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THE ROLE OF PARTICIPATORY COMMUNICATION IN MOTIVATIONAL INTERVIEWING IN HANDLING DRUG ABUSERS (CASE STUDY OF CLIENTS IN THE MILD AND MODERATE CATEGORIES AT THE BNN PRIMARY CLINIC IN SOUTH KALIMANTAN PROVINCE)

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Abstract

Drug abuse is a complex problem that impacts health, social, and economic aspects. Rehabilitation efforts are crucial in addressing it, particularly through an effective and humanistic communication approach. This study aims to explore the role of participatory communication in the Motivational Interviewing (MI) method in the rehabilitation process for mild and moderate drug abusers at the Pratama Clinic of the National Narcotics Agency (BNN) in South Kalimantan Province. Using a qualitative approach with a case study design, data were collected through in-depth interviews, participant observation, and documentation with six clients and one counselor. The results indicate that participatory communication plays a crucial role in building an equal, empathetic, and inclusive counseling relationship. Clients feel more valued, heard, and encouraged to be active in the recovery process. However, challenges remain, such as differences in socio-cultural backgrounds and client passivity. In conclusion, participatory communication supports the effectiveness of MI in increasing client motivation and engagement, and is an important strategy in creating a more humane and sustainable rehabilitation process.
Keywords: Participatory Communication, Motivational Interviewing, Drug Abusers

Abstrak

Penyalahgunaan narkoba merupakan permasalahan kompleks yang berdampak pada aspek kesehatan, sosial, dan ekonomi. Upaya rehabilitasi menjadi krusial dalam penanganannya, khususnya melalui pendekatan komunikasi yang efektif dan humanistik. Penelitian ini bertujuan untuk mengeksplorasi peran komunikasi partisipatif dalam metode Motivational Interviewing *(MI) pada proses rehabilitasi penyalahguna narkoba kategori ringan dan sedang di Klinik Pratama BNN Provinsi Kalimantan Selatan. Menggunakan pendekatan kualitatif dengan desain studi kasus, data dikumpulkan melalui wawancara mendalam, observasi partisipatif, dan dokumentasi terhadap enam klien dan satu konselor. Hasil penelitian menunjukkan bahwa komunikasi partisipatif berperan penting dalam membangun hubungan konseling yang setara, empatik, dan inklusif. Klien merasa lebih dihargai, didengar, dan terdorong untuk aktif dalam proses pemulihan. Kendati demikian, masih ditemukan tantangan seperti perbedaan latar belakang sosial-budaya dan sikap pasif klien. Kesimpulannya, komunikasi partisipatif mendukung efektivitas MI dalam meningkatkan motivasi dan keterlibatan klien, serta menjadi strategi penting dalam menciptakan proses rehabilitasi yang lebih manusiawi dan berkelanjutan.*
Kata Kunci: Komunikasi Partisipatif, Motivational Interviewing, Penyalahguna Narkoba

INTRODUCTION

Drug abuse is a complex problem with widespread impacts on health, social, and economic aspects. According to data from the National Narcotics Agency (BNN), the prevalence of drug abuse in South Kalimantan Province in 2019 reached 1.3%, ranking it ninth out of 34 provinces in Indonesia. This condition not only affects individuals' physical and mental health but also increases the potential for family disintegration, crime, and social instability. Therefore, rehabilitation efforts are a crucial aspect in dealing with drug abuse, not only to restore individuals but also to maintain social resilience.[1]

Drug rehabilitation is not sufficient with just a medical or administrative approach, but also requires an effective interpersonal approach.[2] Communication is a central element in this process, particularly participatory communication. In the context of rehabilitation, participatory communication facilitates an equal relationship between counselor and client, where the client becomes not only an object of therapy but also an active participant in the recovery process.

Participatory communication promotes equal dialogue and mutual respect. Freire called this a process of liberation through critical consciousness (conscientization). This approach provides a space for clients to openly voice their experiences and perspectives without feeling judged, which in turn increases their motivation and commitment to change.[3]

According to Freire, participatory communication is a two-way process that aims to create critical dialogue between two equal parties.[4] Singhal and Devi emphasize that participatory communication is not just about conveying a message, but also about creating a safe and inclusive space where people are listened to and respected. In the context of rehabilitation, participatory communication allows clients to feel valued, heard, and involved in the recovery process.[5]

William R. Miller and Stephen Rollnick define Motivational Interviewing (MI) as a counseling approach that aims to foster an individual's internal motivation for change through empathy, addressing resistance, strengthening self-efficacy, and creating dissonance between current and desired conditions. This approach avoids confrontation and prioritizes collaboration. MI is effective in increasing client motivation and reducing relapse rates, primarily because it

[1] Dhiya Nabilah Ramadhan, Budi Muhammad Taftazani, and Nurliana Cipta Apsari, "Family Support Groups as a Form of Family Support for Drug Abusers," Share: Social Work Journal 14, no. 1 (July 27, 2024): 26–37, https://doi.org/10.24198/share.v14i1.52462.

[2] Gaerry Amano Suitrisno, Bahrul Amiq, and Yustino Yustino, "Implementasi Fasilitas Rehabilitasi Medis Bagi Pengguna Narkotika Di BNN Kota Mojokerto," *Perspektif Administrasi Publik Dan Hukum* 2, no. 1 (February 11, 2025): 215–28, https://doi.org/10.62383/perspektif.v2i1.176.

[3] Paulo Freire, Pedagogy of the Oppressed: 50th Anniversary Edition (Bloomsbury Publishing USA, 2018), p. 35-37.

[4] Freire, p. 29.

[5] Arvind Singhal and Kanta Devi, "Visual Voices in Participatory Communication," Communicator XXXVIII, no. 2 (2003): 1–15.

places the client at the center of the change process. This aligns with the principles of participatory communication, which respects the client's autonomy and personal experiences.[6]

According to Bandura, internal factors such as self-efficacy and mental readiness influence client involvement in the rehabilitation process.[7] In addition, Wenqiang Cai and Yijie Wang, showed that family support and counselor competence in communicating greatly influenced the success of rehabilitation.[8]

Rogers emphasized the importance of empathy, unconditional acceptance, and authenticity in building an effective therapeutic relationship. In the context of drug abuse rehabilitation, counselors who are able to build participatory communication will be more effective in facilitating behavior change.[9]

One of the therapy approaches based on participatory communication is Motivational Interviewing (MI), which is a counseling method developed by Miller and Rollnick which aims to explore the client's internal motivation in changing their addictive behavior.[10] MI focuses on empathy, strengthening self-efficacy, and reducing resistance to change. In practice, this method relies not only on the counselor's skill in delivering messages but also heavily on the client's active involvement.

However, the implementation of MI in the field faces various challenges. The author's observations at the South Kalimantan Provincial Narcotics Agency (BNN) in August 2024 revealed that communication between counselors and clients was not fully effective. Clients often displayed passive, manipulative, or insecure behavior. Some clients perceived the rehabilitation process as a form of punishment, not a path to recovery. Meanwhile, counselors faced difficulties in establishing meaningful two-way communication, especially when dealing with clients from different socio-cultural and linguistic backgrounds.

Rehabilitation data from the South Kalimantan National Narcotics Agency (BNN) shows that of 91 outpatient clients in 2021, only 20 recovered. In 2022, of 49 clients, 34 recovered, and in 2023, of 63 clients, 39 recovered. These figures indicate improvement, but also illustrate

[6] William R. Miller, "Motivational Interviewing in Treating Addictions," in Motivational Interviewing in the Treatment of Psychological Problems, 3rd Ed (New York, NY, US: The Guilford Press, 2025), 167–187.

[7] Albert Bandura, Self-Efficacy: The Exercise of Control, Self-Efficacy: The Exercise of Control (New York, NY, US: WH Freeman/Times Books/ Henry Holt & Co, 1997).

[8] Wenqiang Cai and Yijie Wang, "Family Support and Hope among People with Substance Use Disorder in China: A Moderated Mediation Model," International Journal of Environmental Research and Public Health 19, no. 16 (January 2022): 9786, https://doi.org/10.3390/ijerph19169786.

[9] Carl Ransom Rogers, Freedom to Learn for the 80's (Columbus, Ohio: Charles E Merrill Publishing Company, 1983).

[10] William R. Miller and Stephen Rollnick, Motivational Interviewing: Preparing People to Change Addictive Behavior (London: The Guilford Press, 1996).

challenges to the effectiveness of rehabilitation programs, particularly in communication and client engagement.

Several previous studies have demonstrated the effectiveness of MI in increasing motivation and rehabilitation success.[11] However, studies integrating the role of participatory communication in the context of rehabilitation in Indonesia, particularly within the MI model, are still very limited. Therefore, this study seeks to fill this gap by examining in-depth the role of participatory communication in the MI method implemented at the South Kalimantan Provincial National Narcotics Agency's Primary Clinic.

This study aims to explore in depth how participatory communication plays a role in the Motivational Interviewing method in the rehabilitation context at the National Narcotics Agency (BNN) in South Kalimantan Province. By identifying barriers and effective communication strategies, it is hoped that this research will contribute to the development of a more humane, effective, and sustainable rehabilitative communication approach in Indonesia.

RESEARCH METHODS

This research uses a qualitative approach with a case study to gain a deep understanding of the role of participatory communication in the application of Motivational Interviewing (MI) in the treatment of mild and moderate drug abusers at the Pratama Clinic of the National Narcotics Agency (BNN) in South Kalimantan Province. The qualitative approach was chosen because it allows researchers to explore the meaning, perceptions, and dynamics of communication between counselors and clients in depth and context. This approach also fits the characteristics of the phenomenon studied, namely complex interpersonal relationships that cannot be reduced to quantitative figures.[12]

The case study type was chosen because this research focuses on a specific location with a specific situation, namely the South Kalimantan Province National Narcotics Agency (BNN) Primary Clinic. Case studies allow researchers to obtain comprehensive and holistic information regarding the social, cultural, and institutional contexts underlying the interaction between counselors and clients. The research focuses on the communication dynamics that occur during the counseling process using the MI method, including the strategies used by counselors to build dialogic and participatory relationships with clients, as well as the clients' responses and involvement in the process.

This case study research aims to analyze and understand the role of participatory communication in motivational interviewing techniques as part of the rehabilitation strategy for

[11] Miller and Rollnick.
[12] Hanif Hasan et al., *Metode Penelitian Kualitatif* (Yayasan Tri Edukasi Ilmiah, 2025), h. 1-3.

light and moderate drug abusers at the National Narcotics Agency (BNNP) of South Kalimantan Province.

Data collection was conducted through in-depth interviews, participant observation, and documentation. Interviews were conducted with several key informants, including addiction counselors, rehabilitation workers, and clients currently undergoing or having undergone outpatient rehabilitation programs. Direct observations were made during counseling sessions to capture the natural verbal and non-verbal interactions that took place, as well as how the principles of participatory communication and MI were applied. Additionally, documentation of rehabilitation records, annual reports, and training materials were used as additional data sources to strengthen the analysis.

Informants were selected purposively, with the criteria being that they were actively involved in the counseling process or had experience as clients in mild to moderate rehabilitation. This strategy enabled researchers to obtain relevant and in-depth data aligned with the research focus. Data validity was maintained through triangulation of sources and methods, discussions with expert informants, and member checking of findings with informants.

The informants in this study were clients with mild and moderate drug abuse who were undergoing outpatient treatment at the South Kalimantan Province BNN Pratama Clinic. The researchers used 6 people and 1 counselor from the South Kalimantan Province BNN Pratama Clinic. The six informants were divided into two categories: 3 people with mild abuse and 3 others with moderate abuse. They had agreed to become informants by filling out a form that the researchers distributed before the interview. The six informants the researchers used were aged between 15-64 years. Among the informants, there were 2 female informants and 4 male informants. Of the six informants, all were Muslim.

Data analysis was conducted thematically, following the stages of data reduction, data presentation, and conclusion drawing. Researchers identified key themes emerging from interviews and observations and then critically examined them within the theoretical framework of participatory communication and motivational interviewing. This approach is expected to reveal communication patterns that support or hinder the process of behavioral change in clients, as well as strategies that can be developed to increase the effectiveness of humanistic communication-based rehabilitation programs.

RESULTS AND DISCUSSION

Based on the research results in the field, the researcher found 3 main themes, namely the role of participatory communication in the effort to handle drug abusers using the Motivational Interviewing therapy model at the BNN of South Kalimantan Province, obstacles faced in the

implementation of participatory communication when handling drug abusers using the Motivational Interviewing therapy model at the BNN of South Kalimantan Province, and participatory communication strategies that can be optimized in the application of the Motivational Interviewing therapy model to increase the effectiveness of drug abuser rehabilitation at the BNN of South Kalimantan Province. The results of the field research that will be discussed also include two things, namely the characteristics of informants and the results of research data analysis.

Based on the research results onSouth Kalimantan Province National Narcotics Agency Primary Clinic, researchers collect data through non-technical data analysisThis is an analysis based on the experiences that have occurred, starting from formulating and explaining the problem, before entering the field, and continuing until the research results are written. It was discovered from the interviews that the first research question related to the stages of therapeutic communication orientation, namelyThe counselor introduces himself (his identity), then asks for the name and identity (of the patient) to confirm the client's data,Most or the majority of informants answered that it had been carried out at the Pratama clinic of the South Kalimantan Province BNN.

Then Counselors carry out attitudes of smiling, greeting, saluting and being friendly to patientsThis has also been implemented in rehabilitation therapy services for clients during each session. This demonstrates that the counselors on duty at the South Kalimantan BNN Primary Clinic have effectively implemented therapeutic communication, or health communication, with clients.

1. **The Role of Participatory Communication in Handling Drug Abusers Using the Motivational Interviewing Therapy Model at the National Narcotics Agency (BNN) of South Kalimantan Province.**

   The role of Participatory communication in handling drug abusers with the Motivational Interviewing therapy model approach at the BNN Pratama Clinic of South Kalimantan Province is a communication approach for rehabilitation counselors in providing therapy to clients. Effective participatory communication facilitates the client's recovery process, in the context of Motivational Interviewing the client is not positioned as a passive object, but as an active subject who is invited to think, dialogue, and make decisions together with the counselor so that it will accelerate the client's recovery.

   Counselors at the South Kalimantan National Narcotics Agency (BNN) Primary Clinic consistently involve clients in decision-making during communication. This can also reduce resistance and increase adherence to rehabilitation programs. This reinforces the idea that in

Motivational Interviewing, participatory communication is not only an ethical approach but also a strategic one for building relationships and motivation.

Regarding the role of participatory communication in handling effortsabusedrugs with the Motivational Interviewing therapy model at the BNN of South Kalimantan Province, the clients expressed their opinions.

As conveyed by informant 1 who said that "When I first came in, I was afraid of being judged, because people could immediately judge us as drug users" (Annisa - Drug Abuse Client in the Light category, interview April 25, 2025).

From the answer of Mrs. Annisa, a client with mild drug abuse, above, this shows the importance of empathy and non-judgmental acceptance as the foundation of participatory communication. Counselors who actively communicate while listening and showing acceptance help build a sense of security and trust from clients. This is in line with the MI principle of respecting client autonomy and creating a collaborative relationship. The counselor's non-judgmental communication approach is because the counselor understands that deep inside the client there must be feelings of shame and guilt, trauma from social judgment from family, and fear of stigma or being treated harshly.

If the counselor judges the client, it will certainly have an impact on increasing resistance (rejection) from the client, he will close his communication with the counselor and weaken trust and openness, on the other hand, if the counselor does not judge, it will create a safe space where the client feels accepted and appreciated as a human being, more comfortable opening up and more confident in the process of change, because the client feels they still have self-esteem and hope, this is important because the recovery process is closely related to how the client views himself.

In implementing therapy using the Motivational Interviewing model, counselors provide their clients with choices. As informant 2 explained,*"When communicating with the counselor, I was given choices, not told to choose according to the counselor's wishes." (Amilliya - Light Drug Abuse Client, interview, April 25, 2025).*

From the answer of Mrs. Amilliya, a drug abuse client in the mild category, it is known that the role of participatory communication in efforts to treat drug abusers using the Motivational Interviewing therapy model, it was found that the client is no longer positioned as an object of intervention, but rather a subject who has power over himself, this is in line with the principles of Motivational Interviewing which emphasizes autonomy support and evocation, namely awakening motivation from within the client rather than providing it from outside.Client involvement in determining the direction of change demonstrates partnership and empowerment, which are at the heart of participatory communication in Motivational

Interviewing. Clients feel in control of the recovery process, fostering a stronger commitment to change.

During the implementation of therapy, the role of the counselor in participatory communication is very important, the communication that occurs involves the active participation of the client so that two-way communication occurs, this is in accordance with what was conveyed by informant 3 who stated that:

*"Yes, two-way communication is very helpful, I don't feel like*only*"I don't just accept 'orders,' but also talk about my feelings and thoughts. Counselors often respond with phrases like, 'What will happen if you continue like this?' It makes me aware of the consequences of my actions. So, I can find solutions that suit me, not just because I'm told to" (Tri Darmawan, Moderate Drug Abuse Client, interview, April 25, 2025). Informant 6, Mr. Zikri, a moderate drug abuse client, echoed this sentiment (Interview, April 29, 2025).*

From the answers of Mr. Tri Darmawan, Informant 3 and Mr. Zikri, Informant 6, drug abuse clients in the moderate category, it is known that the role of participatory communication in efforts to handle drug abusers using the Motivational Interviewing therapy model is known thatIn the client responses, a key theme emerged that reflected the importance of two-way communication in the counseling process. Clients highlighted how the counselor's approach, which went beyond simply giving orders and allowing space for personal reflection, significantly impacted the client's development of self-awareness. Clients felt that this interaction was more dialogic, allowing them to express their feelings and thoughts. This contrasted with approaches that tended to focus solely on instructions or external solutions.

One example mentioned by a client is a counselor's statement that prompts deep reflection, such as, "What will happen if you continue like this?" This statement, while simple, encourages clients to consider the consequences of their actions rather than simply following instructions mindlessly. It creates awareness of the choices they have and how each action can impact their life.

The second theme that emerged was the importance of awareness of the consequences of actions. Clients felt that such questions made them more aware of the long-term effects of their decisions, allowing them to make more conscious and self-directed decisions. This demonstrates that counseling serves not only as a solution provider but also as a tool to develop clients' abilities to formulate and evaluate their own solutions.

Overall, this analysis suggests that two-way communication in counseling plays a significant role in strengthening clients' self-awareness and understanding of their choices and their consequences. This approach allows clients to feel more empowered and involved in their decision-making process, rather than simply receiving advice or direction. In addition to

implementing two-way communication, counselors must also engage clients in collaboratively seeking solutions to the problems they face. This is consistent with what informant 4 stated:

*"Yes, the communication felt two-way. The counselor often asked for my opinion, encouraging me to think about why I wanted to change. So, I felt in control of my decision to change."(Wahyudi - Client*Abuser*Medium category drugs, interview, April 28, 2025).*

From Mr. Wahyudi's answer, a drug abuse client in the moderate category, it is known that the role of participatory communication in efforts to treat drug abusers using the Motivational therapy model.InterviewingIt's been found that clients emphasize a sense of control in their change process. Clients feel that counselors aren't simply giving instructions or directing them to stop doing something, but rather exploring the reasons behind their behavior. A sentence like, "What do you think is making it difficult for you to stop?" is a crucial moment that opens the client's perspective. This question doesn't simply lead to commands or pressure to change, but rather encourages clients to understand their own internal motivations.

This creates a sense of ownership over the decision to change, which strengthens the client's commitment to that change. Clients feel that they are not simply following the counselor's directions but are actively participating in their own change process. Another insight from the client's responses is that the client describes the counseling interaction as two-way and collaborative. The counselor doesn't just talk or give directions, but actively listens and invites the client to participate in the conversation.

By asking clients for their opinions and asking for the reasons behind their actions or behaviors, counselors create an open dialogue that invites clients to dig deeper into their understanding of themselves.ThisNot only does it make clients feel valued, but it also increases their self-awareness. Clients feel engaged in the reflection process, which allows them to explore more about themselves and the reasons behind certain habits or behaviors they want to change.

Clients who abuse drugs usually experience decreased motivation, feel guilty, useless, so there is a need for a therapist.counselorraising the client's enthusiasm or motivation, in an interview session with the client as informant 5, the person concerned stated that the counselor often motivated him as stated in the following statement:

"There definitely is. When I told her about my difficulties in breaking old habits, the counselor didn't just force me to do it, but kept motivating me. This opened my mind and made me feel more ready to change."(Wawan–Light category drug abuse client, interview, April 29, 2025).

From Mr. Wawan's answer, the client is a drug abuser with the categorylightIt is known that the role of participatory communication in the treatment of drug abusers using the

Motivational Interviewing therapy model is known. Clients describe how the counselor's response, which does not immediately blame or judge, creates an atmosphere of safety and acceptance. When the counselor says, "I can see how hard you are struggling," it is an important form of emotional acceptance. This statement shows that the client's efforts and struggles are recognized, even if they have not yet produced perfect results.

Rather than shaming or demanding drastic changes, counselors demonstrate empathy, build trust and a sense of being valued. This strengthens the therapeutic relationship and makes the client feel less alone in the change process. The use of a stepwise approach to behavioral change is also evident. When the counselor asks, "What can we do to start small?", she emphasizes the importance of starting with simple, realistic steps. This provides a catalyst for thinking for the client, who may previously have felt overwhelmed by the magnitude of the change. With this approach, the client feels that change is possible and achievable, even if it begins slowly. This strategy not only reduces stress but also increases the client's readiness and motivation to try again, creating a sense of hope and empowerment.

Meanwhile, according to Fifi Counselor The South Kalimantan BNNP Primary Clinic is tasked with carrying out assessmentstoDrug abuse clients in interviews revealed that:“In the context of Motivational Interviewing (MI), a participatory communication approach is very important, especially in dealing with drug abusers, and also in dealing with ambivalence and exploring and acknowledging the client's feelings and experiences.” (Fifi - Counselor*South Kalimantan BNNP Primary Clinic, interview, April 29, 2025).*

From Mrs. Fifi's answer, it is known that the role of participatory communication in efforts to handle drug abusers using the Motivational therapy modelInterviewingnoted thatParticipatory communication in Motivational Interviewing makes a significant contribution to helping clients trapped in ambivalence and guiding them to take more positive steps in the rehabilitation process. By creating a supportive space for clients to discuss their internal conflicts, explore their feelings, and formulate their own solutions, this approach reduces the anxiety or fear that often hinders the process of change. In this context, participatory communication is not simply about conveying information or providing direction, but rather about creating a collaborative process that prioritizes client understanding and empowerment.

Based on interviews, observations, and documentation at the South Kalimantan National Narcotics Agency (BNN) Primary Clinic, it can be concluded that participatory communication plays a crucial role in the recovery process for drug abusers, particularly for clients with mild and moderate levels of abuse. The Motivational Interviewing therapy model implemented at this clinic is based on the principles of active engagement between counselors and clients, emphasizing collaborative and empathetic dialogue rather than one-way

communication.

In the counseling process, participatory communication is evident from the very first session, when the counselor begins to build a rapport with the client. Counselors who have received training in various therapy methods, including Motivational Interviewing, demonstrate a deep understanding of the importance of an empathetic approach. Counselors avoid asking difficult or judgmental questions immediately, but instead strive to create a safe and open space for clients to express themselves. This demonstrates that clients are positioned not as objects of therapy, but as active subjects with a significant role in decision-making throughout the recovery process.

One of the counselors, Ms. Fifi (interview, April 29, 2025), stated that in every dialogue, she always strives to explore clients' problems in depth and involve them in every decision-making process. This approach fosters a trusting relationship that fosters emotional engagement and commitment to the rehabilitation process.

Conversely, if communication is one-way and judgmental from the start, clients are likely to withdraw, become reluctant to talk, and feel uncomfortable during therapy sessions. This will undoubtedly negatively impact the recovery process by increasing resistance to change.

The application of participatory communication also emphasizes the counselor's strong verbal and nonverbal communication skills. Verbal communication includes the use of open-ended questions, positive affirmations, reflective listening, and the ability to summarize in a way that demonstrates understanding of the client's condition (OARS strategy). Counselors are also encouraged to avoid manipulative communication and must be able to convey genuine empathy, as stated in the research results of Sukarelawati et al. (2024) that the presence of a counselor who truly cares and actively listens can foster closeness and empathy in the therapeutic relationship.

On the other hand, nonverbal communication also strengthens engagement in therapy. For example, through warm but non-intimidating eye contact, a level and open sitting position, and body movements such as nodding and facial expressions that convey interest and attention. All of these elements aim to create a comfortable atmosphere for clients so they are willing to be open and honest during the counseling process.

One client, Mr. Wawan (interview, April 29, 2025), said he didn't feel judged during therapy sessions because his counselor was so enthusiastic and kind. This demonstrates the importance of communication that focuses not only on the content of the message but also on how it is delivered, building trust and acceptance.

Popo Research[13] also emphasized that the success of therapeutic communication depends on a relationship of mutual trust between both parties. Without trust, open and effective communication cannot occur.

Participatory communication also encourages clients to recognize their own role in the recovery process. Mr. Zikri (interview, April 29, 2025) stated that he began to understand that the success of therapy depends heavily on his own decisions and efforts. This statement indicates that participatory communication can build self-awareness and strengthen clients' intrinsic motivation to change.

Thus, it can be concluded that participatory communication plays a fundamental role in the implementation of Motivational Interviewing therapy at the South Kalimantan National Narcotics Agency (BNN) Primary Clinic. The success of client rehabilitation is largely determined by the counselor's communication skills, which not only convey information but also create a collaborative, empathetic atmosphere and build trust. The combination of effective verbal and nonverbal communication allows for dialogue that encourages voluntary behavior change within the client, rather than through external pressure.

2. Obstacles in the Implementation of Participatory Communication in Motivational Interviewing Therapy at the National Narcotics Agency (BNN) of South Kalimantan Province

Implementing participatory communication in Motivational Interviewing (MI) therapy doesn't always run smoothly. Several obstacles can disrupt the effectiveness of the interaction between counselor and client, including understanding the message, the client's psychological state, and the communication dynamics themselves.

One of the main obstacles is clients' lack of understanding of the information provided. This is reflected in Informant 1's statement:

"I sometimes don't understand the conversations the counselor is having." (Annisa – Mild category client, interview, April 25, 2025)

Counselors sometimes inadvertently use technical or psychological terms that clients find difficult to understand, which can lead to confusion. This obstacle is reinforced by Informant 2's statement:

"Sometimes I forget what was said because the staff speaks too fast." (Amelliya – Mild category client, interview, April 25, 2025)

[13] Popo Subroto ,(2022). Peran Bahasa Dalam Model komunikasi pelayanan Rumah Sakit Pada Masyarakat Multi Etnis, Studi Fenomenologi RSUD dr, H. Soemarmo Sosroatmojo Kuala Kapuas.

A client's inability to absorb information can also be caused by cognitive factors such as difficulty concentrating, stress, or the side effects of substance use. These conditions hinder optimal message reception.

Another psychological aspect that hinders communication is anxiety or distrust of the counselor. As Informant 3 put it: "I'm confused about what to say." (Tri Darmawan – Mild category client, interview, April 25, 2025)

This statement indicates the client's unpreparedness to disclose verbally, likely at the pre-contemplation stage of the trans-theoretical model of behavior change (Prochaska & DiClemente). This barrier can be gradually overcome through an empathetic, client-focused MI approach.

Nonverbal communication also plays a crucial role in building a therapeutic connection. Informant 4 stated, "I found the staff friendly and patient enough to wait for me, even though my moods were sometimes up and down." (Wahyudi – Mild category client, interview, April 28, 2025)

This statement demonstrates that the counselor's patience and empathy create a safe communication environment, allowing the client to open up and feel valued. This is a crucial element of effective therapeutic communication.

Meanwhile, clear communication from the counselor is a crucial factor in facilitating therapy. This is evident in Informant 5's statement: "The communication delivered by the counselor during therapy was quite clear and not difficult." (Wawan – Mild category client, interview, April 29, 2025)

Clear communication includes conveying information in simple, easy-to-understand language and a systematic dialogue structure. This encourages active client involvement and reduces the likelihood of miscommunication.

However, ambivalence remains a challenge. As Informant 6 expressed it: "I've had six sessions of therapy, but why do I still feel like I want to use?" (Zikri – Moderate Client, interview, April 29, 2025)

Ambivalence is a common symptom in the early stages of recovery, where clients experience conflict between the desire to change and the urge to return to using. This situation emphasizes the need for consistency in the MI approach to help clients gradually overcome internal doubts.

From the counselor's perspective, communication barriers also often arise due to variations in client responses. Informant 7 stated: "In carrying out therapy with clients, the obstacles I usually encounter are: some clients talk a lot, while others simply nod their heads, and when asked if they understand, they answer 'understand.'" (Fifi – Primary Clinical

Counselor, BNNP South Kalimantan, interview, April 29, 2025)

This situation demonstrates two extreme forms of communication barriers: a client who is overly dominant and talks without direction, and a client who is passive and responds minimally. Both conditions make it difficult for counselors to effectively explore motivation for change and require a flexible and adaptive communication approach.

Overall, barriers to participatory communication during MI therapy at the South Kalimantan Provincial Narcotics Agency (BNN) can stem from internal client factors (cognitive, emotional, motivational), the counselor's communication style, and suboptimal two-way interaction dynamics. Identifying and addressing these barriers is key to long-term therapy success.

Communication barriers are a common challenge in the counseling process, including Motivational Interviewing (MI) therapy sessions. These barriers occur when the message conveyed by the communicator (in this case, the counselor) is not received or fully understood by the recipient (client). This can lead to misunderstandings and resistance in the therapy process. Alfi stated that technical barriers in communication are anything that distorts the message and prevents the recipient from fully understanding it.[14]

Based on the results of interviews, observations, and documentation at the BNN Pratama Clinic, South Kalimantan Province, several forms of obstacles were found in the implementation of participatory communication, including:

a. Power Imbalance

The imbalance of roles between counselors and clients is a major obstacle to building participatory communication. Counselors are often viewed as authoritative figures who "know everything," while clients feel like objects of therapy. As a result, clients become passive and reluctant to actively engage in the dialogue process. Freire, in Pedagogy of the Oppressed, calls this form of communication "banking communication," where true participation is prevented because clients are merely recipients of information without any room for dialogue.[15]

b. Lack of Communication Skills from Clients

Many clients are not accustomed to expressing their feelings openly or lack assertive communication skills. They tend to withdraw, answer only what is necessary, or even withhold important information. This makes it difficult for counselors to explore the client's issues. Kalantarkousheh et al., in their research, concluded that communication skills

[14] Imam Alfi and Dedi Riyadin Saputro, "Hambatan Komunikasi Pendamping Sosial," *Al-Balagh : Jurnal Dakwah Dan Komunikasi* 3, no. 2 (2018): 193–210, https://doi.org/10.22515/balagh.v3i2.1397.

[15] Freire, Pedagogy of the Oppressed, p. 71.

training, including listening skills, emotional expression, and conflict management, can help reduce the tendency toward addiction in adolescents.[16]

c. Ambivalence

Ambivalence is a state where a client is torn between two conflicting desires: wanting to stop using drugs but still emotionally attached to the effects of the substance. The client is aware of the negative impacts, yet simultaneously fears losing the escape or comfort provided by drugs. Prochaska & DiClemente, in their Transtheoretical Model of Change, state that ambivalence is normal at every stage of change. However, if not managed properly, this condition can slow down therapeutic progress.[17]

d. Lack of Self-Confidence

The client's lack of confidence in the therapy process can be caused by various factors:

1) Previous Relapse ExperienceClients who have experienced failure often feel ashamed, guilty, or hopeless. They tend to withdraw and are reluctant to speak openly. Feelings that previous therapy was ineffective can raise doubts about the effectiveness of MI methods and the counselor's abilities.
2) Low Self-Esteemnamely, a negative self-image can be formed from life experiences full of criticism and rejection, thus inhibiting clients from expressing themselves in a healthy way.
3) Fear of Being Judged or RejectedMany clients feel emotionally insecure and are reluctant to discuss sensitive issues such as past use, family conflicts, or legal issues. They fear being judged, even by their counselor.
4) Emotional or Mental Disorders, In Theodore Millon's view, certain personality disorders can hinder open communication because clients experience interpersonal fears, excessive suspicion, or social discomfort.
5) Closed Communication Patterns of the PastClients raised in authoritarian or repressive environments tend to bring passive communication patterns into therapy sessions. They view counseling as an activity of receiving advice, rather than a collaborative process.

[16] Seyed Mohammad Kalantarkousheh et al., "Effectiveness of Communication Skills in Decreasing Addiction Tendencies among Male Students from Cities within Tehran Province," European Journal of Experimental Biology 4, no. 1st (nd): 0–0.

[17] James O. Prochaska, John Norcross, and Carlo DiClemente, Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward (New York: Quill, 2007), p. 1.

6) Lack of Understanding of the Client's Role in MI TherapySome clients don't understand that they have an active role in the therapy process. They assume therapy is solely conducted by the counselor, when in fact, the success of MI rests on the client's active involvement.

Research at the South Kalimantan National Narcotics Agency's Primary Clinic revealed that these obstacles have been addressed through various solutions. One such solution is ongoing training provided to counselors by the Rehabilitation Division of the South Kalimantan National Narcotics Agency. This training aims to improve counselors' communication skills, both verbal and nonverbal, and strengthen their understanding of the basic principles of Motivational Interviewing, including the OARS (Open Questions, Affirmations, Reflective Listening, and Summarizing) technique.

Through regular training and supervision, counselors are expected to develop genuine empathy, foster client trust, and create an inclusive and participatory therapy environment. This approach has been proven to help overcome communication barriers and support clients' recovery, particularly those with mild and moderate symptoms.

3. Participatory communication strategies that can be optimized in the application of the Motivational Interviewing therapy model to increase the effectiveness of drug abuse rehabilitation at the BNN of South Kalimantan Province.

Optimizing participatory communication strategies in Motivational Interviewing (MI) therapy is a crucial step in increasing the effectiveness of drug abuse rehabilitation. The participatory approach in MI emphasizes two-way collaboration between counselor and client, rather than a one-way, instructional relationship. Key strategies that can be implemented include: building trust, active listening, encouraging client involvement in decision-making, creating a stigma-free environment, and engaging family or community support.

One way to implement a participatory strategy is to provide space for clients to share their experiences and opinions openly without fear of judgment. Informant 1 stated:

"I think I can quit if I'm separated from my old friends." (Mrs. Annisa, mild category client, interview, April 24, 2025). Informant 2 expressed a similar sentiment. This statement reflects the client's beginning to build self-efficacy and recognition of the importance of a supportive environment for behavior change. This confidence can be strengthened through communication strategies that provide space for reflection and foster a sense of control over life choices.

Furthermore, the emergence of an internal awareness of the need to change is a key indicator of the effectiveness of the participatory approach. "If I continue like this, I might lose

everything. I have to change and stop using drugs," said Informant 3 (Mr. Tri Darmawan, a light-sufficient client, interview, April 25, 2025), a sentiment echoed by Informant 4 (Mr. Wahyudi). This demonstrates that an empathetic and open communication strategy has successfully fostered intrinsic motivation—a fundamental aspect of the rehabilitation process.

Another important aspect is creating a safe space for clients to feel valued and not blamed. Informant 5 stated, "The counselor was very kind. I was never blamed in any of the discussions. She was very enthusiastic about listening to what I had to say." (Mr. Wawan, mild category client, interview, April 29, 2025). The counselor's empathetic attitude plays a major role in building a healthy and sustainable therapeutic relationship, as well as strengthening the client's openness during therapy sessions.

Furthermore, participatory communication strategies also include giving clients autonomy in determining the direction of change. "The staff said the ultimate goal of this therapy depends on me, and then I thought to myself that the success or failure of the therapy process would be up to me," said Informant 6 (Mr. Zikri, moderate client, interview, April 29, 2025). This statement demonstrates that the client has begun to internalize responsibility for his or her own recovery, a crucial milestone in the collaborative MI therapy process.

From the counselor's perspective, seeking information and actively involving clients in every decision-making process is also an integral part of a participatory communication strategy. As Informant 7 stated, "In every dialogue, as a counselor, I always explore the client's problems and involve them in every decision-making process." (Mrs. Fifi, Primary Clinical Counselor at the South Kalimantan National Narcotics Agency, interview, April 29, 2025). This approach strengthens client engagement and builds a more egalitarian and reflective therapeutic relationship.

Thus, participatory communication strategies that can be optimized in MI therapy include several key aspects: (1) creating an equal and empathetic relationship, (2) strengthening self-efficacy, (3) providing a reflective and safe space, (4) providing autonomy in decision-making to clients, and (5) active involvement of counselors in exploring the client's psychosocial condition. Optimizing this strategy is expected to increase the effectiveness of the rehabilitation process and strengthen the client's readiness to make sustainable changes.

In the rehabilitation efforts for drug abusers, particularly at the South Kalimantan National Narcotics Agency (BNN) Primary Clinic, strengthening participatory communication strategies is key to the success of the therapy process. Dialogic and collaborative communication approaches play a role not only in conveying information but also in building self-awareness, personal responsibility, and internal motivation in clients.

One fundamental aspect that needs to be strengthened through participatory communication is self-efficacy, namely an individual's belief in their ability to overcome challenges, including quitting drug addiction. DiClemente and Velasquez state that self-efficacy is a crucial element in all stages of addictive behavior change.[18] The client's confidence to resist temptation and manage risk situations is largely determined by the communicative support he or she receives in the therapy process.

According to Moyers et al., the more often clients express their personal reasons and hopes for change, the greater the likelihood that change will actually occur.[19] Therefore, participatory communication strategies in Motivational Interviewing therapy need to be focused on exploring intrinsic motivation that comes from within the client.

The following are several Participatory Communication Strategies that can be optimized, namely:

a. Empathetic Approach and Strengthening Therapeutic Relationships

Empathetic communication in the context of Motivational Interviewing is not simply about being sympathetic, but also involves the ability to actively understand the client's perspective and reflect it back verbally. This approach creates a sense of security and respect for the client, which lays the foundation for a mutually beneficial therapeutic relationship. Miller and Rollnick emphasize the importance of collaborative, empathetic counseling and respect for client autonomy to support the change process.[20]

b. Reflective Approach and Active Listening

Counselors use reflective techniques to demonstrate understanding of what clients convey and facilitate deeper exploration of their personal values and hopes. These strategies help clients build self-awareness without feeling judged.

c. Empowerment Through Open Questions

By using open-ended questions, counselors encourage clients to explore their personal reasons for change and to take responsibility for their own decisions and actions. This strengthens the client's position as an active agent in the rehabilitation process.

[18] William R. Miller and Stephen Rollnick, Motivational Interviewing: Preparing People for Change, 2nd ed (New York: Guilford Press, 2002), P. 201-216.

[19] Theresa B. Moyers et al., "Client Language as a Mediator of Motivational Interviewing Efficacy: Where Is the Evidence?," Alcoholism, Clinical and Experimental Research 31, no. 10 Suppl (October 2007): 40s–47s, https://doi.org/10.1111/j.1530-0277.2007.00492.x.

[20] Miller and Rollnick, Motivational Interviewing, 2002.

d. Building Dissonance

Counselors guide communication so that clients recognize the inconsistency between personal values or aspirations and their drug use behavior. This dissonance is expected to spark a desire to make voluntary changes.

e. Encouragement of Personal Responsibility

Therapy doesn't focus on forcing change from outside, but rather on encouraging clients to recognize that change comes from within. This strategy gives clients control and meaning over the decisions they make in their recovery process.

Based on interviews, observations, and field documentation, it was found that the application of participatory communication in Motivational Interviewing has significantly contributed to the effectiveness of client rehabilitation at the South Kalimantan National Narcotics Agency (BNN) Primary Clinic. Participatory communication serves as the backbone of the Motivational Interviewing model, as its essence is to explore the client's inner motivation through empathetic and collaborative dialogue.

Participatory communication allows for the formation of a strong therapeutic alliance and an equal relationship between counselor and client, free from judgment. It also creates space for clients to be more open, honest, and take ownership of their own change process. As Miller and Rollnick emphasize, motivational interviewing will not be effective without participatory communication, as motivation to change only arises when individuals feel valued and involved.

As a result of this overall research, the researcher proposes the use of King's Interactional Communication Model, introduced by Imogene M. King in 1971, as a relevant conceptual framework for application in the rehabilitation of drug abusers. This model emphasizes the importance of communication as part of a dynamic interaction between health professionals and clients, with the shared goal of achieving positive change.[21]

King's model states that successful rehabilitation depends heavily on effective communication and agreement between the counselor and client regarding therapy goals. In this context, the counselor's role is to help the client build self-awareness, strengthen self-confidence, and find meaning in recovery through empathetic interactions.

The two-way interaction in this model also allows counselors to continuously evaluate therapy progress, adjust their approach, and provide positive feedback that reinforces behavioral changes. This principle aligns with strengthening self-efficacy, the client's ability to control their own life. Therefore, King's Interactional Communication Model is highly

[21] Imogene M. King, Toward a Theory for Nursing: General Concepts of Human Behavior (Wiley, 1971), p. 4.

applicable and useful as a guide for participatory communication strategies in drug abuse rehabilitation programs.

CONCLUSION

Based on the results of previous research and discussion, it can be concluded that:

1. Participatory communication plays a central role in the implementation of Motivational Interviewing therapy in the treatment of drug abusers at the South Kalimantan National Narcotics Agency (BNN) Primary Clinic. Its implementation has been quite successful and is perceived as beneficial by the majority of clients and their families, primarily because counselors are able to position clients as active participants in the change process.
2. Participatory communication creates a safe, open, and non-judgmental space, allowing clients to feel valued, heard, and in control of their recovery process. This supports the basic principles of Motivational Interviewing, such as empathy, strengthening internal motivation, managing ambivalence, and enhancing self-efficacy, ultimately contributing to increased client confidence and openness in sharing personal triggers and obstacles. However, some obstacles remain, particularly process barriers resulting from clients' limited ability to express their feelings, low self-confidence due to relapse experiences, and resistance to the communication process.
3. Participatory communication strategies need to be optimized through an empathetic, reflective approach, client empowerment, and the strengthening of a safe and equal therapeutic relationship. Efforts to encourage personal responsibility and increased self-efficacy are essential foundations for supporting change that originates from within the client, rather than from external pressure.

BIBLIOGRAPHY

Alfi, Imam, and Dedi Riyadin Saputro. "Hambatan Komunikasi Pendamping Sosial." *Al-Balagh : Jurnal Dakwah Dan Komunikasi* 3, no. 2 (2018): 193–210. https://doi.org/10.22515/balagh.v3i2.1397.

Bandura, Albert. *Self-Efficacy: The Exercise of Control*. Self-Efficacy: The Exercise of Control. New York, NY, US: W H Freeman/Times Books/ Henry Holt & Co, 1997.

Cai, Wenqiang, and Yijie Wang. "Family Support and Hope among People with Substance Use Disorder in China: A Moderated Mediation Model." *International Journal of Environmental Research and Public Health* 19, no. 16 (January 2022): 9786. https://doi.org/10.3390/ijerph19169786.

Freire, Paulo. *Pedagogy of the Oppressed: 50th Anniversary Edition*. Bloomsbury Publishing USA, 2018.

Hasan, Hanif, M. Ansyar Bora, Dini Afriani, Listya Endang Artiani, Ratna Puspitasari, Anggi Susilawati, Putri Maha Dewi, et al. *Metode Penelitian Kualitatif*. Yayasan Tri Edukasi Ilmiah, 2025.

Kalantarkousheh, Seyed Mohammad, Maryam Rasouli, Robabeh Abolfathi, and Neda Nouri. "Effectiveness of Communication Skills in Decreasing Addiction Tendencies among Male Students from Cities within Tehran Province." *European Journal of Experimental Biology* 4, no. 1 (n.d.): 0–0.

King, Imogene M. *Toward a Theory for Nursing: General Concepts of Human Behavior*. Wiley, 1971.

Miller, William R. "Motivational Interviewing in Treating Addictions." In *Motivational Interviewing in the Treatment of Psychological Problems, 3rd Ed*, 167–87. New York, NY, US: The Guilford Press, 2025.

Miller, William R., and Stephen Rollnick. *Motivational Interviewing: Preparing People for Change*. 2nd ed. New York: Guilford Press, 2002.

———. *Motivational Interviewing: Preparing People to Change Addictive Behavior*. London: The Guilford Press, 1996.

Moyers, Theresa B., Tim Martin, Paulette J. Christopher, Jon M. Houck, J. Scott Tonigan, and Paul C. Amrhein. "Client Language as a Mediator of Motivational Interviewing Efficacy: Where Is the Evidence?" *Alcoholism, Clinical and Experimental Research* 31, no. 10 Suppl (October 2007): 40s–47s. https://doi.org/10.1111/j.1530-0277.2007.00492.x.

Prochaska, James O., John Norcross, and Carlo DiClemente. *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Quill, 2007.

Ramadhan, Dhiya Nabilah, Budi Muhammad Taftazani, and Nurliana Cipta Apsari. "Family Support Group Sebagai Bentuk Dukungan Keluarga Bagi Penyalahguna Narkoba." *Share : Social Work Journal* 14, no. 1 (July 27, 2024): 26–37. https://doi.org/10.24198/share.v14i1.52462.

Rogers, Carl Ransom. *Freedom to Learn for the 80's*. Columbus, Ohio: Charles E Merrill Publishing Company, 1983.

Singhal, Arvind, and Kanta Devi. "Visual Voices in Participatory Communication." *Communicator* XXXVIII, no. 2 (2003): 1–15.

Suitrisno, Gaerry Amano, Bahrul Amiq, and Yustino Yustino. "Implementasi Fasilitas Rehabilitasi Medis Bagi Pengguna Narkotika Di BNN Kota Mojokerto." *Perspektif Administrasi Publik Dan Hukum* 2, no. 1 (February 11, 2025): 215–28. https://doi.org/10.62383/perspektif.v2i1.176.