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THE USE OF MOTIVATIONAL INTERVIEWING (MI) IN PREVENTING RELAPSE ON METHAMPHETAMINE DRUG USER

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Abstract

Methamphetamine (MA) is a potent stimulant with a high potential for abuse that can be smoked, inhaled, injected or taken orally. It is easily being relapse among drug abuse. Thus, this study aims to investigate the impact of drug addiction therapy utilizing the Motivational Interviewing (MI) approach. This is a qualitative study using interview sessions as a study design. The subject is a drug misuse client undergoing imprisonment in Kajang Prison, Selangor. Client's progression was assessed through direct observations using the Mental State Examination (MSE), client records, and client speech changes. The study revealed that client has gained mental literacy and the client needs to change his behaviors so that the misery does not recur. The use of MI strategies in treatment sessions has been able to help clients eliminate ambiguities related to addictive behaviors, clients are confident to stay recovering and now have concrete plans to not re-addict in the future. The implications of the findings of this case study suggest the MI strategy is a treatment option that counselors can use in assisting drug abuse clients.

Keywords: Motivational Interviewing, counseling intervention, drug addiction, methamphetamine, relapse.

INTRODUCTION

The issue of drug addiction is not a new issue. Drug addiction has gained a place in the eyes of the whole country about the dangers of its use. The issue of drug addiction is not only getting attention in Malaysia, but all over the country including Western countries. Many factors have been studied to deal with this problem holistically including relapse among drug abuser. The government is also working hard to think of ways to address this issue. In recognizing the threat of drugs, the National Drug Policy was introduced in 2004 in order to create the freedom of

Malaysia from drugs during 2015 and to ensure the well-being of the community and also to reinforce national security (AADK, 2017).

This issue becomes more complicated when it not only involves teenagers and adults, but also involves school students. These young people are the heirs of the future. The risk of the country's future development is very worrying if these groups are involved or relapse with drugs. The relapse of this group in drug addiction stems from several factors such as peer influence, a desire to try new things, experiencing stress in life, for fun, relief pain, and others. Statistics of drug addicts by case status from 2014 until 2018 shows an increase of 3869 cases from 13605 cases to 17474 cases in 2018. This shows that drug use is increasing over the years and if this continues, it will have a devastating impact on the country and the world in the future.

BACKGROUND OF THE STUDY

Shah (not his real name), 37-year-old, a Malay male, a Muslim who lives in Rawang, Selangor. He has 4 children. He divorced his wife four years ago. The client stressed out and started to use methamphetamine to cope with the grief because of his divorce. The client began to neglect his responsibility in providing the basic living for his family. During his drug addiction, the client experiences behavioral problems and loss of focus in life.

The client was hunted with financial problems that causing him to try to become a small drug dealer on the street. Finally, in 2020, the client was arrested for repeated drug-related offenses and he is currently undergoing a 3 – year prison sentence and only completed his punishment sometime in November 2021. Thus, the objective of this case study is to investigate the impact of drug addiction therapy using the Motivational Interviewing (MI) approach. The sample was the drug misuse clients undergoing imprisonment sentence in Kajang Prison, Selangor.

LITERATURE REVIEW

MI strategies are used to help solve the problems faced by clients as having sense of ambivalent. This strategy is a client-centered, and it has assumptions, passion, and purpose that can generate changes in client behavior voluntarily according to a set of “stages of change” (Prochaska & Norcross, 2004). This is a client centered approach; however, it is highly directive in nature to guide client deal with ambivalent that foster for behavior change. In addition, the factor of change in client's behavior is also observed through natural changes that is an increase in internal strength manifested through change talk conversation (Miller & Rose, 2009; Puteri Hayati, 2015). The MI relationship process involves engaging, focusing, evoking, and planning that driven by MI spirit that respect client's autonomy.

The Stages of Change model articulated by Prochaska and DiClemente (1984) was used in assessing the level of readiness for change of these clients. This model assumes five series of changes that can be identified in the counseling process (Corey, 2013) namely the levels of Precontemplation, Contemplation, Preparation, Action, and Maintenance. The use of interventions emphasizes the skills of OARS (Open-ended question, Affirmation, Reflection, Summarizing) and the spirit of MI (Collaboration, Acceptance, Evocation and Compassion) (Miller & Rollnick, 2013).

Miller and Rollnick (2013) also assert the client's motivations are highly depending on the interaction and communication pattern while the MI therapist collaboratively working with client. As part of MI spirit, MI therapist assumes the client is the expert of his life and MI therapist simply goes along the client's journey. This process foster change process naturally without being judgmental. The client faces forest of ambivalence upon his behavior change at different stages of recovery (Rosengren, 2009; 2017). As the MI therapist uses reflections (double-sided reflection) to address client's forest of ambivalence, the use of affirmation is helpful to foster behavior that manifested clients in change talk (Rosengren, 2009; Miller & Rollnick, 2013). It helps to increase client's sense of self-confidence and self-efficacy in preventing relapse.

Islamic Perspective on Drug Addiction

Stimulating religious values is important in every human being. Without strong religious beliefs, faith and self-control will become fragile. Drug use is something that is forbidden in Islam. This coincides with the opinion of scholars who have agreed that the drug is classified in the sense of alcohol as alcohol tends to result in loss of and disturbing the mind (Sulaiman, 2020). However, the implications of drugs are worse than alcohol consumption. Allah SWT says in surah al-Maidah with the translation:

“O believers! Intoxicants, gambling, idols, and drawing lots for decisions are all evil of Satan's handiwork. So shun them so you may be successful. (5:91) Satan's plan is to stir up hostility and hatred between you with intoxicants and gambling and to prevent you from remembering Allah and praying. Will you not then abstain?”
(verse 90-91, Al-Maidah).

Based on this word of God, it is clear that taking drugs is a bad thing that should be avoided. Its consumption only invites self-destruction such as self-forgetfulness, religion, loss of sanity of thought, failure to control oneself well, disturbed emotions and neglect of family responsibilities. Therefore, the importance of religious education is given both in family institutions and education in schools about the disadvantages and consequences of drug use. If an individual has a strong religious

education, drug use will not occur because he can control himself from committing wrongdoing and has a high level of awareness of the bad consequences that will occur as a result of drug use.

METHODOLOGY

This is a qualitative study using interview sessions as a study design. Based on the perspective of MI, the client faces the problem of not being confident to stop taking drugs is due to the problem of uncertainty or ambiguity which is an internal conflict experienced by the client or called psychological difficulties. This internal conflict was contributed by the peer's influence who was also addicted to drugs before.

Case Conceptualization

The counselor assessed the client's motivation towards change. At this point, the client had shown feeling of ambivalent to stop taking drugs. Even though he has been abstinent for more than 4 months, he persistently indicated he was affected and triggered by his peers while both taking drugs at port before the client was arrested by police. The counselor perceived the client was traumatized and it is expected to see client had shown his unwillingness to stop. In addition, being charged as a drug – offender sentence also increases sense of defense mechanism within client to anticipate and cope with that label. According to the Transtheoretical Model (TTM), the client's motivation at precontemplation.

At precontemplation stage, it is helpful for counselor to show his respect and empathy towards client's struggle and trauma. The counselor aware the client was reluctant and therefore, the counselor employed the MI process to engage with client to explore the internal and external struggles. This is crucial to develop therapeutic alliance between counselor and client. At this point, client had shown psychological dependency towards drug use even though the client has been abstinent for more than 4 months in row. The counselor reflected client's reluctancy in relation to motivation readiness, negligence to his family and repeated drug – related offenses. Based on the record, the client was arrested in 2020 due drug criminal related charges. The client also has relapse episodes as he felt not confident to stop using drugs. By understanding client's nature of problem, the counselor gradually helped the client to internalize his courage become into his internal motivation to progress.

Treatment Interventions

The treatment plan done by the counselor is based on the problem shared by the client that is not confident of being able to stop from drug addiction. The client indicated his motivation towards readiness at precontemplation stage as he admitted he was not ready to give up on drug use. As the counselor 'create' client's ambivalent in relation to his source of motivation namely his children and wife, the

client began to think his addiction. Therefore, as part of the treatment planning, the treatment also includes;

- motivation readiness for change
- drug use and the effects of drugs on the client
- the benefits and consequences of drug use on the client and lifestyle
- client's goals and plans for overcoming addictive behavior
- managing relapse prevention and understanding towards both internal and external triggers
- identify the client's strengths that support towards self-efficacy

Measurement of Change

Proper treatment planning should show how change is measured and the extent to which progress toward goal achievement is made (Neukrug & Schwitzer, 2003). Change can be assessed through a combination of objective and subjective measurements (Jongsma & Peterson, 2003; Seligman, 2004). In the case of this client, the measurement of treatment outcome includes; 1) assessment of the client's mental status, 2) records /self-reports, and 3) the counselor's observations of the client during the sessions.

i. Mental Status Assessment (MSE)

The assessment of client's behavior change based on MSE refers to the physical, emotional, thought, speech and mental literacy changes shown by the client throughout counseling sessions.

ii. Record

The assessment of client change was also measured and determined through client records while the client followed through each activity carried out at *Bahagian Rawatan Penagih Dadah* (BPRD) Kajang Prison. The frequency of the client to engage the stated activity was used to indicate there was a treatment readiness of the client towards change. Measurement of client change can also be measured by looking at the change talk shown by the client throughout the counseling sessions. Many of the client's change talk can be identified during the course of treatment.

iii. Counselor Observation

Counselor observations were also employed in measuring client's progress towards treatment outcome. The client's thoughts, behaviors, and physiological reactions during the session gave the impression for counselor that the client engaged with the treatment and rehabilitation program. As the MI strategy is a client centered approach based on a humanistic perspective, then the counseling approach avoids confrontation, advising and providing information as this will make the client

dependent. The counselor recognized the client choice and autonomy to make decision in lieu client is a masterpiece of his life. This may gain sense of power and self-efficacy within client.

i. Appearance

Mental Status Assessment (MSE) is an important part of the treatment and rehabilitation process as according to Aiken in Puteri Hayati (2012) and the methods used to assess the client's appearance and behavior, emotional status, thinking components, and cognitive functioning. This assessment is used by clinicians to aid diagnosis in each treatment (Polanski & Hinkle, 2000). Client seems to be consciously to the time, place, and individual encountered. This client was found to have a moderate level of mood. During the first session, the client was able to show good cooperation. The client's level of assessment and mental literacy was moderate and he appeared to have high motivation towards the program he followed throughout his imprisonment at BPRD, Kajang Prison. Client has no tendency to engage in risky or self-harming behaviors. Overall, the client is a normal, rational person and able to undergo a coaching session conducted by a counselor.

ii. Willingness to Change

The level of readiness to change was assessed as the identification of the level will be able to provide more effective treatment strategies. During the initial meeting, the client had agreed to discuss the dangers of the drug abuse in example the short-term and long-term effects on physical and mental health. Throughout the rehabilitation program at BPRD Kajang Prison, the client has open-minded to make a change in his addiction. According to records, he recently was detained for 8th time due to drug dealership. The client began to realize the impact he will face as remaining in drug addiction and drug dealer for another 3 to 5 years to come such a bad idea. The client has been struggling in a challenging life. The counselor employed the Readiness Ruler to explore a client's level of readiness to change. The Readiness Ruler is a simple method of looking at a client's confidence level to change behavior. Based on the discussion and observation, the client was at the Contemplation stage. There were times when the client was at an ambivalence to stop using drugs or focusing on his early recovery.

iii. Triggers to Addiction

As part of partnership efforts with the counselor, the client shared that the client had tried to stop taking methamphetamine (ice) and remained about six months before he relapsed. The client was triggered by on particular old friend. The client admitted this friend caused him for his relapse episode several times. However, he never reveals what type of relationship he had with that friend. To make situation worsen, the client also has a good relationship with the drug lords that help him to get the

drug supply. In addition, his unsafe housing and living environment that exposed to these drug lords and drug dealers and old friends and therefore the client inevitable returns to addiction as he unable to resist their temptation and sense of euphoria when taking drugs along with old friends. Client also reported was having fun when together with friends instead of staying sober at home.

Implementation of Treatment

MI strategies were used to help solve problems faced by clients. The Humanistic centralization strategy is a counseling strategy to change addictive behavior through the exploration and resolution of uncertainties or ambiguities that exist within the client. In addition, the factor of change in client behavior is also seen through natural changes that is an increase in internal strength manifested through changes in speech (Puteri Hayati, 2015). The MI relationship process involves engaging, 2) focusing, 3) evoking and 4) planning.

The MI strategy emphasizes collaboration between the client and the counselor because the interpersonal relationship between the two can help encourage change in the client's behavior. Counselors need to unconditionally accept the client as this factor will help remove the stigma that haunts the client's self. The client will feel accepted and given the opportunity to improve. Another factor that can help change my behavior according to this strategy is to dig out the hope, enthusiasm, and self-efficacy that is already in the client. If the client believes in their own abilities, then the client will succeed in making a difference. It is important for the counselor to demonstrate his or her confidence in the client's abilities because this self-reported self-reflection becomes a catalyst to the use of the client's internal resources. Identifying conversational change is part of the directive strategy that is the essence of this strategy. This strategy also gives high priority to the change of conversation by the client and the positive conversation expressed by the client about change. Collaboration and unconditional acceptance show that the counselor is so caring and indeed willing to help the client. The attitude of compassion without confrontation or blaming the client for what has happened gives room for the client to open a new chapter in his life.

The goal of the MI strategy is also to increase internal motivation that arises from the client's own values and not from external pressures. The three components of motivation that need to be discussed are 1) the dimension of willingness which refers to the extent to which it is important to change, 2) the dimension of the ability which refers to the extent to which one is confident to change and 3) the dimension of readiness which refers to the extent to which clients prioritize to change behavior charge. Thus, MI becomes a strategy used to generate motivation so that individuals can initiate steps to change desired behaviors. A discussion of these three

dimensions of motivation will shed light on the client as to why and why previous efforts have often failed.

Case conception helps counselors understand what the client wants through a theoretical perspective and in turn helps counselors apply appropriate counseling methods (Puteri Hayati 2012). It is a clear picture of the situation experienced by the client that is related to the direction of the client's problems and how to achieve the client's change goals. Case conception is also part of clinical evaluation and evaluation that focuses on the examination of problem expressions from clients, related problems, main causes of problems as well as current factors that cause the problem to occur (Puteri Hayati, 2012). This suggests that a counselor needs to be proficient in making conceptions of the client's case. The main step in conceptualizing a case is to identify problems/issues based on certain assumptions and then categorize them according to appropriate themes. Once behavioral problems and symptoms are identified, counselors need to relate the client's problems to areas of difficulty according to the theoretical perspective they want to use (Neukrug & Schwitzer, 2003). In the case of this client, the Motivational Interviewing counseling strategy was used.

Identifying Problems

The process of case conception requires the counselor to identify the problem and make connections with the development, functionality, and adaptation of the client (Puteri Hayati, 2012). Through exploration, clients were found to be unsure to stop taking drugs. The problem begins when a client divorces his wife and has received negative criticism from family and the environment. The client loss his confidence in the recovery process as the client constantly interrupted from his addiction friends. This condition was disturbing to the client as he tries to regain in recovery. These situations contribute to experience internal conflict and have uncertainty despite following a good rehabilitation program. The client initially thought he would recover after the treatment, but it was not as easy as the client thought. Old friends become the most important triggers, obstacles, and challenges in sustaining recovery.

Problem Assumptions about Motivation Interviewing Strategy (MI)

The client's problem was feeling ambivalent to stop taking drugs due to temptations of old friends who were actively using drugs. Based on the MI perspective, the client faces the problem of not being confident to stop taking drugs is due to the problem of uncertainty or ambiguity which is an internal conflict experienced by the client. This is also known as psychological difficulties. The distrust that has been provided for the continuation of addictive behavior. To help user change behavior, any uncertainties must be resolved. Discussions of harm and pleasure thoughts that are

compiled with peers need to be focused on by the counselor so that ambiguity can be addressed. The following framework needs to be understood and appreciated by counselors for the purpose of client change goals:-

a) Motivation to change is from the client himself without any element of coercion, persuasion, confession, or the use of any punishment or coercion. This is intended to help clients use their own internal resources of intrinsic motivation. This can be achieved by implementing a counseling process based on the spirit of MI namely Collaboration, Acceptance, Evocation and Compassion (Miller and Rollnick (2013).

b) MI strategies place the client as the individual responsible for finding solutions to feelings of confusion or uncertainty. Uncertainty means that the client is in a dilemma between wanting to stop and continuing the behavior. Counselors need to be able to build the discrepancy between current behaviors and goals to be achieved. Counselors need to be able to build a discrepancy between the dreamed goal (recovery) and current behavior (addiction).

c) Willingness to change clients is not born of itself but is the result of interpersonal interaction between counselor-client through a humanistic approach. Counselors should use OARS (Open question, Affirmation, Reflection, Summarizing) skills and avoid confrontational approaches.

Treatment Planning

Treatment planning is action and goal oriented. It provides a therapeutic framework structure and direction of purpose (Seligman 2004). Treatment planning begins with understanding the problem and is followed by determining the next steps to address the problem. Treatment planning is a guide towards achieving the desired treatment goals and is a medium for counselors to apply case conceptualization and theoretical perspectives (Puteri Hayati, 2012). There are three aspects that need to be present in treatment planning, namely 1) selecting the goals to be achieved, 2) determining the mode/method of treatment, and 3) documenting the means of achieving the goals (Neukrug & Schwitzer, 2003). Based on the problems presented by the client, the counselor has used all three elements in making treatment plans.

Goals of Change

Based on the MI strategy, in general, the goal was to overcome the ambiguity or uncertainty of the client. Uncertainty is an internal conflict experienced by clients that may or may not help for change. MI strategy during the treatment process is based on 4 processes, namely 1) engaging, 2) focusing, 3) evocation, and 4) planning. Through this treatment process, problems will be addressed and changes in client behavior can be generated. The problem of Shah's case, the goal of change

that has been known to surely help consumers improve consumers to stay recoverable with the problem of uncertainty. Conflict construction is needed by the counselor because the result will be a voluntary change in the client's behavior. Conflict construction aims to explain the uncertainties that occur within the client's client through an analysis of the question of behavior with the purpose as well as the value desired by the client (recovering and not taking drugs). The discrepancy (or behavioral gap between current behavior and recovery) can also be overcome by looking at the importance of change. MI strategies help explain uncertainty through the client's own self and not through coercion (Miller & Rollnick, 2002). This involves the identification and clarification of goals and values that conflict with current behavior. Conflicts will raise awareness to the client about the consequences of not being confident to quit addiction will bring misery to the client's self, family and life. MI also argues that if discrepancies can be built, then clients will be able to increase self-efficacy, be able to voice reasons and intentions to change voluntarily.

RESULT AND DISCUSSION

There was total five counseling sessions were conducted for this client. These five sessions were conducted throughout internship period from March to August 2021 at BPRD, Kajang Prison.

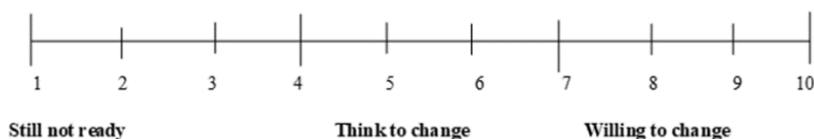
First Session: Building relationships and structuring (Consolidation process) and Exploration (Focusing process).

During this session, the counselor has built therapeutic relationships and environments (the Reconciliation process) in generating a safe environment so that exploration of behavior can be implemented effectively. Counselors demonstrated unconditional acceptance so that a collaborative relationship between counselor and client can be established. In MI strategies, this process involves building rapport between counselor-client. In addition, structuring is also done to clarify the course of the counseling relationship process that clients need to know. The structuring parameters discussed by the counselor include the role of the counselor, the role of the client, the duration of the counseling session, confidentiality and limitations of confidentiality.

In the middle of the session, the counselor has asked the client to recall related discussions in the first session. The counselor also helped recall what was discussed in previous sessions (screening session). In this session the process of exploring the client's problem (focusing process) was performed. The client shared an early history of involvement in drug abuse and the problems he or she faced. At this session, the client had stated that the client wanted to change however due to interference of old friends that caused loss his confidence in recovery. This uncertainty is considered normal in any client recovery process (Miller & Rollnick,

2013). To confirm the client's willingness to change, the counselor used a readiness ruler and the client chose a scale of 10. However, on the client's observations and language, the counselor felt the client was at level 5-6 i.e. did have intentions or was considering change, (Contemplation stage). The client was hesitant to change, in turn, he felt that methamphetamine does benefits him.

Figure 1: Readiness Ruler



Readiness Ruler Description:

1-3: I have no problem with drugs right now, so no need to change

4-6: I have a problem with drugs and I should think about it

7-10: I really want to stop using drugs

Second Session: Problem Exploration (Focusing process) and Problem Solving (Evocation process).

The client was found to be unable to control his drug use and it was very difficult to live without drugs, thus affecting the client's life. During this session the client was helped to resolve uncertainty or ambiguity through an exploration of the dangers of drug abuse. At this session the counselor also provided some information (after getting consent by the client) to increase the client's sensitivity about the problems of the client. At the end of the session, the counselor summarized the session. Next, for the achievement goal of the counseling relationship was made through the process of Evocation. The discussion during fourth session was related to the extent of the benefits enjoyed by the client for using drugs and the extent of harm/suffering incurred due to the addictive behavior. An in-depth discussion of these two aspects, namely the benefits and consequences of drug addiction, helps the client to eliminate the ambiguity or contradiction that has been present in the client. The counselor spent more than 30 minutes to discuss the suffering (consequences) so that the ambiguity can be eliminated and will directly increase the client's confidence to change the behavior. There were struggles in Shah's life including chaotic situation in his family relationship, he was not being able to responsible for the family and he lost his job. In addition, even his maternal mother did not trust on him. Moreover, crucial financial problems were also complicate client's life as he spent all his money for drug supplies.

Third Session: Problem Solving (Evocation process).

This Evocation process was followed by a discussion to identify barriers that interfered the client's efforts to make behavioral changes. Discussions give the focus

to planning for the client to avoid getting stuck again and help increase the client's confidence to stay in recovery. In addition, the counselor also helped the client to identify the support system to develop his recovery capital (in example a person trust him). At this session, the client acknowledged there were need to avoid old friends if the client wanted to recover. He need to find a good role model for his mission.

Fourth Session: Problem Solving (Evocation and Planning process).

During this session, the conversation focused on the perception of the desired effect by the client (fun, acceptance, relief, strong etc.). This dialog helped the client build a plan to deal in managing the triggering situation systematically. The trigger situation for Shah is related to the presence of old friends. When looking at old friends, a sense of fun manifests in his head and this is what strengthens his feeling to take drugs. The counselor-client discussion revolved around how the sense of fun experienced (when looking at old friends) can be replaced by a negative image (handcuffed by police, taken to jail, flogged, and mother crying). The process of converting a fun effect to a horror effect resulting from an identified trigger (seeing an old friend) takes a long time and involves imagery techniques. This process involves the conversion of image representations in the client's mind because of the effect of thought-related triggers.

Fifth Session: Action (Planning process) and Session Summary / Termination.

During fifth session the client increased his confidence for change his behavior (make a plan). The client's recognition that the spirit is strong and continues to strive for the future is an inner strength that he or she is unaware of. The discussion of how the client eventually won the tender was discussed with the aim of increasing the client's confidence that the client had internal strengths/privileges. The client also believes, whatever happens, is starting from himself. The client's level of mental literacy improved compared to the previous session. Counselors use a lot of reinforcement skills and give recognition to the client so that the client can see the strength in him that can be used in the future. The client acknowledged that he had strength yet it was not used as well as possible to abandon drug abuse behavior. Based on observations, counselors can feel that clients are ready to change through 1) increased client conversational change, 2) reduced discussion of problems and 3) clients often show curiosity about what to do if they want to succeed (Puteri Hayati 2015). Clients also ask for information related to individuals who have been addicted but have now succeeded in their lives in order to be emulated.

At the end of this session, a summary of the last session was completed to review the discussion of the last session. This session is also used as a space to evaluate the effectiveness of the treatment that has been carried out. An assessment of the client's level of variable readiness at the eighth session was performed to compare with the

current client's level of variable readiness at the beginning of the previous session. In this session, the client mentioned a lot about his self-confidence to stop being addicted and put a scale of 10 i.e. the client is confident and ready to change. The counselor feels that the client is in the Preparation stage compared to the Contemplation stage at the beginning of the previous meeting session based on the following characteristics, namely 1) the client no longer gives various reasons to change, 2) the client is ready to take action, 3) the client no longer showing resistance and 4) many conversational changes. The client also stated that the client should focus on treatment and rehabilitation throughout the period of being a Supervised Person. The focus on family and employment will now continue to be a client's priority and clients strive to avoid old friends who become disruptive to the client's recovery process. Clients also suggest trying to position themselves to remain in a permanent recovery zone.

The client's supervisor at the Halaqah Unit, Kajang Prison also gave a positive view where the client was considered very hardworking and always cooperated well in every activity carried out. The same situation is also demonstrated by clients during individual counseling sessions with counselors. Clients are always ready and give good cooperation to the counselor and always abide by the appointments made. In addition, there was a difference in the level of client change readiness when compared at the beginning of the counseling relationship and at the end of the relationship i.e. in the fifth session. Several other indicators can be observed and this indicates that the treatment of five sessions was successful. The client is sensitive that the client needs to change behavior and is not in the same ambiguity as the client went through before. Based on the above formula, the client has gained mental literacy and the client needs to change his billing behavior so that the misery does not recur. The use of MI strategies in treatment sessions has been able to help clients eliminate ambiguities related to addictive behaviors, clients are confident to stay recovering and now have concrete plans to not re-addict in the future.

CONCLUSION

Based on the technique, the client has gained mental literacy and the client needs to change his billing behaviors so that the misery does not recur. The use of MI strategies in treatment sessions has been able to help clients eliminate ambiguities related to addictive behaviors, clients are confident to stay recovering and now have concrete plans to not re-addict in the future. In total, these five counseling sessions have achieved the set goals. Clients can show changes and progress from each session such as a willingness to change from the Contemplation Stage to the Preparation Stage. The short-term goals of a successful counseling relationship session were achieved such as the client's appearance was neater than before, a lot of positive conversational language, not being so concerned with the stigma of

society, and not hesitating to recover. At the last session, the client stated that the client was ready to act and was increasingly daring to say no to old friends who were constantly harassing the client. The problem of ambiguity due to not being sure to stop taking drugs due to the interference of old friends who had been addicted together before has been overcome by the client himself.

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