

Therapeutic Communication for Rehabilitation Counselors Social Narcotics, Psychotropics and Active Substances (Napza) Foundation Sekar Mawar Bandung in Increasing Resident's Self-Confidence

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Abstract. Therapeutic communication is a communication context that is no less important than other communications. Therapeutic communication is interpersonal communication between nurses and patients, in which the nurse will gain shared learning experiences in improving the patient's emotional experience. The research objective is to explain and tell about the phases of therapeutic communication carried out by the Sekar Mawar Bandung Foundation for Drug Rehabilitation which includes Pre-interaction, Orientation Phase, Work Phase and Termination Phase. By using a qualitative approach with descriptive methods, through non-participant observation data collection techniques, in-depth interviews, literature study and documentation, determination of research informants using snowball sampling and data analysis techniques data reduction, data collection, data presentation and drawing conclusions, the results obtained shows that in doing therapeutic communication communication planning is needed, starting from the introduction between the nurse and the patient, before the nurse takes recovery actions and makes the patient confident to join and reunite with their social environment. This study concludes that the therapeutic communication carried out by the nurse to the patient can restore the patient's confidence. This study can provide information for the patient's family who needs information about the strength of the nurse's therapeutic communication to the patient.

Keywords: Therapeutic Communication, Counselor, Resident, Confidence.

1. Introduction

One of the long-term effects of NAPZA use according to is the loss of self-confidence. This is also supported by Utami who stated that people who use NAPZA for a long time, generally their self-confidence decreases. They will always feel as weak creatures, unable to do anything useful for themselves and the people in their environment [1]. While self-confidence according to W. H. Miskell as quoted by Iswidharmanjaya is a relative assessment of oneself, regarding abilities, talents, leadership, initiative, and other traits, as well as conditions that colour human feelings [2]. Many experts consider that communication is a very fundamental need for someone in social life. Professor Wilbur Schramm in Rismawaty, Desayu and Sangra calls it that communication and society are two twin words that cannot be separated from each other. Because without communication it is impossible for society to be formed, on the other hand, without society, humans cannot develop communication [3]. Which encourages humans to want to communicate with other humans, based on the basic theory of biology, there are two needs, namely the need to maintain their survival and the need to adapt to

their environment. No human does not communicate in his daily life, in the world of health, therapeutic communication is no less important than other communication contexts. Therapeutic is an adjective associated with the art of healing [4] As Hornby in Damaiyanti, 2010. So that therapeutic communication itself is a planned communication that is carried out to help the patient's healing or recovery. Meanwhile, therapeutic communication according to [5] Stuart G.W in Muhith is an interpersonal relationship between the medical team (doctor, nurse) and the client or patient.

The relationship between the medical team (nurse) and the client has shared learning experiences to improve the client's emotional experience. Research (Rusmini, 2006: 26) [6] in Palangkaraya General Hospital found that the behaviour of nurses in communicating was not good enough. Another study conducted (Prihatiningsih, 2012: 40) [7] showed that therapeutic communication carried out at the Kebumen Hospital had sufficient criteria and the majority of patients' stress levels in the Melati room at the Kebumen Hospital were moderate (62.7%). This was because the nurses did not fully understand the importance of good therapeutic communication. Lack of trust, empathy and attention from nurses makes nurse communication belong to the sufficient category. The stress felt by patients is caused by fear of disease complications, nurse communication, and also the cost of hospital care. Another study found that there was an effect of nurse therapeutic communication on the satisfaction of outpatient and emergency room patients in Yogyakarta City Hospital, and the therapeutic communication orientation stage was the most influential stage on patient satisfaction, while the most influential therapeutic communication stage in the ER was the Termination Stage (Mahendro Prasetyo Kusumo, 2017; 73) [8].

This study examines the therapeutic communication conducted by counsellors to residents at the Social Rehabilitation Center for Narcotics, Psychotropics and Additive Substances (NAPZA) of the Sekar Mawar Foundation during the recovery process, the desire to see whether therapeutic communication can affect the condition of residents both physically, psychologically, and social to increase resident confidence. Therefore the phases in therapeutic communication play a very important role. Where this therapeutic communication leads to a goal, namely resident restoration through communication. According to [9] Stuart and Sundeen in Damaiyanti suggest that the phases in therapeutic communication are divided into four stages, namely: **First**, the pre-interaction phase is a period of preparation before dealing and communicating with clients. **Second**, the orientation phase is an activity that is carried out when you first meet a client. **Third**, the work phase is the core of the client care relationship which is closely related to the implementation of the nursing action plan that will be implemented following the objectives to be achieved. **Fourth**, the termination phase is the end of each nurse and client meeting [10].

Therapeutic communication made by the counsellor to the residents in the research carried out was during the recovery process, where therapeutic communication could affect the residents' conditions both physically, psychologically and socially. Therefore, the phase-in therapeutic communication plays a very important role. Where this therapeutic communication leads to a goal, namely resident restoration. The therapeutic communication studied was the therapeutic communication used by counsellors at the Social Rehabilitation Center for Narcotics, Psychotropics and Additive Substances (NAPZA) of Sekar Mawar Foundation to residents, one of the targets in the recovery process was to increase the residents' confidence. The counsellor plays a very important role in the recovery process, victims of NAPZA abuse because the counsellor is someone who interacts directly with residents. The counsellor also not only plays his role as a facilitator for residents but also acts as an advisor, teacher, consultant who accompanies residents until residents can find and solve the problems they face [6] Lesmana in Lubis. Meanwhile, the Resident is a call for victims of NAPZA abuse at the Sekar Mawar Foundation for Social Rehabilitation of NAPZA. NAPZA stands for Narcotics, Psychotropics, and Additive Substances. NAPZA are substances or substances that when they enter the body will affect the body, especially the central nervous system or the brain so that if they are misused it will cause physical, psychological or mental disorders, and social function [11].

From the background explanation above, the success of the recovery process carried out by the counsellor to the residents cannot be separated from effective communication. So that the researcher intends to examine Counsellor Therapeutic Communication at the Rehabilitation Home for Narcotics, Psychotropics and Additive Substances (NAPZA) Sekar Mawar Bandung Foundation with Resident in Increasing Resident Confidence. Did research conduct to find out: **pre-interaction phase, orientation phase, work phase and the phase of termination** of therapeutic communication for the

Social Rehabilitation Center for Psychotropic Narcotics and Additive Substances (NAPZA) of Yayasan Sekar Mawar Bandung with residents in increasing residents' confidence? While the purpose of doing research is to find out and describe Therapeutic Communication Counsellors for the Social Rehabilitation Center for Narcotics, Psychotropics and Additive Substances (NAPZA) Sekar Mawar Bandung Foundation with Resident in Increasing Resident Confidence.

2. Research Methods

The research design used a qualitative approach with a descriptive study. The qualitative research design was chosen because it can describe the research phenomenon regarding the Therapeutic Communication Counsellor of the Social Rehabilitation Center for Narcotics, Psychotropics and Additive Substances (NAPZA) Sekar Mawar Bandung Foundation with Resident in Increasing Resident's Confidence as something that can be observed for its peculiarities.

The research informants were selected using the snowball sampling technique. In snowball sampling, the research informants were selected based on the recommendations given, where the informants were considered as the best informants in providing the information needed by the researcher [12].

The support of valid research is not only based on the knowledge that is owned but the information in the form of relevant data and used as materials in research. Data collection techniques used literature review through Book Reference, Previous Research, Internet Searching and Studies0Field through In-depth Interviews, Non-participant Observation, Documentation [13]. To determine validly or not the findings or data that the researcher reports are based on the actual data that occurs in the field of researchers to check and the suitability of the data obtained so that they can systematically describe the data regarding the Therapeutic Communication of the Social Rehabilitation Center for Narcotics, Psychotropics and Additive Substances (NAPZA) Yayasan Sekar Mawar Bandung. Resident In increasing the Resident's confidence, the data wetness test is carried out in the form of increasing Persistence, Triangulation and Discussions with Peers. The data obtained from the field were analyzed through the following stages: Data Reduction, Data Collection, Data Display, Conclusion Drawing / Verification [14].

3. Results and Discussion

Therapeutic communication between counsellor and resident is a communication process that involves health messages, elements or communication participants. A well-established communication between the counsellor and the resident is one of the keys to the success of the counsellor in providing medical service efforts. Conversely, the counsellor's failure to respond to medical problems if communicated properly will not cause conflict. Counsellors and residents as a form of behaviour that occurs in communicating, namely how the perpetrator (counsellor and resident) manages and transforms and exchanges a message. In the process of exchanging messages, communication between doctors and patients is one of the determining factors for the success of the communication process itself. The ability of a counsellor to have good interpersonal communication skills with residents to achieve several differences goals [15].

Therapeutic communication is not about what a counsellor does but how the counsellor communicates, the Social Rehabilitation Center for Narcotics, Psychotropics and Additive Substances (NAPZA) Sekar Mawar Bandung Foundation with Residents as well as developing mutually helpful relationships between counsellors and residents to heal residents the. (Suryani, 2006: i52) [16]. One of the things the counsellor does in maintaining good cooperation with residents in helping solve resident problems is by communicating. By communicating, the counsellor can listen to residents' feelings and explain nursing action procedures (Dyana Utami, 2015: 125) [17]. Counsellor and resident communication play an important role in helping residents solve their problems. A counsellor in a drug home must apply their ability to effectively communicate therapeutic when serving residents because the purpose of therapeutic communication is for the patient's recovery.

The problem in this study is how the therapeutic communication carried out by the counsellors of the Social Rehabilitation Center for Narcotics, Psychotropics and Additive Substances (NAPZA) Yayasan Sekar Mawar Bandung with residents in increasing the residents' self-confidence. Through observations and interviews conducted with informants, the following research results were obtained:

1. Pre-Interaction Phase

The Pre-Interaction Phase is a preparation period carried out by the counsellor before meeting the resident, in this phase, the counsellor will screen or collect and study data about the resident, this is done is useful for the counsellor as an initial evaluation to see the condition of the resident, both physical, psychological, social conditions and NAPZA use. This can affect the nursing actions that will be given. In the Pre-interaction phase, the counsellor evaluates himself, where the counsellor makes a strategy if residents feel anxious, and the counsellor makes and determines a meeting plan for residents both the place, time and topic that will be discussed at the next meeting.

2. Orientation Phase

The orientation phase or the introduction period is carried out when the counsellor first meets the resident, where the counsellor introduces himself, asks about the name, what the resident likes, explains his role as a counsellor, explains the nursing action process, the counsellor gives an overview of nursing actions to be performed, helps the resident to determine the goals to be achieved from the recovery process, agree on a contract of recovery. The counsellor is also responsible for fostering good relationships to build trust so that residents can be more open about their problems and validate data gaps.

3. Work Phase

The work phase is the core phase of therapeutic communication which is closely related to the implementation of the nursing action plan carried out by the counsellor in increasing resident confidence, in the work phase usually contains a lot of problem-solving processes. In this phase, the counsellor and resident determine a treatment plan where the counsellor and resident start working together to identify problems and find solutions to solve problems experienced by residents and carry out nursing actions according to a predetermined plan both through physical and psychological nursing actions, social and vocational. During the nursing action process, counsellors often encounter difficulties in establishing a therapeutic relationship (interaction). Resident infidelity (resistance) to work together to find solutions can be an obstacle in the recovery process, but this is a normal part of the therapeutic process.

In the work phase, the counsellor also provides motivation and appreciation during the nursing action process to the patient so that it can increase resident confidence and reduce obstacles that occur during the recovery process. At the end of the work phase, the counsellor is responsible for developing, maintaining and enhancing the resident's ability to independently solve the problems they face.

4. Termination Phase

The termination phase is the last in the rehabilitation process. The termination phase is divided into two, namely temporary termination and final termination. In the temporary termination phase, the counsellor conducts a follow-up meeting, where the counsellor provides good evaluation results during the recovery process to the results of the recovery experienced by the resident. In the temporary termination phase, the counsellor also conducts resocialization where the counsellor is responsible for reuniting residents with their social environment to restore their role resident in their social environment. At this stage, residents are allowed to socialize with the community but are still under the supervision, guidance and assistance of a counsellor. In the final termination phase, the counsellor provides education to the family as a recovery partners, it is also during this phase that the counsellor is expected to end the recovery process well.

Starting from the results of the above research, the researchers concluded that the therapeutic communication phase is one of the counsellors' ways of fostering a therapeutic relationship (interaction) with residents where at each stage the counsellor has tasks that must be completed so that the goals of recovery can be achieved. The four phases of therapeutic communication proposed by Stuart and Sundeen divide the phases of therapeutic communication into four phases, namely:

Pre-Interaction Phase is a period of preparation before dealing and communicating with clients. In this phase, the nurse's duties may include the following: Collecting client data, self-evaluation (exploration of feelings, fantasies and self-fears), and making plans for meetings with clients starting from the activities to be carried out time and place, and their implementation.

Orientation Phase, The introductory phase is an activity carried out by nurses when they first meet with clients. In this phase, the nurse's duties may include: greeting and smiling to the patient, introducing the nurse's name, asking the client's favourite nickname, agreeing on a meeting (contract),

facing a contract, starting an initial conversation, agreeing on client problems, and ending introductions.

Work Phase is the core of the client care relationship which is closely related to the implementation of the nursing action plan that will be implemented following the objectives to be achieved. In this phase, the nurse's duties include: allowing the client to ask questions, asking about major complaints or complaints that may be related to the smooth running of activities, starting therapy or technical nursing activities in a good way, and carrying out activities according to the plan.

Termination Phase is the end of every nurse and client meeting. The termination phase is divided into two, namely, the Termination Phase is the final phase of each meeting between the nurse and the client. On temporary termination, the nurse will see the patient again at the appointed time. The duties of nurses in this phase are:

- a) The final evaluation, where the nurse asks the client for the results that have been conveyed by the nurse.
- b) Following up, the nurse suggests what the client should do next.
- c) In the upcoming contract, the nurse determines the time to meet again, the place to meet and the topics to be discussed.
- a. Final Termination

Final termination occurs when the client is going home from the hospital or after the client has finished therapy in the hospital. The duties of nurses in this phase are:

- a) Summarize the results of activities such as process and outcome evaluation.
- b) Provide positive reinforcement.
- c) Plan a follow-up with the patient, in which the nurse asks the client what to do next.
- d) End the activity in a good way.

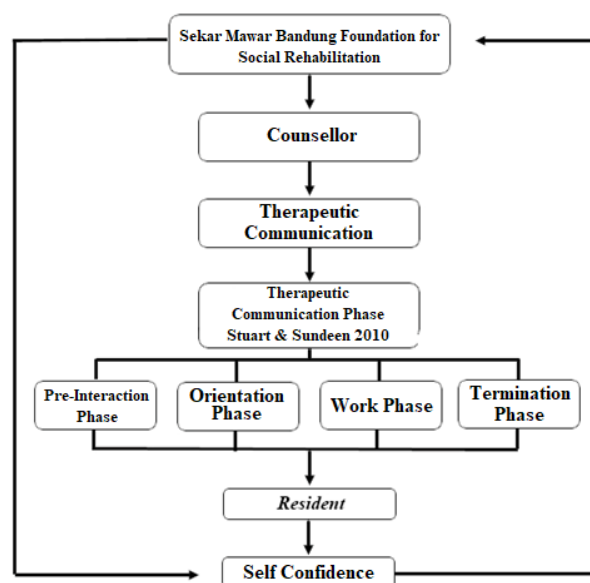


Figure1. Model Framework

Source: Researcher, 2020

The figure1 above shows that at the Sekar Mawar Bandung Foundation for Social Rehabilitation Therapeutic communication activities are carried out by counsellors to residents through several phases, namely, the pre-interaction phase, the orientation phase, the work phase and the termination phase. The implementation of these steps aims to increase the confidence of the residents.

Starting from the description above, the research conducted is health communication, which is a study that studies how to use communication strategies to disseminate health information that can

influence individuals and communities so that they can make the right decisions related to health management, or the strategies used in carrying out health information. Therapy with studies that emphasize the role that communication theory can play in research and practice related to health care [16]. The process for developing or sharing health messages with audiences to influence residents' knowledge, attitudes and beliefs about healthy lifestyle choices.

Health communication carried out by counsellors through therapeutic communication includes information about disease prevention, health promotion, health care policies, which can change and renew the quality of individuals in a community or society by considering aspects of science and ethics [17].

From various definitions it can be concluded that health communication includes 2 elements:

1. Human's communication process for overcoming health problems. Communication which is the same as communication in general, namely there are health communicators, communicants, message, media, effects, there are health communicant contexts. Operate at the level or context of communication between personal, group, organizational, public and mass communication. Learn to use communication strategies. Learn about the role of communication theory in research and practice related to health promotion and health care. Dissemination of health information.

2. Influence of individuals and communities in decision making related to health. Use of media and communication technology and information technology in the dissemination of health information. Changing conditions that are conducive to the growth of human health and the environment [18].

The threat of the dangers of drugs does not look at age, even now it has touched all levels of society, including the TNI. For this reason, steps and actions are needed to combat it, one of which is that the community must recognize the types of drugs to take appropriate preventive measures, both for distribution and prevention so as not to become victims of drug malignancy [19].

However before you can take preventive measures, you first need a correct understanding of what drugs are. The definition of drugs (narcotics and Additive substances) according to the 2005 Tama Community Development Business Cooperation Agency (Bersama) is a substance or drug derived from plants or non-plants, both synthetic and semi-synthetic which can cause a decrease or change in consciousness, loss of taste, reduce to relieve pain, and can cause dependence. Given the many types of drugs, both those derived from plants and synthetic and semi-synthetic chemicals, each family needs to know the types of drugs that are widely circulating in the community [20].

Neighbourhood to the family has a very important role in preventing drug bondage. Therefore, every family must fortify their family with harmonious communication in addition to having a strong faith so they are not susceptible to persuasion from an environment that is used to consuming drugs. Provide understanding with proper and correct communication about the dangers of drugs and its impact on the future [21].

4. Conclusion

Based on the results of research on "Social Rehabilitation Counsellor Therapeutic Communication Narcotics, Psychotropics and Additive Substances (NAPZA) Sekar Mawar Bandung Foundation with Resident in Increasing Resident Self Confidence", the researcher can make the following conclusions, In Pre-Interaction Phase phase, the counsellor makes various preparations before meeting and interacting with residents, starting from screening, self-evaluation, and making and determining meeting plans for residents. In the orientation phase, the counsellor meets the resident for the first time, in this phase, the counsellor introduces himself, asks about the resident's favourite name, explains the nursing action process, fosters relationships and trust and validates data shortages. The Work Phase is the core phase of therapeutic communication related to the implementation of the nursing action plan. In this phase, the counsellor and the resident begin to work together to identify problems and find solutions to solve problems experienced by residents and carry out activities following the predetermined plans. Termination phase is the end of each counsellor and resident meeting. The termination phase is divided into two, namely temporary termination and final termination. Temporary termination, the counsellor is responsible for reuniting the residents with their community groups. Whereas at the end of termination the counsellor is responsible for ending the rehabilitation process properly.

Acknowledgement

In a study, a researcher must be able to provide something useful or beneficial for the development of science, agencies or institutions as well as various parties related to this research. After the researcher finishes the discussion in this thesis, in this sub-chapter the researcher puts forward suggestions based on the results of observations during the research. The suggestions that the researchers gave after examining this problem are as follows:

In this case, the researcher provides suggestions for the Sekar Mawar Bandung Foundation for Social Rehabilitation of NAPZA:

1. The Sekar Mawar Foundation for NAPZA Rehabilitation can consider it not only in the form of education about the world of addiction that can be provided. The Sekar Mawar Foundation for NAPZA Rehabilitation Center can also provide a family time where the activity can include family recreation with residents.

2. The Sekar Mawar Foundation for NAPZA Rehabilitation can design and carry out activities that can improve family cohesiveness and harmony with residents.

3. The Sekar Mawar Foundation for NAPZA Rehabilitation can consider providing opportunities for families to visit so that the family can be motivated, can see the recovery process so that the family can know what residents are doing, in the hope of increasing family support and appreciation to residents, both at the time the recovery process and when the resident returns to his family.

4. The Sekar Mawar Foundation for NAPZA Rehabilitation can streamline the use of social media such as Instagram and Youtube as a medium in conducting education related to NAPZA prevention and control in the community, especially in adolescence to adulthood.

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