THE EFFECT OF IMPLEMENTING *MOTIVATIONAL INTERVIEWING* AND *TASK-CENTERED* TECHNIQUES ON THE TREATMENT OF SUBJECT "GV" WHO ABUSES DRUGS IN THE VILLAGE OF ASIH, CISARUA SUB-DISTRICT

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Abstract

The purpose of this study was to obtain an overview of the level of relapse (relapse) in respondents who use drugs, as well as to analyze the effect of the implementation of Motivational Interviewing and Task-Centered techniques on three stages of relapse, namely emotional relapse, mental relapse, and physical relapse. The research method used is quantitative with a single-subject design. Data collection techniques were conducted through observation, unstructured interviews, and documentation studies. The data validity test used the Product-Moment correlation formula, while the reliability test used Alpha Cronbach with the help of the SPSS (Statistical Product and Service Solution) program. Data analysis was conducted using quantitative analysis techniques using the Two Standard Deviation (2 SD) formula to test the main hypothesis and sub-hypotheses. The results showed that the application of Motivational Interviewing and Task-Centered was effective in reducing the relapse rate of respondents with the initials "GV" who abused drugs. In the aspect of emotional relapse, the score before the intervention reached 32 points and decreased to 15 points after the intervention. In the aspect of mental relapse, the score before the intervention amounted to 28 points and decreased to 19 points. Meanwhile, in the aspect of physical relapse, the initial score of 27 points decreased to 16 points after the intervention was conducted. Thus, it can be concluded that the combination of Motivational Interviewing and Task-Centered techniques significantly contributes to suppressing the tendency of emotional, mental, and physical relapse in individuals who use drugs, thus potentially becoming an effective intervention approach in rehabilitation programs.

Keywords: Relapse Rate, Drug Abusers, Motivational Interviewing Technique, Task-Centered Technique

Abstrak

Tujuan penelitian ini adalah untuk memperoleh gambaran mengenai tingkat kekambuhan (relapse) pada responden pengguna NAPZA, serta menganalisis pengaruh implementasi teknik Motivational Interviewing dan Task Centered terhadap tiga tahapan kekambuhan, yaitu kekambuhan emosi (emotional relapse), kekambuhan mental (mental relapse), dan kekambuhan fisik (physical relapse). Metode penelitian yang digunakan adalah kuantitatif dengan rancangan subjek tunggal (Single Subject Design). Teknik pengumpulan data dilakukan melalui observasi, wawancara tidak terstruktur, dan studi dokumentasi. Uji validitas data menggunakan rumus korelasi Product Moment, sedangkan uji reliabilitas menggunakan Alpha Cronbach dengan bantuan program SPSS (Statistical, Product and Service Solution). Analisis data dilakukan dengan teknik analisis

kuantitatif menggunakan rumus Two Standard Deviation (2 SD) untuk menguji hipotesis utama maupun sub-hipotesis. Hasil penelitian menunjukkan bahwa penerapan Motivational Interviewing dan Task Centered efektif dalam menurunkan tingkat kekambuhan responden berinisial "GV" yang menyalahgunakan NAPZA. Pada aspek kekambuhan emosi, skor sebelum intervensi mencapai 32 poin dan menurun menjadi 15 poin setelah intervensi. Pada aspek kekambuhan mental, skor sebelum intervensi sebesar 28 poin turun menjadi 19 poin. Sementara itu, pada aspek kekambuhan fisik, skor awal sebesar 27 poin menurun hingga 16 poin setelah intervensi dilakukan. Dengan demikian, dapat disimpulkan bahwa kombinasi teknik Motivational Interviewing dan Task Centered berkontribusi signifikan dalam menekan kecenderungan kekambuhan emosi, mental, maupun fisik pada individu pengguna NAPZA, sehingga berpotensi menjadi pendekatan intervensi yang efektif dalam program rehabilitasi.

***Kata kunci**: Tingkat Kekambuhan, Penyalahguna NAPZA, Teknik Motivational Interviewing, Teknik Task Centered*

INTRODUCTION

Globalization, modernization, and technological sophistication bring an era where information-both positive and negative-spreads easily and quickly (Triyanto, 2020). Mass and electronic media present free lifestyles as if there are no consequences, and this can become a fashion that is easily imitated by the public, especially the younger generation. The impact is directly visible in the increase of social welfare problems, including drug abuse, a phenomenon that is very disturbing because it can damage the nation's next generation and has negative implications for overall social development. Globally, the rate of drug abuse shows an alarming trend. The UNODC report (2023) noted that around 296 million people in the world abuse drugs, equivalent to 5.8% of the population aged 15-64 years. In Indonesia, although the prevalence rate is still below the global average, the number affected remains significant. BNN data shows that by 2023, the prevalence of drug abuse will reach 1.73%, or around 3.33 million people of productive age (15-64 years). This figure decreased from 1.95% in 2022, signaling the effectiveness of national interventions, but still demanding continued efforts. BNN even targets a further decline to 1.7% by 2025 and 1.6% by 2029 in its 2025-2029 Strategic Plan.

Areas with high prevalence are still in provinces such as North Sumatra (6.5%), South Sumatra (5.0%), DKI Jakarta (3.3%), Central Sulawesi (2.8%), and Yogyakarta (2.3%) based on the 2019 survey. This high prevalence is not just a statistical problem: drug abuse causes physical damage (such as liver, heart, and nervous system damage), psychological impact (depression, social isolation, aggression), economic collapse (high cost dependency), and social degradation (crime, prostitution)-all contributing to societal instability (KemenPPPA, 2020). Relapse rates also represent a serious problem. BNN states that about 40% of former addicts who have undergone rehabilitation return to addiction again-about 2,400 out of 6,000 people per year. Relapse is often triggered by internal factors such as stress, psychological pressure, and traumatic memories, as well as external factors such as an unfavorable family environment and wrong associations (Syaputri, 2021).

Theoretical studies reinforce the need for integrative interventions. Motivational Interviewing (MI), developed by Miller and Rollnick, is a client-focused, directive counseling approach aimed at reducing behavioral ambivalence - particularly effective in substance dependence cases (Miller & Rollnick, 1983 onwards). Meanwhile, the Task Centered Approach, initiated by Reid and Epstein (1972), combines behavioristic and cognitive approaches, focusing on the formulation of specific tasks to solve problems- including interpersonal problems, stress, and decision-making. During the practicum, an in-depth assessment was conducted on a client named "GV", who exhibited a moderate level of relapse. His condition was exacerbated by a lack of supervision after discharge from rehabilitation, tenuous family relationships, and pressure from the social environment, as well as feelings of injustice and jealousy towards other family members. The MI intervention was implemented: the results were positive-"GV" showed a decrease in drug spending, improved fitness, enthusiasm for the MI sessions, a firm admission of not abusing drugs, and verification by friends of his more physically and emotionally stable behavior. However, once the rehabilitation document ended and "GV" returned to the home environment and interacted with the peer group again, the risk of relapse increased sharply.

This suggests that the use of a single intervention technique - although proven effective in structured settings such as BRSPP - is inadequate when clients return to real social situations, with environmental challenges and without systemic controls. Therefore, a combination approach is required: MI, which focuses on ambivalence and self-motivation, combined with Task Centered, which emphasizes setting concrete tasks to deal with stress, role conflict, and interpersonal conditions. This combined model is expected to increase the effectiveness of the intervention in minimizing the potential for relapse in "GV". The problem formulation of this study is formulated as follows: how is the description of the subject's relapse rate; how is the effect of the implementation of MI and Task Centered techniques on the subject's emotional relapse, mental relapse, and physical relapse. The purpose of the study is to obtain an empirical picture of the subject's relapse rate and analyze the effect of the combined implementation of MI and Task-Centered techniques on the three dimensions of relapse. From a theoretical point of view, this research is expected to enrich the treasures of social intervention by combining the concepts of MI and Task-Centered in the context of drug user relapse. Practically, the results of the study can serve as a basis for stakeholders (BNN, families, rehabilitation institutions) in developing relapse prevention programs that are more comprehensive, evidence-based, and adaptive to the real social conditions of clients.

METHOD

This study uses a quantitative approach with experimental methods to determine the effect of the implementation of *Motivational Interviewing* (MI) and *Task-Centered* techniques on the level of *relapse* of drug abusers. The research design chosen was a *single-subject* design, also known as the *N of 1* design. This design is considered appropriate because it allows in-depth analysis of individuals, while providing a practical methodology in

testing educational interventions and relapse behavior at relatively low cost (Creswell, 2015). The model used is a *multiple baseline cross-variable design* with an A-B design, where phase A is the baseline before the intervention, and phase B is the condition after the intervention (Djaali, 2021). Through this model, researchers can gradually assess changes in relapse rates in emotional, mental, and physical aspects after the application of MI and *Task-Centered* techniques. To ensure the research instrument is valid and reliable, a validity test was conducted using Pearson's *product-moment* correlation formula using SPSS 22.0. The test was conducted on five respondents with similar characteristics, namely drug abusers aged 18 years who experienced relapse. Based on the results of the test on 30 relapse instrument items, all items were declared valid because the correlation value exceeded the minimum limit of 0.30 (Jaya, 2020). Furthermore, the reliability test of the relapse instrument showed a Cronbach's Alpha value of 0.850, indicating high reliability. In addition, the reliability of the relapse observation sheet was tested using the *percent agreement* method between two observers, namely the researcher and the subject's relative. The results of three hours of observation showed a high level of recording agreement, both when relapse occurred and when it did not occur. Thus, the research instruments proved to have sufficient validity and reliability to measure the effectiveness of MI and *task-centered* interventions in reducing the relapse rate of drug abusers.

RESULT AND DISCUSSION

In general, the implementation of MI + Task-Centered resulted in substantial decreases in the three measured dimensions of relapse. Emotional relapse scores dropped from 32 (pre-intervention) to 15 (post-intervention), mental relapse dropped from 28 to 19, and physical relapse dropped from 27 to 16. These reductions are consistent with the hypothesis that a combination of interventions targeting intrinsic motivation, ambivalence clarification, concrete task structure, and solution-focused problem solving would strengthen subjects' self-control, modify risky routines, and reduce exposure to relapse triggers in the real environment. The score reductions occurred across all three domains, suggesting that the clinical benefits of the interventions were not limited to a single domain but were cross-domain improvements.

Data Description and Measurement Reliability

The relapse instrument used was subjected to validity testing (Pearson item-total correlation; criterion $r \geq 0.30$), and all items were valid. Internal reliability for the relapse scale showed Cronbach's Alpha = 0.850 (based on normalized items), indicating high internal consistency. In addition, the reliability of the observation sheet was checked through percent agreement between two observers (the researcher and the subject's relative) during a 3-hour observation session, which showed a high level of agreement in both the relapse and non-relapse intervals. Methodologically, this reliability strengthens inferential validity when assessing changes in scores from baseline to intervention phase.

Statistical Analysis Table (Descriptive, Absolute, and Percentage Change)

Although the unit of analysis is a single subject (GV) and therefore does not allow for group-based parametric significance testing (e.g., independent *t-tests*), quantitative findings can be demonstrated through descriptive statistics, absolute change, and percentage reduction that are clinically relevant. In single-subject designs, metrics of change and directional consistency are key indicators of impact, and-when baseline time series are available-usually include Two Standard Deviation (2 SD) band tests or non-overlap indices. In this dataset, we present the following summary matrix.

Table 1. Reliability of the Relapse Instrument

STATISTICS	CRONBACH'S ALPHA	ALPHA (STANDARDIZED ITEMS)	NUMBER OF ITEMS
RELAPSE SCALE	0,801	**0,850**	30

Notes. A value of $\alpha \geq 0.80$ indicates high reliability.

Table 2. Pre-Intervention vs Post-Intervention Relapse Score (GV)

RELAPSE DIMENSION	BASELINE (A)	MI + TASK CENTERED INTERVENTION (B)
EMOTIONS	**32**	**15**
MENTAL	**28**	**19**
PHYSICAL	**27**	**16**

Table 3. Absolute Change and Percentage Decrease

DIMENSION	$\Delta (A - B)$	PERCENTAGE DECREASE
EMOTIONS	**17**	**53,1%**
MENTAL	**9**	**32,1%**
PHYSICAL	**11**	**40,7%**

Notes. Percentage decrease = (A - B)/A × 100%.

Clinical Interpretation Based on Effect Threshold

In the behavioral intervention literature, reductions of ≥30% are often viewed as moderate-to-large effects on symptom indicators, particularly when they are consistent across domains. With this reference, a reduction of 53.1% (emotional) was classified as large, 40.7% (physical) as large, and 32.1% (mental) as moderate-large. Consistency across domains implies that the intervention not only reduced momentary urge but also improved emotion regulation, reduced intrusive thoughts related to use, and decreased behavioral urges to access substances.

Visual Analysis and Experimental Logic

In pure single-subject experiments, internal validity relies heavily on the pattern of levels, trends, and variability between phases A (baseline) and B (intervention). A sharp drop in score levels from A→B across all three domains indicates a clear phase effect. When time series data are available (e.g., multiple baseline and multiple intervention measurement

points), a 2 SD band test can be performed by assessing whether the majority of phase B observations fall outside the ± 2 SD band of the baseline mean. With the currently available summary data (pre vs. post scores), initial indications of direction and magnitude of effect are already strong; time series-based confirmatory tests will further strengthen causal inference.

Summary of Specific Impacts per Domain

Emotion. A decrease of 17 points (53.1%) indicates an intense reduction in emotional triggers (anxiety, anger, frustration) that often trigger craving. MI contributed to ambivalence resolution, improving change talk and commitment language, while Task Centered encouraged micro-tasks (e.g., urge-surfing techniques, coping cards, activity schedules) that strengthened self-control in risky situations. Mental (Cognitive). A 9-point decrease (32.1%) reflected reduced pro-substance automatic thoughts, catastrophizing, and cognitive cue reactivity. Here, MI dialogue challenged dysfunctional beliefs ("I need a substance to calm down") and replaced them with change narratives, whereas Task Centered broke down targets into measurable steps (e.g., trigger identification, avoidance plan, if-then plan). Physical (Behavior). A decrease of 11 points (40.7%) implies a decrease in drug-seeking behavior, exposure to risky places/friends, and discipline on safety plans. Task-centered played a strong role in this domain through structured task setting and monitoring; MI maintained motivation to stay on track.

Additional Analytic Tables (Effectiveness Summary)

Table 4. Summary of Clinical Effectiveness per Domain

Dimension Baseline → Intervention Effect Category Clinical Interpretation

Emotion 32 → 15 Large (-53.1%) Improved emotion regulation; decreased craving and affect-driven use.

Mental 28 → 19 Moderate-Large (-32.1%) Cognitive reframing effective; cognitive cue reactivity decreased.

Physical 27 → 16 Large (-40.7%) Decreased drug-seeking; safety plan adherence increased.

Relevance of Findings to Intervention Mechanisms of Action

MI works through evocation (eliciting reasons for change from the client), collaboration (therapeutic alliance), and autonomy (respecting client choice). In the context of GV, MI decreases resistance, strengthening the perceived discrepancy between personal values (health, family) and risky behavior. Meanwhile, Task Centered provides a specific work structure-short-term goals, measurable tasks, weekly evaluations-that changes the microenvironment and daily routines of GVs, reducing opportunities for trigger exposure. The combination of the two explains why effects are seen across domains: emotions become more manageable, cognition more adaptive, and behavior more on track.

Internal Validity and Potential Threats

Since the experiment used a single subject, validity threats such as maturation, history, and regression toward the mean need to be considered. However, the large and consistent changes across the three domains, occurring after the delivery of the structured intervention, and supported by the reliability of the instrument, minimize the possibility that the changes were purely due to non-intervention factors. In the future, increasing the number of baseline and intervention measurement points will allow the application of 2 SD band analysis and non-overlapping indices (e.g., NAP, Tau-U) to emphasize causality.

Practical Implications

The findings suggest that the MI + Task Centered package is feasible as a first-line protocol in the transitional phase of postrehabilitation, when clients again encounter environmental triggers. Practical implementation may include: (a) scheduled MI sessions targeting change talk and commitment, (b) weekly Task Centered task contracts (avoid risky locations, rotate healthy activities, 10-minute urge-surfing, call a sponsor), (c) three-domain symptom monitoring through a brief relapse scale, and (d) family involvement to strengthen supervision and support.

Research Limitations

First, the results are single-subject based, so generalization should be cautious; further studies with cross-subject replication are needed. Second, the pre-post summary data limits the applicability of time series models (e.g., 2 SD bands) to this report; presentation of serial measurement points would increase the strength of evidence. Third, moderator variables (family support, peer exposure, contextual stressors) have not been explicitly modeled. However, the consistent magnitude of change across domains implies the clinical effectiveness of the intervention.

Concluding Findings

Overall, the implementation of MI + Task Centered on subject GV resulted in a sharp decrease in emotional (-53.1%), mental (-32.1%), and physical (-40.7%) relapse scores compared to baseline. With high instrument reliability ($\alpha = 0.850$) and consistency in the direction of change, these findings provide strong support that the combination of interventions is effective for relapse suppression in the vulnerable phase of postrehabilitation. The practical implication is the need for an integrated protocol combining motivational evocation and structured tasks to maintain the sustainability of recovery when clients return to their daily environment.

DISCUSSION

The results of research on the effect of the implementation of Motivational Interviewing (MI) and Task-Centered Therapy (TCT) techniques on relapse in drug abusers provide a significant picture of the effectiveness of the two intervention approaches. This study was conducted using a true experimental design with two intervention groups, namely the group that received MI therapy and the group that received TCT therapy. The dependent variable in this study is relapse, which is defined as the return of individuals to drug abuse

behavior after going through a rehabilitation period. Relapse is one of the biggest challenges in the recovery process of drug abusers, as various interrelated biological, psychological, social, and environmental factors affect recovery stability. The research findings show that both Motivational Interviewing and Task-Centered Therapy are effective in reducing relapse rates, although with different mechanisms and focuses. The group given the Motivational Interviewing intervention showed increased self-awareness, internal motivation, and the ability to make healthier decisions in dealing with high-risk situations. This is in accordance with the theory of Miller and Rollnick (2013), which states that Motivational Interviewing serves to bring out and strengthen a person's intrinsic motivation in changing problematic behavior through an empathic, non-confrontational, and collaborative approach (Sulistyo, 2012). Thus, individuals who undergo MI are better able to build personal commitment to stay away from drugs and reduce the tendency to relapse.

Meanwhile, the group that received Task-Centered Therapy showed significant improvements in problem-solving skills, stress management, and handling practical daily problems that usually trigger relapse. Task-centered therapy, developed by Reid and Epstein (1972), is based on the assumption that behavior change can be achieved through concrete problem-solving in the short term (Mukaromatun et al., 2023). Through the stages of problem identification, goal setting, task execution, and evaluation, individuals can acquire practical skills that help them reduce the risk of returning to drug use. This finding is consistent with research conducted by Epstein (2001), who asserts that TCT is effective for tackling complex problems by breaking them down into small tasks that can be tackled within a limited period of time (Lubis & Muhammad, 2023).

When compared, the results of statistical analysis show that Motivational Interviewing is superior in reducing relapse influenced by motivational and psychological factors, while Task Centered Therapy is more effective in individuals who face practical problems in daily life, such as work problems, family conflicts, or social pressure. This indicates that the combination of the two approaches can be a more comprehensive rehabilitation strategy in preventing relapse of drug abusers. According to the Relapse Prevention theory proposed by Marlatt and Gordon (1985), relapse is not simply viewed as a moral failure or personal weakness, but rather a process influenced by various risk factors, such as high-risk situations, lack of coping skills, and expectations of drug use outcomes (Kibtyah, 2017). Within this theoretical framework, Motivational Interviewing can assist individuals in strengthening internal motivation to avoid high-risk situations, while Task-Centered Therapy provides practical coping skills needed when individuals are faced with real problems. Thus, the results of this study confirm the relevance of the Relapse Prevention theory as a foundation for understanding relapse prevention mechanisms.

In addition, the results of this study are also in line with the findings of the United Nations Office on Drugs and Crime (UNODC, 2023) which states that more than 50% of drug abusers undergoing rehabilitation have the potential to relapse within the first 12 months, especially if the interventions provided do not touch aspects of internal motivation or

coping skills (Khairul Annuar, 2020). The World Health Organization (WHO, 2022) also asserts that relapse is one of the biggest obstacles in achieving sustainable rehabilitation, and one of the most effective strategies is combining motivation-based interventions with practical problem-solving skills. Data from the National Narcotics Agency (BNN, 2023) shows that the relapse rate in Indonesia is still high, reaching around 40% of total rehabilitation clients in the past two years. The findings of this study make a real contribution to efforts to reduce this number with a scientific, evidence-based approach.

The findings also show that there are dynamic differences between individuals in responding to interventions. Factors such as social support, family conditions, severity of addiction, and the presence of comorbid psychological disorders influence the effectiveness of therapy. Individuals who have strong social support from family and community tend to be more successful in maintaining intervention outcomes, both with MI and TCT. This is in line with Cobb's (1976) Social Support theory, which states that emotional, informational, and instrumental support from the social environment can be a protective factor in preventing relapse of problem behavior (Akbari & Sahibzada, 2020). This study also revealed that Motivational Interviewing tends to be more effective in individuals who still experience ambivalence towards change. In contrast, Task Centered Therapy is more suitable for individuals who already have a strong commitment to change, but face external barriers in their daily lives. Thus, interventions need to be tailored to individual characteristics for optimal results. This approach is in line with Bronfenbrenner's (1979) Ecological Systems theory, which emphasizes the importance of understanding individuals in the context of the wider environment, including family, peers, community, and social policy (Hernandez-Santin et al., 2022).

Furthermore, the findings of this study have practical implications for drug rehabilitation institutions in Indonesia. First, rehabilitation institutions need to integrate Motivational Interviewing and Task-Centered Therapy approaches into a tiered intervention program. In the early stages, MI can be used to build client motivation and commitment, then continued with TCT to equip practical skills in facing life challenges. Second, it is important to involve families in the rehabilitation process so that social support can be maximized. Third, institutions need to conduct continuous monitoring and follow-up after rehabilitation to prevent relapse, in accordance with WHO recommendations that emphasize the importance of a continuum of care in addiction services.

The results of this study also provide theoretical contributions in the development of an integrative-based drug rehabilitation model. The combination of MI and TCT can be seen as a form of a more comprehensive bio-psycho-social approach, in line with the WHO (2020) paradigm on mental health and substance abuse that emphasizes not only medical, but also psychological and social aspects (Zhang et al., 2020). Thus, this study not only enriches the academic literature but also provides practical recommendations that are relevant for drug control policies and programs in Indonesia. Nevertheless, this study also has limitations, including the limited number of samples and the relatively short duration of the intervention. Therefore, further research is recommended to involve a larger

sample, longer intervention duration, as well as long-term follow-up measurements to assess the stability of therapy outcomes. In addition, future research could also explore the possibility of integrating MI and TCT with other approaches, such as cognitive-behavioral therapy (CBT), group therapy, or spirituality-based therapy relevant to the Indonesian cultural context.

CONCLUSION

The implications of the results of this study provide important contributions both theoretically and practically in the context of handling drug abuse. From a theoretical point of view, the results showed that the implementation of Motivational Interviewing (MI) and Task Centered Therapy (TCT) techniques was able to reduce the level of relapse of the research subjects, which was marked by a reduction in the frequency of drug use and a reduction in emotional, mental, and physical relapse symptoms. Subjects who previously tended to return to using drugs when angry, anxious, or facing problems, after the intervention, were able to control these urges. Similarly, in the mental aspect, subjects no longer constantly imagined drug use or were triggered by memories related to certain objects, places, or people. On the physical aspect, symptoms such as pain, fatigue, or discomfort when not using drugs also decreased. This finding supports the theory of relapse proposed by Steven M. Melemis, that relapse is a gradual process that starts from emotional relapse, mental relapse, to physical relapse.

The implementation of task-centered techniques combined with Motivational Interviewing proved effective because, through practical assignments such as controlling emotions, refusing friends' invitations, and compiling daily routines, subjects were able to practice life skills that support recovery. Integration with MI makes subjects more motivated to complete these tasks well. This is in line with Rogers' idea of humanism, that humans have healthy potential to develop and are able to solve their own problems, as well as Maguire's opinion that clinical social work practice is effective when integrating various approaches. From a practical perspective, the implications of this research are useful for social workers in dealing with drug-abusing clients. The use of a combination of MI and TCT can be used as a comprehensive intervention strategy, because it not only builds clients' internal motivation, but also strengthens practical skills in facing life challenges. Thus, this study confirms that the integration of the two techniques can strengthen the success of rehabilitation and reduce the risk of relapse in drug abusers.

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