

**EMOTIONAL REGULATION TECHNIQUES FOR MOOD DISORDER
PATTERNS OF NARCOTICS INJECTORS IN PERSONALITY
DEVELOPMENT ACTIVITIES AT CLASS IIA NARCOTICS
CORRECTIONAL INSTITUTION, PEMATANG SIANTAR**

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Abstract

Inside correctional institutions, drug inmates face not only the challenge of confinement but also the struggle to control their emotions and overcome the inner chaos caused by addiction. Each group of inmates, whether addicts, dealers, or users, shows unique emotional characteristics that require a specific and targeted approach in their rehabilitation process. This study aims to explore effective emotion regulation techniques to address different patterns of mood disorders among drug inmates at the Class IIA Pematang Siantar Narcotics Correctional Institution. Using a qualitative case study approach, data were collected through in-depth interviews, direct observations, and analysis of personality development program documents. The results showed that addicts experienced intense emotional fluctuations, dealers tended to display aggressive and manipulative behaviors, while users often suffered from depression and anxiety. The integration of emotion regulation techniques based on the model of James J. Gross into personality development programs proved effective in improving emotional stability and reducing symptoms of mood disorders. The study highlights that well-structured emotional regulation interventions can significantly enhance rehabilitation outcomes and lower the possibility of relapse among narcotics inmates, creating a more humane and sustainable correctional environment.

Keywords: Emotion Regulation, Mood Disorders, Rehabilitation, Drug Inmates, Correctional Institutions

INTRODUCTION

In the past, prisons were often seen as dark and frightening places that symbolized punishment and suffering. The system of incarceration was designed to inflict pain and isolation as a deterrent to crime (Rachmayanthy & Anwar, 2023). Over time, Indonesia experienced a major shift in perspective by transforming the old colonial concept of imprisonment into a more humane correctional system known as *pemasyarakatan*. In this new approach, inmates are no longer treated as objects of punishment but as human beings who deserve rehabilitation and the opportunity to reintegrate into society. This transformation

began with the vision of Sahardjo, S.H., who in 1963 delivered a speech titled “*The Banyan Tree of Protection*.” The banyan tree symbolized the moral duty of the state to provide shelter, guidance, and protection to all individuals, including those who had committed crimes (Rachmayanthy & Anwar, 2023). Through this philosophy, the correctional system shifted from one based on fear and pain to one grounded in care, education, and moral recovery.

However, the ideals of this reform have not been fully realized. The Indonesian correctional system continues to face complex challenges. One of the most critical is overcrowding, with the Directorate General of Corrections reporting that the occupancy rate in many correctional facilities has reached more than double their capacity. This condition burdens infrastructure and human resources and reduces the quality of rehabilitation that inmates receive (Utami, 2017). Among the causes of overcrowding, drug-related crimes remain the most dominant. The abuse of narcotics has become a serious global issue that affects physical and mental health, disrupts families, and weakens social and economic structures (Ghifari, 2018). The use of drugs not only harms the body but also damages emotional balance, often leading to anxiety, depression, and addiction. These problems are not isolated cases but part of a larger social crisis that affects every level of society.

According to the National Narcotics Agency (BNN, 2023), approximately 3.6 million Indonesians are drug users, resulting in an estimated economic loss of 121 trillion rupiah each year. These figures reflect a deep social and psychological crisis that goes beyond the issue of law enforcement. At the Narcotics Correctional Institution Class IIA Pematang Siantar, the same pattern can be observed. The number of inmates involved in drug-related cases has increased significantly in recent years, even though there was a slight decrease to 892 inmates in 2022 (SISADA Pematang Siantar, 2025). This situation demonstrates that the drug problem remains the main contributor to the high prison population.

Life inside correctional institutions presents its own psychological challenges. Inmates lose their freedom, face social stigma, and live in stressful and monotonous environments. These conditions make them highly vulnerable to mood disorders such as depression, anxiety, and bipolar disorder (Layt & Santoso, 2022). Research shows that between sixty and seventy percent of drug users also experience mental health issues (Ministry of Health of Indonesia, 2023). These psychological problems often interfere with rehabilitation and increase the risk of relapse. Unfortunately, mental health programs in correctional facilities are still very limited. Most rehabilitation programs focus on discipline and skill development rather than emotional well-being (Journal et al., 2024). Yet emotional recovery is essential for inmates to rebuild self-control and social awareness. Without proper mental health care, the purpose of rehabilitation cannot be fully achieved.

One promising approach to addressing this issue is the use of emotion regulation techniques. Emotion regulation refers to the ability of individuals to recognize, understand, and manage their emotions in healthy and adaptive ways (Syaharani et al., 2024). For inmates, especially those convicted of drug-related crimes, mastering emotion regulation can help them control stress, handle frustration, and reduce the desire to return to substance abuse. This ability plays an important role in the success of both personal healing and institutional rehabilitation.

Furthermore, studies reveal that mood disorders among drug inmates vary depending on

the type of case. Users tend to suffer from major depressive disorder, experiencing guilt and hopelessness because they believe they should be rehabilitated instead of imprisoned. Small-scale dealers often experience dysthymia, a persistent form of depression caused by long sentences and a sense of injustice. Meanwhile, major traffickers frequently exhibit symptoms of bipolar disorder, alternating between intense optimism and deep despair (Layt & Santoso, 2022). These differences indicate that correctional treatment should not be generalized but rather tailored to individual psychological needs.

The Narcotics Correctional Institution Class IIA Pematang Siantar serves as an important reflection of the national correctional landscape. It reveals how mental health challenges, overcrowding, and limited rehabilitation resources are interconnected. Within this setting, the study of emotion regulation techniques for drug inmates with mood disorders becomes not only relevant but also urgent.

This research seeks to explore and develop a more holistic and human-centered rehabilitation model. The goal is not merely to discipline inmates but to help them regain psychological stability and self-awareness. True correctional success should not be measured by the number of prisoners released but by how many of them can return to society as mentally healthy, emotionally balanced, and socially responsible individuals. Through this study, emotion regulation is expected to serve as a bridge between punishment and healing, transforming correctional institutions into spaces of genuine recovery and human growth.

IMPLEMENTATION METHOD

This study employs a qualitative descriptive approach that focuses on gaining an in-depth understanding of social phenomena within the Narcotics Correctional Institution Class IIA Pematang Siantar. This method was chosen because it allows the researcher to explore the meaning behind individual behaviors, emotions, and experiences in their natural context. As stated by Sugiyono (2013), qualitative research aims to comprehend phenomena holistically based on the meanings that emerge in the field rather than numerical representation.

The data in this study were obtained from both primary and secondary sources. Primary data were collected through participatory observation and semi-structured interviews with rehabilitation staff, a general practitioner, and six narcotics inmates participating in personality development programs. Meanwhile, secondary data were gathered from official documents, activity reports, institutional archives, and relevant scientific literature. The three data collection techniques (observation, interviews, and document studies) were applied integratively to produce a comprehensive understanding of emotion regulation techniques within the correctional environment.

Data analysis followed the model proposed by Miles and Huberman, consisting of three stages: data reduction, data display, and conclusion drawing. The analytical process was carried out continuously from the beginning of data collection until the final stage to maintain consistency and depth of meaning. The research was conducted at the Narcotics Correctional Institution Class IIA Pematang Siantar over six months, from February to July, encompassing preparation, data collection, analysis, and report writing stages. Each phase was carried out systematically to ensure data validity and to produce findings that contribute meaningfully to

the development of personality coaching programs for inmates within the correctional institution.

RESULTS AND DISCUSSION

Emotion Regulation Techniques for Mood Disorder Patterns Among Narcotics Inmates in Personality Development Programs at the Class IIA Narcotics Correctional Institution of Pematang Siantar

Mood disorders are common psychological conditions found among inmates convicted of narcotics-related offenses. At the Class IIA Narcotics Correctional Institution in Pematang Siantar, this phenomenon has become a serious concern as it directly affects the effectiveness of rehabilitation and personal development programs. Inmates face not only legal consequences but also the ongoing struggle to overcome their dependence on addictive substances that have altered their brain chemistry. The combination of these two factors often leads to persistent emotional instability, even after the detoxification process has ended.

Field observations indicate that most narcotics inmates at Pematang Siantar exhibit symptoms such as depression, excessive anxiety, and extreme mood swings. These symptoms not only affect their mental health but also hinder their ability to adapt and participate in rehabilitation activities. Based on daily behavioral observations and interviews, several types of mood disorders were identified, including Major Depressive Disorder, Bipolar Disorder, Persistent Depressive Disorder (Dysthymia), Disruptive Mood Dysregulation Disorder (DMDD), Seasonal Affective Disorder (SAD), and substance-induced mood disturbances.

Major Depressive Disorder was found to be the most dominant type, characterized by deep sadness, hopelessness, loss of interest in daily activities, sleep disturbances, and decreased appetite. One inmate shared during an interview:

“I often feel very sad, though I don’t know why. Every day feels empty, and I lose interest in doing anything. Even taking a shower or eating feels like a burden. I feel like my life is meaningless.” (Informant 5)

These symptoms strongly indicate the presence of Major Depressive Disorder. Meanwhile, signs of Bipolar Disorder were also identified, as inmates reported alternating between extreme euphoria and deep depression. One informant explained:

“There are days when I feel incredible, like I can do anything. I talk fast, have many ideas, and feel unstoppable. But a week later, I can’t even get out of bed. Everything feels pointless.” (Informant 6)

Another inmate exhibited signs of Persistent Depressive Disorder (Dysthymia), marked by prolonged low mood, lack of motivation, and difficulty experiencing joy. As stated by one participant:

“Sometimes I feel so full of energy, not like I’m crazy, just more productive and full of ideas. But after that, I fall into deep sadness again, and everything feels dark.” (Informant 7)

Disruptive Mood Dysregulation Disorder (DMDD) was also observed, where inmates experienced sudden and intense emotional outbursts without clear triggers. One stated:

“I get angry so easily. Even small things can make me explode. Then I regret it and cry afterward, but I just can’t control my emotions.” (Informant 8)

Another inmate reported mood changes influenced by weather conditions, reflecting symptoms of Seasonal Affective Disorder (SAD):

“When it’s the rainy season or cloudy for days, I feel down, lazy, and just want to sleep. But when it’s sunny, I feel much better and more energetic.” (Informant 9)

Interviews with six inmates revealed that most of them experienced varying degrees of mood disorders. Despite differences in symptoms, the common thread was their difficulty in recognizing, managing, and expressing emotions in healthy ways. Many felt confused about their own mood changes, often trapped in cycles of guilt, regret, and emotional repetition.

The prison environment itself contributes to the worsening of these conditions. Loss of freedom, limited social interaction, inmate conflicts, and lack of emotional support intensify their psychological distress. Observations conducted in April 2025 on six narcotics inmates showed a consistent pattern, 100% of observed inmates displayed mood disorder symptoms with varying intensity. Three were drug dealers and three were addicts.

Findings revealed that dealers tended to experience guilt-related depression, rooted in remorse and awareness of the social harm caused by their actions. In contrast, addicts displayed biologically driven symptoms resulting from neurochemical changes following substance use. Stimulant users, such as those addicted to methamphetamine, often showed residual psychotic symptoms and paranoid ideation, while users of depressants like heroin exhibited deep depression, low energy, and an inability to experience pleasure (anhedonia).

These findings highlight that mood disorders among narcotics inmates stem from a complex interplay of biological, psychological, and social factors. Effective management cannot rely solely on strict discipline or control measures but requires structured psychological intervention. One of the most effective approaches is the application of emotion regulation techniques, which train inmates to recognize, understand, and manage their emotions appropriately.

Incorporating emotional regulation into personality development programs is expected to transform reactive emotional patterns into responsive ones. It helps inmates realize that emotions, whether positive or negative are natural aspects of life that can be managed rather than suppressed. With consistent training, inmates can achieve greater emotional balance, actively engage in rehabilitation programs, and develop stronger psychological readiness to reintegrate into society after completing their sentences.

Emotion Regulation Techniques for Mood Disorder Patterns among Narcotic Inmates

Personality development in narcotic correctional institutions should not only focus on moral and spiritual aspects but must also address the psychological conditions of the inmates. Many individuals arrive with complicated life backgrounds involving traumatic experiences, prolonged substance abuse, and unresolved emotional instability. These conditions often manifest as mood disorders characterized by prolonged sadness, sudden changes in mood, and uncontrollable anger.

Interviews with six narcotic inmates at the Class IIA Narcotic Correctional Institution in Pematang Siantar revealed noticeable emotional fluctuations. One inmate described sudden bursts of anger without clear triggers, while another admitted to feelings of emptiness and loss of motivation. Some had even committed aggressive acts toward other inmates or prison officers. This illustrates that emotional instability is not merely a consequence of prison stress but part of a deeper psychological pattern that requires focused attention during rehabilitation.

To understand this phenomenon further, data were collected on disciplinary violations committed by inmates who showed symptoms of mood disorder. The findings are presented in the following table.

Table 1. Record of Disciplinary Violations by Mood Disorder Inmates at the Class IIA Narcotic Correctional Institution, Pematang Siantar

No	Date of Violation	Type of Violation	Sanction	Description
1	January 12, 2025	Injured a fellow inmate during an emotional outburst	Cell isolation for one month	Frequently experiences extreme mood swings
2	February 25, 2025	Damaged room facilities	Cell isolation for one week	Refused to take medication and withdrew from social interaction
3	March 3, 2025	Verbally insulted an officer during inspection	Cell isolation for one week	Easily triggered when under pressure
4	March 17, 2025	Attempted suicide	Cell isolation for one month	Triggered by lack of family visits
5	April 5, 2025	Created disturbance during mealtime	Cell isolation for one week	Emotional instability increases in crowded settings
6	April 22, 2025	Suddenly attacked another inmate	Cell isolation for one week	Tends to be aggressive without regular supervision

Source: Processed by the researcher, 2025

The data show that all inmates involved had committed disciplinary violations during their sentences. The types of violations varied from physical aggression and destruction of property to verbal attacks. Each violation was closely related to unstable emotional conditions. Inmates who often withdrew from social interactions tended to experience delayed emotional outbursts, while those who were socially active were easily provoked by minor conflicts.

The in-depth interviews supported these findings. One inmate, identified as Informant 3, described how quickly anger could arise. “I can be calm, but when I hear loud noises or see people arguing, my head heats up fast. I know that if I do not walk away, I will explode.” Another inmate, Informant 4, admitted to struggling with social pressure.

“I know the situation will make me angry, but if I stay quiet, people will call me weak. So I end up joining the fight.” These statements indicate that while many inmates are aware of their emotional tendencies, they still lack the necessary skills to manage them effectively. In the confined environment of a correctional institution, limited personal space, social pressure, and monotonous routines often worsen their emotional instability.

A correctional officer, Informant 1, confirmed that emotional instability is one of the major causes of rule violations.

“We often see that inmates with unstable emotions are the ones who break the rules most frequently. Sometimes they get angry over small things, and if we do not intervene quickly, it can turn into a fight.”

The prison doctor, Informant 2, added that most inmates with mood disorders also experience psychosomatic symptoms such as insomnia, changes in appetite, and chronic fatigue. He explained that these symptoms are the result of long-term substance abuse, which disrupts neurotransmitter balance and affects emotional stability.

“Many of them experience emotional ups and downs due to the long-term effects of drugs. Medication helps, but without psychological therapy, the results do not last.”

Recognizing this, the correctional institution has begun to integrate psychological elements into personality development programs. Officers are no longer just supervisors but also facilitators who help inmates recognize and manage their emotions. Some have received basic training in counseling and emotional regulation techniques such as reframing negative thoughts, practicing deep breathing, and shifting focus when anger arises.

In addition, workshops and socialization activities on emotional management are held regularly. During these sessions, inmates are encouraged to discuss their emotional experiences, share coping strategies, and practice simple relaxation exercises. Such activities help create a supportive environment where inmates learn that emotions do not need to be suppressed but can be expressed and managed in healthy ways.

This approach aligns with the Emotion Regulation Theory developed by James J. Gross, which explains that individuals can manage their emotional responses through different strategies either before emotions arise, known as antecedent-focused strategies, or after emotions are experienced, known as response-focused strategies. Two main techniques include reappraisal, which involves cognitively reinterpreting a situation to reduce emotional intensity, and suppression, which involves controlling emotional expression to avoid negative social consequences.

Within a correctional context, these techniques can be applied with necessary adaptations. Inmates are encouraged to reassess potential conflicts before reacting and to calm themselves before expressing anger. Although simple, this approach has proven to be effective in reducing disciplinary infractions and enhancing emotional self-awareness among inmates.

Personality development programs that integrate emotional regulation not only help inmates control their behavior but also support their psychological recovery. This humanistic approach transforms rehabilitation into a meaningful emotional journey that guides inmates

toward balance, self-understanding, and personal growth, beyond merely fulfilling legal obligations.

Inhibiting Factors of Emotion Regulation Techniques for Mood Disorder Patterns among Drug Inmates to Support Personality Development at the Class IIA Narcotics Correctional Institution, Pematang Siantar

Although the emotion regulation theory developed by James J. Gross offers a systematic and applicable approach to managing emotions, particularly among individuals with mood disorders, its implementation within correctional environments, especially at the Class IIA Narcotics Correctional Institution in Pematang Siantar, still faces various obstacles. In practice, the personality development programs that should integrate emotional regulation components have not run optimally, either in technical execution or in achieving significant behavioral and emotional outcomes among inmates.

Several barriers have been identified, including inadequate facilities and infrastructure, unstable psychological conditions and personality traits of inmates, limited human resources capable of handling emotional interventions, and the absence of institutional policies that support psychological based rehabilitation. These issues hinder the realization of holistic rehabilitation goals, especially in terms of emotional stability, behavioral control, and mental readiness for social reintegration. Thus, identifying and analyzing these inhibiting factors is essential as a basis for evaluation and the design of more scientific and structured rehabilitation strategies.

Facilities and infrastructure play a fundamental role in supporting the implementation of psychological approaches in correctional institutions. However, in many correctional facilities, including the Class IIA Narcotics Prison in Pematang Siantar, these facilities remain inadequate. One of the main issues is the lack of a private and safe counseling room. As one rehabilitation officer stated, "Our counseling rooms are very limited, we usually use the administration office or the hall, so there is little privacy. Sometimes inmates feel embarrassed to open up because the place is too public." A medical officer added, "Ideally, there should be a therapy or quiet room for inmates with mild psychological disturbances. But until now, we do not have one, so when someone has an emotional outburst, they are immediately placed in isolation." An inmate also testified, "When I get angry, there is no place to calm myself down. They usually send me to the punishment cell, and that only makes me angrier." Furthermore, the overcrowded prison environment leaves inmates without personal space to regulate their emotions, making it difficult to apply techniques such as situation selection or attention deployment.

Another major barrier lies within the inmates themselves. Many drug inmates arrive with severe emotional instability or preexisting psychological conditions such as major depression, bipolar disorder, or emotional dysregulation caused by prolonged substance use. When executive brain functions are impaired, the ability to perform cognitive change or reappraisal becomes significantly limited. One informant explained, "Many of them are hard to communicate with when they are emotional. Some do not even understand why they are angry or sad. When we ask them to join counseling, they often refuse." Low emotional literacy and limited education further exacerbate this problem. Most inmates are unfamiliar

with psychological concepts such as emotion regulation and are unaccustomed to reflecting on their thoughts and feelings. In addition, stigma surrounding psychological assistance remains high, as some inmates perceive counseling as a sign of weakness or insanity, creating resistance toward psychological interventions.

Human resources also pose a considerable challenge. Emotion regulation techniques can only be applied effectively when guided by trained professionals. However, most correctional officers come from security or administrative backgrounds and lack adequate training in cognitive psychology. One officer admitted, “We are limited in terms of psychological knowledge. Only psychologists really know how to handle inmates with emotional problems, and even then, there are too few of them. As officers, we just focus on discipline.” Moreover, there is no dedicated interdisciplinary team to handle inmates with emotional or mental health issues. Ideally, collaboration between doctors, psychologists, religious counselors, and rehabilitation staff should exist to design a comprehensive emotion regulation program. As another informant pointed out, “Ideally, there should be a psychosocial team working regularly, not just called when someone has an outburst. But in reality, we do not even have a psychologist, so monitoring emotional issues is almost impossible.”

In terms of system and program implementation, the absence of emotion regulation based rehabilitation modules is another major obstacle. The current personality development curriculum is still general and does not adopt Gross’s emotion regulation framework, which includes situation selection, situation modification, attention deployment, cognitive change, and response modulation. As one informant stated, “If we talk about emotion regulation theory like Gross’s, it is not part of the rehabilitation program yet. But if we trained it gradually, it might reduce behavioral violations caused by unstable emotions.” Psychosocial programs that could support emotional development, such as group therapy, mindfulness training, or journaling, are rarely implemented systematically. In addition, family support, which plays a key role in emotional regulation, is often lacking. Some inmates have little or no contact with their families, which worsens their emotional condition. One inmate expressed, “I converted my faith just to find peace, but if I cannot meet my family, my mind still feels chaotic. They are my main source of strength.”

Institutional policies and budget constraints further hinder implementation. Most internal correctional policies still prioritize physical security and work discipline over emotional or mental health aspects. As one officer revealed, “Our main focus has always been on security and vocational training. Psychological or emotional problems are often seen as personal matters of the inmates, not a policy priority.” Financial limitations also make it difficult to implement ideal programs. Another informant admitted, “We often lack the budget for psychological services. It is hard to invite external experts or fund continued mental health programs unless higher authorities make it a priority.”

In conclusion, the main inhibiting factors in implementing emotion regulation techniques at the Class IIA Narcotics Correctional Institution in Pematang Siantar include inadequate facilities, inmates’ internal characteristics, limited human resources, weak program structures, and insufficient institutional and budgetary support. Addressing these factors requires systemic reform to ensure that emotion regulation based rehabilitation can be effectively integrated into correctional personality development, in line with the theoretical

framework proposed by Gross (2015).

CONCLUSION

Based on the results of this study, it can be concluded that there are distinct patterns of mood disorders among drug inmates categorized as addicts, users, and dealers at the Class IIA Narcotics Correctional Institution in Pematang Siantar. Addict inmates tend to experience more severe and fluctuating mood disturbances due to substance dependence and withdrawal processes, while user inmates generally suffer from psychological stress, anxiety, and fear about their future and social stigma. Meanwhile, dealer inmates show mood disorder patterns influenced by social pressure, interpersonal conflicts, and legal uncertainty. The application of emotion regulation techniques developed by James J. Gross, which include situation selection, situation modification, attentional deployment, cognitive change, and response modulation, has proven helpful in enabling inmates to understand and manage their emotions more adaptively during personality development programs. These techniques play an important role in reducing impulsivity, strengthening self-control, and fostering empathy, although their implementation still faces several obstacles such as limited human resources, lack of psychology-based rehabilitation programs, internal stigma among inmates, and an unsupportive prison environment for self-reflection and emotional recovery.

Based on these findings, it is recommended that the correctional institution conduct early psychological screenings for drug-related inmates to detect symptoms of mood disorders as early as possible and establish a dedicated mental health service unit to monitor emotional changes on a regular basis. Furthermore, the rehabilitation programs should not only emphasize discipline and vocational training but also focus on the psychological aspects by incorporating structured and continuous emotion regulation training. This program should be supported by professional facilitators, therapeutic facilities, and interdisciplinary collaboration between psychologists, counselors, and prison officers. Through such comprehensive efforts, inmates will not only gain theoretical understanding of emotion regulation but also develop the ability to apply it in daily life during their rehabilitation period. Consequently, correctional guidance can become more humane, personality-centered, and effective in preparing inmates to reintegrate successfully into society.

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