

On Job Training Vocational Education; Producing Addiction Counsellors in Drug Addiction Social Rehabilitation Centre

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Abstract

Many service programs in organizational settings implement aftercare programs, but few talk about social rehabilitation aftercare programs for drug addicts. The purpose of this study was to provide care for ex-drug users who were not yet ready to return to their families or the home environment in which the ex-drug user was familiar and took drugs for the first time. It is well known that aftercare programs for ex-drug users are still very broad and that utilization of drug social rehabilitation clinics is uncommon. The Social Rehabilitation Center for Victims of Substance Abuse (BRSKP NAPZA INSYAF MEDAN) was the location of the study. North Sumatra Province, Indonesia. Using a qualitative descriptive research approach, informants consisted of 6 individuals who used comprehensive interviewing methods for gathering data techniques. The results Aftercare programme, which was initially formed by accident, has positive results in preventing relapse and is able to produce counsellors who can work to help others in the social rehabilitation process. Until now, the aftercare programme has not been required to be part of the social rehabilitation programme at Insyaf Medan Social Rehabilitation Centre. The author hopes that this programme can be continued and become a mandatory programme for all drug social rehabilitation institutions in Indonesia, whether government-owned, private or non-governmental organisations.

Key Word: Aftercare Ex-Junkies, Social Rehabilitation, OJT

INTRODUCTION

The Aftercare Program at BRSKP NAPZA INSYAF Medan is an inadvertent initiative, which piques the author's curiosity. This indicates that the aftercare program was not initially included in the Therapeutic Community (TC) Model, which all residents are required to follow. Parents and residents who had finished the rehabilitation program asked not to go back home because they were afraid it might trigger them to start using drugs

again. After completing the social rehabilitation program, some residents started to show interest in the aftercare program over time..

One of the consequences of the aftercare program is On the Job Training (OJT), which trains residents to become addiction counselors. These professionals will then be assigned as drug addiction counselors to INSYAF social rehabilitation in Medan. The positive and negative aspects can be observed in

several of methods, including: 1. Aftercare programs are offered as extracurricular activities rather than as required programs for all residents, 2. Residents' and parents' or relatives' requests for aftercare programs, worrying that environmental circumstances could induce them to repeat their drug-using error when they return home 3. The development of On the Job Training (OJT), which appears to demand the production of drug addiction counselors from the outcomes of aftercare.

This essay examines how reentry and aftercare programs affect ex-offenders' propensity to return to jail. Through the use of administrative data in a difference-in-differences methodology, we discover a correlation between this social program and lower recidivism rates. The program was linked to anticipated reductions in the probability of recidivating of 6.0 to 8.7 percentage points, according to benchmark estimations. (Cannonier et al., 2021). The estimate suggests a treatment effect that is predicted to be in the range of 15.8% to 19.2%, which indicates it is economically important. We take into account the program's varied effects on recidivism reduction based on program type, age group, and race. White participants in the program saw a decline in recidivism, while Black participants did not. The program's effectiveness was most noticeable among older participants. To calculate the possible savings to the state from the program's likely-caused drop in recidivism rates, a back-of-the-envelope cost-savings analysis is provided. The results stand up well against bias in sample selection, different specifications, and estimate techniques. Our findings have some repercussions for how faith-based social services function in the context of criminal justice

reform.(Cannonier et al., 2021)

Receiving follow-up care reduced the risk of suicide later in life; for beneficiaries who eventually committed suicide, the time between index and fatal attempt was longer. Older subjects were especially vulnerable to shorter durations between the fatal attempts and the index. Men sex, History of mental illnesses and lethality potential in index trials were also linked to higher risk. The NSSS's organized follow-up program seems to lower suicide rates and lengthen the time required for individuals who are still suicidal to die. (Pan et al., 2013)

Ninety patients in an inpatient alcohol rehabilitation follow-up program were divided into type I, type II, and mixed (I/II) groups, and they were observed from the time of admission until either 32 people started drinking again or 58 people abstained for nine months. Recurrence rates were similar across groups overall. (Debra A. Shanks PhD , Robert W. Bell PhD , Donald Nessman PhD, 2008).

Relapses vary by type in terms of how quickly they relapse and why they resume drinking. Different types of alcoholics differ in the number of daily problems and lists they have, the variety of coping responses and strategies, and the degree to which these behaviors change during treatment.

Most young adults need and receive parental support during the transition to adulthood. On the other hand, young people leaving care often face difficulties in the transition to adulthood and need public support. Whether these young people receive follow-up care is determined by social workers. Therefore, it is important that they understand the scope of follow-up care. This article is based on qualitative interviews with social workers about their thinking about

supporting young people leaving care during their transition to adulthood. Analysis of the interviews revealed differences between public and private care, which pointed to limitations of public aftercare care. The interviews were analyzed using the distinction between specific and generalized others, which identified differences between private and public relations and support. Public support appears to be less flexible and less certain than private family support, with implications for policy and practice.(Oterholm, 2018).

for anxiety disorders (Boschen et al., 2009). This paper investigates the pathways through which fear regression may transpire, drawing on experimental and clinical behavioral studies. In order to decrease relapse in anxiety disorders which have been successfully treated, the study tries to create a checklist of treatment suggestions for physicians. The mechanisms of renewal, recovery, spontaneous recovery, and readmission were examined in the clinical and experimental literature. The clinical and experimental literature on fear regression in the effective treatment of anxiety disorders will be connected to these. A list of recommendations is provided to lessen the chance that an anxiety issue that has been successfully treated may reappear. The behavioral (exposure) methods of therapy for anxiety disorders are included in this list. (Boschen et al., 2009).

When developing behavior within the structure of behavioral derivation theory, the consequences and rewards are not always wrong. In certain cases, guidance or support are required in return for discipline or the prospect of punishment if they refuse to comply. When residents behave well, they may slowly move along without anticipating rewards or avoiding penalties. The

residents are more motivated to conduct appropriately and adhere to social worker or caregiver expectations when they follow these instructions. When performing or taking part in events within the framework of the Therapeutic Community Model (TC), sponsored by the Social Rehabilitation Center for Drug Users, the behaviors which are being discussed are those that are respectful.

Relapse is a rule of thumb for all treatments. However, there is evidence that treatment outcomes can be sustained, as can the recovery process, if the follow-up program is continued after initial treatment. This article discusses follow-up care as part of treatment in a therapeutic community (TC). The first section briefly outlines general considerations and distinctions related to relapse and follow-up; the remaining sections outline Therapeutic Community TZ's approach to aftercare.(Leon, 1991)

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"Continuing care" now has two meanings as the treatment system for

substance use disorders (SUDs) has developed. (Dennis et al., 2004),(McKay, 2009). When continuing care was first proposed, it was meant to be a phase of less rigorous therapy after a more intensive first phase, such residential care or an intensive outpatient program (IOP).2.4 Therefore, "aftercare" or "stepdown care" were synonymous with continuous care. According to this paradigm, the objectives of continuing care were to maintain and strengthen the progress gained during the first phase of treatment, to establish abstinence if it had not already been attained, and to keep relapses from getting worse enough that additional acute treatment was required in the future. Furthermore, long-term patient management has been an aim of disease management models of SUD treatment, which are sometimes provided through primary care or routine examinations. These models can also be thought of as approaches to ongoing care. (Mckay, 2021)

Not a few cases of relapse occur due to the absence of supervision of social rehabilitation services to former residents after returning home or their home environment, so the behavior that has been formed as a result of social rehabilitation of drugs fades and they return to using drugs.

Researchers back up the application of economic tokens and behavioral theory for changing residents' behavior through aftercare and social drug recovery programs. The researchers concurred with the social change theory and argued that the previously established modifications in social behavior need to be sustained once people were back in their homes. Whether aftercare programs will sustain behavioral improvements in residents after social rehabilitation at the North Sumatra Provincial Social

Rehabilitation Center for Victims of Substance Abuse (BRSKP NAPZA INSYAF MEDAN) was the topic of study to be answered.

This study's research topic asks. Does the aftercare program have to be offered by drug social rehabilitation service providers?

RESEARCH METHODS

Descriptive research tries to provide a detailed picture of a social situation, interaction, or social setting. Neuman (2014) states that descriptive research "presents a picture of specific details of a situation, social setting, or relationship."(Walter Neumann, 2014) The aftercare program procedure for printing drug addiction counselors who subsequently become counselors for drug addicts in the Social Rehabilitation Center of Victims of Drug Abuse (BRSKP NAPZA INSYAF MEDAN) is described in this study using a qualitative descriptive technique. The study was carried out at the North Sumatra Province, Indonesia, Social Rehabilitation Center of Victims of Drug Abuse (BRSKP NAPZA INSYAF MEDAN). A key informant, the head of the Social Rehabilitation Services Section, a main informant consisting of four program participants and a program manager, as well as two families of former drug addicts who follow the aftercare program, make up the research informant pool. In-depth interviews and observations were used in this study's data collecting, and narrative analysis was employed in the data processing process. Text and visual information must be interpreted using data analysis techniques. Analyzing all of the data from different data sources is the first step in the data analysis process. Researchers split apart the stages of data processing by classifying the information they have collected (Open Coding), putting one of

the categories into a theoretical model (Axial Coding), etc. then using a connection between categories to build a model (Selective Coding). (Creswell, 2017). Component analysis techniques, which employ contrast approaches between elements, are employed in data analysis procedures. In qualitative analysis, elements with opposing interactions in dialysis domains are examined in further detail using component analysis technique. Observation and interview deployment, selection of observation and interview results, and identification of components of an aftercare program that sustains behavioral changes in residents who finished social rehabilitation at the Social Rehabilitation Center of Victims of Drug Abuse (BRSKP NAPZA INSYAF MEDAN) Province of Sumatera Utara are the primary steps in the analytical process.

RESULT AND DISCUSSION

The Social Worker Method Group Work techniques that are discussed for mid-level social workers in drug programs The Social Rehabilitation Center served as the study's theoretical foundation. Find crucial aftercare in drug addict assistance, particularly in drug addict rehabilitation, by utilizing techniques such as collaborating with Narcotics Anonymous organizations and therapeutic communities. Behavioral psychology theories are employed in psychology to modify an individual's behavior. The system of incentives and penalties is associated with the therapeutic community's group work approach and the anonymous surprise model. In contrast to the remaining eleven models, the majority of Indonesia's social rehabilitation facilities for drug users employ these two well-liked models. As stated in Ritonga 2020, "Drug Rehabilitation Centers operating under the

auspices of the Government and non-governmental organizations, hospitals, health centers, boarding schools, churches, and drug communities care" utilize eight kinds of drug addiction treatment. The therapeutic community, the medical model, the Minnesota model, the electric model, the multidisciplinary model, the traditional model, the faith-based model, the community-based drug countermeasures model, and the initial location model are the service models.. (Ritonga & Arifin, 2019)

In drug social rehabilitation clinics in Indonesia, the Therapeutic Community (TC) and Narcotic Anonymous (NA) models are implemented based on behaviorism psychology theory, which seeks to modify residents, beneficiaries, or customers. to alter while adhering to the guidelines established by social workers and escorts in drug addiction treatment facilities. Good conduct with the intention of "recovering" from the position of a substance misuse victim is the anticipated change in behavior.

According to behaviorism, human behavior is primarily influenced by the environment, human technology, and human situations. According to this paradigm, people are neutral and their actions, whether good or evil, are determined by the circumstances and experiences they encounter. Behaviorism disregards the psychological components of physical occurrences and only takes into account the person. All that has to be done to develop this answer is to practice it until it becomes a habit of self-mastery.

The foundation of behavioristic methods is the idea of stimulus and response, which states that a person will react to stimuli in a certain way after learning about them and analyzing them. The theoretical perspective of behaviorism is predicated on the idea that observable behavior, or observed

behavior, should be the focus of scientific psychology). (Yusuf, S. dan Nurihsa, 2007)

Considering learning is the foundation of all human conduct, behaviorist theory is also known as learning theory. When an organism learns, it suggests that it adapts its behavior to the effects of its surroundings. Behaviorism opposes asking if individuals are morally right or wrong, emotional or logical. Behaviorists are primarily interested in how people's behavior is influenced by their surroundings.

Behaviorist methods do not directly confront certain human-related philosophical presuppositions. Every person has both positive and bad inclinations; human behavior is examined; and man is formed and affected by his sociocultural environment.(Corey, 2007). Experts in behavior think that improper learning processes lead to behavioral problems. Therefore, conduct may be altered to become more positive in a more positive environment. We now have the chance to evaluate our clients' development more precisely because to this shift in behavior. (Lubis, 2013)

According to behaviorist theory, behavior may be operationally defined, observed, and measured. This demonstrates how many behaviorist methods associated with behaviorism may alter the behavior that develops in the real self, such as: The core of Skinner's theory is behavior. It is important that you concentrate on the amplifier. A booster, according to Skinner, is an event (stimulus) that comes after a response and improves performance. The literal meaning of reinforcement is the effect it has on behavior and increased response.. (Pervin, 2010). Operant conditioning places a strong emphasis on rewards like food, cash, or recognition. Additionally,

Skinner highlights the significance of reinforcement that is dependent on the release of organisms or the avoidance of stimuli that are favored. In this instance, the removal of an unpleasant stimulus strengthens the reaction. The response gets stronger or more forceful as a result. A bothersome stimulus after the reaction reduces the likelihood that the response would come back, but the impact is fleeting and loses significance when the behavior is eliminated. Because of this, Skinner has stressed the need of using positive reinforcement to change behavior. (Pervin, 2010). Behavioral evaluation places a focus on particular behaviors that are connected to predetermined situational variables. This Skinner-influenced behavioral method to evaluation places three key focus on: 1) the identification of a specific behavior, also known as the target behavior or target response; 2) the identification of specific environmental elements that minimize, allude to, or motivate the target behavior; and 3) the identification of certain environmental elements that are changeable in order to change the target behavior. (Pervin, 2010)

The author strongly agrees and supports behavioural theory in shaping one's behaviour by using reward and punishment as a tool to shape one's behaviour. Likewise, drug social rehabilitation institutions that run social rehabilitation programs, both TC, NA, religious and others, can use behavioural theory as a basis for shaping positive behaviour in carrying out programs that have been agreed upon in the Drug Social Rehabilitation that has been chosen by the Drug Social Rehabilitation Institution. The number of drug user relapse cases is due to the absence of monitoring and evaluation after former drug users leave the social rehabilitation programme or what is called

the aftercare programme.

Aftercare Program at Social Rehabilitation Center INSYAF Medan

Still running from 2016 to the present (2021). The first five made it through, three survived and two escaped. In 2017 or 2018, we hired new consultants and three of our employees were trained as consultants here. We want them to become counselors by studying in Tanjung Anom's aftercare program instead of going home. After the training, we will take the Social Counselor Examination of the Social Affairs Ministry. The manager's plan was then modified to include Mr. Indra, but he resigned since he intended to do time in jail in 2020. Mr. Yunus takes over the show. Those taking part in the aftercare program have completed social reintegration (a three-month program). The initial course lasts three months and the next three months are used for follow-up courses. They won't be there for weekly meetings/monitoring, but there are activities to help them recover. Afterwards, there is a plan for further follow-up care by the consultant. These categories include everything from ratings to figuring just the duration he must serve. The program offers three-month and two-, four-, or six-month follow-ups. Participants can re-enter the program after four or six months.) or continue with the follow-up program. " (Interview with Head of Social Center Rehabilitation INSYAF Medan).

Instead of forcing, there is a re-entry following the elementary part. because reentry is a mature knowledge and is not pushed. It's not locked anymore. Even if they choose to flee, it's easy. Families have sometimes advised residents to either re-enroll in school or quit primary schools. Insyaf Parlors continues to oversee the

child's labor and engagement at the workshop even after he heals. Because Insyaf still keeps an eye on it and can go home with permission, he continues practicing caution. thus they are able to return home there on Saturday and Sunday. For example, because everyone has come to us for on-the-job training since 2020, and there are now 14 community interns, there is one relapse for every ten individuals, and at most two relapses. This program proves helpful to her and her parents as it keeps them from returning home to resume drug use and return to the environment which contributed to their addiction to drugs.. (Interview with the head of INSYAF Social Rehabilitation Center in Medan).

When neutral stimuli are used in classical conditioning, one of its characteristics is that a neutral stimulus might trigger a response because of equal or comparable associations..

"Insyaf Parlors offers an advanced curriculum called the aftercare program to residents who have finished the first phase of rehabilitation and reintegration at Panti Insyaf. The intention is to fortify the inhabitants before to their return to their original residence or family. Since 2020, I have served as the project manager. Mr. Indra oversaw the aftercare program before I took over as some beneficiaries' parents requested that their family continue to support INSYAF beyond the conclusion of the social rehabilitation program.. The resistance to the temptation of drug use increased after the parents or family residents returned to the family environment, and the playmates stopped taking drugs. This semester is very good as they complete rehabilitation in four months and six months at the foundation level or re-entry stage (professional). Without the

supervision of Insiyaf's companion, it felt too early to go home, which worried the parents. Either because of the persuasion of friends or circumstances, or because of family problems. (Interview with INSYAF aftermath project manager)

"We provide an aftercare program that consists of mentorship and supervision, meaning that social workers or chaperones continue to keep a watchful eye on their business or workshop activities. In addition, we continue to take part in all of the healing community's events, including daily activities and morning meetings. We live in a less constricted world, that's all. We care for them, repress their emotions, and teach them the fundamentals of a return plan while reinforcing them with our aftercare plan—instead of letting them live freely in a room. They take part in every event we host in the living room of Insyaf as well. As speakers, we also ask them to share their inspirational stories. *In addition, we provide theoretical sessions and on-site practice and training for anyone who would like to become Insyaf Parlors tutors. This is known as our tutor program. In order to receive a Counselor Certificate, we can also administer the Counselor Examination via the Department of Social Affairs.. (Interview with Managers Aftermath Program INSYAF).*

"The program is the same as we have at Parlors. There is a class of counselors who provide the practicum, activities and participation as motivation for the new resident's story, and then there is the same peer, the same counselor. This is beneficial as we know in drug counseling In the world of facilitators, there is a class that shields the detoxification phase, so there is a tutor practicing the material that we intern directly at Panti Insyaf. We also add his writing on the certificate before the

facilitator tests registration which is great for the certificate program Help." (Interview with JIL. INSYAF Medan Rehabilitation Program Consultant)

My mother wanted me to go, but at first I didn't want to volunteer. It stopped feeling normal after a time, so I kind of liked being a member of the aftermath program. We get up in the morning for other activities and clean up since life is more peaceful. Nothing like this exists at home. There's a lot, and we still follow a schedule similar to that of a nursing home, which includes waking up in the morning and going to meetings later in the day to unwind even more. The assistant fails to keep a watchful eye on us all the time. He checks in with us at least once a week to see how things are going. I also enrolled in an advisory or project-based course for an entrepreneurial program. We also go to salons and take part in their activities. Planning for aftercare This is beneficial as it gives us the impression that the living room is still looking out for us. There was no salon or attendant evaluation, so when I got home, I felt unaccountable and unsupervised. My mom was afraid I could get back into the area or begin taking drugs. (Interview with "JIL". INSYAF Medan consultant, aftercare program)

The application of token economies is a byproduct of behavior modification techniques. The method known as "Token Economics" was developed by operational behavior theorist BF Skinner. Skinner has repercussions for maintaining conduct. In a token economy, consumers earn tokens for engaging in desired behaviors. This is an example of positive reinforcement. Customers can trade tokens for boosters when they've accrued a specific number of them. By rewarding certain acts, tokens serve to reinforce behavior. Get

conditional grades for well-behaved behavior. (Erford, 2016)

One tactic to avoid explicitly providing reinforcement is the token economy. Awards known as tokens may be traded for the required products of other clients. The goal of the token economy is to incentivize adaptive behavior with tokens. The token distribution is progressively decreased when the intended behavior has tended to stabilize.

The most obvious application of operant conditioning to issues with behavioral change is the token economy. Once the target behavior has been chosen, reinforcement is given based on how well the intended response is executed. This aligns with a behavioral focus that emphasizes how people benefit from their surroundings rather than how they interact with it. Fundamentally, behaviorists who study alterations in human behavior are social engineers.. (Pervin, 2010)

The token economy is considered to be a system that strengthens or rewards users in the form of tokens that may be accumulated or traded for valuable goods after users are able to eliminate unexpected conduct and create expected behavior, including behavior in accordance with group effort. This time, the researchers employed the token economy approach..

Researchers concur that resident behavior may be altered by the behavioral perspective, in this case through the employment of social group work professionals' techniques in combination with Therapeutic Community Models (TC) and Narcotics Anonymous (NA) in social rehabilitation facilities. Residents with Therapeutic Community (TC) and Narcotics Anonymous (NA) models are able to participate in the program with supervision from social workers,

counselors, or the objective of drug social rehabilitation medical centers. Therefore, studies agree that resident behavior could be influenced by the behavioral perspective, in this example, the social group work techniques employed by social rehabilitation institutions with Therapeutic Community Models (TC) and Narcotics Anonymous (NA). Residents can actively engage in the program using Therapeutic Community (TC) and Narcotics Anonymous (NA) models with the required guidance from social workers, counselors, or the goal of drug social rehabilitation medical centers.

The use of reward and punishment in the form of credit points in the token economy has been shown to be successful in modifying residents' behavior toward the intended conduct. This is also supported by research findings previously presented by researchers, who concur that residents of drug addiction social rehabilitation facilities who adhere to the Model Therapeutic Community (TC) and Narcotic Anonymous (NA) programs can have their behavior altered by behavioral psychology combined with economic token derivatives. This is supported by the results of research that says Addiction is supposed to be characterized by a shift from goal-directed to habitual decision-making, thus facilitating automatic drug intake. The two-step task allows distinguishing between these mechanisms by computationally modelling goal-directed and habitual behavior as model-based and model-free control. In addicted patients, decision-making may also strongly depend upon drug-associated expectations. (Sebold et al., 2017)

Because not all social rehabilitation centers have aftercare programs, the issue of aftercare programs as an optional or required component of

the Therapeutic Community Model (TC) and Narcotics Anonymous (NA) in The Drug Addiction Social Rehabilitation Center became interesting in this study. The program has a positive reaction for residents, families, and escorts or social workers from the aftercare program organizers, especially Insyaf Parlors, regardless of the regulations used by each social rehabilitation institution, according to the findings of aftercare study.

At Insyaf Medan Parlors, it became the center of this study, which found that the aftercare program effectively contributed to "return" After completing the two-, four-, and six-month program's primary and re-entry phases, residents are able to sustain their behavior. Social workers and escorts provide reinforcements to residents throughout a three-month aftercare program, monitoring and supervising their daily activities. The aftercare program participants continued to be included in and involved in additional activities, such as business heroes (café, prewedding picture, engineering business, plantations, and others). Participate in care activities at Insyaf Parlor and attend counseling workshops. Based on the outcomes of the aftercare program, it appears that there is a drug addiction counselor who

Programs only serve as a means of monitoring in aftercare programs. In social rehabs located in Insyaf orphanages, the Therapeutic Community (TC) model is not entirely in charge or receives assistance from escorts and personnel. The aftercare program is handled by social workers who come once a week for three months. In the aftercare program, social worker supervision and support or Panti Insyaf escorts proved to be a sign in protecting resident behavior. According to the behavioral theory, which holds that conduct changes after learning

it, it makes sense to use economic token approaches that use reward and punishment symbols as necessary reminders of behavior.

Screening for behavioral changes in residents is vital in aftercare programs since it is possible that the changes in behavior are either pseudo-behavior or the residents themselves. The real conduct will alter when no one is looking, which is referred to as false behavior. Only behave well or in accordance with instructions when a counselor or companion arrives in order to receive a good grade or credit point. Because it simply produces pseudo-behavior, this viewpoint defies both behavioral theory and economic tokens (reward and punishment). Create a sign. In this instance, the social worker or companion acts in judgment as a sign of fear, which causes the resident's actions to become actions. Good or compliant with behavioral modifications produced by social.

Although this behavior change is based only on reward and punishment through behavioral understanding and economic tokens (credit points) in the practice of methods, the conflict between behavior formed with a behavioral point of view and economic tokens (credit points) is actual behavior, or only pseudo-behavior, and is still worth discussing. Narcotics Anonymous (NA) and Model Therapeutic Community (TC) group work is frequently linked with faux or fake conduct, which is why many of its residents have relapses (the use of drugs after completing social rehabilitation). Due to the fact that the resident only anticipates rewards for good behavior and stays out of trouble for misbehaving. But economic tokens, or credit points, are limited to actions that demonstrate good conduct with the intention of accruing points or values in order to get sound

judgment.

In behavioral and behavioral derivative theory economic token theory (credit collection point), punishment is not always enjoyable and does a poor job of forming expected behavior. In certain situations, a boundary or the possibility of punishment for misbehaving must be exchanged for recommendations or stimulus. Good conduct or behavior that is required of the worker gradually changes. People who are social may settle down without seeking punishment or expecting anything in return. These recommendations inspire resident drivers to start acting morally or according to the rules set by escorts or social workers. The conduct being discussed here is the polite conduct of participating in or adhering to the Therapeutic Community Model (TC) and Narcotic Anonymous (NA) activities, which are coordinated by drug treatment facilities.

The findings of earlier studies on aftercare programs run by a number of drug social rehabilitation institutions show that the programs do respond favorably and helpfully. The residents completed the Narcotics Anonymous (NA) and Model Therapeutic Community (TC) programs successfully. The support and supervision provided by escorts or social workers in their capacity as judges of residents' good conduct and motivators for maintaining it is what makes the aftercare program strong. Formed throughout this program to remain awake during activities related to the aftercare, with the aim that once the residents' return to their homes or places of play, their workplace would continue to maintain their good conduct and drug-free status.

Studies indicate that social workers still have a relatively small role in society. From the first stages of development to the evaluation, rehabilitation, and

advanced stages, social workers are involved. It is time for every parlor to utilize professional social media to the fullest extent possible, in accordance with the spirit of the Ministerial Regulation on accreditation of social welfare organizations. Social workers have a background in social work and welfare at the DIV/bachelor level as well as employment education. It is anticipated that service quality would rise with services grounded in social work, science, and values. But even while the professional function of social workers must be highlighted, the role of social volunteers and social welfare employees—who have backgrounds in fields other than social work and social welfare—is still crucial. (Widodo, 2012)

As previously said, more instruction is necessary to guarantee customer independence. Assisting those who are able to assist themselves is the basis of social services (help individuals to help themselves). In addition, there has to be a thorough resizing of the paradigm from the parlor approach to the family/community approach. Consequently, more emphasis should be paid to ongoing coaching—not just during the client's recovery after they have integrated into their immediate surroundings.. (Widodo, 2012)

"Yes, the orphanage continues to offer a lot of assistance. Our activities here are considerably more laid-back than those at the orphanage, with a companion who visits once a week. overseen by mentors. The shift has arrived. I'm aware that drugs may be harmful. I swear to God, my family, and myself that I will never deal with drugs again. This is my family; it's just that occasionally, when we hang out with friends, we're scared of going back to doing drugs., Especially my wife,

Considering his youth, I believe my son need a sizable financial contribution from his father. What if I get hooked, what will become of my child?

After almost a month of discussing the advantages of entrepreneurship, we were given many invitations to take part in the orphanage's activities, which I believe is crucial. When we respawn, we may also apply our abilities, such as B. in a nursing home, car shop, or welding shop. The tools are still usable over there. interviews with customers and residents of "JEP" who are enrolled in the INSYAF Medan Program)

After much deliberation, joining this charity couldn't be more appropriate. After thinking about it, my family agreed, and I finally joined the aftermath service. In order not to lose this habit, some companions still use the procedures of the old orphanage to supervise, but it is a bit simpler, unlike the orphanage back then. Mentoring programs, therapeutic communities still exist, and then there are counselors, entrepreneurship and advanced courses for professionals. Since the entry-level positions of yesterday are still open, the procedure is akin to a planting of mechanical equipment, with the remaining positions being in an orphanage. Our commercial area only consists of a café and wedding pictures here.

It's the perfect time, after much consideration, to join this charity. My family gave it some thought, and I eventually joined the aftermath service. Some companions continue to supervise using the previous orphanage's protocols in order to maintain this practice, but they are a little more straightforward now than they were in the past. There are still therapy communities and mentoring programs, in addition to counselors, advanced professional education, and

entrepreneurship. Since the entry-level positions of yesterday are still open, the procedure is akin to a planting of mechanical equipment, with the remaining positions being in an orphanage. The only things in our business section here are wedding pictures and a coffee shop.

"Many things have changed, particularly in terms of my ability to regulate my emotions. If I can better manage my anger and avoid being emotional, then perhaps I still lack some talents because I have little interest in vocations like wedding workshops or gardening. Yes, I am more aware of my surroundings, particularly in terms of managing my emotions. I may be untidy some days and quickly angered others. Now it's far safer. We do, at least, miss our folks. Well, it's time for us to head home. Indeed, it might be challenging to remain with the name Miss. I'm glad to be a part of this initiative and that there are still a lot of friends here. Let's recover together and have the support of family back home. conversations with "RS" clients/residents

This opinion is fully supported by the results of McKay's research, 2021. Several novel techniques to providing long-term medical care show potential. These include abstinence incentives, the use of automated mobile health interventions to supplement more traditional counselor-delivered therapies, and prolonged treatment and monitoring programs that were previously only available to pilots and physicians. There is also evidence that primary care may be utilized to deliver drugs for opioid and alcohol use disorders for long periods of time; however, further study is required to discover the appropriate combination of behavioral therapies and other psychosocial services in this environment. Regardless of the intervention chosen, it is obvious that the condition of most SUD

patients will alter and evolve over time, and treatments must include provisions for regular patient assessments. (Mckay, 2021)

Based on research, The aftercare program becomes one of the solutions to the program's success and lowers relapse of residents who have finished their social rehabilitation therapy. Aftercare services as an alternative might be the solution. Each drug social rehabilitation center's aftercare policy becomes required or part of the Model Therapeutic Community (TC) and Narcotics Anonymous (NA) programs. Residents see fees expended for aftercare program operation simply as an additional activity given to residents who have finished their recovery at a social rehabilitation center or due to family demands.

At this point in time, it is generally believed that continuous care is a vital component of effective treatment for drug use disorder, particularly for people with a problem severe enough to require specialist care therapy. The scientific basis has largely backed the usefulness of long-term care for both adolescents and adults, although the picture is complicated. When the results of multiple studies are averaged or aggregated in any way, reviews have indicated generally minor to moderate impacts. There is some evidence, however, that longer-term care that includes more active attempts to keep patients involved may provide more consistently favorable effects. In addition, patients with a higher risk of relapse—due to ongoing drug use in the first phase of therapy, a lack of social support, or a low level of education. (Mckay, 2021). Several novel techniques to providing long-term care show potential. These include abstinence incentives, the use of automated mobile health interventions to supplement more traditional counselor-

delivered therapies, and prolonged treatment and monitoring programs that were previously only available to pilots and physicians. There is also evidence that primary care may be utilized to deliver drugs for opioid and alcohol use disorders for long periods of time; however, further study is needed to find a suitable combination of behavioral therapies and other psychosocial services in this environment. Regardless of the intervention chosen, it is obvious that the circumstances of most SUD patients will alter and evolve over time, and treatments must include provisions for regular evaluations of patients. (Mckay, 2021)

In addition, the sector is beginning to move toward more explicit recommendations for the qualities of high-quality continuing care. A recent review of evidence-based guidelines and quality indicators yielded 13 specific quality indicators, including the provision of self-help information, relapse prevention strategies, family member involvement, the provision of both behavioral interventions and medications, a minimum of three months of follow-up, and patient involvement in the development of continuing care plans. The creation of evidence-based clinical practice guidelines to aid in the widespread adoption of good continuing care would be a significant step forward for the discipline. As previously noted, these recommendations will very certainly need to contain information on adjusting ongoing care over time at the individual level in order to achieve optimal outcomes. Higher-risk individuals, for example, will most likely Longer-term ongoing care treatments may benefit patients, and certain patients may prefer specific techniques or modalities (e.g., mobile health vs. clinic-based care). (Mckay, 2021). Finally, while the efficacy of certain continuing care programs is

undeniably significant, the critical responsibilities of clinicians who offer these interventions have gotten little attention. Some providers are just better than others, but little emphasis has been paid to the particular attributes and training that promote greater success as a continuing care provider. Karno and Longabaugh conducted an exquisite set of investigations on the influence of continuing care therapist counseling style, as well as the interplay between counseling style and patient variables, on drinking outcomes.^{61,62} This approach entailed meticulously classifying therapist and patient actions throughout continuing care therapy sessions for criteria such as emotional material concentration and directness. (Mckay, 2021)

Another evidence that supports aftercare programs cites the influence of a reintegration and aftercare assistance program on ex-offenders' chances of returning to jail. Using administrative data and a difference-in-differences approach, we discover that this social initiative is linked to lower recidivism rates. According to benchmark estimates, the program was related with estimated decreases in recidivism of 6.0 to 8.7 percentage points. The estimate appears to be economically significant, implying a treatment impact in the range of 15.8% to 19.2%. We examine the program's diverse impacts on recidivism reduction based on race, age group, and program type. (Cannonier et al., 2021). We conducted a multicenter randomized clinical study comparing treatment effectiveness in patients receiving PAC to patients getting standard aftercare to explore the efficacy of PAC as a supplementary IPT therapy module. To examine various aftercare procedures in normal clinical information, a real-world study design was adopted. We anticipated that PAC would result in higher improvements in pain severity (including pain intensity and functional impairment)

and other pain-related and psychological outcomes 3 and 6 months after discharge as compared to standard treatment. Furthermore, we hypothesized that patients who received PAC would have higher overall therapy satisfaction and adherence to therapy recommendations than patients who got conventional care at both time periods. (Dogan et al., 2021). non-IDU group at baseline, the past-IDU group was mostly composed of male and younger patients infected with HCV genotype 2. Cirrhosis was seen in 3% (3/78) and 16% (116/726) of the patients in the past-IDU and non-IDU groups, respectively. The past-IDU group had a much greater rate of welfare beneficiaries. The SVR rate in the past-IDU group was 97% (59/61) and 99% (689/699) in the non-IDU group. In the past-IDU group, the cumulative rate of dropout from an aftercare program was high (P 0.01). (Tamori et al., 2020).

To accelerate clinical and scientific progress in AN, standardized definitions of recurrence, remission, and recovery are required. This could enhance future longitudinal studies' capacity to identify clinical, demographic, and molecular factors in AN that predict relapse vs resilience, as well as compare relapse prevention measures. For further investigation, we suggest uniform criteria for recurrence, remission, and restoration. (Khalsa et al., 2017). Another crucial aspect is family support, as evidenced by the following research findings. In schizophrenia patients, there is a link between family support and relapse (p = 0.023). (Febriana et al., 2020)

Although relapse from previous studies focused on alcohol, it is not much different from drug addiction. Some social problems that receive intensive aftercare services by institutions and social workers include drug addiction, HIV/AIDS, prisoners, children in trouble with the law, commercial sex workers. The aftercare

program is critical to the continuation of resident behavior development in order for them to continually stay away from dependence or challenges they experience. This has been carefully constructed and maintained while the resident is undergoing social rehabilitation. However, if this behavior is not monitored and maintained after leaving the social rehabilitation center, the residents are likely to return to a problematic setting and use addictive drugs as before..

According to the findings of the preceding study, alcohol addicts, prisoners in correctional facilities (inmates), and a variety of other social issues are always given specific attention in aftercare program services. This is consistent with behavioral theory, which holds that a person's behavior is heavily impacted by his or her environment, including the use of reward and punishment in the local surroundings or family. As a result, individuals who have finished drug social rehabilitation must be provided with aftercare program services in order for them to continue in the community.

CONCLUSION

Various addiction problems such as alcohol, bad behaviour of ex-prisoners, commercial sex workers and others always get aftercare programs to supervise and keep their behaviour good and do positive activities so as to avoid returning to using addictive substances or negative behaviour. Aftercare programmes should be provided in Social Rehabilitation Institutions without exception for any reason. Social workers must continue to supervise and maintain former drug users to continue to carry out positive behavioural activities that have been formed during the social rehabilitation program. Families play an

important role in carrying out monitoring and evaluation by applying behavioural theory using reward and punishment to keep former users from an unhealthy environment and become a positive shelter for former drug addicts.

Insyaf Social Rehabilitation Centre for Drugs in Medan can be a reference for how to start an aftercare programme. This programme, which was initially formed by accident, has positive results in preventing relapse and is able to produce counsellors who can work to help others in the social rehabilitation process. Until now, the aftercare programme has not been required to be part of the social rehabilitation programme at Insyaf Medan Social Rehabilitation Centre. The author hopes that this programme can be continued and become a mandatory programme for all drug social rehabilitation institutions in Indonesia, whether government-owned, private or non-governmental organisations.

RESEARCH LIMITATIONS

For it to fully comprehend why there is still a high rate of relapse (clients who have attended rehabilitation programs and pronounced healed, returning to using drugs after being discharged from a drug social rehabilitation center), extensive study in the field of drug addiction social welfare services is needed. This study is confined to models; more research on families and relapsing resident communities is required..

REFERENCES

- Boschen, M. J., Neumann, D. L., & Waters, A. M. (2009). Relapse of Successfully Treated Anxiety and Fear: Theoretical Issues and Recommendations for Clinical

- Practice. *Australian & New Zealand Journal of Psychiatry*, 43(2), 89–100. <https://doi.org/10.1080/00048670802607154>
- Cannonier, C., Galloway Burke, M., & Mitchell, E. (2021). The Impact of a Reentry and Aftercare Program on Recidivism. *The Review of Black Political Economy*, 48(1), 93–122. <https://doi.org/10.1177/0034644620973931>
- Corey, G. (2007). *Teori dan praktek konseling & psikoterapi*. Refika Aditama. <http://kin.perpusnas.go.id/DisplayData.aspx?pId=33635&pRegionCode=JLUNMAL&pClientId=111>
- Creswell. (2017). *Research Design Pendekatan Metode Kualitatif, Kuantitatif, dan Campuran* (S. Z. Q. alih bahasa, Ahmad Lintang Lazuardi; editor (ed.)). Pustaka Pelajar. <https://onsearch.id/Record/IOS2847.INLIS000000000076465?widge=1>
- Debra A. Shanks PhD, Robert W. Bell PhD, Donald Nessman PhD, R. A. E. & J. P. J. M. (2008). Alcoholic Typology and the Risk of Relapse in an Aftercare Program, *Alcoholism Treatment Quarterly*. 12(1), 73–82. https://doi.org/10.1300/J020v12n01_06
- Dennis, M., Ph, D., Scott, C. K., & Ph, D. (2004). *Managing Addiction as a Chronic Condition*. 45–55.
- Dogan, M., Hirschfeld, G., Blankenburg, M., Frühwald, M., Ahnert, R., Braun, S., Marschall, U., Pfenning, I., Zernikow, B., & Wager, J. (2021). Effectiveness of a Psychosocial Aftercare Program for Youth Aged 8 to 17 Years with Severe Chronic Pain: A Randomized Clinical Trial. *JAMA Network Open*, 4(9), 1–13. <https://doi.org/10.1001/jamanetworkopen.2021.27024>
- Erford, B. T. (2016). *40 Teknik Yang Harus Diketahui Setiap Konselor* (2nd ed.). Pustaka Pelajar. <https://pustakapelajar.co.id/buku/40-teknik-yang-harus-diketahui-setiap-konselor/>
- Febriana, B., Susanto, W., Rochmawati, D. H., & Setiawati, W. E. (2020). Family Support is the Key to Compliance with the Treatment of Relapsing Schizophrenia Patients. *Jurnal Ners*, 15(1 Special Issue), 457–461. <https://doi.org/10.20473/jn.v15i1Sp.20361>
- Khalsa, S. S., Portnoff, L. C., McCurdy-McKinnon, D., & Feusner, J. D. (2017). What happens after treatment? A systematic review of relapse, remission, and recovery in anorexia nervosa. *Journal of Eating Disorders*, 5(1), 1–12. <https://doi.org/10.1186/s40337-017-0145-3>
- Leon, G. D. (1991). Aftercare in Therapeutic Communities. *International Journal of the Addictions*, 25(9), 1225–1237. <https://doi.org/10.3109/10826089109081043>
- Lubis, N. L. (2013). *Memahami dasar-dasar koseling dalam teori dan praktik*. Kencana. <https://opac.perpusnas.go.id/DetailOpac.aspx?id=860819>
- Mckay, J. R. (2021). *Impact of continuing care on recovery from Substance Use Disorder*. 41(1), 1–15. <https://doi.org/10.35946/arcr.v41.1.01>
- McKay, J. R. (2009). Treating substance use disorders with adaptive continuing care. <https://doi.org/10.1037/11888-000>
- Neumann, W, L. (2014). *SOCIAL Research*

- Methods: Qualitative and Quantitative Approaches. Universitas Komputer Indonesia. <https://doi.org/IOS14216.libas-0-18307>
- Oterholm, I. (2018). Limitations of aftercare. *Nordic Social Work Research*, 8(Leaving care), 43–53. <https://doi.org/10.1080/2156857X.2018.1463283>
- Pan, Y.-J., Chang, W.-H., Lee, M.-B., Chen, C.-H., Liao, S.-C., & Caine, E. D. (2013). Effectiveness of a nationwide aftercare program for suicide attempters. *Psychological Medicine*, 43(7), 1447–1454. <https://doi.org/10.1017/S0033291712002425>
- Pervin, L. A. (2010). Psikologi Kepribadian dan Teori dan Penelitian. Kencana. <https://onsearch.id/Author/Home?author=Lawrence+A.+Pervin>
- Ritonga, F. U., & Arifin, A. (2019). Perbandingan Model Therapeutic Community (TC) dan Narcotics Anonymous (NA) di Pelayanan Kesejahteraan Sosial Adiksi Narkoba. *JPPUMA Jurnal Ilmu Pemerintahan Dan Sosial Politik Universitas Medan Area*, 7(1), 30. <https://doi.org/10.31289/jppuma.v7i1.2174>
- Sebold, M., Nebe, S., Garbusow, M., Guggenmos, M., Schad, D. J., Beck, A., Kuitunen-Paul, S., Sommer, C., Frank, R., Neu, P., Zimmermann, U. S., Rapp, M. A., Smolka, M. N., Huys, Q. J. M., Schlagenhauf, F., & Heinz, A. (2017). When Habits Are Dangerous: Alcohol Expectancies and Habitual Decision Making Predict Relapse in Alcohol Dependence. *Biological Psychiatry*, 82(11), 847–856. <https://doi.org/10.1016/j.biopsych.2017.04.019>
- Tamori, A., Uchida-Kobayashi, S., Kozuka, R., Motoyama, H., Yoshida, K., Odagiri, N., Kotani, K., Kawamura, E., Fujii, H., Hagihara, A., Enomoto, M., & Kawada, N. (2020). High dropout rate from aftercare program of antihepatitis C therapy for patients with history of injection drug use. *JGH Open*, 4(5), 964–969. <https://doi.org/10.1002/jgh3.12376>
- Widodo, N. (2012). Evaluasi pelaksanaan rehabilitasi sosial pada panti sosial: pembinaan lanjut (after care services) pasca rehabilitasi sosial 2012. P3KS Press. http://perpustakaan.bkpk.kemkes.go.id/index.php?p=show_detail&id=33012&keywords=
- Yusuf, S. dan Nurihsa, A. J. (2007). Teori kepribadian. Remaja Rosdakarya. <https://opac.perpusnas.go.id/DetailOpac.aspx?id=657087>