



Self-Control Management Skills and Recovery from Alcohol Use Disorder among Clients at the Iten Wellness Centre, Kenya

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ABSTRACT

The intentions of this enquiry were to the impact of behaviour modification techniques on clients' recovery from alcohol use disorders. This was in the light of concern that alcohol use disorder has increasingly become one of the major social challenges in Iten. The study was anchored on the cognitive behavioural theory. It used correlational research design. The target population was 100 clients recovering from alcohol use disorder and four counsellors in Iten Wellness Centre, Kenya. The study purposively chose all the counsellors, and then it used a stratified selection strategy and a simple random sampling technique to select 70 clients. Interview schedules and questionnaires were used to gather data. To analyse the data, both inferential and descriptive statistics were employed. Analysis of descriptive statistics was done using means, standard deviation, percentages and frequencies. Multiple regression analysis and Pearson correlation analysis were used to examine the hypothesis. The results indicated that self-control management skills ($p < 0.001$) positively and significantly influenced recovery from alcohol used disorder. It was thus concluded that self-control management skills significantly influenced clients' recovery from alcohol use disorder at Iten Wellness Centre, Kenya. In light of the findings, the research suggests the introduction of self-control management skills to the young people in schools to deter alcohol use disorders early.

Keywords: Alcohol Use Disorder, Iten Wellness Centre, Recovery, Self-Control Management Skills

I. INTRODUCTION

Behaviour modification techniques refer to the ways used to try and increase or decrease occurrence or recurrence of a certain type of behaviour or reaction (Vijayalakshmi, 2019). Kitamura et al. (2020) note that behaviour modification techniques are processes used to change certain patterns of human personal habits using diverse motivational techniques, such as positive and negative reinforcement, extinction, shaping, fading and chaining. In this paper, behaviour modification techniques refer to the use of behaviour therapy to help individuals recovering from alcohol use disorder. Self-control management skills help clients to unlearn the undesirable behaviour that contributed to alcohol use disorder, which led them to end up in a wellness centre.

DerSarkissian (2023) says that treating alcohol use disorder requires more than just abstaining from alcohol. It necessitates making life adjustments, which include figuring out why alcohol became such a big part of one's existence and learning constructive coping mechanisms. Nguyen et al. (2022) define recovery from alcohol use disorder as overcoming a habit of drinking that involves problems with being preoccupied, controlling, or sticking with alcohol even when it causes problems in life. Treatment for alcohol use disorder, according to Hagman et al. (2022), is a lifelong process that involves improvements in functioning, wellbeing, and abstinence from alcohol and other drugs.

Globally, alcohol use disorders are associated with many factors. Rehm and Shield (2019) aver that alcoholism is the leading cause of liver disease globally. They further note that alcohol use disorder is majorly a result of economic factors. Interestingly, they note that the availability of money increases the chances of people drinking for leisure leading to alcoholism. Similarly, poverty drives many to abuse alcohol as a means to cope with economic hardship. Ultimately, alcoholism is associated with individuals' personal choices and mental health status. According to a survey conducted by Carvalho et al. (2019) across different countries, alcohol use disorders rank among the most common mental health issues worldwide, particularly in high-income and upper-middle-income nations. These disorders contribute

significantly to mortality rates and overall disease burden, primarily due to medical complications like liver cirrhosis and injuries.

In many African nations, particularly those in sub-Saharan Africa, alcohol abuse continues to be a serious social issue. As the alcohol industry expands its operations in Africa in an effort to boost sales, Ferreira-Borges et al. (2016) pointed out that a recent study highlights the growing weight that this move will impose in terms of sickness and mortality connected to alcoholism in the continent. High alcohol consumption rates are associated with detrimental outcomes include dropping out of school, having unprotected sex, contracting infectious diseases, becoming pregnant unintentionally, breaking up families, depleting family finances, domestic abuse, and developing mental illnesses. Notably, Onya et al. (2012) reported that South Africa's rising rates of current alcohol consumption varied from 22% to 26%. Additionally, the costs associated with intermittent alcohol use varied from 14% and 40%, giving rise to serious concerns. The new study is significant since less appears to have been done to counteract the escalating effects of alcohol consumption on people's social economic position and health, which is relevant to Kenya.

The study was carried out in Iten because a significant number (34%) of men in the area recently admitted to abusing alcohol, according to the National Agency for the Campaign Against Drug Abuse (NACADA) (2019). In the area, compared to 90 official schools, there are more than 200 pubs that sell alcohol directly to customers, meaning that alcohol addiction outpaces education by 10% (NACADA, 2019). This illustrates how difficult it is for wellness centres to fund initiatives that reduce alcohol consumption while fostering a stronger sense of community among their patrons and in the larger community. Due to their overindulgence in illegal brews, most men in Iten have been reported to abdicate their family roles and responsibilities (Bundotich et al., 2019).

The findings of the 2020 national survey on drug and alcohol misuse noted that 14.3% of Kenyans, or 4.5 million people, now engage in episodic drinking, and 30% of Kenyans from the ages of 15 and 65 years consumed alcohol (Kabwayi, 2021). Excessive alcohol consumption has been linked to negative consequences on human health, including negative outcomes on family, society, the law and the economy indicators (Mureithi, 2021). In the workspace, these outcomes include mishaps, employee absenteeism, low job satisfaction and decreased productivity.

1.1 Statement of the Problem

There has been increasing concern over the continuous rise of alcohol use disorder in Iten (Magut, 2020; NACADA, 2022; Siele, 2023), which has engendered various problems, such as family break-ups, neglect of family duties, rampant school drop-outs, deaths and poverty. It is for this reason that there is need to address the issue of alcoholism that eventually leads to alcohol use disorder.

Prior research has highlighted the dreadful consequences of alcoholism on individuals, families and societies. For instance, the Varghese and Dakhode (2022) have underlined the harmful effects of alcohol on the brain in the context of the United States. In Kenya, Kibet et al. (2023) examined the effects of family emotions on relapse of client with alcohol use in Uasin Gishu County, Kenya. The primary results indicated that family members exhibited significant levels of hostility, criticism, and overinvolvement while demonstrating minimal empathy and positive feedback towards individuals with alcohol use disorder. The research concluded that the emotional expressions from family members had an impact on these clients and posed a risk for relapse. Consequently, the study suggests that rehabilitation interventions should incorporate family members into the treatment process for individuals struggling with alcohol use disorder. Again, Kibet et al.'s study does not incorporate recoveree-oriented techniques to help those people already actively in alcoholism to recover. Therefore, this study investigated the effects of an addict's self-control management skills on recovery from alcohol use disorder among clients in Iten Wellness Centre, Kenya, in order to fill the gaps in the literature.

1.2 Research Question

What relationship between self-control management skills and recovery from Alcohol use disorder among clients in Iten Wellness Centre, Kenya?

1.3 Research Hypothesis

There is no relationship between self-control management skills and recovery from Alcohol use disorder among clients in Iten wellness Centre, Kenya?

II. LITERATURE REVIEW

2.1 Theoretical Review

The study adopted the Cognitive Behavioural Theory formulated by Aaron Beck and others in 1950s. In the 1950s, Beck began exploring cognitive therapy after noticing that many of his patients with depression held beliefs that were disconnected from reality. This observation led him to identify "cognitive distortions," which are flawed thinking patterns that can exacerbate negative emotions and behaviours. Beck theorized that these distortions could be effectively addressed through cognitive therapy, a method aimed at altering maladaptive thought processes to enhance emotional health (Beck et al., 1979; Beck et al., 2024).

Cognitive distortions significantly influence how individuals interpret their experiences, with several common patterns identified by Beck. All-or-nothing thinking refers to the tendency to see situations in extreme terms, disregarding any middle ground. Catastrophizing involves magnifying the significance of negative occurrences and envisioning the worst possible outcomes. Selective abstraction is characterized by concentrating on a single negative detail while overlooking the positive elements present in a situation. These thought patterns can lead to distorted perceptions and heightened emotional distress, affecting overall well-being (Nguyen et al., 2020).

Central to Beck's theory are automatic thoughts, which are immediate and often subconscious responses to various situations. These thoughts play a crucial role in shaping emotional reactions. Furthermore, foundational beliefs or schemas – deeply ingrained perceptions about oneself and the world – affect how individuals perceive their experiences. Negative schemas can result in ongoing cycles of negative thinking and emotional turmoil (Chand, 2023).

Treatments for cognitive behavioural alcohol use disorder focus on thinking and behaviour changes as well as coping skill development. Managing stress disorders, coping with anxiety disorders, and teaching clients relapse prevention techniques are some of the primary objectives of cognitive therapy (Reddy et al., 2020). For those with alcohol use disorders, these are important treatment programmes that address social behaviours, depression, and other maladaptive behaviours that fuel alcoholism and drug use. As a result, this model suggests that suitable programmes should assist clients in realizing the negative effects of thinking incorrectly and in reshaping their self-concept in order to overcome incongruence, which impairs psychological health. As such, the theory was applied in examining the relationship between self-management skills and recovery from alcohol use disorder among clients in Iten Wellness Centre, Kenya.

2.2 Empirical Review

Mekonen *et al.* (2021) undertook a systematic evaluation and meta-analysis of therapy rates for alcohol use disorders in Australia. Estimating the treatment rate from alcohol use disorders in the population was one of the study's objectives. Financial disparities were considered when evaluating treatment rates. The investigation was carried out using meta-analysis and systematic review techniques. A standard data extraction sheet was used to mine the data. The collected studies were subjected to quality ratings by the researcher. Studies reporting any therapy for AUDs from informal non-healthcare settings or from healthcare facilities were used to determine the overall treatment rates. From the study findings, 32 publications were included to calculate the therapy rates (the proportion of AUD patients who had then received treatment out of all of them). It was revealed that about one in six AUD sufferers worldwide receive therapy. In lower-middle-income nations, therapy rates for AUDs are typically even lower. This study concentrated on the treatment rate rather than offering a treatment method for alcohol use; in contrast, the current study will address self-control management abilities.

Whitlock *et al.* (2004) carried out a study on behavioural modification interventions in the primary care to lower risky and harmful alcohol uses among adults in American States was carried out by. The study's objective was to conduct a systematic assessment on the data supporting the effectiveness of the brief behavioural counselling mechanism as a means of lowering risky and dangerous alcohol use in basic care places. The inclusion criteria for quality and relevance were met by twelve controlled trials, including adult patients in general. Alcohol consumption and other outcomes, trial and setting design, participant characteristics, screening and assessment processes and quality-related study features were all abstracted by the investigators. According to one study, better drinking habits were maintained for 48 months. The investigation found that an adequate part of the public health's strategy to reduce risky and harmful alcohol use among adult could be behavioural counselling mechanism for risky and harmful alcohol use. Whitlock *et al.* proposed that subsequent investigations ought to concentrate on tactics for executing these procedures in order to expedite their integration into standard medical treatment.

Politi *et al.* (2018) conducted a research on the use of plant-assisted therapies in management of drug use disorders. The study focused on Takiwasi Centre case and other like incidents. The main goal of the study was to provide an outlook of the American facilities that treat substance abuse with traditional medicinal herbs or their derivatives. Only a few plants from North America, Central America and South America were taken into consideration in the study.

The study data was obtained from a review of scholarly literature, document analysis of material shared with treatment facilities, online searches, and the researcher's personal experiences. The findings highlighted the importance of certain psychoactive plants well-known for causing altered states of consciousness (MCS), including peyote, ayahuasca, coca, wachuma, tobacco, psilocybin mushrooms, and *Salvia divinorum*. The research recommended that therapy with plants, despite the bulk of the cases reviewed, requires further validation through clinical results. Overall, it was concluded that research in this area seems promising for supporting intervention on substance use disorders.

Banjo (2019) conducted research on cannabis use and motivational enhancement therapy among undergraduate students at private universities in southwest Nigeria. The goal of this research was to ascertain the impact of Motivational Enhancement Therapy (MET) on cannabis usage among undergraduate students in private universities in southwest Nigeria, as well as the moderating influences of gender and age at on-set. The study was grounded in the Domain Model and Social Cognitive Theory, and it used a combined approach of survey and pre-test-post-test with a 2x2x2 factorial matrix control group quasi-experiment design. At the 0.05 level on significance, covariance analysis and descriptive statistics and content analysis were used to examine the data. Compared to female participants (59.74), male participants showed a higher post-treatment mean score (62.73). The interaction effects in both directions were not statistically significant. A portion of the participants made a deliberate decision to entirely stop using cannabis, while others based their temporary abstinence on their concern about facing penalties or punishment. Therefore, the intervention ought to be included in the university's drug rehabilitation policy in order to promote drug abstinence among students who struggle with drug use, especially female students, regardless of when they first started using cannabis.

Eldaghar et al. (2021) studied how patients with substance use disorders at Benha University in Egypt responded to a motivational interviewing training program in terms of compliance. The main goal of the research was to look at how motivational interviewing training affected individuals with substance use disorders' compliance. The study employed a quasi-experimental research design. The interview sheet, a change questionnaire and the medication and treatment questionnaire were used to gather data. The respondents' readiness to change, motivational interview and overall medication adherence were significantly improved after the programme was implemented compared to before. The study concluded that ongoing counselling in-service training programmes were required to supply fundamental abilities. Moreover, in addiction treatment facilities, there is need to implement motivational interviewing techniques to improve the prognosis for drug use disorders.

A study by Gathuci (2020) examined the effectiveness of motivation interviewing therapy in reducing alcohol use disorder on students at Mount Kenya University in Kenya. The research sought to determine whether MI therapy, or motivational interviewing, was effective in lowering AUD among students. Quantitative techniques for data gathering and a quasi-experimental research design were employed. In the study, the comorbid conditions of interest were anxiety and depression. Baseline, middle and end line screenings were conducted. The findings proved that the outcomes of AUD among respondents was 16.3%, that male respondents with AUD were more likely to have it (10.9%) than were female respondents (5.5%), and that MI therapy was effective in lowering AUD symptoms ($p=0.001$). Gathuci advised that psychologists in universities use MI to effectively intervene against AUD in their student body.

Gikonyo (2017) looked into how well counselling techniques and rehabilitation facilities worked in Laikipia County, Kenya, to reduce the use of illegal beer. The study incorporated a descriptive survey research approach to achieve its goals. Using a stratified selection technique and the Krejcie and Morgan sample size table, Gikonyo selected a sample of 721 respondents. These included 370 users of illegal brews and 351 counsellors. Questionnaire and an interview were utilized as the research tools to facilitate targeted group discussions. According to the study, psychoanalytic treatment is heavily utilized in the field of cognitive behavioural counselling strategy is employed to a moderate degree, whereas counselling strategy is used extensively. The study suggests that the government and counsellors should launch awareness campaigns to promote the use of counselling techniques in reducing the consumption of illicit brews. On their part, counsellors should enhance their counselling abilities for individuals who are hooked to these beverages.

In a study, Machuki (2020) investigated self-efficacy on spontaneously recovered alcoholics, using the case of Mathare in Nairobi County, Kenya. Based on the Social Learning Theory, the study objective was to ascertain the degree of self-efficacy among alcoholics who had spontaneously recovered. The study focused on alcoholics who had recovered and then relapsed, using a descriptive research survey design. The descriptive narrative derived from content analysis was used to report the interview responses. As a result, the study advised the respondents to use the cognitive appraisal coping mechanism by employing strategies and tactics, such as talking to a therapist, finding solace and support from friends, and indulging in music or physical activity to block out thoughts of drinking.

The reviewed studies underscore the importance of new inquiries into the subject of alcohol use disorders, specifically examining client-centred methods of recovery. As such, the current study was designed to investigate the relationship between self-control management skills and recovery from alcohol use disorder among clients in Iten Wellness Centre, Kenya.



III. METHODOLOGY

3.1 Study Area

The study was conducted in Iten Wellness Centre, a rehabilitation station found in Iten, Elgeyo Marakwet County, Kenya. This Wellness Centre is actively engaged in counselling people recovering from alcohol use disorder. It is the only one acknowledged by the County Government and is in operation.

3.2 Study Design

This research took a correlational research design. This is because evaluated the relationship between the independent variable (self-control management skills) and dependent variable (recovery from alcohol use disorder).

3.3. Sample Size Determination and Sampling Procedure

Every client (both male and female) who had received therapy from the Wellness Centre made up the study population. Consequently, 100 consumers made up the study's overall population. Four counsellors involved in the treatment of alcohol use disorder in Iten Wellness Centre were also incorporated in the study. The sample size was determined using the Krejcie and Morgan (1970) table (Table 1). The study then used stratified and simple random sampling techniques to select a sample of 70 clients.

Table 1

Table for Determining Sample Size from a Given Population

<i>N</i>		<i>S</i>		<i>N</i>		<i>S</i>		<i>N</i>		<i>S</i>
10		10		220		140		1200		291
15		14		230		144		1300		297
20		19		240		148		1400		302
25		24		250		152		1500		306
30		28		260		155		1600		310
35		32		270		159		1700		313
40		36		280		162		1800		317
45		40		290		165		1900		320
50		44		300		169		2000		322
55		48		320		175		2200		327
60		52		340		181		2400		331
65		56		360		186		2600		335
70		59		380		191		2800		338
75		63		400		196		3000		341
80		66		420		201		3500		346
85		70		440		205		4000		351
90		73		460		210		4500		354
95		76		480		214		5000		357
100		80		500		217		6000		361
110		86		550		226		7000		364
120		92		600		234		8000		367
130		97		650		242		9000		368
140		103		700		248		10000		370

N is population size.

S is sample size

Source: Krejcie and Morgan (1970)

From the table above, considering the target population (N) of 100, the ideal sample (S) should have been 80. However, the study sampled 70, which represented 87.5% of the anticipated sample. This percentage was deemed suitable to generate valid data to answer the research question.

3.4 Data Collection Instruments

A questionnaire was used to collect quantitative data from the alcohol use disorder clients while an interview schedule was used to obtain in-depth qualitative data from the counsellors.

3.5 Data Analysis

The collected data was edited, coded and entries were made into statistical package for social sciences (SPSS) software for coding and generation of descriptive statistics. Descriptive statistics consisted of frequencies, percentages, means and standard deviation. Analysis also involved converting quantitative data into mathematical codes. Qualitative data was sorted, coded, analysed and presented in form of themes. The relationship between self-control management skills and recovery from alcohol use disorder among clients in Iten Wellness Centre, Kenya was determined using Pearson correlation analysis used to test the hypothesis.

IV. FINDINGS & DISCUSSION

4.1 Descriptive Statistics for Self-Control Management Skills

The study sought to look into the connection between clients' ability to exercise self-control and their recovery from alcohol use disorder. To realize this objective, the respondents were asked to rate their agreement with statements about their capacity for self-control and management. Six statements in total were generated and administered to them through the questionnaire. The claims were scored according to a 5-point scale ranging from very true of me, true of me, not sure, not true, to not very true of me. The results were as summarized in Table 2.

Table 2

Self-Control Management Skills and Recovery from Alcohol Use Disorder

Statement	Very true of me (5) F(%)	True of me (4) F(%)	Not sure (3) F(%)	Not true of me (2) F(%)	Not very true of me (1) F(%)	Mean	Std. Dev.
With discipline I have managed to stop visiting bars	47(67.1)	13(18.6)	0(0.0)	8(11.6)	2(2.9)	4.4	3.9
Self-discipline training sessions have helped me to steer clear of negative people	40(70.0)	14(20.0)	4(5.7)	2(2.9)	1(1.4)	4.5	4.1
Self-discipline trainings have helped me to be able to attend and maintain proactive sobriety meetings	45(64.3)	11(15.7)	5(7.1)	5(7.1)	4(4.5)	4.3	3.9
Since I was trained on self-discipline I am able to avoid parties that could lead me to new addictions	51(72.9)	8(11.4)	6(8.6)	4(5.7)	1(1.4)	4.5	4.1
Since I was trained on self-awareness I am able to identify my emotions when I experience them and don't bottle them up	49(70.0)	11(15.7)	4(5.7)	3(4.3)	3(4.3)	4.4	4.0
Since I became aware of the stressors that lead to my addiction I became accountable for my life	50(71.4)	8(11.4)	5(7.1)	4(5.7)	3(4.3)	4.4	4.0
I am now able to identify my addiction triggers after self-awareness training	48(68.6)	12(17.1)	7(10.0)	2(2.9)	1(1.4)	4.9	4.1
Self-awareness training sessions have helped me to focus on the present and not to dwell in the past	44(62.9)	12(17.1)	3(4.3)	6(8.6)	5(7.1)	4.2	3.9
Goal setting skills training have motivated me to set aside 500ksh every week for sober anniversary gifts	46(65.7)	9(12.9)	4(5.7)	5(7.1)	6(8.6)	4.2	3.9
Goal setting skills training have helped me spend at least one hour a day channelling my passionate creative side	51(72.9)	9(12.9)	4(4.5)	4(5.7)	2(2.9)	4.5	4.1
Goal setting training skills have helped me to attend at least one recovery session every week	54(77.1)	9(12.4)	4(5.7)	3(4.3)	0(0.0)	4.6	4.2
Goal setting training skills have helped me to find a new sober activity to engage in with loved ones each weekend	46(65.7)	10(14.9)	4(5.7)	5(7.1)	5(7.1)	4.2	3.9

The study investigated whether self-discipline training had helped the clients to avoid visiting bars. The results of the study revealed that 85.7% of the clients agreed that self-discipline training had helped avoid visiting bars while 14.35% disagreed that self-discipline training skills had helped them to avoid visiting bars. This item had a mean of 4.4 and standard deviation of 3.9. Therefore, a majority of the clients had benefited from self-discipline training to avoid frequenting bars.

The results in Table 2 also show that 90% of the clients said it was true that self-discipline training sessions had helped them to steer clear of negative people. Meanwhile, 4.3% said the statement was not true and 5.7% of the clients were not sure. The statement had a mean of 4.5 and standard deviation of 4.1. These findings suggested that, for majority of the clients, self-discipline training skills had helped them to avoid negative people that would lead them back to addiction. Therefore, self-discipline training is important in helping the clients to avoid negative people that lead them to addiction

Table 2 also presents the results on if self-discipline training was important in helping the clients to attend sobriety meetings. The study revealed that 80% found this to be true, 12.8% of the respondents found it be untrue. Lastly, 7.1% were not sure whether or not self-discipline training was important in helping them to attend sobriety meetings. This item registered a mean of 4.3 and standard deviation of 3.9. As such, overall, majority of the respondents had found self-discipline training beneficial in helping them attend sobriety meetings.

The study further examined if self-discipline training was important in avoiding parties in which alcohol was consumed. The study results indicated that 84.3% of the clients found this to be true, 7.1% found it to be untrue while 8.6% were not sure. The results further showed a mean of 4.5 and standard deviation of 4.1 on this item. These results implied that majority of the clients found self-discipline training to be important in helping them to avoid parties in which alcohol was consumed and which could lead them back into alcohol use disorder.

The research also investigated if self-awareness training had been beneficial in identifying emotion so as to avoid bottling them up. The findings showed that 85.7% of the respondents found this statement to be true while 8.6% said it was not true. However, 5.7% were not sure. The mean for this item was 4.4 and standard deviation was 4.0. These responses showed that self-awareness training was important in helping clients to identify and manage emotions related to alcohol use disorder.

The research additionally explored if self-awareness training was important in helping clients to be aware of personal stressors that could lead them to addiction. From the study findings, 82.8% found this statement to be true while 10% found it to be untrue. However, 7.1% were not sure about the statement. This item had a mean of 4.4 and standard deviation of 4.0. As such, majority of the clients had found self-awareness training beneficial in helping them to be aware of stressors that could lead them back to addiction. Subsequently, this awareness had helped them better account for their own lives.

The table above also shows the findings on the effect of self-awareness training on clients' identification of triggers that leads to alcohol use disorder. The study found that 85.7% of the clients affirmed this statement as true while 10% were not sure. Meanwhile, 4.3% of them said it was not true. Ability to identify addictions triggers after self-awareness training had a mean of 4.9 and standard deviation of 4.1. Therefore, majority of the clients agreed that self-awareness training helped them to identify triggers that lead them to relapse into alcohol use disorder.

The investigation further explored if self-awareness training was important in helping the clients to focus on the present and forget the past. The study found that 80% of the clients found this statement true, 15.7% found it to be false while 4.3% were not sure. This statement registered a mean of 4.2 and standard deviation of 3.9. These findings showed that majority of the clients found self-awareness training beneficial in helping them to focus on the presents and forget the past.

The findings of the study also shows that goal setting training was beneficial in helping most (78.6%) of the clients to set aside cash weekly for sobriety anniversary gifts. However, 15.7% found this statement not to be true and 5.7% were not sure. The mean and standard deviation for this item were 4.2 and 3.9, respectively. As such, for most of the clients, goal setting training had helped them to set aside Ksh500 weekly for sobriety anniversary gifts.

Additionally, the research revealed that goal setting training had assisted majority (85.8%) to set aside one hour a day to channel their passionate creative sides. The study also found that 8.6% of the respondents found this statement to be untrue whereas 5.7% were not sure. The statement garnered a mean of 4.5 and standard deviation of 4.1. This finding revealed that majority of the clients found goal setting training helpful in setting aside an hour a day to channel their passionate creative sides.

Table 2 further indicates that goal setting training was important in helping most (90.0%) of the clients to attend at least one recovery session per week. Nevertheless, some (4.3%) of the clients found this statement not to be true while 5.7% were not sure about it. Table 2 shows that the item had a mean of 4.6 and standard deviation of 4.2. It was thus deduced that goal setting training had helped most of the clients to attend at least one recovery session a week.

The study also examined if the clients' ability to make goals was crucial in assisting them in coming up with a new, sober weekend activity to enjoy with loved ones. According to the results, 80.6% of respondents believed this to be true and 14.2% disagreed; 5.7% were unsure about the statement. The item scored a mean of 4.2 and standard deviation of 3.9. These findings demonstrated that most clients felt that developing goal-setting skills was crucial to their ability to come up with a fresh, sober weekend activity to enjoy with loved ones.

Affirming the findings from the questionnaire, in an interview, one counsellor stated that “Self-control management skills was vital in recovery from alcohol use disorder. During the counselling sessions most of the clients disclosed that this skills training helped them whenever they had an urge to take alcohol again” (Counsellor 01, Key Informant Interview, 2024).

4.2 Clients' Recovery from Alcohol Use Disorder

Clients' recovery from alcohol use disorder was the dependent variable of this study. The variable was measured using six statements in the questionnaire, the responses to which were scored on a 5-point rating system of: very true of me (1), true of me (2), not sure (3), not true (4), and not very true of me (5). The results were as summarized in Table 3.

Table 3

Recovery from Alcohol Use Disorder among Residents in Iten wellness Centre Kenya

Statement	Very true of me (5) F(%)	True of me (4) F(%)	Not sure (3) F(%)	Not true of me (2) F(%)	Not very true of me (1) F(%)	Mean	Std. Dev.
I have not taken alcohol at all since I started my recovery journey	44(62.9)	14(20)	10(14.3)	2(2.9)	0(0.0)	4.4	3.9
I no longer crave for alcohol at all since I started my recovery journey	49(70.0)	17(24.3)	4(5.7)	0(0.0)	0(0.0)	4.6	4.1
I have not bought or motivated any of my friends to drink alcohol ever since I started my recovery journey	48(68.9)	10(14.3)	3(4.2)	5(7.1)	4(5.7)	4.3	3.9
I have not been tempted to visit places associated with my previous addiction	55(78.6)	12(17.1)	3(4.2)	3(4.2)	0(0.0)	4.7	4.0
I no longer hang out with bad company ever since I started my recovery journey	50(71.4)	9(12.9)	5(7.1)	3(4.2)	3(4.2)	4.4	4.0
I no longer communicate with bad friends ever since I started my recovery journey	46(65.7)	13(18.6)	8(14.3)	2(2.0)	1(1.4)	4.4	4.0
I no longer miss my previous friend ever since I started my recovery journey	48(68.6)	12(17.1)	7(10.0)	3(4.3)	0(0.0)	4.5	4.1
I have built and maintained healthy relationships since I started my recovery journey	51(72.9)	11(15.7)	7(10.0)	3(4.3)	1(1.4)	4.5	4.1
I am able to manage my finances and spend wisely since I started my recovery journey	57(81.4)	8(11.4)	3(4.3)	2(2.9)	0(0.0)	4.7	4.2
I no longer borrow unnecessary loans that land me deeper into debt	44(62.9)	17(24.3)	6(8.6)	2(2.9)	1(1.4)	4.4	4.0
I am now able to do other income generating activities like farming	49(70.0)	12(17.1)	7(10.0)	1(1.4)	1(1.4)	4.5	4.1
All my financial and family needs are now fully met after starting my recovery journey	56(80.0)	7(10.0)	4(5.7)	2(2.9)	1(1.4)	4.6	4.2

Table 3 shows that 82.9% of the clients reported to have not taken alcohol at all since they started their recovery journey while 17.2% found this not to be true. Moreover, the results show that majority of the clients (94.3%) said they no longer craved for alcohol at all since they started their recovery journey. Meanwhile, 82.9% had never bought or motivated any of their friends to drink alcohol ever since they started their recovery journey. The results also show that majority (95.7%) of the clients had never been tempted to visit places associated with the previous addiction.

The study also asked if the clients no longer hang out with bad company ever since they started their recovery journey. 84.3% of the clients found this to be true while 15.8% of the clients found this not to be true. From this findings majority of the clients no longer hang out with bad company ever since they started their recovery journey. The study also investigated if the clients no longer communicate with bad friends since they started their recovery journey. 84.3% of the clients found this to be true while 15.7% found this not to be true. From this findings majority of the clients no longer communicate with bad friends ever since they started their recovery journey.

From the she study results, most (85.7%) of the clients no longer missed their previous drinking friends ever since they started their recovery journey. In fact, for a majority of the clients (88.6%), self-control management skills training had had helped them to build and maintain healthy relationships since they started their recovery journey. Almost all (92.8%) of them also affirmed that they had been able to manage their finances and spend wisely since they started their recovery journey. Most of them (87.2%) said they no longer borrowed unnecessary loans that had landed them into debt. Additionally, majority (87.1%) of the clients said they had been able to engage in other income generating activities like farming following the recovery training. Lastly, most of the clients (90%) had been able to meet their financial and family needs were after starting their recovery journey. One of the counsellors affirmed the findings in Table 3 by stating that “After the recovery journey majority of the clients report that they have turned their lives around, they no longer participate in activities that they did before while actively in addiction” (Counsellor, Key Informant 05).

To further evaluate the relationship between self-control management and clients' recovery from alcohol use disorder at Kenya's Iten Wellness Centre, Pearson correlation analysis was carried out on the following hypothesis (H_{01}), which stated that there is no significant relationship between self-control management skills and recovery from Alcohol use disorder among clients in Iten Wellness Centre, Kenya. The results were as presented in Table 4.

Table 4

Pearson Correlation Analysis

Statement	1	2	3	4
Recovery from alcohol use disorder	1			
Self-control management skills	0.964	1		

Table 4 shows the Pearson's correlation coefficient matrix for self-control management skills and alcohol use disorder recovery at the Iten Wellness Centre, Kenya. The results of the correlation indicate that self-control management abilities ($r=0.964$) had a positive and significant link with alcohol use disorder. The study findings ($p=0.001$ and $\beta=0.570$) showed that clients' recovery from alcohol use disorders positively and significantly correlated with their ability to exercise self-control. As such, it was deduced that self-discipline training in avoiding visiting, self-discipline training sessions on steering clear of negative people and self-discipline trainings to attend and maintain proactive sobriety meetings strongly aided clients' recovery from alcohol use disorder. Other factors that aided the process of recovery included self-discipline training and avoiding parties that could lead to new addictions or relapse, self-awareness and ability to identify and manage emotions, self-awareness on stressors that lead to addiction, ability to identify addiction triggers, and self-awareness training sessions to help focus on the present and not to dwell in the past. Similarly, goal setting skills training on saving for self-reward after sobriety milestones and on setting aside time to channel one's passionate creative side aided the process of recovery. Other factors cited as contributors to recovery also included goal setting training on attendance of recovery sessions weekly and finding new activities in which to engage with loved ones on weekends.

4.3 Discussion

The descriptive and inferential statistics from the findings of the study showed a substantial and positive correlation between self-control management skills and recovery from alcohol use disorder among clients in Iten Wellness Centre, Kenya. The findings implied that self-control management skills contributed to recovery from alcohol use disorder. The research findings validated Banjo's (2019) investigation on cannabis use and motivational enhancement therapy among undergraduates in universities located in Nigeria. According to the study, several of the participants made well-informed decisions to totally stop using drugs. The research also concurred with the findings from a study by Eldaghar et al. (2021) at Benha University in Egypt, which examined the impact of a motivation interview training programme on patient compliance with substance use disorders.

According to the study findings, study groups' openness to change, motivational interview scores, and overall medication adherence all improved statistically and significantly after – as opposed to before – the programme was implemented. Additionally, the research validated those of Machuki (2020) who investigated on self-efficacy among spontaneously recovered alcoholics, specifically focusing on Mathare North in Nairobi County, Kenya. Observing that



cognitive behavioural therapy and self-efficacy were successful in controlling spontaneous alcoholics, Machuki recommended that they be adopted.

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

The study found that, for clients of the Iten Wellness Centre in Kenya, self-control management abilities and recovery from alcohol use disorders were positively and correlated. The study concluded that self-discipline, self-awareness and goal setting led to recovery from alcohol use disorder in Iten Wellness Centre, Kenya. Specifically, self-control management skills have helped clients to avoid or resist alcohol craving and consumption, to motivate others recoverees to stay within their recovery journey, avoid friends and places where they could be tempted to take alcohol or relapse, build and maintain healthy relationships, manage their finances, engage in income-generating activities, and responsibly support their families.

5.2 Recommendations

Therefore, it is recommended that self-control management skills be offered to the youth population at a younger age. The study also suggests that Self-control management skills be integrated into educational institutions to help lessen undesired behaviours that contribute to alcohol use disorders.

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