

## The Effectiveness of Coaching Prisoners with the Therapeutic Community Method in the Cirebon Class IIA Narcotics Penitentiary

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### Abstract

Drug abuse is a significant problem, various rehabilitation efforts are carried out at the Cirebon Class IIA Narcotics Penitentiary, one of which is by using therapeutic communities to provide expectations of drug abuse inmates. The problems studied in this research are related to the rehabilitation of prisoners and their implications with the therapeutic community method at the Cirebon Class IIA Penitentiary. This research is empirical research that uses survey methods, observations, interviews, and literature studies. The data obtained are collected and analyzed qualitatively by analytical descriptive methods. The results showed that the therapeutic community can be implemented optimally but is still faced with the first problem therapeutic community has not been focused on the fundamentals of the resident's addiction and the second problem is that the resident is still faced with having to fight his mind with the effects of the relapse he feels.

**Keywords:** coaching; therapeutic community; relapse.

### Abstrak

Penyalahgunaan narkoba merupakan permasalahan yang signifikan, berbagai upaya rehabilitasi dilakukan di Lembaga Pemasyarakatan Narkotika Cirebon Kelas IIA, salah satunya dengan memanfaatkan komunitas terapeutik untuk memberikan harapan terhadap narapidana penyalahgunaan narkoba. Permasalahan yang dikaji dalam penelitian ini berkaitan dengan rehabilitasi narapidana dan implikasinya dengan metode komunitas terapeutik di Lembaga Pemasyarakatan Cirebon Kelas IIA. Penelitian ini merupakan penelitian empiris yang menggunakan metode survei, observasi, wawancara, dan kajian kepustakaan. Data yang diperoleh dikumpulkan dan dianalisis secara kualitatif dengan metode deskriptif analitis. Hasil penelitian menunjukkan bahwa komunitas terapeutik dapat dilaksanakan secara optimal namun masih dihadapkan pada masalah pertama komunitas terapeutik belum terfokus pada dasar-dasar kecanduan residen dan masalah kedua adalah bahwa residen masih dihadapkan dengan harus melawan pikirannya dengan efek kambuh yang dirasakannya.

**Kata kunci:** pembinaan; komunitas terapeutik; kambuh.

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## Introduction

Drug abuse is one of the problems that has caught the attention of the world (Husak, 2004), including in Indonesia. In 2016, an estimated 275 million people worldwide between the ages of 15 and 64, (5.6% of the world's population) were least involved in drug abuse. Of these populations, the number of people who are still abusing drugs in Indonesia (Current Users) amounted to 3,367,154 people in 2017 with an age range between 10 and 59 years. (Indonesian National Narcotics Agency (BNN-Indonesia), 2018). Of the total num-

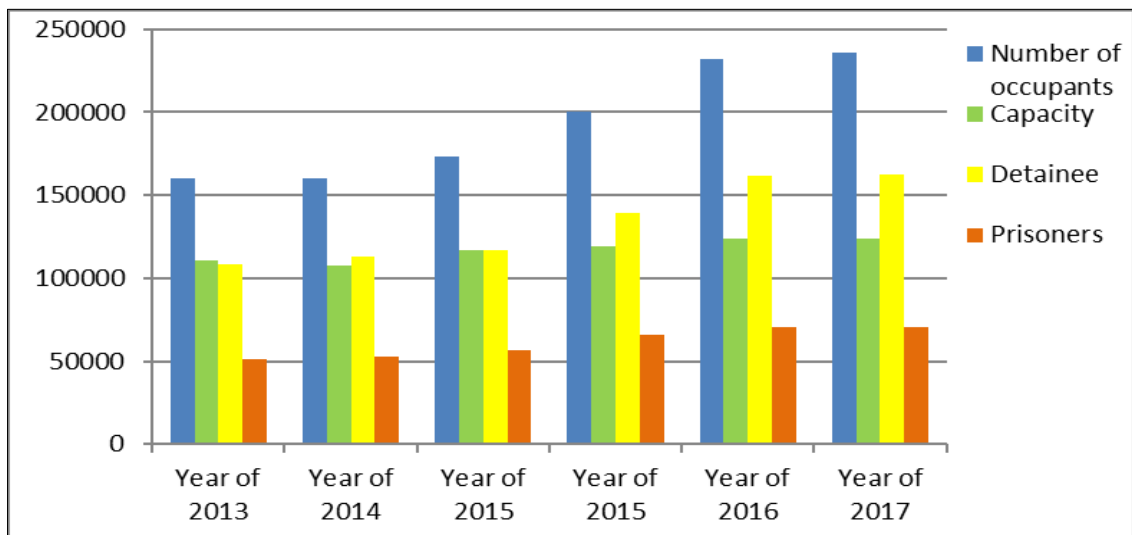
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ber of drug abusers in Indonesia, student groups still dominate the number of drug users in Indonesia with quite an alarming figure. Currently, it is recorded that there are at least 2,297,492 students involved with drug abuse cases (BNN-Indonesia and LIPI, 2018).

In line with the above statement, the occupancy rate of prisoners and detainees in the last 5 years tends to increase. Based on data from the Directorate General of Corrections, in February 2018 the number of detention center/prison residents in Indonesia was 236,125 people, around 69,547 people or about 29.45% were prisoners, and for narcotics cases based on the correctional database system (Sistem Database Pemasarakatan/SDP), there are 658 Correctional Units (detention centers, prisons, LPKA) in Indonesia, including 22 prisons that are specially made to act narcotics criminal, has a total capacity of 123,574 inmates. Data released by the correctional database system (SDP) in December 2017, shows that the number of prison dwellings reached 232,081 prisoners and inmates, which means prisoners and the prison has an excess of 188% occupancy. This will be explained in the table as follows:

**Table 1.** Comparison of the Number of Prisoners with Detention Centers/Prisons



Source: Ditjenpas Report SMS Data

**Table 2.** Number of Narcotics Case Inmates in Detention Centers/Prisons

Detention Center/Prison Capacity	123,574 people
Number of Residents (Prisoners and Detainees)	232,081 people
Percentage of Excess Detention Center / Prison Occupancy	188%
An inmate of User Narcotics Case (NKP)	36,106 people
Percentage of Contribution of User Narcotics Prisoners (NKP) to the Total Population of Special Prisons in Indonesia	35%

Source: Correctional Database System (SDP) Ditjenpas 2018

An increase in cases of drug abuse can lead to a high occupancy rate of drug abusers in prisons (overcapacity). To deal with this problem, the government in this case the Ministry of Law and Human Rights issued a Regulation of the Minister of Law and Human Rights of the Republic of Indonesia Number 12 of 2017 concerning the implementation of

narcotics rehabilitation services for prisoners and detainees. To carry out a strategy of demand reduction or reduction of the need for narcotic substances and improve the quality of life of detainees and prisoners' addicts, abusers, and victims of drug abuse so that they can be accepted again in the order of people's lives, it is necessary to improve narcotics rehabilitation services. The improvement of the narcotics rehabilitation program is that the Directorate General of Corrections issued Decree Number PAS. 121 PK.01.07.01 of 2017 concerning the determination of the Correctional Unit as a rehabilitation service provider for prisoners and WBP narcotics abusers, which set up 128 technical implementation units to carry out rehabilitation with a target of 6000 people. In 2018 the target achieved 11% (Insan, Firdaus, 2019).

Rehabilitation aims to eliminate the adverse effects and recovery of both physical and social functions due to drug abuse. According to Article 54 of Law Number 35 of 2009 concerning Narcotics, efforts to recover and prevent the reuse (relapse) of narcotics are carried out through a rehabilitation process, both medical rehabilitation and social rehabilitation. Medical rehabilitation is aimed at eliminating the effects of physical dependence due to narcotics addiction through integrated treatment. Social rehabilitation aims to restore optimal social functioning for victims of drug abuse (Irfan Ardani and Heti Sri Hari Cahyani, 2019). Dependence on narcotics not only causes an impact physically but also psychically on a person. The addictive effect felt by its use causes difficulty in getting out of dependence on this substance (Hamja, 2019).

Many methods were developed to rehabilitate victims of drug abuse socially. A rehabilitation pattern that is now intensively applied is to avoid drug addicts from prison and direct them to treatment to restore physical and psychic conditions (Saefudin, Y. Raharjo, A. Budiono. 2017) including the Therapeutic community (TC) program, the 12-step method (twelve steps), herbal medicine methods, and religious methods. The inmate rehabilitation services that are available at the Cirebon Class IIA Narcotics Penitentiary are in the form of a Correctional-based Therapeutic community.

The Cirebon Class IIA Narcotics Penitentiary is one of the prisons that specializes in handling cases related to drug abuse (Hamja, 2015). This prison is used as a center for therapy and rehabilitation programs in fostering drug-addicted inmates aimed at building awareness in prisoners to shape behavior that is of value and corresponds to the recovery (Imron, M., A., 2013). At the time of this study, the total number of prisoners amounted to 882 (eight hundred and eighty-two) prisoners, all of whom were convicted of drug abuse. Furthermore, those who participated in the Therapeutic community program totaled 360 (three hundred and sixty) inmates voluntarily. The social rehabilitation service of the Cirebon Class IIA Penitentiary uses a Modified Therapeutic community based on need, which consists of physical and psychic evaluation activities.

The therapeutic community in the form to address drug abuse and dependence has been present for 40 years ago. In general, the Therapeutic community is a drug-free environment that is modified using a hierarchical model with a level of care that reflects increased personal and social responsibility. Influences between individuals that are

medicated through various group processes are aimed at helping individuals learn and absorb social norms, and then develop more effective social abilities (Hanson, 2002).

The Therapeutic community for drug addicts was first established in the late 1950s as an alternative to the treatments that existed at the time, especially for heroin addicts (Cusher, Mc. Et.al, 1995). The same thing is said the therapeutic community is a drug-free environment where people with dependency problems can live together in an organized and structured manner to encourage the formation of a drug-free life in the outside community. Many politicians and professionalists see the treatment of the Therapeutic community as the best way with a low retention rate, although on the other hand the costs incurred for this method are very high (Maynard, A, & Richardson, G, 1994).

Although scientifically Therapeutic community treatments can produce desired outputs (Berglund et., al. 1991; De Leon, et, al., 1986; Kooyman, 1993; Ravndal & Vaglum, 1991) the goal is to focus more on suppressing negative impacts and not on a solution. This is evident when the Therapeutic community is ending with other interventions that use methadone and heroin, with the aim not only to resist the urge to use the drug but to reduce the impact both on the associated individual and on society (Zimmer-Hofler, Dobler-Mikola, Ughtenhagen & Christen, 1994).

In the same respect, the research of Malivert et al (Malivert et, al., 2012) found that the Therapeutic community method showed a significant decrease in the use of narcotics by the client during the program and depending on the length of the rehabilitation period. The Therapeutic community method is effective in tackling narcotics abuse relapse by 70% compared to other alternative programs (Galassi, Mpofu, & Athanason, 2015).

On the other hand, according to Irfan Ardani et al in their research at the Pamardi Putra Galih Pakuan Bogor Social Institution, it is stated that the Therapeutic community is still considered unsuccessful, in the estimated 30% of clients who graduated from the TC program are still experiencing a relapse. This means that the TC program implemented has not been able to prevent 100% of the occurrence of relapse (Irfan Ardani & Heti Sri Hari, Cahyani, 2019). The role of rehabilitation in the healing of dependence for drug addicts is very important, due to the increasing number of drug addicts among children to adolescents who are difficult to be able to escape from individual drug dependence (Dina Noviyanti, 2017).

The Cirebon Class IIA Narcotics Penitentiary in the context of fostering prisoners of drug abuse crimes is a place that allows making changes in behavior that are not accepted by the community towards positive behavior. This is where the TC program may provide a situation that encourages residents to disclose their problems and the TC environment to intervene to address them.

## Research Problems

There are two issues to be answered in this paper. *First*, what extent is the effectiveness of the application of the Therapeutic community in Cirebon class II A

narcotics prison? and *second*, what are the implications of the application of Therapeutic community to residents and narcotics use in Cirebon class II A narcotics prison?

## Research Methods

The method used in this study is a qualitative research method. The research was conducted at the Cirebon Class IIA Narcotics Penitentiary with a case study approach and presented in an analytical descriptive form. Data collection was carried out from December 2019 to April 2020 with in-depth interview techniques, observations, and secondary studies. The instruments used are semi-structural interview guidelines and observation lists. In-depth interviews were conducted with 10 (ten) officers of the Cirebon Class IIA Penitentiary, 20 (twenty) clients (inmates) therapeutic community, and 5 (five) people social workers who handle clients at the Cirebon Class IIA Penitentiary. Validation is performed by triangulation of sources and methods.

Informants of prison officials/officers are selected to find out the duties and functions of prisons and to know the results of the internal evaluation of the implementation of the social rehabilitation of the TC program for perpetrators of drug abuse crimes handled. Social worker informants are selected purposively with the criteria of experience in assisting drug abuse clients and having treated clients who have experienced a relapse. The client informant was selected with the criteria of having experienced relapse, and during the interview had participated in the IC program activities at the Cirebon Class IIA Narcotics Penitentiary for more than one month and was willing to participate in the research. The secondary data comes from the monthly report data of the Cirebon Class IIA Penitentiary and is supplemented by data taken through internet searches.

## Discussion

### **The Effectiveness of Therapeutic Community**

As a first step in evaluating the effectiveness of therapeutic community treatment for drug abusers this article reports as follows: In different countries, there are several rehabilitation methods for addicts' drugs. (De Leon, 2000) formulated the Therapeutic community (TC), which has been widely applied in the United States, researched, and used in several countries.

Research involving TC, among others, was carried out in Thailand (Johnson et., al, 2012), Peru (Johnson, et., al, 2008), Korea (Lee, Shine, & Park, 2014), Australia (Northam & Major-Blatch, 2016), Belgium (Soyed, 2004), and research in Indonesia among others was carried out (Fakrudin & Nurdin, 2010) and (Adiyanti and Yuniarti, 2015). In addition, there is a method of Cognitive Enhancement researched by (Sofnognh, De Vito, Waters, & Carroll, 2013). The Environmental Enrichment Methode was examined by (Solinas Thiriet, Chanvet, & Jaben, 2010), while (Wayman, 2013) identified and examined group and individual methods. China developed Chinese Herbal Medicine (Zhu, Zhang, Huang, &

Lu, 2017). In Teheran, outpatient-self therapy and drug detoxification were carried out in the rehabilitation center (Sharifi, et., al, 2012). In addition, there are narcotics anonymous and alcoholic anonymous which are based on 12 traditions and 12 steps and are carefully applied to groups of people with HIV-AIDS (Orwat, et., al, 2011).

Previous research on the TC method was widely carried out in several countries and even in Indonesia when compared to other methods. The implementation of the TC method has undergone changes or modifications from the concept of TC intended from its invention, although its main purpose has not changed. Likewise, the TC applied in the Cirebon Class IIA Narcotics Penitentiary is a correctional-based TC method.

The Cirebon Class IIA Narcotics Penitentiary was designed to test the effectiveness of treatments using the Therapeutic community program. This program is carried out for 19 weeks with a focus on behavior change and post-rehabilitation preparation activities which are carried out for 3 weeks. The program was designed to focus on emotional and intellectual development and changes in resident assessment.

Through the results of interviews with officers of the Cirebon Class IIA Narcotics Penitentiary, there are various programs and materials provided in the TC-based program. Its application accommodates several programs with material, their purpose, and implementation in the field depicted in the following table.

**Table 3.** Implementation of the Therapeutic Community Program

Stages	Activities	Activity Description	Time	Description
Primary Stage	Morning Meeting	This agenda is carried out every morning by the residents. This form of activity is a forum to build new values and living systems based on the philosophy of therapeutic community. In this activity, residents read out written philosophies, give personal statements, put forward today's concepts, get advice or warnings, get announcements that relate to common interests, and also go through the game.	6 months	First Wave
	Encounter Group	In this session, residents are allowed to express feelings of anger, sadness, and others. Each resident has the right to write on a piece of paper, which contains expressions of annoyance, disappointment, and anger directed at a particular person.	6 months	First Wave
	Static Group	This program form groups that aim to change behavior in therapeutic communities. This group talks about various issues in everyday life and past lives, the purpose of which is to build trust among fellow individuals,	6 months	First Wave

		awaken self-confidence, and look for solutions to existing problems.		
	PAGE (Peer Accountability Group Evaluation)	In this program, residents, get the opportunity to be able to give one positive and negative assessment in daily life to fellow residents.	6 months	First Wave
	Haircut	In this program, residents who make repeated mistakes and who have been sanctioned will be given additional sanctions. The officers/counselors will show a sense of disappointment about the mistakes made by the resident. The officer expressed this annoyance by raising the volume of their voice and staring at the resident's eyes sharply.	6 months	First Wave
	Weekend Wrap-Up	In this program, residents are allowed to discuss their one-week experiences. The group focuses on residents who get leeway to visit their families and can meet their classmates.	6 months	First Wave
	Learning Experiences	In this program, there are sanctions that, are given after undergoing haircuts, family haircuts, and general meetings. The purpose of this session is for residents to learn from experience so that they can change behavior.	6 months	First Wave
Re-Entry Stage	Orientation	In this program, there is a stage of resident adjustment to a re-entry environment. In this orientation, the resident is accompanied by a buddy (companion) who is appointed by the staff of the Cirebon Class IIA Narcotics Penitentiary.	2 (two weeks)	First Wave
	Phase A	In this phase, residents have obtained their rights to be able to do activities outside the residential block and carry out independent activities.	2nd Month, <sup>3,4</sup>	First Wave
	Phase B	This phase is filled with individual and group counseling activities.	5th month	First Wave
	Recovery	This phase is the stage of recovery from the relapse experienced by the resident.	6th month	First Wave

*Source: Primary Data Processed*

**Table 4.** Resident Observation Data Implementation of the Therapeutic Community Program

No.	Observed Aspects	Description	Implementation Criteria		
			Real	Approach	Not yet
1	Primary Stage	Morning Meeting	✓		
		Encounter Group			✓
		Static Group	✓		
		PAGE	✓		
		Haircut	✓		
		Weekend Wrap Up			✓
		Learning Experiences	✓		
2	Re-Entry Stage	Orientation	✓		
		Phase A	✓		
		Phase B	✓		
3	Aftercare Stage	Recovery	✓		

Source: Primary Data Processed

The table above illustrates that social rehabilitation using the TC program, in general, can be carried out optimally. It can be concluded that the therapeutic community is a therapeutic method for addicts that are widely applied, both locally in Indonesia and more broadly outside Indonesia model, structure, and the program compiled by (De Leon. 2000) is very clear empirical evidence that shows successes and failures in the recovery of addicts has also been widely researched although the results vary.

The findings through an interview with one of the clients (inmates) with the initials "DS" when following the stages of the therapeutic community program will be explained as follows:

1. Primary Stage

a. Morning Meeting

Morning Meeting is a sacred event that is held every morning from 07.30-09.00 WIB, or at least two hours. DS is neatly dressed, wears foot-on-foot shoes, is always focused on concentration and always eye contact, and sits ready to form a horseshoe formation. This form of activity is a forum to build new values and living systems based on the philosophy of therapeutic community.

The morning meeting process consists of two sessions, the first session, is preceded by filling in the structure of the previous day, introducing members, praying, and reading the philosophy of the therapeutic community which is written. This activity emphasizes the motivation, apology, and the main issues that will be raised by the DS resident. In the second session, the activities carried out by DS are role-playing, conveying words of wisdom, reading poetry, entertainment, and a summary of social worker observations during morning meetings. Furthermore, the social worker delivered the observations during the morning meeting, then the closing prayer.

As a result of interviews with DS residents, DS daily reads the written therapeutic community philosophy that until memorized even DS does not by



looking at the writing to read the philosophy of therapeutic community. The results of the interview with the counselor during the DS participated in the morning meeting activities, namely experiencing behavior changes that were more polite, diligent, independent, dedicated, and responsive to other resident conditions. This can be described in the table as follows:

**Table 5.** Whether the morning meeting program is successful according to inmates/residents (n=20)

Various Opinions	Frequency	Presented
No Answer	4	20
Succeed	12	60
Not Working	4	20
Total	20	100

*Source: Primary Data Processed*

The table above illustrates the success of the morning meeting program, 12 residents answered successfully or 60 percent, 4 residents answered unsuccessfully or 20 percent, while 4 residents answered successfully or 20 percent, while 4 residents who answered successfully or 60 percent did not answer or 20 percent.

The results of the author's cross-check on morning meeting activities in the field through interviews with prisoners/residents that the rules regarding morning meetings have been adjusted to the conditions of the residents who participated. The implementation is also adjusted to the number of residents who submit statements to affect the duration of the morning meeting. The authors report the purpose of this phase of rehabilitation therapy is to recognize and understand the rules, philosophies, and procedures, which are then referred to as Walking Paper. DS has undergone 5 months of morning meeting activities, which has shown a change in behavior for the better. So, the morning meeting program at the Cirebon Class IIA Narcotics Penitentiary can be carried out properly and optimally.

However, in the morning meeting of this program, there is still something that must be more critical again is whether this morning meeting program that is carried out has met the need for completion problems related to the psychological resident. The author's findings p that this morning meeting program should be able to turn the resident's "desire" to heal into the resident's "need" to heal.

Things that should be considered in the morning meeting, this program focuses on the things that underlie the resident's addiction. However, the morning meeting focuses more on behavioral issues during the resident's rehabilitation, expectations on the morning meeting, and functions that can hopefully be transferred when the resident has left the Cirebon Class IIA Narcotics Tan Penitentiary or has completed the program.

On the other hand, the short time figure can be suspected to be one of the possible causes of the unattainable and resolved problems that are the cause of the reappearance of relapse. Previous studies have found that longer treatment programs, in general, have a lower completion rate (Mc Cusker, et., al, 1995; Martin, Butzin, & Inciardi, 1995). The residents who last longer in a treatment program are

generally those who have the strongest motivation to heal (De Leon & Rosenthal, 1989), and those who do not complete their treatment often return to the forefront of criminal acts and drug use, and it is very difficult to get a job (Condeli & De Leon, 1993).

b. Encounter Group

In this session, residents are allowed to express feelings of anger, sadness, disappointment, and others. Each resident has the right to write on a piece of paper, which contains an expression of annoyance, disappointment, or anger directed at a particular person. This activity is usually carried out 1 time a week, with a duration of 2 hours. This session is usually closed with things that are relaxed in nature. The purpose of this activity is to build a healthy community, make a responsible personal community, dare to express feelings, build discipline, and increase responsibility.

Through the results of interviews with counselors at the Cirebon Class IIA Narcotics Penitentiary, encounter group activities in their implementation at the Cirebon Class IIA Narcotics Penitentiary have not been optimal, citing that the implementation of this encounter group is worried about chaos or unwanted things. In principle, this encounter group is a perilous therapy session of me and the attitude of the resident individual with the other resident, through overflowing emotions with verbal speech or words. said harshly, technically, where two seats are provided facing each other, accompanied by counselors and officers.

Based on the author's observations with one of the clients (prisoners) with the initials "RR" in the implementation of the encounter group, these drug addicts stood facing each other, looking at each other's eyes., standing at 3 meters, carrying no ethnicity and religion, no words repeatedly every drug addict who gives input to the RR sentences issued are different. Initially, all members of the narcotics addicts of the primary peace stage gathered in the classroom, and then the counselor came in and opened the activity, with greetings and then let RR. into the group. In the next activity, the counselor explained the purpose of holding the encounter group activity, and then the counselor invited RR to tell the chronology of the events he did. After RR finished telling the story, the counselor asked RR several questions and the RR replied then the counselor invited the other members to give advice and advice and expressed his emotions to RR through a speech opportunity given the counselor. This is done alternately until RR understands the mistakes made and gains experience and knowledge of his mistakes. After that, the counselor closes the activity with conclusions and suggestions.

The purpose of this encounter group program is when there are residents who are already outside the provisions of the applicable rules. On the other hand, this encounter group can be associated with a one-person object, by going hand in hand with community members each resident issues behavioral opinions to problematic residents said. In the implementation in the field, encounter groups are the last resort for rehabilitation when the resident is already out of behavior. The

implementation of the encounter group, in the therapeutic community program at the Cirebon Class IIA Narcotics Penitentiary, is still not optimal, with the reason for avoiding crashes between individuals.

c. Static Group

Static group therapy activities at the Cirebon Class IIA Narcotics Penitentiary have been modified, namely, residents are allowed to discuss various problems in daily life and life that have passed, whose purpose is to awaken self-confidence and at the same time find solutions to existing problems. The implementation of this static group activity is carried out at 13.00-15.00 WIB and the target of this implementation is for 6 months.

Based on the problems of residents during routine static group activities, the problem of cases experienced by IN with wives who still do not fully accept IN to return gradually improved, and little by little it was resolved, only the obstacle was due to the domicile of the wife and family of IN, which was far from the Cirebon Class IIA Narcotics Penitentiary, the problem economy as an obstacle to seeing IN in the Cirebon Class IIA Narcotics Penitentiary. The efforts that have been made by the IN counselor with the plan designed by the counselor have paid off, namely that it can increase IN's view of the wife and family.

This can prove that this static group program can build a close relationship that motivates and influences each other between counselors and residents. Peranan counselor in the implementation of therapy and rehabilitation with the static group program method as a facilitator and manager, counselor as a mediator for IN residents and wives and his family. On the other hand, the counselor becomes the communication link during the therapy. The static group program carried out by the Cirebon Class IIA Narcotics Penitentiary can be carried out properly and optimally. Through interviews with officers of the Cirebon Class IIA Narcotics Penitentiary, it was said that in this session residents were grouped according to their status, where each member consisted of from 10 to 15 people only.

Based on the results of the cross-check with the counselor, the steps, and rules of static group activities at the Cirebon Class IIA Narcotics Penitentiary are already in compliance. Static group activities can help residents to analyze residents own cases and give opinions to each other in solving problems. IN residents have been able to make peace with the family, this is due to counseling with counselors in this static group program.

On the other hand, it is said that a static group is a form of group counseling that helps counselors in forming treatment and motivating their clients. Group counseling fosters pressure among fellow clients as members of the static group. The pressure from fellow clients is a positive pressure to motivate each other in trimming negative behavior (Rachmawati Widyaningrum, 2014). Looking at the positive pressures that members have on the static group according to Smith's opinion (Abraham & Shanley, 1997) it is said that personal development can be encouraged

through group dynamics. This is the group dynamic that is the attention of the addiction counselor to the creation of a recovery environment, where static group members feel that the other members have positive desires for them so that the client will be motivated for behavior change. Nature makes changes in behavior; they will act towards other human beings based on the meaning that others give them. In this case, the resident while following the static group gives meaning to his recovery experience, by applying an interpretation of what is seen as a force social that forms his positive behavior.

d. PAGE (Peer Accountability Group Evaluation)

In this session, residents get the opportunity to be able to give one positive and negative assessment of daily life towards other fellow residents. In this group, each resident is trained to increase sensitivity to community behavior. Residents are grouped according to their status, where each member consists of 10 to 15 people. In this session, each member will discuss the good and bad behavior of a resident in his group.

Through result interviews with counselors and officers of the Cirebon Class IIA Narcotics Penitentiary, it is said as follows, the PAGE program at the Cirebon Class IIA Narcotics Penitentiary, this program is already running as it should be following the implementation of SOP in the core curriculum, because neither static group nor PAGE will be released because it is the core menu of the social therapy section which scheduled during the semester program phase within the Cirebon Class IIA Narcotics Penitentiary block, (Phase A, and Phase B) in technically each resident will be in giving positive and negative assessments to the design of their community (fellow residents), in this PAGE program the participants who take part consist of between 10-15 residents, each of whom is given opportunity to present an assessment of the behavior of each resident's behavior.

Program PAGE is a group therapy that can be said to be mandatory because it goes back to the philosophy of therapeutic community, from us to us, from the community to the community to the behavior of better again. The PAGE program has been optimally carried out at the Cirebon Class IIA Narcotics Penitentiary because the core part of this program is in the form of social therapy that is carried out.

e. Haircut

The technicality of the haircut program lies in residents who make repeated mistakes and have been given sanctions will be given additional sanctions. The officers of the Cirebon Class IIA Narcotics Penitentiary will show disappointment over the mistakes that have been made by the residents. The officer expressed this annoyance by raising the volume of their voice and giving a sharp look in the eyes of the resident who made the mistake.

The implementation of the haircut carried out by the Cirebon Class IIA Narcotics Penitentiary is incidental, it can be seen from the developments made by

the clients, which are assessed by the counselor which results in the action of haircut (intimidation therapy). Because in principle haircut is a social treatment from the counselor of the Cirebon Class IIA Narcotics Penitentiary to residents, by conducting behavioral intimidation therapy, such as giving a sharp-eye-eyed look by the counselor of the Cirebon Class IIA Narcotics Penitentiary to residents the aim that because residents who are less active in participating in the program can be more serious and appreciate the comrades of the community. Usually, haircuts are carried out when there are deviations in resident behavior and are followed up by counselors of the Cirebon Class IIA Narcotics Penitentiary. This haircut program carried out by the counselor of the Cirebon Class IIA Narcotics Penitentiary is optimal because the small part of the treatment carried out by the counselor for residents who take actions outside the provisions in the Cirebon Class IIA Narcotics Penitentiary, besides a haircut program is a form of social therapy.

f. Weekend Wrap-Up

The implementation of this weekend's wrap-up program is marked by residents being allowed to discuss what is experienced for one week. This group focuses on residents who get leeway to go out with their families or friends. This weekend wrap-up program is more precisely a form of reward to residents who have behaved well in undergoing a therapeutic community program with routine activities carried out by residents (in rehabilitation homes). The implementation of a weekend wrap-up on the rehabilitation program is generally in the form of a visit to meet the family. Meanwhile, the condition of the main purpose of the weekend wrap-up program carried out by the therapeutic community program by the Cirebon Class IIA Narcotics Penitentiary was prepared with rewards in the form of regular visits or activities that are following the reward for having behaved well-running therapeutic community programs and other activities. The implementation of the weekend wrap-up program carried out by the Cirebon Class IIA Narcotics Penitentiary is considered not optimal because of the condition of residents who are still serving their sentences.

Based on an interview with officers of the Cirebon Class IIA Narcotics Penitentiary, this activity is very important because prisoners who are not visited by their families are likely to have bad consequences on the tranquility of the prisoner, as depicted in the following table:

**Table 6.** The influence of inmates who have never been in the family according to officers (n=10)

All sorts of things	Frequency	Percentage
Being a Loner and Moody	8	90
Unaffected	2	10
Total	10	100

*Source: Primary Data Processed*

The table illustrates that eight officers said if this did not happen, it could have bad consequences. In addition, the inmate will be a loner and moody, while two people say no. Based on the statement expressed by the US. National Institute on Drug Abuse, that family involvement is not a specific therapeutic model, research shows that family involvement in therapy corroborates the outcomes of the therapy itself. Support from the family to the client (inmate) is very necessary, especially regarding the attitude and mindset of the family to the child who is undergoing a rehabilitation program. This family attitude and mindset strengthens the results of the treatment as a form of therapeutic support carried out by the counselor. Family support is in the form of family commitment to the treatment provided by the counselor, family activity following family support activities, and family dialogue.

The family has a hand in the emergence of addiction (Whitesell, et., al., 2013). Similarly, the results of the study on addicts who participated in rehabilitation in Indonesia, with families and groups. The risk behavior of narcotics abuse in men is influenced by factors of father-child attachment, mother-child attachment, involvement in leisure activities, peer attachment, and behavior of cigarettes. The family can become functional when in it there is one of its members becomes an addict (Smith & Estefan. 2014).

g. Learning Experiences

The implementation of the learning experiences program is carried out in the form of sanctions after undergoing haircuts, family haircuts, and general meetings. The purpose of implementing this learning experiences program is for residents to learn from experience so that they can change behavior that has violated the provisions in Cirebon Class IIA Narcotics Penitentiary and did not implement the therapeutic community program properly.

Through the results of an interview with the counselor of the Cirebon Class IIA Narcotics Penitentiary, it is said as follows, in the implementation of this learning experiences program is intended to see the time back for his mistakes have been made by promising not to repeat it, with the monitoring of the community and counselors of the Cirebon Class IIA Narcotics Penitentiary. The phenomenon of strengthening in learning experiences, occurs a lot in the Cirebon Class IIA Narcotics Penitentiary in Phase A (Orientation Phase), because residents still tend to be closed, and lack of trust in the therapeutic community program for change, deviations, and lack of motivation in these activities, disobedience in carrying out the orders of the chairman or coordinator of the block. At the Cirebon Class IIA Narcotics Penitentiary, it has been running with a reprimand sanction in the form of a pull-up during the morning meeting program which is monitored by the block coordinator and accompanied by counselors of the Cirebon Class IIA Narcotics Penitentiary. This learning experiences program has been optimal and carried out as appropriate by the Cirebon Class IIA Narcotics Penitentiary.

2. Re-Entry Stage

a. Orientation

The orientation program is a stage of fostering a therapeutic community in the form of rehabilitation, where the resident begins to establish the psychological condition contained in himself, use his reasoning abilities to think positively, and be able to develop social skills in social life. This is evidenced that therapeutic community interventions are effective in reducing stress levels in prisoners/residents who will return to society. This Hal following the research of Brabender, et al (Brabenber, 2014) states that group therapy or group therapy is one of the intervention techniques that aim to improve and solve psychological problems. The same is supported by the advantages of group therapy itself whereby with group therapy the subject gains calmness and support the reason of knowing many people who have a similar problem, even a more severe problem. They can also learn from the experiences of others by observing how others behave and they can examine traits and reactions through interactions with a wide variety of people.

The existence of social relations that are well established in group therapy results in decreased stress felt by inmates. This is following research conducted by Cohen, et al (Cohen, et al, 2002) states that people who have many social ties, relatives, and other members of the group it becomes live longer and is less prone to stress-related illnesses than people who have little social contact. This stage is an advanced program from the primary stage, the purpose of which is to restore residents to the lives of the community in general. The implementation time in this orientation program is carried out for 3 to 6 months.

Based on the results of interviews with counselors and officers of the Cirebon Class IIA Narcotics Penitentiary, it is said that for clients or residents before entering this stage, each client or resident must pass the medical screening process (detoxification), and assessment, generally in this phase is carried out for a maximum of 2 weeks, depending on how the condition is affected substances experienced by residents. The reason for the removal of toxic substances in the body and it is a natural process of the body to neutralize or expel toxins. According to L. Ron Hubbard who refers to extensive studies in the field of mineral vitamins and nutrients, which resulted in a breakthrough that provides relief for drug abuse and be more easily detached from the painful non-symphonious drugs that usually accompany the release from the drug.

Hubbard in his research found that drug residues that settle in the body's fatty tissue can affect a person long after he stops using his drugs by developing a technology smart to give deposits of such toxins can come out of the body. Because a person cannot advance mentally and spiritually unless the effects that such illegal drugs cause can be eliminated (Hubbard, 2004).

Through the author's observations around the entry unit room, the author met the AA resident outside the room alone. Resident AA is one of the drug addicts (relapse) who is undergoing rehabilitation at the stage of substance stabilization and

program recognition. When the AA resident is sitting alone in the corner of the wall with his legs folded and sometimes lowers his head and occasionally sets his gaze to the corner of the room, the AA resident is seen as a confused person and has a black circumference around the eyes. Resident AA has just undergone the detoxification stage and has just been moved to the entry unit room to stabilize the residues of substances present in his body. After completing the detoxification stage, the resident enters the assessment stage for 2 weeks, and after that, the resident is directed to carry out an orientation program. The orientation stage is the core process of coaching in this stage.

Residents for 6 weeks follow the core program, with several reference curricula of social rehabilitation activities, such as Static Group, PAGE Group, Individual counseling with Counselors and Class Narcotics Correctional Officers IIA Cirebon, family counseling, FSG (Family Support Group), and educational activities that can support residents to the recovery stage.

There is educational support and various kinds of counseling contained in this orientation program, residents are required to carry out positive activities and have been mixed in the menu of the coaching program to form a daily schedule of activities tailored to the therapeutic community program. In addition to residents getting educational support and various kinds of counseling in this orientation program, residents are also required to get adequate nutritional intake consisting of 4 healthy 5 perfect to support the achievement of the therapeutic community philosophy.

The food consumed by prisoners must be clean and not expired and must be known to the head of the Cirebon Class IIA Narcotics Penitentiary and the amount is following applicable regulations. From the confessions of some inmates who said the food was not feasible, as described in the table as follows.

**Table 7.** Whether or Not Food Is Adequate While Undergoing a Therapeutic community Program Is an Inmate's Confession (n=20)

Various Opinions	Frequency	Presented
Already	16	75
Do not	4	25
Total	20	100

Source: Primary Data Processed

Entering the final stage of resident coaching in this orientation program, approximately 4 weeks following the coaching program, residents are more directed to be included intensely in group counseling activities using several methods accompanied directly by the counselor and officers of the Cirebon Class IIA Narcotics Penitentiary, with the intention and purpose that residents can re-adapt and carry out interactions with the outside world because the addict will be closed and a crisis of self-confidence, the essence of the program this orientation is to foster self-confidence in the resident's soul in socializing with their social environment. The author is optimistic that this program will be able to change residents to positive



behaviors and increase self-confidence to interact with the surrounding environment because if you divert from the resident response to participate in the orientation program coaching activities at the Cirebon Class IIA Narcotics Penitentiary, it is very pertussis and eager to subject to change.

b. Phase A

Based on the results of interviews with counselors and officers of the Cirebon Class IIA Narcotics Penitentiary, it is said that in Phase A, residents have obtained their rights to be able to carry out activities outside the block. residential and free to carry out independent activities within the environment of the Cirebon Class IIA Narcotics Penitentiary. This phase carried out by the Cirebon Class IIA Narcotics Penitentiary, generally contains resident activities to carry out referrals or consultations with professional officers such as counselors or instructors who are brought directly by the Cirebon Class IIA Narcotics Penitentiary.

The response of the resident in following this phase is required to be active, where the resident is directed to build motivation in himself. The counselor oversees directing residents to realize that in addition to the relapse problems they are experiencing, there is also another problem that is much more important, namely behavioral problems. which is not good and does not comply with the norms and rules that exist in society in general and is given a way how to change it.

This Phase A program is carried out by applying a clear rule, and seminars are carried out related to the behavior of a drug addict. Phase A carried out by the Cirebon Class IIA Narcotics Penitentiary has been able to run optimally. Based on the results of observations, a person who is already addicted to narcotics, his physical, psychic, and social psyche are disturbed. To add insight, knowledge, and knowledge in this stage, the counselor conducts staff and resident seminar activities. Residents gather indoors carrying stationery and counselors or drug addicts whose rehabilitation phase is higher than that of other members. staff and resident seminar activities are the same as teaching and learning activities, counselors deliver material on addictive substances, members write and ask if there is the material that is not understood, and the counselor replied. When it is felt that there are no questions, the counselor closes with conclusions and suggestions. In addition, to participate in staff and resident seminars, residents participated in Islamic studies in mashallah. It is hoped that with this activity, drug addicts will understand addictive substances so that they can reduce the number of relapses felt by residents. This will be illustrated in the following table.

**Table 8.** Whether or Not Prisoners Ever Gain Knowledge and Spiritual Insights According to Inmates (n=20)

Various Opinions	Frequency	Presented
No Answer	2	10
Gain insight into the dangers of narcotics	4	20
Gaining spiritual knowledge	4	20

Gaining knowledge about the dangers of narcotics and spiritual knowledge	10	50
Total	20	100

Source: Primary Data Processed

c. Phase B

The Phase B program, which is followed by residents and accompanied directly by counselors and officers of the Cirebon Class IIA Narcotics Penitentiary, contains activities that direct residents to be more responsible in responding to attitudes (stable mental conditions) and healthy living behaviors. Residents are directed to further strengthen their emotional state and balance the psychological state that exists in themselves and behave how the resident responds to the process of stimulating functions his cognitive. Strengthening the strengthening of responsible attitudes and behaviors and the holding of what if they re-enter their family (how to interact), or ideally by starting to run a trial home leave accompanied by professional assistants such as teaching staff or counselors of the Cirebon Class IIA Narcotics Penitentiary. Sometimes given a stimulation of planning or action plan in this phase the resident is directed to focus on social networks that support socialization and recovery from relapse experienced by residents.

At the end of the Phase B program, which is the strengthening of attitudes in the family and social environment, by implementing the home leave method without assistance from counselors and teaching staff. The essence of the Phase B program is to control emotional reactions and strengthen the psychological condition of residents, develop the ability of reasoning to think positively, add insights to prepare for the future, able to improve attitudes that are skilled in social life to be able to realize responsible attitudes and behaviors with a better quality of life in the process of interacting in the social environment. The Phase B program implemented by the Cirebon Class IIA Narcotics Penitentiary is optimal but is still in an environment outside the residential block only because the residents are still serving unfinished sentences.

d. Recovery

The recovery program is the final stage (aftercare) in the rehabilitation of relapse experienced by residents. In this stage, the resident is obliged to be able to control himself against the influence he faces in daily life in the Cirebon Class IIA Narcotics Penitentiary. Because there could be a bad influence that is experienced when interacting when outside the residential block of the Cirebon Class IIA Narcotics Penitentiary. The independence and ability of residents are at stake in this phase. This can be seen from how residents can behave positively without direct assistance from professionals consisting of teaching staff and counselors of the Narcotics Penitentiary. Class IIA Cirebon.

This final stage of recovery, assessed its success from the aspect of an addict in facing the recovery process (recovery) which will face several phases that are against

his mind due to the effects of relapse experienced or dealing with other factors consisting of the attitude of the addict in facing the circumstances of his social environment that desperately need the support of individuals and others and medical rehabilitation programs as well as social rehabilitation for the success of this stage of recovery. If there is no support for the addict, then an addict will find it difficult to find a stage towards recovery (recovery/recovery) completely from the effects of relapse experienced by residents undergoing this therapeutic community coaching program.

On the other hand, Kaplan identified that Kooyman's finding that variable programs that most determine the success of therapeutic community care can be determined at a significant level with family involvement. Broader community involvement is presented by the family as a curative mechanism (Kooyman, 1993). A new understanding has emerged that illicit drug use is not a person who is impaired in character, has a ton of personality disorders, or has an indication that faces the wrong condition. He is part of the relationship, he is part of the family, and he is also part of the environment. Actions must be taken not only within the limits of the therapeutic community program, but also within the family, environment, and the outside world.

### **Implications of Treatment with Therapeutic community Programs**

After conducting research, it can be seen that the implications of success in the implementation of rehabilitation programs through the therapeutic community method on residents who experience the effects of narcotics relapse, then can determine 4 categories of changes namely first, changes in behavior based on the characteristics possessed by the resident in the absence of the ability to adjust with the positive norms that exist within the Cirebon Class IIA Narcotics Penitentiary environment, residents tend to treat norms that are enforced in their group. Those who commit deviations from the prevailing norms are considered residents to be a matter of course. These behaviors are sought to be able to change through various coaching methods, one of which is the therapeutic community and the enforcement of positive norms that have been mutually agreed upon. Second, there is emotional development experienced by residents, which is seen in the emotional stability of residents in the development of therapeutic community programs. This is because when the resident has emotions that are unstable, irritable, lazy, wanting to win as a lone, moody, inferior, or depressed.

Such conditions make it difficult for residents to adapt themselves to real life in the community. Therapeutic communities provide services and create conditions that can direct residents to be able to control the emotional stability that exists in residents. Self-control to control emotions can be done through individual counseling activities, group guidance, family counseling, encounters, and psychodrama. Third, there is an intellectual/intellectual development contained in residents that allows them to have good intellectual potential. However, sometimes it cannot develop optimally due to the

presence of the problems encountered. The part of them only has a background in elementary school education to the secondary level. Nevertheless, intellectual development is still sought by training creativity skills and providing materials related to self-development and formal education. Fourth, residents can improve workability within a therapeutic community environment that is not only directed at productive skill activities but also used to foster self-confidence, instill a sense of responsibility, and provide an understanding that every job has benefits for residents and others. In every series of activities or programs applied in the therapeutic community coaching method, it is always associated with three aspects, namely thinking (a positive resident perspective), feeling (feeling the existence of the resident self has usefulness for others), and acting (the resident can interact and can develop productive work skills). So, in real life, residents are seeking to be able to understand and balance the development of these three things. The implications of resident care in the implementation of a therapeutic community will be described in the table as follows:

**Table 9.** Implications of Successful Therapeutic community Treatment on Relapse According to Resident (inmate)

No.	Observed Aspects	Description	Criteria for Change			Description
			Real	Approach	Not yet	
1	Changes in the behavior of residents' ability to adjust to positive norms in the prison environment	The ability to adjust to positive norms in the prison environment is sought to be able to change resident behavior and be able to comply with rules/norms that have been mutually agreed upon	✓			It's been running well and optimally
2	Resident emotional development and resident emotional stability	The ability to be able to control emotions & the ability not to be lazy, irritable, moody, & not to become depressed		✓		It's already running but still not optimal
3	Intellectual/spiritual development of residents	Able to use intellectual and spiritually optimally and well and train resident creativity	✓			It's been going well
4	Development of ability to work in a therapeutic	Ability to be able to work	✓			It's been going well

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tic community envi- ronment	productively & have confidence, responsibility to himself and have a positive outlook and be able to be effective
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*Source: Primary Data Processed*

## **Conclusion**

In conclusion, this study has sought to describe the state of the effectiveness of therapeutic community treatment on residents (inmates) of drug dependence. The researcher reached a conclusion; first, the Cirebon Class IIA Penitentiary in the operationalization of the therapeutic community care program for drug-addicted residents (inmates) has not been able to fully implement programs that there are, those that have been implemented in therapeutic community programs are morning meeting programs, static groups, pages, haircuts, learning experiences, phase A and phase B orientation programs, and recovery programs. As for the encounter group program, the weekend wrap-up has not been fully implemented. Second, the implications of successful therapeutic community treatment can be determined through 4 categories of change; firstly changes in better behavior, second changes in more stable emotional development, thirdly changes in intellectual or spiritual development are more mature and more advanced and the fourth is developmental changes to improve more productive workability. The change in the development of these 4 categories has been evident in the lives of residents (inmates) while participating in the therapeutic community program at the Class Penitentiary IIA Cirebon.

## **Suggestion**

The implementation of resident development (prisoners) with the therapeutic community method at the Cirebon Class IIA Penitentiary needs to be supported by several aspects including related institutional aspects, namely the institution's correctional and prison officers themselves, families, inmates, and the community. Prisons should implement a hierarchy of treatment periods following applicable regulations, so it is expected that former drug addicts who have undergone a rehabilitation program therapeutic community do not relapse (relapse). For inmates, go through the rehabilitation period with joy because then you value your life. For the family, support those who are part of your family, they also want to heal, help them with care and affection, they are also human beings who want to be normal like ordinary humans, don't you take them for granted. For the people, they are happy because they want to live among you.

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