

The therapeutic communication process of counsellors with drug-addicted clients at Moelya Bangka mental rehabilitation

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Abstract

Drugs in Indonesia are very concerning, especially on Bangka Island, which has a relatively high prevalence rate each year. This research focuses on the stages of therapeutic communication in the recovery of drug-addicted patients at Moelya Mental Rehabilitation in Bangka. The main objective of this study is to understand and describe how the therapeutic communication process of counselors with drug-addicted clients at the Moelya Mental Rehabilitation Foundation. Additionally, this research is expected to enhance knowledge and improve the quality of therapeutic communication between counselors and clients at Moelya Mental Rehabilitation in Bangka. This study uses a descriptive qualitative method with a snowball sampling technique. Data were collected through interviews, observations, and documentation. The research results show the presence of four phases in the therapeutic communication process, as well as comfort and trust between the counselor and the client. Counselors face several challenges regarding the openness of each client, which is one of the keys to the recovery process.

Keywords

Communication, Therapeutic, Drug, Rehabilitation, Counselors

Introduction

Drug abuse is one of the most significant health and social problems facing the world today. The number of global drug users has increased significantly, reaching more than 296 million people in 2021, with a 23% increase over the past decade (UNODC, 2023). Drug abuse in Indonesia continues to rise and has become quite a serious issue. Current global data shows that drug abuse has reached 296 million people, an increase of 12 million compared to the previous year. This figure represents 5.8% of the world's population aged 15-64. Meanwhile, the results of the 2023 national survey on the prevalence of drug abuse indicate a prevalence rate of 1.73%, equivalent to 3.3 million Indonesian residents. This data also shows a significant increase in drug abuse among the age group of 15-24 years (BNN, 2024). Drugs are widely spread in Indonesia,

Published:
May 26, 2025

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Selection and Peer-
review under the
responsibility of the 6th
BIS-STE 2024 Committee

particularly on the island of Sumatra, and have shown a significant increase every year (Table 1).

Table 1. Drug Case Data for 4 Provinces in Sumatra in 2022

No	Year	Province	Number of Cases
1	2022	Lampung	219 cases
2	2022	West Sumatra	29 cases
3	2022	North Sumatra	73 cases
4	2022	Bangka	376 cases

Source: Documentation from Polda Lampung, West Sumatra, North Sumatra, and Bangka (2024).

In Bangka, drug cases are one of the cases that have seen a significant increase. The number of drug cases in the last 3 years is presented in Table 2. This can be seen in the number of drug abuse cases from year to year, which serves as a serious indicator that this issue continues to develop in the Bangka community. In the last 2 years, from 2019 to 2021, the prevalence rate of exposure to narcotics increased from 1.80 to 1.95, while in Bangka Belitung, the increase was 1.68 percent (Bangkapos, 2023).

Table 2. Data on the increase in drug cases on Bangka Island

No	Year	Number of drug cases
1	2021	358 cases
2	2022	376 cases
3	2023	417 cases

Source: Documentation from the Bangka Police Department, 2024.

In Bangka, three foundations provide rehabilitation services for drug addicts: the Moelya Mental Rehabilitation Foundation, Ruike Rehabilitation Center, and Cahaya Arrazqi Rehabilitation Foundation. Table 3 shows three rehabilitation foundations have several differences.

Table 3. Comparison of 3 Drug Rehabilitation Foundations in Bangka

Rehabilitation Name	Patient Therapy Duration	Facility Program	Program
Moelya Mental Rehabilitation Foundation	Minimum 6 months, adjusted to the patient's condition	Green area, availability of a meditation room, sports area, and a detoxification room	Detoxification for new clients, regular religious activities, nature walks, and empowerment training for clients who have recovered to become the counselor's right-hand.
Ruike Rehabilitation Foundation	adjusted to the patient's condition.	Limited facilities for broader support	The presence of detoxification for new clients, the existence of regular activities such as religious and sports activities.
Cahaya Arrazqi Rehabilitation Foundation	Minimum 6 months, adjusted to the patient's condition.	Green area, detoxification room, and meditation room.	Detoxification for new clients, regular activities such as religious and sports activities.

Source: Researcher Documentation, 2024

One crucial factor that influences the success of rehabilitation is the communication ability between the client and the addiction counselor. This communication functions as part of the therapy, both physically and mentally, which helps restore the client's

condition from addiction. Communication in the rehabilitation process plays a crucial role in determining the success rate of the rehabilitation itself.

The Ministry of Health of the Republic of Indonesia states that therapeutic communication is a form of communication that helps accelerate the healing process of patients (Vita, 2021). Therefore, the quality of communication established between the client and the counselor becomes one of the main factors influencing the success of the rehabilitation program. Long-term rehabilitation, which lasts around 6 to 12 months or even longer, is considered more effective in providing the stability needed to prevent relapse. With long-term rehabilitation, the chances of recovery increase because clients can better adapt to a drug-free life and function productively. So, a longer rehabilitation duration is considered more effective for achieving sustainable recovery (Sutarso et al., 2016).

Method

This research uses a descriptive qualitative approach. According to Creswell (2010), descriptive qualitative research is a study that explores and understands the meanings given by a group of individuals or people regarding their social and humanitarian experiences. The data collection technique in this research uses in-depth interviews between two people to share information and ideas through questions and answers so that meaning can be constructed on a specific topic (Sugiyono, 2018). This activity must be conducted in detail and thoroughly to ensure that the data obtained is accurate and valid (Tersiana, 2018). The informant selection technique uses the snowball sampling method, which is used to identify informants with a lot of valuable information, starting from a small group or essential cases. This study's informants consist of 5 counselors and five clients at the Moelya Mental Rehabilitation Foundation, Bangka. The data that has been collected will be analyzed in 4 stages: data collection, data reduction, data presentation, and conclusion. Next, the validity of the data will be tested using source triangulation, which requires researchers to seek more than one source to understand the data or information (Helaluddin & Wijaya, 2019). Source triangulation is used to examine the validity of the data by utilizing other sources outside the data itself as a comparison or for data verification (Moleong, 2011).

Results and Discussion

The findings in this study (Table 4) were then discussed in four phases of therapeutic communication, as follows:

Pre-interaction

At the beginning of the rehabilitation stage, the three informants exhibited silent treatment towards the counselor, avoiding eye contact and providing unstable emotional responses. According to Santoso (2022), with silent treatment, problems remain unresolved, instead accumulating and worsening communication in a

relationship. If this silent treatment is continuously carried out, it will increase tension and damage trust and closeness in the long term (Rittenour et al., 2019). When the client shows silent treatment, the counselor remains silent while gently embracing them so that the client can open up and build trust. In addition, at this stage, all three informants avoid eye contact with the counselor. Other responses besides the silent treatment include informant D experiencing hallucinations and informants F and J experiencing uncontrollable emotions, such as outbursts due to the lingering effects of narcotic substances. To address this, the counselor uses a patient and empathetic approach, gradually building trust so the clients begin to open up.

Orientation

At this stage, all informants show openness towards the counselor by bravely revealing the background reasons for their drug use. This attitude marks the beginning of forming a deep trust between the client and the counselor, which is crucial for the success of the recovery process. According to DeVito (2011), openness is one of the key elements in effective communication because it allows messages to be conveyed clearly and builds better emotional connections. Moreover, this open attitude indirectly boosts the clients' self-confidence. They begin to feel more comfortable speaking honestly, which ultimately helps them understand their true selves (Suciati, 2015). However, some counselors do not fully understand the emotional condition of the clients and sometimes do not know the right time to delve deeper into the clients' information

Work

All informants showed an open and accepting attitude when given guidance or constructive criticism to improve their behavior. This attitude arises because they recognize their mistakes and understand that the criticism is aimed at supporting their recovery process. According to Wahyurini and Ma'shum (Afiah & Purnamasari, 2004), trust, liking, and effective communication greatly influence self-disclosure, making individuals more ready to accept the feedback given. Furthermore, as explained by DeVito (2011), a person's ability to view criticism as a means of self-improvement rather than a personal attack is crucial in the process of receiving constructive feedback.

Termination

Almost all informants experienced significant attitude changes. These changes result from developments during recovery, which involved increased self-awareness, self-control, and a more positive mindset. As time goes by and through continuous therapy, clients who initially experienced drug dependence show increasingly stable and controlled behavioral changes. According to Kusnadi (2020), recovery at this final stage is greatly influenced by the individual's readiness to accept changes and new challenges in their life, and the attitude changes observed at the final stage of rehabilitation are closely related to the reduction of physical and psychological dependence on drugs, as well as the increase in the individual's self-confidence and adaptability (Purnama & Wulandari 2019).

Table 4. Four phases of therapeutic communication

Informant	Pre-interaction stage	Orientation stage	Work stage	Termination stage
A-B	Client B shows silent treatment by being silent and avoiding eye contact during communication.	Client B realized his mistake, opened, and explained that he used drugs due to lack of family attention and peer influence.	A starts the conversation with a topic that B likes and gives directions about the mistakes made by B.	B has a 6-month rehabilitation recovery period and is still being monitored by the rehabilitation authorities.
C-D	Client D tends to be quiet and experiences hallucinations during the detoxification process.	D uses drugs due to peer influence, has been using drugs for quite a long time, and has served time in prison.	Routine counseling is going well, client D is open with C. However, client D sometimes denies C's opinions.	There has been a change in attitude, and the hallucinations have decreased. The recovery period is 6 months.
E-F	Client F exhibits silent treatment accompanied by emotional behaviors such as tantrums.	Client F tends to give the silent treatment, but E continues to embrace him, leading F to open up and share his mischief involving drugs from a community he joined. From there, E provided a solution.	Client F started the story with the topic of hobbies, which was followed by delving into and giving advice slowly.	The presence of attitude changes, the ability to control emotions, and a recovery period of 6 months.
G-H	Client H avoids eye contact with G.	H is starting to open up to G because he is beginning to realize that his actions are wrong. H used drugs because of bad company.	G embraced H, and H began to open up about their problems and accepted advice from counselor G.	There is a change in attitude, and it is done with full awareness. The recovery period is 6 months.
I-J	Client J exhibits silent treatment, avoids eye contact, and often has outbursts during detoxification. There are changes in attitude, and full awareness. Recovery period of 6 months.	J started to build trust and opened up to I, sharing his mischief of getting to know drugs since high school.	J, when advised or directed, is receptive.	Changes in attitude, emotional control, and a recovery period of 6 months.

Source: Results of interviews with informants, 2024

Conclusion

The therapeutic communication process in client rehabilitation at Yayasan Moelya consists of four main stages that are interconnected and mutually supportive of the client's recovery success. The first stage, namely pre-interaction, serves as the initial foundation where the counselor faces various challenges, such as silent treatment from the client, emotional instability, and avoidance of eye contact. Nevertheless, the counselor can gradually build trust with an approach full of patience and empathy. Next,

at the orientation stage, the client begins to show openness to the counselor by recounting the background of drug use and its contributing factors. This openness facilitates communication and serves as an essential foundation for building a strong therapeutic relationship. The working stage becomes a moment of deeper collaboration, where the client actively receives guidance and constructive criticism. This is supported by effective communication, the trust that has been built, and the client's awareness of the importance of change. In the final stage, termination, significant changes in the client's attitude and behavior are observed. However, a drawback of this study is that sometimes, counselors do not understand the emotional stability of clients when they are probed to be more open at inappropriate times. With the establishment of therapeutic communication, they show an increase in self-awareness, emotional control, and a more positive mindset. These changes reflect the rehabilitation program in helping clients achieve sustainable recovery and be better prepared to face life's challenges without drug dependence.

Acknowledgments

I am grateful to my family for their unconditional love and support. Thank you to my advisor, Prof. Dr. Suciati, S.Sos, M.Si, for the advice and encouragement throughout this research, and thank you to the Department of Communication at Universitas Muhammadiyah Yogyakarta for supporting my research.

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