

Research Article

Patterns of Therapeutic Communication in Rehabilitation Institution for the Narcotics Users in East Java, Indonesia

Iwan Joko Prasetyo*, Sanhari Prawiradiredja and R. Ayu Erni Jusnita

Faculty of Communications Science, University Dr. Soetomo, Surabaya University, Indonesia

Address correspondence to Iwan Joko Prasetyo, iwan.joko@unitomo.ac.id

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Abstract

The province of East Java is an area with a high prevalence of drug and narcotic abuse. Since the creation of the BNN (*Badan Narkotika Nasional* [National Narcotics Agency]) in 2009, more than 7000 cases have been handled. On a national scale, of the 4.9 million drug users in Indonesia, 400,000 of them were in East Java.

Issues relating to resolving the drug endemic include the challenge of developing a rehabilitation process that is effective and life-long. The difficulty is the complexity of individual differences, such as background or social affiliations. Therapeutic communication needs a specific approach in order to free the sufferers from the addiction, so mental capacity and other personal factors must be considered by therapists. The aim of this study is to investigate how patterns in therapeutic communications at rehabilitation centers across East Java encourage drug users to break their addictions.

A qualitative approach was implemented to find a pattern of therapeutic communication for drug users, and it concluded two types of interactions. The first appears in interpersonal communication between therapist/counselor with client (drug users), while the second occurs as community therapy. In this context, the community means drug user activities are controlled in social environment built in a quarantined setting. Specific activities are created for them to behave and respond appropriately in normal social situations. Social-psychology intervention like step study, social awareness development, and creating group care and concern are managed in order to make drug users free from the addiction and live a better quality of life.

Keywords: therapeutic communication, therapeutic community, interpersonal communication, therapist-client relation

3. Introduction

The East Java Province is the second largest province in Indonesia. Therefore, this province has many complex problems that have social, economic and political dimensions. Drug abuse is one serious problem that

must be resolved and must get attention from all components of society. East Java Province is considered an area that is prone to drug abuse. Since the National

Narcotics Agency (BNN) was formed in 2009, over 7000 cases have been handled in East Java [1]. Nationally, of the 4.9 million drug users in Indonesia, 400,000 of them are in East Java [2]. From these sets of data, drug handling becomes very important for both preventing, curing and rehabilitating. Drug users in East Java are ranked second after Jakarta and are estimated to have a prevalence of 2.8 out of the population of East Java which are 39 million people. There are 830 thousands active drugs users [3] According to data from BNN East Java Province, the results of implementing mandatory reporting institutions Report Compulsory Recipient Institution [*Institusi Penerima Wajib Laport* (IPWL)] in the Main Clinic of BNNP in East Java are 51 percent of patients or users and drug addicts are still children or adolescents under 19 years [4].

Therapeutic communication can be used in the rehabilitation process for people trying to overcome drug addiction. This is because the "addiction" effect of the type of drugs they use has its own consequences in the rehabilitation process. For example, injecting drug users with their typical communal style are often associated with the transmission of AIDS to both them and their partners. For East Java, the data regarding drug use through injections is quite astonishing. In 2011, the total number of injection drug users in East Java is 27,000 people, the largest being in Surabaya (4,359 people), Malang (3,249 people), Sidoarjo (2,006 people), Kediri (1,326 people) and Banyuwangi (1,009 people) [5].

Therapeutic communication for drug user rehabilitation is divided into three stages: (1) Stage of medical rehabilitation (detoxification), where the addict is examined both physically and mentally by a trained doctor. This doctor determines whether addicts need to be

given certain conditions to reduce withdrawal symptoms (*sakau*); (2) Non-medical rehabilitation phase, where addicts are encouraged to join rehabilitation programs including TC (Therapeutic Communities) and so on; (3) Advanced development phase (after care), where addicts are given activities according to the interests of talent, school or work but remain under supervision.

In the rehabilitation phase, therapeutic communication plays an important role because the seriousness of the drug addict's motivation, besides personal intentions and initiatives, also depend on support and persuasion based on the relationship between the counselor or therapist and the drug addicts. This is especially prevalent in the stage of non-medical rehabilitation and after care. Therapy house (Report Compulsory Recipient Institution) use more TC programs in communicating therapy to clients.

If the addict has a positive relationship with the therapist, the therapy process will run smoothly because the self-disclosure of the addict takes place so that alternative treatments or preventive measures can be carried out. In fact, therapy can be conducted in a community environment (therapeutic community) if the problem of drug addicts is read. In this context, researchers try to explore therapeutic communication patterns for drug addicts.

3.1 Theoretical basis

Therapeutic Communication is an important aspect in every human life in society. Humans are unable to socialize, interact, and develop without communication, through which thoughts and ideas can be conveyed. In the field of health, communication becomes something very important, where doctors or nurses convey something to patients. Communication between the doctor or nurse to the patient becomes absolutely necessary. The doctor or patient can convey all information related to the disease or drug that must be taken, so that the patient feels fulfilled by the information provided and aware of all possible avenues to take in treatment. This is known as therapeutic communication. According to Stuart, therapeutic communication is an interpersonal relationship between nurses and clients, who share a learning experience in order to improve the client's emotional experience [6]. Meanwhile, according to Wahyu Purwaningsih and Ina Karlina (2010): therapeutic communication focuses on meeting the client's needs, as well as having specific goals, and a set time limit together [7]. Thus, we can conclude that therapeutic communication is a form of interpersonal communication between doctors/nurses/therapy counselors with patients in order to provide healing. The relationship that occurs is reciprocal, where information is exchanged between both parties i.e. between healthcare professionals and patients.

Therapeutic communication in the therapy house (Report Compulsory Recipient Institution) is a form of rehabilitation effort for drug addicts so that they can return

to the community and carry out their social functions. To achieve effective communication, the therapist must understand the field of experience and the frame of reference of addict clients. Issues relating to therapeutic communication arise when drug addicts are aware that what they are doing is wrong and they want to eliminate the addiction. It could also happen that the desire to eliminate addiction is due to compulsion because they were caught by the authorities when using drugs, so they must be rehabilitated. In therapeutic communication, which is generally in the stage of non-medical and after care, the process of sharing between therapists and their clients is significant. There are several fundamental aspects which Karen Kearsley conveyed in therapeutic communication, among others [8],

- (a) Active listening (active listening) (b) Observation sharing (describing/sharing observations)
- (c) Sharing empathy (sharing positive feelings from the client's perspective) (d) Sharing hope (sharing hope, looking at reality optimistically)
- (e) Sharing humor (sharing joy with humor)
- (f) Sharing feelings (sharing feelings) (g) Using touch (using touch especially for clients who are sick)
- (h) Silence (momentary silence to observe the next communication step) (i) Providing information (providing relevant information so as not to cause concern)
- (j) Clarifying (clarifying, whether information is received accurately and to understand situational client experiences)
- (k) Focusing (prioritizing on the main aspects and relevant to therapeutic communication)
- (l) Paraphrasing (paraphrase states the client's sentence with its own equivalent expression that gets the client's attention)
- (m) Asking relevant question (asking relevant information in the communication process)
- (n) Summarizing (gathering all important information for decision making later)
- (o) Self Disclosure (self-disclosure, conveying subjective personal experience related to the rehabilitation process)
- (p) Confrontation (confronting, causing the client to be aware of inconsistent feelings, attitudes, beliefs and behavior).

Kearsley did not specifically convey this therapeutic formula for drug addicts, but every form of rehabilitation or healing aspect that was done seemed quite comprehensive. This is based on the premise that personal rehabilitation therapy is reliant on self-motivation to recover or relieve the negative experience of addiction or dependence on certain objects. In personal development this is related to self-concept, self-consistency and self-affirmation [9]. If the improvement of these three aspects

is successful or effective based on the addict's personal desire to get rid of the drug addiction, then therapeutic communication would be classed as successful.

In its natural condition, this personal success must get the support of the intimate group or the closest community. Without the support of family members, partners, friends and groups of friends, personal success can be useless because addicts return to the old world of drugs. Likewise, the support of the religious community or neighbors can strengthen personal support for addicts trying to escape their drug dependence. Of course, the assumption is that if this community group can accept without too much suspicion, then confirmatory response can be achieved. This community position is important for individual development [10].

Therapeutic communication is an interpersonal process where the main context is rehabilitative and direct. This is research used to Self-disclosure Theory have the significant part in this process because the key success factor and quality of therapeutic communication depend on the depth and various problems that are

expressed so that solutions can be found. Therapists and clients meet face-to-face. The use of intermediary media such as smartphones, for example, can occur in normal communication relations to strengthen relationships but not in the rehabilitation process.

The form of communication that occurs is transactional because it is deliberative, where the position of one of the communication participants is determined by the other. The client's sincerity to continue to follow the process of therapeutic communication depends on the client's perception of the usefulness and quality of the ongoing process. If this affection response does not occur, the client may terminate contact. Meanwhile, from the perspective of the therapist, the process is of course a form of bond or 'duty' which is part of the obligation. In relation to the transactional process, the process of sharing communication between participants. With the emergence of mutual understanding among participants of communication, communication will take place effectively. Awareness of the functional role of each party will grow as the communication stages progress. Communication participants involved in therapeutic communication are therapists or counselors with former drug addicts or clients. The context of communication is the relationship between participants in the effort of healing or personal reinforcement so that addicts are free from drug dependence. For the sake of analysis, all communication components in the therapeutic communication process include communication participants (source/recipient), verbal messages and their interactions, channel/media used, existing communication constraints, and good communication contexts that are social physical or psychological. Communication participants will be assessed on how the credibility of communication is built by the participants,

this is important because the therapist can be a person who is a psychologist or counselor (a former addict who has received education and has certain qualifications). The credibility can be seen from the performance aspects as well as the preparation of the communication process. The message aspect seen from the communication content during the communication process can take the form of verbal messages in the form of words or non-verbal (artefactual, paralinguistic, proxemic, kinetic, facial expressions and so on).

The communication context is seen in several dimensions. First, the time dimension of the choice of therapeutic communication is related to the process. Communication effectiveness is based on the choice of consultation time, whether it has a specific meaning based on the choice of time. The choice process is deliberative or based on a tight schedule. Because this research is a qualitative study, the communication effect is seen perceptually by the participants of communication from both the counselor side and the former drug addicts. Communication affects the cognitive, affective or behavioral side. The effectiveness of therapeutic communication will be constrained if the client experiences communication barriers. This was conveyed by Lloyd and Bor in Berry's book entitled Health Communication, Theory and Practice, regarding the causes of clients experiencing communication difficulties [11],

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
6. Simply wanting to obstruct the course of the consultation

Meanwhile, the parameters of communication effectiveness can be seen from the emancipatory nature and nature of the communication process [12-14].

3.2 Drug home therapy

The establishment of a therapeutic home for drug addicts or what is often referred to as a rehabilitation center usually starts with a foundation that cares about social problems and general health. At the ORBIT Foundation, the foundation initially prioritized the issue of 'harm reduction' carried out by individuals with HIV, but because the transmission of the disease was also related to drug use, especially the use of syringes for heroin, then the foundation also made divisions related to drug rehabilitation with therapeutic community treatment. Likewise, the rehabilitation home "Rumah Kita" is a Surabaya branch of the Bambu Nusantara Madiun Foundation which specializes in the rehabilitation of drug addicts who want to be free from dependency.

The usual responsibilities of therapy homes in general are (1) Drug social rehabilitation (2) Consultation (3) Detoxification (4) Counseling (5) Family Support Group (FSG) and Family Association (FA). The main role that is carried out is social rehabilitation with the general method of community therapy. In carrying out the task of social rehabilitation, the institutional legality of a therapy home is the acceptance of the status of the institution as the Report Obligatory Recipient Institution (IPWL). This is in accordance with the mandate of Law No. 35 of 2009 concerning narcotics and PP No. 25 of 2011 which states that a drug addict or his family is obliged to report themselves to an institution that has been appointed by the government. This is based on the central role of the counselor and social workers dealing with addicts who want to be free from the drug abuse. Social workers are specifically determined by the Ministry of Social Affairs of the Republic of Indonesia, while counselors consist of former drug addicts who are now clean. They already have competency in handling rehabilitation whereby development is carried out by the National Narcotics Agency (BNN) with competencies, including:

- (1) Drug Pharmacology
- (2) Counseling techniques
- (3) Counseling ethics
- (4) Cognitive behavioral change
- (5) Motivational interviewee.

After they have sufficient competence, they get a certificate from the Indonesian Addiction Counselor Certification Board. The ideal ratio for counselors is 1 counselor per 10 addict clients. These counselors are daily and continuously dealing with drug addiction clients because the social workers carry out their duties after funding assistance from the Ministry of Social Affairs goes down. With the help of funding, the addicted client is not financed for accommodation when undergoing therapy. They are usually burdened with personal expenses and cigarettes.

The rehabilitation house is accumulating clients in three ways, namely:

Institutional referral is conducted by receiving clients from the National Narcotics Agency or the Police Sector. If there are individuals caught using drugs with Sabu limits: 1 gram, marijuana: 300 grams, heroin: 1 gram then they will be categorized as addicts and handed over to IPWL (Mandatory Recipient Institution report). Through the foundation/home therapy web channel or social media. The web or social media provide information to the public about rehabilitation homes so that there are personal or family members who contact the institution to get rehabilitation towards recovery. Community outreach, each rehabilitation house has a counselor who functions as a PL (Field Officer) who will contact and communicate with the CP (contact person) in the pockets

of drug addicts. With the information provided, it is expected that there will be addicts who wish to recover and become home therapy clients to get rehabilitation treatment.

4. Methods

The unit of analysis in this study is:

- a) Communicative actions which include one interpersonal communicative sequence having special meaning.
- b) Communicative events are a series of actions that can have a specific meaning in accordance with the context of interpersonal relations.
- c) A communicative situation is the whole series of communicative events in therapy.
- d) The context of communication is the scope of therapeutic communication that occurs. Choice of space, decoration, furniture usage arrangement, lighting, room temperature is a physical context.

5. Results and Discussion

5.1 Mandatory recipient institution

The existence or establishment of an IPWL (Report Recipient Institution), or a therapeutic home for drug addicts, what is often referred to as a rehabilitation institution, usually starts with a foundation that cares about social issues and general health. There are several IPWL (Bambu Nusantara Foundation, ORBIT and PLATO) which began by focusing on the 'harm reduction' problem faced by individuals with HIV-AIDS. There was also a beginning with psychiatric and psychological care rehabilitation such as IPWL Doulos and Menur Mental Hospital which was later developed and also because the client had a history of drug use before rehabilitation was developed. The Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 9 of 2017 concerning "National Standards for Social Rehabilitation for Addicts and Victims of Narcotics, Psychotropic Abuse and Other Addictive Substances" requires the implementation of rehabilitation in the form of:

- a. Psychosocial motivation and diagnosis
- b. Care and Assistance
- c. Vocational training and entrepreneurship coaching
- d. Mental spiritual guidance
- e. Physical guidance
- f. Social guidance and psychosocial counseling
- g. Accessibility services
- h. Social and general assistance
- i. Resocialization guidance
- j. further guidance; and or
- k. Reference [15]

Institutional legality of a drug rehabilitation house in conducting therapy is the acceptance of the status of the institution as a Report Obligatory Recipient Institution (IPWL). Whereas the client of the institution is based on the rule that a narcotic addict or his family is obliged to report themselves to an institution that has been appointed by the government who manages social rehabilitation. The laws and regulations governing the tasks of the Compulsory Recipient Institution report are: Law No. 11 of 2009 concerning Social Welfare b. Law No. 35 of 2009 concerning narcotics a. Law No. 11 of 2009 concerning Social Welfare b. Act No. 35 of 2009 concerning narcotics c. Government Regulation No. 25 concerning Implementation of Compulsory Drug Addiction Reports d. Minister of Social Affairs Regulation No. 50 / HUK / 2009 concerning Social Services and Rehabilitation of Drug Abuse Victims e. Minister of Social Affairs Regulation No. 86 / HUK / 2010 concerning the Organization and Work Procedure of the Ministry of Social Affairs f. Minister of Social Affairs Regulation No. 03 / HUK / 2012 concerning the Standards for Social Rehabilitation of Drug Abuse Victims g. Decree of the Minister of Social Affairs No. 78 / Social Rehabilitation Agency for Drug Abuse Victims. Frontliners who directly deal and care for drug clients are counselors. These counselors can be categorized into four namely: (1) social workers, (2) social volunteers, (3) volunteers of ex-addicts, (4) psychologists. Social workers are determined by the Ministry of Social Affairs of the Republic of Indonesia based on existing regulations, while volunteers are people who freely and willingly get involved rehabilitation institutions without payment. These volunteers are pure volunteers who have a passion in healing drug addicts or ex-drug users themselves who have been released from drugs. Psychologists are undergraduates with a minimum degree of S1 who have psychiatric therapy skills. These counselors already have skills in handling drug addicts in the rehabilitation process. The development of the counselor's skills is carried out by National Narcotics.

Agency (BNN) with competencies including: (1) Drug Pharmacology (2) counseling techniques (3) counseling ethics (4) Cognitive behavioral change (5) Motivational interviews. The development of these counselor skills through a process of education and training based on certain criteria and standards. After they have sufficient competence, they get a certificate from the National Narcotics Board, the Indonesian Addiction Counselor Certification Board. The institution mentioned in the observation who also have the authority to give certificates is Parahita and Kedaton (source: Interview with counselors).

The ratio of comparison that is considered ideal for counselors is one counselor handles 4 to 10 drug addict clients. These counselors are the frontliners and their daily lives are constantly facing clients who suffer with drug addiction (interviews with counselors).

The operational rehabilitation process is carried out after the aid from the Ministry of Social Affairs goes down. In terms of this financing, there is a pure IPWL using funds from the social ministry, but there are also those who receive assistance from families for the personal needs of clients. The majority of Report Compulsory Recipient Institutions (IPWL) use the Ministry of Social Rehabilitation scheme 3 months of rehabilitation process and 3 months for the mentoring process (aftercare).

5.2 How to accept clients

Generally IPWL gets clients in the manner described below:

A. Custody (Institutional Referral)

This deposit process is carried out by processing the acceptance of clients from BNNK or the police, if there are individuals using narcotics and caught with the limit of use of Savu: 1 gm, marijuana: 30 gm, heroin: 1 gm; then they are categorized as addicts and handed over to the IPWL rehabilitation house (source: interview counselor). A counselor said that basically an addict can never be said to "recover" completely but only recover with the possibility of relapse. One case in Kediri, after 15 years of sobriety from drug use was found using drugs again and was classed an addict (in Bandung), he asked to be rehabilitated again in Kediri.

B. Through the Socialization Process

The process of socialization about drug abuse is basically not an IPWL task because this institution's main task is rehabilitation of social behavior. But on several occasions, for example due to requests from certain institutions such as schools, youth groups and so forth, sometimes IPWL is asked to disseminate information about the dangers of drugs, their response and the rehabilitation process. The socialization process is also carried out by BNN, Police, Schools or Hospitals. Meanwhile, IPWL itself already has a website as a means of socialization. With socialization or dissemination like this, giving information to the family or personally contacting the therapy home to restore family members significantly helps.

C. Community Outreach

At each Report Obligatory Recipient Institution, (IPWL) usually has a counselor in charge of PL (Field Officer). This PL will communicate deeply with CP (Contact Person) i.e. the drug addicts. By communicating in depth both through providing information and serious persuasion, the PL tries to attract some addicts who wish to recover to participate in the rehabilitation process. This condition as a PL is not without risk, because its existence is often regarded as a police agent or a BNN agent. Some counselors stated that it is rare for addicts to consciously and individually give themselves up to be rehabilitated. What often happens is that this rehabilitation institution receives clients from the Pamong Praja Unity, Police or BNN. The most frequent are families who give up

family members that are drug addicts, often done in 'social settings' to force clients, as it is rarely the case where an addict will willingly give up the drug abuse. IPWL officers, police officers, and some even used TNI officers in the process of this setting. Although there are rarely any addicts who have given up with their surrender conditions to be rehabilitated.

5.3 Client acceptance process

The scheme in the rehabilitation process begins with the client acceptance process. This is important to base the "client feasibility", assessing whether he or she is inpatient (outpatient) or other referral after the evaluation process. In the initial stage, the counselor conducts the interview, with the purpose of determining or exploring the feasibility of prospective clients. Interviews can be directly 'face to face' with clients or in the initial phase it could be with the family or friends who contact the rehabilitation house or IPWL. The eligibility criteria for prospective clients to be rehabilitated include:

- a. Aged 17-45 years, related to personality, maturity and the productive age of the client. In certain cases, the age is not much different from the limit of the limitation. This will be discussed together and the decision is determined by the team.
- b. Prospective clients are not sufferers of infectious diseases. These symptoms are observed directly by observing non-verbal signs and evidence of the physical condition of the prospective client. Diseases suffered by prospective clients even though they are not contagious but do physically disrupt the social functions of prospective clients will be referred to the hospital for the treatment of the disease.
- c. Prospective clients are not patients with severe mental disorders. If the prospective client suffers from a severe psychological disorder, this must be dealt with first because the client will certainly interfere with the care process through community support. If this happens then the prospective client will be referred to the hospital to deal with his mental problems. Because the community group support model, people with mental disorders can interfere with the community therapy process. If there is an infectious disease and a mental disorder occurs in prospective clients, it must be resolved first so that there is no 'dual diagnosis' or dual therapy, then a medic or psychological referral will be given according to the client's needs.

After the initial interview phase which is face-to-face interpersonal communication, the prospective client will follow the screening process. This process is an assessment that can show the severity of prospective clients. The process evaluated includes the emotional, social, health and legal domains. This is related to drug addiction which is basically a complex disease and greatly affects the life of the addict.

This addiction causes a person to no longer be able to control the problems faced in their lives. Common problems faced by addicts include financial instability because the need and tolerance for drugs continues to increase, decreased performance, interpersonal problems with family and peers, involved in crime and traffic accidents etc. A person's level of addiction to drugs can be categorized into three. First is the level of dependence for beginners. They feel pleasure when they first use drugs, and after starting, tend to repeat it. The second level is tolerance, where drug addicts began to increase the dose of drug use. The third is the level of dependence, namely drug addicts use of drugs to relieve the pain experienced (craving and urge) [14].

If in the interview results, the client uses drugs at least twice a week, it can be said as an addict. The screening process to see the severity of an addict is to use the Multi Drug Screen Test to assess the urine of the addict. By using this type of test, certain types of drugs such as methamphetamine, marijuana, inx, heroin, benzodiazepines can be seen. This test can track what is suspected of the addict. Certain types of drugs stimulate the central nerves so that they are not easily tired, and always excited as a form of stimulant. There are drugs that are hallucinogenic so that they can manipulate the senses and give rise to certain senses of pleasure.

If the individual addicts experience interferes with their routine activities, the detoxification is by giving anti-anxiety medication to overcome emotional dependence or obsessive impulsivity. But if what happens is not only in the form of emotional dependency but also physical (sakaw) - like the effects of heroin - then the treatment is more specifically carried out by the referred hospital. If the physical and psychological effects are too heavy, then the handling is fully handed over to the referred hospital. This refers to the basic functions carried out by the house of rehabilitation, which is a form of rehabilitation of social behavior (source: interview of counselor).

5.4 Therapeutic communication in residential care

There are several components carried out in residential care. These are as follows:

- a. Treatment plan
- b. Material session
- c. Counseling individuals or groups
- d. Medical referral
- e. Psychologist support
- f. Sports and recreational outings
- g. Vocational training
- h. Continuous care program
- i. Religious support
- j. 12 step involvement.

The application of these components can be applied in accordance with the interests and conditions. In simple terms, the program is divided into three parts, although the application varies. These are (1) Primary Care Stage, (2) Transition Phase (halfway house) and (3) Aftercare Stage. The first part is Primary Care where a residential treatment is introduced as a culture of rehabilitation. Primary care is the main handling time because addicts in the condition of 'withdrawal' when stopping drug use can experience physical disorders (withdrawal) or emotional disturbances. Basically, what is done by the therapy house is social rehabilitation so that if there is a physical disruption, a referral to the hospital can be made. The handling of social rehabilitation is a principle of life that is formed to foster a shared life that cares for each other in one community. Community therapy like this, according to Richard Hayton, is a structured method and environment to change human behavior in the context of responsible community life [13]. Therefore, the first treatment plan negotiated with clients is their ability to follow a rehabilitation culture that is grown in a therapy home. In this process, a form of collective learning for the recovery of personal clients/addicts is stimulated. Each individual plays a varied role. They participate in daily activities so that they feel they are an active part of a community. Clients who have undergone good recovery principles become role models for other clients. Although the principles of togetherness and kinship are encouraged, there are basic rules (cardinal rules) that are emphasized, including no sex, violence, or drugs. The basic principles that are grown, among others, must not interfere with the personal property of others, such as occupying another client's bed, asking for cigarettes, wearing clothes, and should not touch carelessly because differences in sexual orientation may be different. Everyday events in role-playing behavior are discussed in meetings so that clients learn to understand themselves, are responsible for their lives and apply healthy values, attitudes, and behaviors.

In the primary care stage, the adoption of the 12-step principle adopted from principle 12 steps Narcotics Anonymous (NA) is usually installed as a poster to remind clients at home of therapy:

12 Steps Narcotic Anonymous:

- A. We recognize that we are powerless against our addiction so that our lives become out of control.
- B. We arrive at the belief that there is a Greater Power than ourselves that can restore us to sanity.
- C. We make the decision to divert our intentions and lives to God's love as we understand him.
- D. We make a moral inventory of ourselves fully and without fear.
- E. We acknowledge to God, to ourselves, and to another human being as precisely as possible the nature of our mistakes.

- F. We become fully prepared so that God removes all our character defects.
- G. We humbly ask Him to get rid of our weaknesses.
- H. We make a list of people we have hurt, and prepare to redeem them all.
- I. We redeem it directly to these people whenever possible, unless doing so will actually hurt them or others.
- J. We continually carry out our personal inventory and when kiya is guilty of immediately acknowledging our mistakes.
- K. We search through prayer and meditation to improve our conscious contact with God as we understand Him, praying only to know God's intention for ourselves and the power to carry it out.
- L. After gaining spiritual enlightenment as a result of these steps, we try to bring this message to other addicts, and to apply these principles in all our daily affairs.

In this, the balance between physical activity (stretching, wellness), function, communication and discussion (morning meeting, night meeting), structured assignment (text work, presentation) is organised. Daily activities are always closed with a form of conclusions/summaries of daily activities (wrap up). On Saturdays and Sundays there are many free activities, but NA Meeting is also held as an elaboration of the 12-step principle that always keeps perpetuating communication (meeting, keep contact), serving others (service) or helping other addicts specifically (sponsorship).

There is a primary care stage for two months, three months. If this stage is followed properly, then the client is actually clean in the sense of not using (total abstinent) for 2/3 months. The next stage is the transition phase or halfway house which gives clients the opportunity to work, school or find other vocational activities during the day. At night they return to the therapy home. Some do not apply for this because of the consideration of being able to enter drugs into the therapy home. In the last phase (aftercare) for 2/3 months clients are allowed to stay outside rehabilitation facilities. Clients are also always encouraged and directed to attend group meetings that support self-help such as NA and AA meetings or FGDs. At this stage, clients are also expected to participate in individual or group counseling so that their development or difficulties are monitored. Healing from addiction is reflected in the cessation of use and improving the quality of life of addicts.

5.5. Session in residential care

- a. Morning Meeting
- b. Seminar/Class/Psychoeducation - text works
- c. House meeting
- d. Home visit

- e. Confrontation
- f. Client Percentage
- g. Care and concern
- h. Drop guild
- i. Wrap Up
- j. Night meeting

6. Conclusion

The results of the research mentioned that interpersonal communication and group communication is carried out in the activities of morning meetings, night meetings, and confrontations. Social rehabilitation carried out by counselors at home drug therapy uses interpersonal communication and group communication. Interpersonal communication is used in the initial interview, daily interaction and counseling stages. Essentially, the principle of rehabilitation used is group or community therapy with the client at the center (client centered therapy). This community therapy is based on the principle of open communication and volunteering to help each other (mutual help). A structured environment is built to foster meaning by living together with others. The principle of 12 steps Narcotics Anonymous is generally used by drug therapy homes in East Java. Addiction is recognized as a process that must be cured because it disturbs the order and meaningfulness of life. This cannot be solved alone but with the help of others, be it through role models or social functions. Likewise, when a client recovered, he continued to play a role in the NA (Narcotics Anonymous) meeting, helping others (service) and helping specifically by being a sponsor for healing other addicts. The principle of communication that takes place in the therapeutic process is open, non-judgmental, voluntary, evaluative, procedure-based and structured. The NA principle is spiritual even though it is not affiliated with a particular religion. The counselor is a credible communicator with his competence and experience.

Admittedly this research is still generic in the sense of finding a common typology of communication. Subsequent research is expected to unravel the praxis of communication in social therapy homes so that the

therapeutic communication phenomenon can be studied in more detail. Regarding the operation of the therapy house, it depends on outside donations. During this time the Ministry of Social Affairs and the National Narcotics Agency took the most significant role. Henceforth, the role of individuals is expected to become philanthropic or social so as to encourage the development of therapy homes. The final note is that the existing donors are expected to be non-interventionist because of the principle of developing institutional independence.

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