Abstract

Womens Correctional Institution as mandated by the Minister of Law and Human Rights of the Republic of Indonesia is an institution that provides services to correctional clients by providing social guidance, job training guidance that underwent the Legal Alliance program and the Social Reintegration program. In providing its services, Womens Correctional Institution (Lapas Perempuan) assigns Medical Social Work, medical social work is the spearhead of socialization in implementing the mandate of RI LAW No.12 of 1995 on Equipment System in the field of Counseling, Assistance and Oversight of Outside Correctional Clients. Medical Social Work in the execution of duties and functions do not work alone but with other professions such as social workers, psychologists, doctors, religious experts, police, prosecutors and others. Womens Correctional Institution in conducting services prioritizes the essence of the focus of the problems facing correctional clients, namely the psychosocial of correctional clients. Data recorded in 2017 Women Correctional Institution in Palembang handle 5 (five) clients with various social problems of psychology. While in this study the researchers case of clients(prisoners) at Women Correctional Institution in Palembang, with the identification of the problem liked disability to interact with the social environment and the illness that is suffered is cough. The researchers uses the social work practice approach in the service process that starts with the initial approach that includes engagement, intake and contract, disclosure and understanding of the problem (assessment), preparation of the problem-solving plan (planning), intervention, monitoring & evaluation (evaluation), and ends with termination. The author in the implementation of the process perform several roles in accordance with the needs that occur in solving client problems. The roles of medical social work used include problem solver, motivator and broker (Intermediaries).

Keywords: psychosocial problems, intervention, correctional clients.

1. Introduction

The paradigm in the guidance, assisting and supervising of medical work is no longer focused on the substance of guidance, assisting and supervising but has shifted to the substance of the implementation of health care of client (prisoners) in womens correctional institution ( officer and community resilience). Resilience of Correctional prisoners is the ability to solve severe problems, to be able to meet the physical, mental and social needs of womens prisoners. A strong indicator of health care resilience must be maintained with strong social resilience, education, morals or religion, and harmony or good prisoners members relationships. When we look at an ecological approach to assess the dynamics of relationships among prisoners members, as well as prisoners members with the environment. Sexual social pressures can happen to individual prisoner members, either to members with problems, who are not able to solve problems, or they have problems from their environment. Environmental conditions that face each other need to understand, because these conditions interconnect or exchange between prisoners and the environment. This can be done by improving the prisoner's ability to utilize the available resources.
Good prisoners’ issues continue to increase both in quantity and quality, both inside and outside the household that participates in the strengthening of prisoners in prisoners and officers. Some problems in the household include violence, parenting, and marriage. Issues outside the household such as religious, political, socio-cultural and economic conflicts that contribute to prisoner resilience. Each of the people in the family will be looking for their own solutions and their respective worlds. In the end the problem will come and approach them. All this against the psychological or psychological, as well as the ability of social relationships of family members in navigating his life. The family will be socially sustainable, and if it will not seriously affect the family’s integrity.

Based on the above problems, people need media to share, consult in order to get solution to the problems faced by correctional clients. Womens Correctional Institution is an institution that provides services to correctional clients (prisoners) with Duties include:

1. Conducting Coaching Prisoners, to:
   a. Helps facilitate the tasks of Investigators, Public Prosecutors and Judges in Case of naughty Womens, both inside and outside the session.
   b. Helping to complement the data of the Prisoners of Correctional Guidance in coaching, which is seeking approach and contact between the Correctional Residents concerned with the community
   c. Consideration materials for Head of Correctional Institution in the framework of assimilation process whether or not the Correctional Residents undergo the process of assimilation or Social Integration well.

2. Guiding, assisting and supervising the Correctional Prisoners who are Assimilated or Social Integration (Outside Coaching Institutions), both Family Visiting Leave, Parole and Toward Free

3. Guiding, assisting and supervising misbehavior based on Judgment The Court shall be subject to Criminal, Final Criminal to State and must follow the Obligatory Work or Womens Assimilated, Family Visit Leave, Parole or Free Leave from Correctional Institution.

4. Holding a Trial Observer Timing Team (TPP) and following the Prison Observation Team Session in correctional institutions / detentions, in order to determine the program of guidance and guidance of prisoners of correctional

5. Making Reports and Documentation periodically to the superior Officer and to the agency or other interested parties.

6. Minimize the imposition of criminal sanction on womens by suggesting in Community Research, either to the Investigator, Prosecutor or Judge.

7. Holding a Breathing Administration.

Womens Correctional Institution functions, including:

1. Implementing Correctional for Protection Prisoner
2. Equation of treatment and service
3. Education
4. Guidance
5. Respect for human dignity
6. Loss of independence is the only suffering

7. Guaranteed the right to keep in touch with family and certain people.

2. Discussion

2.1. Symptoms Related to Feelings (Affection)
   a. Experience a variety of negative emotions that had never, or seldom lived, such as anger, sadness, despair, loss of confidence, worries about the future.
   b. Feeling easily worried, afraid of things she had never feared before.
   c. Fear of things that can remind you of unpleasant events.
   d. Feeling sad about losing. Individuals are worried about losing again, worried that close and loved ones will die, will be separated from him.

2.2. Symptoms Related to Aspects of Cognition
   a. Negative evaluations of life, self-efficacy, goodwill and human capabilities in general.
   b. Often think of violent events (e.g., events they experienced or witnessed) or obsessed with negative thoughts.
   c. Difficult to concentrate and difficult to be creative.
   d. Not interested in the activities he used to love.
   e. It is very difficult to make decisions even for simple things.

2.3. Symptoms Related to Actions or Behavior (Konasi)
   a. Displays behavioral changes, such as being angry, aggressive, withdrawing, ignoring others, being irresponsible, or otherwise being overprotective in children, limiting family activity, becoming dependent and prosecuting.
   b. Lack of excitement, loss of appetite.
   c. Restless, unable to sit still and unable to concentrate for longer periods of time.
   d. Especially in adolescents and young adults: excessive behavior to seek attention or to prove themselves, seek outflow, confusion and boredom through destructive behaviors that are detrimental to themselves or others (use of drugs, liquor, gambling, free sex, seizing and bullying others).

2.4. Symptoms Related to Physical Aspects
   a. Feeling unfit, lethargic, unhealthy.
   b. Feeling a headache, nausea and vomiting, stomach pain, pain all over the body, heart beats very quickly and irregularly especially when feels frightened.
   c. Sleeping problems: more frequent nightmares, easily awakened by the quiet noises, hard to sound, stay awake late into the night.
   d. In women prisoners may appear symptoms of bedwetting, whereas previously never wet the bed.

2.5. Symptoms Related to Social Relations
   a. Irritable, angry and self-controlling, rude, conflicting with others.
   b. Can not or hard to trust anyone else, being skeptical about everything.
c. Alone, rejecting social relationships.
d. Engage in a group that performs destructive actions by hurting yourself or others. Conducting activities that are high risk, defiant, drug addiction.
e. Social, moral, and behavioral concepts change. Revenge and fanaticism become very dominant in family life.

3. Research Methods

This type of research is descriptive based on a qualitative approach using interview techniques, literature study and direct observation. The research instrument grid is quoted from the classification of Correctional Social Work Practices consisting of indicators (1) Initial approach which includes Engagement, Intake and Contract, (2) Disclosure and understanding of the problem (assessment), (3) Preparation of Problem Solving Plan (Planning), (4) Monitoring & Evaluation (Evaluation), (5) Termination (Termination).

Based on Arikunto (2006) As for the Validity and Reliability Test used is the Validity of the Interview Instrument and Reliability of Interview Instruments. So in this case the instrument is made using an open interview model.

4. Implementation of Medical Social Work Practice

4.1. Service Process

The client's intervention process begins when the client is at correctional institution. Medical Social Work encounters clients as part of visit activities escorted by a friend who happens to be next cell to the client. The process of medical social work practice conducted is:

1. Initial approach which includes Engagement, Intake and Contract
   a. The initial approach is:
      1) Involvement of a person in a situation, creating communication and formulating preliminary hypotheses recognizing the problem;
      2) A period in which the medical social worker begins to orient himself, especially regarding the tasks he takes care of;
      3) Service and provision of resources for anyone who needs and qualify.
   b. The duties of social workers in the early contact stage (engagement) are:
      1) Engage himself in the situation;
      2) Creating communication with everyone involved;
      3) Start defining the size / parameter relating to the things to be implemented;
      4) Creating an initial / preliminary work structure.
   c. Medical social work have a responsibility to establish relationships with clients through:
      1) The client comes voluntarily to ask for help (voluntary application).
      2) Clients do not want to come voluntarily (involuntary application).
      3) Medical social work trying to find clients.
d. Contract is a formulation and preparation of work approval in order to facilitate the achievement of problem solving objectives. The contract is intended to create an agreement to understand the purpose of cooperation, methods, procedures, defining the role and duties of social workers and the role and duties of the client. Contracts can be formal or informal that are flexible and necessary to change lives through special relief relationships.

2. Disclosure and understanding of the problem (assessment):

Disclosure and understanding of the problem (an assessment) is an activity to understand the problems, client conditions, environment, and interaction of the three.

The purpose of disclosure and understanding of the problem are:

a. Help define the problem;

b. Demonstrate and connect resources according to problems and needs.

Activities undertaken by social workers in the stage of disclosure and understanding of the problem are:

1). Data collection;

   The important thing in data collection is to apply the principle whereby, the social worker only collects information relevant to the situation it handles and then formulates / formulates ways through valid assessment. Data sources are mainly obtained from clients and client systems. Sources of data can also be obtained from notes, reports, tests, studies and evaluations of issues related to client issues. It is done gradually, separately and simultaneously.

2). Checking data

   The thing that the social worker should pay attention to in collecting data is checking the data. Data checking is done to maintain the accuracy of data and information.

c. Data analysis

   Data analysis can be done if the data has been collected in a tested and measured to be completely objective.

d. Conclusion

   A conclusion can be obtained if the data analysis is done. Conclusions include:

   1) Focus client issues

   2) client needs;

   3) Resources that can be utilized to solve the problem.

3. Preparation of Problem Solving Plan (Planning)

   The process of goal setting is a reciprocal process in an effort to find the needs to be met and the actions that need to be taken to address the problem. Providing opportunities and responsibilities to clients will be able to increase their commitment in the problem-solving process. Clients will feel and believe that the goals that have been set really appropriate with the choice and relevant to the wishes. Objectives can provide meaning and direction for the problem-solving process and can be used as a guide and measure for the progress of the problem-solving process. Social workers need skills in motivating clients to be willing to actively select and formulate goals.
4. Troubleshooting (Intervention)

The handling of the problem in the practice of medical social work is the action of medical social work directed to the formulation that has been established in planning by using methods and techniques of medical social work in accordance with the field of practice. Medical social work must be able to change individual behavior as well as social environment condition.

5. Monitoring & Evaluation (Evaluation)

Medical social work must be able to test efficacy (efficacy), the accuracy (accuracy) of alternative handling that is implemented also monitor the factors that bring success and which lead to failure. Medical social work should develop strategies to enable the client to maintain the changes that he has achieved, the client is expected to maintain and enhance those changes by not displaying dysfunctional behavior after the relief is stopped.

6. Termination (Termination)

Termination is the process of terminating the service of the medical social worker to the client. The terminations are conducted on the basis of a joint evaluation between the medical social worker, the client, and other relevant parties regarding the outcomes achieved.

5. Issues Faced Clients / Client Problems

5.1. Short description of Client problems

Client is a prisoner who is a women's correctional institution in Palembang. Client is a prisoner who have problem with health care since leaving from correctional institution. Based on the brief description above, the medical social workers identify the client's problems as follows:

1. Clients often never health from sick
2. Client often does not match another prisoners
3. Clients shy, quiet and do not like to hang out with another prisoner

In the implementation of client interventions, the process of medical social work practice from the initial approach to the Termination. Medical Social Work in the implementation of the process perform several roles in accordance with the needs that occur in solving client problems. The roles of social workers are:

a. Problem solver

Based on the assessment result, the medical social work identifies client issues and then with clients and family makes efforts to overcome the problem:

1) Speaking with the clients, whether the client has a desire to health care.
2) Seek clients to participate in activities organized by the environment.
3) Frequent visits with another prisoner.
4) Talking with your prisoner about issues about water, electricity, and so on.
5) Referring to health institutions related to client health issues, as well as seeking assistance for vocational training.

b. Motivator
1) Encouraging clients to approach the prisoners by doing silatuhrrahm. The first step of a medical social work is accompanying the client when starting a conversation with his prisoners.

2) Encourage clients to look for materials when meeting with prisoners. Here the medical social work helps by getting the client to see the prisoners habits by talking to the prisoners so that the client can get into the topics that become his habit.

3) Encourage the clients to follow the activity of pengajian in environment. Through approaches to prisoners or officer around clients, social workers ask to as often as possible to invite clients to follow the recitation.

c. Broker (Intermediary)

Medical social work acts as a client liaison with source systems Implementation:

Family Welfare Consultation Service: refers to the nearest . Medical social workers assist clients in obtaining Family Welfare Consultation Services. This is done to help clients get social counseling by social workers at the Family Welfare Consultation Institute to help clients get family and social guidance for clients.

6. Significant Changes On Clients During Services Directly

In case the client is still in the process of follow-up:

1. Until now the client has performed health checks at community health centre has been done as much as 3 times. Clients are provided with social services to improve the client's social function.

2. Clients have started to follow pray together in the prisoners where he lived today that invited by his prisoners.

3. Clients only occasionally mock, because of the night wind factor that causes clients often experience a cough.

7. Advanced Plan

7.1. Advanced plans with clients are:

1. Medical Social Work with client will follow up if the result of the doctor's diagnosis shows that client must be given medical action to the hospital.

2. Medical Social Work with clients regularly hold meetings to discuss progress achieved and things that still need to be addressed.

7.2. Obstacles In Implementation of Women Correctional Institution Services

There are several things that become obstacles in the implementation of Women Correctional Institution services especially handle the client, among others:

1. The tendency of clients who survive in comfort zone, so it takes a long time in the services provided.

2. Changing the habits or properties of the client requires a long process, so the intensity of the presence of social workers is high enough to assist clients.

Reference:


**Other Resources:**
