THE INFLUENCE OF THE DEVELOPMENT OF MOTIVATIONAL INTERVIEWING TECHNIQUES WITH ASSERTIVE TRAINING ON CLIENTS' ASSERTIVE BEHAVIOR AT THE SEKAR MAWAR FOUNDATION

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Abstract				

The technique of Motivational Interviewing with Assertive Training is a collaboration between Motivational Interviewing and Assertive Training techniques. The main goal of this research is to assess the impact of applying Motivational Interviewing Assertive techniques on drug abuse victims who exhibit less assertive behavior, and to evaluate the effectiveness of this intervention in enhancing more assertive behavior. Assertive behavior refers to empowering individuals to freely exercise personal autonomy, assert themselves without experiencing anxiety, express emotions honestly and comfortably, or use rights without violating the rights of others. The target behaviors to be changed from the research subjects are difficulty expressing feelings, inability to refuse, and inability to communicate honestly. The research method used in this study is qualitative with an experimental model. This study uses a single-subject design (SSD) consisting of three phases: Phase A1 (baseline), Phase B (intervention), and Phase A2 (post-intervention). The subjects in this study are two residents at the Sekar Mawar Foundation who exhibit less assertive behavior, do not have dual diagnoses, and are undergoing inpatient rehabilitation. Based on the assessment results of the baseline phase A1, both subjects showed scores indicating less assertive behavior. The scores of both subjects in the baseline phase A2 that occurred after the intervention indicate moderately assertive behavior. The findings of this research indicate that the application of Motivational Interviewing and Assertive Training techniques serves as a reference in addressing less assertive behavior issues in social work practice with substance abuse.

	Keywords:		
Resident, Social Rehabilitation,	, Motivational Inter	view, Assertive	Training

INTRODUCTION

The development of drug distribution and abuse in the world is very rapid, including in Indonesia. The distribution of drugs in Indonesia has now spread to remote rural areas and sacrificed the lives of millions of the nation's children. Drug distribution is also carried out to all levels of Indonesian society, including adults, teenagers, and even underage clients. The number of drug users in this country has increased, according to a study conducted in 2021 by BNN (National Narcotics Agency), BRIN (National Research and Innovation Agency), and **BPS** (Central Statistics Agency). The percentage of drug users increased from 1.80% in 2019 to 3,419,188 in 2021, or 1.95% to 3,662,646. The increase in prevalence in 2021 is 0.15% compared to the prevalence in 2019. Adolescents are an age that is very vulnerable to being affected by drug abuse. Adolescence is synonymous with the process of searching for identity, a period of transition, and unstable emotions which often make teenagers more easily influenced by their environment. As a result, currently, many teenagers have the behavior of being carried away by friends' invitations because they are not yet able to be assertive. Sociocultural factors according to (Keliat & Setiyani, 2020) socio-structural factors that greatly influence relapse or relapse in drug abuse victims and are the influence of negative peers, especially from the surrounding environment. According to (Appiah et al, 2017; Whitesell et al, 2013), drug abuse victims who rejoin organizations whose members use drugs will find it more difficult to maintain a drugfree environment and will feel more popular within the group if they use drugs. This is because they do not have assertive behavior. Victims of drug abuse are unable to say no when invited or forced to use drugs again

because they want to fit in and be respected by their group.

This research was previously carried out based on the results of a psychosocial practicum, the researcher carried out field practice by taking the subject, namely a man with the initials A. Client A was a beneficiary who had less assertive behavior. It is known that based on the results of the assessment, the client has a history of undergoing rehab 6 times in several rehabilitation centers, this is because he cannot behave assertively when he returns to his home environment, he finds it difficult to refuse his friend's invitation to use drugs so that when he returns to his home environment it is certain he will return to using drugs.

Based on the problems during the practicum, Assertive Training therapy was used to increase client A's assertive behavior. In various cases, assertive behavior plays an important role in daily life, especially for teenagers. By having high assertive behavior, a teenager can get his rights in a balanced way, apart from that, assertive behavior has a role as a behavioral filter so that he does not fall into negative things that harm him, one of which is the abuse of illegal drugs or narcotics.

In implementing the rehabilitation program, the Sekar Mawar Foundation uses the Therapeutic Community (TC) by implementing psychosocial therapy, one type of psychosocial therapy provided is Motivational Interviewing (MI). One of the aims of providing Motivational Interviewing is to foster intrinsic motivation in residents at the Sekar Mawar Foundation. Based on the results of interviews with counselors, staff, and project management as well as the results of literature studies carried out, the implementation of Motivational Intelligence at the Seikar Mawar Foundation is felt to have advantages, including MI which is carried out only targeting the client's intrinsic motivation so that it does not create problems

outside of the client and the client relationship. with their environment, apart from that, there are still many clients whose motivation continues to decline during the rehabilitation process or as a result of returning to the environment so that there are still victims of drug abuse who relapse and return to the rehabilitation center. In the interview results, most of the residents experienced relapse because they lacked adaptive behavior which resulted in them being easily led by their friends into using drugs again. Based on this, it is felt that there is a need for a special mode of Motivational Intelligence that can help to foster constructive constructive behavior.

The technology in this research uses a combination of cognitive analysis and behavioral analysis with engineering techniques, Motivational Intelligence, and Asseirtivei Training. Training is carried out to address the problem of lack of assertive behavior experienced by victims of drug abuse so that the recovery process can run optimally. Based on the background of the problem, the application of Asseirtivei Training techniques is very suitable in handling and fostering assertive behavior in victims of drug abuse.

Based on the description above, the research is interested in determining the influence of implementing Motivational Intelligence with Assertive Training in handling clients' less assertive behavior at the Seikar Mawar Foundation. This research aims to find out whether the implementation of Motivational Interviewing with Assertive Training can help foster active constructive behavior at the Sekar Mawar Foundation.

METHOD

This research uses a quantitative approach to its investigation. The experimental model was used in this research. Single Subject Design (SSD) is the research

design used. Motivational interviewing treatment was used in this study along with assertiveness training. The three target behaviors in this research are expressing feelings, refusing invitations, and being honest in communicating. The participants in this research were residents at the Sekar Mawar Foundation who had less assertive behavior.

Six people constituted the population of this study. Purposive sampling, or sampling based on research objectives, is the sampling method used. Two residents who met the specified requirements became research subjects.

Data collection techniques in this research are direct observation, interviews, documentation studies. and observation was carried out by researchers assisted by an Addiction counselor by recording the dependent variable when the event or target behavior occurred, the behavior was resident's observed and recorded using event recording, and observations were carried out during the baseline (A1), Intervention (B1) and baseline A2 phases.

Counselors and research subjects participated in interviews to learn more about the research subject's use history, behavioral patterns, and history of substance use problems. Documentation study is the final data collection method used. Documents from the Sekar Mawar Foundation and other written materials related to the rehabilitation process, assertive behavior, relapse, and drug abuse problems were examined as part of the documentation study.

Data analysis in this research uses visual analysis, the resulting data can then be analyzed within conditions and between conditions. Analysis within conditions is carried out by analyzing changes in data within the same condition. Meanwhile, analysis between conditions was carried out by comparing the baseline and intervention conditions.

RESEARCH RESULT RD Subject Observation Results

A. Express Feeling Bahaviour

The following table shows the results of observing the behavior of expressing feelings of RD subjects

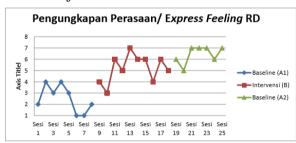


Figure 1. Data from measurement results from observations of RD subjects, starting from baseline (A1), intervention (B), and baseline (A2) conditions, are displayed in the graph above. The graph shows an increase in the behavior of expressing feelings of RD clients.

Table 1. Analysis in Conditions of Express Feeling RD Behavior The results of the research regarding RD's emotional disclosure

Tabel 4. 14 Hasil Analisis dalam kondisi pada pengukuran perilaku Pengungkapan Perasaan/ Express Feeling RD

No	Kondisi	A1	B1	A2
1.	Panjang Kondisi	8	10	7
2.	Estimasi Kecenderungan Arah	(+)	(+)	(+)
3.	Estimasi Kecenderungan Stabilitas	50% Variabel	70% Variabel	85% Stabil
4.	Kecenderungan Jejak	(+)	(+)	(+)
5.	Level Stabilitas dan Rentang	Stabil 2-3	Stabil 6 – 5	Stabil 7 - 6
6.	Level Perubahan	3 – 2 (+1) Membaik	6-5 (+1) Membaik	7-6 (+1) Membaik

Behavior are shown in Table 1. The baseline (A1), intervention (B1), and baseline (A2) phases of the three observation phases that have been completed show an increase in

RD's emotional disclosure, in accordance with the results of the analysis in the conditions.

Table 2. Inter-Condition Analysis of RD's feelings-disclosure behavior

No	Kondisi yang Dibandingkan	A1/B1	B1/A2
1.	Jumlah Variabel yang diubah	1	1
2.	Perubahan Kecenderungan Arah dan Efeknya	(+) (+) Positif	(+) (+)
3.	Perubahan Kecenderungan Stabilitas	Variabel ke Variabel	Variabel ke Stabil
4.	Perubahan Level	(4 – 2) (+2)	(6 – 5) (+1)
5.	Presentase Overlap	30%	70%

B. Confident Behavior to Refuse

The following table shows the results of observations of confident behavior in rejecting RD subjects



Data from measurement results from observations of RD subjects, starting from baseline (A1), intervention (B), and baseline (A2) conditions, are displayed in the graph above. The graph shows an increase in confident behavior to reject RD clients.

Table 3. Under-Condition Analysis of confident behavior to reject RD

Tabel 4. 15 Hasil Analisis dalam kondisi pada pengukuran Perilaku Percaya Diri untuk Menolak Subjek RD

No	Kondisi	A1	B1	A2
1.	Panjang Kondisi	8	10	7
2.	Estimasi Kecenderungan Arah	(+)	(+)	(+)
3.	Estimasi Kecenderungan Stabilitas	62% Variabel	70% Variabel	85% Stabil
4.	Kecenderungan Jejak	(+)	(+)	(+)
5.	Level Stabilitas dan Rentang	Stabil 3 – 2	Stabil 5 – 6	Stabil 7 - 6
6.	Level Perubahan	3 - 2 (+1) Membaik	6-5 (+1) Membaik	7-6 (+1) Membaik

Analysis of the condition of confident behavior in rejecting RD in RD subjects is shown in Table 3. The baseline (A1), intervention (B1), and baseline (A2) phases, the three observation phases that have been completed, show an increase in confidence in rejecting RD based on the results analysis under these conditions.

Table 4. Interconditional analysis of confident behavior to reject RD

Tabel 4. 18 Hasil Analisis Antar Kondisi Perilaku Sasaran Percaya Diri untuk Menolak subiek RD

No	Kondisi yang Dibandingkan	A1/B1	B1/A2
1.	Jumlah Variabel yang diubah	1	1
2.	Perubahan Kecenderungan Arah dan Efeknya	(+) (+) Positif	(+) (+) Positif
3.	Perubahan Kecenderungan Stabilitas	Variabel ke Variabel	Variabel ke Stabil
4.	Perubahan Level	(4-3) (+1)	(7 – 5) (+2)
5.	Presentase Overlap	20%	50%

C. Honest Communicating Behavior

The following table shows the results of observing the honest communication behavior of RD subjects



Figure 3. The graph above shows measurement data from observations of RD subjects starting from baseline (A1), intervention (B) and baseline (A2) conditions. The graph shows an increase in RD clients' honest communication behavior.

Table 5. Analysis in conditions of honest communication behavior RD

Tabel 4. 16 Hasil Analisis dalam kondisi pada pengukuran Perilaku Berkomunikasi dengan Jujur subjek RD

No	Kondisi	A1	B1	A2
1.	Panjang Kondisi	8	10	7
2.	Estimasi Kecenderungan Arah	(+)	(-)	(+)
3.	Estimasi Kecenderungan Stabilitas	75% Variabel	70% Variabel	85% Stabil
4.	Estimasi Kecenderungan Arah	(+)	(-)	(+)
5.	Level Stabilitas dan Rentang	Stabil 3 – 2	Stabil 6 – 5	Stabil 7 - 6
6.	Level Perubahan	3 – 2 (+1) Membaik	6-5 (+1) Membaik	7 – 6 (+1) Membaik

Table 5 displays the behavioral condition analysis. RD subjects' honest communication behavior conditions The baseline (A1), intervention (B1), and baseline observation phase (A2) all showed an increase in honest communication behavior, in accordance with the results of the within-condition analysis.

Table 6. Analysis between conditions of honest communication behavior RD

Tabel 4. 19 Hasil Analisis Antar Kondisi Perilaku Sasaran Berkomunikasi dengan Jujur subjek RD

No	Kondisi yang Dibandingkan	A1/B1	B1/A2
1.	Jumlah Variabel yang diubah	1	1
2.	Perubahan Kecenderungan Arah dan Efeknya	(+) (-) Negatif	(-) (+) Positif
3.	Perubahan Kecenderungan Stabilitas	Variabel ke Variabel	Variabel ke Stabil
4.	Perubahan Level	(5 – 2) (+3)	(6 - 6) (0)
5.	Presentase Overlap	10%	50%

MB Subject Observation Results

A. Express Feeling Behaviour

The following table shows the results of observing the behavior of expressing feelings of subject MB

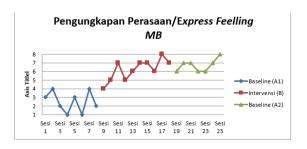


Figure 1. Data from measurements resulting from observations of MB subjects, starting from baseline (A1), intervention (B), and baseline (A2) conditions, are displayed in the graph above. The graph shows an increase in the behavior of expressing feelings of MB clients.

Table 1. Analysis in Conditions of MB's Express Feeling Behavior

	1				
No	Kondisi	Al	B1	A2	
1.	Panjang Kondisi	8	10	7	
2.	Estimasi Kecenderungan Arah	(+)	(+)	(+)	
3.	Estimasi Kecenderungan Stabilitas	50% Variabel	60% Variabel	85% Stabil	
4.	Kecenderungan Jejak	(+)	(+)	(+)	
5.	Level Stabilitas dan Rentang	Stabil 2 - 3	Stabil 6 - 7	7 - 6	
6.	Level Perubahan	3-2 (+1) Membaik	7-6 (+1) Membaik	7 – 6 (+1) Membaik	

The results of the research regarding MB's emotional disclosure behavior are shown in Table 1. The baseline (A1), intervention (B1), and baseline (A2) phases of the three observation phases that have been completed show an increase in MB's emotional disclosure, in accordance with the results of the analysis in the conditions.

Table 2. Inter-Condition Analysis of MB's Feeling Expression Behavior

	\mathcal{C}	1	
No	Kondisi yang Dibandingkan	A1/B1	B1/A2
1.	Jumlah Variabel yang diubah	1	1
2.	Perubahan Kecenderungan Arah dan Efeknya	(+) (+) Positif	(+) (+)
3.	Perubahan Kecenderungan Stabilitas	Variabel ke Variabel	Variabel ke Stabil
4.	Perubahan Level	(4 – 2) (+2)	(6 – 5) (+1)
5.	Presentase Overlap	30%	70%
Sumber: Data Hasil Pengamatan			

B. Observation Results of Subject MB Confident Behavior to Refuse

The following table shows the results of observing confident behavior in rejecting MB subjects



Data from measurements resulting from observations of MB subjects, starting from baseline (A1), intervention (B), and baseline (A2) conditions, are displayed in the graph above. The graph shows an increase in confident behavior to reject MB clients.

Table 3. Under-Condition Analysis of confident behavior to reject MB

			J	
No	Kondisi	Al	B1	A2
1.	Panjang Kondisi	8	10	7
2.	Estimasi Kecenderungan Arah	(+)	(+)	(+)
3.	Estimasi Kecenderungan Stabilitas	75% Variabel	80% Variabel	85% Stabil
4.	Kecenderungan Jejak	(+)	(+)	(+)
5.	Level Stabilitas dan Rentang	Stabil 3-2	Stabil 7 – 6	<u>Stabil</u> 7 - 6
6.	Level Perubahan	3-2 (+1) Membaik	7-6 (+1) Membaik	7 – 6 (+1) Membaik

Analysis of the conditions for confident behavior in rejecting MB in MB subjects is shown in Table 3. The baseline (A1), intervention (B1), and baseline (A2) phases, the three observation phases that have been completed, show an increase in confidence in rejecting MB based on the results, analysis under these conditions.

Table 4. Inter-Condition Analysis of confident behavior to reject MB

		3	
No	Kondisi yang Dibandingkan	A1/B1	B1/A2
1.	Jumlah Variabel yang diubah	1	1
2.	Perubahan Kecenderungan Arah dan Efeknya	(+) (+) Positif	(+) (+) Positif
3.	Perubahan Kecenderungan Stabilitas	Variabel ke Variabel	Variabel ke Stabil
4.	Perubahan Level	(4 – 3) (+1)	(7 – 6) (+1)
5.	Presentase Overlap	10%	80%

C. Observation Results of Subject MB's Behavior of Communicating Honestly

The following table shows the results of observing MB subjects' honest communication behavior



Figure 3. The graph above shows measurement data from observations of MB subjects starting from baseline (A1), intervention (B) and baseline (A2) conditions. The graph shows an increase in MB clients' honest communication behavior.

Table 5. Analysis of MB's honest communication behavior conditions

No	Kondisi	Al	B1	A2
1.	Panjang Kondisi	8	10	7
2.	Estimasi Kecenderungan Arah	(+)	(+)	(+)
3.	Estimasi Kecenderungan Stabilitas	62% Variabel	70% Variabel	85% Stabil
4.	Estimasi Kecenderungan Arah	(+)	(+)	(+)
5.	Level Stabilitas dan Rentang	Stabil 3 – 2	Stabil 7 – 6	7 - 6
6.	Level Perubahan	3-2 (+1) Membaik	7-6 (+1) Membaik	7-6 (+1) Membaik

Table 5 displays the behavioral condition analysis. MB subjects' honest communication behavior conditions. The baseline (A1), intervention (B1), and baseline observation phase (A2) all showed an increase in honest communication behavior, in accordance with the results of the analysis in the conditions.

Table 6. Inter-Condition Analysis of MB's honest communication behavior

No	Kondisi yang Dibandingkan	A1/B1	B1/A2
1.	Jumlah Variabel yang diubah	1	1
2.	Perubahan Kecenderungan Arah dan Efeknya	(+) (-) Negatif	(-) (+) Positif
3.	Perubahan Kecenderungan Stabilitas	Variabel ke Variabel	Variabel ke Stabil
4.	Perubahan Level	(4 – 4) (0)	(7 - 6) (+1)
5.	Presentase Overlap	10%	80%

D. Motivational Interviewing Therapy Model with Assertive Training

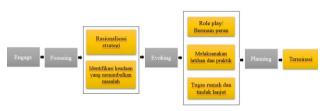
The final model of Motivational Interviewing therapy with Assertive Training is based on findings during implementation or empirical experience in this research activity. These findings become material for modifying or engineering Motivational Interview therapy with Assertive Training so that it becomes the final model that residents need to resolve assertive behavior problems. Motivational Interview Therapy with Assertive Training is designed to develop Motivational Interviewing (MI) therapy, where during practicum activities deficiencies or limitations are identified in its implementation in the field.

Engineering is carried out by combining the stages in Motivational Interviewing (MI) with the stages in Assertive Training. The stages of assertive training techniques tend to emphasize the resident's behavior so that he can practice directly how to behave assertively well. The results of this engineering were named Motivational Interviewing therapy with Assertive Training

The process of implementing Motivational Intelligence with Assertive Training to increase the client's assertive behavior in the subject of this research is carried out after the condition of baseline A1 is stable in measuring behavior. Motivational Intelligence is provided by following procedures, which are then provided with additional techniques in Aselrtif training

including role play. The Research Institute developed this technique to increase the inclusive behavior of drug abusers. The following is the flow of technology design development:

Figure 4 Motivational Intellectual Wingeelings/expressing feelings, the behavior of Technology Design Flow with Assertive Training being confident in refusing, and the behavior of



DISCUSSION

Intelligence Motivational with Assertive Training is a combination of Motivational Intelligence and Assertive Training therapy which aims to handle less assertive behavior in subjects. A lack of ability to carry out passive behavior can then give rise to other psychosocial problems for individuals such as anxiety, fear, and feelings of embarrassment in carrying out social interactions with other people.

Based on the results of the research conducted by researchers by interviewing addiction counselors and using pre-Telst questionnaires, two of the researchers have shown low levels of self-assertive behavior. One of the reasons for the low level of selfassertive behavior is that the social environment or regional community environment is still very strong so the level of solidarity between members is quite strong. One of the low levels of adaptive behavior can also be identified from the behavior shown by counselor while undergoing rehabilitation program based on behavioral observations carried out by researchers and addiction counselors.

Data analysis was carried out by

researchers after collecting data in the field. Research uses visual data analysis by analyzing within conditions and between conditions. Data analysis was carried out on total behavioral incident data from the two subjects. The behavior analyzed is the behavior of expressing

honest communication. The research subjects involved are RD and MB. The total number of behavioral events analyzed is based on the A-B-A level design. Analysis of the data was carried out on each behavior in baseline (A1), intelligence (B1), and baseline (A2) conditions.

One thing that needs to be examined is the level of change that occurs to improve the behavior of research subjects. The overall data shows that the level of change that occurred was between one and two times higher than the behavior before the intervention. This level of change is a positive aspect of the implementation of the research-oriented Motivational-Intellectual Technology implementation carried out by the research team. The number of these results shows that the implementation of creative-intellectual motivational communication has an influence in increasing aggressive aggressive behavior. Even though the amount of change that occurred was not very significant because most of the decline was 1 to 2 events, it still showed a positive impact. This small amount of change rate can be caused by the research carried out by researchers under conditions of limited intelligence.

The increasingly smaller oval data can also support the conclusion that the implementation of ac-selective-interviewing Motivational Therapy influences increasing the resident's assertive behavior. Eighty percent of the data has the highest overlap. 10% is the least amount of overlapping data. Because there are the same number of occurrences in several

choices in one condition, the maximum amount of data overlap can be maintained. A lot of data overlap is generated as a result of this. The least amount of data overlap (10% in total) is in the initial condition. The total data average of 10% shows that the implementation of accommodative motivational intelligence therapy carried out by researchers influences increasing assertive behavior in research subjects.

Overall research data shows values that are less stable or are mostly described as variable. This is caused by several things. The cause of unstable data can be caused by selections carried out in remote research. The entire range of data obtained in terms of stability is greater than fifty percent. The majority of data stability values obtained were between 62% and 83%. Additionally, certain data is considered stable if the stability level is greater than 85%.

Analysis of measurement graphs shows that the assertive behavior of subjects RD and MB changed after receiving the intervention. The study of each behavior both within and between conditions, as shown in the table, supports behavior change and shows the impact of implementing Asselrtive Motivational Intelligence in fostering more assertive behavior. Overlapping data is less than the minimum threshold for the following behavior: communicating honestly with MB subjects (10% and 80%) RD subjects (30% and 70%); rejected MB subjects (10% and 80%) RD subjects (10% and 50%); and expressed the feelings of MB subjects (10% and 70%) RD subjects (20% and 50%).

According to Suanto (2005), a treatment is said to be ineffective if there is 90% or more overlap in the data. Based on these findings, it can be said that the research hypothesis states that this technique can increase assertive behavior in RD and MB

subjects. Apart from that, this technique can lead to positive results in each target behavior as well as changes in stability that show values that are close to stable in each behavior

CONCLUSION

The general objective of researching the influence of the implementation of Motivational Inteirviewing-Asseirtivei on the assertive behavior of drug abuse clients at the Seikar Mawar Foundation is to analyze the influence of Motivational Inteirviewing-Asseirtif in improving the resident assertive behavior at the Seikar Mawar Foundation. The specific aim of the research carried out was to analyze the level of active assertive behavior before implementation, during implementation, and after implementation of assertive training.

Less assertive behavior can demonstrated by several behaviors carried out during rehabilitation. These behaviors are the behavior of expressing feelings/expressing feelings, the behavior of being confident in refusing, and the behavior of communicating honestly. This behavior can indicate that the resident has a high level of active behavior and suggests a high likelihood of relapse if the frequency of intervention is carried out. The level of positive behavioral behavior during rehabilitation can influence the condition of post-rehab rehabilitation. The level of positive assistive behavior during the rehabilitation period is minimized as much as possible.

The level of assertive behavior of the two subjects, namely RD and MB, is quite low. These results were obtained based on the results of interviews, observations, and questionnaires filled in by two subjects. The RD condition is very suitable for relapse because of its high level of passive behavior. RD once tried to escape from the rehabilitation center. When he returned to the environment, he was never able to refuse his friend's invitation to use drugs

again, RD also responded to the questions asked by the counselor and staff regarding RD's interest in using drugs again. RD says I still have big anxiety when I see medicine packaging. RD admitted that he was a manipulative person in undergoing rehabilitation. The results of RD's preliminary questionnaire showed that RD had low assertive behavior. RD has the lowest value compared to other reissideins.

Apart from RD, the results of the assessment of the level of adaptive behavior were more beautiful in the research subject MB. Subject MB has undergone rehabilitation once in another place. According to A's statement, he only underwent total abstinence for a few months. MB subjects have difficulty refusing invitations to use drugs from other people. The results of the questionnaire showed that A was ranked 2nd after RD. Based on the results of interviews, observations, and preliminary questionnaires that have been filled in by MB subjects, there is a fairly high level of likelihood of relapse. MB is still surrounded by negative surroundings and this in turn influences MB to use drugs again. MB also doesn't have a permanent job so MB has a lot of free time. Plus MB also only has a small circle because his parents are very limited.

Based on the results of the data analysis that has been carried out, it can be concluded interviewingthat Motivational Aseirtif influences increasing the assertive behavior of residents at the Seikar Mawar Foundation. It Motivational can also be said that Interviewing-Asseirtif influences increasing current assertive behavior during implementation, during implementation, and implementation of Motivational after Interviewing Assertive Therapy. This is proven by increasing the behavior of the two research subjects, namely RD and MB, in their behavior of expressing feelings/express feeling,

the behavior of being confident in refusing, and behavior of communicating honestly.

REFERENCES

- Badan Narkotika Nasional RI. 2015.

 Pencegahan Penyalahgunaan NAPZA bagi remaja. Badan Narkotika Nasional Republik Indonesia.
- Badan Narkotika Nasional. (2021). *Press**Release Akhir Tahun.: Badan Narkotika

 Nasional.
- Dadang Hawari. 2015. NAZA (Narkotika, Alkohol, dan Zat Adiktif): Balai Penerbitan FK UI.
- Edi Suharto. 2013. *Kebijakan Sosial Sebagai Kebijakan Publik*.: Alfabeta.
- Eisler, Miller & Hersen, Johnson & Pinkton dalam Liza Marini dan Elvi Andriani (2005). Perbedaan asertivitas remaja ditinjau dari pol asuh orang tua. Skripsi. Universitas Sumatera Utara
- Garvin. 2015. *Tentang Group Work*. Diterjemkan Oleh: Herry Koswara, dkk.: STKS Press.
- Herli, Dimayati (2019) Pengaruh Latihan Asertif untuk Meningkatkan Asertivitas Terhadap Penyalahgunaan Narkoba. Skripsi. Universitas Indonesia
- Heru Dwi Sukoco. 1998. *Profesi Pekerjaan Sosial dan Proses Pertolongannya*.: Kopma STKS
- Iin Purnamasari. (2018). Peran Teknik
 Motivational Interviewing Dalam
 Mengatasi Rasa Tidak Percaya Diri
 Pada Pecandu Narkoba Di Panti
 Rehabilitasi Nerkoba Ar-Rahman Plaju
 Darat. Skripsi. UIN Raden Fatah
 Palembang
- Jusman Iskandar. 1997. *Beberapa Keahlian Penting dalam Pekerjaan Sosial.*Bandung: Koperasi Mahasiswa STKS
 Bandung

- Kaplan & Sadock. 2007. Pocket Handbook of Clinical Psychiatry 4th ed: *Diagnostic and Statistical Manual of Mental Disorders* (DSM)-IV-TR. https://www.scribd.com/document/263 102950/Kriteria-Diagnostik- Dsm-IV
- Kartini Kartono. 2000. *Psikologi abnormal dan abnormalitas seksual*. Bandung: CV. Mandar Maju
- Keliat, B.A., & Setiyani, A. (2020). Penurunan resiko kekambuhan dengan problem solving therapy dan assertiveness training pada remaja penyalahguna NAPZA.153-161
- Kholifatur Rosyidah (2015) Pengaruh Keterbukaan Diri (self disclosure) terhadap keterampilan komunikasi interpersonal. Skripsi. Universitas Islam Negeri Maulana Malik Ibrahim Malang
- Labertus Somar. 2011. *Rehabilitasi Pecandu Narkoba*, Jakarta: Grasindo.
- Lina Favourita, dkk. 2016. *Metode Praktik Pekerjaan Sosial*. Bandung: STKS
 Press.
- Marbun, Jumayan. 2017. *Pekerjaan Sosial dengan NAPZA / NARKOBA*. Bandung
- Marilyn Herie (2014) Fundamentals of Addiction A Practical Guide for Counsellors/ edited. Canada: Center ForAddiction And Mental Health
- Miller, W. R., & Rollnick. S. (2013).

 Motivational Interviewing Helping
 People Change (Second Edition ed.).
 The Guildford Press.
- Miller, W. R., & Rollnick. S. (2022). Motivational Interviewing Preparing People for Change (Second Edition ed.). The Guildford Press.
- (2007).Sholihah. International Ni'matus Conference: ASEAN School Counselor Conference Innovation on and Creativity in Counseling, Kajian Penggunaan Art Therapy **Teoritis** Pelaksanaan Layanan dalam Bimbingan dan Konseling di SMK,

pp.173-182. http://ibks.abkin.org.