

Integrated Individual Service with Community Approach in Therapeutic Community-based Rehabilitation at Lido Rehabilitation Centre of the Indonesian National Narcotics Agency

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Abstract

Recovery process of substance use disorders requires comprehensive approach. The Indonesian National Narcotics Agency (Badan Narkotika Nasional/BNN) provides Therapeutic Community (TC) rehabilitation service. TC approach is about community that faces common issue, gather together to support each other to overcome the issue. Although TC program uses community approach, it is not yet accommodating client's needs. For that, BNN developed an integrated individual service through community approach called "Moving Class". Moving class is not a new approach. It is widely used in basic education, where students are moving out from their class and actively seeking a particular and designated class with particular topic, according to the schedule. Moving class in this context is modeling same approach. Standard approach provided knowledge and information sessions related to addiction through classical, where facilitator come to the class full of clients, and delivers the subject. While moving class ask clients to determine their own topic based on their own needs and ask client to find out the venue of its topic. So client have to actively move from spot to spot. They also need to make an adjustment to each class, both to the facilitator and their peer in the same class. As BNN's mission is to provide evidence-based services, there is need to do systematic review to clinically assess "Moving Class" method. The study question is whether Moving Class method offers better behavioral changes in recovery process compared to the standard TC. This study used mixed method approach with quasi experimental design, whereby 34 participants in intervention arm received Moving Class intervention and 43 participants in standard of care (SOC) arm received standard TC. We used instruments like Client Evaluation of Self Treatment of Texas Christian University and Change Assessment Scale of University of Rhode Island to evaluate the behavioral changes. Results showed that participants in intervention arm experienced inclination to receive treatment, more participation in rehabilitation process, maintained good relationship in counseling, were able to identify problems. Also, the number of participants had had mental health issues during treatment declined. This study proved that Moving Class method provided improved behavioral changes compared to the classical one.

Keywords

Behavior; Rehabilitation; Therapeutic Community

INTRODUCTION

Substance use disorders have become global issue that attracted concerns of all nations. National Survey on Substance Use in 34 provinces, conducted in 2017 by Center for Research, Data, and Information of BNN and Center for Health Research of UI, revealed that substance use prevalence in Indonesia was 1.77% or about 3.4 million people from age group of 10-59 years old (BNN, 2018). Rehabilitation program for drug addicts and

victims of substance use is a manifestation effort of the fifth point of the national development agenda, Nawa Cita "To improve the quality of the human resources of Indonesia" as captured in the National Mid-Term Development Plan or RPJMN 2015-2019. Improving the rehabilitation service system to escalate the quality care given will be benefitting to the quality improvement of individuals, families, and the community.

Since 2017, Deputy of Rehabilitation sector of BNN has been advancing the Lido Rehabilitation Main Hall to be the Center of Excellence (COE) of substance use rehabilitation and therapy care, whereby this program has become one of the nation-wide priorities for BNN. Lido Rehabilitation Main Hall is the largest rehabilitation facility for substance use disorders in South East Asia. It can accommodate 800 clients/year and has rehabilitation staff who are professional and competent. Several things that have been developed in relation to COE are development of rehabilitation program using various methods that are evidence-based and meet the clients' needs, advancement of evaluation review and quality improvement in rehabilitation sector, and development of a solid and integrated information system on rehabilitation for substance use disorders. One of the rehabilitation services that will be advanced in the Main Hall is client-based intervention through community approach using Moving Class design. Before projected to be a COE, the Main Hall used classical intervention method, wherein all clients received the same rehabilitation method.

Moving Class concept refers to a classroom learning/psychoeducation/client-centered education therapy in providing dynamic environment to meet the need of each individual client. Moving Class method is a teaching and learning system that characterized on class focusing on certain subject/topic, thus the participants will be mobile according to the scheduled subject. Moving Class in rehabilitation is a group therapy with special subject that has been decided as the client's need for recovery, whereby each facilitator is ready in each

decided class room with the subject that s/he will deliver. As the subject transfer time on, facilitator should be ready in the appointed classroom and clients from each ward attending the classroom that is designed to meet their need. The strategy of Moving Class is that learning activity in a full classroom may stimulate discussion, questions, learning together, teaching one another, independent and effective learning, and skill development. During Moving Class, clients are required to be proactive in following the learning process. This proactiveness could intellectually and emotionally be observed thus clients would be engaged in understanding the subject which will help them in the recovery process. Innovation is needed in rehabilitation process to achieve the recovery goals and to prevent clients from feeling overwhelmed in psychoeducation process. Therefore, psychoeducation strategy or Moving Class system is created.

Considering that it is a new method to be implemented in the Main Hall, there is need to conduct a study on "Assessment on the Implementation of Moving Class" to accommodate individual treatment plan, which would create ideal rehabilitation service for inpatient rehabilitation care in the Main Hall of BNN. Research questions of this study, namely whether Moving Class method implemented in the intervention arm provides better behavioral change compared to classical method in the SOC arm? Does Moving Class method increase motivation, involvement in program, social and psychological functions better than the classical one? What are sociodemographic variables influencing the motivation in behavioral change.

This study aims, firstly, to assess whether Moving Class method in intervention arm contributes to better understanding in the participants compared to the classical method in the SOC arm. Secondly, it is to evaluate whether Moving Class method increase participants' motivation, involvement in the program, have better social and psychological functions compared to the classical one. Thirdly, it is to assess which sociodemographic factors influencing motivation to behavioral change.

The study hypotheses are, firstly, Moving Class method will be able to make drug addicts and victims of substance use disorders having better understanding compared to the classical one. Secondly, Moving Class method will be able to make drug addicts and victims of substance use disorders having better behavioral change compared to the classical method.

METHODS

This study used mixed method (quantitative and qualitative) with quasi-experimental design, whereby two arms namely intervention arm received intervention of seminar/training using Moving Class approach and SOC arm received seminar/training using classical method. Quasi-experimental study design is an observational prospective cohort study without randomization whereby progress of each participant will be evaluated for three months. As the authors were testing hypotheses, quantitative method was used which results will be strengthened narratively by the qualitative results. Especially for this paper, we will focus only on the quantitative data.

This study was conducted from April 2019 to November 2019 at the Main Hall of BNN, Wates Jaya village, Cigombong district, Bogor. Study population was all clients who received inpatient care and were on the primary phase. The study participants were clients who were on rehabilitation program for 6 months. Inclusion criteria included clients being in primary phase of rehabilitation program for 6 months, male, age above 18-year-old, and for compulsory clients to have had received their sentences. The exclusion criteria for the study were clients with severe mental disorders, female, unwilling to participate in the study. This study had two arms: intervention and SOC. There were 34 intervention participants and 43 SOC participants.

Data collection was conducted two times. Firstly, collection was conducted when clients were in stabilization phase (before entering classical and Moving Class intervention) in May. Secondly, collection was conducted after intervention was completed (for intervention arm) and after being in primary phase for more than three months (for SOC arm) which started in July. Data collection technique was done sequentially using:

1. Pre- and Post-University of Rhode Island Change Assessment Scale (URICA) (Devi, 2013).
2. Pre- and Post-Client Evaluation of Self and Treatment (CEST) (Institute of Behavioral Research, 2007).
3. Observation
Observation was conducted over behaviour and attitude of participants while attending Moving Class. In the class, observation was conducted by facilitator.

Table 1. Frequency Distribution of Sociodemographic Data

Characteristics	Intervention (n=28)	SOC (n=43)	Total (n=71)
	%	%	%
Age			
18-30	82.14	74.42	77.46
>31	17.86	25.58	22.54
Education			
Elementary	21.42	20.93	21.12
Senior High School	64.29	60.47	61.98
University	14.29	18.61	16.90
Marital Status			
Single	82.14	53.49	64.79
Married	17.86	46.51	35.21
Employment Status			
Unemployed	64.29	67.44	66.20
Employed	35.71	32.56	33.80

Before data analysis was done, the authors performed identity crosscheck, questionnaire numbering (URICA and CEST), and checked completeness of filled-in questionnaire. Data analysis included:

1. Frequency distribution, to obtain sociodemographic profile of the participants.
2. Analysis of Pre- and Post-URICA using Wilcoxon and Mann Whitney tests.
3. Cross tabulation between age and Pre- and Post URICA, to assess any association between age and behavioral change stages.
4. Cross tabulation between marital status and Pre- and Post-URICA, to assess any association between marital status and behavioral change stages.
5. Parametric and non-parametric analysis for CEST variables, to assess whether there is any association between value of each Pre- and Post-CEST variables in both arms.

Quantitative data was analyzed using SPSS 25.

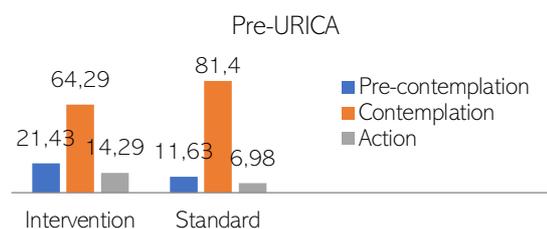
RESULTS AND DISCUSSION

Participants were former drug addicts who were on social rehabilitation program. There were 34 participants in the intervention

arm. In the middle of Moving Class conduct, there were 4 participants dropped out from the intervention which reduced the intervention participants to 28 people. As for SOC arm, there were 44 participants. Sociodemographic pattern of the participants showed that participants were mostly aged between 18 to 30-year-old, senior high school educated, single, and unemployed (see table 1).

URICA Test Results

Based on URICA Pre-test (see Figure 1), participants in both arms showed equal stage of change. That means, initial condition of participants in both arms was similar, apple to apple. After Moving Class intervention, intervention participants experienced reduction in precontemplation phase from 21.43% down to 3.57% and increase in action phase from 14.29% to 35.71%. Meanwhile, SOC participants, who had been in primary phase for 3 months, experienced reduction in contemplation phase from 11.63% to 6.98% and increase in action phase from 6.98% to 27.91%.



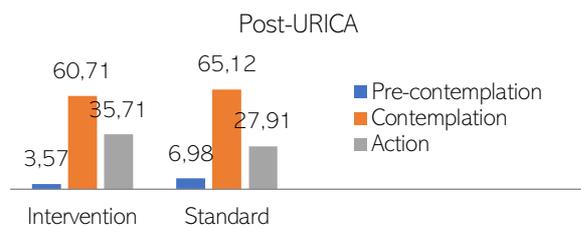


Figure 1. Percentage of Pre- (a) and Post- (b) test URICA Result

Pre- and Post-URICA data in both arms were not distributed normally and homogenous, thus non-parametric statistical analysis was performed. URICA analysis using Wilcoxon Test (see table 2) showed Asymp. Sig 0.007 < 0.05 and Asym. Sig 0.001 < 0.05 indicated that hypothesis is accepted. That means, there is significant difference between URICA Pre- and Post-test in both arms.

Table 2. Pre- and Post-URICA using Wilcoxon Test

	URICA post Intervention - URICA pre Intervention	URICA post SOC - URICA pre SOC
Z	-2.676 ^b	-3.300 ^b
Asymp. Sig (2-tailed)	0.007	0.001

Furthermore, values from Pre- and Post-URICA were analyzed using Mann Whitney Test. Table 3 described that Mann Whitney statistical test showed Asym. Sig 0.550 > 0.05 meaning that hypothesis is rejected. That means, there is no significant difference between Pre- and Post-URICA in both arms.

Table 3. URICA Analysis using Mann Whitney Test

	URICA Result
Mann-Whitney U	502.000
Wilcoxon W	1322.000
Z	-0.597
Asymp. Sig. (2-tailed)	0.550

As shown by the results above, Moving Class and Classical methods are statistically able to provide behaviour change in

participants. It might happen as each method delivers knowledge to the participants which might initiate changes in their attitude and practice. It is in rhyme with "Behaviour Change Theory by Bloom".

Association Between Age, Marital Status, and Pre-URICA

Pre-URICA data was associated with age in Cross Tabulation and analyzed using Chi-Square Test (see table 4 and 5).

Table 4. Crosstab on Age and Pre-URICA Value

Age	Pre-URICA Value			Total
	Pre-contemplation	Contemplation	Action	
18-30	5	10	3	18
>30	1	7	1	9
Total	6	17	4	27

Table 5. Chi-Square Test Result for Age with Pre-URICA

	Value	Df	Asymptomatic Significance (2-sided)
Pearson Chi-Square	1.346 ^a	2	0.510
Likelihood Ratio	1.432	2	0.489
Linear-by-Linear Association	0.195	1	0.658
N of Valid Cases	27		

Table 4 and 5 presented Asym. Sig 0.510 > 0.05 indicating that there is no significant association between age and Pre-URICA value.

Table 6. Crosstab on Marital Status with Pre-URICA Value

Marital Status	Pre-URICA Value			Total
	Pre-contemplation	Contemplation	Action	
Single	5	14	3	22
Married	1	3	1	5
Total	6	17	4	27

Table 7. Chi-Square Test Result for Marital Status with Pre-URICA

	Value	Df	Asymptomatic Significance (2-sided)
Pearson Chi-Square	0.134 ^a	2	0.935
Likelihood Ratio	0.126	2	0.939

Linear-by-Linear Association	0.089	1	0.766
N of Valid Cases	27		

Chi-Square Analysis on marital status and Pre-URICA value, table 3.6 and 3.7, presented Asym. Sig 0.935 > 0.05 indicating that there is no significant association between marital status and Pre-URICA value.

Association Between Age, Marital Status, and Post-URICA Value

Post-URICA data were associated with age in Crosstabulation and analyzed using Chi-Square Test. Table 8 and 9 presented Asym. Sig 0.024 < 0.05 indicating that there is significant association between age and Post-URICA value.

Table 8. Crosstab on Age with Post-URICA Value

Age	Post-URICA Value		Total
	Contemplation	Action	
18-30	14	4	18
>30	3	6	9
Total	17	10	27

Table 9. Chi-Square Test Result for Age and Post-URICA

	Value	df	Asymptomatic Significance (2-sided)
Pearson Chi-Square	5.082 ^a	1	0.024
Continutl Correction ^b	3.355	1	0.067
Likelihood Ratio	5.068	1	0.024
Linear-by-Linear Association	4.894	1	0.027
N of Valid Cases	27		

Table 10. Crosstab on Marital Status and Post-URICA Value

Marital Status	Post- URICA Value		Total
	Contemplation	Action	
Single	16	6	22
Married	1	4	5
Total	17	10	27

Table 11. Chi-Square Test Result for Marital Status and Post-URICA

	Value	Df	Asymptomatic Significance (2-sided)
Pearson Chi-Square	4.857 ^a	1	0.028
Continutly Correction ^b	2.859	1	0.091
Likelihood Ratio	4.808	1	0.028

Linear-by-Linear Association	4.677	1	0.031
N of Valid Cases	27		

Table 10 and 11 showed Asym. Sig 0,028 < 0,05 indicating that there is significant association between marital status and Post-URICA. Based on Chi-Square test result on marital status and Post-URICA value, it presented Asym. Sig F 0.032 < 0.05. which indicating that age and marital status simultaneously showed significant association with Post-URICA value. It is shown by the analysis displayed in table 12.

Significant association between age and Post-URICA value is statistically proven and is in accordance with some studies which showed that age will influence the someone's ability to express his or her emotion. Age is one of the factors that influences the ability to regulate emotions in a person. Maider in Coon (2005) stated that increase in age caused a more controlled expression of emotions. In this study, increase in Post-URICA value may also be influenced by the learning method provided. Learning method is one of the factors that shapes one's behaviour (Notoatmodjo, 2014).

Significant association between marital status and Post-URICA value is also statistically presented. As in this study, most of the participants were singles, both in intervention and SOC arms. Elevation in Post-URICA might happened owing to the real support passed by their parents or guardian thus they were willing to undergo rehabilitation program.

Analysis of TCU-CEST Social Functions Values

There were four social functions measured in this study: hostility, risk-taking,

Table 12. Multiple Correlation Test on Age, Marital Status, and URICA

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics			Sig. F Change
						F Change	df1	df2	
1	.500 ^a	.250	.188	.444	.250	4.003	2	24	.032

a. Predictors: (Constant), Status Perkawinan, usia

social support, and social willingness scale Univariate analysis on CEST for intervention arm showed that: more participants experienced less hostility [64.2%], an increase percentage of participants on risk-taking (in terms of getting treatment) about 64.2%. For social willingness scale, the percentage of participants experienced less social willingness increased about 50%. Also, percentage of participants experienced better social support increased about 50%. Univariate analysis on CEST for SOC arm indicated that: 72% participants experienced an increased hostility, and 51.1% felt lessened social support. Based on normality test result, risk-taking and social willingness scale variables were analyzed using parametric analysis. Whilst, hostility and social support variables were analyzed using non parametric analysis. Homogeneity test displayed that hostility, risk-taking, social support, and social willingness scale variables held Asym. Sig > 0.05 indicating that the data are homogeneous.

Non-Parametric Analysis on Hostility and Social Support Variables

Non parametric analysis (Wilcoxon Test) of pre- and post- over hostility variables demonstrated Asym. Sig of 0.968 on intervention arm. The analysis showed Asym. Sig. 0.635 and Asym. Sig. 0.973 of pre- and post- social support variables on intervention and SOC arms, respectively. When Asym Sig. > 0.05, the hypothesis is rejected which

indicating that there is no significant difference in pre- and post- test values of hostility variable in intervention arm, pre- and post- test values of social support variable in both arms. Meanwhile, Asym Sig. 0.011 (hypothesis accepted) in pre- and post- test value of hostility variable in SOC arm indicating that there is significant difference between pre- and post-test value in the arm (see table 13).

Next, hostility and social support variable were analysed further using Mann-Whitney Test. Table 14 showed that Asym Sig. > 0.969 and Asym Sig. > 0.672 for hostility and social support, respectively. They demonstrated that the hypotheses were rejected; there is no significant difference for hostility and social support variables.

In Moving Class, there is a subject on "Mental Health Disorders in Substance Use", wherein facilitator would discuss about 4 sub-subjects on mental disorders, including depression and anxiety. The facilitator would teach the class attendants on how to conquer depression and anxiety. They would be taught on how to use anxiety scale and on how to practice anxiety management. They would also be able to discuss and share opinions. Depression and anxiety could be an expression of suppressed anger. "Anger Management" class takes an active role in providing emotional management learning to the class attendants. The aforementioned classes demonstrated that three theories were used, namely social learning, emotional regulation, and behavioral

Table 13. Non-Parametric Analysis with Wilcoxon Test for Hostility and Social Support Variables

Test Statistics^a

	post permusuhan perlakuan - pre permusuhan perlakuan	post permusuhan standar - pre permusuhan standar	post dukungan sosial perlakuan - pre dukungan sosial perlakuan	post dukungan sosial standar - pre dukungan sosial standar
Z	-.040 ^b	-2.533 ^b	-.475 ^c	-.034 ^c
Asymp. Sig. (2-tailed)	.968	.011	.635	.973

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

c. Based on positive ranks.

changes. Regarding the social support variable, additional subjects on the variable need to be provided since it is one of the factors that initiates and strengthens recovery process.

Table 14. Analysis Using Mann-Whitney Test on Hostility and Social Support Variables

	F Score on Hostility	F Score on Social Support
Mann-Whitney U	537.000	507.000
Wilcoxon W	915.000	1327.000
Z	-0.039	-0.424
Asymp. Sig (2-tailed)	0.969	0.672

Parametric Analysis on Risk Taking and Willingness Variables

Results of Paired Sample T test on risk-taking and willingness variables are as follow:

1. Result of pair 1: Asym. Sig 0.034 indicating that there is significant difference in average over pre- and post- test values on risk-taking in intervention arm. In other words, Moving Class method had influence to pre- and post- test values of the variable in CEST social function indicator.
2. Result of pair 2,3,4: Asym. Sig > 0.05 indicating that there is no significant difference in average on pre- and post-test values of risk-taking variable in SOC arm and of willingness variable in both arms.

Analysis of TCU CEST Psychological Functions Values

There are 5 variables in psychological functions of CEST that were analyzed, like expectations, decision-making, anxiety, depression, and self-esteem. Univariate analysis results showed that intervention participants experienced lessen expectations and lessen anxiety, 57.1% and 53.5% correspondingly. In the SOC arm, 53.4% participants exhibited increased self-esteem, 51.1% showed increased expectations, 37.2% experienced increased depression, 53.4% exhibited a decreased in decision making, and 58.1% had lessen anxiety. Statistical analysis on psychological functions of CEST was performed using non parametric test because the data distribution is scattered. Homogeneity test displayed that value of each variable was Asym Sig. > 0.05 indicating that the data was homogeneous. Table 3.16 presented the results of Wilcoxon Test:

1. Asym Sig. > 0.05 (hypothesis rejected) for self-esteem and expectations variables in both arms, and depression and anxiety variables in SOC arm. The results indicated that there is no significant difference between pre- and post- test values of those variables.

Table 15. Parametric Analysis on Risk-Taking and Willingness Variables using Paired Sample T-Test

		Paired Differences			
		Mean	Std. Deviation	Std. Error Mean	Sig (2-tailed)
Pair 1	Pre risk-taking intervention-post risk-taking intervention	-1.407	3.273	0.630	0.034
Pair 2	Pre risk-taking SOC-post risk-taking SOC	-0.300	3.252	0.514	0.563
Pair 3	Pre willingness intervention-post willingness intervention	-0.778	6.154	1.184	0.517
Pair 4	Pre willingness SOC-post willingness SOC	-0.175	4.296	0.679	0.798

2. Asym Sig. < 0.05 (hypothesis accepted) for de pression and anxiety in intervention arm, which indicated that there is significant difference between pre- and post- test values on both variables. Decreased in CEST values for depression and anxiety variables could be caused by participants' ability to regulate their emotions thus they were psychologically better adapted when undergoing activities in the program. This could happen because during subject deliverance in the Moving Class where attendants gained knowledge and also were invited to share opinions and to discuss issues with the facilitator. The number of attendants for each Moving Class session is less than 10 people which allow each attendant to be proactive in discussion. Materials for discussion were also linked to the subject title and cases experienced by the attendants while undergoing the program. In addition to that, moving Class provided subjects on mental health disorders, like depression and anxiety. These subjects included the ways to overcome depression and anxiety when they arise, which proven to be useful in lessening anxiety and depression.

Analysis on TCU CEST of Need for Treatments and Motivation

For CEST on the need for treatments and

motivation, there were 5 variables analyzed, namely need for treatment, pressures for treatment, readiness for treatment, willingness to get help, and problem recognition. Based on the univariate analysis, there were 71.4% participants experienced increase in the need for help, 64.2% had increase in need for treatment, and 53.5% had increase in the readiness for treatment; all are in the intervention arm. Meanwhile, 50.5% intervention participants experienced decrease in pressures while being in the treatment.

Univariate analysis on SOC arm displayed that 34.8% participants showed, singly in increase and decrease, ability to recognize problems. About 32.5% and 25.5% participants reported having increase and decrease, respectively, in the willingness to get help. For readiness for treatment variable, 37.2% showed increment and 23.2% showed decline. For the need for treatment variable, 41.8% reported to having decline and 20.9% reported to having increment.

Based on the normality test results, significant value of each variable is heterogeneous; varied from Asym Sig > 0.05 to Asym Sig. < 0.05, thus further analysis was performed using Non-Parametric Test. In homogeneity test, the data were analyzed using One Way ANOVA whereby the result showed Asym Sig. > 0.05 indicating that the

Table 16. Non-Parametric Analysis on Psychological Functions of CEST Using Wilcoxon Test

	Z	Asym. Sig (2-tailed)
Post self-esteem intervention-pre self-esteem intervention	-0.389 ^b	0.697
Post self-esteem SOC-pre self-esteem SOC	-1.753 ^b	0.080
Post-depression intervention-pre depression intervention	-2.204 ^c	0.028
Post-depression SOC-pre depression SOC	-0.875 ^b	0.381
Post anxiety intervention-pre anxiety intervention	-2.230 ^c	0.020
Post anxiety SOC-pre anxiety SOC	-1.365 ^c	0.172
Post decision-making intervention-pre decision-making intervention	-0.703 ^b	0.482
Post decision-making SOC-pre decision-making SOC	-0.409 ^c	0.683
Post expectations intervention-pre expectations intervention	-1.833 ^c	0.067
Post expectations SOC-pre expectations SOC	-0.826 ^b	0.409

data is homogenous. Furthermore, we performed Wilcoxon Test of which results are shown in Table 17.

1. Asym Sig. > 0.05 on pre- and post- of recognizing problems, expectations, readiness for treatment, pressures during treatment, and the need for treatment variables in SOC arm. Also, the same value prevailed for pre- and post- test of readiness for treatment and pressures during treatment variables in intervention arm. The results indicated that the hypothesis is rejected. Meaning, there is no significant difference between pre- and post- test values on the aforementioned variables for SOC arm and intervention arm, correspondingly.
2. Asym Sig. < 0.05 on pre- and post- of recognizing problems and the need to get help variables in intervention arm, which indicating that the hypothesis is accepted, which means that there is significant difference between pre- and post- test values of those variables in the arm.

After attending Moving Class, participants showed decrease in precontemplation from 21.43% to 3.57%. And, an increase in action phase from 14.29% to 35.71%. meaning, it is proven that the learning method provided by and learning situation created by the facilitator in the class

was able to alter negative behaviors to positive ones, like increase of participants' ability in recognizing problems and came the need to get help. The findings are in accordance with social learning theory which stated that "Someone learn to change his/her behaviors through witnessing how other or a group of people responding to one particular stimulus. The person could learn new ways of responding by observing others' behaviors".

Mann-Whitney Test showed Asym Sig. > 0.05 on problem recognition, readiness for treatment, and need for treatment variable in both arms. The results meant that the hypothesis is rejected indicating that Moving Class method had no influence over the aforementioned three variables in intervention arm. Meanwhile, variables like willingness to get help and pressures in the treatment, in the intervention arm, had Asym Sig. < 0.05 (shown in Table 18). Knowledge, theories, discussion, and practices provided and delivered by the facilitator during Moving Class session were able to transform cognitive and behaviour aspects of the participants. Various subjects received were proven to be able to change the behaviour from precontemplation and contemplation to action, from feeling depressed when undergoing the program to acceptance (no longer depressed). Some of the subjects included Healthy Lifestyle,

Table 17. Non-Parametric Analysis on CEST Data for the Need for Treatment and Motivation Using Wilcoxon Test

	Z	Asym. Sig (2-tailed)
Post problem recognition intervention -pre problem recognition intervention	-2.748 ^b	0.006
Post problem recognition SOC-pre problem recognition SOC	-0.291 ^b	0.771
Post willingness to get help intervention-pre willingness to get help intervention	-2.566 ^b	0.010
Post willingness to get help SOC-pre willingness to get help SOC	-0.723 ^c	0.469
Post readiness for treatment intervention-pre readiness for treatment intervention	-1.187 ^b	0.235
Post readiness for treatment SOC-pre readiness for treatment SOC	-0.839 ^b	0.401
Post pressures in treatment intervention-pre pressures in treatment intervention	-0.675 ^c	0.500
Post pressures in treatment SOC-pre pressures in treatment SOC	-1.409 ^b	0.159
Post need for treatment intervention-pre need for treatment intervention	-1.418 ^b	0.156
Post need for treatment SOC-pre need for treatment SOC	-0.206 ^c	0.837

Table 18. Analysis of CEST Data on The Need for Treatment and Motivation Using Mann Whitney Test

Variables	Mann-Whitney U	Wilcoxon W	Z	Asymp. Sig. (2-tailed)
Problem recognition	419.000	1239.000	-1.553	0.120
Willingness to get help	351.500	1171.500	-2.420	0.016
Readiness for treatment	470.500	848.500	-0.896	0.370
Pressures during treatment	366.500	744.500	-2.228	0.026
Need for treatment	483.500	1303.500	-0.727	0.467
Accuracy	513.000	891.000	-0.841	0.401

Physical Illness es Related to Substance Use, Building and Maintaining Healthy Relationship, and Anger Management. This condition supported the implementation of Stages on Behavioral Changes and Social Learning theories during participation in Moving Class.

Analysis on TCU CEST of Involvement in Program

There are four variables in TCU CEST regarding involvement in program, i.e., good relationship in counselling, peer support, satisfaction over treatment, and participation in treatment. Univariate analysis in intervention arm showed that 67.8% participants experienced increase in good relationship in counselling, 64.2% reported increase in peer support, 60.7% had increased in participation in treatment, and 50% reported increase in satisfaction over treatment. In SOC arm, the highest increment happened in good relationship in counselling, 44.1%, and the highest decrease in peer support. Normality

test showed varied results which further being analyzed using non-parametric test. Furthermore, data were analyzed using Wilcoxon Test. The results were shown in Table 19.

1. Asym Sig. > 0.05 was found in variables such as participation in treatment, peer support, good relationship in counselling in the SOC arm. And, satisfaction over treatment and peer support variables in the intervention arm. That means, hypothesis rejected indicating that there is no significant difference over pre- and post-test values for above-mentioned variables in the arms, respectively.
2. Asym Sig. < 0.05 was found in pre- and post- tests for variables like participation in treatment and good relationship in counselling for intervention arm, which means that the hypothesis accepted. It indicated that there is significant difference between values of pre- and post- tests for the said variables.

Table 19. Non-Parametric Analysis Using Wilcoxon Test on CEST Data for Involvement in Program

	Z	Asym. Sig (2-tailed)
Post participation in treatment intervention - pre participation in treatment intervention	-2.363 ^b	0.018
Post participation in treatment SOC - pre participation in treatment SOC	-0.346 ^c	0.729
Post satisfaction over treatment intervention - pre satisfaction over treatment intervention	-1.481 ^b	0.139
Post satisfaction over treatment SOC - pre satisfaction over treatment SOC	-0.518 ^b	0.604
Post peer support intervention - pre peer support intervention	-1.792 ^b	0.073
Post peer support SOC - pre peer support SOC	-0.569 ^b	0.569
Post good relationship in counselling intervention - pre good relationship in counselling intervention	-2.908 ^b	0.004
Post good relationship in counselling SOC - pre good relationship in counselling SOC	-0.063 ^b	0.950

Note: a. Wilcoxon Signed Ranks Test, b. Based on negative ranks, dan c. Based on positive ranks.

Table 20. Analysis on CEST Data for Involvement in Program Using Mann-Whitney Test

Variables	Mann-Whitney U	Wilcoxon W	Z	Asymp. Sig. (2-tailed)
Participation in treatment	396.000	1216.000	-1.850	0.064
Satisfaction over treatment	430.000	1250.000	-1.419	0.156
Peer support	505.500	1325.500	-0.449	0.653
Good relationship in counselling	359.000	1179.000	-2.322	0.020

In "Building and Maintaining Healthy Relationship" class, attendants were taught on how to build and to maintain good interpersonal relationship. Attendants were taught about the practice and encouraged to do sharing and discussion with the facilitator. The class was the most favorite one where more attendants joined in. Wilcoxon Test for this variable showed that the learning system provided in Moving Class increased participants' spirit to be more actively participate in the treatment and to build and maintain good relationship in counselling. It is in accordance with Social Learning Theory by Bandura (1986) which stated that observational learning covers four elements, namely observation, information-keeping, generating behaviour, and be motivated to repeat the behaviour.

Afterward, the data were analyzed using Mann-Whitney Test. Table 20 showed that Asym Sig. > 0.05 (hypothesis rejected) for satisfaction over treatment and peer support variables. In the meantime, Asym Sig < 0.05

(hypothesis accepted) for participation in treatment and good relationship in counseling variables. The latter result indicated that moving Class had influence on both variables in the intervention arm.

CONCLUSION

Both methods, Moving Class and Classical, provided better behavioral changes. Nevertheless, Moving Class method presented much better results in behavioral changes compared to the classical method. Statistically proven, participants who attended Moving Class experienced increased in their social functions, like willingness to receive treatments. Also, increased in functions of involvement in program, like participation in the treatment and maintaining good relationship in counselling. Moving Class improved the functions of need for treatments and motivation, such as ability to detect problems at hand. Moreover, there is decrease in depression level, anxiety, pressures while being

in treatments, which means that Moving Class psychologically gives better influence.

Meanwhile, sociodemographic variables that influenced motivation for behavioral changes are age and marital status. Meaning, increasing age resulting in improvement on emotional expression. Parents (for those who were single) and spouse (for those who were married) are the source of support for clients in their treatments.

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