGS THERAPY HOUSE

Establishment of a therapy house for drugs addict or often called as rehabilitation center usually started with a foundation that cares about general social or health problem. On ORBIT foundation, it first paying attention to harm reduction that carried by people with HIV, but also the virus transmission that relates to drug abuse, mainly the usage of syringe for heroine, so the foundation then formed a division that associated with drugs rehabilitation using community therapy treatment. And also does Rumah Kita rehabilitation center, which is the Surabaya branch of Bambu Nusantara Foundation Madiun that specializes on rehabilitating drug addicts that want to be free from addiction. Social Ministry Decree: What is being conducted by the therapy house generally are (1) narcotics social rehabilitation, (2) consultation, (3) detoxification, (4) counseling, and (5) Family Support Group (FSG) or Family Association (FA). The main role is the social rehabilitation using the general method of community therapy.

In the implementation of social rehabilitation task which its institutional legality of a therapy house is the acceptance of the institution status as Mandatory Report Recipient Institution, according to the Law no. 35 year 2009 about Narcotics and Government Regulation no. 25 year 2011 that states a drug addict or their family are obligated to report to institution appointed by the government based on doing central role are the counselor and social workers that taking care of addicts that wants to be free from its addiction. Social workers have been specially set by the Social Ministry of the Republic of Indonesia. Meanwhile, counselors are former drug addicts that have been freed from addiction. They have competence on rehabilitation handling which its development are being conducted by National Narcotics Board (BNN) with competence as follows: (1) narcotics pharmacology, (2) counseling techniques, (3) counseling ethics, (4) cognitive behavioral change, and (5) motivational interviewee. After they have adequate competence they then get the certificate from Indonesian Addiction Counselor Certification Council. Ideal ratio for counselor is one counselor handling ten drug addicts client. These counselors are daily and continually face to face with the drug addict clients because the social workers only started to do the job once the funding from the ministry disbursed. With those funding addicts clients have no financial burden when going on therapy. They usually burdened by personal needs and cigarette. There is also the way those rehabilitation centers got clients generally, which is by three way, as follows: Institutional reference, by accepting clients from BNNK or Local Police. If there is an individual caught using drugs with the limit of 1 gram of methamphetamine, 300 gram of marijuana, 10 pills of inex, or 1 gram of heroin, they will be categorized as addicts and taken over to Mandatory Report Recipient Institution. Through web of foundation or therapy house or social media, which gives information to the society about rehabilitation center or house so that there will

be someone or a family to contact the center to get rehabilitated towards recovery. Society reach out, conducted by the counselor in every centers that functioned as field worker that will contact and communicate with contact person in drug addicts area. Using given information, it is expected that there will be an addicts that want to be recovered and becomes therapy house's client to get rehabilitation treatment.

VI. PATTERN OF REHABILITATION THERAPEUTIC COMMUNICATION

Communication in drugs rehabilitation therapy relies on community therapy although in consultation case usually happens in face to face interpersonal communication. On the beginning of rehabilitation process that called as the interview process. On this phase, the counselor doing interpersonal communication to examine the eligibility or appropriateness of client candidate generally because there is a possibility that person who calls the center are not the clients but his/her family or friends. The eligibilities for a client candidate are as follows: (1) aged 17-45 years old, relates to thinking maturity, personality, and productive age. In certain cases, there are also some people with ages exceeding a bit of the limit, but it all decided by the team, (2) does not suffer from infectious disease, by non-verbal and physical observation, and (3) does not suffer from acute mental illness, because it may disturb the community therapy process. If there is an infectious disease and mental illness in a client candidate then it should be solved first so it will not results in dual diagnosis, which then will be continued to medical reference.

. Primary Care is the main handling time, because the addicts are in "withdrawal" condition, where they stopped using drugs so it may suffer physical disorder (doped up) or emotional disorder. Basically what is done by the therapy house is social rehabilitation so if there is physical disorder then the addicts will be sent to hospital. This social rehabilitation handling is a life principal that formed to grow a common life that care for each other in a community. Community therapy like this according to Richard Hayton is a structured methods and environment to change people's behavior in the context of responsible community life. Therefore, in the treatment plan, first thing that will be negotiated to clients is their readiness to follow the rehabilitation culture that fostered in the therapy house.

In this process, what happened is a form of collective learning for client/addicts' recovery. Each individuals takes various part. They participate in daily routines so they feels as an active part of a community. Client that have undergo the recovery principle then become a role model for another clients. Things that being developed is an open communication in the process that fostered in kinship bond. Counselor gives feedback, reinforcement, or assessment in discussion/meeting or daily activities. Although the togetherness and familiness principal, there are cardinal rules that being emphasized, which are no sex, no violent, and no drugs. Basic principles that fostered are do not disturb other people's belongings, such as sleep on another client's bed, asking for cigarettes, wearing clothers, and randomly touching, because perhaps of the difference on sexual

preference. Daily activities in taking role behavior discussed on a meeting so that client understands themselves, responsible towards his/her own life and applying value, attitude, behavior, and lifestyle that are healthy. In this Primary Care step, there are implementation of 12 steps that adopts 12 steps principles of Narcotics Anonymous (NA) that usually hanged as poster to remind clients in the therapy house. Those steps are always be cultivated to be implemented in daily activities that scheduled/structured so the effect can be felt by the client. Certainly it is not an easy thing to do so it always being openly communicated with another clients in available meetings. Activities and meetings mentioned planned in daily activities. In those activities are balanced between physical activities (stretching, wellness), neighborhood cleanliness (function), communication and discussion (morning and night meeting), structured task (text work, presentation). Daily activities always closed with a daily activity summary (wrap up). On Saturday and Sunday there are a lot of free activity but there are also NA meeting as the collaboration of 12 steps principal that always keeping and relaxing communication (meeting, keep contact), serving others, or helping other addicts (sponsorship). This Primary Care step is going variously from 2 to 3 months. Basically if this step is followed well, then client would be on clean state, which means total abstinent for 2/3 months. Next phase is the transition phase or halfway house that provides opportunities to clients to work, school, or involved in vocational activities on the afternoon. On the night they can go back to therapy house. There are some houses that did not do this because this might bring drugs to the therapy houses. On the last phase, after care, for 2/3 months clients may stay outside of rehabilitation facility. Clients also encouraged to join the group meeting that supports self-help such as NA and AA meeting, even FGD. On this phase, clients also expected to join individual or group counseling so their development or constraints can be monitored. Recovery from addiction can be mirrored from the stopped usage (clean) and the life quality improvement for the addicts.

VII. CONCLUSION

Social rehabilitation conducted by counselors in drugs therapy house uses interpersonal or group communication. Interpersonal communication used on the early interview steps, daily conversation, or counseling. Basically the rehabilitation principals used by group/community therapy with client as the center (client-centered therapy). This community therapy based on open communication principal that is not dropping each other, voluntary, and mutual help. Structured environment is built to foster meaning of

themselves by living with each other. Principals of 12 steps of NA generally used by the therapy house in East Java. Addiction is admitted as a process that have to be healed because it disturbs order and meaning of life. It cannot be solved by one person but must be solved by doing life with other people, looking at the role model and taking role and social function. Also on the future when a client recovered then he/she keep taking role on NA-based meetings, helping others and helping specifically by being a sponsor for other addicts' recovery. Communication principal that undergoes in the therapy process is open, non-judgmental, voluntary, evaluative, procedure-based, and structured. NA principals are spiritual although not affiliated with certain religion. Counselor is the credible communicator with its competency and experience. It must be admitted that this research is still generic in the means of finding general typology of communication. The next research is expected to dissect communication praxis in social rehabilitation house so inductively found therapeutic communication phenomenon in more detail. About the therapy house operational it is indeed depends on outer donation. During these times, Social Ministry and BNN taking the important role. For the future, it is expected of individual involvement to be a philanthropist or social "Maecenas" to push the development of therapy house. The last note is that the available donator is expected to be on non-interventionist form because of the principal of the development of institutional independence.

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