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THERAPEUTIC COMMUNICATION OF RELIGIOUS COUNSELORS OF THE MINISTRY OF RELIGION TO DRUG ADDICTION PATIENTS AT THE REHABILITATION INSTITUTION FOR PREVENTING NARCOTICS ABUSE (LRPPN) BANYUWANGI

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ABSTRACT
This study aims to determine the application of therapeutic communication to the Religious Counselor of the Ministry of Religion for drug addiction patients at the Banyuwangi Narcotics Abuse Prevention Rehabilitation Institute (LRPPN). Researchers use social penetration theory to determine the right strategy in handling patients with drug disorders. This theory is used to help understand the client in expressing the problems that occur. This concept also emphasizes the closeness of the relationship so that it is more optimal in identifying the problems faced by clients. This study used a descriptive qualitative method with the subject of this study being the Religious Counselor from the Ministry of Religion. Research subjects were determined by brief observation at the beginning and the criteria set by the researcher. Data collection techniques using observation and interviews. Observations were carried out by means of field surveys and observing research targets. Interviews were conducted using the In Deep Interview method. The results of this study explain the stages of treatment carried out by religious counselors in treating drug addiction patients.

Keywords:
therapeutic communication; Religious Counselor; Drug Patient; LRPPN Banyuwangi

INTRODUCTION
Guidance and Counseling is basically an important part of counseling related to Health Institution services. Counseling services for Health Institutions are different from counseling for formal educational institutions. This difference lies in the perspective of implementation, handling techniques, implementation practices and shorter duration of time compared to formal educational counseling (Bor, Miller, Latz, & Salt, 1998).

Implementation of counseling requires communication as an introduction in the process of counseling services. Proper communication makes the client feel comfortable and safe, so that the client can talk for hours with the counselor regarding the problem at hand. Two people who are comfortable with each other can talk on different topics and even though this communication seems trivial, it has a big impact on the client (Kusumawati, 2019).

The key to a good relationship between resident and counselor is openness between the two parties. Counselors with effective communication and skills will foster self-confidence in residents, so that they will be more open in expressing the problems they face. Communication is very effective for solving problems related to the illness and resident's mental health (Syagitta, Sriati, & Fitria, 2017).

Therapeutic communication is a communication technique used to help someone overcome emotional, mental, or physical problems (Muhith & Siyoto, 2018). This can be done by listening carefully, providing emotional support, and providing useful suggestions or solutions to problems at hand. Therapeutic communication can also be carried out by mental health professionals such as psychologists or psychiatrists in counseling or therapy (Afnuhazi, 2015).

Therapeutic communication is a communication approach that aims to help individuals or patients overcome mental or physical health problems (Prasanti, 2017). This approach emphasizes the important role of effective communication in the process of patient care and recovery (Arda, 2019).

At first, therapeutic communication was developed by psychologists and psychiatrists to help patients suffering from mental disorders (Siregar, 2016). However, along with the development of medical science and technology, this approach has also begun to be applied in various other health care fields, such as nursing, physiotherapy, and occupational therapy (Hermawan, 2010).

One of the basic principles of therapeutic communication is active and empathetic listening (Afnuhazi, 2015). This aims to understand the feelings, thoughts, and needs of the patient as a whole. In addition, therapeutic communication also emphasizes the importance of developing a relationship of mutual trust and assisting patients in identifying and overcoming the problems they face.

This research was conducted at the Bhayangkara Indonesia Narcotics Abuse Prevention Rehabilitation Institute (LRPPN BI) based in Banyuwangi Regency. This institution focuses on treating residents who are addicted to drugs by using a rehabilitation program. During the rehabilitation process, the resident maintains intense communication with the seconded religious counselor. This study aims to determine the stages of therapeutic communication carried out by religious counselors in the implementation of consultations. Therapeutic communication is divided into four stages, namely the preparation stage, the introduction stage, the working stage and the termination stage. These four stages explain the processes carried out in therapeutic communication (Prasanti, 2017). This study aims to find out the four stages carried out by religious counselors at LRPPN Banyuwangi.

METHOD

This research is designed with the type of qualitative research. Qualitative research emphasizes the meaning and understanding of certain situations. The subject of this study is a religious counselor who handles rehabilitation patients. There are 3 religious counselors who handle patients. The location of this research was carried out at the Bhayangkara Indonesia Narcotics Abuse Prevention Rehabilitation Institute (LRPPN BI) Banyuwangi. The data collection technique in this study was using observation techniques and interviews conducted with religious counselors. Observations were made by observing the counseling process carried out by religious counselors. Interviews were conducted to collect data about the techniques used by counselors in treating patients.

RESULT AND DISCUSSION

Based on the results of observations and interviews with research subjects, the researcher describes the findings in accordance with the methods and theories listed previously. Therapeutic communication is communication aimed at healing patients carried out by professionals (Purwanto, 2021). The Bhayangkara Indonesia Narcotics Abuse Prevention Rehabilitation Institute (LRPPN BI) Banyuwangi has a religious counselor whose job is to provide spiritual guidance to drug addicts who are being treated at LRPPN BI Banyuwangi Regency. The drug abusers who are currently undergoing the rehabilitation process at LRPPN are named*resident*. The stages of therapeutic communication carried out by the counselor are divided into four (4) stages.

the first stage or a very important preparatory stage is carried out before interacting with the resident. It begins with the counselor doing self-examination to map out his strengths and weaknesses. One of the methods used by AM religious counselors is self-introspection by looking at one's own readiness for counseling.

> *Usually I do meditation or calm down before meeting with residents. I did this because I tried my best to handle residents. I once did counseling when my psychological condition was not fit, in the end I did not do counseling optimally. From that experience, I always try to calm down before meeting with the resident.*

The ML Religious Counselor said the same thing, who said that he always introspects when dealing with residents. This process is done to reduce pressure and be more relaxed when meeting residents.

> *I usually cool off before meeting the resident. The problem is that the resident uses drugs as a result of the parents not listening to the resident's complaints. That's why I always try to be completely prepared physically and mentally when meeting residents. I don't want the residents to give up on meeting me and don't want to vent anymore in the future. So that I really maximize my readiness as a counselor.*

NL religious counselors also always prepare themselves before meeting residents. This process is done so that he feels*fresh* and maximum when providing counseling.

> *I always try my best and look fresh when I meet residents. The problem is when the residents see that I'm not fresh, they will lack respect for us. Often curt in answering when the counselor doesn't look fresh. Therefore preparation when meeting residents is very important to do.*

The answers from the three religious counselors indicated that in order to start a counseling session with residents, it is necessary to be prepared both physically and mentally. After the preparation stage has been carried out, it is continued with the orientation stage.

The second stage is orientation or introduction. This activity is carried out for the first time when the counselor meets the resident. The counselor must introduce himself first to form a bond with the resident. In addition, this introduction is expected to increase closeness and openness between counselors and residents. The purpose of this introduction is to open up and trust each other between the counselor and the resident.

Statements from AM's religious counselors regarding the orientation stage in therapeutic communication are described as follows.

> *Before I met the residents, I always collected their identity. Get to know me first so they feel that I care about them. The resident sometimes feels insecure when he wants to consult, therefore, this introduction is something I have to do. I usually start this introduction with the things he likes. After that, I directed them to a more in-depth counseling session. Do not forget I always make a contract in this introductory session. I am targeting a meeting with residents so that they have a time limit to recover from this rehab.*

The answers from the ML religious counselor regarding the implementation of the orientation or introduction stage were not much different from those expressed by the AM religious counselor.

> *The acquaintances I do with residents I often start by gathering information about the residents I will be counseling with. I did this activity to find out more about residents and the initial conditions faced by residents. I did this process to identify residents early. Once I didn't get enough information about residents, the results of my consultation were a little less than optimal. Based on that experience, in the end I always look for detailed information about the residents I will meet for counseling. Don't forget to discuss the meeting contract with the resident. I emphasized this at the beginning so that residents have awareness to recover from drug addiction.*

The same thing was also expressed by the NL religious counselor. Acquaintance with the resident must be maximized so that the resident fully trusts the counselor. So that the problem that makes him addicted to drugs can be solved properly.

> *In introducing myself I always make light jokes so that the residents feel that we really care about them. I used the information I got earlier to introduce the resident. I separate this information between sensitive and general information. Because this introductory stage is very risky if something goes wrong, it is usually difficult for residents to work together to recover from drug addiction.*

Based on the three counselors, it shows that the introduction stage is necessary in the success of therapeutic communication carried out by the counselor. From gathering detailed information about the counselor to drawing up an appointment contract indicating that the resident has a time limit for recovery.

The third stage is the work stage which is the core of each stage of therapeutic communication carried out by religious counselors. At this stage the religious counselor and the resident work together to address the problems faced by the resident. Counselors are required to really understand everything said by the resident both verbal and non-verbal. Counselor experience and knowledge play a major role in the successful implementation of counseling.

This stage the counselor must do*active listening* to solve resident problems. With*active listening* This counselor can identify problems faced, how to solve problems, evaluate problems and alternative solutions to problems faced by residents. Feedback from the counselor is an obligation that must be carried out by the counselor. The counselor needs to provide feedback when the resident talks about his problem.

AM's religious counselor said that the working stage is the core of the entire therapeutic communication being carried out.

> *During the implementation of the core phase of counseling, I always try to listen carefully to the problems faced by residents. I also observe verbal movements. The rise and fall of the resident's voice in answering became my record. In addition, I also observed the resident's gestures through non-verbal delivery. Because many things are sometimes not conveyed verbally, but many are conveyed with body gestures delivered by residents.*

This statement is supplemented by the ML religious counselor stating that

> *Often I find that uncomfortable body gestures are an indicator for me to continue with the consultation session or I decide to take a break. Even so, I still pay attention to the resident's words because I am obliged to provide feedback so that the resident feels that the problem has been given a solution.*

The NL religious counselor gave the same answer, who gave an overview of the core processes in this therapeutic communication

> *In this core stage, I often emphasize residents to be free to express what is their problem. In addition to verbal and non-verbal delivery, I also pay attention to their psychological condition. Often when we as counselors force ourselves to provide feedback, it doesn't turn out as expected. That's why I always try to listen carefully and give feedback when I feel it's needed.*

Based on the answers from the three counselors, it can be concluded that the core process of therapeutic communication in LRPPN Banyuwangi residents emphasizes verbal and non-verbal answers. This is complemented by the resident's psychological condition whether they need answers or just to be heard.

The fourth stage The process of the termination stage is divided into two, namely temporary termination and final termination. The decision regarding this termination is left to the resident and the contract that was made at the beginning. If it is necessary to add a consultation session, it will be rescheduled.

> *Usually, in the final process of therapeutic communication, I give the choice to the resident. I also see during the consultation sessions whether there has been a change in attitude or if it has remained. This is our basis as counselors to make a temporary termination or final termination.*

Based on the answers from the religious counselor stated that the final decision for termination was given to the resident with the consideration of the religious counselor. If it is felt that the change is not optimal, it will be rescheduled for termination. If deemed sufficient, the final termination is carried out and a recommendation is given to the head of the Bhayangkara Indonesia Narcotics Abuse Prevention Rehabilitation Institute (LRPPN BI) Banyuwangi Regency.

CONCLUSION

The stages in therapeutic communication carried out at the Bhayangkara Indonesia Narcotics Abuse Prevention Rehabilitation Institute (LRPPN BI) consist of four stages. The first stage is the preparation stage in which the counselor prepares himself physically and

mentally for counseling. The second stage is the introduction, namely the counselor introduces the resident to establish emotional closeness so that the resident can express his complaints to the fullest. The third stage is the work stage where the counselor is responsible for helping solve resident problems by conducting active learning and providing appropriate feedback on resident problems. The termination stage is the counselor's final decision whether the resident's problem has been resolved or a new counseling session still needs to be carried out.

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