# Therapeutic Communication Practices in the Drug Rehabilitation Program at Tampan Psychiatric Hospital

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| **Abstract** | The increasing abuse of drugs in Indonesia, including in Riau Province, emphasizes the importance of rehabilitation programs that rely not only on medical intervention but also on effective therapeutic communication. This study aims to analyze the therapeutic communication practices of counselors in the recovery of drug addicts at the Tampan Mental Hospital in Riau Province and the challenges that arise throughout the process. The study used a qualitative method with a case study approach through semi-structured interviews, non-participant observation, and documentation of nine informants consisting of counselors, residents' families, and hospital staff. The results showed that therapeutic communication was applied through four phases: pre-interaction, orientation, work, and termination, with the support of techniques such as Motivational Interviewing, Cognitive Behavioral Therapy, hypnotherapy, and coping skills training. The counselors' verbal and nonverbal communication strengthened the residents' trust, openness, and interpersonal awareness, while the Family Support Group program became a collaborative means of increasing family support. The study concluded that therapeutic communication plays an important role in shaping the residents' motivation, new identity, and successful recovery, and recommended strengthening post-rehabilitation interventions and the role of families in supporting the sustainability of recovery. |
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| **Keywords** | Therapeutic Coommunication; Drug Rehabilitation; Counselor; Interpersonal Awereness; Family Support Group (FSG). |

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## 1. INTRODUCTION

Drug abuse remains a serious public health issue, both globally and nationally, as it impacts social, psychological, and economic aspects. In Indonesia, drug abuse figures show an upward trend, including in Riau Province. From 2023 to May 2024, authorities recorded 861 drug cases with 1,257 suspects (Cakaplah.com, 2023; RRI, 2024). In response to this situation, the government requires addicts to undergo medical and social rehabilitation as stipulated in Law No. 35 of 2009 concerning Narcotics (Rianda & Azhari, 2024). The Tampan Mental Hospital in Riau Province is one of the institutions

appointed by the government through Minister of Health Decree No. HK.01.07-MENKES-701-2018 to provide rehabilitation services for drug addicts.

The rehabilitation program provided by the Tampan Mental Hospital involves the participation of counselors in the recovery process of drug-addicted residents. The recovery process does not only depend on medical intervention but also on a communication approach that can build a therapeutic relationship between counselors and residents. In the context of rehabilitation, therapeutic communication a structured form of interpersonal communication aimed at supporting the psychological healing process plays a crucial role in helping individuals understand themselves, manage their emotions, and change their behavior (Paramasari & Nugroho, 2021). In drug addict rehabilitation programs, therapeutic communication is the foundation for shaping recovery orientation, increasing motivation, and strengthening residents' commitment to the process of change.

One of the programs implemented to support residents' recovery is the Family Support Group (FSG) program, which involves families in strengthening emotional support for residents during recovery. In this program, counselors use therapeutic communication as a means of building trust, reducing resistance, and preparing residents to return to functioning in their social environment. Effective therapeutic communication requires counselors to prioritize empathy, openness, and interpersonal skills (Widiyanto et al., 2024). However, in practice, the implementation of therapeutic communication at Tampan Mental Hospital faces various challenges. Counselors often experience difficulties in the early stages of building trust with residents who are still overwhelmed by shame, fear, and distrust of the rehabilitation process (Ramadhan et al., 2022). In addition, the unstable emotional condition of residents, such as anxiety and depression, often hinders effective communication. Limited family involvement in the early stages of rehabilitation also poses a separate obstacle in building sustainable emotional support.

To overcome these challenges, counselors use various approaches such as Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Hypnotherapy, and coping skill reinforcement as therapeutic communication techniques that focus on increasing residents' internal motivation. This approach emphasizes empathy, collaboration, and non-judgmental support so that residents are encouraged to make changes voluntarily. Ismail argues that the MI approach has been proven effective in increasing self-awareness and strengthening residents' determination to recover from addiction (Syarifuddin & Ismail, 2020). Through this approach, counselors can facilitate a more meaningful and sustainable recovery process through therapeutic communication practices.

Effective therapeutic communication is key in supporting the recovery process of drug-addicted residents. It helps build supportive relationships that increase motivation and self-esteem, as well as provide the tools and strategies needed to face challenges that arise during and after the recovery

process (Pertiwi et al., 2022). Counselors who are able to use therapeutic communication well can make a significant difference in the long-term success of residents' recovery.

Previous studies have highlighted the importance of therapeutic communication in the rehabilitation process. Research (Adim & Ismail, 2020) emphasizes the importance of the pre-interaction and orientation phases in building trust between counselors and patients. Research (Rodhiyah & Khalid, 2022) found that therapeutic communication significantly increased the self-confidence of drug rehabilitation patients. Meanwhile, Ramadhan, Taftazani, and Apsari in their research showed that family involvement in the FSG program had a positive effect on emotional support and the success of social adaptation after rehabilitation (Ramadhan et al., 2022). Although many studies have shown the importance of therapeutic communication, there are still few studies that examine its implementation and effectiveness in the local context, especially in Riau Province.

The urgency of this research lies in the need to understand how therapeutic communication can be optimally applied through the phases or stages of resident recovery and in the implementation of the FSG program. In addition, the various phases of therapeutic communication that residents go through in the recovery process are also interesting to study. Various techniques such as MI, CBT, hypnotherapy, and coping skill reinforcement also need to be studied in more depth to see their effectiveness in improving the success of residents' recovery.

Based on this background, this study aims to analyze how counselors apply therapeutic communication in the recovery process of drug-addicted residents at the Tampan Mental Hospital in Riau Province, as well as to identify the challenges they face in building effective therapeutic relationships. Theoretically, this study contributes to the development of health communication studies, while practically, the results can be used as a reference to improve the effectiveness of drug rehabilitation programs in Indonesia.

## 2. METHODS

This study uses a qualitative method with a case study approach. The qualitative method is used because it focuses on a deep understanding of social phenomena based on the participants' perspectives and the meanings formed through their experiences (Ridwan & Tungka, 2024). Meanwhile, the case study approach is a research method in which researchers explore a particular phenomenon (case) at a certain time and activity (program, event, process, institution, or social group) and collect detailed and in-depth information using various data collection procedures over a certain period (Assyakurrohim et al., 2022). This approach was chosen because it allows researchers to explore phenomena holistically, particularly the interactions between counselors, residents, and families in the context of rehabilitation.

The research subjects included five counselors as the main informants, as well as four additional informants, namely the Head of the Drug and Alcohol Rehabilitation Center and three family members of residents, bringing the total number of informants to nine. The research objects included the counselors' therapeutic communication practices, both verbal and nonverbal, as well as the implementation of the Family Support Group (FSG) program that supported the residents' recovery. Data collection was conducted through semi-structured interviews, non-participant observation, and documentation. Semi-structured interviews were conducted to explore information related to the application of therapeutic communication by counselors, observations were used to record patterns of therapeutic interaction directly during the rehabilitation process (Adimiharja, 2022), while documentation included the collection of activity archives, internal reports, and other supporting data.

The research instruments consisted of interview guidelines, observation sheets, and documentation formats. The data were analyzed using the Miles and Huberman model, which included data reduction, data presentation, and conclusion drawing. Data validity was maintained through source triangulation, which involved comparing information from counselors, families, and hospital staff to ensure consistency of findings.

## 3. FINDINGS AND DISCUSSION

The findings of this study will be presented in a structured manner based on the identification of research problems, starting from the phases of therapeutic communication, followed by forms of verbal and nonverbal communication, and concluding with a presentation of the research results regarding interpersonal awareness in the relationship between counselors and residents, as follows:

### 3.1. Phases of Therapeutic Communication

Therapeutic communication by counselors in the recovery of residents at the NAPZA Facility of the Tampan Mental Hospital in Riau Province takes place through four main phases, namely the pre-interaction phase, the orientation phase, the work phase, and the termination phase. These four phases form a continuous therapeutic communication process that serves to build an empathetic relationship between the counselor and the resident. The results of the study show that counselors at RSJ Tampan play an active role from the preparation stage to the final evaluation, with an approach oriented towards behavioral change, self-awareness, and social reintegration. This is in line with the concept of therapeutic communication by Stuart and Sundeen in Damaiyanti, which emphasizes that therapeutic communication is a planned and structured interaction with four main stages oriented towards psychosocial healing (Damaiyanti, 2021). The following is an explanation of the four phases of therapeutic communication carried out by counselors at Tampan Mental Hospital in the recovery of drug-addicted residents:

3.1.1 Pre-Interaction Phase

According to Stuart and Sundeen in Damaiyanti, the pre-interaction phase is the preparation stage for counselors before meeting directly with clients (residents). At this stage, counselors gather initial information, reflect on themselves, and plan communication strategies so that the therapeutic relationship can be effective and professional (Damaiyanti, 2021).

This phase is the preparation stage before the counselor meets directly with the resident. At this stage, the counselor conducts an initial analysis of the resident's medical, psychological, and social conditions to determine the appropriate communication strategy. One of the counselors, Ellyzabet Sihol Marito, as the main informant, explained this pre-interaction phase in detail, as follows:

> "Our pre-interaction phase begins with gathering data and understanding the resident's background without meeting them directly. We read the screening results, substance use history, and family circumstances. From there, we determine the appropriate approach so that communication does not cause resistance. So, even before meeting them, we must be mentally and emotionally prepared so that we can understand them without judging them." (interview with Ellyzabet Sihol Marito, May 5, 2025)

This stage illustrates the professional and empathetic readiness of the counselor. According to Hindayani et al., an approach that emphasizes understanding the individual's context before direct interaction is a basic principle of effective health communication (Hindayani et al., 2022). When analyzed using George Herbert Mead's Symbolic Interaction Theory, the pre-interaction phase represents the formation of the mind, which is a cognitive process in which counselors interpret social symbols (data, expressions, or residential backgrounds) to understand the meaning of behavior. This process enables more focused and humanistic communication when face to face interactions occur. These findings are in line with the results of Adim & Ismail's research, which confirms that the pre-interaction stage helps counselors prepare an approach based on the patient's profile (Adim & Ismail, 2020). However, at Tampan Mental Hospital, this stage is expanded with the integration of family factors as elements of social meaning that also influence residents' readiness in the recovery process.

The results of the study show that this phase is evident in the screening and history tracing stages of residents at Tampan Mental Hospital. Counselors prepare themselves by studying residents' personal data, substance use history, psychological conditions, and motivation levels. In addition, they also conduct self-evaluations to be ready to deal with various resident characters, including those who experience resistance or rejection. This pre-interaction phase is an important foundation in creating an empathetic and non-judgmental communication climate, which is the basis for the success of the subsequent rehabilitation process.

In the screening and resident history tracing phase, which according to Stuart and Sundeen's concept of therapeutic communication falls under the pre-interaction phase, counselors at Tampan Mental Hospital conduct an in-depth review of the patient's medical records, social background, and

addiction patterns before initiating direct interaction. The goal is for counselors to gain a comprehensive understanding of the resident's biological, psychological, social, and spiritual conditions. This phase differs from the results of research by Mahmudah, et al., on therapeutic communication by health workers in the treatment of pregnant women, which describes the pre-interaction phase as limited to administrative preparations and initial communication via social media between health workers and pregnant women (Mahmudah et al., 2022).

Furthermore, based on the research results, counselors at Tampan Hospital collect data through medical and psychosocial assessments to understand the residents' history of drug use, family conditions, and social background. Hindayani et al. argue that this activity is a form of applying the principles of health communication that emphasize understanding the individual's context before intervention is carried out (Hindayani et al., 2022). In this phase, counselors usually also prepare empathetic communication strategies to be able to build emotional closeness when they first meet residents.

When analyzed using Symbolic Interaction theory, this phase represents the initial stage of meaning formation (mind) between the counselor and the resident. According to George Herbert Mead in Purnomo & Indarti, the mind is a mirror that independently reflects external circumstances in consciousness. The mind is basically emphasized in behavior, which is a stage in the emergence of thoughts. Mind emerges when individuals interact, either with themselves or with others, using gestures, symbols, meanings, and actions (Purnomo & Indarti, 2023). In the researcher's study, symbols in the form of data, expressions, and initial perceptions were used by counselors to understand the residents' characters and emotions before the face-to-face meeting took place. The counselor attempts to interpret these symbols to anticipate the emotional responses that may arise when the therapeutic communication process begins.

### 3.1.2 Orientation Phase

The orientation or introductory phase is the initial stage of face to face interaction between the counselor and the resident, during which the counselor establishes a sense of security, trust, and acceptance. Based on Stuart and Sundeen's concept of therapeutic communication, this phase focuses on building trust, identifying problems, and formulating a therapeutic communication contract.

Research findings indicate that this orientation phase is consistent with the initial assessment and introductory phase. The counselor introduces themselves, explains the purpose of the rehabilitation session, and emphasizes the principle of confidentiality so that the resident feels comfortable. Through open, empathetic, and supportive communication techniques, the counselor delves deeper into the background of drug use, emotional conditions, and motivation for recovery. As a result, a therapeutic

relationship begins to form, and residents begin to dare to express their thoughts and feelings without fear of being judged. This process also includes setting common goals between the counselor and the resident as a basis for work in the next phase.

In the assessment and introduction phase, the counselor builds an interpersonal relationship with the resident through an empathetic approach, motivational interviewing techniques, and the use of standard instruments such as ASSIST and ASI to assess the level of dependence and readiness for change. This phase has a similar structure to the orientation phase in Wyssie Ika Sari's research on the therapeutic communication relationship between nurses and the anxiety levels of preoperative cataract patients, in which nurses introduce themselves and explain the cataract surgery procedure to build patient trust (Sari, 2024).

The orientation phase is the first meeting between the counselor and the resident, which forms the foundation of trust. Based on the interview results, the counselor introduced themselves warmly, explained the purpose of the therapy, and made a communication contract with the residents so that they would feel safe and valued. This approach is in line with the application of therapeutic communication principles that emphasize mutual respect and maintaining the dignity of clients (Siregar, 2021).

Within the framework of symbolic interaction theory proposed by Mead, the orientation phase shows a shift from the process of internal meaning-making to the formation of the self, namely how individuals view themselves through social interaction. The counselor helps residents reinterpret their identity from being addicts to individuals capable of recovery. This process of self-reflection is in line with the concept of "role-taking" in Mead's theory, where a person imagines themselves from the perspective of others (Purnomo & Indarti, 2023), so counselors function as symbolic mirrors that foster new awareness in residents about their potential for recovery.

### 3.1.3 Working Phase

The working phase is the core stage of therapeutic communication, in which counselors and residents actively engage in therapy and counseling to address behavioral, emotional, and cognitive issues related to drug dependence. According to Stuart and Sundeen, at this stage, counselors use various therapeutic communication techniques such as exploration, reflection, clarification, and positive reinforcement to help clients achieve behavioral change and self-awareness.

The working phase is the core of the entire therapeutic communication process. At this stage, counselors and residents actively work together to explore problems, identify stressors, and form recovery strategies. Communication is two-way, open, and reflective. The following is an explanation provided by Zulfahmi regarding this working phase:
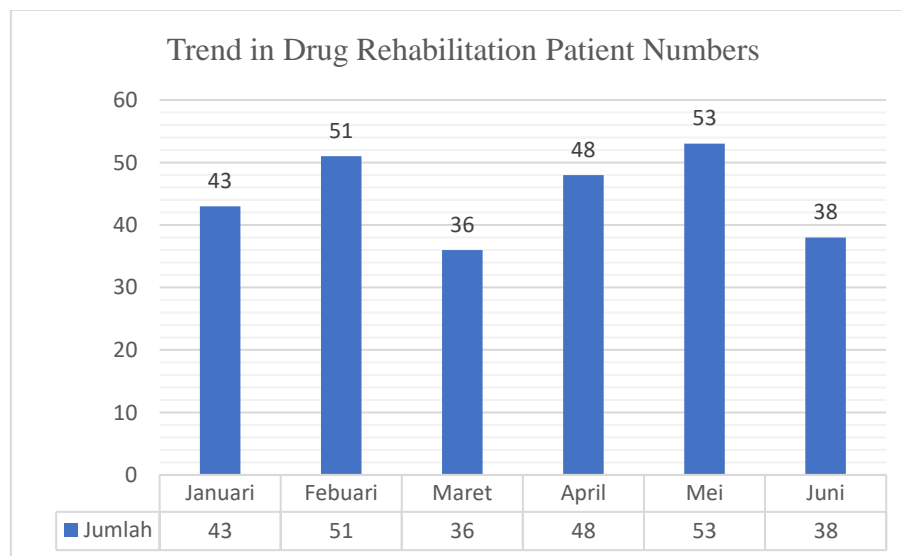
"This working phase usually lasts longer because here we help residents recognize their own feelings and thoughts. We use motivational interviewing extensively so that they can find personal reasons to change. We also combine this with therapies such as CBT and coping skills training. Once residents begin to be honest and open, we invite them to join the Family Support Group so that they can learn from the experiences of others, especially their own families." (Interview with Zulfahmi, May 6, 2025).

Based on the interview results, the implementation of therapeutic communication during the work phase at the Tampan Psychiatric Hospital Drug and Alcohol Treatment Unit includes several forms of therapeutic communication, namely: motivation, education, affirmation, and reflection, which then become two forms of implementation: first, motivational and affirmative communication, and second, educational and reflective communication. In addition to the forms of therapeutic communication, there are also techniques used during the work phase. These techniques include Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Hypnotherapy, and strengthening coping skills. This integrative approach emphasizes that therapeutic communication not only calms but also encourages cognitive and emotional transformation (Supriyanto, 2021).

The drug rehabilitation process focuses on building a sense of security and trust. This is in line with Ellyzabet's opinion that the orientation phase is very important for building trust and a sense of security, which is characterized by a bonding process between the counselor and the resident. This bonding is key to ensuring that therapeutic communication runs more smoothly, so that residents feel more comfortable opening up. Bonding is manifested through familiar greetings such as "bro" and "sis," which are the residents' terms of address for counselors. Counselors also adopt a friendly attitude and a family-like approach during this orientation phase. In addition, Ellyzabet explains that the assignment of residents to counselors is determined based on the results of an assessment, so that the counselor handling the resident is appropriate for their background and needs.

The number of residents handled by a counselor is also in line with the rehabilitation service data at the Tampan Mental Hospital NAPZA Facility. According to Ellyzabet, each counselor handles 5-7 residents with a friendly and familial approach to create trust and openness. The assignment of residents to counselors is based on the results of the assessment during the orientation phase and is also adjusted to the psychological condition and case history of each resident. The following is the data on the number of NAPZA rehabilitation patients for the first and second quarters from January to June 2025:

**Figure 1.** Graph of the Number Drug Rehabilitation Patients in Quarters 1 and 2

The increase or decrease in the number of residents shown in the graph has an impact on the dynamics of therapeutic communication carried out by counselors, especially in the orientation phase. A large number of patients requires counselors to be able to take an appropriate, effective, and efficient approach so that each resident continues to receive attention and optimal therapeutic communication services. This further reinforces the importance of the orientation phase as the starting point for building trust, mapping the condition of residents, and determining therapeutic communication strategies that are appropriate to the background and severity of each resident's addiction.

Based on the results of the study, the work phase is implemented in the therapy and counseling phase at Tampan Mental Hospital. Counselors use motivational interviewing (MI), Cognitive Behavior Therapy (CBT), Coping Skill Training, and hypnotherapy approaches to help residents identify negative thought patterns, manage emotions, and develop strategies to deal with relapse. This phase also includes various therapeutic activities such as morning meetings, religious guidance, motivational seminars, and family dialogues. Therapeutic communication in the work phase emphasizes educational, reflective, and affirmative aspects, where counselors become facilitators of change who help residents find the meaning of true recovery.

In the therapy and counseling phase, counselors carry out various therapeutic forms and counseling techniques. This phase is parallel to the work phase in other studies, such as Almadina Rakhmaniar's study on psychotherapists' therapeutic communication with mental disorder patients, where the work phase is filled with emotional clarification, reflection, and empathetic dialogue between therapists and patients (Rakhmaniar, 2023). Similarly, in Mahmudah et al.'s research, the work phase focuses on education and the verbal delivery of health information (Mahmudah et al., 2022). However, at Tampan Mental Hospital, the work phase is much more complex because it is not only oriented

towards education or individual therapy but also includes group, spiritual, and social interventions to change the residents' addictive mindsets and behaviors. Thus, therapeutic communication in this phase is not only a tool for providing understanding but also a means of self-identity recovery and social reintegration.

Based on Symbolic Interactionism theory, the work phase reflects the most dynamic interaction of meaning, where counselors and residents construct new symbols that reflect identity change. "Society" in Mead's theory explains that individuals and society influence each other in the formation of social meaning. Based on findings in the field, the FSG program functions as a miniature society that supports the transformation of residents' behavior, where families and counselors become a symbolic community that encourages collective healing for residents.

### 3.1.4 Termination Phase

According to Stuart and Sundeen, the termination phase is the final stage of the therapeutic relationship, in which the counselor and client evaluate the results of therapy, affirm achievements, and prepare the client for independence. This stage is important because it marks the transition from an intensive therapeutic relationship to real social life.

In this study, the termination phase was evident in the evaluation and discharge phase of the residents. Counselors evaluated the residents' progress using instruments such as URICA, gave appreciation for their successes, and equipped the residents with relapse prevention strategies. Therapeutic communication at this stage was reflective and supportive, helping residents recognize positive changes and prepare themselves to face social challenges after rehabilitation. Counselors also maintain limited good relationships so that residents do not feel abandoned. Thus, the termination phase at Tampan Mental Hospital is not merely the closing of a relationship, but a transition towards independence and the maintenance of sustainable recovery.

The termination phase, reflected in the evaluation and discharge phase of residents at Tampan Mental Hospital, serves as a reflective stage that assesses residents' progress through measurement tools such as URICA and final counseling. This phase ends with the preparation of a follow-up plan for residents after they leave the hospital so that they can adapt to their social environment. This phase is similar to the termination phase in Wyssie Ika Sari's research (Sari, 2024), in which nurses assess the success of therapeutic communication and provide follow-up for pre-cataract surgery patients. However, in the Tampan Mental Hospital study, termination is broader because it touches on aspects of social and spiritual rehabilitation, not just clinical evaluation.

The termination phase is the final stage of therapeutic communication, where the relationship between the counselor and resident reaches an optimal level and is ready to be ended professionally (Harahap & Putra, 2019). Based on the research results, counselors evaluate the residents' progress, provide reinforcement, and equip them with social skills so that they can maintain their recovery after leaving the rehabilitation program. Counselors also emphasize the importance of family involvement in maintaining emotional stability after termination.

In Symbolic Interaction theory, this phase represents the stage of meaning stabilization, where new symbols such as "healing," "trust," and "new identity" have been formed and internalized by residents. This process illustrates how individuals can change their perspectives on themselves and society through meaningful interactions. The termination phase also reflects one of the goals of therapeutic communication, which is to help clients take effective action and improve their emotional experiences (Karunarathna et al., 2025).

### 3.2. Forms of Therapeutic Communication

Verbal communication is the primary means by which counselors convey messages explicitly through conversation, advice, and reflection. Based on the results of the study, counselors at Tampan Mental Hospital use verbal communication that is oriented towards empathy and empowerment of residents. The most frequently used techniques are Motivational Interviewing (MI) and Supportive Communication. As stated by Ellyzabet Sihol Marito, coordinator of counselors at the NAPZA Facility:

> "Verbal communication is through Motivational Interviewing (MI) by building the residents' intrinsic motivation to change, not because they are forced to. In addition, I also use the Supportive Communication technique by showing empathy, acceptance, and support. Nearly 99% of residents undergoing rehabilitation lack self-acceptance, so through therapeutic communication, both verbal and nonverbal, we help them fully accept themselves." (interview with Ellyzabet Sihol Marito, May 5, 2025)

This statement indicates that counselors use language that is calming, motivating, and builds residents' self-esteem. Verbal communication is not only used to convey medical information but also to instill values of recovery and self-responsibility. This aligns with the perspective of Ngalimun & Zakiah, who emphasize that messages in health communication must be clear, empathetic, and motivating so that recipients understand the intended meaning (Ngalimun & Zakiah, 2019). In addition, counselors at Tampan Mental Hospital also emphasize the importance of affirmative language that motivates residents intrinsically.

These findings are in line with research (Ridwan & Iba, 2024) which found that the adaptation of simple and empathetic language is proven to be effective in increasing patient comfort and openness. Similarly, (Sofia & Suyuti, 2025) emphasized that the significance of therapeutic communication lies in the harmony between verbal and nonverbal expressions. However, the research at Tampan Mental

Hospital provides a new contribution, namely that verbal communication is not only applied in individual sessions but also extended to family groups such as the FSG program as a social space for sharing meaning and collective recovery experiences.

In addition to verbal communication, the results of the study show that nonverbal communication plays an important role in building a safe and accepting emotional atmosphere. The dominant forms of nonverbal communication used include gentle facial expressions, eye contact, calm tone of voice, open body language, and black-and-white clothing symbols used by both counselors and residents. As explained by Liliana, one of the counselors who was also a key informant in the study:

> "The nonverbal communication I show is usually through facial expressions, gestures, and showing that I am ready to listen. I also make eye contact so that they feel valued. I position them as family members who deserve to be heard, making them feel trusted and boosting their self-esteem. The next nonverbal communication is by maintaining a distance that is not too far between me and the resident. Ideally, the counselor sits near the door and the resident faces them. However, I assess the resident's condition first, because if the counselor appears hesitant and keeps too much distance, it can affect the resident's self-esteem." (Interview with Liliana, May 19, 2025)

Liliana's statement illustrates the important role of nonverbal communication in creating a sense of security and emotional acceptance. According to Stuart & Sundeen in Damaiyanti, nonverbal communication is the most honest form of therapeutic communication because it reflects a person's true attitudes and feelings (Damaiyanti, 2021). From Mead's Symbolic Interactionism perspective, the counselor's nonverbal actions function as social symbols that shape intersubjective meaning. When counselors show an open and empathetic attitude, residents interpret these symbols as signs of social acceptance. This reinforces a positive self-concept, which is very important in the recovery process.

The black and white clothing worn by counselors and residents also has strong symbolic meaning. Based on the results of an interview with Ellyzabet Sihol Marito, these colors symbolize uniformity and humanity, indicating that counselors and residents are part of an equal recovery community. This reflects Mead's idea of shared meaning, where social meaning is created together through repeated symbolic interactions. The color white is interpreted as a symbol of purity, hope, and self-awareness, while black represents determination and discipline in facing the recovery process. The combination of the two colors reflects the residents' journey from a dark past to a new life that is cleaner, more orderly, and full of hope.

During field observations, researchers noted that residents appeared confident when wearing black and white clothing. They walked upright, smiled, and interacted with their families without embarrassment. Neat and clean clothing had a positive psychological effect, such as fostering a new spirit, discipline, and pride in the recovery process.

In addition, it can also be concluded that the black and white uniforms in the FSG program have a strong symbolic meaning as a representation of equality, cleanliness, and new hope. Wearing these uniforms helps residents build self-confidence and interpersonal awareness that every individual has the same opportunity to recover and be accepted back into society.

### 3.3. *Interpersonal Awareness in the Relationship Between Counselors and Residents*

According to Johnson in Dalimunthe et al., interpersonal awareness is "the ability to accurately perceive and interpret others' behaviors, emotions, and motivations in social interactions," which is the ability of a person to recognize and interpret the behavior, emotions, and motivations of others accurately in social interactions (Dalimunthe et al., 2023). In interpersonal communication, a person is motivated to fulfill three needs, namely inclusion (the need to feel belonging), control (the need to form interactions with others), and affection (the need to be liked and to establish relationships). This is closely related to the nature of Interpersonal Communication (Aini, 2024).

Interpersonal awareness is a form of social sensitivity that includes understanding the dynamics of interpersonal relationships and the ability to adapt to the current social context (Hamandia & Firnadia, 2022). Nelson in Kartikasari et al. adds that the main function of communication is not only for personal survival but also to improve social relationships within society (Kartikasari et al., 2019). To build interpersonal awareness, persuasive communication is required. Persuasive communication is a process of delivering messages that aim to change a person's attitude, opinion, and behavior through persuasive ways, without any element of coercion (Aryani & Faristiana, 2025).

In the context of drug addict rehabilitation at Tampan Mental Hospital, interpersonal awareness is an important foundation in building effective therapeutic relationships. Based on the research results, counselors demonstrated high interpersonal awareness in every interaction with residents, especially in the Family Support Group (FSG) program. This program is designed to strengthen social relationships between counselors, residents, and families, thus becoming a symbolic space for the formation of new meanings about recovery and self-acceptance.

Counselors place interpersonal awareness as the main basis for building therapeutic relationships with residents. This is evident in their ability to understand residents' emotions, adjust their communication approach, and create a safe and accepting atmosphere. As stated by Meisari Puja in the following interview:

> "I begin to build interpersonal awareness by explaining to residents during the orientation process that I am here as a substitute for their parents and family. I position myself not only as a counselor, but as family, so that they also provide the same feedback. No matter how small their problems are, I encourage them to talk about them, whether it's about their comfort in the facility or personal issues before rehabilitation. With the bond that has been built, residents will be more open and their problems will be easier to explore." (Interview with Meisari Puja, May 6, 2025).

The above interview quote shows that interpersonal awareness is manifested through empathy, acceptance, and emotional presence in counseling relationships. Counselors not only act as professionals, but also as family figures who are able to create a sense of psychological security for residents. This approach reflects Stuart & Sundeen's view in Damaiyanti that interpersonal awareness is one of the main components in successful therapeutic communication (Damaiyanti, 2021).

Conceptually, interpersonal awareness includes two important aspects, namely self-awareness and social awareness. Counselors at Tampan Mental Hospital demonstrate both aspects in a balanced manner. They are able to recognize their own emotional state so that they can adjust their attitude when dealing with residents, as well as understand the meaning behind the residents' behavior and nonverbal expressions. This attitude avoids emotional confrontation and strengthens empathetic relationships.

The researcher's observations show that counselors consistently display patience, gentleness, and acceptance. In every counseling session and FSG activity, counselors read residents' facial expressions, adjust their tone of voice, and avoid direct reprimands that could cause resistance. This non-confrontational approach builds a sense of security and increases residents' trust in counselors. High interpersonal awareness allows counselors to adjust their communication style to the emotional needs of residents. In the context of health communication, this kind of empathetic approach has been proven effective in increasing client engagement and understanding (Pratiwi & Kurniasari, 2024). Additionally, Pohan et al. also explain that empathetic interpersonal communication has been proven to create more humane therapeutic relationships. The effectiveness of health services is influenced by the ability of professionals to understand patients' emotions and expectations (Pohan et al., 2023). This is also central to the interpersonal awareness of counselors at Tampan Mental Hospital.

Apart from counselors, interpersonal awareness also develops in residents as the rehabilitation process progresses. Through continuous guidance, residents begin to understand their personal emotions, realize the impact of their behavior on others, and learn to express their feelings in a healthier way. This change reaches its peak in the implementation of the FSG program as a forum that brings residents and families together in a dialogical and therapeutic atmosphere. In an interview with Ellyzabet Sihol Marito, she explained that:

> "From the residents' perspective, interpersonal awareness usually grows gradually. Initially, they find it difficult to understand their own feelings, but as the rehabilitation process progresses, they begin to learn to recognize emotions, realize the impact of their behavior on their families, and control themselves. This awareness is evident when they begin to apologize, listen to others, and respect the rules. In the FSG program, they also practice expressing themselves in front of their families, which helps foster self-confidence and empathy." (Interview with Ellyzabet Sihol Marito, May 5, 2025).

This interview excerpt shows that the FSG program plays an important role in integrating the emotional and social aspects of recovery. Through responsibility and interpersonal communication

exercises, residents are trained to rebuild their self-confidence and social awareness. Before appearing at the FSG forum, residents are first trained in semi-organized internal structures such as chief, expeditor, and group leader.

With the preparation from their previous responsibilities, residents become more confident to perform in the FSG program. The confidence referred to here is a feeling of certainty about themselves and their abilities, allowing them to freely do whatever they like without feeling anxious or influenced by others, and to take responsibility for what they have done (Retpitasari et al., 2024).

From the perspective of George Herbert Mead's symbolic interaction theory, the relationship between counselors and residents becomes a symbolic space where the social meaning of "healing" is formed. Counselors act as significant others, individuals who are influential in shaping the residents' new identities. Through repeated interactions and social symbols such as empathetic gazes, shoulder touches, or smiles, residents interpret themselves as valuable individuals who are capable of change. This is in line with Mead's concept of shared meaning, that meaning is created together through meaningful social experiences.

In addition to counselors and residents, families are also an important part of the process of forming interpersonal awareness in FSG. Families are invited to understand the psychological dynamics of residents and foster empathy through open communication. Many families who initially showed anxiety and stigma began to understand that recovery is a long-term process that requires emotional support and acceptance without judgment.

The FSG program is not only an educational forum, but also a symbolic vehicle for social reconstruction that brings together the three dimensions of interpersonal, intrapersonal, and social awareness. These three form a mutually reinforcing healing ecosystem between counselors, residents, and families. The following are The results of this study reinforce the findings (Ramadhan et al., 2022) that FSG is effective in strengthening family emotional support, as well as research conducted by (Kabeakan, 2024) which shows that FSG increases openness in communication between residents and families.

However, the research at Tampan Mental Hospital expands on these findings by emphasizing that interpersonal awareness also functions as a symbolic process of forming a new social identity for residents, from individuals who are downcast to individuals who are empowered and socially accepted again. Thus, interpersonal awareness in the counselor-resident relationship at Tampan Psychiatric Hospital is not only a therapeutic communication tool, but also a means of restoring identity and social relations through symbols, empathy, and shared reflection within the framework of the Family Support Group program.

### 3.4 Discussion

Therapeutic communication is not only a tool for psychological healing, but also a social instrument that reconstructs the identity of addicts into meaningful individuals in society. This approach expands the concept of health communication as proposed by Hindayani et al., that effective communication can increase awareness and behavioral change at the individual and community levels (Hindayani et al., 2022).

Overall, the four phases of therapeutic communication by counselors at Tampan Mental Hospital show that the healing process for drug addicts is a journey of meaning built through symbols, self-reflection, and social support. Symbolic interaction theory helps explain this dynamic, that recovery is not merely a change in behavior, but a transformation of identity born from meaningful interactions between counselors, residents, and families.

Conceptually, the therapeutic communication applied at the Tampan Mental Hospital in Riau Province has a similar structure to therapeutic communication in other health fields, namely consisting of four main phases: the initial preparation stage (seen in the screening and resident history tracing phases), the orientation or introduction stage marked by assessment, the work stage consisting of therapy and counseling, and the final or termination stage seen in the evaluation and discharge phases.

The form of verbal communication in this study, when viewed from the perspective of Symbolic Interaction Theory, serves to build residents' self-awareness. When counselors speak in a supportive manner, residents interpret themselves as individuals who have value and the ability to change. This process is called taking the role of the other or the ability to see oneself from the perspective of others, which is the basis for the formation of a new identity according to Mead. Thus, every conversation with the counselor becomes a symbolic space in which residents renegotiate the meaning of themselves from "addicts" to "individuals who are recovering." Based on the results of the study, it was found that the counselor's nonverbal actions are social symbols that shape intersubjective meaning. "Society" in Mead's theory assumes that individuals understand themselves through the reactions of others. When counselors show an open, warm, and calm attitude, residents interpret these symbols as signs of social acceptance. This reinforces the positive self-concept that is essential in the recovery process.

Interpersonal awareness is also a basic principle of therapeutic communication, because without this awareness, the relationship between counselor and resident cannot achieve the level of emotional depth necessary for behavioral change. In implementing FSG, counselors use interpersonal awareness to facilitate two-way communication between residents and families. For example, when residents express guilt to their families, counselors help families understand these emotions in a constructive way, rather than blaming them. This shows that interpersonal awareness encompasses not only individual empathy, but also the social mediation skills that harmoniously connect two different perspectives.

Based on previous research, theories, and findings, it can be concluded that interpersonal awareness is a key element in therapeutic communication between counselors and residents. This awareness enables counselors to interpret verbal and nonverbal messages empathetically, understand the resident's emotional state, and create an atmosphere that supports the recovery process. Through FSG, interpersonal awareness develops not only individually but also socially, as the interactions that occur help residents and families understand each other and strengthen emotional support.

## 4. CONCLUSION

This study concludes that therapeutic communication by counselors at the NAPZA Facility of the Tampan Mental Hospital im Riau Province plays a fundamental tole in the recovery process of drug addicted residents The four phases of therapeutic communication : pre-mteraction, onentation, work, and termmation are applied systematically and consistently to build trust, facilitate behavioral and emotional change, and prepare residents for independence Verbal communication in the form of motivation affumation and education, as well as nonverbal commumcation such as eye contact, open gestures and black and whute uuform symbols, serve to create new social meanings that remforce feelings of acceptance, appreciation, and empowerment The counselor's interpersonal awareness is a key element that allows for the adjustment of communication strategies according to the resident's emotional condition, while the Family Support Group (FSG) program extends las process of meaning-making to the social sealu through family support. Thus, therapeutic communication practices at Tampan Mental Hospital are not only a process of psychological healing but also a reconstruction of the resident's identity in the perspective of Mead's Symbolic Interactionism theory

This research opens op space for further methodological and thenanc stadres Subsequent research can explore the effectivenest of therapeutic communication through quantitative of mrzed method approaches to mexture its impact on successful recovery and relapse prevention Comparative tradies between rehabilitahon institutions are also needed to examine vanahons in approach based on organizational culnue and tesudent characteristics

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