

Healing Through Words and Learning: Communication and Education Strategies in Drug Rehabilitation

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Abstract:

This study aims to analyze the role of therapeutic communication and health education in enhancing the effectiveness of drug rehabilitation programs at the National Narcotics Agency (BNN) of Tojo Una-Una Regency. A qualitative approach with a case study design was employed through observation, in-depth interviews, and documentation involving ten informants—seven rehabilitation clients and three officers. Data were analyzed using Miles, Huberman, and Saldana's Interactive Model with the support of Nvivo 12 Plus software. The findings reveal that therapeutic communication, encompassing openness, empathy, supportive behavior, positive attitude, and similarity, fosters warm and trusting interpersonal relationships between officers and clients. Empathy-based and family-oriented communication motivates clients to recover from addiction. Furthermore, health education guided by the Health Belief Model (HBM) improves clients' risk awareness, self-efficacy, and understanding of the benefits of behavioral change toward a healthy lifestyle. Continuous and contextual education helps clients build resilience and reduce relapse risk. These findings emphasize that the success of rehabilitation at BNN Tojo Una-Una is not solely determined by medical interventions but strongly relies on the quality of interpersonal communication and sustainable health education as empowerment strategies for clients' holistic recovery.

Key Words: *Therapeutic Communication, Health Education, Drug Rehabilitation, Self-Efficacy*

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INTRODUCTION

In various drug abuse rehabilitation programs, the interaction between the officer and the client is often the main determinant of the success of the recovery process (Bell et al., 2025; Chavez et al., 2025; Lloyd et al., 2024). Data from Body National Narcotics (BNN) from Isa & Puluwulawa (2024) shows that dependence on narcotics remains a serious challenge that requires a comprehensive approach not only medical but also communicative and educational. Outpatient client groups in districts such as Tojo Una-Una show that in addition to physical therapy, the client's relational aspects and perceptions of the rehabilitation process also determine the sustainability of participation. In this context,

therapeutic communication that includes openness, empathy, supportive and positive behavior, and commonality between service actors and clients emerges as an important foundation for creating an empathetic and humane service atmosphere (Lovitz & Easterbrooks, 2025; Park & Hyun, 2021; Toporek et al., 2025). Preliminary findings suggest that clients who feel safe, listened to, and accepted tend to be more actively involved in the program, thus supporting the long-term rehabilitation process.

Recent studies highlight two relevant areas of the literature: first, therapeutic communication in the treatment of drug addicts and second, models of perception of health behaviors such as Health Belief Model (HBM) that encourages behavior change. In research by Koehler & Klosinski (2025) It was found that a harmonious relationship between counselors and clients is a key aspect of drug rehabilitation programs. Sabah et al. (2023) reinforcing this by displaying therapeutic communication patterns in rehabilitation institutions in Indonesia that show a positive relationship between the quality of communication and client self-disclosure. Meanwhile, the HBM literature shows that perceptions of susceptibility, severity, benefits, barriers and self-efficacy significantly affect involvement in substance use treatment and rehabilitation (Muslim et al., 2025; Yang et al., 2025; Zeng et al., 2025). However, although these two domains are each strong, the integration between therapeutic communication and the HBM framework in drug addict rehabilitation research is still limited.

Although the literature shows progress, there are a number of gaps that need to be addressed. First, many studies are still descriptive and focus on only one dimension, such as only communication or only HBM without combining the two aspects systemically. Second, few studies have qualitatively examined how the five dimensions of therapeutic communication (openness, empathy, supportive behavior, positive behavior, similarity) interact with aspects of HBM in the context of outpatient rehabilitation in remote areas such as Tojo Una-Una. Third, previous research tends not to delve into how local contexts (regional languages, client work, flexible schedules) dynamically affect the communication process and client perception. This study is here to fill this gap by offering a new contribution: an in-depth qualitative study on rehabilitation services at BNN Tojo Una-Una Regency, which simultaneously explores therapeutic communication mechanisms and the dimensions of client behavioral perception based on HBM, in a specific local context.

This study specifically aims to: (1) describe how officers at BNN Tojo Una-Una Regency apply therapeutic communication in five main dimensions (openness, empathy, supportive behavior, positive behavior, similarity) during outpatient rehabilitation; (2) identify how the client reflects on the HBM dimension (perception of vulnerability, severity, benefit, barrier, self-efficacy) in the rehabilitation process and how it is affected by therapeutic communication; (3) explore the interactive relationship between therapeutic communication and

client behavioral perceptions in supporting active engagement and sustainability of rehabilitation programs. Thus, this study expands the literature on rehabilitation services in Indonesia by connecting the realm of communication and client perception contextually and qualitatively. In practical terms, the results are expected to provide recommendations for rehabilitation managers to design interventions that are more responsive to the client context and relationship-based.

The main focus of this study is to understand how and why therapeutic communication shapes the client's perception pattern of the rehabilitation process which ultimately influences rehabilitation engagement and outcomes. The argument is that therapeutic communication is not only a means of information transfer, but as a relational process that builds trust, facilitates openness, and actualizes client perceptions (HBM) so that they become active agents in recovery. With an in-depth qualitative approach using semi-structured interviews, observation and thematic analysis of the research will explore the narratives of officers and clients as well as the dynamics of daily interactions that are rarely exposed in quantitative studies. The findings will then take the reader to the research methods section that explains the empirical steps.

The urgency of this study can be seen from the high challenges of narcotics abuse in remote areas of Indonesia, the gap in responsive services and the need for humane and contextual interventions. This research not only complements the academic discourse on drug addiction rehabilitation, but also provides practical insights for policymakers and service providers to strengthen therapeutic communication and client understanding as the core of successful recovery.

RESEARCH METHOD

This study uses a qualitative case study design that focuses on the role of communication and education in the rehabilitation of narcotics addicts at BNN Tojo Una-Una Regency (Buanaputra et al., 2022; Masri et al., 2025; Phukrongpet et al., 2022). This design was chosen to delve deeply into the dynamics of interpersonal relationships between officers and clients in the context of outpatient rehabilitation services. The research setting is in the work environment of BNN Tojo Una-Una Regency which actively organizes recovery programs based on therapeutic communication and health education. The type of research used is a case study because it allows a holistic exploration of the phenomenon of therapeutic communication and the effectiveness of education with a specific and real context. The approach used is a phenomenological approach because the main focus of the research is to understand the subjective experiences of clients and officers in undergoing and providing rehabilitation services (Ahmad Fauzi et al., 2025; Amir et al., 2025; Maulidi, 2025a). This approach is strengthened by the foundation of the theory of interpersonal communication by DeVito and the theory of the Health Belief Model (HBM) to

examine the educational aspect. This combination allows researchers to explore the meanings, intentions, and experiences of communication that affect the success of rehabilitation.

Data collection techniques in this study included in-depth interviews, participatory observations, and documentation of rehabilitation programs. Interviews are used to obtain direct narratives from clients and officers regarding the communication and education process. Observations were used to record interactions in counseling sessions and educational activities. Documentation includes counseling records, educational materials, and rehabilitation monitoring reports. The researcher acts as an active observer and is involved in understanding the context and social dynamics that arise during the rehabilitation process. The informants consisted of 7 clients (outpatient, former, and post-rehabilitation) and 3 rehabilitation officers (nurses, counselors, and companions). The research was conducted at the Musampesufupura Rehabilitation Clinic of BNNK Tojo Una-Una. To maintain the credibility of the data, the researcher used triangulation methods (interviews, observations, documentation) and member checking on the results of interview transcripts. Here is a table of informants by role in the study:

Table 1. Research Informant Table

Name of the Informant	Interview Code	Data Contribution	Relevance to Research Focus
Client 1	I_K1_2025	Rehabilitation experience	Representation of the initial process of openness and empathy
Client 2	I_K2_2025	Former rehabilitation clients	Reflections on post-rehabilitation behavior changes
Client 3	I_K3_2025	Active clients	Response to officer support and motivation
Client 4	I_K4_2025	Post-Rehabilitation	The impact of education on legal awareness and risk
Client 5	I_K5_2025	Post-Rehabilitation	Lifestyle and economic transformation
Client 6	I_K6_2025	Former clients	Educational effect and flexibility of service
Client 7	I_K7_2025	Former clients	Commitment to recovery and self-efficacy
Officer 1	I_P1_2025	Rehabilitation counselor	Implementation of empathic and educational communication
Officer 2	I_P2_2025	Rehabilitation nurses	Client intervention and mentoring strategies
Officer 3	I_P3_2025	Rehabilitation companion	Monitoring progress and strengthening client efficacy

The data were analyzed using the Miles, Huberman, and Saldana interactive model, which consisted of three main stages: data condensation, data presentation, and conclusion/verification (Maulidi, 2025b; Princess, 2024; Romzy et al., 2025). The condensation stage is carried out by reducing interview

transcripts and observation notes to relevant units of meaning. Data presentation is carried out through thematic coding assisted by NVivo 12 Plus software to visualize communication and education patterns in the form of nodes and subthemes. The process of drawing conclusions is carried out by connecting field findings with interpersonal communication theory and the Health Belief Model. This technique was chosen because it was able to produce a deep understanding of the social experiences and meanings that the subject constructed in the context of rehabilitation. To maintain the credibility of the analysis results, the researcher triangulates sources and methods, and confirms the results of interpretation to key informants (member checking). The results provide a complete picture of the role of therapeutic communication and education in shaping emotional engagement, increasing awareness, and strengthening the client's self-efficacy in the recovery process.

RESULT AND DISCUSSION

Result

The Role of Communication in the Rehabilitation of Narcotics Addicts

Therapeutic communication is a process of interaction between officers and clients aimed at building trust, creating a sense of security, and strengthening client motivation in the process of recovery from narcotics dependence. In the context of rehabilitation at BNN Tojo Una-Una Regency, therapeutic communication is a key element that forms an empathetic, humane, and supportive service atmosphere. This study identifies five main dimensions of therapeutic communication, namely: openness, empathy, supportive behavior, positive behavior, and similarity. Each dimension shows how the agent builds effective interactions that are able to increase the active participation of the client. These findings show that communication that is carried out consistently and based on a family approach can foster emotional attachment between officers and clients. Thus, this theme provides a comprehensive overview of how communication is the foundation in encouraging the success of outpatient rehabilitation within BNN.

8The theme of communication as the main focus of this research is supported by the results of coding in NVivo software. A visualization of the node grouping from the interview results is shown in the following Figure 1:

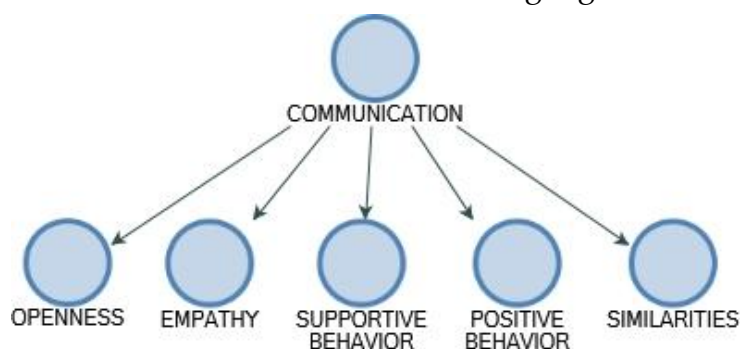


Figure 1. Visualization of Communication Themes in NVivo 12 Plus

This image shows five main branches that reflect the dominant dimensions of therapeutic communication, namely openness, empathy, supportive behavior, positive behavior, and similarity. This pattern is formed from thematic coding analysis based on the frequency and connectivity between informant statements.

Openness

The sub-theme of openness emerged as a result of encoding informant conversations that described the process of building a sense of security, honesty, and comfort in communicating. The visualization of the results of this coding is presented in the following Figure 2:

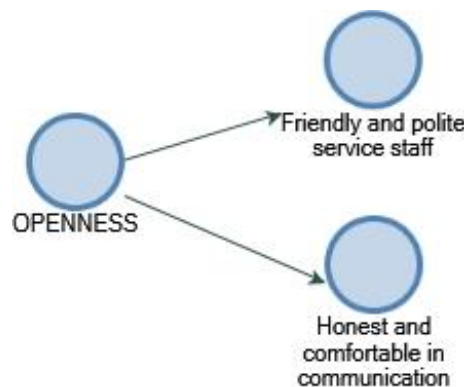


Figure 2. Openness Theme Visualization in NVivo 12 Plus

This image shows two main nodes that dominate the sub-theme: honesty and comfort during communication, and friendly and polite service from the officers. Both are the basis for open interaction between officers and clients.

Openness is a crucial initial stage in building trust between clients and officers. Many clients initially feel afraid, anxious, and closed off when entering the rehabilitation process. But with a non-authoritarian approach, clients begin to be honest and comfortable. One client revealed: "At first I was afraid to tell stories, but over time I didn't, I started to be honest and comfortable (I_K1-7_2025)." This is reinforced by the officer's explanation explaining the initial strategy of creating a family atmosphere: "We try to create a relaxed atmosphere at the beginning so that the client does not feel interrogated. If they feel safe and accepted, they will open up on their own (I_P1-3_2025)."

From the results of the interview above, the client and the officer described that openness is not a spontaneous result, but is formed through consistent and directed interaction. A safe atmosphere and a family approach play a big role in lowering the client's psychological resistance. When officers show respect and non-judgment, clients feel accepted, which is key for them to start being honest about their condition. This process speeds up the delivery of issues relevant to recovery and allows for more appropriate interventions. In this context, openness

is an indicator of the initial success of therapeutic communication and is a prerequisite for other dimensions such as empathy and support.

In addition, BNN Tojo Una-Una Regency, the client acceptance process is designed to support openness from the beginning. Clients who come are not directly asked to express problems, but are introduced in an informal setting. The counseling room is equipped with sofas, light music and warm lighting to reduce anxiety. The officer uses the local language when speaking, adjusting the client's communication style. In addition, the initial assessment form is focused on the excavation of experience without pressure. Monitoring data showed that in the second to fourth weeks, the intensity of client openness increased significantly, characterized by a longer duration of counseling and deeper conversation material. This confirms that the process of disclosure occurs gradually and is highly dependent on the initial communication approach used by the officers.

Empathy

Empathy is an important dimension in therapeutic communication that emerges strongly from the coding results of client and officer interviews. The thematic visualization of the NVivo 12 Plus is shown in the following Figure 3:

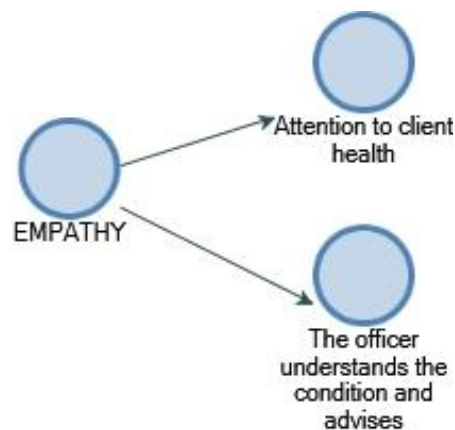


Figure 3. Visualization of the Empathy Theme in NVivo 12 Plus

This image features nodes that show forms of empathy such as *understanding the client's condition, advising without judgment, and being a good listener*. This indicates that empathy is not just an attitude, but is translated into real actions during the rehabilitation process.

Most clients feel that the officer's empathetic attitude is the main reinforcement in undergoing rehabilitation. The officer not only listens, but also shows attention and concern for the client's condition. This was expressed by one of the clients: "The officers always ask how the current condition is, it makes me happy, and also often advises me not to hang out carelessly (I_K1-7_2025)." From the officer's side, empathy is manifested by seeing the client as a person who is struggling, not from his past: "Empathy is important, we should not look at the client from his mistakes, but from his willingness to heal (I_P1-3_2025)."

Empathy in therapeutic communication serves as an emotional bridge between the officer and the client. When the officer shows a deep understanding without judgment, the client feels accepted and humanized. This process lowers emotional resistance and opens up opportunities for the formation of supportive relationships. In the client's quote, the officer's empathy evokes a sense of pleasure, which is a marker of the emergence of a positive attachment to the program. Meanwhile, from the officer's side, empathy is a basic principle in treating clients as individuals who have the potential to recover. This strengthens the therapeutic bond and increases the client's motivation. Empathy also creates more open two-way communication, where clients feel safe to share their experiences, constraints, and hopes for recovery.

In addition, empathy is applied through the officer's verbal and nonverbal communication. During counseling sessions, officers tend to use calm facial expressions, avoid high intonation, and provide pauses so that clients can speak comfortably. In group sessions, officers often mention the client's name personally to create a personal bond. Outside of formal sessions, the officer greets clients warmly and asks how they are doing informally. Clients are also given flexible space to vent outside of the official schedule, which shows the availability of officers to accompany. Counseling records show that clients who respond positively to empathetic attitudes tend to stay longer in the program and are more open as the session progresses. This indicates that empathy is one of the key factors that strengthen the client's involvement in the rehabilitation process.

Supportive Behavior

The officer's supportive behavior during rehabilitation became a strong sub-theme in the interview coding results. A visualization of the encoding results is shown in the following Figure 4:

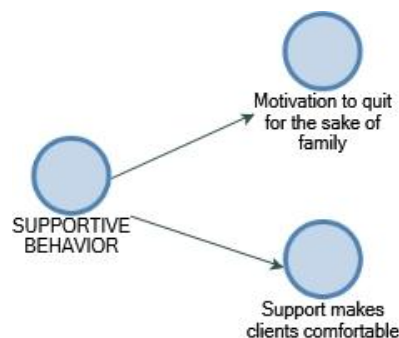


Figure 4. Visualization of Supportive Behavior Themes in NVivo 12 Plus

This image shows related nodes such as *providing moral support*, *encouraging clients*, and *appreciating clients' small businesses*. This shows that support is not only verbal in nature, but also manifests in systematic actions that encourage the client.

The supportive behavior of the officers was felt directly by the client as a source of motivation during rehabilitation. Many clients said that the attention

and enthusiasm of the officers were the main reasons they stayed in the program. One of the clients said: "Every time I come, the officers always pay attention and advise me not to use drugs anymore, for the sake of health and family." (I_K3-6_2025)

Other statements show the impact of the officer's attitude on client participation: "Because the officers are good, I want to be rehabbed so that I can recover from dependence." (I_K1-2&7_2025). Meanwhile, the officers said that they tried to provide encouragement consistently: "We provide regular motivation, reward every small business, and involve families so clients don't give up." (I_P1-3_2025)

The support of the staff creates a safe and hopeful atmosphere for the client. From the client's quotes, it can be seen that a supportive attitude reinforces the desire to heal and be healthy again, not from external pressures, but from the inner drive that is cultivated through communication. Meanwhile, from officers, supportive behavior reflects an approach that respects a gradual process and does not expect instant change. This is important because the recovery of addicts requires patience and ongoing reinforcement. In addition, supportive behavior creates an emotional connection that makes clients feel not alone in facing recovery challenges. This process strengthens trust, deepens engagement, and minimizes the possibility of dropouts from the program.

Positive Behavior

Positive behavior is a therapeutic communication dimension that appears strongly in the interview data and is visualized in NVivo coding. The following image shows nodes that show the form of optimistic, patient, and flexible behavior of the officers:



Figure 5. Visualization of Positive Behavior Themes in NVivo 12 Plus

The nodes that emerge include: flexibility of service schedules, encouragement from officers, and a calm and friendly attitude. This signifies that positive behavior forms a service atmosphere that respects the client's conditions and needs.

Clients feel that the officer's positive attitude makes them more comfortable following the rehabilitation process. The officers are patient, not pushy, and provide space for clients to continue to carry out economic activities. One of the clients said: "The officer understands my condition, my job is to be a fisherman... They gave me a relaxation rehab schedule, so I wasn't burdened (I_K1-2,4&7_2025)."

The friendly and encouraging attitude was also felt directly by the client: "The attitude of the staff and the encouragement from them helped me to really want to come and heal (I_K3,5&6_2025)."

The officer asserts that their positive attitude serves as an example of change for clients: "We often give examples of positive changes that they have achieved... so that they will continue to be enthusiastic (I_P1-3_2025)."

The positive behavior shown by the officers creates a climate of interaction that is safe, friendly, and motivating. Flexibility in schedules shows that rehabilitation services respect the social and economic realities of the client, so they do not force but facilitate. The encouragement of optimism that the officers continue to give shows their commitment to the recovery process as a journey, not a momentary obligation. From the client's side, this attitude increases voluntary participation and strengthens the commitment to attendance. In addition, positive behavior also has a modeling function. Clients see the officer as a consistent, patient, and supportive figure, thus forming an internal drive to change. This shows that positive behavior in communication not only creates comfort, but also becomes a source of inspiration and moral reference during the rehabilitation process.

Rehabilitation officers at BNN Tojo Una-Una show positive behavior in a variety of situations, including when dealing with clients who are absent, slow to respond, or show emotional attitudes. In each meeting, officers use positive sentences and avoid direct reprimands that are cornering. Rescheduling is done in person without making the client feel guilty. In addition, the clerk routinely records the client's small progress and communicates them verbally to increase motivation. The atmosphere of the service room is also warm, with friendly arrangements and personal reception when clients come. In some cases, the clerk sets up an evening schedule for clients who work in the morning. Attendance records show that flexible schedules improve program sustainability and lower absenteeism. This confirms that positive behaviors, including tolerance and appreciation, are important communication strategies to maintain client engagement.

Similarities

Similarity between officers and clients emerges as an important dimension in building emotional closeness. A visualization of the coding results from the interview is shown in the following Figure 6:

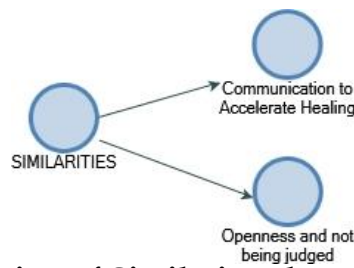


Figure 6. Visualization of Similarity Themes in NVivo 12 Plus

The main nodes in this visualization include: similar experiences, familiar speaking styles, and non-judgment. This shows that the similarities between the officer and the client create a more open and empathetic communication space. The similarity of experience and way of communicating is the reason why clients feel comfortable and do not feel judged. Interactions feel more intimate because officers are considered "one frequency". One client revealed: "I explained my condition... The officers are also experienced and non-judgmental, so I'm honest and our conversation is connected (I_K1,2,5&7_2025)." This was also emphasized by another client who felt that the officer's communication style was very close to them: "I was comfortable because the officer was also here, his way of speaking was relaxed and not rigid (I_K3,4&6_2025)." The officer also realised the importance of a commonality-based approach: "We adapted the way we talked to them... If the communication is too formal, they will be silent (I_P1-3_2025)."

Similarities are a psychological bridge between officers and clients that facilitate the communication process. A familiar speaking style, an understanding of the local context, and relevant personal experiences make the client feel equal and uncontrolled. From the client's quotes, it seems that the similarities give a sense of security to tell stories without feeling judged. Meanwhile, from the officer's side, the use of local language and approaches is a conscious strategy to build trust. These similarities play an important role in reducing the social and emotional distance that usually occurs between providers and recipients of services. In the context of rehabilitation, this approach creates horizontal relationships that reinforce respect and two-way acceptance. As a result, communication becomes smoother, more effective, and has a positive impact on the recovery process.

The Role of Education in the Rehabilitation of Narcotics Addicts

Health education is a process of information delivery and awareness formation that aims to encourage clients to understand the risks of narcotics use and the importance of behavior change. In the context of rehabilitation at BNN Tojo Una-Una Regency, education is carried out systematically by officers through individual and group counseling. This study uses the Health Belief Model (HBM) framework to identify five key dimensions of education, namely perceived vulnerability, severity, perceived benefits, barriers, and self-efficacy. These five dimensions reflect how the information conveyed is able to shape the

client's perception of the risks, benefits, challenges, and capabilities of their recovery. Education not only provides knowledge, but also strengthens self-confidence and encourages sustainable lifestyle changes. This theme becomes important because the success of rehabilitation is largely determined by the client's level of understanding and commitment to the recovery process.

The role of education in the rehabilitation of narcotics addicts can be seen in the following figure:

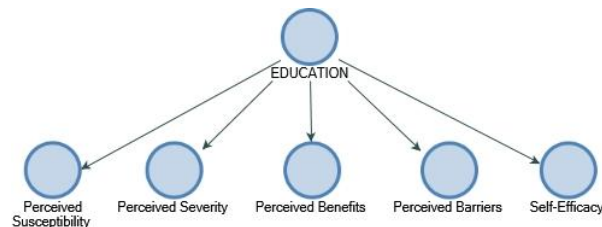


Figure 7. Education

Perceived Vulnerability

This dimension describes the client's awareness of the negative impact of narcotics, both from physical, emotional, and legal aspects. The thematic coding results of NVivo are shown in the following Figure 8:

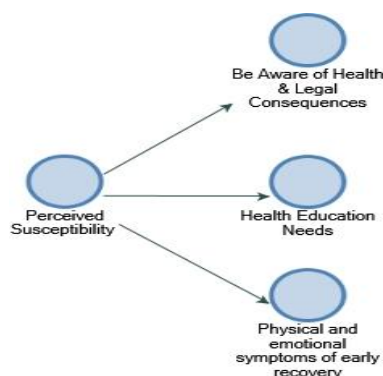


Figure 8. Visualization of Perceived Vulnerability Themes in NVivo 12 Plus

The main nodes in this picture include: *physical and emotional symptoms*, *legal awareness*, and *educational needs*. This visualization shows that the client begins to understand the potential risks after following the education from the officer.

Interviews show that many clients are aware of the adverse effects of drugs after undergoing several rehabilitation sessions. Physical symptoms such as sleep disturbances, headaches, and unstable emotions become the starting point of consciousness. One of the clients said: "At the beginning of this program, my body often had headaches, difficulty sleeping, and irritability. And then I realized that my body wasn't strong enough to keep going (I_K1,2,6&7_2025)." Awareness also emerged after receiving information from the officer about the dangers of drugs medically and legally: "After there was education from the

officers, I came to know that it was a danger from methamphetamine, it could go to jail too (I_K1-7_2025)." The officer explained the educational approach used: "We explained the dangers of drugs, their effects on the body, and their punishments. So that they are aware and more prepared to participate in the program (I_P1-3_2025)."

From the results of the interview, it was explained that awareness of vulnerability was formed from the client's direct experience as well as exposure to information from rehabilitation officers. Physical symptoms are an early marker, while education strengthens an understanding of long-term risks. Clients who were previously unaware of the effects of drugs, began to understand that the habit had serious consequences. In the context of rehabilitation, increasing the perception of vulnerability is an entrance to building a commitment to recovery. In addition, an understanding of legal risks strengthens the client's reasons for not relapsing. Experiential education delivered in easy-to-understand language has been proven to be effective in encouraging self-reflection and readiness to change.

Education about vulnerability at BNN Tojo Una-Una Regency is delivered regularly through individual and group counseling sessions. Visual media such as posters and short videos are used to explain the impact of narcotics on body organs, mental health, and legal risks. The officers used simple language and provided real examples of previous cases. In addition, clients were asked to write down the physical complaints they experienced to reflect on in the education session. This encourages them to associate physical conditions with past drug use. Some clients said that this education made them more appreciative of their health and afraid of legal risks. Field data also showed that clients who attended more than three educational sessions showed increased understanding of the consequences of drugs and were more active in discussions in rehabilitation sessions. It confirms that perceptions of vulnerability can be improved through ongoing and contextual education.

Perceived Severity

The second dimension in health education is *Perceived Severity*, which can be seen in the following figure:

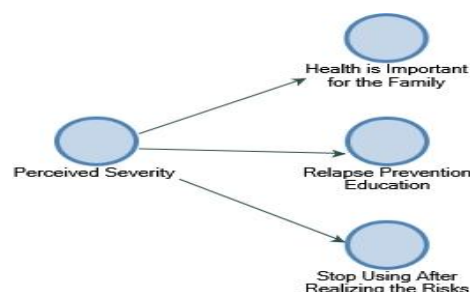


Figure 9. Perceived Severity Theme

Clients begin to realize that the impact of drugs is not only physical, but also social and economic. After participating in education, many feel aware of the magnitude of the damage caused. One client stated: "After I knew the risks, I stopped using methamphetamine. Now it is not easy to get sick." (I_K1-7_2025)

Another reason that arises is the responsibility to the family: "I have to take care of my health in order to work. I am the backbone of the family." (I_K1,2,4,5_2025)

The officer explained the educational method used: "We conveyed in group counseling, drugs are not only harmful to the body, but can destroy families and futures." (I_P1-3_2025)

The results of the above interviews show that the perception of severity is not only related to physical harm, but also to the social and economic consequences of drug use. The education provided in rehabilitation helps clients understand responsibility towards the family as motivation to heal.

Perceived Benefits

The third dimension in health education is *Perceived Benefits* , which can be seen in the following figure:

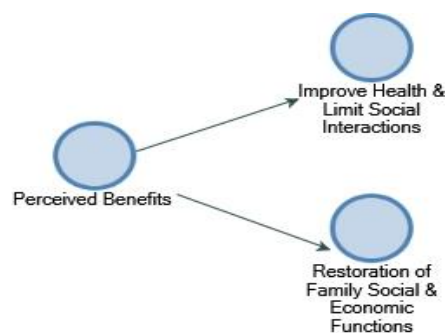


Figure 10. Theme of Perceived Benefits

Most clients state that after participating in rehabilitation and education programs, they feel positive changes. They are physically healthier, sleep patterns improve, and emotions are more stable. One client stated: "Body is healthier, sleeps fast, doesn't stay up late. I also know better the dangers of methamphetamine (I_K1-7_2025)." From the social side, clients feel an improvement in quality of life: "Life is more directed, can work well. Family finances have also improved because they no longer buy methamphetamine (I_K1-7_2025)." Officers actively monitor these changes: "We monitor them through urine test results and the way they socialize. Those who are more stable are usually more active in discussions (I_P1-3_2025)."

From the results of the interview above, it is illustrated that the officer plays an active role in ensuring that clients continue to receive post-rehabilitation assistance in order to maintain the positive changes that have been achieved. Post-rehabilitation programs help clients readjust to social life, work, and family responsibilities.

Perceived Barriers

This dimension describes the client's and officer's perception of obstacles that may hinder the rehabilitation process. The results of the interview coding are visualized in Figure 11 below:

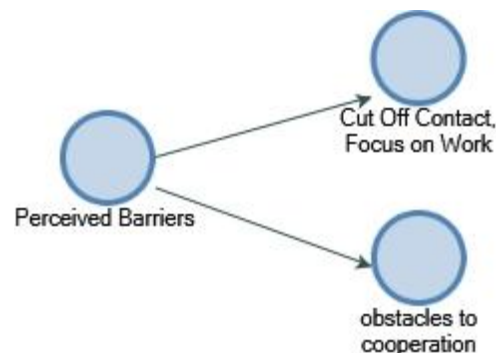


Figure 11. Visualization of Perceived Obstacles in NVivo 12 Plus

The nodes that emerge include: family support, work schedules, remote supervision, and strategies to deal with negative invitations. This figure shows that the main barriers are more technical and social, rather than rejection of the program.

Most clients state that they do not experience significant obstacles during rehab. Family support and productive busyness are the protectors that help them stay consistent. One client said: "There are no constraints at the moment. I focus on work, my family supports participating in the rehab program (I_K1-7_2025)." The officer identified more obstacles in the monitoring aspect of clients who work or live far from the service center: "We monitor clients remotely via phone or message. They report activities and developments every week (I_P1-3_2025)." The officer also provides education to reject negative invitations: "We practice assertive communication so that clients dare to refuse the invitation of old friends (I_P1-3_2025)."

Interviews show that obstacles in the rehabilitation process do not always stem from the client's rejection or non-compliance. In contrast, many obstacles are technical and situational, such as distance of residence or work schedule. Clients who have a productive routine and are supported by their families are more stable in participating in the program. Officers work around the limitations of supervision with adaptive approaches, such as self-reporting and online communication. In addition, education on assertive communication has been shown to help clients avoid relapse due to negative environmental influences. This strategy shows that barriers can be overcome through a combination of education, flexible mentoring, and social support. In other words, the perception of obstacles can be suppressed if the rehabilitation program is adjusted to the real conditions of the client's life.

Self-Efficacy

The fifth dimension in health education is *Self-Efficacy*, which can be seen in the following figure:

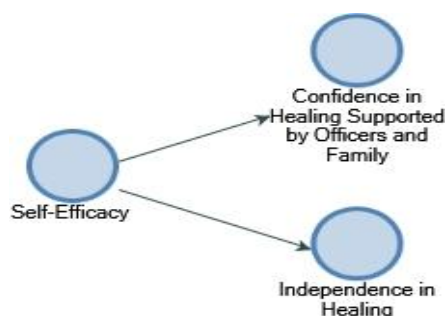


Figure 12. Self-Efficacy Theme

Clients realize that the recovery process is highly dependent on personal intentions and commitments. Although the officer and family helped, success was still self-determined. One client said: "Healing is self-dependent. My family and staff helped, but if I wasn't serious, it was useless (I_K1-7_2025)." The officer confirms that the client's will is the key to recovery: "Successful clients usually have strong intentions. We only accompany and facilitate (I_P1-3_2025)." Emotional support from family and officers strengthens the client's self-efficacy: "The attention of the officer and family makes me confident to participate in rehab and recover from dependence (I_K1-7_2025)."

Analysis of self-efficacy emerges as an internal force that moves clients to stay in the program. The above quote confirms that clients who have an awareness of the importance of healing show higher motivation and active involvement in rehabilitation. While external support is helpful, the client's internal awareness is the main foundation of change. Officers and families play a role in strengthening this efficacy by creating a supportive environment, providing positive reinforcement, and encouraging self-reflection. In this context, education is not just the transfer of information, but the process of building the client's confidence that they are capable of self-control and breaking the cycle of addiction. High self-efficacy is proven to lower the risk of relapse and increase client participation in advanced programs.

The results of the study show that the success of the rehabilitation of narcotics addicts at BNN Tojo Una-Una Regency is greatly influenced by the quality of therapeutic communication and the effectiveness of health education provided consistently. The five dimensions of communication include openness, empathy, supportive behavior, positive behavior, and similarity. These five aspects form the basis of interactions that make clients feel safe, accepted, and motivated to recover. In addition, the five dimensions of education in the Health Belief Model include vulnerability, severity, benefits, barriers, and self-efficacy. These factors drive risk awareness as well as clients' confidence in their ability to change behavior. Education and communication implemented in a contextual and experiential manner has been shown to strengthen client engagement,

decrease resistance, and increase program success. These findings confirm that a humanistic, adaptive, and relationship-based approach to rehabilitation is key in building a client's long-term commitment to the recovery process.

Discussion

The results of this study show that therapeutic communication and health education have a strategic role in the success of the rehabilitation of narcotics addicts in BNN Tojo Una-Una Regency. The findings indicate that the five dimensions of therapeutic communication of openness, empathy, supportive behavior, positive behavior, and similarity are able to build effective interpersonal relationships between officers and clients. Humanistic and adaptive communication has been proven to increase the comfort and involvement of clients in the recovery process. Meanwhile, Health Belief Model (HBM)-based education significantly shaped the client's perception of risk and self-efficacy. These two aspects complement each other and form the foundation of the success of outpatient rehabilitation interventions. The following discussion relates empirical findings to previous theories and research.

The therapeutic communication applied by rehabilitation workers is consistent with the theory of (Deep et al., 2020; Leo et al., 2021; Robinson, 2025), especially in the aspects of openness and empathy. Research by Ghias (2020) confirms that a familial and non-authoritarian approach encourages client honesty. Supportive and positive behaviors reflect reinforcement-based counseling approaches (Laina & Ayuh, 2025). The dimension of similarity, which includes speech styles and local cultural backgrounds, reinforces the theory of communication equality as described by (Toporek et al., 2025). This overall communication strategy not only increases openness, but also strengthens the client's motivation to commit to the recovery process.

The implementation of the five dimensions of HBM in rehabilitation education shows empirical validity. Clients begin to become aware of perceived susceptibility to the dangers of narcotics after understanding the physical and emotional symptoms they are experiencing. Perceived severity is understood not only from the health aspect, but also from the social and economic consequences (Abu Yasid Albustomi & Hefniy, 2024; Adhinugraha et al., 2024; Milenkova & Lendzhova, 2021). The perceived benefits are felt in improving health, economic stability, and family relationships. Perceived barriers, such as distance and work schedules, are overcome by officers through adaptive approaches and assertive communication training (Mutha & Srivastava, 2023). Clients' self-efficacy is strengthened through emotional support from officers and families, as emphasized in the (Adhinugraha et al., 2024; Shi et al., 2025; Yulia Rahmi Imani & Hasanah, 2024). Overall, the implementation of HBM increases the client's internal awareness and motivation to change.

Practically, this research provides a new direction for strengthening rehabilitation policies and programs that not only emphasize the medical aspect,

but also a psychosocial approach based on communication and education. The results of this study can be used as a reference in training rehabilitation officers to master therapeutic communication skills and contextual educational approaches. Theoretically, this study reinforces the relevance of interpersonal communication theory and HBM in the context of outpatient rehabilitation. This contribution is important for the development of intervention models that are more humane, relational, and centered on the client experience.

This study has limitations in the scope of the location which only includes the BNN of Tojo Una-Una Regency, so it does not represent the context of rehabilitation in other areas with different social and cultural characteristics. Informants are also limited to clients and officers, not yet covering family or community perspectives. These limitations open up opportunities for broader and multilevel follow-up research.

Therapeutic communication and health education have proven to be instrumental in building active client involvement in narcotics rehabilitation. The combination of five dimensions of communication and five dimensions of education within the framework of HBM results in a holistic and effective intervention strategy. This approach creates safe relationships, strengthens self-efficacy, and increases the client's commitment to recovery. Further research is recommended to explore the role of families and communities in supporting sustainable recovery and test the effectiveness of this approach on a broader context and scale.

CONCLUSION

This study confirms that therapeutic communication and health education play a crucial role in supporting the rehabilitation of narcotics addicts at BNN Tojo Una-Una Regency. The five communication dimensions of openness, empathy, supportive behavior, positive behavior, and similarity successfully create safe, warm, and equal interpersonal relationships, thereby increasing the active participation of clients. Health Belief Model-based education encourages client awareness of the risks of drug use and forms a more positive perception of the recovery process. Dimensions such as vulnerability, severity, benefits, barriers, and self-efficacy suggest that effective education fosters clients' confidence in their ability to change. A humanistic, contextual, and consistent approach to communication and education reinforces the client's long-term commitment to recovery. These findings reinforce the importance of integrating the two approaches as a key strategy in increasing the success of community-based rehabilitation programs.

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