

Cultural Sensitivity Exploration: Client Experiences with The Therapeutic Community Method at The National Narcotics Agency Rehabilitation Center

Roy Hardi Siahaan

Universitas Indonesia, Indonesia

Email: royhardi70@gmail.com

*Correspondence: royhardi70@gmail.com

ABSTRACT: Drug abuse is one of the major challenges in global society. Data in the World Drug Report issued by UNODC shows that around 292 million people in the world will use drugs in 2024. The significant impact of this occurs in the younger generation. This study aims to analyze the experiences of clients undergoing inpatient rehabilitation at the Rehabilitation Center of the National Narcotics Agency (BNN) Indonesia using the Therapeutic Community (TC) method. This method facilitates social interaction and learning from shared experiences in an environment that supports the recovery process. Through semi-structured interviews with six clients from various provinces, this study found that cultural sensitivity plays an important role in increasing the effectiveness of rehabilitation. Clients can find their identity, form close relationships with fellow residents based on similar backgrounds, and understand diversity in the community. However, challenges arise from cultural differences that sometimes clash with TC values, requiring adaptation and understanding among clients. The results of the study indicate that the TC method at the BNN Rehabilitation Center was derived not only to contribute to the reduction of maladaptive behavior, but also to encourage the development of communication skills, emotional management, and independence. Although clients feel many benefits from the rehabilitation process, there is a need to increase recreational activities to prevent boredom. This study recommends the need for a more inclusive approach in understanding the cultural diversity of clients for more optimal results in drug rehabilitation.

Keywords: cultural sensitivity, drugs, national narcotics board, rehabilitation, therapeutic community

INTRODUCTION

People around the world have witnessed slow socio-economic development or progress due to problems related to drug abuse. Awareness of the existence of illegal Drugs, access to Drugs, and their abuse has increased dramatically over the years (Nwogu, 2022). The World Drug Report (WDR) 2024 (UNODC, 2024) states that around 292 million people use drugs worldwide in 2022. This condition shows an increase of 20% from the previous decade. Drug use or abuse occurs at all ages, but is prevalent among young people. The WDR also states that marijuana use among adolescents is still a concern in many regions, with the added challenge of vaping practices spreading in North America, at an age when drug use can cause permanent damage to brain development.

Data held by the United Nations on Drugs and Crime (UNODC) shows drug use or possession is considered a criminal offense in about 40 percent of the 94 countries where data is available, which represents the majority of the global population. Drug possession or use

can be a criminal offense in most Asian and African countries, but most jurisdictions with data in the U.S. consider this activity not a criminal or non-criminal offense. While some countries and territories in Europe consider the use or possession of drugs to be a criminal offense, in most jurisdictions in the region, it is considered a criminal or non-criminal offense. (UNODC, 2024)

If drug use is viewed through the perspective of the right to health, then the State has a responsibility to provide health services, avoid discrimination, and ensure community participation in health decision-making, not only for drug users but also for those affected by drug use (UNODC, 2024). The health services in question can be realized through rehabilitation programs. However, the drug rehabilitation program is one of the complex processes, so certain approaches are needed that are able to bring success to the individuals who undergo it.

Therapeutic Community (TC) is one of the methods in drug rehabilitation that is quite famous and has been adapted by several countries. The TC method began to develop in 1963 in America by applying psychosocial approach techniques. Through the approach in TC, drug abusers live together in one place with the aim of helping and supporting each other to later be able to recover together (Afiya, 2022). In TC, drug abusers are invited to change their lifestyle with programs that have been prepared so that there is a change in behavior and psychology (Adiyanti, 2019). The TC method prioritizes individual lifestyle changes accompanied by programs designed to form habits during the rehabilitation process.

The Rehabilitation Center as one of the Therapy Service Units (UPT) owned by the National Narcotics Agency (BNN) of the Republic of Indonesia also uses TC as one of the methods in the rehabilitation process. Some structured activities are specifically designed as a daily program for abusers undergoing inpatient rehabilitation there. Structured activities and approaches are carried out with the aim that the person can change their behavior, so that they can recover from their addiction.

An internal study conducted by the BNN Rehabilitation Center in July 2024 where research data shows that clients undergoing inpatient rehabilitation come from 16 different provinces in Indonesia. The data shows the cultural diversity of clients undergoing rehabilitation. The cultural diversity owned by clients needs to get special attention in the form of cultural sensitivity. This view is in line with those who argue that interventions that are tailored to the cultural background of clients undergoing rehabilitation, can improve the outcomes of these interventions. Based on the explanation above, this study aims to analyze the exploration of cultural sensitivity seen from the perspective of clients who undergo inpatient rehabilitation at the BNN Rehabilitation Center using the TC method (Burlew, Copeland, Ahuama-Jonas, & Calsyn, 2013).

Literature Review

Cultural Sensitivity

Today's society has become increasingly pluralistic and diverse. This condition occurs due to changes in the demographic makeup as well as social and cultural values which means that intercultural communication is inevitable. People need to have greater cultural sensitivity in their encounters with other people of different cultures (Chen, Chan-Olmsted, & Thai, 2023).

Foronda (2008) states that the concepts that emerge as attributes of cultural sensitivity are knowledge, consideration, understanding, respect, and adaptation. To achieve cultural sensitivity, one must have knowledge of cultural differences and values. Knowledge can be gained through training, education, or experience with a culture in a variety of contexts. Consideration is defined as "careful or thoughtful thinking; have concern or concern for

others". Thus, a person's background, language, and beliefs must first be considered as initial capital in cultural sensitivity. The third important attribute is comprehension, and this is defined as "understanding the essence and meaning". To have cultural sensitivity, an individual must understand the impact and importance of the values or experiences of others. The fourth attribute and fundamental component of cultural sensitivity is respect. According to , respect is defined as "a willingness to show appreciation or care". The fifth and final attribute of cultural sensitivity is adjustment. Customization is defined as "creating, changing, or adapting for an individual or group." In addition to having knowledge, consideration, understanding, and respect for the individual, adjustments or adaptations must be made in an effort to meet one's needs and demonstrate cultural sensitivity. In various environments, cultural sensitivity involves adjusting a mindset or action to fit or fit the recipient.

Majumdar et al., (2004) argues that to build cultural sensitivity, self-awareness is needed, accompanied by the ability and willingness to examine a person's ethnoculture, attitudes, beliefs, and behaviors. The realization of what is involved is achieved through thoughts and feelings. Meanwhile, according to cultural sensitivity is the extent to which ethnic/cultural characteristics, experiences, norms, values, behavior patterns, and beliefs of the target population as well as relevant historical, environmental, and social forces are included in the design, delivery, and evaluation of targeted health promotion materials and programs. (Resnicow, Soler, Braithwaite, Ahluwalia, & Butler, 2000).

Rehabilitation with the Therapeutic Community Method

Therapeutic Communities (TCs) emerged as an alternative to medical and mental health care to address the problem of drug abuse carried out independently. quoting De Leon's statement explained that TC is related to structure, social organization, daily routine and the idea of "community as a method". Through this idea, TC becomes a forum for individuals to learn about themselves through interaction with colleagues and people around them. The process of change occurs as each individual learns pro-social behavior and adopts restoration-supporting values through relationships developed and maintained within TC, as well as the individual's ability to internalize those principles (De Leon, 2010; Mallow & Cameronkelly, 2006).

Campling (2001) states that the term Therapeutic Community (TC) is commonly used in the UK to describe a small, cohesive community, a place where each patient has significant involvement in decision-making and practicality in running the community. TC is deliberately structured in such a way as to be based on the ideas of collective responsibility, citizenship, and empowerment, thus encouraging the individual to carry out his or her responsibilities and avoid negative dependence on the professionals involved in the treatment. Patients are considered to bring creative power and energy into the therapeutic environment, and peer groups are considered crucial in building strong therapeutic alliances. Flat hierarchies and delegated decision-making in the TC method are sometimes misunderstood by people outside the community as anarchy.

Campling (2001) also noted that some TCs work exclusively in group forums by combining individual psychotherapy. The daily experience of living and working together in a community is considered as important as formal therapy, and it is structured in such a way that the two are tightly integrated and mutually informing – a life-learning experience. According to Shuker (2010) (TC) allows deviant personal and community behavior to be handled through various theoretical approaches. These approaches include social learning, cognitive behavior, and psychodynamic approaches that allow for exploration for the beginning of attachment, ascertaining developmental pathways, and identifying processes in

the subconscious. The same opinion is also expressed by (Jones, Brookes, & Shuker, 2013; Kennard, 2004), that TC is a "life and learning situation" in which everything that happens between members (staff and clients) during life and work together, especially when there is a crisis, is used as a learning opportunity.

Cultural Sensitivity in Rehabilitation

Data compiled by UNODC in 2024 shows that about 1 in 11 people with Drug use disorder receive treatment worldwide (UNODC, 2024). In providing drug treatment services, healthcare providers must have a sensitivity to culture so that they can provide assistance and intervention in a way that is relevant to the patient's needs and expectations (Majumder, Mandal, Bandyopadhyay, & Chaudhury, 2007).

In research conducted by client-centered healthcare providers (Tucker, Marsiske, Rice, Nielson, & Herman, 2011) Tucker et al use the term patient) and culturally sensitive have the following characteristics: (a) emphasize on the application of client-desired and modifiable staff and service provider behaviors and attitudes, implement the health care provider's central policies, and display the characteristics and policies of the physical health care environment identified by the culturally diverse clients as an indicator of respect for their culture and who allow clients to feel comfortable, trusted, and respected by healthcare providers and staff; (b) conceptualize the client-service provider relationship as a partnership that arises from client-centricity; and (c) patient empowerment-oriented. Client-centered healthcare encourages the client to make behavioral changes based on personal awareness. Client-centered services also mean that the services provided by the staff on the treatment program are based on the needs of the client. This condition allows for the emergence of a comfortable and pleasant rehabilitation atmosphere for individuals undergoing rehabilitation. According to this type of care is unique in that it is based on the views of clients who come from diverse cultures rather than the views of professionals in health care services (e.g., psychologists, doctors, and health administrators).

Drug abuse continues to pose a significant global challenge, particularly among younger populations, as highlighted by the increasing prevalence reported in the World Drug Report 2024. In Indonesia, where cultural diversity is vast, addressing drug abuse through rehabilitation programs that incorporate cultural sensitivity is essential. The urgency lies in the need to optimize the effectiveness of therapeutic interventions like the Therapeutic Community (TC) method by tailoring them to the cultural contexts of clients, ensuring inclusivity and relevance in rehabilitation processes.

Although previous studies have examined the effectiveness of the TC method in fostering behavioral and psychological change in rehabilitation, limited research has focused on how cultural sensitivity influences the success of this method, particularly in the context of Indonesia's diverse cultural landscape. Furthermore, while cultural sensitivity has been explored in healthcare and other domains, its specific role within drug rehabilitation settings remains under-researched. This gap underscores the need for a deeper understanding of how cultural diversity affects client experiences and outcomes in TC-based rehabilitation programs.

This study introduces a novel perspective by examining the intersection of cultural sensitivity and the Therapeutic Community method within Indonesia's unique cultural and social framework. It provides insights into how clients perceive and navigate cultural differences during rehabilitation and highlights the adaptations required to align TC practices with clients' cultural values. By focusing on cultural sensitivity as a core component of rehabilitation, this research expands the discourse on the applicability and adaptability of the TC method in multicultural settings.

The primary objective of this study is to analyze the role of cultural sensitivity in shaping client experiences with the TC method at the National Narcotics Agency Rehabilitation Center in Indonesia. It aims to uncover the challenges and opportunities presented by cultural diversity within rehabilitation programs and explore how these factors influence the effectiveness of the TC approach in fostering recovery and behavioral change.

The findings of this study benefit rehabilitation practitioners, policymakers, and stakeholders by offering a framework for integrating cultural sensitivity into drug rehabilitation programs. It provides practical recommendations for enhancing the TC method to better accommodate the cultural diversity of clients, thereby improving rehabilitation outcomes. Additionally, the study fosters a greater understanding of the relationship between cultural adaptation and therapeutic effectiveness, which can inform future program designs.

The implications of this research are twofold. First, it highlights the need for rehabilitation centers to adopt culturally sensitive practices that respect and incorporate clients' cultural identities, promoting inclusivity and client-centered care. Second, it emphasizes the importance of continuous training for staff to develop cultural competence, enabling them to navigate cultural differences effectively. These implications contribute to the development of more holistic and effective rehabilitation programs, ultimately supporting Indonesia's broader efforts to combat drug abuse and promote social reintegration.

RESEARCH METHODOLOGY

The study used a qualitative design using semi-structured interviews to explore participants' experiences during their time at the BNN Rehabilitation Center and how sensitive they were to their culture. Interview guidelines provide structure and allow for exploration as the topic develops. Interview questions are concocted in the form of open-ended questions, so as to provide space for each participant to be able to recall their experiences freely. Enrichment questions that arise during the interview process are investigating, developing a deeper understanding of the participant's experience. Interviews are conducted individually, and are recorded to facilitate the transcription process. Data analysis is carried out using a thematic analysis procedure in which a number of stages are carried out involving (1) data introduction, (2) initial code generation, (3) theme identification based on initial code, (4) theme review, and (5) theme definition and labeling, as described by Braun & Clarke, 2006; Howitt, 2010 (Jones et al., 2013).

RESULT AND DISCUSSION

Result

The data analysis in this study adapted five main themes from Jones et al., (2013) , namely: (1) therapy and cultural values, (2) relationships with others, (3) cultural competence, (4) cultural understanding/awareness, and (5) client response to rehabilitation experiences. One additional point from the researcher is (6) the client's views regarding the TC method applied in the inpatient rehabilitation program at the BNN Rehabilitation Center.

Therapy and Cultural Values

This discussion summarized the participants' experiences of how TC coexists with the fundamental values in their culture. This discussion includes three parts, namely: (1) identity, (2) cultural differences, and (3) incompatibility between TC and culture. In the identity section, participants felt that the application of TC helped them find their identity and identity, where through TC they learned to be honest and open with themselves and the community. This appears in the following statement quote:

"In the early days of my rehabilitation, I felt like I had to shut down a lot of things about myself. Because I don't want my friends to know about my true self. But as time went by, I realized that the community could help me to grow. Slowly I began to open up and share my opinions with friends who I felt had some of the same backgrounds, for example they were both married, had children, and the family condition was outside the island of Java..." (K1)

Cultural differences when interacting with other abusers in rehabilitation with the TC method are also felt, as in the following statement:

"I initially felt surprised why every announcement had to be delivered with shouting/loud voices. Because in my culture, shouting/shouting loudly has the impression of wanting to invite others to fight or create trouble. In addition, it also feels very noisy. Especially when you wake up in the morning for dawn prayers..." (K2)

The mismatch between TC and culture was identified as one of meaningful experiences, where participants had experiences when TC clashed with their cultural values. This is evident in the following quotes:

"Sometimes I am confused, Sis, later when I go home, how do I want to apply this. Because people out there, especially in my hometown, there are very few people who use English, while here there is a lot of jargon in English. In my work environment, these jargon are not used. In addition, I also had difficulty memorizing these jargons because they were in English. ..." (K3)

Participants also felt that it was necessary to adapt their cultural values so as to engage effectively in treatment:

"Most of my friends here are from the island of Sumatra, so the way they talk is different from me. They are used to speaking in a loud tone, if we don't understand it can be offended or even fight. While I was in the fish sin to undergo the recovery of the sis, I didn't want to look for enemies or fight. So I learned a lot to understand my friends..." (K2)

Relationships with Others

This section covers five discussions: (1) shared ethnicity increases interconnection, (2) marginalization, and (3) shared ethnicity increases engagement. This is a broad area that focuses on participants' experiences in relating to others (inmates and staff) as they undergo therapy. This theme identifies the increased sense of belonging experienced by participants and the sense of being valued and understood by others. However, it also reveals that this tends to happen in situations where they establish relationships with people who also have a BME background, both staff and other residents.

Almost all participants stated that they have closer relationships with fellow clients who share the same cultural background/region of origin:

"Many of them here are from Jakarta, so have friends to talk to. I can use it without fear of offending..." (K4)

"I have a Batak sis tribal background, so I am not surprised when I meet friends from the same tribe here. It's also nice to be able to tell stories and exchange experiences with feelings, it feels more connected..." (K3)

Similarities in culture/region of origin backgrounds are also highlighted in relation to staff, as follows:

"I often exchange ideas with bro. X, because it turns out that his tribe is the same as mine. So it's exciting to tell bro about my experiences. X..." (K3)

There were also participants who stated that they felt that they did not have many friends because there were few clients from the same area as them:

"As far as I know, both of my origins are from the city of K, it's just a matter of fingers. So, it was also difficult for me to make friends. I am worried that I will not be able to communicate with those who are not in the same area as me..." (K5)

Cultural Competence

Cultural competence is a keen awareness of how individuals, families, groups, and societies interpret and experience their unique qualities and how they relate to the social environment amidst these qualities. Overall, cultural competence is a practice orientation that includes a set of skills, which enhances our understanding of diversity and how it affects and influences the client's understanding and participation in the treatment plan. Comprehensive culturally competent practices include issues related to language, migration and acculturation, family history, religious practices, and social beliefs and community attachments. (Mallow & Cameronkelly, 2006)

Cultural competence emphasizes the need for health care systems and providers to be aware of and responsive to the patient's cultural perspective and background. The preferences, values, cultural traditions, languages, and socioeconomic conditions of patients and families are respected. The concepts of cultural competence and patient-centered care intersect in meaningful ways (Stubbe, 2020).

The idea of cultural competence refers to the ability of others to interact effectively with people from different cultures. It summarizes two discussions that represent opposite experiences: (1) negative interactions and (2) positive interactions. Participants gave examples of different treatment when the use of cultural dialects, cultural terms or speaking in regional languages was often not allowed. The use of dialects, certain terms in culture, or regional languages can provoke community suspicion regarding the topic being discussed, because it cannot be understood by the community.

"In my daily communication, I use Indonesian, in order to prevent misunderstandings from friends on the floor...(K6)

Cultural Understanding/Awareness

The participant's experience of feeling understood by others, even though it is related to their experience of being part of a group, seems to emerge as a distinctive discussion of its own. The discussion covers the extent to which participants assume that others are aware of, or understands, their cultural background and consists of three parts: (1) lack of cultural understanding/awareness, (2) understanding of culture, and (3) understanding that develops over time. The analysis highlighted that the majority of participants experienced a lack of cultural understanding and awareness. For example, a participant with a background from the island of Java stated:

"As I told you earlier, many clients here from the island of Sumatra are used to talking loudly. In the early days of rehab, I was shocked and felt disturbed..." (K2)

However, the participant's understanding developed as the rehabilitation process progressed:

"If I am used to it now and understand, if it is indeed a habit there. It's not because they're angry or inviting fights..." (K2)

Client Responses to Rehabilitation Experiences

This discussion summarizes the client's response to their experience and has five parts: (1) internal sensors, (2) negative emotions, (3) educating others, (4) desire to change, and (5) coping strategies. The most prominent theme experienced by the participants was the internal censorship which refers to the desire to change as well as the various negative emotions experienced by the participants in response to their experiences:

"To be honest, at the beginning of this TC, I did not accept the method. Why should I accept learning like sitting in a chair to reflect on the mistakes I made? Even though it could be that after I admit my mistake then it will be processed for the learning that I will receive. I felt humiliated when I was told to sit and contemplate in a chair like that. Moreover, I have a prestigious work background. Yes, the name is also a process. Slowly I realized that I was still carrying my status background outside, but my behavior here did not show that it was in harmony with my status. I want to learn to improve myself, so that my recovery can go well..."

Views related to the TC method in Rehabilitation

All participants in the study stated that the TC method used as one of the methods in the rehabilitation program at the BNN Rehabilitation Center went well, and played a very important role in trimming their mal-adaptive behavior. The following is a participant's statement regarding this:

"I feel that the TC program at the BNN Rehabilitation Center is running very well, I feel that I get attention from my community when I do something that is not appropriate..." (K6)

"I think the TC method is good, it really helps me in cutting my negative behavior. In the past, I rarely prayed, since here I have never missed prayer time because I am always reminded..." (K1)

"Since I've been here, I've learned to practice my communication. Because every day there are sessions where we are asked to be actively involved in giving feedback to friends on the floor. For example, during a morning meeting, there is a friend whose emotional condition is sad, I learn to give feedback to encourage him..." (K3)

"I think TC has been very petrified for me. Many positive things such as behavior formation, emotional management, maturity, and learning a lot from TC are not only recovery and stopping narcotics abuse. Especially learning to be more independent, having been trained from the programs at TC and hoping to be able to apply it in daily life, especially self-awareness..." (K2)

"From TC I learned to control my emotions and regulate them well..." (K4)

"The TC method here is good, the dense structure of activities from morning to night helps me to reduce the burden on my mind. However, I suggest that in the future there will be more outing activities, so that they do not get bored with the agenda of activities that are repeated every day..." (K5)

Discussion

The results of the study showed that clients who underwent inpatient rehabilitation at the BNN Rehabilitation Center felt that the TC method could help them in the recovery process. Clients' responses to their experiences exploring cultural sensitivity when interacting with other clients in the community, as well as with TC methods built into rehabilitation can be seen through:

- a) The client's ability to associate therapy with cultural values. The results show that despite the cultural diversity, clients try to make adjustments to avoid conflicts in the community that can negatively affect the recovery process.
- b) Dynamic relationships in the community where cultural sensitivity also influences how relationships are built between clients. Clients in inpatient rehabilitation programs tend to seek out friends with similar cultural/cultural backgrounds. These similarities can make it easier for them in the discussion and learning process.
- c) The ability to understand culture supports clients to interact well in the community. Although the modalities in the rehabilitation program use TC methods that are not fully compatible with the client's culture/culture of origin, the client tries his best to adapt and

- understand each other's cultural background. This can be done through the use of language that is in accordance with the community's agreement, thus preventing mis-interpretation.
- d) d) The high level of cultural sensitivity and its implications for care can help staff and clients to talk about sensitive issues within their communities. Cultural sensitivity means caring for the "other" (Claeys, Berdai-Chaouni, Tricas-Sauras, & De Donder, 2021). Meanwhile, the lack of cultural sensitivity has an impact on the understanding of some clients in responding to and understanding the conditions around them. There is much agreement that the level of cultural sensitivity in healthcare that clients perceive will have a positive influence on their adherence to treatment and on their health outcomes.
 - e) Clients' responses to their experiences of undergoing the rehabilitation process are also mixed. Some of the equipment and devices used in the TC method are felt to trigger the emergence of assessments of oneself and the community. This is suspected to be due to different cultural backgrounds, so it has an impact on the response. The cultural background then becomes an internal sensory that can trigger various negative and positive emotions. If supported by good self-acceptance, the client can regulate his emotions into something that is considered meaningful to educate himself to achieve a behavior change that supports his recovery.
 - f) f) The client's views on the TC method in rehabilitation at the BNN Rehabilitation Center. All participants in the study felt that the TC method helped their individual development, such as: attention from the community so that individuals felt encouraged to correct their mistakes. In the therapeutic community, many have difficulty tolerating the absence of individual recognition. In addition, community members spend a lot of time together, often switching roles from one situation to the next (for example, fellow members of the process group may also be roommates, or staff may also be in a community meeting). However, including a group perspective as a whole can be very useful in helping individual patients recognize the ways in which they are most likely to interact and be utilized by a group. (Parish, 2012).

Other individual developments are the reduction of negative behaviors, for example: laziness in worship, improvement of communication skills, emotional management, maturity, independence, and diversion from the burden of the mind. According to clients, what needs to be improved from the rehabilitation program is to increase the intensity of outing activities aimed at client recreation, so that clients can avoid boredom due to repetitive daily activity schedules.

CONCLUSION

The participants in this study broadly stated that cultural sensitivity was beneficial to their involvement in the rehabilitation process with the TC method. Clients feel an increase in individual self-empowerment, where the community has an important role to play in this. Thus, the TC method applied by the inpatient rehabilitation programs at the BNN Rehabilitation Center has shown good benefits and influences on changing client behavior in overcoming their dependence on drugs. However, clients also have the need to get recreational activities outside of inpatient facilities to avoid boredom.

This research is limited to qualitative methods and does not target all the culture/culture learning settings of clients in the inpatient rehabilitation program at the BNN Rehabilitation Center. Therefore, the research advice in the future is to take a more pluralistic sample of research, so that it can help the analysis in a more holistic way.

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