



Communication Strategies of Counselors in Out Patient Rehabilitation Programs at the Primary Clinic of the National Narcotics Agency, Sumatera Utara Province

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ARTICLE INFO

Keywords: Communication, Strategies, Counselors, Rehabilitation

Received : 20, November

Revised : 22, December

Accepted: 24, January

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ABSTRACT

The communication strategies employed by counselors play a pivotal role in outpatient rehabilitation programs. Effective communication is crucial for building trust, understanding clients, and achieving successful outcomes. The research method employed in this study is the qualitative research method, which is characterized by its logical and systematic approach to investigating or observing phenomena. Counselors play a crucial role in establishing a foundation of trust and understanding with their clients. This, in turn, positively influences the rehabilitation process. The incorporation of various communication techniques and mediums helps tailor messages to each client's specific needs and preferences. In conclusion, effective communication is at the heart of successful outpatient rehabilitation programs. Counselors must utilize a range of strategies to understand their clients, deliver tailored messages, and engage through various communication mediums.

INTRODUCTION

Communication is an essential process among humans, vital for initiating introductions, establishing relationships, avoiding conflicts, and resolving various issues. In today's rapidly evolving world, numerous communication models have emerged to facilitate interactions. As society progresses, we, as communicators, must consistently filter the information we receive, especially when it pertains to the negative aspects of drug trafficking. The proliferation of drug trafficking has become a pervasive issue in various regions of Indonesia, affecting both urban and rural areas. Given the extensive spread of drug trafficking, it has become a serious threat in several parts of the country. Virtually no region in Indonesia remains untouched by this menace. Therefore, addressing drug abuse concerns requires the collective attention of all stakeholders.

According to data from the National Narcotics Agency (BNN) in 2019, Indonesia has become a target market for drug producers and distributors. It is likely the largest drug market in Southeast Asia. Consequently, drug abuse has permeated all levels of society, affecting students, artists, traders, public transport drivers, street children, officials, and more. Most worryingly, the primary target demographic for drug dealers is young people between the ages of 11 and 24. This means that drug abuse is predominantly committed by the younger generation, from middle school to college students. Common reasons cited for drug use include experimentation, peer pressure, following a youthful lifestyle, and escaping personal problems. The implications of drug abuse on the younger generation, who are the nation's future, pose a significant threat to the country's continuity.

Research conducted by BNN and the Indonesian Institute of Sciences' Research Center for Society and Culture in 2019 provides national prevalence data on drug abuse:

1. "Ever Used" category: individuals who have used drugs at least once in their lifetime, accounting for 2.40% or approximately 4,534,744 people, meaning that 240 out of every 10,000 Indonesians aged 15 to 64 have been exposed to drug use.
2. "Past-Year Use" category: with a rate of 1.80% or around 3,419,188 individuals, which means that 180 out of every 10,000 Indonesians aged 15 to 64 have used drugs in the past year.

At the provincial prevalence level, the highest rate of drug abuse in terms of "Ever Used" is observed in North Sumatra, standing at 6.5%. This is followed by South Sumatra at 5%, DKI Jakarta at 3.3%, Central Sulawesi at 2.8%, and Yogyakarta at 2.3%. Sumatra plays a significant role in shaping the national prevalence of drug abuse. The prevalence rate in North Sumatra is 7.00%, equivalent to around 1,707,936 people. This makes North Sumatra's contribution to the national prevalence of "Ever Used" drug abuse approximately 37.66%. Additionally, the percentage of drug use in the past year decreased by only 0.50% from the "Ever Used" rate, bringing it to 6.50%. This indicates that many of those who have ever used drugs in North Sumatra continue to do so in the past year, totaling approximately 1,585,941 individuals. This figure represents a lucrative

market for drug distribution since a considerable portion of those exposed to drug use continues to use drugs in the past year. The high prevalence of drug abuse in North Sumatra is attributed to the region's strategic position, with a long coastline facing the Malacca Strait in the east. North Sumatra is also close to the Malacca Strait, which is often used as a route to smuggle drugs from Malaysia to North Sumatra, particularly through Port Klang, Malaysia, to Tanjung Balai. Moreover, North Sumatra shares a border with Aceh, which is one of the primary drug suppliers in Indonesia. To date, Aceh serves as a transit area for drugs coming from various sources, whether by land, sea, or air, which are then distributed to other regions in Indonesia.

To combat the drug trafficking problem in Indonesia, the government has implemented a program known as the Prevention, Eradication, and Drug Abuse Control Program (P4GN) through Law No. 35 of 2009 on Narcotics. In its execution, the government, specifically the National Narcotics Agency (BNN), plays a pivotal role in running, monitoring, and evaluating the P4GN program. The primary objective of the P4GN program is to make Indonesian citizens resistant to drug abuse and trafficking by fostering an anti-drug attitude and creating a drug-free environment. Additionally, the program aims to help individuals who have fallen victim to drug abuse receive proper rehabilitation services, both medical and social. Rehabilitation for drug abuse victims involves treatment to free them from addiction, and the time spent in rehabilitation is considered part of their sentence. This rehabilitation also serves as social protection, reintegrating drug abusers into social order so that they do not relapse into drug abuse.

Efforts by BNN to address the drug abuse problem, particularly concerning rehabilitation of drug abusers in North Sumatra, include increasing the capacity of rehabilitation facilities. One such facility in North Sumatra is the BNN North Sumatra Primary Clinic. The clinic, which obtained its operational permit in 2015, provides outpatient rehabilitation services. Health professionals and social workers involved in outpatient rehabilitation at the BNN North Sumatra Primary Clinic include counselors. Counselors are individuals responsible for carrying out the rehabilitation process for physical and mental addiction to drugs. They have specialized knowledge in health and social fields, focusing on assisting individuals addicted to narcotics, psychotropic substances, and other addictive substances. The rehabilitation process involves communication, and as such, counselors must excel in their interaction with the clients they work with. They provide evaluations, information, and guidance to drug abusers to help them break free from addiction and prevent relapse while improving their positive aspects to lead a healthy lifestyle.

In the outpatient rehabilitation program, clients undergoing rehabilitation are expected to exhibit good communication skills, both verbal and non-verbal. The task of counselors in getting clients to cease drug consumption is by no means easy, as interpersonal communication plays a pivotal role in the outpatient rehabilitation process. Counselors must convey messages, offer evaluations, and provide advice to clients to encourage them to complete the rehabilitation program. When compared to inpatient rehabilitation, outpatient rehabilitation is more persuasion-oriented, and there are no penalties imposed on clients who do not complete the program. Counselors must formulate interpersonal communication strategies to change clients' attitudes, gain their trust, and encourage behavior transformation during the outpatient rehabilitation process. Counseling is essential in helping clients move away from drug addiction, but it can be challenging when clients exhibit resistance or are ambivalent. One of the counselor's concerns is when a client relapses into drug abuse after initially quitting, as this could potentially lead to their referral for inpatient rehabilitation. It is common knowledge that inpatient rehabilitation, involving isolation, requires a relatively long time and more significant costs.

Observations made by the researcher in the field revealed that counselors at the BNN North Sumatra Primary Clinic are using various means to monitor the progress of their clients. This includes contacting clients via phone calls, messaging, or video calls through WhatsApp. Counselors also keep track of clients' social media accounts, such as Facebook and Instagram, to better understand their lives. This approach allows counselors to employ effective communication strategies when counseling outpatient rehabilitation clients. One of the most significant obstacles in the outpatient rehabilitation program is the clients' motivation to recover, which often wanes for various reasons. For example, the number of clients served by the BNN North Sumatra Primary Clinic far exceeds the capacity, making counseling more challenging. The limited counseling time during each meeting, which typically lasts for thirty minutes, presents another hurdle. The varying educational levels of clients also pose a challenge for counselors. Moreover, many clients have little desire to undergo rehabilitation.

In outpatient rehabilitation, interpersonal communication is a primary focus. Interpersonal communication allows for personal interactions, both verbal and non-verbal, between counselors and outpatient rehabilitation clients. In addition to verbal and non-verbal communication, counselors must consider the setting. Setting is an important element in counseling, as it can create a comfortable environment for clients during counseling sessions. For instance, in individual counseling sessions, counselors can use terraces and more relaxed, informal spaces. The goal is to provide an environment where clients feel comfortable sharing their thoughts and where counselors can provide perspective, motivation, and guidance. The informal atmosphere in an outdoor setting can help clients open up, and counselors even permit clients to smoke, which can be a stimulus for communication.

Interpersonal communication skills are essential for counselors in motivating outpatient rehabilitation clients to complete the program successfully. The outpatient rehabilitation program is not merely about meeting scheduled appointments and completing them on time but also about creating a more significant impact on clients' lives. The hope is that, in the future, former drug abusers will become volunteers, anti-drug activists in the community, or anti-drug ambassadors who can participate in drug prevention, control, and eradication programs and activities (P4GN). Based on the background described above, the researcher has undertaken this study with the title "Counselors' Communication Strategies in Outpatient Rehabilitation Programs at the North Sumatra Primary Clinic of the National Narcotics Agency."

LITERATURE REVIEW

Communication is an essential process among humans, vital for initiating introductions, establishing relationships, avoiding conflicts, and resolving various issues. In today's rapidly evolving world, numerous communication models have emerged to facilitate interactions. As society progresses, we, as communicators, must consistently filter the information we receive, especially when it pertains to the negative aspects of drug trafficking. According to data from the National Narcotics Agency (BNN) in 2019, Indonesia has become a target market for drug producers and distributors. It is likely the largest drug market in Southeast Asia. Consequently, drug abuse has permeated all levels of society, affecting students, artists, traders, public transport drivers, street children, officials, and more. Most worryingly, the primary target demographic for drug dealers is young people between the ages of 11 and 24. Observations made by the researcher in the field revealed that counselors at the BNN North Sumatra Primary Clinic are using various means to monitor the progress of their clients. This includes contacting clients via phone calls, messaging, or video calls through WhatsApp.

METHODOLOGY

The research method employed in this study is the qualitative research method, which is characterized by its logical and systematic approach to investigating or observing phenomena. The scientific method and its resulting theories are not entirely objective, neutral, or value-free but are the product of scientific construction. The nature of subjectivity is inherent in the scientific method, characterized by the scientist's assumptions about the world. In this research, a subjective approach is chosen, making it a qualitative study. The chosen approach within qualitative research is known as "interpretive" research, which aims to understand how individuals handle different situations, collect stories from counselors through interviews, and analyze their communication strategies subjectively.

Qualitative research focuses on understanding and interpreting the social world of others by delving into their life experiences. In this study, the research method becomes descriptive interpretative. A set of propositions from theory will be used to analyze intercultural communication and the interpretation of language/symbols in the interaction between counselors and clients in outpatient rehabilitation programs at the Primary Clinic of the National Narcotics Agency in North Sumatra. The data will be gathered through several techniques:

1. In-depth interviews: The primary data collection method, where the researcher conducts structured interviews with counselors at the North Sumatra Primary Clinic of the National Narcotics Agency. These interviews will aim to investigate how counselors personally handle clients with different backgrounds and experiences in outpatient rehabilitation programs.
2. Observation: The researcher will use a passive participatory observation technique. Observations will focus on the daily activities within the outpatient rehabilitation program but will not include the researcher's active participation in the process.
3. Document analysis: Documents, such as legal regulations (e.g., Law No. 35 of 2009), official reports, circulars, and research studies related to the field of drug rehabilitation, will be analyzed to support and complement the data collected through interviews and observations.

The process of data analysis will follow three steps:

1. Data Reduction: This step will involve refining, emphasizing important points, categorizing, and organizing data systematically to make it more coherent and meaningful.
2. Data Presentation: The data, having been reduced and organized, will be presented in a narrative form, providing a concise description of the data with an explanation of its context and relevance.
3. Drawing Conclusions: The final step will involve drawing conclusions from the processed data, which may include emerging themes, patterns, or insights derived from the qualitative analysis.

To ensure the validity of the data, triangulation, specifically source triangulation, will be employed. This technique involves cross-referencing data from multiple sources to confirm the accuracy and consistency of the information provided. Different sources of information will be used to validate and enhance the credibility of the research findings, ensuring that they reflect the perspectives and experiences of the counselors and clients accurately. Triangulation will involve comparing data obtained through interviews with observations, data from different informants, and relevant documents. This research will address the communication strategies employed by counselors in outpatient rehabilitation programs at the North Sumatra Primary Clinic of the National Narcotics Agency. The chosen research approach, methodology, and data collection techniques will help shed light on this subject by capturing the

personal experiences and practices of counselors in their efforts to facilitate communication and support the recovery of individuals with varying backgrounds.

RESEARCH RESULT AND DISCUSSION

This study examines four communication strategies that can be applied in the communication process: understanding the communicant, determining the message to be conveyed, selecting the media for message delivery, and the role of the communicator. The discussion in this research relates to the communication strategies of counselors and will be elaborated in these four aspects.

Counselor Communication Strategies from the Aspect of Understanding the Communicant

In the communication process, the communicant is the party receiving the message and then interprets or processes it based on their understanding and capabilities. In outpatient rehabilitation, the communicants are the clients with varying characteristics. The process of outpatient rehabilitation services undoubtedly elicits different responses from clients who come to the primary clinic of BNN North Sumatra Province. Therefore, counselors need to pay attention to communication strategies by understanding the characteristics of clients so that they can provide the services needed by the clients. This is in line with Effendy's (2020: 35-39) assertion that a communicator should consider the factors present in the communicant, regardless of their goals, methods, and the number of targets.

Frame of Reference Factors

Based on the research, it is evident that frame of reference factors can be observed from the characteristics of outpatient rehabilitation clients, obtained from screening and assessments conducted before the client's treatment plan is determined. This aligns with Effendy's (2020: 35) explanation that the communication message to be delivered to the communicant must be tailored to their frame of reference. A person's frame of reference is shaped by a combination of experiences, education, lifestyle, norms, social status, ideology, aspirations, and more. Each person's frame of reference will differ from others. Here are counselor communication strategies for addressing different frame of reference factors in clients:

Consistency in counselor screening results

According to the National Indonesian Standard (SNI) 8807 of 2019 on the provision of rehabilitation services for drug addicts, substance abusers, and victims of drug abuse, screening is a quick and simple way to identify drug use in service recipients who may require further assessment or treatment related to drug use. The instrument used in screening is the ASSIST (Alcohol Smoking Substance Use Involvement Screening and Test), designed by the World Health Organization (WHO) as a simple method for screening whether someone has a history of substance use, the associated risks, and indications of substance

dependence. This instrument is simple and relatively brief, taking about 5 to 15 minutes to administer. The ASSIST instrument screens the use of various substances, such as tobacco, alcohol, cannabis, cocaine, amphetamines, sedatives-hypnotics, hallucinogens, inhalants, opioids, and other drugs. The results can categorize drug users into three stages:

- a. Mild stage: Drug users at this stage are experimental or recreational users, typically using drugs out of curiosity and influenced by peer pressure.
- b. Moderate stage: Drug users at this stage use drugs to alleviate discomfort such as stress, anxiety, and depression.
- c. Severe stage: Users at this stage have developed psychological and physical dependence, causing disruptions in their sociocultural functioning.

Based on the screening results, counselors can assess the risk of a drug user. This aligns with the explanation from informant triangulation 5 (Mr. Eka) that screening is a quick and simple way to identify drug use. Users in the mild stage typically receive brief interventions with two to three sessions. On the other hand, users in the moderate and severe stages may require assessment and further treatment in the form of inpatient or outpatient rehabilitation. In this study, counselors revealed that clients who are ideal for outpatient rehabilitation are those in the moderate stage, using drugs as an escape from their problems. From secondary data analysis of BNN North Sumatra Province in 2020, the researcher found clients who completed their outpatient rehabilitation with just three sessions. However, the data shows that these clients had finished their treatment. According to the information above, clients with three sessions fall into the category of brief intervention for experimental drug users who do not receive referrals for outpatient rehabilitation. This indicates inconsistency in counselors' decisions regarding the success of outpatient rehabilitation for a client. Therefore, counselors must establish the principle that outpatient rehabilitation should align with the facts obtained from client screening. This is done to ensure the quality of outpatient rehabilitation success, which should meet the expectations of clients in addressing their addiction problems based on their drug use level.

Counselor's Assertiveness in Evaluating the Results of Client Assessments for Outpatient Rehabilitation

According to the National Indonesian Standard (SNI) 8807 of 2019 on the provision of rehabilitation services for drug addicts, substance abusers, and victims of drug abuse, assessment is the process of disclosing and understanding the problems, needs, and potential of service recipients, as well as the resources that can be used to address these problems. The instrument used is the assessment form. Based on the information provided by informant 1 (Dr. Suku), the frame of reference factors can be observed through seven domains: demographic information, medical status, employment status, drug use status, legal status, social history, and psychiatric status. The results of this assessment lead to the therapy and rehabilitation plan that the client will receive. It is undeniable that clients may provide inaccurate answers during this assessment process, making them ineligible for outpatient rehabilitation referral. As a follow-

up, counselors must promptly provide a more suitable referral to the client. Because the frame of reference, as observed through the seven domains mentioned, plays a crucial role in the success of outpatient rehabilitation, this also contributes to the high percentage of failure in outpatient rehabilitation. Counselors must act professionally in their service delivery, focusing not on achieving output targets but on the quality of care for their clients.

Situation and Condition Factors

Effendy (2020: 36) explains that communicators need to consider the situation and condition factors of the communicant. Here are counselor communication strategies for addressing the different situation and condition factors in clients:

Providing a Sense of Security and Comfort to Clients at the Beginning of Meetings

The situation and condition factors pertain to the state of the communicant's personality, which refers to the physical or psychological state of the communicant when receiving communication messages. Informant 4 (Dr. Yusuf) explained that clients who are apprehended by the police typically experience stress, confusion, and anxiety. In such situations, clients tend to be reserved and may avoid eye contact with the counselor. The counselor's efforts include providing a sense of safety and comfort to the client. Non-verbal warmth is conveyed to the client to show that they are respected and that this treatment is necessary for their recovery. The situation and condition of clients in outpatient rehabilitation can be analyzed through the Uncertainty Reduction Theory. According to West & Turner (in Nurdin, 2020: 93), the theory is built on several assumptions, including:

- 1) People experience uncertainty in interpersonal contexts.
- 2) Uncertainty is an unpleasant state that causes cognitive stress.
- 3) When strangers meet, their primary focus is to reduce their uncertainty or increase predictability.
- 4) Interpersonal communication is a developmental process that occurs in stages.
- 5) Interpersonal communication is the primary tool for reducing uncertainty.
- 6) The quantity and nature of information shared by individuals change over time.
- 7) It is highly possible to predict people's behavior using techniques like the law.

The first assumption states that people experience uncertainty in interpersonal contexts when they encounter someone they consider a stranger. They will have cognitive and behavioral uncertainties. In the cognitive aspect, when someone meets a stranger, questions arise in their mind because they lack an understanding of the stranger's interpersonal background. This lack of knowledge about the person they are communicating with leads to uncertainty and discomfort within the individual. The behavioral aspect is a consequence of the cognitive aspect, where a lack of knowledge about the other person leads to verbal and non-verbal behaviors during communication. In an outpatient rehabilitation program, the following assumptions can be summarized as follows:

Assumption 1: Clients tend to engage their cognitive realm to find answers about how the counselor will treat them. Non-verbal behavior is characterized by irregular movements, looking down, and avoiding eye contact with the counselor. Verbal behavior is often reserved and closed. On the other hand, counselors use their cognitive realm to understand the clients and investigate their behavior. They carefully observe the physical appearance and attitude of the clients, while avoiding making quick judgments. Counselors exhibit non-verbal behaviors that create a sense of safety and comfort for the clients, such as smiling and offering a small touch on the client's shoulder. Verbal behavior from the counselors conveys warmth and respect for the clients. This situation falls into the interpersonal background assumption in the theory of reducing uncertainty.

Assumption 2: The assumption highlights the importance of understanding the interpersonal background of the interlocutors to avoid cognitive stress. In the waiting room, most clients sit together with others they don't know. This situation can cause clients to feel anxious, nervous, and afraid because they have not yet found out the counselor's interpersonal background. Clients caught in drug abuse often have a stigma that they will be treated roughly, both physically and mentally. In this second assumption, counselors do not experience uncomfortable cognitive states towards the uncertainty from the clients. Most counselors believe that they cannot judge a client based on their physical appearance and attitude. For counselors, all clients who come should receive the same treatment regardless of their initial appearance and attitude.

Assumption 3: This assumption emphasizes the importance of paying focused attention when meeting strangers. Attention is focused on predicting the other person. Clients who still feel uncomfortable continue to use their cognitive realm to seek the truth about the potential unpleasant treatment from the person in front of them, the counselor. Clients begin to reduce this uncertainty by being friendly, such as starting to shake hands and greeting. Thus, the client will reflectively predict the truth of the stigma in their mind. With the stock of knowledge they possess, counselors begin to offer their hand for a handshake. The main focus of counselors in this third assumption is to increase the predictability of the necessary actions in serving the client.

Assumption 4: This assumption shows that interpersonal communication involves a developmental process that occurs in stages. Berger and Calabrese (in Nurdin, 2020: 94) explain the stages of interpersonal communication in three phases: the entry phase, the personal phase, and the exit phase. The first phase is the beginning of communication with a stranger. This phase is the way to start a personal relationship. In the outpatient rehabilitation program, counselors take the initiative to actively communicate. The sentences spoken by counselors or clients are sentences that open up to the needed information. The second phase, the personal phase, is a continuation of the initial phase. After getting to know the interlocutor, the sentences spoken during interactions go beyond just sharing information because the interlocutor is already considered to know them, so the conversation becomes about developing information and knowledge. The third is the exit phase, which provides an opportunity for someone to continue a personal relationship, and if what they want in the relationship cannot fulfill their expectations, they can end the personal relationship. Some counselors may terminate their treatment with clients for various reasons, such as providing a referral for inpatient rehabilitation to clients with severe addiction. On the other hand, clients can also terminate their treatment by not attending counseling sessions as agreed. Most clients feel that they do not need outpatient rehabilitation services due to work commitments and other reasons.

Assumption 5: This assumption explains that interpersonal communication is the primary tool for reducing uncertainty. Personal relationships can help reduce a person's uncertainty. Face-to-face interaction is one of the factors that allow opportunities for a good personal relationship. Through face-to-face dialogue, counselors can hear what is said, see directly, and observe the non-verbal behavior of the client. Possible obstacles in this relationship pattern are when clients experience hearing and vision impairments, leading to misunderstandings in interpreting the messages.

Assumption 6: This assumption explains that the quantity and nature of information shared by people will change over time. The more information obtained through interpersonal relationships, the more likely it is to result in information distortion over time. The stigma of unpleasant treatment in outpatient rehabilitation that clients initially had when coming to the BNN Primary Clinic in North Sumatra gradually changes. In several meetings, information becomes distorted because counselors are there to support clients during their recovery.

Assumption 7: This assumption explains that a particular event can be explained by predicting the behavior of people using legal means. The legal method is used to view and predict a person's behavior through the values, norms, customs, and rules of society. The status of a drug addict, which is a negative prediction based on the values and norms prevailing in society, leads to many clients predicting that they will be treated poorly when going through outpatient rehabilitation.

Referring Clients with a History of Chronic Illness for Medical Consultation

Communication will not be effective when the communicator is unwell. In the process of treating outpatient rehabilitation clients, counselors take into account the history of chronic illnesses the clients may have. These pre-existing chronic conditions are considered before clients undergo outpatient rehabilitation. Counselors also confirm the medical therapy that clients are currently undergoing. This ensures that the outpatient rehabilitation aligns with the clients' medical needs or prompts further medical referrals. An explanation of the counselor's communication strategy from the perspective of understanding the client as the communicator, both in understanding the client within the reference framework and in assessing the client's situation and condition during outpatient rehabilitation. The Johari Window theory assumptions can be analyzed as follows:

1. The first assumption pertains to the "open self" or bingkai I. This is when an individual is open to others. During outpatient rehabilitation, openness is achieved through the mutual sharing of information, behavior, attitudes, feelings, desires, motivations, thoughts, and more between the client and counselor. Johari refers to this as the "open self," an ideal framework for interpersonal relationships and communication. Counselors acknowledge that when clients express all available information from the outset, the likelihood of a successful treatment is higher. According to interviews with counselors, most clients begin to open up during the second or third session. Clients who exhibit this criterion typically have a strong desire for change, making it easier for counselors to provide the necessary therapeutic services.
2. The second assumption concerns the "blind self" or bingkai II, where an individual is unaware of many things about themselves that others can see. This often occurs during outpatient rehabilitation. Counselors must delve into the potential and weaknesses of the clients they are working with. Sometimes, clients are unaware of these aspects themselves, and it is the counselor's role to develop their potential and address their weaknesses during the recovery process.
3. The third assumption revolves around the "hidden self" or bingkai III, where an individual knows various things about themselves that others do not. In outpatient rehabilitation, counselors may encounter clients who are guarded about their current situation. Many sensitive issues are kept hidden to prevent them from being analyzed by the counselor. In such situations, counselors must create a comfortable environment to build trust with the client. Counselors must reassure clients that the information they provide is solely for their benefit. Counselors should use open-ended questions to encourage clients to speak. If counselors doubt the information provided by the client, they can contact the client's family for confirmation. As an evaluation measure, counselors can also conduct urine tests on clients.

4. The fourth assumption involves the "unknown self" or bingkai IV, where many things are unknown to both the individual and others. In outpatient rehabilitation, it is possible that this situation may arise. Addiction problems can sometimes lead a client to experience deep depression, prompting counselors to refer them for more specialized therapy.

Counselor Communication Strategies in Terms of Media Used

When selecting a communication channel, counselors should consider the characteristics of the message and its intended purpose. In the outpatient rehabilitation program, counselors employ two-way communication methods.

- a. **Prioritizing face-to-face communication:** Counselors deliver messages directly through face-to-face communication to clients visiting the BNN Primary Clinic in North Sumatra. Even in the context of the Covid-19 pandemic, health protocols are maintained. These include temperature checks, hand washing, physical distancing in queues, disinfection in sterilization chambers, and the mandatory use of masks during counseling sessions. These measures ensure the safety of both counselors and clients. This approach aligns with Cangara (2016), emphasizing dyadic communication in outpatient rehabilitation, where communication occurs between two individuals through interviews. It involves serious handling of clients, with counselors primarily asking questions and clients responding. To encourage clients to speak openly, counselors use open-ended questions, actively listen to client responses, and avoid adopting a patronizing attitude. These actions foster effective communication. Small Group Communication occurs when the communication process involves three or more individuals meeting face-to-face. Counselors may opt for this approach when they believe that involving the client's family or partner is necessary for the client's recovery process. In this study, all counselors found direct face-to-face communication more effective in the outpatient rehabilitation program. The advantages of in-person interpersonal communication include immediate feedback, the ability to perceive non-verbal cues, and the development of closer relationships. Moreover, misunderstandings that may occur during communication can be reduced through face-to-face communication.
- b. **Utilizing mediated communication:** As per Circular Letter from the Head of BNN No. SE/79/VI/KA/RH.00/2020/BNN regarding the guidelines for conducting rehabilitation services in the new normal era for the prevention and control of COVID-19, outpatient rehabilitation programs are conducted using a combination of 50% face-to-face and 50% virtual communication. The virtual part involves minimizing close contact by conducting client registrations online. Face-to-face activities are prioritized for tasks requiring wet signatures, urine tests, prescription medication issuance, referrals to other necessary services, and program completion. Mediated interpersonal communication offers the advantages of broader reach, accessibility to remote areas, and time, energy, and cost savings.

However, in practice, all counselors believe that the virtual aspects of outpatient rehabilitation are ineffective. Counselors find it challenging to receive verbal and non-verbal cues from clients, and clients can manipulate the messages. Additionally, issues like limited internet connectivity in some areas and the requirement for clients to have the necessary devices, such as laptops or Android smartphones, create barriers. Many clients lack these tools and struggle with the cost of internet data. Dependence on these tools means that communication cannot occur if either the client or the counselor lacks them. According to informant 2 (Ms. Cindy), clients may not have Android smartphones due to a lack of trust from their families, who fear that having such a device could lead to further communication with drug users and relapse.

Counselor Communication Strategies from the Communicator's Role Perspective

Effective communication relies on various factors within the communicator, including source attractiveness and source credibility.

- a. **Pristine Appearance as Counselor's Attractiveness:** According to Effendy (2020: 38-39), a successful communicator is someone who can change the attitudes, opinions, and behaviors of the audience through the mechanism of attractiveness. It means that when the audience feels a sense of shared identity with the communicator, they are more likely to comply with the message conveyed. This aligns with statements from informant triangulation 5 (Mr. Eka), who explained that a counselor with a background as a former addict and drug abuser can make the message delivery between the client and the counselor more effective due to a shared field of experience. This makes it easier to foster mutual understanding. The research interviews revealed that all counselors at the BNN Primary Clinic in North Sumatra do not have backgrounds as former addicts or drug abusers. The counselors' attractiveness lies in their immaculate appearance and their respectful attitude when serving clients. This aligns with informant 3's statement (Dr. Yusuf) that counselors should present themselves professionally and neat. This fosters client confidence in their treatment decisions, as it conveys professionalism.
- b. **Source Credibility:** According to Effendy (2020: 38-39), the second factor that contributes to successful communication is the audience's trust in the communicator. This trust is largely related to a communicator's profession or expertise. Here are the counselor communication strategies to enhance client trust:

1. Enhancing professionalism through addiction counselor certification: As stated by informant triangulation 5 (Mr. Eka), within the organization's Grand Design, BNN is focused on developing rehabilitation facility standards outlined in SNI 8807 year 2019 regarding rehabilitation standardization in Indonesia. One of BNN's key efforts is to promote the certification of addiction counselor professionals. This aligns with informant 1 (Dr. Suku) and informant 2's (Ms. Cindy) statements that they are preparing to become certified addiction counselors to hold specific functional positions. This aligns with Head of BNN Regulation No. 3 of 2020 on the Technical Guidelines for the Functional Position of Addiction Counselor and its Credit Points. This regulation states that, besides formal and informal education, a counselor's skills can be assessed in terms of nine elements: (1) screening, (2) rehabilitation service orientation, (3) assessment, (4) treatment planning, (5) treatment execution, (6) case management, (7) documentation, (8) consultation and coordination, and (9) counseling.
2. Clients have more trust in counselors with a medical degree: The study also found that counselors with medical degrees earn more trust from clients. Having a medical degree, as held by informant 1 (Dr. Suku) and informant 2 (Dr. Yusuf), enhances their credibility as counselors. They believe that rehabilitation issues are closely related to health. Consequently, from the first meeting, clients place their trust in them.
3. Counselors improve their skills by attending training and seminars: A communicator must possess skills as a crucial asset for effective message delivery (Hendri, 2019: 195). Communicator skills build credibility and leave a positive impression on the audience. All counselors at the BNN Primary Clinic in North Sumatra enhance their skills by participating in basic counselor training programs. Amid the COVID-19 pandemic, counselors further develop their abilities by attending online training sessions and seminars related to rehabilitation. This is in line with informant triangulation 5's statement (Mr. Eka), who mentioned various training programs on counseling techniques, aiming to facilitate the direction of counseling. Given the time constraints in counseling, counselors need to prioritize their efforts. These training sessions are beneficial in helping counselors work more systematically. According to informant triangulation 5 (Mr. Eka), outpatient rehabilitation programs involve not only therapy sessions but also managing time and optimizing the counselors' available resources.

CONCLUSIONS AND RECOMMENDATIONS

Counselor communication strategies in outpatient rehabilitation programs are implemented by considering four aspects: understanding the client, the message conveyed, the communication medium used, and the communicator's role. Counselors put these principles into action through consistent client screening, a firm evaluation of client assessments, creating a sense of safety and comfort in the initial meetings, and providing medical referrals for clients with chronic illnesses. Counselors deliver informative, persuasive, educational, and motivational messages, prioritizing face-to-face communication and utilizing various media for communication. Counselors must maintain a professional appearance, enhance their addiction counselor professionalism, and build trust through their educational background and expertise.

ADVANCED RESEARCH

Still conducting further research to find out more about the Communication Strategy for Outpatient Rehabilitation Program Counselors at the Pratama Clinic of the National Narcotics Agency, North Sumatra Province.

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