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Psychological Assistance for Drug Rehabilitation Clients from the Perspective of a Clinical Psychologist: An In-Depth Interview Case Study at the Banten Provincial Office of the National Narcotics Board (BNNP Banten)

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ABSTRACT
Rehabilitation is the main response to drug dependence in Indonesia, yet psychological assistance in regional units is rarely described by the professionals who deliver it. This qualitative case study explored how a clinical psychologist at the Banten Provincial Office of the National Narcotics Board (BNNP Banten) understands and delivers psychological assistance, and how the service pathway shapes that work. Data were collected on 15 June 2026 through a semi-structured in-depth interview with one purposively selected clinical psychologist with five years' experience in the rehabilitation unit, and analyzed using the Miles, Huberman, and Saldaña interactive model. Five themes emerged: screening and assessment as the entry point, service level determined by assessment, counseling as the core of outpatient assistance, the wide range of client problems, and treatment tailored to each client. These findings are consistent with national regulations and international evidence that treatment should match individual needs. However, the informant described the work mainly through general principles and did not name specific therapeutic techniques, the division of roles between clinical psychologists and addiction counselors, aftercare, or relapse prevention. The findings are thus preliminary and limited, and should be deepened with more informants, including clients and families, and more units.

Keywords : Psychological Assistance, Drug Rehabilitation, Clinical Psychologist, Counseling, Individual Treatment

INTRODUCTION

Drug abuse and dependence are both a health problem and a social problem, so they cannot be understood merely as the behavior of using a substance. Dependence rarely appears alone. It is usually tied to life pressures, problems at home, a sense of helplessness, or strained social relationships. For this reason, stopping drug use solves only half of the problem. The other half is helping a person understand themselves, manage their feelings, and become close again to the people around them. This view is in line with the principle of addiction treatment, which holds that effective treatment must attend to the diverse needs of the individual, not only the use of the substance (*National Institute on Drug Abuse* [NIDA], 2018).

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In Indonesia, addicts and victims of narcotics abuse are required to undergo medical rehabilitation and social rehabilitation (Law Number 35 of 2009), and the delivery of these services is now regulated as continuous rehabilitation (National Narcotics Board [BNN], 2022). Within this framework, psychological assistance in the form of counseling and psychological evaluation is the part of the service closest to clients' everyday experience. BNN regulations state that psychological evaluation is carried out by clinical psychologists in accordance with the client's therapy plan (BNN, 2022), whereas the ability to conduct screening, assessment, treatment planning, and counseling is required of addiction counselors (BNN, 2018). The quality of psychological assistance therefore depends greatly on how professionals in rehabilitation units translate written regulations into practice.

In this article, psychological assistance is understood as all the psychological support given to clients during rehabilitation, including psychological assessment, therapy planning, counseling, and coordination with other personnel. This definition is broader than counseling, because counseling is only one form of assistance, even though it is often the form most visible to clients and their families. The distinction matters so that readers can judge the extent to which the account of the clinical psychologist, who is the data source of this study, describes assistance in full or only in part.

Research on addiction counseling in Indonesia has developed considerably. Rosidah and (Salehudin, 2021) showed a link between addiction counseling and the self-efficacy of outpatient clients at BNN East Kalimantan (Province, and Halik et al., 2024) examined the approach of addiction counselors with adolescent drug users in (Kalianda. Salsabila et al., 2026) described addiction counseling at the BNN rehabilitation center in Kubu Raya, delivered in stages from initial assessment to relapse prevention, supported by *motivational interviewing* and *cognitive behavioral therapy* (CBT). (Canda and Sari, 2026) reported individual case assistance at a rehabilitation foundation in Medan that combined cognitive-behavioral techniques, motivational techniques, and family dialogue. These studies show that assistance in rehabilitation is staged and individual, but they were conducted in other regions and focused more on programs, counselors, or particular client cases.

National rehabilitation regulations apply uniformly, but their implementation at the regional level can differ because it depends on the personnel available, the work pathway of the service unit, and the needs of the clients who come. This is where the accounts of service providers become important. Professionals who face clients every day hold practical knowledge about how regulations are carried out, what is considered important, and which parts are difficult to realize. This knowledge is not always found in regulatory documents or program reports.

These earlier studies differ from the present study in three respects. First, the subject: existing studies center on addiction counselors (Halik et al., 2024; Salsabila et al., 2026), on the relationship between counseling and client self-efficacy (Rosidah & Salehudin, 2021), or on particular client cases (Canda & Sari, 2026), whereas this study takes a clinical psychologist as the main informant. Second, the location: those studies were conducted in East Kalimantan, Lampung, Kubu Raya, and Medan, whereas the rehabilitation service unit at BNN Banten Province, to the researchers' knowledge, has not been reported from the viewpoint of its clinical psychologist. Third, the focus: this study does not measure the effect

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of counseling and does not follow a single client case, but instead explores how the service pathway and psychological assistance are understood and carried out by a clinical psychologist, who under BNN regulations is assigned the task of psychological evaluation in accordance with the client's therapy plan (BNN, 2022).

Thus, the gap to be filled is not merely the absence of research in Banten, but the absence of the clinical psychologist's perspective, that is, of the professional who stands between written provisions and the service room, on how psychological assistance is carried out. Such accounts help reveal the gap between written regulations and the reality of the service room, and also provide a basis for developing services at the regional level. The novelty of this study lies in that contribution, namely presenting the clinical psychologist's perspective on the practice of psychological assistance in a regional rehabilitation unit, with the limitation that the picture obtained comes from a single informant.

This study aims (1) to describe the rehabilitation service pathway at BNNP Banten according to the clinical psychologist, and (2) to describe how psychological assistance is carried out, including the problems clients bring and how they are handled. Data were collected through an in-depth interview. This article is expected to make three contributions: a picture of the service pathway from the clinical psychologist's viewpoint, a picture of the content of psychological assistance in outpatient care, and a list of unanswered questions for further research. The researchers recognize that the data come from only one informant, so this article is positioned as a preliminary picture, not a final conclusion about rehabilitation services at BNNP Banten.

THEORETICAL REVIEW

Continuous rehabilitation and the service pathway

Law Number 35 of 2009 distinguishes medical rehabilitation, an integrated treatment process to free addicts from dependence, from social rehabilitation, an integrated recovery of physical, mental, and social aspects so that former addicts can resume their social functioning. BNN Regulation Number 6 of 2022 joins the two into continuous rehabilitation, which begins with initial intake, continues to medical and/or social rehabilitation, and ends with post-rehabilitation (BNN, 2022). Recovery is thus viewed as a long journey covering bio-psycho-socio-spiritual aspects. At the implementation level, the addiction counselor standard requires the ability to conduct screening, initial intake, assessment, treatment planning, and counseling (BNN, 2018), and assessment becomes the basis for designing interventions (Halik et al., 2024). Services are divided into outpatient care for mild to moderate use and inpatient care for severe dependence or the need for intensive supervision (BNN, 2022), in line with international standards that advise matching the level of service to the client's needs (*United Nations Office on Drugs and Crime* [UNODC] & *World Health Organization* [WHO], 2020).

Counseling and psychological assistance

Corey (2017) explains counseling as a process that helps a person understand their problems, know themselves, and find good ways of facing life. In rehabilitation, counseling helps clients recognize the factors underlying abuse, build healthy coping, improve social relationships, and prevent relapse (BNN, 2018; Magill et al., 2023; Sari et al., 2021).

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Psychological assistance is broader than counseling because it includes psychological assessment, therapy planning, intervention, progress monitoring, and coordination with other personnel. (Magill et al., 2023) emphasize that CBT and relapse prevention are individual because the coping skills to be prioritized are determined by each client's condition. A meta-analysis shows that CBT is more effective than no-treatment or minimal-treatment conditions, but not superior to other specific modalities (Magill et al., 2019). Another commonly used approach is *motivational interviewing*, which cultivates motivation from within the client (DiClemente et al., 2017; Miller & Rollnick, 2023). All of these approaches rest on the principle that no single form of treatment suits everyone (NIDA, 2018).

Continuity of recovery

Substance use disorders generally require support that continues after the initial phase of treatment, and continuing care is associated with better recovery outcomes (McKay, 2021). A systematic review of recovery capital shows that recovery is supported by the resources held by individuals, their families, and their environments, not only by clinical interventions (Bunaciu et al., 2024). This literature explains what should be done and how effective various approaches are, but less often presents stories from inside regional services, that is, how a professional carries out these principles day to day.

METHODS

Research design

This study used a qualitative approach with a case study design. This approach was chosen because what we wanted to understand was a professional's experience and views about their work, not numbers. Creswell and Creswell (2018) explain that qualitative research seeks to understand the meaning individuals or groups ascribe to a social or human problem, while a case study examines one or several cases in depth. The case in this study is the psychological assistance service in outpatient rehabilitation at BNNP Banten, with the clinical psychologist as the unit of analysis.

Location, time, and informant

The study was conducted at BNN Banten Province, Jl. Syech Nawawi Al-Bantani No. 7, Banjar Agung, Cipocok Jaya District, Serang City. This location was chosen because its rehabilitation services run under the BNN Banten Province Primary Clinic with a well-organized pathway. The interview was held on Monday, 15 June 2026.

The informant was selected purposively based on four considerations related to the research aims. First, the informant is a clinical psychologist, a profession that under BNN regulations is tasked with psychological evaluation (BNN, 2022), and thus fits the study's focus on the clinical psychologist's perspective. Second, the informant works in the BNNP Banten rehabilitation unit that is the research site. Third, the informant had worked in that unit for five years, and was therefore considered familiar with the service pathway and how its implementation has developed. Fourth, the informant is directly involved in assisting clients, and is therefore able to explain the service pathway and the content of psychological assistance, the two matters that are the aims of this study. The choice of a single informant

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follows the logic of a case study, in which depth of information about one case is preferred over the number of informants, with the consequence that the findings are not intended to be generalized and describe only the perspective of one clinical psychologist.

Instruments and data collection techniques

The researcher was the main instrument, assisted by an interview guide. The primary data were obtained through a semi-structured in-depth interview. The researchers prepared an interview guide as a framework, but the conversation was allowed to flow following the informant's account. The questions focused on two matters: how the rehabilitation pathway runs and how psychological assistance is carried out in client recovery. The interview lasted 16 minutes 50 seconds. It was recorded with the informant's consent.

After the interview, the recording was transcribed verbatim and re-read by the researchers. This transcript became the research data and was analyzed through the stages of condensation, display, and conclusion drawing as described in the data analysis section. For comparison, the researchers also reviewed related documents, namely Law Number 35 of 2009, BNN Regulations Number 3 of 2018 and Number 6 of 2022, and scientific literature on addiction counseling and drug rehabilitation.

Research ethics

The study was conducted with permission from BNN Banten Province, applied for through a cover letter from the department. Before the interview, the informant was told about the purpose of the study and agreed to be interviewed. The informant's identity is kept confidential and is not stated in this article. Because the study did not involve clients directly, no client data were collected, and the informant's statements about clients were given only as general descriptions without identities. This study did not go through a formal ethics committee because it involved only one adult informant who gave consent, did not involve clients or sensitive data, and posed minimal risk to the informant. Instead, the study followed official permit procedures in the form of a cover letter from the Department of Islamic Education Guidance and Counseling, Faculty of Education and Teacher Training, Sultan Maulana Hasanuddin State Islamic University of Banten, addressed to BNN Banten Province.

Data analysis technique

The analysis followed the interactive model of Miles et al. (2020), which consists of three streams of activity. First, data condensation: the informant's answers were read repeatedly, the parts related to the research aims were selected and coded, and then grouped into themes. Second, data display: themes were presented in tables and narrative descriptions. Third, conclusion drawing and verification: themes were compared with regulations and previous research, and then checked again against the informant's statements. To maintain the validity of the data, the researchers compared the informant's statements with regulatory documents and the literature (source and theory triangulation) and limited the conclusions to what the informant actually stated. Because there was only one informant, the researchers took care not to conclude more than what the informant said.

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RESULTS

Five themes were formed from the informant's account, which can be grouped into two parts. Themes 1 and 2 relate to the service pathway, while Themes 3 to 5 relate to the content of psychological assistance. Before the themes are described, we first explain how they were formed. Table 1 summarizes the five themes, and each is then described with direct quotations from the informant.

How the themes were formed

Theme formation was carried out in three steps. First, the interview transcript was read repeatedly, and the parts related to the two research aims, namely the service pathway and the content of psychological assistance, were marked and given short codes. Second, codes with similar meanings were grouped into categories. Third, related categories were formulated into themes and checked again against the informant's statements so that they did not go beyond what the informant said. For example, the statement that clients are “not immediately treated” was coded as assessment before treatment, placed in the category of early stages of service, and became Theme 1. The statements about family conflict, stress, and romantic problems were coded as types of client problems, placed in the category of diversity of client needs, and became Theme 4. Themes 1 and 2 were produced from the first aim, while Themes 3 to 5 came from the second aim.

Table 1. Themes Formed from the Interview with the Clinical Psychologist at BNNP Banten

No.	Theme	Summary of the informant's account
1	*Screening* and *assessment* as the entry point	Clients are not treated immediately. All clients first undergo *screening* to learn their initial condition, then *assessment* to gauge the severity of use and the problems experienced.
2	Service type determined by *assessment*	Mild or moderate use is handled through outpatient care so that clients can continue their activities. Severe use or conditions requiring intensive treatment are referred to inpatient care with more comprehensive supervision. The service operates under the BNN Banten Province Primary Clinic.
3	Counseling as the core of outpatient assistance	Counseling is named as one of the most important services. Through counseling, clients are helped to understand their problems, recognize the factors driving the abuse, and learn healthier ways of facing life's difficulties.
4	Diverse problems brought by clients	Clients bring family conflict, stress, life pressures, difficulties in social relationships, and even romantic problems. This psychological and emotional pressure is said to often be both a cause and a consequence of abuse.
5	Treatment tailored to	Treatment is not generalized (*individual treatment*).

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the client	Family problems are handled through family counseling, whereas stress or emotional problems are handled with appropriate therapy or counseling. The hope is that clients recover optimally and live healthier, more productive lives.

Source: interview data processed by the researchers (2026).

The client's journey according to the informant

In outline, the informant described the client's journey as follows: the client arrives, undergoes *screening*, then *assessment*, is then placed in outpatient or inpatient care, and in outpatient care is assisted through counseling tailored to their problems. This journey shows that the themes formed are interrelated and do not stand alone. The initial assessment determines the type of service, the type of service determines the form of assistance, and the form of assistance adapts to the client's problems. The description of each theme below follows the order of this journey.

Themes 1 and 2: the entry point and the direction of service

The informant emphasized that people who come to BNNP Banten are not treated immediately. They go through *screening*, which gives an initial picture of the client's condition, and then *assessment*, which gauges how severe the narcotics use is and what problems the client is experiencing. The result of the *assessment* determines the subsequent service. Clients with mild or moderate use undergo outpatient care so that they can still work or carry on their activities. Clients with severe use or more intensive needs are referred to inpatient care with more comprehensive supervision. The informant also mentioned that this service operates under the BNN Banten Province Primary Clinic. In this account, *screening* and *assessment* are not treated as formalities, but as the basis for deciding where the client should be directed.

The informant stated, "*Screening and assessment are for us to find out what the client's condition is like*" (Informant, interview, 15 June 2026). The informant also stated, "*If the client's condition is at the level of mild or moderate use, services can be provided in the form of outpatient care*" (Informant, interview, 15 June 2026).

Theme 3: counseling as the core of outpatient assistance

When discussing outpatient care, the informant named counseling as one of the most important services. According to the informant, counseling helps clients understand the problems they are facing, recognize what drives them to abuse narcotics, and find healthier ways of facing life's problems. In this account, counseling is understood not merely as giving advice, but as a process that makes clients know themselves better and learn to face pressure in ways other than using narcotics. The informant did not describe the steps or counseling techniques used, so the picture in this section is one of principles and does not explain how a session unfolds.

The informant stated, "*Outpatient care is almost 100% counseling*" (Informant, interview, 15 June 2026). The informant added, "*If you ask whether it is important, of course it is*

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important, because what the activity consists of is counseling" (Informant, interview, 15 June 2026).

Themes 4 and 5: diverse problems, tailored treatment

According to the informant, the problems clients bring are very diverse, ranging from quarrels within the family, stress, life burdens, and difficulty socializing to romantic matters. Psychological and emotional pressure of this kind is said to often be both a cause and a consequence of narcotics abuse. For this reason, treatment is not generalized but follows *individual treatment*. Clients who have problems with their families are helped through family counseling, whereas clients who experience stress or emotional problems receive therapy or counseling suited to their condition. The informant hopes that professional and continuous counseling can bring clients to optimal recovery and a healthier, more productive life.

The informant stated, "*When we do individual treatment, each client has different needs*" (Informant, interview, 15 June 2026). The informant also stated, "*If there are family problems, we hold a family meeting or family counseling*" (Informant, interview, 15 June 2026).

Character of the informant's account

The informant's statements on all five themes were generally given in the form of principles and general descriptions. The informant explained how the service should run and what is considered important, but did not describe particular client cases or the course of a single counseling session. Data of this character allowed the researchers to build themes about the pathway and principles of assistance, but are not sufficient to explain the assistance process in detail. The researchers therefore limited the description of results to what the informant actually conveyed.

What the informant did not mention

It should also be noted what the informant did not mention, namely specific therapeutic techniques, post-rehabilitation and relapse, and the division of work between clinical psychologists and addiction counselors. These three were not included as themes because they are absent from the data, but they are noted so that readers know the limits of the picture produced. All three are revisited in the discussion section as unanswered questions.

DISCUSSION

This study sought to understand how a clinical psychologist at BNNP Banten interprets and carries out psychological assistance. From one in-depth interview, a service emerges that begins with assessment and then proceeds with adjustment: clients are assessed first, placed in the appropriate service, and then assisted according to their respective problems. The discussion below compares this picture with regulations and the literature, including the parts that remain unanswered.

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Assess first, then help

The informant's statement that clients are not treated immediately, but first undergo *screening* and *assessment*, is consistent with the pathway set by BNN (2018, 2022). This sequence matters because without good assessment, service placement can miss the mark. A client who needs intensive supervision could be placed in outpatient care, or the reverse. (UNODC and WHO, 2020) stress the need to match the level of service to the level of severity, and NIDA (2018) reminds us that treatment must attend to the client's medical, psychological, social, occupational, and legal needs. The same pattern was reported by Salsabila et al. (2026) at the BNN rehabilitation center in Kubu Raya, where counseling begins with initial assessment and intervention planning before individual, group, and family sessions are run. Table 2 compares the stages of continuous rehabilitation with what the informant said.

Table 2. Comparison of the Stages of Continuous Rehabilitation with the Informant's Account

Stage according to BNN (2018, 2022)	Informant's account	Analytical note
Initial intake	Not described specifically; the informant immediately named *screening* as the first step.	Administrative stage not yet depicted.
Screening	All clients undergo *screening* to learn their initial condition.	Consistent with the BNN pathway.
Assessment	Gauges the severity of use and the client's problems; the result determines the type of service.	Consistent; assessment tools and methods not mentioned.
Therapy planning	Treatment is tailored to the client's problems (*individual treatment*).	Consistent in principle; the therapy plan document is not described.
Therapy implementation	Outpatient care with counseling, including family counseling; inpatient care through referral.	Consistent; therapeutic techniques not mentioned.
Post-rehabilitation	Not mentioned.	Not yet answered; not interpreted.

Source: BNN (2018, 2022) and interview data processed by the researchers (2026).

Table 2 shows that the core stages, namely *screening*, *assessment*, tailoring of treatment, and service delivery, are reflected in the informant's account. By contrast, initial intake and post-rehabilitation are not described. For clients, *assessment* can also be the first encounter with the service, and that experience can make them feel understood or, instead, merely examined. This side of the client's experience cannot yet be answered by the data of this study.

One further note is needed. The statement that the result of the *assessment* determines the service does not explain whether that placement is reviewed when the client's condition changes. If assessment is done only once at the start, changes in condition may be missed. The literature on continuing care describes recovery as a process that needs to be monitored

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over time (McKay, 2021), so this question deserves to be put to future research and is not answered from the existing data.

Counseling: where life's problems are talked through

The informant places counseling at the heart of outpatient care. This picture matches the finding of (Rosidah and Salehudin, 2021) that addiction counseling is the main outpatient intervention at BNN East Kalimantan and is related to client self-efficacy. The informant described the function of counseling as helping clients understand their problems and find their own way out. This accords with the addiction counselor standard, which stresses that clients be encouraged to find solutions and make their own decisions (BNN, 2018). The informant's formulation, namely understanding the problem, recognizing the drivers of abuse, and finding healthy ways of facing life, is also nearly parallel to (Corey's, 2017) definition of counseling as a process of helping a person understand their problems, know themselves, and find good ways of facing life. However, one thing must be stated honestly: the informant did not mention the techniques used. (Salsabila et al., 2026) reported that *motivational interviewing* and CBT help strengthen motivation, shift negative thinking, and improve client coping, and (Canda and Sari, 2026) reported assistance that combines cognitive-behavioral techniques, motivational techniques, and emotion-control exercises. Other literature also mentions similar techniques (DiClemente et al., 2017; Magill et al., 2019; Miller & Rollnick, 2023). From this interview it cannot be determined whether any of them is used at BNNP Banten. Therefore, consistency with the literature can only be claimed at the level of general principles, not of techniques.

The picture above has implications for the practice of psychological assistance. First, if counseling is indeed the core of outpatient care, the quality of assistance depends on the assistant's ability to translate principles, namely understanding the problem and finding a way out, into clear session steps, and those steps need to be explainable and evaluable. Second, because service placement rests on *assessment*, the accuracy of the initial *assessment* determines the direction of the whole assistance process, so the tools, criteria, and re-review of assessment results deserve more attention. Third, the informant's account shows that, in the view of a clinical psychologist in a regional unit, the role does not stop at psychological evaluation as formulated in regulations (BNN, 2022), but also includes assistance through counseling. This adds to our understanding of the clinical psychologist's role in drug rehabilitation: the evaluative role and the assisting role appear to be carried out side by side, although their boundary with the addiction counselor's role cannot be determined from these data.

Diverse problems call for non-uniform treatment

Family conflict, stress, life pressure, difficulty socializing, and romantic problems are issues experienced by many people. According to the informant, such issues can be both a cause and a consequence of narcotics abuse. This view supports the argument of (Magill et al., 2023) that one approach for everyone is inappropriate, because the coping skills to be prioritized differ for each client. The meta-analysis of (Magill et al., 2019) reinforces this: CBT does help reduce substance use, but is not superior to other specific approaches, so the choice of

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approach should follow the client's needs, not the habits of the service. The informant's example, family counseling for clients who have problems with their families, accords with the findings of (Sari et al., 2021) on the importance of the family's role in recovery and with the family dialogue practice reported by (Canda and Sari, 2026). The *individual treatment* principle the informant mentioned is likewise in harmony with (NIDA's, 2018) affirmation that no single form of treatment suits everyone.

The range of problems the informant mentioned touches more on the psychological and social sides of clients. BNN regulations view recovery as an effort covering bio-psycho-socio-spiritual aspects (BNN, 2022), whereas the medical and spiritual aspects did not appear in the informant's account. This is understandable because the informant is a clinical psychologist discussing their own field of work, and it does not mean those two aspects are neglected in the service unit. For readers, however, this note is a reminder that the picture produced by this study is only one side of a broader rehabilitation service.

Clinical psychologists and addiction counselors: a boundary not yet clear

The informant is a clinical psychologist, yet almost all of the account concerns counseling. BNN regulations assign clinical psychologists the task of psychological evaluation in accordance with the therapy plan (BNN, 2022), while counseling is discussed in the literature largely as the task of addiction counselors (BNN, 2018; Halik et al., 2024). In practice, the two roles may overlap, and one person may perform both. However, this division of work was not recounted in the interview, so the researchers cannot yet draw a conclusion about it. (Salsabila et al., 2026) concluded that strengthening counselor capacity and cross-sector cooperation would improve rehabilitation outcomes, which suggests that clarity of roles and coordination among personnel deserve further study, for example by interviewing psychologists and addiction counselors in the same unit.

Continuity of recovery and what has not been heard

The informant hopes that professional and continuous counseling will bring clients to optimal recovery. This hope accords with the idea of continuous rehabilitation in BNN regulations (BNN, 2022). However, the word continuous makes us ask what happens after the main program ends. Post-rehabilitation and relapse prevention are considered important by those regulations and by (Magill et al., 2023), and continuing care is associated with better recovery outcomes (McKay, 2021), but they did not appear in the informant's account. That does not mean they are not done. It may simply be that they were not discussed in this interview. The researchers therefore only mark it as an unanswered matter and do not interpret it.

One other thing can be read from the informant's account. The family, social relationships, and life pressures that the informant named as client problems can be viewed as part of recovery capital, that is, the resources that support or, conversely, weaken a person's recovery (Bunaciu et al., 2024). This reading is the researchers' interpretation and not the informant's statement, but it shows why family counseling and the handling of social problems deserve a place in psychological assistance.

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Synthesis: three messages from one informant

If the five themes and their comparison with the literature are summarized, three main messages appear. First, assessment precedes treatment: *screening* and *assessment* determine where clients are directed, and this message is most strongly supported by regulations (BNN, 2018, 2022) as well as international standards (UNODC & WHO, 2020). Second, treatment follows the client's life problems: counseling, including family counseling, is adjusted to the problems brought, and this message is in harmony with the literature on individual treatment (Magill et al., 2023; NIDA, 2018). Third, the continuity of recovery remains an open question: the informant hopes for continuous counseling, but the stage after the main program is not described, even though this stage is considered important in continuous rehabilitation (BNN, 2022; McKay, 2021). The first two messages can be said to be supported by the data of this study, while the third is better read as a research agenda than as a finding.

Practical implications

These findings indicate that the quality of assistance is strongly influenced by two things: the accuracy of the initial *assessment* and the assistant's ability to adjust treatment to the client's life problems. In practical terms, rehabilitation institutions can make room for family counseling, clarify the division of roles among professions, and record the approaches used so that they can be studied and improved. Recording approaches would also make it easier for service units to explain what is actually done in the counseling room, something that in this study appears only at the level of principle. In addition, service units can openly explain how clients are helped after the main program ends, because that stage is part of continuous rehabilitation (BNN, 2022). These implications derive from the view of one clinical psychologist, so they need to be tested in other service units and with other informants before being used as a basis for policy.

Theoretical implications and research agenda

Theoretically, this article adds to our understanding of the clinical psychologist's role in drug rehabilitation, a role described as covering both evaluation and assistance through counseling, from the viewpoint of a clinical psychologist in a regional rehabilitation unit, which has so far been discussed more through addiction counselors, programs, or client cases (Canda & Sari, 2026; Halik et al., 2024; Salsabila et al., 2026). The findings also support the idea that addiction treatment needs to be tailored to the individual (Magill et al., 2023; NIDA, 2018), although the empirical basis remains limited to one informant. For future research, more informants are needed, including addiction counselors and medical personnel, direct observation of assistance sessions, and the voices of clients and their families because they are the ones going through recovery. Further research could also compare several regional rehabilitation units so that variation in the implementation of regulations can be seen.

CONCLUSION

This study aimed to describe the rehabilitation service pathway at BNNP Banten and how psychological assistance is carried out, according to a clinical psychologist. Regarding the first aim, the informant described a pathway that begins with *screening* and *assessment*; the

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result of the *assessment* determines whether the client is placed in outpatient or inpatient care. Regarding the second aim, the informant placed counseling as the core of outpatient assistance. Client problems are diverse, ranging from family conflict to romantic problems, so treatment is tailored to each client, for example through family counseling.

This conclusion describes the perspective of one clinical psychologist from one interview, so it cannot be read as a picture of all rehabilitation practice at BNNP Banten or as a direct observation of client recovery. This study also points to matters that still need to be studied, namely the therapeutic techniques used, the division of roles between psychologists and addiction counselors, and the post-rehabilitation stage.

RECOMMENDATIONS

For BNNP Banten, it is recommended that the assistance approaches used be recorded in writing, that the division of roles between clinical psychologists and addiction counselors be clarified, and that information about follow-up after the main program be provided to clients and their families. For future researchers, it is recommended to involve more informants, including addiction counselors, medical personnel, clients, and families, and to combine interviews with observation so that the course of assistance can be seen directly. For rehabilitation policy makers, the results of this kind of research can serve as material for assessing whether the regulations on continuous rehabilitation can already be implemented evenly across regional service units.

LIMITATIONS OF THE STUDY

This study rests on one interview with one informant. As a result, the findings describe only the experience and views of one clinical psychologist, and cannot yet be compared with the views of addiction counselors, medical personnel, families, or the clients themselves. Because it was a single session, the account obtained is also limited. The informant's statements were largely general principles with few concrete case examples. This limits the researchers' ability to explain how assistance proceeds in the counseling room.

This study was conducted at one location and is not intended to be generalized to other rehabilitation units. Statements about the benefits of counseling are based on the informant's hopes and on previous research, because the effectiveness of assistance at BNNP Banten was not measured. Finally, post-rehabilitation, relapse, and the division of professional roles are absent from the data and thus cannot be discussed further. These limitations are expected to be addressed by further research with more informants and locations.

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