EFFECT OF PSYCHOSOCIAL INTERVENTIONS ON MANAGEMENT OF ADOLESCENTS RISKY BEHAVIOUR IN THERAPEUTIC COMMUNITIES IN UASIN GISHU COUNTY, KENYA

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DISSERTATION SUBMITTED TO FACULTY OF ARTS AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENT OF THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY OF ARTS DEGREE IN COUNSELLING PSYCHOLOGY AT THE CATHOLIC UNIVERSITY OF EASTERN AFRICA,

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DECLARATION

Declaration by the Student

This thesis is my unique work and has not been presented for examination in any other university.

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DEDICATION

To my spouse, our Children Chris, Benita, Angela, Doreen and Andrew, whose inspiration gives me strength to continue.

ABSTRACT

The purpose of this study was to evaluate the effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya. In the light of concern that there has been a rise of alcohol and bhang use in Uasin Gishu County, The study was guided by seven objectives, namely To find out Psychosocial interventions applied in Therapeutic Communities ,to assess the extent to which adolescents' risky behaviour has been managed in Therapeutic communities, to determine the relationship between counselling intervention and management of adolescent's risky behaviour in Therapeutic Communities, to assess the extent to which recreational activities managed adolescent's risky behaviour in Therapeutic Communities, to establish the relationship between provision of physical care and management of adolescent's risky behaviour, to examine the relationship between family support and management of adolescent risky behaviour in Uasin Gishu County, to establish the relationship between socio-demographic characteristics and adolescent's risky behaviour management in Therapeutic Communities in Uasin Gishu County. The following six hypotheses were tested in the study: H_{01}: There is no relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities; H_{02}: There is no relationship between recreational activities and adolescents' risky behaviour management in therapeutic communities; H_{03}: There is no relationship between provision of care and adolescents' risky behaviour management in therapeutic communities; H_{04}: There is no relationship between family support and management of risky behaviour among adolescents in therapeutic communities; H_{05}: There is no significant relationship between gender and adolescents' risky behaviour management in therapeutic communities, and H_{06}: There is no significant relationship between academic level and adolescents' risky behaviour management in therapeutic communities in Uasin Gishu. The study was guided by Reality theory. A sequential embedded mixed methods research design was used. The quantitative part used ex post facto design and qualitative strand was phenomenological. The target population comprised all adolescents, counsellors, trainers and recoverees in therapeutic communities located in Uasin Gishu. Out of the six (6) therapeutic communities in Uasin Gishu, four were purposively selected to take part in the study. Purposive sampling was used to select counsellors, recoverees and trainers who, at the time of study, work as facilitators helping recovering clients in therapeutic communities. From each therapeutic community a representative sample was selected. As such, 80 adolescents, 12 counsellors, 8 recoverees, and 10 sports trainers were sampled. Data was collected using a questionnaire for adolescents, interview guide for counsellors, recoverees and trainers, and document analysis guide. Quantitative data was analysed using descriptive and inferential statistics. Qualitative data was analysed thematically using themes derived from the research questions. Descriptive statistics; psychosocial intervention Mean=3.5&S.Dev.1.37 and risky behaviour management mean=3.55 & S.Dev=1.39. Analysis of Variance was employed to test the research hypotheses. The study established that counselling, $F(16,63)=2.132;p=0.017$, recreational activities, $F(10,69)=2.2207$, $p=0.027$, provision of care, $F(12,67)=4.400$, $p=0.000$, family support, $F(9,70)=3.529$, $p=0.001$, academic level, $F(2,76)=3.795$, $p=0.027$, and gender, ($t(78)=.446$, $p=.002$), had an effect on management of adolescents' risky behaviour. In conclusion psychosocial interventions applied in therapeutic communities in Uasin Gishu County were effective in management of adolescents' risky behaviour. Based on the findings and conclusion of the study, it was recommended that there is need to incorporate psychosocial interventions, into the management of adolescents' risky behaviour. These interventions have shown significant effectiveness in helping adolescents to avoid or desist from risky behaviours in therapeutic communities. Family members should also be involved in counselling to understand their role in preventing misconduct and relapse.

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ACRONYMS AND ABBREVIATIONS

ACE	Adverse Childhood Experience
ACTS	Acceptance and Commitment Therapy
AIDS	Acquired Immunodeficiency Syndrome
AYP	Adolescents and Young People
ASSIST	Alcohol Smoking and Substance Use Involvement Screening Test
AYPLH	Adolescents and Young People Living with HIV
BFI	Big Five Inventory
CATS	Community Adolescent Treatment Support
CMHS	Cook-Medley Hostility Scale
FFCW	Fragile Families and Childhood Wellbeing
HRB	High Risk Behaviour
JIY	Justice Involved Youth
MAOS	Modified Overt Aggression Scale
MOH	Ministry of Health
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NACC	National Aids Control Council
NACOSTI	National Commission for Science, Technology and Innovation
KASF	Kenya AIDS Strategic Framework
LMC	Low- and Middle-Income Countries
LST	Life Skills Training
PARTY	Prevent Alcohol and Risk Related Trauma in Youth
PWID	People Who Inject Drugs
RA	Religious Attendance
RCT	Randomized Controlled Trials

RRTA	Risk Reduction Therapy for Adolescents
SAHA	Social and Health Assessment
SLT	Social Learning Theory
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Diseases
SUD	Substance Use Disorder
TC	Therapeutic Communities
USPSTF	United States Preventive Task Force
WHO	World Health Organization
WLST	Williams Life Skills Training

OPERATIONAL DEFINITION OF KEY TERMS

Psychosocial interventions: Mechanisms used by therapists in therapeutic communities in management of adolescents' risky behaviour. In this study, psychosocial interventions included counselling (individual group and family), recreational activities, provision of physical care and family support in therapeutic communities in Uasin Gishu County. These interventions were measured using adolescents' questionnaire with a five-point rating scale indicating the frequency with which adolescents received psychosocial interventions in therapeutic community.

Counselling: A situation in which a professional psychotherapist, through meaningful interactions, helps an adolescent in therapeutic community to identify goals and potential solutions to problems through self-awareness, problem solving and coping with emotions during individual, group and family counselling sessions. It was measured using adolescents' questionnaire with a five-point rating scale showing how frequently adolescents sought and received counselling.

Recreational activities: Both indoor and outdoor games and activities that adolescents undertook in therapeutic communities. It was measured using adolescents' questionnaire with a five-point rating scale indicating how frequently the adolescents took part in the activities.

Provision of physical care: The act of availing care facilities such as basic needs balanced diet, clean water, security and health care. It was measured using adolescents' questionnaire with a five-point rating scale indicating how frequently the adolescents sought and received care services.

Family support: The act of family members providing emotional, informational and financial assistance (including showing love, empathy and giving suggestions). It was measured using a five-point scale showing how frequently adolescents received support from family members.

Adolescents' risky behaviour management: The action of controlling, consciously or non-consciously, adolescents' conduct with a perceived uncertainty about its outcome and/or benefits or even psychosocial wellbeing. In this research, adolescents' risky behaviour management indicators included sobriety, behaviour change, attainment of anger management skills, improved family relations, respect for property, reduction in recidivism and adopting productive life. It was measured using adolescents' risky behaviour management questionnaire with five-point rating scale indicating the extent to which risky behaviour had been managed.

CHAPTER ONE

INRODUCTION

1.1 Introduction

This chapter presents the introduction to the study. It explores some of the studies from international to local level on psychosocial interventions in relation to management of risky behaviour among adolescents in Uasin Gishu County. The chapter begins with background information on therapeutic communities, their functions and challenges as well as the concept of risky behaviour as it relates to adolescents. The chapter also makes a statement of the problem, purpose of the study and lists the research questions and hypotheses. This is followed by a description of the significance and justification of the study, scope and delimitations and the theoretical framework of the study.

1.2 Background to the Problem

Psychosocial interventions are a combination of psychological and social techniques employed to assist adolescents with risky behaviour in therapeutic communities. Psychological interventions include, but are not limited to, psychotherapy (also known as "talk therapy"), psycho-education, and vocational and social training (Hettich, Seidel & Stuhrmann, 2021). Psychosocial interventions for adolescents help them improve their functioning while lessening the negative effects of risky behaviour. They involve talking with therapist or counsellor to address the mental, emotional and behavioural issues that predispose adolescents to distress. Psychosocial interventions entail a guided exploration of one's thoughts, stresses and past experiences in the context of therapy to provide insight and practical approaches to dealing with difficult personal issues such as substance abuse, unhealthy sexual behaviour and suicidal thoughts, among others (Hettich *et al.*, 2021).

On the other hand, risky behaviour management is a process of planning, decision-making, organizing, leading, motivation and controlling adolescents' behaviour in therapeutic communities through the use of highly structured programmes that involves group and individual sessions. Risky behaviour poses a serious threat to adolescents' health and well-being; therefore, their proper management is necessary. Terzian et al, (2011) noted that a more cost-effective method in management of adolescents' risky behaviour involves prevention. This may be achieved through the use of strategies designed to address the root factors associated with multiple risky behaviours, which includes supporting and strengthening family functioning (Jan, Ali & Rashid, 2016). In this study, risky behaviour management was characterized by reduction in anti-social behaviour and recidivism, attainment of anger management skills, family relations, respect for property, acquisition of strategies to adopt a productive life and sobriety among adolescents in therapeutic communities in Uasin Gishu County, Kenya.

A therapeutic community (TC) is a drug-free self-help programme primarily aimed at encouraging sobriety and abstinence from substance abuse behaviours (Vanderplasschen, Vandevelde & Broekaert, 2014). In a TC, members grow through different roles and responsibilities in their recovery and collectively ensure day-to-day functioning of the community through a highly structured system. The programmes in a TC employ psychological intervention procedures to promote the members' personal growth, help to curb unproductive behaviour, and help clients commit to the right living (Vanderplasschen *et al.*, 2014; De Leon, 2015). TCs are connected to a variety of treatment approaches that use relationships and activities of a purposefully designed social environment to promote social and psychological change (National Institute on Drug Abuse, 2020). The concept of therapeutic community (TC)

describes an environment that ensures that people get help while helping others (HarperCollins, 2019). For the current study, the term ‘therapeutic communities’ was used with reference to rehabilitation centres, drug and alcohol detoxification centres, rescue centres and probationary institutions that help to curb unproductive behaviour among adolescents in Uasin Gishu County.

Risky behaviour among adolescents is a growing problem, with an estimated prevalence of 10%-20% worldwide (World Health Organization, 2018). Engagement in risky behaviours severely interferes with an adolescent’s everyday functioning. According to Terzian, Andrews and Moore (2011), risky behaviour is the leading cause of sexually transmitted infections (STIs), unintended pregnancies, cognitive damage, injuries and suicide attempts. Studies show that majority of the adolescents engage in risky behaviours to please peers and for fear of rejection (Morojele, Brook & Kachienga, 2016) while others engage in risky behaviour to get money due to purported poverty levels of their communities (Booysen, 2014; Dunn *et al*., 2018; Terzian *et al.*, 2011). Thus, there is an increasing need for psychosocial interventions to counter the rise in risky behaviours among adolescents. For this reason, this study sought to investigate the effect of psychosocial interventions on management of adolescents’ risky behaviours in therapeutic communities in Uasin Gishu County, Kenya.

For many young people, adolescence stage can be a time of emotional extremes, conflicting feelings, uncertainties and fears (Vijverberg *et al.*, 2017). Ideally, these disruptive experiences of adolescence should be addressed through better psychosocial and cognitive functioning, management of energy levels and sleep adequacy. Psychosocial interventions employed for an individual adolescent should

be based on their personality, cultural and family background and personal experiences. This explains why adolescent demographics need to be documented and integrated in psychosocial programmes in therapeutic communities. Generally, there is increased emphasis on the development and adoption of appropriate psychosocial interventions in majority of the therapeutic communities. Yet, there is deficiency of appropriate risk management personnel in most TCs, including competent counsellors and therapists, to assist in professional management of adolescents' risky behaviours. Thus, this research investigated the state of management of adolescents' risky behaviours in therapeutic communities with the hope of providing insight into the development and adoption of appropriate psychosocial interventions from competent therapists and counsellors. With increase in the number of adolescents engaging in risky behaviours, the question of availability of well-trained therapists capable of employing appropriate psychosocial strategies is paramount.

Ghaza and Ebrahimi (2021) noted that psychosocial distress among adolescents contributes significantly to development of risky behaviours. Disturbances, including developmental, personality, affect and cognition, conditioning or learning familial factors, self-esteem, self-concept, cognitive functioning and temperament, all play a role in development of risky behaviours by adolescents. The family provides the adolescent with unique types of learning and conditioning and also constitutes the adolescent's social environment (Amiri & Zandkarimi, 2018). As such, the boundaries between the social and psychological factors are often blurred. Psychosocial problems in adolescents are considerably costly to society due to loss of productivity among adolescents, amount of money incurred to achieve sobriety and other services, especially in therapeutic communities. Therefore, effective psychosocial interventions are paramount to prevent or reduce the likelihood of long-term impairment, the

burden of mental health disorders for individuals and their families, and the costs to health systems and communities (Ogundele, 2018).

In America, each year, millions of dollars and a multitude of effort are directed towards curtailing adolescents' risky behaviours. Examples of these efforts include the 2021 multi-million-dollar media campaign sponsored by the Office of National Drug Control Policy with the intention of reducing the use and abuse of illegal substances among America's youth and the funding of abstinence-only education programmes (Vallin, 2021). The premise behind these initiatives was that risky behaviours put adolescents in danger of occurrence of deleterious short and long-term outcomes. According to Savoia *et al.* (2021), availability of electronic devices, such as computers, tablets and smartphones, has created unprecedented opportunities for teens to communicate, connect, share and access a wide variety of information and media on the internet. However, it has also contributed in equal measure to engagement in risky behaviours among adolescents. Savoia *et al*. (2021), lamented that nearly all US teens (95%) have access to a smartphone and 45% are "almost constantly" on the internet. Despite the increasing number of initiatives taking place worldwide intended to assess and mitigate the risky behaviours encountered by children and adolescents, there is still a need for in-depth understanding of how adolescents use the internet and its related outcomes.

Nayak *et al.* (2023) observed that, in India, psychosocial issues not only affect thought and behaviour but also the overall health and well-being of the adolescent. They noted that adolescents in India engaged in such risky behaviours as drug and alcohol addiction, violence and sexual activities that significantly increased morbidity and mortality. The menace of drugs and alcohol abuse has been woven deeply into the

fabric of the Indian society. It especially effects rich Indian youths. Another study notes that the current generation of Indian youth is at high stake for the risks associated with the abuse of drugs like cannabis, alcohol and tobacco (Ghazal & Ebrahimi, 2021). Unfortunately, it is challenging for the adolescents and their family to overcome psychological issues and its effects alone without the help of institutional or community-wide support programmes. Moreover, prevention and early identification of predisposing factors of risky behaviours are the keys to combatting the negative effects of the psychological and emotional problems in adolescents.

The subject of risky behaviours among adolescents has received increasing attention from the educators and families and the public over the years, especially since risky behaviour is the leading cause of juvenile delinquency (Shah *et al.*, 2012). A survey by the Malaysian Health Care Authorities established that most prevalent risky behaviour among adolescents were lack of exercise and physical inactivity, poor dieting, smoking, alcohol consumption, drug use and mental health issues (Fadus, Squeglia *et al.*, 2020). The prevalence of physical inactivity among adolescents in Malaysia was attributed to excessive use and reliance on technology. The findings in Malaysia gave insight to the current study conducted in Kenya on management of risky behaviour among adolescents. In Kenya, where technology is not as ubiquitous as Malaysia, it was interesting to establish the contribution of technology to risky behaviours among adolescents.

Adolescence is a crucial time for biological, psychological and social development. It is also a time when substance addiction and its adverse effects are more likely to occur (Vega *et al*., 2013). Adolescents are particularly susceptible to the negative long-term effects of substance use, including mental health illnesses, sub-

par academic performance, substance use disorders and higher chances of getting addicted. The substantial changes in the types of illegal narcotics people consume have presented a need for studies to investigate substance abuse as a public health problem, its determinants, and implications among adolescents. Kilpatrick *et al.* (2000) note that psychological risk factors for teenage substance abuse are many, although conduct disorders, including aggression, impulsivity and attention deficit hyperactivity disorder, are the most mentioned risk factors for substance use. Parents' attitudes towards drugs, alcohol, academic and peer pressure, stress and physical outlook are also key determinants of risky behaviour among adolescents. Teenage drug usage has a significant negative impact on users, families and society as a whole. Kilpatrick *et al.* note that a lot has been done to provide suitable interventions to those in need with the constant development of programmes and rehabilitative centres to safeguard the delicate minds of youths and prevent them from using intoxicants. Yet, there is much need for stringent policy and programme guidelines to curb this societal menace.

According to DeLeon (2020), therapeutic community is a form of long-term residential treatment for Substance Abuse Disorder (SUDs) that emerged in the late 1950s out of the self-help recovery movement. Therapeutic community concepts, beliefs and practices can be found in religion, philosophy, psychiatry, social and behavioural sciences. Therefore, early models of communal healing and support can be traced back to ancient times. Two elements in ancient medical texts can be applied to modern therapeutic communities for addictions. First is the view that mental illness manifests itself as a disease of the whole person and is characterized in particular by problems with self-control on the behavioural and emotional level. Second is view that the healing of the disease happens through the involvement of a community or

group. It includes such groups as Alcoholic Anonymous (AA) alateens for younger people living with alcoholics and al-anon teens geared towards spouse, parents, siblings and other family members (Sack & Sacks, 2010). Therapeutic communities were initially run independently by peers in recovery process. Later, as they progressed, in response to emerging issues such as rape, overeating, violence and drugs and substance abuse, many therapeutic communities have incorporated professional staff, some of whom are also in recovery themselves, with training in substance abuse prevention and treatment and counselling interventions (Dye *et al.*, 2012). Thus, therapeutic communities have grown to be mutual self-help groups and as alternative to medically-oriented strategies that address addiction (De Leon, 2015).

Aklin and Herrmann (2023) noted that, every year, therapeutic communities (TCs) serve tens of thousands of people with varying degrees of drug problems, many of whom also have complex social and psychological problems. Research supported by the National Institute on Drug Abuse (NIDA) helped document the important role TCs serve in treating individuals with drug-related problems. Further research is being conducted on the treatment processes in TCs to better understand how TCs work. Links between treatment elements, experiences and outcomes need to be further studied to fully appreciate and enhance the contributions of TCs. NIDA's research programme is currently focused on expanding the knowledge of TC treatment processes and improving the understanding of organizational and management strategies of TCs to deliver more effective and efficient treatment services.

The first therapeutic communities shaped by American models, was founded in the mid-1960s as a self-help group called "Release". Owing to the success of this group, therapeutic communities were independently developed in several countries

across Europe from the 1960s and 1970s (Vanderplasschen, Vandevelde & Broekaert, 2014). Cortini, et al, (2013) noted that, in TCs, interactions of clients are designed to be therapeutic so that each plays the dual role of client-therapist.

The concept of therapeutic community is relatively new in Uasin Gishu County. There were nine therapeutic communities in the County at the time of study, of which only six had been accredited by National Authority for Campaign against Alcohol and Drug Abuse (NACADA, 2022).

According to Horvath, Flückiger and Symonds (2013), a psychosocial intervention is a relationship designed to promote individual adaptation to a given situation. The interventions optimize personal resources in relation to independence, self-knowledge and self-help (Horvath *et al*., 2013). The relative immaturity in frontal cortical neural systems could partly explain adolescents' high rates of risk-taking, substance use and other dangerous behaviours (Crone & Dahl, 2012). Jayarajan and Jacob (2018) noted that for psychosocial approaches for treatment of substance use disorders (SUDs) in adolescents to bear fruit, they must begin with a comprehensive knowledge of the problem. This knowledge enables therapists to incorporate various risk factors that have predisposed, triggered and continue to sustain adolescents' substance use problem. Psychosocial interventions, in this study, was the independent variable and constituted counselling, recreational activities, provision of physical care and family support in therapeutic communities found in Uasin Gishu County.

Low- and middle-income countries (LMICs) are home to more than a billion adolescents and young people, a high proportion of whom live in Africa (Cluver *et al.*, 2018). Mental and substance use disorders are among the leading causes of years lived with disability (YLDs) among adolescents globally. Early intervention for these

disorders is critical given that an individual's health and behaviours in childhood and adolescence lay the foundation for health in later years, and impact on the health of their offspring (Kalema *et al.*, 2017).

Counselling is the skilled and principled use of relationships to facilitate self-knowledge, emotional acceptance, growth and optimal development of personal resources. It includes life skills training (LST), one of the psychosocial interventions offered in therapeutic communities. LST is an effective primary prevention programme for adolescents with drug and substance abuse. According to Kalema *et al.* (2017), during life skills programmes, clients are supported with self-awareness skills, such as stress management techniques, interpersonal and decision-making meetings, to help them sustain sobriety. In a therapeutic community, life skills training makes use of personal, interpersonal and environmental actions in a way that can lead to a healthier life and, subsequently, increased physical, psychological and social wellbeing (Moshki, Hassanzade & Taymoori, 2014). Bélanger and Grant (2020) explored the role of counselling in managing adolescents and parents' exposure to and usage of cannabis. The study provides useful guidelines to help counsellors mitigate the risks of cannabis use among adolescents. This was instructive to the present study in exploring how counselling can be integrated with other psychosocial interventions to enhance the management of risky behaviours among adolescents in therapeutic communities.

Recreational activities are all those the actions people undertake to refresh their bodies and minds and make their leisure time interesting and enjoyable. Kalema *et al*. (2017) aver that in therapeutic contexts, recreational activities, in the form of games, sports and peer entertainment, are designed to create a healing and relaxation effect on

clients. Al-Shudifat and Kilani (2016), in a study among Jordanian inmates, noted that there is a general weakness in health-targeted physical wellness levels. The aim of the programme was to ensure prisoners found alternative activities to expend their energies encourage rehabilitation and avoid misbehaviour. In the current study, recreational activities included games and sports interventions, both indoor and outdoor activities used in therapeutic communities in management of adolescents' risky behaviour in Uasin Gishu County.

Provision of physical care is one the psychosocial interventions offered in therapeutic communities to manage adolescents' risky behaviours. It entails providing services such as rudimentary supplies of, water and health care. Macháčková *et al.* (2021) conducted a study on the effect of the forest environment on aggressive behaviour among adolescents. From the results, it was noted that, by examining forest animals' behaviour, adolescents learned ways of communication, cooperation, adaptability and care for others. Casale *et al*. (2019) examined suicidal thoughts and associated risky behaviour among adolescents living with HIV. Only perceived support availability was directly associated with less depression. This means that where adolescents feel they are cared for, they are less likely to engage in risky behaviour. Willis *et al*. (2019) also carried out a study on effectiveness of Community Adolescent Treatment Support (CATS) in Zimbabwe. They noted that CATS improved adherence and psychosocial well-being. The findings further showed that adolescents receiving standardized care together with CATS improved linkage to service and retention in care.

Another aspect of the independent variable that was investigated in this study was family support. Au and Wong (2022) undertook a study on the integrated effects of

family bonding among Chinese delinquents. Respondents affirmed that having support from their caregivers encouraged them to desist from delinquency. Isaacs *et al*. (2018), in a study, also notes that family has a responsibility of being the most important predictor of positive child development. In the Kenyan context, Wanjiru (2022), in her study, observed that the family can be affected socially, physically and financially when there is a problem with one member. Therefore, having a strong network of supportive family and friends helps enhance the mental well-being of individuals.

Adolescents' demographic characteristics have been found to play an important role in management of risky behaviour. Amoateng *et al*. (2014), in a study in South Africa, noted that individual and contextual factors affect sexual risk behaviours among adolescents. Alhajji *et al*. (2019), in a study, also observed that cyber-bullying victimization is significantly more likely in adolescents with depressive symptoms, especially suicidal ideation. Among the demographics, the current study limited itself to the effect of adolescents' gender and academic levels on adolescents' risky behaviour management.

In this study, selected psychological issues, such as substance abuse, suicide, depression and social media addiction, were examined. The majority of unhealthy behaviours begin during adolescence and develop into habits and addictions, posing major challenges to public health. Substance abuse is one of the most addictive behaviours that can affect individuals, societies and communities and contributes to social, physical and many mental health problems. Substance abuse in adolescents can affect their brain development and have detrimental effects on health, leading to risky behaviours.

Risky behaviour among adolescents has been highly studied. In Ghana, for example, Statistics from the Narcotic Control Board (2021) revealed that 70% of adolescents from junior and senior high schools face the risk of drug abuse, sexual activities and violence among other risky behaviours. In addition, 38.0% of girls and 19.3% of boys aged 15-19 years were sexually active with 14% of girls aged 15 and 19 years either being mothers or pregnant with their first child (GSS, 2020).

According to Asiseh, Owusu and Quaicoe (2017), parental consumption of alcohol increases the adolescents' propensity to consume alcohol irrespective of gender. Asiseh *et al.* suggest that policies and interventions to address health risk behaviour should not be limited to school settings. Parental engagement and monitoring outside of school significantly mediate the extent to which students engage in health risk behaviour. While majority of studies have focused on risky behaviour among adolescents, there was a need to look into the effect of psychosocial strategies on management of risky behaviour, especially in the Kenyan context.

Problems of drugs and substance abuse affect the youth in all countries, including Kenya. Kuyeya (2021) conducted a study on effective treatment and rehabilitation programmes for drug and substance use dependence in Mombasa County. From the results, a relapse rate 38.9% was recorded. Nyamokita, Wambulwa and Kimaiyo (2022), in a study carried out in Asumbi Treatment Centre; found that most substance users revert to previous behaviours after completing treatment in therapeutic centres due to insufficient psychological care. In Uasin Gishu, substance use disorders are a major problem. In their studies in Uasin Gishu County, Jaguga *et al.* (2021) and Kirui, Adeli and Barasa (2021) noted a high rehabilitation abandonment and client relapse rate. Therefore, the current study was carried out to determine the effect of

psychosocial interventions on management of adolescents' risky behaviours in therapeutic communities in Uasin Gishu County, Kenya.

1.3 Statement of the Problem

Adolescents and young adults in Kenya are exposed to numerous challenges associated with their growth and development. These challenges push or pull them to engage in risky behaviours, such as drug and substance abuse, violence, sexual experimentations, aggression, incest and rape, early pregnancy, excessive use of computers and smart phones. Indeed, studies have shown that adolescents facing such challenges tend to indulge in risky and self-destructive behaviour (Kheswa, 2017; Fredlund, 2018; Damota, 2019). In developing regions, such as Kenya, within the home environment, parents are often too distracted by other important life engagements to respond fully to the challenges and risky behaviour of their adolescent children (Mastrotheodoros, Van der Graaff & Deković, 2020). As such, governments and other stakeholders have seen the need to establish therapeutic communities that provide services, such as children and youth education or training, correction and rehabilitation.

Kenya has its share of therapeutic communities that seek to rehabilitate adolescents. However, literature (Otukho, 2017; Kithaka, 2018; Wanjeri, 2018; Savatia, Simiyu & Nabiswa, 2020; Kirui, Adeli & Barasa 2021) seem to suggest that these facilities may not be as effective as required in achieving positive behaviour change. A study by Muthomi (2016), in Nairobi, for instance, analysed behaviour changes among children at risk in juvenile rehabilitation centres. The findings showed that despite many programmes provided to reform such children, their rehabilitation was inadequate. This begs the question of why rehabilitation programmes seem to

bear little to no fruit in behaviour modification, a question that the present study sought to answer.

In Uasin Gishu County, Kahiu (2021) reported that there has been a rise in alcohol and bhang use among adolescents. The study recommended the need to set up rehabilitation centres to address the factors that predispose adolescents to risky behaviour in the County. The fact is there are rehabilitation centres in Uasin Gishu County. However, it is unclear whether or not the interventions they offer to adolescents engaging in various forms of risky behaviours are effective. Very few studies have reviewed the effectiveness of therapeutic communities in Uasin Gishu. For instance, Rwengo (2017), in her study, examined the factors that explain juvenile delinquency at Eldoret Juvenile Remand Home. The findings attributed delinquency to adolescents' low self-control, poor academic performance and low academic aspirations, school drop-outs, abusive families, poverty and absentee parents. Rwengo recommends the need to enhance psychosocial interventions to target the juveniles, their families and the entire society. Therefore, the present study evaluated the effects of psychological interventions of counselling, sports, provision of physical care and family support on management of risky behaviour among adolescents in therapeutic communities within Uasin Gishu County.

1.4 Purpose of the study

The purpose of this study was to investigate on the effects of psychosocial interventions on management of adolescent's risky behaviour in therapeutic communities in Uasin Gishu County. Many adolescent with problem behaviour, end up in therapeutic communities for treatment, where a variety of interventions are applied to facilitate their recovery. It is not very clear whether or not the interventions

they offer to those engaging in various forms of risky behaviours are effective therefore, this study purposed to look into psychosocial interventions applied in management of adolescent's risky behaviour.

1.5 Research Objectives

The study was directed by the following specific objectives:

i. To describe the psychosocial interventions applied in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.
ii. To assess the extent to which adolescents' risky behaviour has been managed in therapeutic communities in Uasin Gishu County.
iii. To determine the relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.
iv. To assess the effect of recreational activities in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.
v. To establish the relationship between provision of physical care and management of adolescents' risky behaviour in Uasin Gishu County.
vi. To examine the relationship between family support and management of adolescents' risky behaviour in Uasin Gishu County.
vii. To establish the relationship between socio-demographic characteristics and adolescents' risky behaviour management in therapeutic communities in Uasin Gishu County.

1.6 Research Questions

The study was guided by the following research questions:

i. What psychosocial interventions are applied in in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County?

ii. To what extent have adolescents' risky behaviours been managed in therapeutic communities in Uasin Gishu County?

iii. What is the relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County?

iv. To what extent have recreational activities helped to manage adolescents' risky behaviour in therapeutic communities in Uasin Gishu County?

v. What relationship exists between provision of physical care and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County?

vi. What is the relationship between family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County?

vii. Is there a relationship between the socio-demographic characteristics and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County?

1.7 Research Hypotheses

The following six hypotheses guided the study:

H_{01}: There is no significant relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

H_{02}: There is no significant relationship between recreational activities and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

H_{03}: There is no significant relationship between provision of physical care and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu, Kenya.

H_{04}: There is no significant relationship between family support management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu, Kenya.

H_{05}: There is no significant relationship between gender and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu' Kenya.

H_{06}: There is no significant relationship between academic level and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu, Kenya.

1.8 Significance of the Study

The study is directed to benefit parents and other stakeholders involved in various policies and practices aimed at the wellbeing of adolescents, young people and communities. Through this study, parents will realize their family roles towards members in therapeutic communities' wellbeing during periods of stress in terms of support. This is because adolescents are still undergoing changes that are marked by physical, cognitive and emotional changes in nature, and require great presence and support by parents and family members to enable them go through the process well. The study findings will help parents to understand adolescents' expectations during periods of stress and to subsequently offer the necessary and moderated guidance to

enhance their wellbeing. The study will also guide both parents and adolescents to cooperate in mutual understanding, especially in the times of crises, such as Covid-19 pandemic, when stress among individuals and within the family structure is a common problem.

Further, the study findings will be provide useful insight to mental health professionals, teachers and policy makers in planning and improving the services offered to adolescents and young people in TCs and other similar institutions. Finally, the study will provide recommendations to the Ministry of Education (MOE), therapeutic communities and the government (local administration) to put up measures to prevent adolescents from engaging in risky behaviour during periods of stress. It will also enable them to plan and implement strategies to help adolescents in coping with stress.

1.9 Theoretical Framework

In research, a theoretical framework represents the ideological plan of the entire research (Grant & Osanloo, 2014). It serves as the guide and support logical structure of the entire research. Theoretical framework consists of the selected theory that shapes the thinking behind the investigation and interpretation of the research topic. Bradford (2017) noted that a theoretical framework provides the logical reasoning behind the examination of the interpretation of findings and conclusions of a research.

The main theory used in the study was Reality theory by Dr William Glasser (1965). Glasser believed that the root cause of problems of most unhappiness is unsatisfying or non-existent relationships. Because of this void, an individual chooses their own maladaptive behaviour as a way to deal with the frustration of being unfulfilled. In reality therapy, a person can be taught how to effectively make choices

to better deal with these situations. Reality therapy can help an adolescent regain control of their lives, instead of letting their emotions run the show, which is the key to their own personal freedom (Howatt, 2001).

Corey (2013) noted that reality therapy's main focus is to look into the unsatisfying relationships that can lead to negative behaviour. For this research, importance was placed on the adolescents focusing on their conduct rather than blaming others. Glasser (1965) argued that an individual cannot control the behaviours of others, but can only control their own.

1.10 Scope and Delimitations of the Study

The study investigated the effect of psychosocial interventions in therapeutic communities on management of adolescents' risky behaviour. In respect to content, the study limited itself to demographics of gender and academic level, and evaluated four types of interventions, namely counselling, recreational activities, provision of care, and family support. The study was anchored on the conceptual model derived from Reality therapy by William Glasser (1965). It was conducted among adolescents in therapeutic communities within Uasin Gishu County, Kenya. The study did not consider adolescents who are not in therapeutic communities. Other areas that the study looked into are prisons and juvenile delinquency centres. The study was conducted from October 2022 to January 2023. It was delimited to therapeutic communities. The study was also delimited to the effect of psychosocial interventions on management of risky behaviours among adolescents in Uasin Gishu County as the study area.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a review of theories and literature related to the study problem. The first section undertakes a discussion on the theoretical framework in detail, and a review of related theories, namely Family Systems theory by Murray Bowen (1913-1990), Social Learning theory by Albert Bandura (1925-2021) and theory of Psychosocial Development by Erik Erikson (1902-1994). The second section undertakes a review of related literature in accordance with the research questions. Literature was obtained from published journal articles, books and past studies on various psychosocial interventions implemented in therapeutic communities, such as counselling, recreational activities, provision of physical care, family support and demographic characteristics. These interventions were examined for their effects on management of risky behaviour among adolescents within therapeutic communities. The chapter also discusses the conceptual framework of the study.

2.2 William Glaser's Psychological Reality Theory

The study was guided by Reality Theory that was developed by William Glasser. Dr Glasser first developed the ideas behind reality therapy in the 1950s and 60s when he formulated the basis of choice theory. Choice theory postulates that human beings choose their own behaviour and their choices can either satisfy or not satisfy basic drives and goals. Using this theoretical basis, reality therapy helps adolescents to learn to be more aware of their choices and how the choices they make may be inefficient in achieving their goals. Framing behaviour as a choice, one made by client's internal control, leads these adolescents to feel more responsible and in command of their

lives. Reality therapy is structured around the Wants, Doing, Evaluation and Planning (WDEP) system (Wubbolding, 2011).

Reality theory, as founded on the principles of choice theory, suggests that all human issues occur when one or more of five basic psychological needs are not met and that an individual can only control their own way of acting. According to the theory, when an adolescent chooses to change their own behaviour rather than struggling to change the behaviour of others around them, they become more successful at achieving their own goals and desires (Glasser, 1965).

Reality theory placed great emphasis on issues affecting the individual. For example, while helping a young adolescent indulging in risky behaviours, such as drug abuse, a therapist using reality therapy will apply the WDEP system to consider the problem at hand, helping the client to explore their wants and what they are doing to achieve those wants, evaluating whether what they are doing is helpful or harmful to their goals, and finally helping the client to plan ways to change their behaviour. Reality therapy emphasizes on solving problems and is based on the idea that human beings experience mental distress when their basic psychological needs are not fulfilled (Wubbolding, 2011).

Glasser (1969) holds that all human behaviour is driven by the attempt, through behavioural choices, to satisfy the five basic needs (survival, freedom, fun, power, and love/belonging). According to this theory, all human behaviour is the result of choices, and these choices are the sole responsibility of the chooser. For example, according to reality theory, an adolescent dealing with drug addiction chooses their behaviour as a way to solve the failure caused by unpleasant relations (Corey, 2007). Choice theory is based on the idea that human lives are the product of the choices they

make. Gaining control over one's choices and accepting the responsibility for the outcomes of one's choices should be the subject of treatment for a client. In modifying different psychological aspects of the individual, reality therapy helps them to examine deeply the realities of their behaviour and choices and recognize that they are responsible for their miseries and misfortunes (Carlo *et al.*, 2014). Therefore, reality therapy provides the context for mental and psychological health promotion by directly impacting on various mental, psychological and personality aspects (Kim, 2017).

For the current study, a counsellor helping adolescents to deal with risky behaviours in a therapeutic community should benefit from Reality therapy techniques, which are action-oriented. These techniques include teaching, positiveness, humour, confrontation, questioning, role-playing, and giving feedback to help guide an adolescent with problem behaviour to discover their wants and needs and to help define a plan of action for change. It involves creating a good counselling atmosphere and applying specific measures that yield positive change in the client (Corey, 2013). In addition, adolescents are also helped to establish reasonable short and long-term goals as a focus for therapy.

Reality therapy as a method is based on common sense and emotional engagement. It helps the client to realize that it is through the development of close, caring relationships that they can most effectively fulfil other needs and achieve happiness. In most cases, people use external control (i.e., various types of coercive force such as criticizing, threatening and nagging) to push others to do their bidding with the misguided belief that this will engender happiness. However, this approach always results in conflict, frustration and disconnected relationships. In turn, these

relationships produce unhappiness that manifests in mental health problems such as depression and anxiety. Modifying different psychological aspects of the individual, reality therapy helps one to instead look inward, and come to terms with their chosen behaviours and the attendant consequences (Prout & Fedewa, 2015).

Bradley (2014) noted that reality theory advocates that human beings are able to take control of their lives by taking responsibility for their actions and situations. Most situations that cause sadness result from poor relationships with significant others, because some of these relationships are either non-existent or are generally unproductive. This may be attributed to the fact that people's undesirable actions and choices are at times the consequences of having to deal with negative emotions generated by inappropriate relationships.

In this study, the principles of the Reality theory were applied to evaluate the effects of psychological interventions in managing risky behaviour among adolescents in therapeutic communities. The theory was deemed appropriate because it explains why adolescents may engage in risky behaviour. Therefore, in this study, psychosocial interventions, namely counselling, recreational activities, provision of physical care and family support, were evaluated to show how they help adolescents in TCs to interpret and relate with their realities in ways that result in permanent and positive change of behaviour. The study thus evaluated how sports interventions and provision of different forms of care and family support expose adolescents to recognize their own self-worth and to define their identities in a more healthy and positive way.

2.2.1 Strengths of Reality Theory

Reality therapy enhanced a person's ability to choose between responsible and irresponsible behaviour. In other words, it enabled one to choose behaviours based on reason and not impulse. It advocates the ability to appraise the consequences of one's actions. As such, the theory or therapy approach encouraged a healthy grasp of reality and responsibility for one's actions.

Glasser (1969) noted that people, in this case adolescents, choose behaviours to satisfy unmet needs, and in order to meet these needs adolescents' behaviour must be determined by internal forces. If the behaviour is influenced by external factors, such peers, family and the significant others, or even situations, in the adolescents' environment, it will result in psychological symptoms. Adolescents are helped to manage maladaptive behaviours by use of psychosocial interventions. Using reality theory, a counsellor helps adolescents to recognize any ineffective organized behaviour and identify one that is effective to deal with the maladaptive behaviours.

2.2.2 Weaknesses of Reality Theory

Reality theory looked at human behaviours as a product of choices. Further, it interpreted psychological symptoms not as signs of mental health problems but as a result of people choosing behaviours that are not conducive. Consequently, Glasser (1965) dismissed the use of medication to treat mental health conditions since he viewed mental health as a product of choices. As such, the theory seems to ignore the fact that sometimes human behaviour is an expression of psychological disorders.

2.2.3 Application of Reality Theory

Reality therapy contended that humans are always striving to meet personal needs. Symptoms of mental distress appear when one or more of the five basic psychological

needs identified by Dr. Glasser are not met. The five basic psychological needs include survival, satisfaction, love, power and freedom. Dr. Glasser maintained that individuals achieve greater success at fulfilling these five basic psychological needs by choosing to change their own actions rather than attempting to change the behaviours of others around them. Therefore, counsellors, using reality therapy, can devise strategies to assist adolescents involved in risky behaviours to recognize and pursue their unmet personal needs. Therapists can achieve this by encouraging adolescents to refrain from negative behaviours, such as making excuses or blaming and criticizing others, and instead adopt positive behavioural changes (Wubbolding & Brickell, 2017).

Younusi *et al.* (2017) affirmed that reality therapy has been used to modify attitudinal and behavioural problems related to indiscipline, self-concept, self-efficacy, bullying, absenteeism, late coming, truancy, stress, anxiety and depression. This was seen in addicted boys aged 20 years and the elderly at Aramesh Mental Health Centre Management in Iran. When dealing with self-esteem, one of the reality therapy techniques is to improve the client's sense of responsibility. The main objective of realty therapy, accorded to Glasser (1969), is to create responsible behaviour in clients. This is because irresponsible and risky behaviour leads to high incidences of substance abuse and addiction.

2.3 Critical Review of Theories

This section reviewed theories related to the topic of studies, namely Family Systems theory, Social Learning theory and Theory of Psychosocial Development.

2.3.1 Family Systems Theory

Family systems theory is a theory of human behaviour propounded by Bowen Murray (1978). The theory postulated that a family is an emotional unit and uses system thinking to describe the interactions within this complex unit. According to Bowen, families so profoundly affect their members' thoughts, feelings and actions; a change in one person's functioning in the family is followed by reciprocal changes in the functioning of the others. Bowen's focus is on patterns that develop in families in order to defuse anxiety. It is common for one family member to develop a physical anxiety in response to anxiety in the other members, and some may resort to other maladaptive behaviour such as drug abuse (Bowen, 2013).

A key generator of anxiety in families is the perception of either too much closeness or too great a distance among family members. The degree of anxiety in any one family is determined by the current levels of external stress and the sensitivities to particular ideas that have been transmitted down the generations (Kerr & Bowen, 1988; Kerr, 2019). Bowen's concept of 'differentiation of self' forms the basis of a systems understanding of maturity. It refers to the ability to think as an individual while staying meaningfully connected to others. Higher self-differentiation in young adults is associated with less parental conflicts and a better quality of social relationships compared to those with less self-differentiation (Gharehbaghy, 2011).

When there is anxiety within the family, the connectedness of family members becomes more stressful than comforting. In the long-run, members within the family who are affected by this stress become overwhelmed, isolated or even lose control and may become depressed. Others resort to alcoholism, affairs or physical illness and other risky behaviours that affect the balance within the family structure (Bowen,

1988). Family systems theory places primary focus on conversations and behaviour that come into play between members of the family during interaction. Johnson and Ray (2016) note that, in its practical application in therapy, family systems theory is based on identifying and interrupting repeating patterns of problem behaviours. When these problem-perpetuating patterns are successfully interrupted, the problem behaviour dissipates and treatment is complete.

The multigenerational transmission process described effects over inconsistency in the way family members work and relate together. This process ranges from the best to the most dysfunctional of all. Bowen portrays how family members gravitate towards those other members with the same levels of differentiation, and some of these behaviours are transmitted through generations. A family where each partner has a low level of differentiation may have children with even lower levels of differentiation. When these children fail to adjust and improve their levels of differentiation, in the long run, they may not be able to break this pattern and will pass it on to the next generation. This leads to family dysfunction, one of the major causes of children's engagement in risky behaviours such as drug and substance abuse (Klever, 2019).

Emotional cut-off is when a person is unable to manage emotional problems with family members. Such individuals opt to cut off any emotional contact creating an unresolved conflict among family members. This conflict can result in bitterness that could manifest in indulgence in risky behaviour (Haefner, 2014). In the context of therapy, the household is recognized as one of the units of care that enable therapists to show empathy, understanding and work together with familial networks to achieve the wellbeing of the client. In such contexts, the therapist seeks to improve family

relations through psychosocial interventions as a way to realizing the wellbeing of individual members (Denham *et al.*, 2016).

According to Bowen (1978), family projection process defined how parents passed their emotional difficulties to their children. This can weaken the development and functioning of children increasing their susceptibility to clinical symptoms. Relationship problems, anxieties and emotional concerns passed down from parents within the emotional triangle may contribute to the development of emotional problems in children as they grow up and make them susceptible to engaging in risky behaviour (Huang & Rohlfing, 2019).

Bowen believed that in the nuclear family, anxiety may lead to fights, arguments, criticism, under- or over-performance of responsibilities, and/or distancing behaviour. According to him, intimate partner conflict, problematic behaviours in one partner, emotional distance, and impaired functionality in children can lead to problem behaviours within the family.

Bowen (1972) used the concept of an emotional triangle to signify the smallest steady system of human connection. A family can be thought of as a complex network of triangles, some of which may be flexible and changing; others may be inflexible and persistent, while some may be central. Despite the potential for increased stability, many triangles establish their own rules and exist with two sides in harmony and one side in conflict, a situation that may complicate family relations (Falicov & Brudner-White, 1983). Children may be left in the middle and become triangulated within their parents' relationships, and, depending on the relationship, may be driven to problem behaviours. Symptoms of family distress are frequently connected to the presence of family triangles and coalitions (Bowen, 1972).

Individuals experienced anxiety in society, and other unstable conditions during periods of stress can be noted between society and family emotional function. Bowen (1979) conceptualized that there is often anxiety within society, and depending on the level of anxiety, society can experience progression or regression. When there is regression, decisions are often arrived at in a rushed manner and may be based on high anxiety, which reduces the individual members' abilities to make the right decisions. Consequently, decisions become more emotional and reactive than rational, which can push affected children to engage in risky behaviour.

Sibling position described the tendency of the oldest, middle and youngest children to assume specific roles within the family due to differences in expectation, parental discipline and other factors (Miller *et al.*, 2004). Bowen (1972) strongly believed that an individual's birth order is associated with predictable behaviours and attitudes. However, regardless of the birth order, there is a possibility that the targeted child of the family projection processes can retrogress to previous behaviours that were not appropriate. Bowen believed that sibling birth order profiles can be used in reconstruction of family emotional processes (Bowen, 1978). According to Thompson *et al.* (2019), high-risk birth order accounts for the majority of adolescents that are substance dependent with the youngest having the highest rate of substance dependence.

When applying family systems theory in therapy sessions, family members are assisted to understand the factors that contribute to problem behaviours. Once this is achieved, family members are then helped to change their roles, communication styles and behaviours with the aim of supporting one another in a more productive way. In the context of the present study, this theory helps to explain the contribution of

parents to adolescents' indulgence in risky behaviours. It also emphasizes how family can be both the source of distress that drives individuals to risky behaviours and the context of therapeutic interventions to curb or eradicate such behaviours. However, the theory is limited because it does not explain how to professionally manage adolescents' risky behaviour in the family context. The theory also focuses too much on family factors at the expense of other forces in the macro-environment that contribute to individual dysfunction. For this reason, the researcher used the Reality theory since it is sufficiently comprehensive and incorporates family and other psychosocial factors in the management of problem behaviours among adolescents.

2.3.1.1 Critique of Family Systems Theory

The family systems perspective focused only on the family dynamics that contribute to problem behaviours. It gives less attention to the characteristics, motivations and attitudes of the individual indulging in risky behaviour. Application of family systems theory in this manner can lead to the perception that individuals' maladaptive behaviour is a shared responsibility between the victim and the family thus leading to less individual accountability for the problem behaviour (Murray, 2006; Brown, 2015).

There is also a conflation of maturity and differentiation in the theory. An individual may act responsible out of maturity without this act being a product of differentiation, and vice versa. Therefore, it is difficult to say with certainty that differentiation is essential in reducing anxiety. Besides, a highly mature person may have elevated levels of anxiety. There is also little empirical research testing the clinical effectiveness of this theory (Murray, 2006; Nichols, 2014).

2.3.1.2 Application of Family Systems Theory

The application of family systems theory in the context of psychosocial interventions may be seen from the perspective of the functional family therapy. According to Alexander and Robbins (2019), functional family therapy is a well-established treatment for troubled youth and their families. It offers a comprehensive framework for understanding a broad spectrum of adolescent behaviour problems, linking behavioural and cognitive intervention strategies to each youth's familial and ecological characteristics. The approach achieves this link by systematically matching specific interventions to the unique qualities of each youth, family, culture and treatment system. It is based on the rationale that antisocial behaviours among certain members of a social system are symptoms of a dysfunctional system as a whole. This view was insightful to the present study in examining the effectiveness of psychosocial interventions in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

Hess and Handel (2018) described the family as a psychosocial organization. In their view, although its life spreads into the wider community, there is a sense in which a family is a bounded universe. The members of a family – parents and their young children – inhabit a world of their own making, a community of feeling and fantasy, action and precept. Even before their infant's birth, the expectant couple make plans for the infant's family membership, and they prepare not only a bassinet but a prospect of what he/she will be to them. Of course, the infant brings own surprises; but in time there is acquaintance, then familiarity, as daily the family members compose their interconnection through the touch and tone by which they learn to know one another. Each child then comes to have a private transcript of their common life, recorded through own emotions and individual experiences. These descriptions

show that a family is a malleable system; it can be modified to enhance the psychosocial wellbeing of all its members. Family, then, is a tool for moulding adolescents' behaviour. It is for this reason that the present study examined the relationship between family support and management of adolescents' risky behaviour in Uasin Gishu County.

2.3.2 Social Learning Theory

The theory was brought forward by Albert Bandura (1962) as a theory of learning process and social behaviour. The theory proposed that new behaviours can be acquired by observing and imitating others within the environment or those we interact with. In addition to observation of behaviour, learning can also take place through observation of rewards and punishments, a process that is generally known as vicarious reinforcement. This means that if behaviour is rewarding to an adolescent, they are likely to continue showing that behaviour no matter how detrimental it is to the society.

Adolescents are more likely to attend and imitate the people with whom they perceive to have some similarity. Consequently, they are more likely to imitate behaviour modelled by people of the same gender and age. Secondly, people around the adolescent will respond to the behaviours they imitate with either reinforcement or punishment. If an adolescent imitates and models behaviour and the consequences are rewarding, he or she is likely to continue performing that behaviour. An adolescent with many behavioural alternatives and who is used to regulating own behaviour will always experience greater freedom than one whose personal resources are inadequate. By adopting the many alternatives at their disposal, such an adolescent will be able to cope with risky behaviour (Bandura, 1962; Fryling, Johnston & Hayes, 2011).

Since Bandura's cognitive social theory is based on interactive dynamic relationship between environmental, personal and individual behaviour, it could be applied as a basis for interventional strategies (McLeod, 2016). Social learning theory as a model suggests that risky behaviours, such as drug and alcohol use, are learned, and that such behaviour persists because of differential reinforcement from other individuals, from the environment, from thoughts and feelings, and from the direct consequences of the behaviour itself (Bandura & Walters, 1977; Smith, 2012).

Social learning theory postulates that human behaviours, attitudes and emotions are learned from those with whom one interacts most of the time. This learning can be through a process of observation, imitation and reinforcement. Peers in most cases occupy an important place in an adolescent's life. According to Petraitis, Flay and Miller (1995), adolescents learn substance use and other risky behaviours from their role models who could be drug-using friends and family members. Social learning considers the role played by social interaction in the learning process, especially during adolescence. This can be used to help adolescents in therapeutic communities to unlearn negative behaviours by connecting with the right models of positive behaviour (Trujillo *et al*., 2015).

The social learning approach takes thought processes into account and acknowledges the role they play in deciding if a behaviour is to be imitated or not. As such, SLT provides a more comprehensive explanation of human learning by recognizing the role of meditational processes. For example, the theory is able to explain much more complex social behaviour (such as gender roles and moral behaviour) than models of learning based on simple reinforcement. However, while it can explain some quite complex behaviour, it cannot adequately account for how

people develop a whole range of behaviour, including thoughts and feelings. Individuals have a lot of cognitive control over their behaviour, and that, just because adolescents have had experiences of risky activities does not mean they have to reproduce such behaviour. Social media can also play a vital role in social learning process, which is related to collaboration and community, including social networking sites (Joosten, 2012).

2.3.2.1 Critique of Social Learning Theory

Social learning theory describes behaviour solely in terms of either nature or nurture, which is limiting and underestimates the complexity of human behaviour. It is more likely that behaviour is due to an interaction between nature (biology) and nurture (environment). Social learning theory is not a full explanation for all behaviour; for example, even when there is no apparent role model in one's life to imitate for a given behaviour learning can still take place.

2.3.2.2 Application of Social Learning Theory

In the context of this study, social learning theory underlined the fact that risky behaviour can be learned as much as it can be unlearned. Therefore, the role of psychosocial interventions is to deconstruct an adolescent's knowledge and commitment to risky habits. This view is reinforced by Allan (2017), in his social learning analysis of Albert Bandura's aggression. Following Bandura's view that behaviour is learned through imitation, observation and modelling, psychosocial interventions aim to inhibit these processes by helping the adolescent to either avoid exposure to anti-social behaviour, or reinterpret such behaviour positively whenever they encounter it. In the case of this study, the role of counselling, recreational activities, provision of physical care and family support is to help adolescents to shift

their minds and attention from risky behaviour and to acquire resilience to resist the urge to imitate or model risky behaviour.

Akers and Jensen (2017) have applied the social learning theory to discuss crime and deviance. They assert that social learning theory can be elaborated to account for criminological and sociological regularities, making sense of events at the micro-levels of temporal and ecological aggregation, providing a better explanation than other theories. The scholars go ahead to describe the volume of studies and the positive findings, with few negative findings, that provides greater empirical support for social learning theory than for any other major social psychological theory of crime and deviance. Similarly, Van Ouytsel *et al*. (2017) have applied social learning theory to discuss adolescent sexting. The results indicate that the extent to which adolescents hold positive attitudes towards the behaviour and the extent to which they perceive that their peers approve of sexting are associated with their engagement in sexting both within and outside of a romantic relationship, when controlling for age, gender, school track and internet use. Sexting outside of a romantic relationship was also influenced by the thrill that young people get out of engaging in this behaviour.

2.3.3 Theory of Psychosocial Development

Erikson's Stages of Psychosocial Development, also known as lifespan theory, was introduced by Erik Erikson in the 1950s. The theory states that there are eight successive stages of individual human development influenced by biological, psychological, and social factors throughout the entire life from birth to death. However, for purposes of this study, the first five stages were discussed. Factors, such as poverty, family breakdown, neglect, abuse or abandonment, are some of the common triggers that push children and adolescents to indulge in maladaptive

behaviour (Orenstein & Lewis, 2022). According to Erikson, every individual has tensions at all points in their lifespan (which are salient at different points in time).

According to Knight (2017), individuals go through different stages as they grow and face new decisions and turning points during childhood, adolescence and adulthood. Each of these stages may be defined by two opposing psychological tendencies, both positive and negative. Ego identity forms in the fifth stage, during adolescence. According to the theory, when one completes each stage successfully, the resulting effect is a healthy personality and the attainment of basic qualities for life. Qualities obtained help the ego in resolving problems that one encounters in life. When an adolescent fails to complete a stage, it may lead to a reduced ability to finish other stages. This result in an unhealthy personality and sense of self that could drive one to engage in risky behaviour. Erikson believed that those who do not resolve crises associated with a particular stage may struggle with those skills for the rest of their lives (Gross, 2020).

The first stage is trust versus mistrust, which begins at birth up to eighteen months. During this period, the infant depends on the caregiver for all that they need for survival. Caregivers who carry out their duties in a loving and consistent manner lead this individual to develop a sense of trust. This in turn help the child to build a sense of security even when faced with threatening situations. When this happens, the child acquires a sense of hope. However, if the caregiver is unable to provide consistent, satisfactory care and love, the child may develop a sense of mistrust and insecurity, which may lead to fear. Such an infant will carry the basic sense of mistrust to other relationships in their lives. It may result in anxiety, increased insecurities and an exaggerated feeling of mistrust of the world around them. As they

grow, such infants may hold a lot of resentment and struggle to cope with stress and difficulty (Malone *et al.*, 2016).

Autonomy versus shame and doubt is the second stage in Erik Erikson's stages of psychosocial development. This stage runs from eighteen months to about three years when the child is beginning to learn to control themselves and attain a sense of independence. If a child in this stage is encouraged and supported, they become more confident and secure in their ability to survive in the world. However, if criticized, overly controlled or deprived of the opportunity to assert themselves, they begin to feel inadequate in their ability to survive, and may then become overly dependent on others, which affects their self-worth and imbue in them a sense of shame in their abilities (Silverstone & Salsali, 2003).

Initiative versus guilt is Erikson's third stage during which children assert themselves more frequently by directing play and other social interactions. If given the opportunity, children develop a sense of initiative and feel secure in their ability to lead others and make decisions. Conversely, if this tendency is squelched, either through criticism or control, children develop a sense of guilt. The child will often overstep the mark in their forcefulness, and the danger is for parents to punish the child and to overly restrict their initiative. According to Darling-Fisher (2019), each stage of development is marked by conflict emanating from the interface between personality, developmental and social processes that place some demands on the individual. In this case, success in dealing with tension in each stage results in the acquisition of virtues essential for life.

Erikson's fourth psychosocial crisis is on competence versus inferiority. It occurs during childhood ages of ages 5-12 when a child starts comparing themselves with

their peers to test their ability and worth. If children are encouraged and reinforced for their initiative, they begin to feel competence and confident in their ability to achieve goals. If this initiative is not encouraged, then the child begins to feel inferior, doubting their abilities, and therefore may not reach his or her potential. The balance between industry and inferiority allows children to recognize their skills and understand that they have the ability to work towards and achieve their goals, even if they face challenges along the way (Erikson, 1968).

According to Erikson, individuals attempt to resolve the issue of identity versus role confusion during the teenage years. They often experience substantial amount of stress in a variety of contexts as they attempt to create lasting identities. Portes *et al*. (2002) note that some adolescents internalize rejection and respond by engaging in risky behaviour. One factor underlying irresponsibility concerns the failure to construct a healthy identity. If adolescents are supported in their exploration and given the freedom to test different roles, they are likely to emerge from this stage with a strong sense of self and a feeling of independence and control. The biological, cognitive and social changes that occur in adolescence stimulate young people to think about themselves, reflect on the kind of people they want to become, and find their place in society (Crocetti, 2017). Erikson suggested that the period of adolescence and young adulthood is the primary developmental stage in which to resolve the identity tension failure that could lead to risky behaviour (McLean & Syed, 2015).

Erikson's theory was relevant to this study in that adolescent delinquency and identity formation have been described in relation to the confusion, doubt and need for individuation and autonomy faced by adolescents (Mercer *et al*., 2017). It is true

that personal behaviour is in part a response to stimuli of situations in which an individual finds themselves. At the onset of adolescence, individuals begin to engage in new and special kinds of activities to understand and resolve the identity tension, failure to which may lead to confusion and problem behaviour (McLean & Syed 2015).

2.3.3.1 Critique of the Theory of Psychosocial Development

Erikson's model posited that each stage of development is believed to build upon the one that came before it. A specific tension manifest before the next developmental period and which continues to be important after leads to a healthy development across the stages. Erikson's theory has significantly impacted the perception of how people grow and deal with situations they encounter. Therefore, it has been applied in education and counselling circles to deal with adolescents' issues (Sekowski, 2021).

Orenstein (2021) noted that Erik Erikson's theory of psychosocial development makes it possible to understand different phases of human growth and development and the crises that may result due to tension associated with each stage of development. This understanding enhances how individuals respond to and resolve problems. The theory also provides insight into the factors influencing behaviour at different stages of growth, such as during adolescence. When adolescents are aware of the challenges and opportunities associated with each stage of development, they can better appreciate their experiences and discover opportunities for personal progress and thus find healthy ways to release tension instead of indulging in risky behaviour.

Erikson's theory of psychosocial development strongly emphasizes the need to treat psychological obstacles at each developmental stage to promote healthy growth. However, it does not show how this treatment may be achieved from one stage to the

other. In addition, it does not also put into consideration individual differences in growth and development (Kaiser, 2020).

2.3.3.2 Application of the Theory of Psychosocial Development

Erikson's theory of psychosocial development has been used by researchers to examine a wide range of issues individuals face at each developmental stage. Using Erikson's theory, Knight (2017) argues that, in therapy, each stage of development is thought to be triggered by an individual's search for a more stable sense of identity. In the end, the individual realizes that a steady identity is elusive, and that identity is in fact developmental or progressive. Knight thus proposes that therapy should also seek to provide the understanding of identity as continuous.

Cross and Cross (2017) also utilised Erikson's theory of psychosocial development to create a model through which schools can establish programmes of psychosocial support to enhance the development of talent among learners. They argue that ego strength may be strengthened through a robust programme of professional development, curricula and research based on Erikson's psychosocial stage theory. Besides the age-based components, ego strength may also be enhanced by activities that support the essential qualities of hope, will, purpose, skill, fidelity, and love. Cross and Cross study provide insight on how psychosocial programmes can be used to modify behaviour among young people, which was of concern to the present study.

Erikson proposed the epigenetic principle that psychosocial development is a predictable, sequential process through eight stages across the lifespan. The Modified Erikson Psychosocial Stage Inventory (MEPSI) is an 80-item comprehensive measure of psychosocial development based on Erikson's theory with published reliability and

validity data. MEPSI continues to be an easy to administer, reliable, and valid global measure of psychosocial development based on Erikson's developmental theory. It has been an effective measure in a wide range of projects for researchers from diverse fields. The aggregate (total) MEPSI score has demonstrated excellent reliability and validity as a measurement tool (Darling-Fisher, 2019).

2.4 Review of Empirical Studies

This section presents a review of literature related to the research questions. In each sub-section, literature is reviewed beginning with international, then regional and local studies.

2.4.1 Risky Behaviour among Adolescents

In Iran, Aghajani *et al.* (2014) conducted a study to investigate adolescents' high-risk behaviours and their relationship with the demographic characteristic of gender. This was in light of concern that prevalence of high-risk behaviour among adolescents is one of the most concerns of society. The study was conducted among 400 high school adolescents that were selected randomly. The study established that there was high prevalence of high-risk behaviour among boys than girls. The study recommended that there should be proper screening and counselling services for students in high schools in Iran. The reviewed study thus focused on prevalence of risky behaviour among adolescents and demographic difference on engagement in risky behaviours, which was also a concern for the present study. However, the current study specifically focused on the effect of psychosocial interventions on management of risky behaviour among adolescents in therapeutic communities located in Uasin Gishu County, Kenya.

Stickley *et al.* (2014) conducted a cross-sectional enquiry among adolescents in Russia and US to investigate loneliness and health risk behaviours. For some adolescents, feeling lonely can be a protracted and painful experience. It has been suggested that engaging in health risk behaviours, such as substance use and sexual behaviour, may be a way of coping with the distress arising from loneliness during adolescence. However, the association between loneliness and health risk behaviour had been little studied. Therefore, Stickley *et al.* sought to address this research gap. Data was obtained from the Social and Health Assessment (SAHA), a school-based survey conducted in 2003. A total of 1995 Russian and 2050 US students aged 13-15 years were included in the analysis. Logistic regression was used to examine the association between loneliness and substance use, sexual risk behaviour, and violence. After adjusting for demographic characteristics and depressive symptoms, loneliness was associated with an increased risk of adolescent substance use in both Russia and the United States. Loneliness was not associated with violent behaviour among boys or girls in either country. The researchers concluded that loneliness is associated with adolescent health risk behaviour among boys and girls in Russia and the United States. The reviewed study was conducted in Russia and US, which are developed countries, while the current study was conducted in Kenya, a developing country. The sample size for the reviewed study was too large, which raises questions on the reliability of the research findings. It also focused on the effect of loneliness on engagement in risky behaviour while the current study examined the effect of psychosocial interventions on management of adolescents' risky behaviour. Lastly, the reviewed work employed quantitative research methods while the current study adopted a mixed methods research design.

In Malaysia, Ern, Arshat and Ismail (2019) carried out a study on predictors of emotional intelligence among preschool children. They noted that children with a deficit in emotional intelligence tend to have encountered a lot of problems in adjusting. For the study, a cross-sectional questionnaire with screen time questionnaire, child behaviour inventory, adult involvement in media and parental rating scale were used on children aged 4-6 years. Data for the study was collected using a questionnaire and analysed using Pearson correlation. The findings revealed that mother's education was positively associated with emotional intelligence. The reviewed study was carried out in Malaysia among children aged 4-6 years in preschool while the current study was carried out among adolescents undergoing treatment in therapeutic communities in Uasin Gishu County, Kenya.

Jones *et al.* (2020) examined youth substance use trends and patterns in the US, that is, marijuana use, prescription opioid misuse, alcohol use and binge drinking among others. For the study, logistic regression and joint point analyses were used to determine demographic and substance use correlates of prescription opioid misuse. The results from the study highlighted opportunities for expanding evidence-based prevention policies, programmes and practices with an aim of reducing risk factors and strengthening protective factors related to youth substance use. The reviewed study was carried out among adolescents and youths in high schools in USA while the current study was carried out among adolescents undergoing treatment in therapeutic communities in Uasin Gishu County, Kenya.

Akanni *et al.* (2017) discussed gender and other risk factors associated with risky behaviours among adolescents in Nigeria. They drew and analysed data consisting of socio-demographic, risky behaviours, personality traits, religious orientation and

substance use from 300 randomly selected high school learners. Two risk groups (low and high) based on the number of risky behaviours were determined. Male was a risk factor for theft, bullying and fighting. Many of the students were of high-risk behaviour group. Furthermore, private school, perceived poor relationship with teachers, polygamy and lifetime cigarette use were predictors of high-risk behaviour group. Therefore, a substantial proportion of adolescents in Nigeria exhibited risky behaviours of which gender and other factors play a significant role. The present study drew insight from the reviewed work to explore the relationship between socio-demographic characteristics of gender and education levels and adolescents' risky behaviour management in therapeutic communities in Uasin Gishu County.

Gamuchirayi (2017), in a study in South Africa, noted that risky behaviour among adolescents is the most important factor contributing to negative outcomes in the population. Further, the study established that HIV infection, unintended pregnancies, unintentional injuries and substance and drug abuse are among the risky behaviour affecting adolescents. The study sample size included 3336 adolescents aged between 12 years to 19 years across the nine provinces of South Africa. Binary-multilevel logistic regression was used to analyse the data. The results indicated that age, sex, education, race, living arrangements and number of income earners were important factors. Moreover, 34.24% of the adolescents reported that they had ever used alcohol while 24.45% had ever been a passenger with a driver under the influence. The study concluded that contextual factors relate to risky behaviours and that interventions used in reducing risky behaviours among adolescents should not only focus on individual level but also household and community contexts. The reviewed study looked into contextual determinants of risky behaviour among adolescents in South Africa while the current study examined the effect of psychosocial interventions on

management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Kohli *et al,* (2018) carried out a qualitative study on prevention of risky behaviours, specifically consumption of alcohol and use of violence, among adolescents in eastern Democratic Republic of Congo. One-on-one in-depth interviews were conducted with 28 male and female youth, 20 parents/guardians and 20 stakeholders in three rural villages of South Kivu Province. Descriptive qualitative analysis was used to analyse the data. From Kohli's study above, consequences of risk behaviour included damaged family and social bonds, reduced economic and educational productivity. The study concluded that community-based, multilevel prevention interventions that promote protective factors and reduce youth exposure and vulnerability to risk factors may have immediate and long-term impact on youth health and behaviour. Inspired by the reviewed study, the current research investigated the effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Getachew *et al.* (2019) undertook a study using a cross-sectional design to identify exposures that are associated with onset of alcohol and tobacco use in young people living in Ethiopia. A total of 3967 adolescents aged 13-19 years took part in the study and data for the study was collected using a self-administered questionnaire. According to the study, 8% of respondents reported having ever smoked and 3% were current smokers. Moreover, 29% reported ever having used alcohol and 14% were current users. Further, the results showed that risk factors for ever smoking included father smoking (odds ratio 1.95;95% confident interval cl: 1.21 to 3.15), mother smoking (odds ratio 3.90;95% cl: 1.63 to 9.33), best friend smoking (odds ratio 5.86;

95% CI: 4.31 to 7.96), and home internet access (odds ratio 1.75; 95% CI: 1.35 to 2.27). Moreover, there was a very strong positive relationship between ever having smoked cigarettes and ever having tried alcohol ($P < 0.001$). The reviewed study used a cross-sectional design and examined adolescents in schools in Ethiopia who were exposed to risky behaviour through use of the internet while the current study examined adolescents undergoing rehabilitation in Uasin Gishu County, Kenya.

In Kenya, Gikandi, Egunjobi and Muriithi (2021) examined the relationship between family flexibility and substance use disorders among the youth in selected rehabilitation centres in Nairobi County, Kenya. A total of 172 respondents were selected randomly to take part in quantitative study. In addition, 12 clients who had stayed in rehabilitation centres for the longest time were purposively selected to provide qualitative data since they were deemed equipped with information on rehabilitative process. The study noted that most families recorded unhealthy flexibility, with majority of respondents coming from families with chaotic family flexibility (Mean= 24. 4015; SD= 10.001), followed by rigid flexibility (Mean= 17.4167; SD= 5.1244). Additionally, there was a weak negative and significant correlation between balanced family flexibility and drug use disorder (r=-0.299; P= 0.001). The reviewed study was guided by family structure theory while the present study was anchored on reality theory. Moreover, both the current and previous research adopted the mixed methods embedded research design.

Gitonga, Chege and Karuku (2021) carried out a study on personality types and socio-demographic determinants of girls' aggressive behaviour in rehabilitation programmes in Kenya. The study explored the relationship between the big five personality traits and socio-demographic determinants of aggression among

adolescent girls aged between 12 and 17 years admitted to rehabilitation institutions. Data was collected using an adapted aggression questionnaire (AQ), the big five inventory (BFI), and socio-demographic questionnaires. Results from the study indicated that a significant weak negative correlation existed between extraversion personality traits and physical aggression. Similarly, there was a weak, but significant, negative correlation between extraversion personality traits and verbal aggression. Therefore, it was concluded that adolescents' personality type has an effect on adolescents' behaviour. The reviewed study was carried out among adolescent girls and used big five personality trait and socio-demographic determinants of aggression while the current study used reality therapy and examined effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Onsando, Mwenje and Githui (2021) studied the influence of parenting style on male juvenile delinquency in Kenya. The study was guided by Baumrind's parenting styles theory. Purposive and simple random techniques were used to select a sample 68 adolescents aged between 15-18 years. The research used ex post facto research design. Data for the study was collected using interviews, focused group discussions and self-administered questionnaires. Results from the study showed that authoritarian parenting style (42%) and permissive parenting style (29.4%) posed the greatest danger to the development of juvenile delinquents. The study concluded that strengthening parenting roles in the family can lead to a healthy development of adolescents. The reviewed study was carried out in Kamiti Youth Correction Centre using ex post facto design and involved male juvenile delinquents while the current study used embedded research design, was carried out among both male and female adolescents in therapeutic communities in Uasin Gishu County.

Masresha (2021) carried out a study on the influence of peer pressure on alcohol use disorder among street youth in the slum areas of Kariobangi. Phenomenological and qualitative techniques were used for data collection. From the study findings, six types of peer pressure were identified, namely negative peer pressure, positive peer pressure, direct peer pressure, indirect peer pressure, verbal peer pressure, and unspoken peer pressure. Moreover, peer pressure, stress-free induction, media influence, availability and affordability of alcohol, anxiety and curiosity factors led the street youth to alcohol use disorder. The reviewed study was carried out in Nairobi County among street youth using phenomenological research design while the current study employed embedded design and engaged adolescents in therapeutic communities in Uasin Gishu County.

2.4.2 Psychosocial Interventions Applied in Management of Adolescents' Risky Behaviours in Therapeutic Communities

Pompili *et al*. (2022) investigated the efficacy of treatment in rehabilitation of adolescents with substance use disorders in the USA. Several studies have shown that substance use disorders (SUDs) among adolescents is related to multiple behavioural problems and needs specific treatment compared to adults. A careful review of relevant literature was conducted on the treatment and rehabilitation of adolescents with substance use disorders. The findings of the study revealed that family therapy had the strongest evidence of effectiveness for reducing substance use disorders in adolescents. Nevertheless, other types of treatment, such as cognitive-behavioural therapy, seemed beneficial. Despite the effectiveness of the treatments, the rate of relapse remained high among adolescents with SUD. According to Pompili *et al*., psychological treatments, particularly family therapy, is most frequently applied to adolescents with SUD. Pharmacotherapy was reserved for treatment of adolescents

with SUDs in co-morbidity with other mental health disorders and a therapeutic community is suggested for these at-risk adolescents. The ubiquitous availability of different technology has made substance abuse in USA different from Kenyan situation.

Studies have shown that psychosocial interventions can help mitigate risky behaviour among adolescents. For instance, Tinner *et al.* (2022) studied the individual, family and school-based interventions targeting multiple risk behaviours among adolescents aged 8-25 years. According to the study, the impact of interventions that addressed multiple substance use risk behaviours and differential impact of universal versus targeted approaches was unclear. The results of the study showed that school-based interventions are more effective than both individual and family-based ones. These findings support the role of institutions, such as therapeutic communities, in management of risky behaviour among adolescents. Therefore, the current study examined the effects of psychosocial interventions on management of adolescents' risky behaviour Uasin Gishu County.

Laurenzi *et al.* (2021) carried out a study on psychosocial interventions through a systematic peer review of papers in USA, some countries in the sub-Saharan Africa and South East Asia. According to the study, providing psychosocial interventions integrating psychological, social, and behavioural approaches has the potential to improve engagement in care and health and interactive outcomes among adolescents. The findings further indicated that psychosocial interventions for AYPLHIV showed a small to moderate effect. Nevertheless, the psychosocial interventions in the reviewed study did not show significant impacts on retention in care, sexual risk behaviours and knowledge. The researchers concluded that psychosocial interventions

can be used to improve adolescents and young people's health outcomes, although mores studies should be carried out. The reviewed study used systematic review and meta-analysis involving several countries. The current study was conducted in Kenya alone and relied on empirical literature. The current study also examined the effect of psychosocial interventions on management of adolescents' risky behaviour in Uasin Gishu County.

Ghazal and Ebrahimi (2021) investigated the effectiveness of acceptance and commitment therapy (ACT) in reducing high-risk behaviours and elevating problem-solving strategies among adolescents with addiction susceptibility in cyberspace. This was a longitudinal study with quantitative methods of data collection and analysis. The target community for the study was 60 female students randomly selected from a Persian High School in Iran. Participants were randomly divided and placed equally into the experimental and control groups. The participants' entry criteria were gender, aged 15 to 18 years, addiction susceptibility, and high-risk behaviours cut-off points. The ACT used was presented in cyberspace for the experimental group between the pre-test and post-test intervals. Data was collected using the Iranian youth risk-taking scale, problem-solving strategies, and Iranian adolescents' addiction susceptibility questionnaires. Participants were followed up after two months. Multivariate analysis showed that ACT significantly influenced high-risk behaviours and its sub-scales, except for the violence. Furthermore, ACT affected the problem-solving strategies and its sub-scales, instead of control, creativity and confidence. From the study, ACT decreased high-risk behaviours.

The above-reviewed study was conducted in Iran, a more development country compared to Kenya where the current study was undertaken. The reviewed work also

used cyberspace while the current study used physical presentation of data collection instruments. While the reviewed study focused on ACT as the only psychological intervention, the current study employed psychotherapy, including cognitive behavioural therapy, psycho-education and life skills training services for correction of risky behaviours. The study employed longitudinal research design while the current study employed mixed research methods. The use of only female participants in the reviewed study was a limitation since males are more prone to engaging in risky behaviour as compared to the female. To counter the limitation, the current study was conducted among the male and female adolescents.

Beaudry, Perry and Fazel (2021) undertook a study on effectiveness of psychological interventions to reduce recidivism in prison. The study used randomized controlled trails (RCTs) to evaluate the effects of interventions in dealing with adolescents and adults during incarceration on recidivism outcomes after release. The mean age for adolescents was 17 years. Based on two studies, therapeutic communities were associated with decreased rates of recidivism. The reviewed study was a systematic review and Meta-analysis that involved USA, Canada, Sweden, UK and Japan.

From the study above, the findings suggested that therapeutic communities and interventions that ensure continuity of care in community settings should be prioritized for future research. Moreover, there is need to develop new treatments to focus on addressing modifiable risk factors for reoffending. The study recommends that continued treatment after the client has been released should be integrated into therapeutic programmes. According to the current study, part of the physical care

provided was follow-up after the adolescent leaves the therapeutic communities to prevent relapse.

De Leon (2020) investigated social and psychological approaches to the treatment of addicts in America. He noted that addiction creates psychological wounds that consistently show a strong association and, as a result, required initiating a recovery process characterised by lifestyle and identity changes. De Leon concluded that a therapeutic community is both a cost-effective and therapeutically effective form of treatment for certain substance abuse sub-groups, especially those with severe drug use, social and psychological problems. This conclusion was supported by indirect evidence from social psychological principles and practices that are inherently found within community as a method. However, De Leon's study was carried out in New York, US, a developed country, while the current study was carried out in Kenya, particularly Uasin Gishu County, a developing country. The reviewed study specifically focused on drug addicts while the current study focused on risky behaviour, including, but not limited to, substance and drug abuse, sexual activities and anger.

Hettich, Seidel and Stuhrmann (2020) conducted a systematic review on psychosocial interventions for newly arrived adolescent refugees. This was in light of concern that adolescent refugees were confronted with multiple developmental, psychological, and social challenges after flight. Upon arriving at the receiving country, adolescent refugees have to contend with a complex problems, including the changes arising from their growth and development, trauma before or during flight, and the confrontation with social difficulties during the early integration process. From the review, seven studies were identified all of which reported positive effects

of psychosocial interventions on the psychological symptoms of anxiety, post-traumatic stress disorder, and depression, as well as on the personal development of adolescents regarding their life satisfaction, behavioural problems, hope for the future, and their social and cultural integration. Effective elements of the interventions were categorized into trauma-related elements (self-efficacy, safety, and connectedness) and elements associated with forced migration (culture, post-migration environment, and professional network). Nonetheless, the methodological quality of the reviewed studies was heterogeneous and the review showed a lack of comprehensive, long-term, and high-quality research in this field. There was therefore a need for an empirical study such as the current one. Besides, the reviewed study focused on adolescent refugees while the current study focused on psychosocial interventions for adolescents in therapeutic communities. The reviewed study relied on a review of literature in Germany while the current study was an empirical study and focused on psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Gatti, Grattagliano and Rocca (2019) carried out a study on evidence-based psychosocial treatment of conduct problems in children and adolescents in Italy. The study was aimed at identifying empirical supported psychosocial intervention programs for young people with conduct problems. For the study, reviews and meta-analyses published between the years 1982 and 2016 based on psychosocial interventions for children were analysed. According to the study, cognitive behavioural approaches and family interventions had a greater efficacy among adolescents. The reviewed study was carried out among children and adolescent between 3-12 years of age in Italy and included review of studies carried out over a long period of time involving children and adolescents, while the current study was

carried out among adolescents between 11-17 years of age in therapeutic communities.

Jayarajan and Jacob (2018) examined the psychosocial interventions among children and adolescents in India. They noted that etiological factors that lead to substance abuse disorder were very hard to understand and suggested the need for those dealing with treatment to put together several factors that cause, maintain and continue to perpetuate the problem. The study noted that interventions must originate from client-focused, multi-disciplinary, and multi-systematic with strong family and community participation. In addition, skill training for problem solving, emotional regulation, social skills and communication were very important in treatment. From the study, substance abuse disorders were found to affect the whole family and community. Therefore, the strategies used in treatment must be treated holistically, meaning they should address all aspects of life. The reviewed study was carried out in India and incorporated a holistic approach. Some of the recommendations were the need for more research area of pharmacotherapeutic and psychosocial approaches that are useful in the children and adolescent population. The present study addressed this recommendation. Moreover, Jayarajan and Jacob further recommend some psychosocial intervention strategies for treatment adolescents' substance use disorders, such as motivational enhanced therapy, cognitive behaviour therapy for individual, group and family-based interventions and finally evaluation and treatment of comorbidities. These interventions were also examined in the present study.

Sharma and Palanichamy (2018) studied psychosocial interventions for helping people to break from addiction to technology in India. The study was anchored on the cognitive behavioural theory and motivational enhancement theory. The findings

showed that while technology is useful, excessive use can be a source of distraction, stress and anti-social behaviour, especially among young people. According to Sharma and Palanichamy, there is no widely accepted categorization of psychosocial interventions. The term is generally applied to a broad range of types of interventions, which included psychotherapies, community-based treatment, vocational rehabilitation, peer support services, and integrated care interventions. Each theoretical orientation encompasses a variety of interventions. From their research findings, the most effective methods for breaking internet addictions included practicing the opposite, using external stoppers, setting goals, selective abstinence from certain applications, using cues, making personal inventories, joining support groups and family therapy interventions. Drawing insight from the reviewed work, the current study explored psychosocial interventions used in management of adolescents' risky behaviour, including technology-associated risky behaviours, in therapeutic communities.

Gilchrist *et al*. (2017) undertook a systematic review of literature to determine the types and effectiveness of psychosocial interventions designed to reduce drug and sexual blood borne virus risk behaviours among people who inject drugs. These researchers argued that opiate substitution treatment and needle exchanges had reduced blood borne virus (BBV) transmission among people who inject drugs (PWID). They subsequently hypothesize that psychosocial interventions could further prevent BBV. From the review of multiple literatures, the study revealed that psychosocial interventions appear to reduce sharing of needles compared to information or HIV counselling, sharing of other injecting paraphernalia, and unprotected sex compared to interventions of a lesser intensity. They thus concluded that psychosocial interventions should be integrated with other harm reduction

approaches to prevent BBV transmission among PWID. The reviewed study underlines the importance of psychosocial interventions in managing behaviour therapeutic communities. However, since the reviewed work relied on reviewed literature, the present study focused on the types and effects of psychosocial interventions in managing adolescent risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Hawton *et al*. (2016) examined psychosocial interventions that focus on helping adolescents who have attempted suicide to recover. They first note that self-harm, which takes many forms, is prevalent, especially in young adults of age 15 to 35 years, and is often recurrent and strongly associated with suicide. Therefore, the study undertook a Cochrane systematic review and meta-analysis of the effectiveness of psychosocial interventions for self-harm in young adults. From the study findings, cognitive behavioural therapy seemed to be effective in subjects after self-harm. According to Hawton *et al.*, dialectical behaviour therapy did not reduce the proportion of patients repeating self-harm, but did reduce the frequency of self-harm. Further, aside from CBT, there were few trials of other promising interventions, precluding firm conclusions as to their effectiveness. The above study relied on review of literature while the present study was empirical by nature. The reviewed study also provides insight on the relative effectiveness of different psychosocial interventions in managing risky behaviour among young adults. Therefore, the present study sought to identify such interventions and assess their effects in managing adolescent risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

In the United Kingdom, Macdonald *et al.* (2016) assessed the effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents. The study involved children and young people up to 24 years 11 months, who had experienced maltreatment before the age of 17 years 11 months. The study found that cognitive behavioural therapy (CBT) for sexual abuse showed post-treatment reductions in PTSD. No differences were observed for post-treatment sexualised behaviour, externalising behaviour, behaviour management skills of parents, or parental support to the child. Findings from attachment-focused interventions suggested improvements in secure attachment and reductions in disorganised behaviour. However, there were no differences in avoidant attachment or externalising behaviour. Few studies addressed the role of caregivers, or the impact of the therapist-child relationship. Economic evaluations suffered methodological limitations and provided conflicting results. Macdonald *et al.*'s study concluded that it is not possible to draw firm evidence on which interventions are effective for children with different maltreatment profiles, which are of no benefit or are harmful, and which factors encourage people to seek therapy, accept the offer of therapy and actively engage with therapy. Little is known about the cost-effectiveness of alternative interventions. Although the focus of the present study was not on cost-effectiveness, the reviewed study shed light on the indicators of effectiveness of various psychosocial interventions for young people.

Kadzin and Allan (2015), in their study on psychosocial treatment for conduct disorder in children and adolescents, noted that antisocial and aggressive behaviour in children is very difficult to treat. The study reviewed seven treatments with strong evidence of effectiveness with children and adolescents; these included parent management training, multi-systemic therapy, multidimensional treatment foster care,

cognitive problem-solving skills training, anger control training, functional family therapy and brief strategic family therapy. According to the study, several questions remain unanswered about the long-term impact of various treatments, the persons for whom one or more of these treatments is well suited and how to optimize therapeutic changes. Inspired by the reviewed work, the present study examined the effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Malivert *et al.* (2012) carried out a study on effectiveness of therapeutic communities in France based on a systematic review method. Studies on retention in treatment and/or substance use were considered. On average, subjects stayed in therapeutic community a third of the planned time. The completion rate ranged from 9% to 56%. All the reviewed studies showed that substance use decreased during therapeutic community treatment, but relapse was frequent after the client left the community. Treatment completion was the most predictive factor of abstinence at follow-up. It was also noted that there was a reduction in consumption after the client left therapeutic community, but long-lasting benefits were uncertain. Malivert *et al.* concluded that more research was needed to compare the efficacy of therapeutic community programmes and other types of treatment settings for substance-related disorders hence gap for the current study. The reviewed study used Medline systematic review method that comprised of several studies. A total of 321 studies were retrieved from Medline and only 12 met the selection criteria with a total of 3,271 participants from 61 therapeutic communities. The current study was empirical and was carried out in Uasin Gishu County using embedded mixed methods research design.

Switzerland Health Survey (2012) undertook a survey of more than 21,000 participants aged 15 and above in the year 2012 to determine their integration after treatment in therapeutic communities in Switzerland. The findings of the study showed that nearly a quarter of the respondents could be considered either only "partially integrated" or "poorly integrated" into Swiss society. Regardless of their age, these people were more likely to suffer from poor health, musculoskeletal disorder, depression and could engage in drug abuse. The study concluded that social isolation could be less prevalent at younger ages, but more strongly associated with poor health conditions and behaviours at older ages. The reviewed study was carried out in Switzerland and was a health survey involving many participants while the current study was carried out among 196 respondents in therapeutic communities in Uasin Gishu County, Kenya, using embedded mixed methods research design.

Mabrouk *et al.* (2022) investigated mental health interventions for adolescents in the sub-Saharan Africa. The study involved scoping review conducted to identify original research articles on mental health interventions among adolescents in the region. A total of 4750 studies were generated out of which 64 articles met the inclusion criteria. The 64 studies described a total of 57 unique mental interventions that included a total of 40,072 adolescents. Intervention strategies were diverse encompassing several intervention strategies such as economic based, family strengthening, psycho-education, interpersonal psychotherapy, cognitive behavioural therapy and resilience training. Mabrouk *et al.* noted that about half of the intervention strategies were delivered by lay persons where sixty-two of the eligible studies examined the effectiveness of mental health interventions of which 55 reported positive significant impact on various mental health outcomes. Study population included a median age of 10-19 years in the sub-Saharan Africa while the

study included quantitative studies comprising randomized controlled trials, quasi-experimental designs, pre-post evaluations, open trials and post evaluations.

Sileo *et al.* (2021) carried out a systematic review on psychosocial intervention for reducing alcohol consumption in the sub-Saharan Africa. The researchers carried out randomized and non-randomized controlled trials. Nineteen intervention trials were included in the study. Beneficial effect was identified for psychosocial interventions on alcohol abstinence. For the study, quality was assessed using the Cochrane collaboration tool assessing risk of bias and discrepancies were resolved by discussion. Eighteen studies were included for AUDIT score, drinks per drinking day, percentage of drinking days and alcohol abstinence. Results indicated that psychosocial interventions had a benefit on alcohol abstinence but showed no significant effect on AUDIT score, DDD and PDD. The reviewed study was a systematic review and involved several studies using quasi-experimental design while the current study was carried out in Uasin Gishu using embedded mixed methods design and was carried out among adolescents in therapeutic communities.

Roble *et al.* (2021) carried out a study on the prevalence of cigarette smoking and associated factors among adolescents. The researcher used a community based cross-sectional study design among 341 adolescents. Data for the study was collected using a questionnaire and multivariate logistic regression was used to determine the effect of the predictor variable on the outcome. Results from the study indicated that cigarette smoking among the adolescents was 21.1% (95% cl (16.7-25.5), having smoking parents (AOR = 2.57, 95% CI: [1.32–5.02]), whose friends smoke cigarette (AOR = 4.78, 95% CI: [2.12–10.76]), all of which were significantly associated with adolescent cigarette smoking. The study concluded that having parents and friends

who smoked or chewed *khat* were independent predictors of adolescents indulging in cigarette smoking. Moreover, there was a significant association between parental and peer cigarette smoking and adolescent cigarette smoking. The study recommended that effective smoking prevention and intervention programmes be implemented. Therefore, the current study was carried out to find out the effects of psychosocial intervention on management of adolescents' risky behaviour, such as cigarette smoking.

Madhombiro *et al*. (2019) undertook a study on psychological interventions for alcohol use disorders in people living with HIV/AIDS in Zimbabwe. They noted that psychological interventions have been greatly considered as an effective treatment to manage alcohol use disorders (AUDs) while the evidence for their effectiveness appear inconsistent. The study rolled out psychological interventions among people aged 16 years and reviewed a total 21 studies (6954 participants). Interventions relied on the use of motivational interviewing alone or blended with cognitive behaviour therapy (CBT). Findings from the study showed that there was lack of evidence for significant intervention effects in the included studies, hence gap for the current study. From the systematic review, there were no sustained intervention effects of psychological interventions for either primary alcohol use or secondary HIV-related outcomes.

Jaguga *et al*. (2021) undertook a descriptive survey of substance use treatment facilities in Uasin Gishu County, Kenya. The study used cross-sectional survey design and data was collected from both in-patient and out-patient services. The reviewed study included medical treatment facilities putting into consideration the use of medication and availability of physical facilities while the current study was carried in

rehabilitation centres and a probation institution in Uasin Gishu County. Information sought after Jaguga *et al*. included availability of in-patient and out-patient services, facility ownership, number of beds, mode of payment, and availability of medicine and staffing. They sought to describe the characteristics of substance use treatment facilities. The findings from their study showed that there was limited use of medication assisted therapy. On staff availability, some facilities did not have medical practitioners as required. Therefore, the current study was undertaken to determine the effects of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities.

Savatia, Simiyu and Nabiswa (2020) did a study on effectiveness of rehabilitation programmes in management of juvenile delinquency within penal institution in Kakamega County. They noted that juveniles were taken through vocational training, guidance and counselling and formal education programmes. Findings from the study revealed that rehabilitation of juveniles was not successful at 94.7%, lack of aftercare at 43% and that rehabilitation did not successfully reform the juvenile offenders. The study sample included 279 juveniles, 39 key informants and 10 recoverees. Purposive sampling was used to sample key informants, random sampling for juveniles and snowball sampling for recoverees. Primary data for the study was collected using questionnaires, interviews, focus group discussions and observation checklists. The current study used stratified and systematic simple random sampling to select respondents.

Wanjiru *et al.* (2019) assessed the socio-economic background and role of family in rehabilitation of juvenile delinquents in Kenya. The findings of their study indicated that the relationship between the young offenders and their families before

arrest were very bad but significantly improved after the offenders went through rehabilitation process. The findings indicated that family involvement in the rehabilitation programmes was very minimal, family counselling was never practiced in any of the institutions. The study recommends for economic support and empowerment of needy families, inclusion of family therapies/counselling in the rehabilitation programmes, family conferences and involvement of families in the rehabilitation programmes. The current study considered these factors in assessing the effects of psychological interventions in the management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County, Kenya.

Kithaka and Karuiki (2018) studied the benefits of various rehabilitation programmes for young offenders in Kenya. The study participants included 99 juveniles, parents of ex-rehabilitees and 18 staffs. The study found that the existing rehabilitation programmes included academic, vocational training, life skills training, counselling and scouting. From the study, the findings showed that counselling was not well implemented since it was carried out by welfare officers with no professional background in counselling. The reviewed study used descriptive research design and was carried out in Nairobi County while the current study was carried out in Uasin Gishu County. Drawing from the work of Kithaka and Karuiki, the current study examined the role of counselling on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County.

Rwengo (2017) studied the factors contributing to juvenile delinquency by drawing data from the Eldoret Juvenile Remand Home. The findings from the study showed that the following factors played different roles: 20% low self-control, 55% poor academic performance and low academic aspirations, 80% school drop outs,

80% poor parenting styles, 60% abusive families, 55% poverty and 45% absentee parents. Among the recommendations of the study were that schools should enhance their counselling services to help improve low self-control, academic performance and aspirations of young people. The reviewed study used mixed methods where the quantitative data constituted demographic information and the qualitative approach obtained data from the objective of the study. For the current study, embedded mixed methods research design was used to explore the effects of psychosocial interventions in management of adolescents' risky behaviour in Uasin Gishu County.

Muthomi (2016) carried out a study to analyse the predictors of behaviour changes among children at risk in juvenile rehabilitation centres in Nairobi. The findings showed that rehabilitation of children at risk in correctional institutions was not adequate, as only children with severe and profound cases seemed to show signs of moderate behaviour change. Muthomi used descriptive survey design to analyse behaviour changes of children at risk in juvenile rehabilitation centres in Nairobi County. The study population consisted of 380 boys, 160 girls, 12 managers, all adding up to 552 respondents. In contrast, the current study looked at the effects of counselling, recreational activities, provision of physical care and family support on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

2.4.3 Risky Behaviour Management in Therapeutic Communities

Mi Mihić *et al.* (2022) conducted a study to investigate the role of family and school protective factors in preventing the risk behaviours among adolescents. The aim of this study was to examine cross-sectional associations of protective factors within a family and school context with adolescent risk behaviours. The study was

conducted among adolescents (n = 9682) from five cities in Croatia. Mean age of participants was 16.2 years (SD = 1.2), and 52.5% were female. Multigraph structural equation modelling was used to examine relations between school attachment, school commitment, family communication, and family satisfaction with gambling, substance use, violence, and sexual risk behaviour using two models. In the first model, school attachment was negatively associated with gambling and violence, while school commitment was negatively associated with students' gambling, substance use, and violence. Gambling was also associated with family satisfaction in this model. Results from the subsample model were similar with regards to school and family factors associated with gambling, substance use, and violence, with a few exceptions which was different from the current study, which emphasized the importance of strengthening school protective factors, school attachment, and school commitment in preventing risk behaviours in adolescents.

Vannucci *et al.* (2020) carried out a study in USA using systematic review and meta-analysis to examine the relationship between media use and risky behaviour during adolescence. For the study, a total of 27 independent cross-sectional studies were selected with a total of 67,407 adolescents with a mean age of 15.5 ranging from 12.6-18 years. Study findings showed that there was a positive small medium correlation between social media use and engagement in risky behaviours (r = 0.21, 95% CI = 0.16-0.25), use of substance (r = 0.19, 95% CI = 0.12-0.26), and adolescents' risky sexual behaviours (r = 0.21, 95% CI = 0.15-0.28). Vannucci concluded that there were positive links between social media and risky behaviours during adolescence that became clear from this meta-analysis propose that developmental theories of risk taking would benefit from incorporating the social media context. The reviewed study was a systematic meta-analysis involving 27

independent cross-sectional studies and used a large sample of adolescents aged between 12-18 years while the current study employed a mixed method research design.

According to Milstein *et al*. (2020), risk taking behaviour emanates from three sources. Firstly, it generally displays a trajectory. Rates of sexual activity, substance use, reckless vehicle use and delinquency have been found to increase in age during adolescence. Secondly, these behaviours have been found to be conveyed in predictable ways where sexually active teens, are more likely than the non- sexually active peers to be using alcohol and marijuana. Thirdly, risk taking behaviour often shares similar psychological environment and/or biological antecedents. The reviewed study looked into causes of behaviour problems among adolescents while the current study was on adolescents' risky behaviours management.

Maslowsky *et al.* (2019) noted that adolescents have limited ability to self-regulate impulsively and/ or reward driven behaviour. From their study, it was noted that significant proportions of adolescent risk-taking behaviour may be strategic or planned in advance. Risk-taking behaviour was associated with higher levels of sensation seeking, better working memory, greater future orientation and perceiving risk behaviour to be more beneficial than risky. The study concluded that adolescent risk behaviour is not primarily due to poor response inhibition but can be reasoned or reactive and is taken as a meaningful subtype of adolescent risk behaviour. The reviewed study was carried out among 1266 adolescents not undergoing rehabilitation in America with an average age of 16.5 years, which is different from the current study. The present study examined the effect of psychosocial interventions on

management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

MacArthur *et al*. (2018) explored the types and effectiveness of individual, family, and school-level interventions targeting multiple risk behaviours in young people. Their study was based on a review of literature. Their review of literature revealed that available evidence is strongest for universal school-based interventions that target multiple-risk behaviours. Therefore, these interventions may be effective in preventing engagement in tobacco use, alcohol use, illicit drug use, and antisocial behaviour, and in improving physical activity among young people, but not in preventing other risk behaviours. In addition, MacArthur *et al*. did not provide strong evidence of benefit for family or individual-level interventions across the risk behaviours studied. However, poor reporting and concerns around the quality of evidence highlight the need for high-quality multiple-risk behaviour intervention studies to further strengthen the evidence base in this field. From the reviewed study, it is evident that psychosocial interventions are effective with some more than other risky behaviours. Therefore, the present study examined how strategies are devised to enhance the effectiveness of psychosocial interventions in management of adolescents' risky behaviours in Uasin Gishu County, Kenya.

Curry *et al.* (2018) carried out as study on the effect of screening and behavioural counselling interventions to reduce unhealthy alcohol use in adolescents and adults. The USPSTF commissioned a review of the evidence on the effectiveness of screening to reduce unhealthy alcohol use morbidity, mortality, or risky behaviours and to improve health, social, or legal outcomes. Other aspects also included the review of the accuracy of various screening approaches, the effectiveness of

counselling interventions to reduce unhealthy alcohol use, morbidity, mortality, or risky behaviours and to improve health, social, or legal outcomes, and the harms of screening and behavioural counselling interventions. Results from the study indicated that the net benefit of screening and brief behavioural counselling interventions for unhealthy alcohol use in adults, including pregnant women, was moderate. The evidence was inadequate in assessing the balance of benefits and harms of screening and brief behavioural counselling interventions for unhealthy alcohol use for adolescents aged 12 to 17 years in primary care settings.

Cox and Hetrick (2017) undertook a study on psychosocial interventions for self-harm, suicidal ideation and suicide attempt in children and young people in UK. They argue that cognitive behavioural therapy is the most commonly implemented approach in therapeutic environments, although problem-solving therapy, interpersonal psychotherapy, social support and distal support methods by provision of a green card and regular receipt of postcards have also been adopted. Young people provided with these interventions within schools, outpatient clinics, emergency departments and inpatient facilities. Face-to-face delivery of therapy has dominated the intervention trials thus far; however, the use of the internet, social media and mobile devices to deliver interventions to young people and other family members allows for a more novel approach to suicide prevention in youth going forward.

Pearson *et al*. (2017) studied screen time as one of the potential risky behaviours among adolescents in UK. In their study, they drew a link between excess time on the screen and poor eating behaviours among adolescents. Such risky behaviours can lead to malnutrition, low immunity, anorexia and obesity. Additionally, increased screen time is associated with disorders relating to physical development, especially posture

and motor coordination. For the study, 527 adolescents aged between 11-12 years provided assent before completing written questionnaires. The scholars' recommendation was that alternatives such as sporting can help adolescents reduce screen time; hence this study explored the contribution of sports interventions to management of risky behaviours among adolescents in therapeutic communities in Uasin Gishu County, Kenya.

Jessor, Donovan and Costa (2017), in their study on adolescents and young adults' risky driving in France, noted that preventing risk-taking behaviour could reduce the risk of unintentional injuries by a big margin. Frequent risk-taking behaviour among young drivers in France included driving under influence of alcohol, over speeding or distraction, especially by using a mobile phone. The study indicated that to address the problem, there are many preventive intervention strategies such as psycho-educative strategies yet there are no statements that can be made about the effectiveness of these measures hence gap for the current study.

According to Heron (2017) approximately ten thousand adolescents in USA die every year mostly from causes that can be prevented that are related to risky behaviours. For example, the leading cause of death among adolescents comprises of vehicle accidents (careless driving), poisoning which included drug and substance overdose and drowning. Romer, Reyna and Satterthwaite (2017) note that there are two types of risk behaviour. First is reasoned risky behaviour, which is a premeditated one with adolescents purposefully choosing to engage in activities they know to be risky in order to gain certain benefits associated with those activities. The second type is reactive risk behaviour, which occurs in the spur of the moment. Any given type of risk behaviour can be either reasoned or reactive. For example, alcohol use may be

reasoned (an adolescent attends a party knowing there will be alcohol and intending to drink) or reactive (an adolescent impulsively engages in alcohol use when the opportunity arises, but did not purposely seek out alcohol or plan in advance to drink). For effectiveness, psychosocial interventions must be based on a proper understanding of the nature of risky behaviour. Therefore, the current study looked into the effects of psychosocial interventions on management of adolescents' risky behaviour.

Tremain *et al.* (2017) carried out a study on modifiable health risk behaviours and attitudes towards behaviour change among clients attending community-based substance use treatment services. They observed that risk behaviours such as drug abuse, nutrition and physical inactivity are important contributors to chronic disease for people with substances use disorder. The study used cross-sectional survey design with 15 community substance use treatment service in Australia. The results posited a a high prevalence of smoking (80%), insufficient fruits and vegetable consumption (89%) and insufficient physical activity (31%). In general, 51%-69% of clients reported considering modifying their health risk behaviour and 88%-97% thought it was acceptable to provide preventive care to address such behaviours.

Das *et al.* (2016) carried out a study on interventions for adolescents' substance abuse in Ontario, Canada. From the study, behavioural problems begin during adolescence and present a major public health problem the world over. The study conducted was a systematic review to evaluate effectiveness of intervention strategies to prevent the problem. A total of 46 systematic overviews focused on intervention for smoking, tobacco use, alcohol use and combined substance abuse. The findings from this study suggested that, among smoking/tobacco interventions, school-based

prevention programmes and family-based intensive intervention typically addressing family functioning were effective in preventing smoking. Accordingly, future research should focus on evaluating effectiveness of specific interventions with standardized interventions and outcome measures. This recommendation was adopted in the current study. The reviewed study was carried out in Ontario Canada using systematic review studies on adolescents with an aim of prevention of unhealthy behaviours. Meanwhile, the current study was carried out using a mixed methods research design among adolescents in therapeutic communities in Uasin Gishu County in Kenya.

Jan, Ali and Ali (2016) examined the role of family in rehabilitation of drug abuse in Pakistan. They found that family plays a very important role in rehabilitation process. The study revealed that there was a high significant relationship between drug abuse rehabilitation and family role statement that family plays a pivotal role in treatment of drug addiction. Closeness of parent-child bond prevents drug abuse, communication gaps between parents and children leads to anti-social behaviour, and finally, reward and punishment decreases drug abuse problem. The reviewed study used snowballing sampling techniques to obtain the study sample and Chi-square test to determine the associations between variables. The current study used stratified, systematic random and purposive sampling techniques and to test the hypotheses one-way analysis of variance was used.

Bhattacherjee *et al.* (2015) carried out a study on prevalence of risk factors of non-communicable diseases (NCD) in India. The study was a community-based cross-sectional survey carried out among 365 adolescents living in rural areas Siliguri in India. The study results indicated that NCD-related behaviours have gone up

gradually among adolescents and that adolescents establish patterns of behaviour that persist throughout life. According to the study, predictors of risk factors were found to be age, gender, religion, maternal occupation and socio-economic status. Risky behaviours such as smoking and alcohol abuse are strategies that adolescents use to manage stress and life challenges. The reviewed study used community-based cross-sectional design among adolescents while the current study was carried out using embedded mixed methods research design among adolescents to determine the effect of psychosocial interventions on management of risky behaviour in therapeutic communities.

Pearce and Pickard (2013) conducted a study on how therapeutic communities work in the UK. They observed that therapeutic communities are increasingly becoming popular forms of treatment for mental health problems, especially addiction and personality disorders. According to the study, there are two specific factors that, when put together during treatment, contribute to the effectiveness of therapeutic communities. They include promotion of a sense of belonging and the capacity for responsible agency, which are important in treatment process. Therefore, combining them is essential. The study suggested that evidence-driven research is necessary to understand how therapeutic communities work. Moreover, evidence that supports self-efficacy, locus of control and willpower, alongside decreased impulsivity, which are predictors of behavioural change, are psychological attributes over which therapeutic community treatment should be measured. The reviewed study was carried out in the United Kingdom while the current study was undertaken in Uasin Gishu County to determine the effects of psychosocial interventions in bringing out behavioural change.

Muchiri and Dos Santos (2018) investigated family management risk and protective factors for adolescent substance use in South Africa. This was an exploratory study to evaluate the effect of potential risk and protective factors associated with family management relating to adolescent substance use. The study used analysis and cumulative odds ordinal logistic regression modelling performed on collected data, while controlling for the influence of demographic and socio-economic characteristics on adolescent substance use. The results indicated that the most frequently used substances were cannabis, followed by other illicit substances and alcohol in decreasing order of use intensity. The reviewed study was limited to family management on substance use unlike the current study that examined effects of psychosocial interventions on risky behaviour management.

Parry, Carney and Petersen (2017) carried out a study on reducing substance use and risky sexual behaviour among drug users in Durban, South Africa. The study aimed to test whether a community-level intervention aimed at AOD users has an impact on risky alcohol and other drugs (AOD) use and sexual risk behaviour. The NGO recruited peer outreach workers who received intensive initial training, which was followed by six-monthly monitoring and evaluation of their performance. Participants had to be 16 years of age, and self-reported alcohol and/or drug users. Peer outreach workers completed a face-to-face baseline questionnaire with participants, which recorded risk behaviours and a risk-reduction plan was developed with participants which. Following the intervention, drug users had significantly fewer sexual partners, but there were no significant differences following the intervention with regard to frequency of sex or use of condoms. Substance use in general and during sex was, however, decreased. More intensive interventions might be needed to have a substantial impact on substance use and substance use-related

HIV risk behaviours. The reviewed study used qualitative research method while the current study used embedded mixed methods research approaches to explore the effects of psychosocial interventions on management of adolescents' risky behaviour.

Kalema *et al*. (2017), in a study, examined alcohol use and policy situation in Uganda and Belgium to profile the underlying cause of alcohol use disorder. The study scrutinized the nature of current treatment intervention and suggested possible adaptations to enhance its effectiveness. The study was a comparative study in Belgium and Uganda sought to compare perceptions of facilitating factors of alcohol addiction. The capability, opportunity behavioural model was used. Findings from the study above indicated that addiction was regarded as a disease enabled by capability factors by Belgians and as moral or criminal issue motivated by the Ugandan respondents. The study concluded that interventions in Uganda could explore strengthening legislations and research on utilization of well entrenched religious institutions to encourage alternatives to alcohol use. The reviewed work was a comparative study between Uganda and Belgium on treatment interventions while the current study was carried out in Uasin Gishu, Kenya, among adolescents in therapeutic communities.

Gouse *et al*. (2016) examined the treatment cascade for engagement in care and abstinence at treatment exit as including correlates of these outcomes for the first certified matrix model substance abuse treatment site in the sub-Saharan Africa. Treatment readiness and substance use severity was evaluated at the beginning of treatment as correlates of the number of sessions attended confirmed abstinence at the end of treatment among 986 confirmed clients who started treatment from 2009-2014. Socio-demographic and clinical correlates of treatment outcomes were examined

using logistic regression, modelling treatment completion and abstinence at treatment exit separately. Among those who initiated treatment, 45% completed at least four group sessions, 30% completed early recovery skills training at least eight group sessions and 13% completed the full 16-week programme. Findings of Gouse *et al.*'s study provide initial support for the successful implementation of the matrix model in a resource-limited setting. Motivational enhancement interventions could support treatment initiation, promote sustained engagement in treatment, and achieve better treatment outcomes. The reviewed study used the matrix model method (experimental) in a clinical setting while the current study was carried out in therapeutic communities in Uasin Gishu County using an embedded mixed methods research design.

Mathai (2022) studied the prevalence of alcohol and drug abuse among the youth in Presbyterian Church in Kenya. According to the study, the reason for youth drug abuse is peer influence, curiosity and easy availability of alcohol and drugs. The study used snowball sampling techniques and directors were selected through Purposive sampling. Descriptive survey research design was used to obtain qualitative data. Findings revealed that the strategies used by the PCEA Church to address the problem included seminars and workshops (56%), Bible studies (31%), alcoholic forums (44%), youth camps and conferences (56%), rallies and crusades (43%), guidance and counselling programmes (45%), youth engagements in community work (71%), and having a drug education desk (30%). Results from the study show that Bible study and drug education desk were not an effective means of curbing alcohol and drug abuse among the youth. Unlike the current study, the reviewed study was carried out among adolescents who are not in therapeutic communities. According to the study, various risk and protective factors associated

with family management may affect adolescent substance use. Therefore, interaction of various risk factors, as well as the type of substance, should be considered when further considering interventions based on these risk factors.

Kirui, Adeli and Barasa (2021) carried out a study on challenges of rehabilitation centres in management of drug and substance abuse in Uasin Gishu County. Survey design was used for the study and purposive sampling techniques were used to select a sample of 205 respondents, which included all the drug and substance rehabilitees and all the staff members. From the study findings, there were inadequate support services, rehabilitation abandonment and high client relapse. The reviewed study used cross-sectional survey and was carried out in rehabilitation centres while the current study used embedded research design and was carried out in rehabilitation centres which included probation institution to investigate the effectiveness of psychosocial intervention among adolescents in therapeutic communities in Uasin Gishu County.

Darteh, Dickson and Amu (2020) examined various risky behaviours and their correlates among adolescents in Kenya and Ghana. For instance, sexual behaviours create a link between sexual risk behaviours and adolescents' social demographics of gender, age, level of education, wealth status and religion. These scholars recommended that psychosocial interventions for managing risky behaviour be aligned with addressing the demographic factors that predispose adolescents to risky behaviour. This recommendation pointed to a gap filled by the current study on the effects of psychosocial interventions on management of adolescents' risky behaviour.

Maina *et al*. (2020) associate adolescent-related stress with propensity to experiment in sexual experiences among girls in slum communities. The findings of their study showed that girls reporting depressive symptoms were more likely to be

sexually abused. As such, it was recommended that sexual and reproductive health interventions targeting adolescent girls should consider including packages that address mental health conditions such as depression. This recommendation attests to the need for psychosocial interventions to manage adolescent risky behaviour, hence the present study was carried out.

In a study, Ogila (2020) noted that risky behaviour among adolescents is a common concern in Kenya, especially among parents, school teachers, religious authorities and the government. During the Covid-19 school closure, for instance, there were many reports of young people engaging in all sorts of risky behaviour. For example, on November 2020, 44 teenagers who had disappeared from their homes for days were found engaged in a house party in a 41-year old woman's house in Dagoretti Nairobi. The adolescents, aged 14-17 years, comprised 26 boys and 18 girls. In the house where the teenagers and the woman host were arrested, the police found different brands of whisky and vodka and bhang. This incident underlined the fact that youths engaged in risky behaviours. This may be an indication that this group of adolescents face numerous problems and get into trouble in many ways. They deal with friends and families who are under great pressure of neglect, poverty, parental separation or peer group pressure and are also disturbed on issues such as religion, societal norms or values which may lead to behaviour problems for adolescents and young people. The current study will be carried out in Uasin Gishu County.

Ziraba *et al.* (2018) undertook a study on female adolescents' HIV-related risks in informal settlements in Kenya. The findings showed the need for multifaceted approaches in addressing the educational and social mediators of adolescent girls' vulnerability. According to these scholars, interventions should extend to the people

with whom these girls live and interact. They underscore a particular need to reach the youngest adolescent girls in poor urban settings, among whom condom use and awareness of HIV status is rare. Therefore, the present study explored how psychological interventions seek to address these needs for adolescents in therapeutic communities in Uasin Gishu.

Njagi, Manyasi and Mwania (2018), carried out a study and linked drug abuse among adolescents with parenting styles. From the study, results showed that parenting styles significantly predict drug abuse among secondary school students. The present study did not examine parenting styles in evaluating the effectiveness of psychological interventions. However, it is expected that parenting styles will be alluded to as a potential factor in explaining adolescents' risky behaviour in therapeutic communities. Additionally, parenting styles may also be a factor in the rate of successful rehabilitation of adolescents engaged in risky behaviour. The reviewed study was carried out in Embu using survey research design. For the study, a sample of 399 adolescents, 15 counsellors and 15 focused group discussions were used. The study was grounded on Bronfernbrenners' bio-ecological theory and Parenting style theory by Maccoby and Martins while the current study was be grounded on Reality therapy by Dr William Glasser.

Gioia (2017) holds the view that peers can have both positive and negative influence on risky behaviour among adolescents. Some adolescents act as role models for others while some will push others to take dangerous risks. For Gioia, therefore, interventions that seek to manage risky behaviour among adolescents should recognize the value or strengths of group identity. In taking these measures into consideration, the present study will explore the effects of group and individual

counselling, life skills training, sports interventions and provision of care in influencing positive behavioural outcomes among adolescents in therapeutic communities in Uasin Gishu County.

Ndegwa (2014) carried out a study on factors influencing rehabilitation of juvenile delinquents in the juvenile justice system in Kenya. Descriptive survey design was used for the study with second- and third-year juvenile delinquents, making a total of 50 respondents for the study. Data for the study was collected using interview schedules, focus group discussions and questionnaires. Findings showed that guidelines given by the national and international legal instruments with regard to children were not followed in children courts. According to the study, the greatest problem to rehabilitation process was the environmental settings of the school. In addition, most of the family members (50%) had never visited the juveniles in the rehabilitation school something that made them feel rejected. The study recommended that family visits should be organized frequently for better healing process. The reviewed study used descriptive survey design while the current study used embedded mixed methods design to examine the effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

According to the Kenya AIDS Strategic Framework (KASF) of 2014/2014-2018/19, adolescents are identified as a priority for attention in terms of HIV prevention. This may be because adolescence period is a critical phase of human development. It is defined as a time of significant change when individuals transition from childhood and dependence on their families and begin to cultivate a sense of independence. They also begin to explore their identity and place in society. All these

explorations also tend to expose them to potentially risky behaviours such unprotected sex and drug and substance abuse. Indeed, the National Aids Control Council (2015) estimates that about 1.8 million young people in Africa live with HIV. Moreover, it also registers about 250,000 new infections each year, most of whom are young people under the age of 30. NACC also observes that AIDS is among the leading cause of death among adolescents and young people in the continent. The reviewed study only considered adolescents and young adults with HIV/AIDS problem while the current study was carried out among adolescent in therapeutic communities with drug and substance abuse related problems in Uasin Gishu County.

2.4.4 Effects of Counselling Intervention on Management of Adolescents' Risky Behaviour in Therapeutic Communities

Stahlberg, *et al.* (2022) conducted a study on supporting youth and families to prevent risky youth behaviour and delinquency in the Caribbean. The study was a randomized controlled trial (RCT) of a family counselling intervention, a violence and delinquency prevention programme in the region. From the programme, parental supervision improved and a reduction in the youths' negative behaviours and attitudes was noted. Although the magnitude of improvements was small, participants' average number of risk factors decreased by only one fifth of a standard deviation. Improved behaviours did not translate into reduced youth delinquency. The findings suggest that with some adjustments to improve programmes targeting to address pressing family challenges, the intervention may have a more meaningful impact on caregiving practices and youth behaviours and delinquency levels.

Çitak and Yazici (2022) examined the role of school guidance and counselling officers in the management of risky behaviours of high school students in Turkey. The

study employed a mixed methods research design. Therefore, quantitative and qualitative data was collected from psychological counsellors working in different types of high schools in 12 provinces. The findings indicated that smoking, peer bullying, cyber-bullying, school dropout, obesity, delinquency, abuse, suicidal tendency and alcohol use were prevalent risky behaviours in high schools. The levels and frequency of these behaviours were varied across school types and that the preventive activities in the schools were generally based on informative seminars. The study results showed that studies on risky behaviours were not sufficiently included in Ministry of Education or school guidance framework programmes. Additionally, it was found that parents, teachers, counsellors and administrators gave limited support to studies carried out within the scope of education and intervention for risky behaviours in schools. These results demonstrate that school psychological counsellors encountered several personal, institutional, or legal obstacles when studying and designing interventions on risky behaviours. These findings underscore the important role of counselling in management of risky behaviours among young people. As such, the present study examined how counselling can be integrated with other psychosocial interventions to enhance the management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County, Kenya.

Mihić *et al.* (2022) examined the importance of family and school protective factors in preventing the risk behaviours of youth in in Croatia. The study involved adolescents (n = 9682) from five cities in Croatia. Multi-group structural equation modelling was used to examine relations between school attachment, school commitment, family communication, and family satisfaction with gambling, substance use, violence, and sexual risk behaviour. Data analyses were conducted in two sets, the first using the full sample, and the second using a subsample for which

there was data on sexual risk behaviour. Results from the sub-sample model were similar with regards to school and family factors associated with gambling, substance use, and violence, with a few exceptions. The findings from the study emphasize the importance of strengthening school protective factors, school attachment, and school commitment in preventing risk behaviours in adolescents. The reviewed study used multi-structural equation modelling to examine relations while the current study examined the effects of counselling intervention in the treatment process of adolescents in Kenya.

Salchow *et al*. (2021) examined the effects of a structured counselling-based intervention to improve physical activity behaviour of adolescents and young adult cancer survivors in Germany. From the findings of the study, a structured counselling-based physical activity intervention did not significantly impact the level of vigorous physical activity behaviour in adolescent and young adult cancer survivors. Based on the findings the researchers recommend that counselling interventions should focus on the barriers and motivational factors affecting physical activity in adolescent and young cancer survivors. Further, considering the young age of the target group, social media and online interventions should be considered, in conjunction with home-based programmes and motivational activity trackers to promote physical activity engagement. The reviewed study considered use of structured counselling-based interventions to management of physical activity among adolescents undergoing cancer treatment in Germany while the current study looked at counselling intervention on adolescents with behaviour problems in therapeutic communities in Uasin Gishu, Kenya.

Bélanger and Grant (2020) explored the role of counselling in managing adolescents and parents' exposure to and usage of cannabis. The study was inspired by previous research which showed that cannabis use among adolescents was frequent in Canada. As such, Bélanger and Grant sought to provide sound, evidence-based tools to help health professionals address non-medical (recreational) cannabis use and its related risks. After highlighting how to make the clinical setting a safe space for youth to talk about psychoactive substances, they also describe specific strategies for approaching cannabis use in effective, developmentally appropriate ways. The study recommended screening questionnaires to help structure discussion and identify adolescents who may benefit from more specialized interventions. According to Bélanger and Grant, since one in six adolescents who experimented with cannabis goes ahead to misuse it, appraising their willingness to change risky behaviours is a key aspect of care, along with supportive goal setting and helping families. Bélanger and Grant's study provides useful guidelines to help counsellors to mitigate the risks of cannabis use among adolescents. This was instructive to the present study in exploring how counselling can be integrated with other psychosocial interventions to enhance the management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County, Kenya.

Liness *et al.* (2019) carried out a study on sustained effects of CBT training on therapist competence and patient outcomes. Trainee competence was assessed using audio-recorded sessions rated on the Cognitive Therapy Scale that was revised at the beginning (n = 33) and at the end of the training (n = 45), and at least 12 months post-training (n = 45). Pre-to-post treatment clinical outcome for trainees' patients during the course (n = 360) and post-training (n = 360) was evaluated using standardized self-report measures. The relationship between therapist competence and patient outcomes

was explored. The study employed an observational longitudinal design, where trainees were assessed on therapy competence at the start and end of training and at follow-up, and clients' outcomes on the course and at follow-up. A repeated-measures analysis of covariance (ANCOVA) found a significant effect of time, $F(1.83, 57.02) = 11.46$, $p < .001$, partial $\eta 2 = 0.27$. Post-hoc tests found a significant difference between the estimated marginal means for baseline ($M = 30.45$, $SD = 4.20$) and end-of-training ($M = 40.23$, $SD = 2.86$) tapes, $p < .001$, but no significant difference between end-of-training and follow-up ($M = 40.15$, $SD = 3.98$), $p = 0.10$. Liness *et al.* concluded that the maintenance of therapists' knowledge gained during the post-training is promising for large-scale evidence-based training worldwide. In addition, a large-scale training programme can equip therapists with sustainable competence to address the challenge of mental health in the population. The reviewed study used observational longitudinal design and analysis of covariance ANCOVA to analyse data.

Hosseinian and Nooripour (2019) carried out a study on effectiveness of mindfulness-based intervention on risky behaviour resilience tolerance in Iran. They noted that adolescents and young adults undergo a rapid physical growth that is emotionally immature and had very little experience, and were therefore fragile and vulnerable in cultural terms. At some point in the course of their lives this group faces a lot of behavioural problems during this period. Quasi-experimental design with pre-test-post-test and control group was used. Respondents were selected using random sampling method in the experimental group. From the study, the Iranian Adolescent Risk-Taking Scale (IARTS), Distress Tolerance Scale (DTS) and Connor-Davidson Resilience Scale (CDRS) were used. Multivariate analysis of variance and multivariate covariance test was carried out. The results from the study indicated that

interventions provided to the adolescents and young adults at the juvenile correction and rehabilitation centres had profound impact on risky behaviour, resilience and distress tolerance. According to the study, training can be used as a primary approach in relation to counselling young people. The reviewed study was carried out among adolescent's boys of juvenile correction centre in Iran and used quasi-experimental design while the current study was a mixed methods research among the youth in therapeutic communities in Uasin Gishu County, Kenya.

Lancaster and Stead (2017) assessed the effectiveness of individual behavioural counselling for smoking cessation in UK. The study found strong evidence to show that individual counselling was more effective than a minimal contact when pharmacotherapy was not offered to any participants. Some less strong evidence underscored moderate outcomes of counselling when all participants received pharmacotherapy. Moreover, intensive counselling was found to be more effective than brief counselling in helping individuals with smoking cessation. The reviewed study underlines the effectiveness of individual counselling in behaviour modification, which was pertinent to the present study as well. Therefore, drawing insight from the study by Lancaster and Stead, the present study evaluated the effects of counselling intervention on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya

Arias-Pujol and Anguera (2017) did a study on observation of interaction in adolescent group therapy. The study used a mixed method research design based on systematic observation. The observational methodology design was nomothetic follow-up and multi-dimensional whose aim was to analyse conversation turn-taking between a lead therapist, a co-therapist and six adolescents over the course of 24

treatment sessions divided into four blocks in a period of 8 months. The study used an ad-hoc observation instruments which combined a field format and a category system. Inter-observer agreement was analysed quantitatively by Cohen's Kappa using the free QSEQ5 software program. Findings from the study indicated that the method helped the participants gradually overcome their early inhibition and dependence hence gained confidence and acquire more sophisticated metallizing abilities helping them to become more aware of themselves and others. The reviewed study was a mixed methods research that used systematic observation.

Murphy *et al.* (2017) undertook a comparative analysis of cognitive behaviour therapy versus counselling intervention for anxiety in young people with high-functioning autism spectrum disorders in UK. The study involved 36 individuals aged 12 to 18 years. The findings showed that whilst each therapy produced improvements in participants, neither therapy was superior to the other to a significant degree on any measure. Borrowing insight from the reviewed study, the present study explored the effects of counselling interventions in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya. The study also examine how counselling can be integrated with other psychosocial interventions to enhance its effectiveness.

Letourneau *et al.* (2017) undertook a research on evaluation of a contingency management intervention addressing adolescent substance use and sexual risk behaviours, focusing on risk reduction therapy for adolescents. They noted that RRTA adapted a validated family-focused intervention for youth SUD to include sexual risk reduction components in a single intervention. RRTA included weekly CBT and behaviour management training and contingency-contracting with a point earning

system managed by caregivers targeting drug use and sexual risk antecedents. The study recommended the need for interventions that look into the aspect of adolescent's substance use disorder and sexual risk behaviour. The reviewed study was carried out in the USA while the current study was carried out among adolescents in Uasin Gishu, Kenya.

Prajapati, Sharma and Sharma (2016) noted that life skills are classified into three broad categories, namely thinking skills, social skills and emotional skills. Thinking skills are those that enhance the logical faculty of the brain using an analytical ability, thinking creatively and critically, and developing problem-solving skills and improving decision-making abilities. Social skills include interpersonal skills, communication skills, leadership skills, management skills, advocacy skills, co-operation and team building skills. Emotional skills involves knowing and being comfortable with oneself. These are self-management skills, including managing/coping with feelings, emotions, stress and resisting peer and family pressure. According to Prajapati and Sharma, life skills education is an effective psychosocial intervention strategy for promoting positive social and mental health of adolescents which plays an important role in all aspects such as strengthening coping strategies and developing self-confidence and emotional intelligence, as well as enhancing critical thinking, problem solving and decision makes skills. Life skills training acts by strengthening adolescents' abilities to meet the needs and demands of the present society and be successful in life. The reviewed study was undertaken in New Zealand while the current study was carried out in therapeutic communities in Uasin Gishu County.

Chen *et al*. (2014) studied the use of cognitive behavioural therapy to reduce overt aggression behaviour in Chinese young male violent offenders. For the study, 66 respondents were randomly assigned to given routine intervention alone and formed part of the control group or routine intervention together with the Williams Life Skills Training. From the starting point up to seven days after the training, the main outcome was change scores on the Modified Overt Aggression Scale (MOAS) from the beginning to one week following end of training. Secondary outcomes were change scores on the Barratt Impulsiveness Scale-11 (BIS-11) and Cook-Medley Hostility Scale (CMHS). From the study, the results indicated that there was a significant difference between groups in change of MOAS total score ($P < .001$) and all sub-scores (Ps $< .01$) except aggression against property. Moro ever, differences between groups were observed in change of BIS-11 and CMHS total score (Ps < 0.05). After analysis, all the results were seen to be in favour of WLST group. The findings suggested that WLST had the potential to be an effective intervention to reduce overt aggressive behaviour in young male violent offenders. The current study looked into the effects of counselling interventions on management of risky behaviour among adolescents in Uasin Gishu County.

McCart, Michael and Sheidow (2014) investigated the use of risk reduction therapy for adolescents targeting substance use and sexually transmitted infection (HIV/STI). Risk reduction therapy described family-based intervention for outpatient substance use treatment. The intervention combined contingency management (CM) for adolescents' substance use, a behavioural intervention modelled in the community. The study findings indicated that substance using adolescents were at a disproportionate risk for HIV/STI infections. The study concluded that adolescents' substance use treatment represents an ideal opportunity to reduce HIV/STI risk

through interventions promoting safety in adolescents' sexual relationship. The reviewed study used cognitive behaviour therapy through an outpatient strategy in the USA while the current study investigated the effects of psychological intervention for adolescents in therapeutic communities in Kenya.

Moshki, Hassanzade and Taymoori (2014) carried out a study on the effects of life skills training on drug abuse preventive behaviours among university students in Iran. This was a field trial experimental study conducted among 60 students of Gonabad Medical University selected through quota random sampling and assigned randomly into two Intervention and control groups. Data was collected through a questionnaire. Data was then analysed using *t*-tests and Chi-square. Findings from the study showed that comparison of post-test mean scores of drug abuse preventive behaviours of both groups showed a significant difference ($P < 0.01$), which remained stable 4 years after intervention. There was a significant relationship between father's educational level and drug abuse preventive behaviours ($P < 0.01$). The researchers concluded that life skills' training was effective in the promotion of drug abuse preventive behaviours of university students. The reviewed study was carried out among university students using non-probability sampling design while the current study was carried out among adolescents in therapeutic communities using embedded mixed methods design.

Rachel, Roman and Donga (2022) undertook a study on the contribution of parental factors to adolescents' deviant behaviour in South Africa. The study was guided by a qualitative approach using semi-structured interviews to collect data and thematic analysis to analyse data. According to the study, parental factors included less parental supervision, lack of support, an absence of parental, parental lack of concern and the inability of parents to be role models. The identified factors had an

impact on adolescent deviant behaviour. Therefore, it was recommended that, by focusing on the family especially parental behaviour, the potential to reduce adolescents' deviant behaviour become possible. Subsequently, the current study investigated the effects of counselling which include family therapy in management of adolescent's risky behaviour.

Babalola (2022) carried out a systematic literature review to identify and describe the intervention strategies to promote rehabilitation programs for youth with violent behaviour. The study used Rodgers' evolutionary concept analysis framework, the study included a comprehensive database search from 2010-2020. The review focused on quantitative and qualitative, including all reports from reviewed studies from the internet. A total of 250 studies and 25 reports were systematically reviewed and screened for relevance to the study. Out of all the selected studies, 50 studies and 11 reports were found to be in line with the study. Babalola carried out a thematic analysis to determine the antecedent, attributes and consequences of rehabilitation of youth with violent behaviour. The results indicated that antecedents of these rehabilitation strategies on violent behaviours included family structure increased bullying, gender and environmental factors. Among other findings was also ineffective rehabilitation programmes in dealing with violent behaviour among the youths, hence a gap for the current study. The reviewed study was carried out in Limpopo and used a comprehensive database literature search while the current study was carried out in Uasin Gishu County on effects of counselling on management of risky behaviour among the youths using a mixed methods research design.

Ofojebe and Nwana (2021) define guidance and counselling as an education support service. They observe that, in Nigeria, guidance and counselling is used to

help professionals in charge of human development through the main three pillars of educational, vocational and personal social services. The counsellor provides these services to the adolescents in order to guide and enhance normal development and functionality in the society. The school counsellor ensures normal development of these students and offer remedial strategies where there is need. To achieve the above-mentioned goal, the counsellor is both proactive and preventive in providing guidance services to achieve the aim of modifying undesirable behaviour to desirable behaviours.

Ngwu, Arop and Ekeng (2021) undertook a literature review to evaluate the impact of rehab counselling on youths' drug abuse and addiction. Their study delineated six key areas that guidance and counselling intervention strategies for substance abuse should address simultaneously in order to achieve best outcomes. One, counselling should be undertaken within the larger context of educating the client's family on drugs. Two, counselling should be undertaken in properly designated and equipped centres by well-trained experts. Three, for young people, it was necessary to integrate drug education in the curriculum. This implies that content and methods of teaching about drugs should be defined clearly and adopted within the school systems. Fourth, counselling should be recognised and supported as one method among the many campaigns against drug abuse. Fifth, counselling should also facilitate effective study habits for adolescents, so as to avoid taking recourse to drugs to stimulate or escape their need to study harder. Lastly, drug awareness offices should be established at all levels of government and supported to enhance knowledge and understanding of the causes and effects as well as coordinate appropriate and evidence-based response to drug-related problems among the youth. The reviewed work underscores the fact that counselling can be used effectively to modify the

behaviour of young people. Drawing insight from the study, the proposed study examined the effects of counselling on management of risky behaviour among adolescents in therapeutic communities.

Adzrago, Doku and Adu-Gyamfi (2018) studied the experiences of individuals with alcohol and drug addiction at rehabilitation facilities in Coast Metropolis, Ghana. They found that many people with addiction are vilified and have limited or no access to treatment services. Moreover, most people become alcohol and drug addicts because of shame, guilt and stigmatization owing to family disruption, family violence, loss of employment and financial instability, marital breakdown, among others. According to the study, therapy, which helps to re-establish, social, psychological, and emotional wellbeing of the individual addicts, their families, and communities, is often limited in many parts in developing nations. For the study, alcohol and drug addicts undergoing rehabilitation, former inmates of alcohol and drug addiction rehabilitation, and rehabilitation service providers from two major rehabilitation centres in the Cape Coast Metropolis, Ghana were included in the study. The non-compliance of individuals with alcohol and drug addiction with rehab services, slow recovery, and subsequent relapse were reported in the study, and were attributed to the organization, availability, the nature of resources and facilities, and the general working atmosphere of the rehabilitation facilities hence gap for the current study. The reviewed study was a qualitative study carried out in Ghana while the current study used both quantitative and qualitative methods to find out the effects of counselling intervention in therapeutic communities.

Ekpang and Esuabana (2016) examined the different counselling practices as a measure of behaviour change within the context of youth development in Nigeria.

They point out that behaviour modification seeks to achieve at least five goals. One is to cultivate a new behaviour, which entails shaping a child to act in ways they have never done before. Two is to strengthen an existing behaviour. Three is to maintain an established behaviour. Four entails putting a stop to unwanted behaviour, and five involves modifying emotional behaviour, which leads to a stronger capacity for self-control in different situations. The reviewed work is highly theoretical in that it presents the basic principles and practices of counselling that are applied in youth behaviour modification. As such, it was necessary to undertake a study that examines the application of these principles and practices in a youth care environment in Nigeria hence gap for the current study on the effects of counselling activities on management of risky behaviour among adolescents in therapeutic communities in UG County.

Nyamokitta, Wambulwa and Kimaiyo (2022) undertook an investigation on effectiveness of individual counselling services of substance abuse rehabilitee's behaviour change in Asumbi, Kenya. They noted that most substance users revert to previous behaviours after rehabilitation due to insufficient psychological care. The study adopted saturated sample techniques to select rehabilitees and purposive sampling techniques to select 12 counsellors to take part in the study; t-test was used to test differences in effectiveness of individual counselling on substance abuse client. The findings indicated that individual counselling influenced positive behaviour change among substance abuse rehabilitees. The reviewed study was carried out in Assumbi and used and used descriptive research methods while the current study was carried out in Uasin Gishu County among adolescents in therapeutic communities.

James and Omondi (2021) evaluated the effectiveness of behavioural and rational emotive therapies on conduct disorders among juvenile delinquents in rehabilitation centres. The study used quasi-experimental design with a total of 94 respondents aged 13-17 years from Wamumu and Kabete rehabilitation centres in Kenya. Findings from the study were that the experimental group showed a decline in the mean CD scores over the study period from 19.96 (SD: 5.069) at baseline to mean of 8.26 (SD: 2.625) at end-line ($p < 0.0001$) while the control group showed a reduction from mean of 14.94 (SD: 3.953) at baseline to 11.81 (SD: 4.332) at end-line ($P > 0.05$). James and Omondi concluded that the treatment offered at the centres led to an important reduction of conduct disorder symptoms as shown by the mean reduction from a mean of 19.96 at baseline to 8.26 at post-treatment two. The reviewed study used quasi-experimental design with respondents aged 13-17 years. Further, the study used skills and techniques from rational emotive and behavioural therapies (REBT). The current study used Reality therapy to investigate the effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Savatia, Simiyu and Nabiswa (2020) undertook a descriptive research to examine the effectiveness of rehabilitation initiatives in management of juvenile delinquency in penal institutions. A total of 279 delinquents, 36 key informants and 10 relapsed juveniles were involved in the study. Study respondents were selected through non-probability sampling strategies. The study assessed three intervention programmes, namely vocational training, guidance and counselling and formal education. In general, the results of the study indicated that the rehabilitation interventions were ineffective in behaviour modification as about 94% of the committed youths relapsed. The reviewed study offers important indicators for assessing the effectiveness of

counselling intervention strategies in therapeutic communities. These indicators were adopted in the current study, which examined the effects of counselling on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County.

Task forces and commissions of inquiry established to investigate risky behaviours among students in Kenya have repeatedly pointed out at alcohol and drug use in learning institutions as prevalent problems. A survey conducted by NACADA in secondary (2016) and primary schools (2018) showed that schools are not drug free places. The common sources of drugs pointed out by students included friends (32.2%), relatives (16.7%), home (29.3%), supermarkets (11.3%), other students (25.7%), non-teaching school workers (7.4%), bars near school (22%), parents (5.3%), local brewing dens (19.1%), teachers (4.8%), kiosks or shops near schools (16.9%), and school canteens (3.9%). The surveys revealed that teachers were ill-equipped to handle incidences of alcohol and drug use in schools (NACADA, 2020). This necessitates stronger interventions to manage the root causes of adolescents' risky behaviour in Kenya, hence the present study.

Rosalind, Johannes and Lucy (2019) examined the challenges facing juvenile delinquents rehabilitation centres in Kenya. The researchers used descriptive with qualitative and quantitative approaches and was guided by Operant Conditioning theory. The target population for the study consisted of learners and trainers in Othaya Rehabilitation Facility. Results from the study indicated that for counselling programmes (Mean= 2.33) indicating it was effective to a very little extent. The security for learners and teachers in the centre (mean= 2.67) moderate. Parental support to teachers in moulding the learners (mean= 1.98) very little extent. From the

study findings, the researchers concluded that counselling programmes existed and were perceived as generally effective and that clients had inadequate breaks to play a part in co-curricular activities. The reviewed study was a descriptive one, involving all the learners and teachers in Othaya Treatment Centre and relying on the Operant Conditioning theory by B.F Skinner was used to guide the study. The present study was anchored on Reality theory and examined the effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Wanjeri (2018) carried out a study on the influence of psychological intervention and their effects on behaviour modification among juvenile delinquents in rehabilitation centres in Eldoret and Kakamega descriptive and ex post facto research survey designs were used for the study. The study found that counselling helped delinquents to express their feelings of fear and comprehend the negative outcomes of misbehaviour. As such, counselling helps to instil in delinquents the good quality of being remorseful and pennant over one's actions. Counsellors have also managed to instil the values of schooling in delinquents as most of them admitted that they would go to school once they reintegrate into society. The current study used psychosocial intervention in management of risky behaviour using mixed method research design.

Kithaka (2018) undertook a study to examine the efficacy of rehab programmes for juveniles in Nairobi, Kenya. The study found that counselling programmes existed in Kabete boys' and Kirigiti girls' rehabilitation schools. The study found that individual counselling was the most common followed by group counselling and a combination of both group and individual counselling. The study revealed that counselling had helped juveniles to practice self-control and relate well with others.

This is evidence of the value of counselling interventions in therapeutic communities. In the study by Kithaka, both qualitative and quantitative research designs were used to investigate the efficacy of rehabilitation programme for juveniles. However, the researcher does not specify specifically the component of quantitative and qualitative design in the study. As such, the present study drew insight from Kithaka's work in examining the effects of counselling on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County.

Gikonyo (2017) carried out a study on the effectiveness of counselling strategies and rehabilitation centres in curbing consumption of illicit brews in Laikipia County, Kenya. Some of the strategies employed included Cognitive therapy, Psychoanalytic therapy and Gestalt counselling strategy. The study used descriptive survey research design and the target population was 548 counsellors, and the estimated 10,000 consumers of illicit brews in the County. The researcher used a sample of 721 respondents selected through stratified sampling technique. The study revealed that Psychoanalytic therapy was used to a significant extent in the area, Cognitive counselling strategy to a significant extent while Gestalt counselling strategy was used to a moderate extent. It also revealed that clients preferred group counselling to individual counselling, while most would rather have family-based counselling rather than go through rehabilitation centres. The study recommends that counsellors should improve their counselling skills for people addicted to illicit brews while the government and counsellors should embark on a sensitization programmes to increase the use of counselling strategies in curbing consumption of illicit brews. The reviewed study was carried out in Laikipia County and adopted descriptive survey research design. Snowball sampling was used for the study. The current study employed an

embedded mixed methods research design and was carried out in Uasin Gishu County among youths in therapeutic communities.

A study by Mucemi (2010) evaluated the educational outcomes of reintegrated child offender in Nyeri, Kenya. Among the intervention programmes evaluated in the study were guidance and counselling offered to the child offenders at the Othaya Rehabilitation School. Group counselling was undertaken on a monthly basis while individual counselling was given to the children according to needs. Counselling was offered by spiritual staff and other trained personnel. However, it was reported that the counselling services were ineffective because of the limited number of trained counsellors provided at the school. The study revealed that none of the child offenders had ever sought individual or personalised counselling. Further, the school did not have a resident trained counsellor to provide responsive services to the children at the school. Additionally, there was no environment conducive for counselling in the school. The rooms designated for individual counselling also served as staff offices. Mucemi's study was conducted in Othaya while the current study was undertaken in Uasin Gishu County. Nevertheless, Mucemi's study provides important learning points for rehabs that desire to make counselling intervention services effective in positively modifying young people's behaviour. Among the recommendations from the study was the establishment of an after-care kit for rehabilitated youth, involving the parents, guardians, relatives and the community at large. The current study examined the effects of counselling interventions on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County.

2.4.5 Effect of Recreational Activities on Management of Adolescents' Risky Behaviour in Therapeutic Communities

Throuvala *et al.* (2021) studied the role of recreational online activities in school-based screen time sedentary behaviour interventions for adolescents in UK. The study was a systematic review of literature. The review identified a total of 30 papers analysing 15 studies across 16 countries aiming at addressing reduction of recreational screen time (internet use and gaming) in addition to television/DVD viewing. All of the interventions focused exclusively on behaviour change, targeting in the majority both reduction of sedentary behaviours along with strategies to increase physical activity levels. A mix of intervention effects was found in the reviewed studies. Findings suggested aiming only for reduction in time spent on screen-based behaviour within interventions could be a limited strategy in ameliorating excessive screen use, if not targeted in parallel with strategies to address other developmental, contextual and motivational factors that are key components in driving the occurrence and maintenance of adolescent online behaviours. Additionally, the reviewed study raises the need for a differential treatment and assessment of each online activity within the interventions due to the heterogeneity of the construct of screen time. Nevertheless, the study used literature involving adolescents in 16 countries. Drawing insight from the reviewed study, the present work investigated the effect of recreational activities on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County.

Van Sluijs *et al.* (2021) undertook a review of literature to ascertain the state of physical activity behaviours in adolescence and identify opportunities for intervention. The study revealed that while physical activity probably contributes to key global health problems in adolescents, including cardio-metabolic and mental

health disorders, the evidence is methodologically weak. The researchers observed that evidence-based solutions focus on three key components of the adolescent physical activity system, namely supportive schools, the social and digital environment, and multipurpose urban environments. Further, despite an increasing volume of research focused on adolescents, there are still important knowledge gaps, and efforts to improve adolescent physical activity surveillance, research, intervention implementation, and policy development are urgently needed. The present study sought to contribute to existing literature by examining the effect of recreational activities in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

Chaput *et al*. (2020) have discussed the World Health Organization's guidelines on children and adolescents' physical activity and sedentary lifestyle. The aim of the study was to summarize the evidence on the associations between physical activity, sedentary behaviour, and health-related outcomes used to inform the 2020 WHO guidelines on physical activity and sedentary behaviour for children and adolescents aged 5-17 years. From the study, greater amounts and higher intensities of physical activity as well as different types of physical activity (i.e., aerobic and muscle and bone strengthening activities) were associated with improved health and behavioural outcomes among adolescents. As such, the researchers concluded that there was sufficient evidence to support recommendations on limiting sedentary behaviours. Drawing insight from the reviewed work, this study investigated the effect of recreational activities in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

Berdychevsky, Stodolska and Shinew (2019) examined the role of recreation in the prevention, intervention and rehabilitation programmes addressing youth gang involvement and violence in Chicago, United States. The results identified key qualities boosting the preventative, interventional, and rehabilitative capacities of recreation in programs addressing gang involvement. These qualities included attractiveness, affordability, cooperation, consistency, supervision, mentoring, and targeting. Programmes that share these qualities offer numerous benefits, such as exposing youth to positive role models, nurturing pro-social relationships, teaching life skills, offering diversion and safety, and leading to meaningful reappraisals among youth. Therefore, the study emphasized that recreation can be used effectively in a multi-approach toolkit addressing youth gang involvement and violence.

Rodriguez-Ayllon *et al.* (2019) aver that sedentary behaviour can engender not just behavioural but also developmental challenges for adolescents and young children. They therefore undertook a study to investigate the role of physical activity and sedentary behaviour in the mental health of pre-schoolers, children and adolescents. The study relied on a systematic review and meta-analysis. The study findings revealed that physical activity interventions can improve adolescents' mental health, but additional studies are needed to confirm the effects of physical activity on children's mental health.

Findings from observational studies by Rodriguez-Ayllon *et al.* (2019) suggested that promoting physical activity and decreasing sedentary behaviour might protect mental health in children and adolescents. The reviewed study used quasi-experimental design to evaluate the role of physical activity on sedentary behaviour among pre-schoolers and adolescents aged between 6-18 years. The present study

explored the types and effects of recreational activities used in management of risky behaviour among adolescents aged 11-17 years in therapeutic communities in Uasin Gishu County, Kenya.

Pascoe and Parker (2019) undertook a study on physical activity and exercise as universal depression prevention in young people. This involved a search of the literature in the open-access evidence database of controlled trials and systematic reviews in youth mental health, an initiative between Orygen, The National Centre of Excellence in Youth Mental Health and headspace, National Youth Mental Health Foundation. All papers published between 1980 and 2017 relating to "Depressive Disorder" under the "Universal Prevention" illness stage and classified as "Physical activity/Exercise" under the treatment/intervention classification were looked into. Systematic reviews, randomized control trials and controlled clinical trials were all included. The reviewed studies indicated that exercise and physical activity might be an effective universal depression prevention intervention for young people. Three of the controlled studies had a passive control group or no control group and only one study had longer-term follow-up. The results suggest that physical activity and exercise programs designed to increase the level of activity in young people should be implemented to be attractive and achievable to young people that may have poor psychological health.

According to Le (2018), there is a strong relationship between participation in extracurricular activities and reduction in engagement in risky behaviours. Le draws this view from a study among Australian adolescents. Nevertheless, he noted that the effects varied based on type of activity, gender and to some extent by socio-economic status. For instance, it was observed that participation in activities other than sports

and arts reduced both weekly drinking and marijuana use for both genders. Meanwhile, participation in arts reduced weekly drinking among males and marijuana use among females, whereas participation in non-organised sports reduces regular smoking and marijuana use among males only. Even though weekly drinking was positively associated with participation in organised sports among males, the association was likely to reflect unobserved differences between participants in organised sports and non-participants. There was some evidence that extracurricular activity participation lowers engagement in risky behaviours for females from low socio-economic backgrounds more than it does for those from high socio-economic backgrounds, yet among males the socio-economic backgrounds gradient was almost non-existent. Le's study underlines the role of extracurricular activities in management of risky behaviour among young people. However, the study was undertaken in Australia while the current study was done in Uasin Gishu.

Demirel and Sirinkan (2018) studied the impact of special activity training programme affected among female learners in special education rehab institutions in Turkey. The programme included physical activities such as flexibility training, sprinting, long jump, handgrip, bent arms and sit-ups. The study revealed that disabled female students tended to be reluctant in physical exercises that required exertion of strength and speed. The researchers concluded that there was need to involve psychological development measures when examining children's response to the programme. This conclusion relates to the gap that the present study will seek to fill, namely to examine the impact of sports programmes on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County.

According to Alissa, Ben and Dimmock (2017), regular exercise provides important physical and mental health benefits; however, evidence for the role of exercise as an adjunct component within substance use disorder treatment is scarce. The study identified factors associated with the development and persistence of substance use disorders among young people; current treatment modalities, and present evidence to support the efficacy of incorporating exercise participation during rehabilitation. The study gave some recommendations for future research that explores the feasibility and effectiveness of exercise participation as a complement to substance use disorder treatment among youth. According to the study, adopting a multidisciplinary approach to SUD rehabilitation that incorporates structured exercise participation may offer a novel and effective complement to current treatment approaches. It is recognized that exercise participation may (a) help to alleviate a number of the factors that contribute to SUD development and that act as barriers to healthy recovery (e.g., a lack of social support, poor mental health, high stress, and boredom), and (b) support the 'holistic' goals that are pursued within some treatment programs (e.g., improving interpersonal relationships, and physical and mental health). For example, exercise participation not only improves mental health. The reviewed study was carried out in Australia while the current study was carried out in Uasin Gishu County. Specifically, the present study investigated the effect of recreational activities in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

More *et al.* (2017) examined the use of exercise in the treatment of youth substance use disorders. They argue that exercise provides important physical and mental health benefits. In their study, a 10-week exercise in addition to education cessation intervention, they indicated that young people with nicotine addiction

showed a decrease in smoking rates when compared with an education-only control group, and the reduction rates were also maintained at a 6-month follow-up. This was a testament that recreational activities contributed to enhanced rehabilitation of adolescents from risky behaviours. Therefore, the current study was conducted to evaluate the effect of recreational activities in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

According to More *et al.* (2017), taking part in exercise may help to alleviate many factors that contribute to SUD development and that act as barriers to healthy recovery such as lack of social support, poor mental health, high stress, and boredom. More *et al.* recommend that youth's perceptions and attitudes towards exercise involvement, perceived barriers to exercise and facilitators of exercise participation is a vital first step in devising effective exercise programs. The study was carried out in Australia while the current study was carried out in Uasin Gishu in Kenya.

Stansfield (2017) investigated the relationship between teen involvement in sports and risky behaviour. The study was a cross-national and gendered analysis. The study revealed that the relationship between involvement in sport and delinquency is even more nuanced than previously thought. The researchers noted that higher levels of sports involvement do increase involvement in violence. Nevertheless, whereas moderate participation in sport does initially increase the risk of alcohol and drug use behaviour, these risks diminish as sport becomes an even more central part of a student's time. According to Stansfield, important differences emerged, however, by gender and country context. The reviewed study underlines the fact that sports intervention does not always yield positive outcomes in management of risky behaviour. Therefore, the present study was designed to investigate the influence of

recreational activities on the management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Heaslip and Barber (2017) investigated the interplay of extracurricular activity intensity and adolescent risk-taking. The study looked into the relationship between non-sporting extracurricular activity participation intensity and risky behaviour. Adolescents' coping efficacy was tested as a moderator between extracurricular activity participation and risk-taking among adolescents at different levels of contextual risk. Results for moderately at-risk youth indicated a significant interaction, such that greater activity intensity was associated with less risk-taking for adolescents with higher coping efficacy. These findings suggested that extracurricular activity can be a used to control risk-taking behaviour among adolescents. Drawing insight from the reviewed study, this study investigated the influence of recreational activities on the management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Morales, Lorenzo and de la Rosa (2016) evaluated the role of recreation activities in improvement of social behaviour among children and adolescents aged 9-14 years in Ecuador, South America. The study relied on a sample of 25 subjects with various problems of social behaviour, aged 9-14 years. The research strategy began with the diagnosis of 12 indicators or aspects of social life and manifestations of conduct. The research findings showed that recreational activities are a viable and efficient alternative to improve social behaviour in children and adolescents. From the study findings, the final test ($p=0.003$) in the variable "always" and variable "Never" ($p=0.002$) was determined by Wilcoxon signed rank test among adolescents. The current study used One Way ANOVA to analyse data and investigated the effect of

recreational activities on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County.

Al-Shudifat and Kilani (2016) examined the effectiveness of sport and health related fitness programmes in rehabilitation of inmates locked up in Jordanian new prisons. The aim of the programme was to ensure that prisoners found alternative activities to expend their energies encourage rehabilitation and avoid misbehaviour. The study involved 208 prisoners and measured only aspects of physical fitness, such as muscle power and strength, respiratory endurance, flexibility and body mass index. The study found a general weakness in health-targeted physical wellness levels. This was attributed to low attention by prisoners on the value of physical health. Furthermore, the study also found that, longer durations in prison were associated with gradual fall in attention to physical wellbeing among inmates. The study is valuable as it evaluates a sports-related programme in a therapeutic community, namely prison. However, the study does not include psychological indicators of wellness in its objectives, which will be examined in the present study. Moreover, the study was conducted in Jordan while the current study was undertaken in Kenya.

Spruit *et al*. (2016) reports, from a study, that sports-based crime prevention among juvenile delinquents produced positive results. The research used quasi-experimental design. From the study, it was noted that conditions under which sports activities and for who should be determined to ensure that sports crime prevention program is in its optimum should be used for positive results. Noor (2017), in a qualitative study in Netherlands, also observed that rehabilitation of drug addicts was known to be very sensitive topic. Yet, due to their condition, recovering addicts are easily distressed and overwhelmed by their living environments' social pressure.

Further, to help recovering addicts overcome this distress, the community, including the family, should support to maintain sobriety. The reviewed study was carried out in Netherlands while the current study was carried out in Uasin Gishu Kenya.

Lipowski *et al*. (2016) examined the mediating role of gender and sports on the interplay of resiliency and risky behaviour among the youth. The study involved 18-year-old learners from a selection of secondary schools. A total of 188 students practiced competitive sports and the rest 368 learners were non-athletes. The learners were then examined with the Resiliency Assessment Scale for Children and Adolescents (SPP-18) and with a survey containing questions and statements related to high-risk "experiments with adulthood". Adolescent athletes exhibited higher levels of resiliency than their peers. The power of the "Determination and Persistence in Action" effect on "Alcohol" scale differed significantly between male athletes and male non-athletes. Only in the athletes' groups were higher scores on this scale reflected by lower values on the "Drugs" scale. Moreover, it is possible to observe differences in undertaking risky behaviour between male and female athletes. The reviewed study draws links between sports activities and risky behaviour management, which was pertinent to the present study.

According to Lipowski *et al*. (2016), the analysis of risky sexual behaviour suggests that sport is a risk factor for men and a protective factor for women. These data suggest that consistent prophylactic and psycho-educative activities, with a special attention to differences between genders, should be provided to all the adolescents, irrespective of their sport performance levels. As such, the present study sought to determine the effect of recreational activities on the management of

adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Stoltenberg (2015) avers that investigating the interplay of exercise attitudes, beliefs and preferences of adults with SUDs may also inform on how best to structure exercise within a holistic, multidisciplinary treatment approach to SUDs in youth. In a study, Stoltenberg examined individuals' attitudes and preferences towards exercise training in adults exclusively with alcohol use disorder in a residential treatment setting. Surveys administered within 2 days of intake into the treatment centre revealed that approximately 70% of respondents were in favour of receiving exercise training as part of their treatment, with 90% preferring a face-to-face format, and 76.5% of respondents preferring a variety of exercise modalities. According to the study, exercise training provides a series of physical and mental health advantages. The current study investigated the effects of games and sports on management of risky behaviour among adolescents in TCs in Uasin Gishu County.

Williams *et al.* (2015) evaluated an intervention programme that uses rugby sport with young offenders in the UK. The study evaluated the Saracens "Get Onside" rugby-based intervention at HMPYOI Feltham, while employing a non-randomised control group. In total, 24 young offenders took part in the study. Those in the treatment condition experienced a ten-week course which included a range of activities leading to accredited awards, exercises in functional skills in literacy/numeracy and 72 hours of rugby sessions. Those in the control condition were matched on key static factors, crime attitudes and aggression. Self-reported measures of pro-crime attitudes, aggression, self-esteem, and impulsivity were taken once before the start, once during, and at the end of the course for both groups. As

predicted, self-reported scores measuring attitudes towards aggression and crime did differ significantly across groups, with those experiencing the intervention showing more positive values by the end of treatment compared with others. However, measures of impulsiveness and self-esteem showed no change. Although the current study did not engage in experimental measurement of the effect of sports intervention, it evaluated the impact effect of sports programmes on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County in Kenya.

Gallant, Sherry and Nicholson (2014) studied the use of recreation for rehabilitation of prison populations in Australia. The study relied on a systematic review of literature. The results revealed that the provision of recreation activities to prisoners avails a distinct context to examine the role of sports and games in behaviour change. The review also identified three target areas of sports intervention in the context of prison systems: first is to promote prisoners' health and wellbeing, second is inmate rehabilitation, and third is sport as a tool for management of prisoners. In the context of Australia, the study revealed that sports intervention had proven to be effective in the areas of inmate health and behaviour. Nevertheless, the effect of sports intervention on inmate rehabilitation was not clear. The reviewed study was conducted in Australia while the current study was undertaken in Kenya. In light of the work by Gallant *et al*., this study examined the effects of sports programmes on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County in Kenya.

Rehabilitation centres can be a source of strain and stress to delinquents, since young people prefer to operate or live in less constraining and free environments. As

such, recreational activities in rehab institutions help to ease the stress and tension of being in a correctional facility (Mpofu *et al.*, 2021). However, over time, these recreational facilities have moved from being merely a pastime or a means for young people to expend their excess energies to become part of the interventions aimed at behaviour modification. Physical exercises and sporting interventions have the ability to unlock the potential and skill of the offenders. Juveniles who took part in a Maseru traditional dance called *litolobonya*, played netball, football and basketball, watched television and played snooker seemed to be adjusting well to society and its standards. The reviewed study was carried out in South Africa.

De Wet, Muloiwa and Odimegwu (2018) studied the relationship between extra-curricular activities and youth risky behaviours in South Africa. The study examined the link of extra-curricular activities and risky sexual and drug use habits of young people aged 12-22 years. It relied on national statistics for data. The study found that a majority of young people were involved in at least one type of risky sexual behaviour and had used at least one type of illicit substance. Sports and youth groups were the most popular forms of extra-curricular activities considered useful in countering risky behaviour engagement among young people. Interestingly, the propensity to engage in risky sexual behaviour was higher among those young people who took part in sports and youth groups. Meanwhile, those who were involved in other undefined extra-curricular activities and sports were more likely to engage in illicit drug use.

In their study, De *et al*. (2018) recommended the need to monitor and evaluate local extra-curricular activities to prevent risky behaviours among youth. The study was carried out in South Africa among adolescents aged 12-22 years. Therefore, the

present study examined the influence of recreational activities on the management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Biolcati, Mancini and Tromboni (2018) aver that excess free time is the major factor responsible for adolescents' risky behaviour. They argue that recent research has mainly studied the complex connection between boredom and leisure-time experiences, which may be involved in adolescents' risk-taking behaviours. Biolcati *et al.* investigated boredom proneness, conceived as a personality trait, in adolescents' free time, and its involvement in more extreme behaviours, such as binge drinking and addictive Internet use, which may represent ways to cope with the search for additional stimuli. The findings revealed significant differences between low-boredom and high-boredom subjects. Both girls and boys with high boredom proneness used technology more, engaged less in hobbies and activities such as sports, more frequently consumed strong drinks and binge drank, and were more at risk of Internet addiction than non-bored adolescents. Biolcati *et al.* suggested an hypothetical risk profile linked to boredom proneness in adolescence, meaning there is need for interventions through recreational activities. Data for the study was collected among Italian adolescents aged between 14-19 years (n=478, M=16.31 and SD=1.47). The present study examined the influence of recreational activities on the management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Naidoo *et al.* (2016) studied the use of sports as an intervention for substance abuse reduction among adolescents and young adults between the ages of 15 and 29 years in South Africa. Out of the nine provinces in SA, Naidoo *et al.* identified three

communities that required intervention. Interventions included skateboarding coaching for basic skills combined with a life-skills workshop. The study used qualitative dominant mixed-methods exploratory design. During the pre-intervention phase of the study, participants of ages 12 to 24 years were recruited into the study. Focus group discussions were conducted separately for each of the two target groups. Key informant interviews were conducted with selected parents or legal guardians, Educators, and community representatives. The skateboarding intervention and life-skills workshop was, therefore, only conducted in one of the three selected sites. Findings revealed that the intervention had a positive influence on the primary outcome measure, namely an overall reduction in substance abuse among the target group at the intervention site. The current study used a mixed methods research design and was carried out among adolescents in therapeutic communities in Uasin Gishu County, Kenya to determine the effect of recreational activities in management of adolescents' risky behaviour.

Bandura *et al*. (2016) inquired into the influence of organized leisure-time activities on school performance among adolescents. Participation in organized leisure-time activities was associated with higher school engagement, lower levels of school-related stress and better academic achievement regardless of gender and age. The strongest associations were observed for adolescents involved in various types of organized leisure-time activities concurrently. Therefore, youth involvement in organized leisure-time activities is linked to general better school performance and attachment to school. Adolescents participating in more activities at the same time have the best school performance. The reviewed study's dependent variable was adolescents' performance, which is also a product of behaviour. However, the present study examined the influence of recreational activities on the management of

adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Awotidebe *et al.* (2014) did a study on the outcomes of a sports-based intervention on risky sexual behaviours among rural school-going adolescents. The objective of this study was to assess the effectiveness of a 12-week sports-based HIV prevention programme among rural high school learners. The intervention was delivered in school using the grass-root soccer generation skills curriculum consisting of soccer-themed HIV prevention activities, including knowledge about HIV risks, self-efficacy to be abstinent and resist peer pressure. The findings from the study showed improvement in HIV knowledge ($F [2] = 72.57$, $p = 0.000$), self-efficacy ($F [2] = 6.63$, $p = 0.002$) and negotiation skills ($F [2] = 4.07$, $p = 0.02$). There were no significant findings regarding effect of sport-based HIV prevention programmes on risky sexual behaviours in rural school-going adolescents. From the potential effect of the intervention on improvement of HIV knowledge, self-efficacy to refuse sex and negotiation skills for safe sex indicated that sports-based HIV prevention programmes could be used to modify risky sexual behaviours in South African adolescents and young adults. The reviewed study was carried out among school going adolescents and young adults while the current study was carried out among youth in therapeutic communities in Uasin Gishu.

Mbiriri (2021) conducted a study on the multi-systemic therapy intervention for adolescent's girls with conduct disorder incarcerated in selected rehabilitation centres in Kenya. The primary role of the study was to help psychotherapists apply evidence-based principles in treating adolescent girls with conduct disorder. Quasi-experimental design was used with Kirigiti Girls' Rehabilitation School being an

experimental site and Dagoretti the control centre. The researcher administered multi-systemic therapy intervention (MST) and tested its effectiveness in managing the behavioural and emotional problems of incarcerated girls in the rehabilitation schools. For the study, a total of 85 participants were enrolled in two groups; the control (n=40) and the experimental (n=45). From the results, post-treatment two and mean difference scores was 1.45000, which was statistically significant (p=0.014) and, for the experimental group, the study showed there was a statistically significant difference in mean difference scores at both post-treatment one and post-treatment two ($p<0.001$). The researcher concluded that MST had an impact on post-treatment one and post-treatment two among juvenile delinquents in both the experimental and control groups. The reviewed study used quasi experimental design where a multi-systemic therapy as a treatment strategy.

In a study conducted among juvenile delinquents in rehabs in Eldoret and Kakamega, Wanjeri (2018) examined the impact of sports intervention programmes on behaviour modification. The study found that delinquents were exposed with various sports activities and the rehabs were well-equipped with sporting facilities. It was reported that sports modified the delinquents' behaviour through distraction from risky behaviour and as a means of expressing their repressed energies. Sporting also helped learners to build and maintain positive team spirit with others. Since the above study was undertaken in 2018 in juvenile correction centre, it was deemed important to undertake a current review of the effectiveness of sports in management of adolescent's risky behaviour in therapeutic communities.

Mutuli, Bukhala and Nguka (2018) undertook a study on factors affecting physical activity of recuperating alcoholics in Asumbi Rehabilitation Centre. For the study,

focus group guide was used to collect views and perceptions from the respondents through group discussions. This study was carried out among participants aged 15-65 years with alcohol problem. Results from the study indicated that these clients recognized numerous forms of physical activity to promote mental and physical health during their rehabilitation process. The researcher noted that although therapists supported the clients to take part in recreational activities physical activity facilities and facilitation was lacking within the centre. It was concluded that physical activity is the easiest way to help adolescents avoid risky behaviour, although it is rarely used. Therefore, the current study examined the effect of recreational activities in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

2.4.6 Effects of Provision of Physical Care on Management of Adolescents' Risky Behaviour among in Therapeutic Communities

Koehler *et al.* (2022) examined the effectiveness of the injury awareness and prevention programme, namely prevent alcohol and risk-related trauma in youth (PARTY), in Germany. The study employed a quasi-experimental longitudinal study with three measurement times the participants of 19 days were interviewed with a standardized questionnaire. They reported risk behaviour, feelings of threat and cognitive beliefs about road traffic. The data was analysed using a meta-analytical approach to estimate an average effect size across the different days. Results indicated that small positive effects could be proven immediately after the preventive intervention program. However, after four to 5 months only one statistically significant effect was found. Using path analytical models, important predictors for behavioural changes could be identified. The study concluded that the PARTY programme appeared to cause behavioural changes only to a limited extent and only

in the short-term, especially if the strengthening of psychosocial resources is not given sufficient consideration hence the current study was carried out in Uasin Gishu County in Kenya.

Macháčková *et al.* (2021) did a study to investigate the effect of the forest environment on aggressive behaviour among adolescents. The study engaged 68 teens aged 12-16 years on a remedial educative programme in Czech Republic. The adolescents diagnosed with various affective and family-related behavioural disorders were drawn from institutions. The adolescents then observed patterns of pro-social behaviour in forest animals (wolves, wild boars, deer, bees, ants, squirrels and birds), based on the fact that processes and interactions in nature are analogous to proceedings and bonds in human society. Macháčková's study was based on qualitative and quantitative research. Projective tests (Rorschach test, Hand Test, and Thematic Apperception Test) were used as a diagnostic tool for aggressive manifestations before and after forest therapies based on Shinrin-yoku, wilderness therapy, observational learning and forest pedagogy. They underwent 16 therapies lasting for two hours each. The experimental intervention showed a statistically significant effect on the decreased final values relating to psychopathology, irritability, restlessness, emotional instability, egocentrism, relativity, and negativism. Forest animals demonstrated to these adolescents' ways of communication, cooperation, adaptability, and care for others, characteristics without which no community can work. The reviewed study underlines the fact that various care strategies can help shape adolescents' behaviours.

Fallah *et al*. (2021) carried out a randomized controlled clinical trial study on the impact of life skills training on adolescents' inclination to risky behaviours in Iran. A

sample of 100 high school students from both sexes was selected via multistage cluster random sampling method and divided into the intervention (n = 50) and control (n = 50) groups. Eight life skills training group discussion sessions of 45 minutes weekly were held for the intervention groups for two months, and a one-hour follow-up session was held 20 days after the end of the eight sessions. Data was collected and analysed by standard deviations for quantitative variables and percentages for qualitative data, as well as chi-squared test, the independent t-test, and repeated-measures analysis of variance. The results showed that life skills training led to significant decreases in the mean scores of high-risk behaviours, including drug abuse, alcohol consumption, smoking, and violence, at different times in the intervention group in both sexes ($P < 0.05$), while no significant changes were observed in the control group.

According to Fallah *et al*. (2021), life skills training can reduce adolescents' tendency to engage in high-risk behaviours. An effective training method, life skills training includes the set of abilities that facilitate adjustment and positive and beneficial behaviours. This enables the individual to take on responsibilities and roles without harming him/herself and others and to deal with the challenges and requirements of daily life effectively. The reviewed study was carried out in Iran while the current study was carried out in Uasin Gishu County Kenya.

Grim and Grim (2019) examined how faith is indispensable in preventing and recovery from substance abuse. They noted that more than 84% of the scientific studies carried out in USA show that faith is a positive factor in addiction prevention or recovery and that risk of the same is less than 2%. The study reviewed voluminous empirical evidence of faith's contributions to prevention of substance abuse. The

study used a typology treatment and recovery programme and support groups along the vertical axis and horizontal axis of religiosity which aids in understanding how religion and spirituality are related phenomena and not mutually exclusive. The study concluded that the value of faith-oriented approaches to substance abuse prevention and recovery is indispensable. Moreover, the decline in religious affiliation is not only a concern for religious organizations but also a national health concern. The study reviewed study used a typology treatment, recovery and support groups in USA while the current study examined the effect of care services provided to clients undergoing treatment and in their recovery process in Uasin Gishu County.

In their study, Eddie *et al.* (2019) noted that peer recovery support services (PRSS) are very important in assisting clients with substance abuse disorder and co-occurring psychological disorders. They undertook a systematic review that was characterized by existing experimental, quasi experimental single and multi-group perspective and retrospective and cross-sectional research on PRSS. Peer support across SUD treatment settings, as shown by positive measures such as reduced substance use and SUD relapse rates, improved relationships with treatment providers. Meanwhile, social support increased treatment retention and greater treatment satisfaction. The study suggested that the need for further rigorous investigation to establish the efficacy, effectiveness, and cost-benefits of PRSS, which may help in solidify PRSS role definitions, identify optimal training guidelines for peers, and establish for whom and under what conditions PRSS are most effective hence gap for the current study. The study was carried out in USA while the current study was carried out in Uasin Gishu, Kenya.

Malinakova, Kopcakova and Geckova (2019) explored the interrelatedness of spirituality and religious attendance (RA) and health-risk behaviour (HRB) in a secular environment in Czech Republic. They used a sample of 4566 between 14.4 and 11 years with 48.8% boys of adolescents. RA, spirituality, tobacco, alcohol, cannabis and drug use and the prevalence of sexual intercourse were measured. The findings revealed that high spirituality only protects adolescents from HRB if combined with RA. The results showed that mere religious attendance and spirituality were associated with only one or two kinds of health-risk behaviour. However, their multiplicative interaction was associated with four of the five behaviours examined. Attending respondents and spiritual respondents were less likely to be regular smokers, and spiritual adolescents were less likely to overuse alcohol. The associations were not significant for cannabis, drug use and early sexual intercourse. Moreover, religious attendance or spirituality separately have only limited impact on adolescent health-risk behaviour. Therefore, the study shows the importance of internalization of adolescent religious values and its impact on health-risk behaviour. Inspired by the reviewed study, the current study looked into the relationship between provision of physical care and management of adolescents' risky behaviour in Uasin Gishu County.

Visalli *et al.* (2019) examined the impact of sensitization on sexually transmitted infections on adolescents' risky behaviours. The study was a survey of 1228 high school and university students in Silicon Valley in USA. The findings of the study indicated that the level of sexual health knowledge is quite poor and there are still some misconceptions about sexual issues among students. Inadequate knowledge may place students at risk of sexually transmitted infections. Therefore, the researchers suggest that all high schools should introduce a course of sex education in the

curriculum. Medical staff specialized in sexually transmitted infections, with both theoretical knowledge and practical experience in these topics, would be the most appropriate to instruct teachers and students. An exam at the end of the course would be useful to verify that students have acquired adequate knowledge, as is done in other subjects. In the reviewed study care was used as a preventive strategy while provision of physical care in the current study was used for treatment.

In Ireland, Porter *et al.* (2017) studied the use of music therapy to help children and adolescents cope with behavioural and emotional problems. In the study, 251 children and adolescents (aged 8-16 years) with social, emotional, behavioural and developmental difficulties and parent dyads from six child and adolescent mental health service community care facilities in were randomised to 12 weekly sessions of music therapy plus usual care or usual care alone. Follow-up occurred at 13 weeks and 26 weeks post randomisation. Primary outcome was improvement in communication (social skills improvement system rating scales) (SSIS) at 13 weeks. Secondary outcomes included social functioning, self-esteem, depression and family functioning. The researchers conclude that while the findings provide some evidence for the integration of music therapy into clinical practice, differences relating to subgroups and secondary outcomes indicate the need for further study. Taking a cue from this recommendation, the present study examined the effects of provision of care on risky behaviour management among adolescents in therapeutic communities in Uasin Gishu County, Kenya.

Goodyear-Smith *et al*. (2017) did a study to determine the effectiveness of screening for risky behaviour and mental health in young people in primary care settings. The study evaluated the Youth CHAT, a rapid, electronic, self-report

screening tool that assesses risky health-related behaviours and mental health concerns, with a 'help question' that enables youth to prioritise areas they want help with. From the evaluation, the researchers conclude that opportunistic screening for mental health concerns and other risky health behaviours during adolescence can yield significant health gains and prevent unnecessary morbidity and mortality, including self-harm and suicide. The systematic approaches to screening and provision of algorithms for stepped-care intervention assisted in delivering time efficient, early, more comprehensive interventions for youth with mental health concerns and other health compromising behaviours. Early detection of concerns and facilitation to evidence-based interventions were seen to have the potential to lead to improved health outcomes, particularly for under-served indigenous populations. The present study explored the types and effects of provision of care as a form of psychosocial intervention in management of adolescent risky behaviour in selected therapeutic communities in Uasin Gishu County, Kenya.

According to Development Services Group, Inc. (2017), juvenile detention and correctional facilities may impact youths with mental health issues due to overcrowding, lack of available treatment services, and separation from support systems such as family members and friends. In addition, for juveniles in correctional facilities, being placed in solitary confinement or restrictive housing also has the potential to worsen mental health issues (National Institute of Justice, 2016). Even among youths who have been diagnosed, treatment is not guaranteed. The Pathways to Desistance Project found overall low rates of services provided to youths; however, this depended on both the type of facility in which youths had been placed for example; state-run juvenile corrections facilities, contract residential settings, detention centres, among others and the diagnosable mental health issue. Furthermore,

Development Services Group, Inc. found that only 15% of youths diagnosed with psychiatric disorders and functional impartment received treatment while in detention. The current study examined the effects of provision of physical care on management of adolescents' risky behaviour in Uasin Gishu County, Kenya.

Passetti, Godley and Kaminer (2016), in their study on continuing care for adolescents in treatment for substance use disorder, observed that adolescents who enter treatment for substance use do not complete the recommended program, and after discharge, do not connect with continuing care services. The study undertook 10 outcome studies of continuing care treatment for adolescents. The findings showed that five of six studies with randomized designs resulted in significant clinical improvement for youth receiving the experimental continuing care approaches. From the study, the main findings were that trials are that more assertive approaches can increase continuing care initiation rates and that rapid initiation of continuing care made a difference in reducing substance use. From the study, Passetti *et al*. concluded that care is appropriate for those who successfully complete treatment together with those individuals who do not. Although there are no randomized controlled studies of adolescent participation in mutual aid groups, evidence is accumulating suggesting that matching adolescents to age-appropriate 12-step and other mutual aid groups can support recovery. The reviewed study was carried out in the USA on follow-up after clients leave the TC while the current study was carried out in Uasin Gishu considering care in TC.

Mpofu, Matsebula and Sebele-Mpofu (2021) surveyed the views of instructors, counsellors and former learners concerning the reformation of delinquents in a rehab centre in Eswatini. The study results showed that delinquents who had been

committed to the facility by their relatives due to disruptive behaviour had benefited from schooling but were not completely reformed. Within the time of commitment, many had instead developed psychological issues such as anger, which indicated that their behaviour had not improved. Moreover, they had learned inappropriate behaviour from the hard-core criminals with whom they had been forced to share dormitories. It was deduced that the system does not succeed in rehabilitating juvenile delinquents, although convicts might be reformed because they have psychologically prepared themselves for prison service and then choose to live as law-abiding citizens. Methods used to rehabilitate juvenile delinquents included education, recreational activities, religion, counselling and punishment. Furthermore, the results revealed that challenges encountered included lack of human resources, insufficient training time and a lack of parental involvement. The reviewed study was carried out among juvenile delinquents in rehabilitation centres in Eswatini while the current study was carried out among adolescents in therapeutic communities in Uasin Gishu County in Kenya.

In a study in South Africa, Casale *et al*. (2019) examined suicide ideation and associated risky behaviour among adolescents living with HIV. The research was triggered by the fact that adolescents living with HIV represent a high-risk population for suicidal ideation and attempts, especially in low-income settings. Yet little is known about risk and protective factors for suicide in this population. Therefore, Casale *et al*. adopted a moderated mediation model to test for potential (a) effects of stigma on suicidal ideation and attempts, both direct and mediated through depression and (b) direct and stress-buffering effects of social support resources on depression and suicidal ideation and attempts, among 1053 HIV-positive 10-19-year-old adolescents from a resource-scarce health district in South Africa. From Casale *et*

al.'s study, stigma was a risk factor for depression and for suicidal thoughts and behaviour as indicated by (B=0.295; p<0.001) and suicidal thoughts and behaviour (B=0.185; p<0.001). Only perceived support availability was directly associated with less depression. This means that where adolescents feel they are cared for, they are less likely to engage in risky behaviour. The reviewed work was undertaken in South Africa while the present study was conducted in Uasin Gishu Kenya.

Studies have identified various initiatives needed to enhance the effectiveness of psychosocial interventions on positive behaviour change in therapeutic communities. For instance, in the reviewed study by Shabani (2019) in Burundi, the respondents suggested the need to improve training for workers in rehabilitation centres to ensure they provide proper care for incarcerated children. The children also urged for the need to equip the rehabilitation centres to enhance the delivery of care and training programmes. It was also suggested that programmes of rehabilitation should be diversified so that incarcerated children are exposed to different trades. Shabani recommends the need for the state and non-state actors to work together to protect the rights of children in rehabilitation centres and to ensure the programmes of rehabilitation are made effective in effective positive behaviour change.

Willis *et al.* (2019) carried out a study on effectiveness of community adolescent treatment support (CATS) in Zimbabwe. They observed that CATS had improved adherence, psychosocial well-being, linkage and retention in care among adolescents living with HIV. A randomized trial was conducted where 90 HIV-positive adolescents on medication were recruited to the study, out of which 47 received a standardized care from the Ministry of Health (MOH) only while the rest received the standardized care together with CATS. The findings from the study indicated that

adolescents receiving standardized care together with CATS improved linkage to service and retention in care, improved adherence and improved psychosocial well-being as compared to adolescents who didn't have access to such services. The reviewed study was carried out among adolescents with HIV/AIDS within the community while the current study was carried out among adolescents in Therapeutic Communities.

El Achhab *et al*. (2016)'s study on health risk behaviours among school adolescents in Morocco used a mixed methods design, which was made up of an explanatory progressive approach that was carried out in two phases. Quantitative data was collected first followed by the qualitative data. They noted that health education is an integral part of the overall education of students in the study area. In many educational systems, health education constituted an independent discipline. However, in other systems, health goals are implemented in the curricula of several disciplines. The focus of health education is to teach the skills that enable students to make healthy choices and avoid health-risk behaviours. From the findings of the study, the researchers concluded that adolescents who are educated and healthy are more likely to avoid health-risky behaviours compared to those who were not exposed to health education. The study affirms the value of life skills training for young people, which was insightful to the present study. However, the study was conducted in Morocco.

In South Africa, Timol *et al.* (2016) examined the role of peer-education in addressing adolescents' risk and protective factors related to risky behaviours in schools. The scholars indicate that in the South African educational context, peer education is a favoured approach in dealing with issues such as HIV and AIDS,

sexual decision-making and substance misuse. The study specifically evaluated the 'Listen Up' curriculum, which addresses issues such as supporting peers, sexual decision-making, healthy relationships, HIV risk, alcohol misuse and unwanted pregnancy in seven structured sessions. The programme targeted adolescents in Grade 8 growing up in what were considered to be risky environments in public schools in the Western Cape during 2012 and 2013.

According to Timol *et al.* (2016), variations were observed for the intervention in schools when compared to their baseline levels on measures of future orientation, self-efficacy in sexual relations, knowledge regarding HIV transmission, knowledge regarding HIV prevention and knowledge in terms of healthy relationships. Comparing baseline values with results collected between five and seven months post intervention, statistically significant results were noted for self-efficacy in sexual relations and knowledge regarding HIV transmission. Since peer education is one of the care strategies provided in therapeutic communities, the present study examined the effects of provision of physical care as a form of psychosocial intervention in management of adolescent risky behaviour in selected therapeutic communities in Uasin Gishu County.

Silomelo, Wamocho and Awori (2023) carried out a study on resources in the provision of services to adolescents with emotional and behavioural problems in Kakamega Rehabilitation Centre. The researchers used lottery method to select the respondents for the study and case study research was used for the study. The study respondents were made up of 141 rehabilitees and 15 therapists. To collect data, semi-structured interview guides, questionnaires and observation checklists were used. Findings from the study indicated that the main material used for treatment were

playing fields, dormitories and building and construction tools, carpentry tools, classrooms, poultry apparatus and teaching and learning materials. Silomelo *et al.* recommended that effective ways of managing adolescents with behaviour disorders while they are still young should be sought. The reviewed study was carried out in Kakamega rehabilitation centre among 250 rehabilitees and 30 rehabilitators. The researcher used case study design but did not mention the ages of the respondents who took part in the study. The current study was carried out to look into the effect of psychosocial intervention on management of adolescent risky behaviour.

Kuyeya (2021), in a study on effectiveness of treatment rehabilitation programmes for drugs and substance dependence in Mombasa County, found that there was a high prevalence of substance and drug abuse in the country with Mombasa leading. Cross-sectional design was used to evaluate three facilities in Mombasa; data was collected using questionnaires and in-depth interviews and observations. The findings revealed that the programme had both pharmacological and non-pharmacological services; a 38.9% relapse was noted. From the study, the problem was lack of support groups (OR=3.25; p-0.004). Among the recommendations were that more structural treatment facilities that incorporated vocational training in recovery plan were necessary in ensuring a meaningful engagement of substance users to avoid idleness. The reviewed study was a cross-sectional research design while the current study used embedded research design.

Kaluku (2020) examined the influence of street connected children rehabilitation projects on development of holistic children in Kenya. The study was guided by the empowerment theory, psychosocial development theory and the moral development. According to the study, the design used for the study was a descriptive survey and the

target population was 100 respondents. Results showed that basic education provision had a significant influence on the development of holistic (β = 0. 113; t = 5.306; p=0.008< 0.05). In addition, vocational skills training had a significant influence on the development of holistic children (β = 0. 454; t = 17.221; p=0. 002< 0.05). Kaluku recommended that the staff dealing with the various life skills training should familiarize themselves with the needs of street connected children and that a well-structured curriculum that takes care of the individual needs of each child. The reviewed study looked at rehabilitation of street connected children in Kilifi County while the current study was carried out in therapeutic communities in Uasin Gishu County.

In their study, Ayiro *et al*. (2019) looked into parenting style and child maltreatment among 330 Kenyan children aged between 7 and 10 years. The study found that mothers maltreated their children more than did their fathers and that mothers and fathers parenting style was a predictor of physical assault (β=.28, p=.00) and (β=.17, p=.04), respectively. The study concluded that parents should be psycho-educated on positive parenting to reduce the risk of maltreatment.

Kithaka (2018) studied the effectiveness of life skills and vocational training as rehabilitation programmes at Kabete Boys' and Kirigiti Girls' Rehabilitation Schools in Nairobi, Kenya. Among the courses taught under this intervention strategy were bakery, carpentry, electrical and wiring, masonry, mechanics, tailoring and dress making. Most of the girls enrolled in the tailoring and dressmaking courses whereas the boys went for masonry, electrical and wiring and mechanics. In academics, the juveniles were taught English, Kiswahili, Mathematics, Religious Education and Social Studies. Psycho-education, which included life skills training, taught in the two

institutions were agriculture, barber, bread work, fashion and design, saloon and soap making. From the juvenile respondents, life skills training had enabled them to desire to go back to school. Most of them said they felt confident that they would integrate well back into the community and that they would be law-abiding citizens since they had the skills to live honest lives after release. Many of them said the skills they had acquired would enable them to earn income to support their families. These findings underscore the value of life skills interventions for behaviour modification in therapeutic communities. As such, the present study will evaluate the extent to which life skills training has been effective in management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County.

Wanjeri (2018) conducted a study to identify and review the effectiveness of psychological interventions implemented in behaviour modification among juvenile delinquents in rehabilitation centres located in Eldoret and Kakamega, Kenya. The study examined the effect of counselling, life skills training and sports programmes on behaviour modification. Concerning life skills training, the study found that delinquents were exposed to memory, comprehension, language skills, cognitive skills, social interaction among others. These trainings were affected using various methods such as drama, poetry reading and recitation, bible reading and study, animal and human examples, pictures, among others. Wanjeri further noted that learners reported that life skills training had improved their behaviour through remembering good things, understanding the value of moral uprightness and learning to understand and socialize with others. The features of care examined by the study included counselling, good diet and sufficient meals as well as regular health checks. Others included immediate attention or response to their needs, clean attire and drinking water, and affection or love. The study results indicated that provision of these forms

of care motivated the delinquents to feel loved. In response, they seemed to give more attention to instruction from their caretakers and show effort to change their behaviour for the better.

2.4.7 Effects of Family Support on Management of Adolescents' Risky Behaviour in Therapeutic Communities

Au and Wong (2022) carried out a study on the integrated effects of family bonding, pro-social models, and religious bonding among Chinese delinquents. Thirty delinquent youth and six parent-child dyads were interviewed. Findings from the study indicated that filial piety had a significant effect on the process of youth desistance. Three main forms of social capital were closely associated with youth desistance; namely the revival of reciprocal family bonding, the presence of a pro-social role model, and religious bonding. An interactive model was constructed to illustrate the seven stages of desistance and highlight the key elements for successful desistance among youth delinquents in Hong Kong. The study adopted a qualitative approach based on interviews with 30 male delinquent youth and six parent-delinquent dyads. Findings from the study were that family support was an important motivating factor for desistance and that 24 out of 30 respondents expressed that improved family relationships or having support from their caregivers were key factors that encouraged them to desist. Twenty-four out of 30 respondents said when they were incarcerated in correctional institutions, they longed for visits from their family members; when their parents visited, they felt that they loved them and were concerned about their wellbeing. Therefore, this unconditional love and support system played an important role in motivating the young delinquents to transform themselves. The reviewed study used qualitative design and 30 male delinquent youth and six parent delinquent dyads took part in the study.

Zeng and Tan (2021) evaluated the relationship between family functioning of individuals with drug addiction and relapse tendency. This was to explore the relationship between family functioning, psychological capital, life history strategy, and relapse tendency of individuals with drug addiction. For the study, 842 adolescents with drug addiction took part in the study. The results showed that there was a significant negative correlation between the family functioning of individuals with drug addiction and their relapse tendency; psychological capital played an intermediary role between family functioning and relapse tendency, and life history strategy regulated the mediating effect of psychological capital. Zeng and Tan affirmed that family members should collaborate with treatment centres and participate in the education and treatment process to help reduce drug relapse tendency. In addition, to better deal with adolescent risky behaviour, therapists in rehabilitation centres should increase the psychological capital and self-efficacy of clients with drug addiction through group psychological counselling and psychological education. The reviewed study was carried out in China while the current study was done in Kenya to examine the relationship between provision of physical care and management of adolescents' risky behaviour in Uasin Gishu County.

Quinn *et al*. (2021) investigated the influence of familial and peer social support on post-traumatic stress disorder among black girls in juvenile correctional facilities in USA. The study investigated the associations between individual, family and peer factors, and their relationship to PTSD among black girls with juvenile justice involvement. The study used cross-sectional design to collect data from 188 black girls in detention. Measures assessed were history of abuse, negative peer norms, future orientation, caregiver support, and self-esteem, age, and PTSD symptoms.

Major regression findings indicated that higher rates of caregiver support, higher negative peer norms, lower self-esteem rates, and lower future orientation rates were correlated with greater PTSD symptoms. It became clear that, for treatment, this group of adolescents needed a multi-systemic approach that incorporated caregivers and peers and that taught important constructs such as self-esteem and hopefulness. The reviewed study examined a homogenous group made up only girls while the current study was a mixed group involving male and female adolescents.

Jones and Pierce (2021) analysed the results from a study on early exposure to adverse childhood experiences and youth delinquent behaviour in fragile families. They used data from the Fragile Families and Child Wellbeing Study (FFCW; n = 3,402) and a life course theoretical framework, examining the relationships between individual, cumulative, and clustering of ACEs and delinquency in the lives of youth. The results from the study indicated that individual, cumulative and clustering of ACEs by the age of 5 years were associated with youth delinquent behaviour. Multiple imputations (MI) was used to address the missing data, produce and merge 45 datasets with 50 burn-ins using a chained equation method of multiple multivariate data imputation. Results from Jones and Pierce's research indicated that adolescents who had a caregiver jailed or imprisoned from birth to age 5 registered decreases in self-control, 1.67 ($p \leq .001$), and reductions in emotional control ($b = -1.55$, $p \leq .001$). A significant reduction in self-control was also noted for those who were exposed to parental anxiety and/or depression, parental incarceration ($b = -0.74$, $p \leq .01$), emotional abuse ($b = -1.13$, $p \leq .001$), and parental depression/anxiety ($b = -0.58$, $p \leq .05$). From the study, it was apparent that children exposed to adversity early are prone problem behaviour. The reviewed study was carried out in USA and used regression to test the hypothesis but the authors did not discuss the research design used.

Dou, Qi Lin and Wang (2020) conducted a study to investigate the effect of negative parenting and risk-taking behaviours in Chinese adolescents. They tested a sequential mediation model in a three-wave longitudinal study. Negative parenting is an established predictor of youth risk-taking behaviours, but little is known about the mechanism of this influence. Based on ecological systems theory, the study elucidated the roles of life satisfaction and deviant peer affiliation as sequential mediators of the link between negative parenting and risk-taking behaviours in a sample of 535 Chinese adolescents (47.5% female; M age at Wave 1 = 15.37 years). The results of a three-wave longitudinal study were analysed via structural equation modelling. Higher negative parenting was associated with more deviant peer affiliation and risk-taking behaviours and lower satisfaction with life. Furthermore, more deviant peer affiliation was associated with more risk-taking behaviours, but life satisfaction was not associated with risk-taking behaviours. The relationship between negative parenting and risk-taking behaviours was mediated by deviant peer affiliation and was sequentially mediated by life satisfaction and deviant peer affiliation. These findings helped to clarify the mechanisms underlying the association between parenting and risk-taking behaviours in Chinese adolescents. Inspired by the reviewed work, this study examined the relationship between provision of physical care and management of adolescents' risky behaviour in Uasin Gishu County.

Elkington *et al.* (2020) carried out a study on the contribution of families, behavioural health and the justice systems in efforts to increase uptake of substance use treatment in youth on probation. The study found that justice-involved youth (JIY) in the US have high rates of substance use (SU) problems, yet 50%-80% of these youth do not receive necessary services. Qualitative interviews and focus groups, with $n = 58$, youth, their caregivers, SU treatment providers and probation

officers in a North-eastern state were conducted. Interviews explored how families, staff- and system-level factors influence uptake of and retention in SU treatment services in youth on probation. Thematic analysis of all interview texts was carried out. Difficulties achieving caregiver engagement and agreement that treatment was necessary stemmed from distrust in the "system"; denial or minimization of youth's SU problem; relational barriers; and overburden and chaos within the family system. The study indicated that some of the structural barriers to taking up the service were lack of available treatment options, SU agency practices and policies, and interagency collaboration between SU treatment agencies and probation. From the findings, enhancing family engagement at the point of referral to SU treatment was essential. It was also suggested that developing multi-level interventions that target engagement at both system as well as family levels is necessary in achieving treatment linkage. The reviewed study was a qualitative study carried out in US while the current study was done in Kenya.

Yazdi-Feyzabadi *et al.* (2019) investigated the determinants of risky sexual practices, drug abuse and alcohol consumption in adolescents in Iran. The study sought to determine the reasons for the occurrence of these maladaptive behaviours among adolescents aged 15-19 years in Iran. Systematic reviews and meta-analyses guidelines to review published and unpublished studies were used. Scopus, PubMed, Web of Science, and Cochrane Library data base was used and The Joanna Briggs Institute Critical Appraisal Checklist was employed for critical appraisal. Quantitative studies used regression model to analyse the factors affecting these behaviours. The findings were classified into five main themes, which included individual, family, friends, school, and community. The most frequent main theme and sub-themes were: family, higher age, male gender, weak religious beliefs, low self-esteem, anti-social

behaviours in family, mother's employment, parenting style, poor intimacy of parents, absence of parents, peer pressure, and lack of appropriate recreation. The above study was based on a systematic review and meta-analyses guideline involving twelve studies in Iran. The current study used embedded mixed methods and examined the relationship between family support and management of adolescents' risky behaviour in Uasin Gishu County.

Celinska *et al.* (2019), in a study on an outcome evaluation of functional family therapy for court-involved youth in USA, examined family interventions designed to prevent delinquency. The study used a sample of 155 court-involved youth and employed two complementary outcomes, namely court-obtained data on recidivism and the clinical data on clients' psychosocial functioning, the strengths and needs assessment (SNA). According to this study, adolescents in the treatment group and comparison group showed a lot of improvement after treatment although those in the treatment group were better. Multivariate analysis showed that adolescents in the Functional Family Therapy (FFT) showed significant lower odds of recidivism as was measured by reconvictions for drug offenses, property offenses and technical violations. The study used quasi-experimental research design. From the study, the results indicated that FFT was an effective way of dealing with recidivism, although could not be attributed to the improvement in SNA scores. The does not mention how the sample of 155 adolescents was selected for the study. Nevertheless, it underscored the role of family in supporting interventions for behaviour management and improvement among adolescents. Therefore, the current study was undertaken to explore the relationship between family support and management of adolescents' risky behaviour in Uasin Gishu County.

Mowen and Boman (2018) examined the causes and consequences of family conflict and peer delinquency during adolescence and emerging adulthood in USA. They sought to understand the interrelationship among crime, substance use, family conflict, and peer delinquency. The findings suggested that family conflict in most cases is an overlooked component, and yet it is a very critical factor in explaining deviance and deviant peer associations alike for adolescents and emerging adults who have been recently imprisoned and released. Data for this project came from the Serious and Violent Offender Re-entry Initiative (SVORI) youth sample that comprised of 337 male adolescents located in four states. Researchers used a cross-lagged fixed-effects dynamic panel data model which has a number of advantages over traditional mixed-effects and fixed-effects models. From the findings, it was noted that family support has been ignored, yet it is an important element in the recovery process. Therefore, the current study sought to address this gap by examining the relationship between family support and management of adolescents' risky behaviour in Uasin Gishu County.

Yusuf, Daud and Arshat (2021) carried out a study on perception of the role of parenting style on juvenile delinquency among adolescents in Remand Homes in Nigeria. They observed 170 adolescents with behavioural issues placed in government remand homes. The study used quantitative correlational design and simple random sampling techniques was used to select a sample for the study. To test hypotheses, Pearson correlation was used at 0.05 significant levels. The findings showed that parenting style is one of the main predictors of adolescents' delinquency. Moreover, there was no relationship between parental indifference and delinquency ($r=0.075$, $p=0.0330$). However, there was a relationship between parental abuse and juvenile delinquency ($r=0.189$, $p=0.013$) and no relationship was found to exist between

parental over control and juvenile delinquency (r=-0.0171, p=0.361). It was concluded that being abused as a child increases negative consequences during later life. The reviewed study was carried out in Nigeria and used correlational design to look at the role of parenting style on delinquency.

Muchiri and Dos Santos (2018) undertook a study on family management risk and protective factors for adolescent substance use in South Africa. They observed that the prevention approach for substance use entailed a reduction in risk factors, and the enhancement of promotion of protective factors in individuals and the environment surrounding them during their growth and development is a very important factor in helping adolescents deal with risky behaviour. The exploratory study evaluated the effect of potential risk and protective factors associated with family management relating to adolescent substance use in South Africa. Muchiri and Dos Santos used exploratory analysis in their study to perform a cross-tabulation of predictors and cumulative odds ordinal logistic regression modelling on the data. According to the study, the most frequently used substances were cannabis, other illicit substances and alcohol in decreasing order of use intensity. Risk effect of family management factors varied according to the substances the adolescents took. Those factors associated with demographic and socio-economic features included being male, of a younger age, lower education grades, adolescents from divorced parents, and unemployed or fully employed mothers. This exploratory study further demonstrated that various risk and protective factors associated with family management may affect adolescent substance use. Additionally, the interaction of risk or protective factors and type of substance should be considered when designing interventions based on these risk factors. The reviewed study involved 54 adolescents 48 males and six females between the ages of 14 and 20 years from different socio-economic backgrounds in

rehabilitation centres in Pretoria. The current study examined the relationship between family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

Isaacs *et al.* (2018) carried out a study on using the RE-AIM framework to identify and describe best practice models in family-based intervention development. They noted that family is the most important predictor of positive child development. Therefore, the study was carried to identify some of the best interventions that the family can use in dealing with behaviour problems. For the study, 28 articles were reviewed and that the interventions considered in terms of flexible among others. RE-AIM intervention appraisal score was used. The study revealed that the interventions used first targeted the individual and later families were requested to form support groups. Moreover, involving the family members in the treatment process led to positive outcomes in terms of recovery. The reviewed study was carried out in South Africa and the researchers used quantitative and qualitative design and relied on secondary data. In contrast, the current study was carried out in Uasin Gishu Kenya and relied on empirical literature to determine the relationship between family support and management of adolescents' risky behaviour in therapeutic communities.

Wanjiru (2022) carried out a study on substance rehabilitation services and rehabilitee's family psychological wellbeing in Mathari Treatment Centre Nairobi. The study reported that family is psychologically destabilized through substance abuse by a family member who could a father, mother, a child or any other member of the family connected to the family directly or indirectly. According to the study findings, the family can be affected socially, physically and financially. The reviewed study was guided by family systems theory and used mixed methods approach and

concurrent research design was adopted. Quantitative data was analysed using descriptive statistics and Pearson correlation while qualitative data was analysed thematically. Wanjiru noted that there were inadequate services for family psychological wellbeing, which indicated that the family's wellbeing was compromised. Pearson's correlation results ($p< 0.05$, $r =0.031$) indicated that there was no significant correlation between the services offered and family psychological wellbeing within the institution. The reviewed study examined the rehabilitees' family wellbeing in Nairobi County while the current study examined family support offered to clients in treatment centres in Uasin Gishu County.

Savatia *et al.* (2020) carried out a study on effectiveness of rehabilitation programmes in management of juvenile delinquency within penal institutions in Kakamega Kenya. The study was guided by social learning theory and quantitative data was analysed descriptively and presented in form of figures and tables. For the sample, a total of 335 respondents which included 279 juveniles, 36 key informants, 10 relapsed juveniles and 10 reformed juveniles. Snowball sampling was used to select relapsed juveniles and convenience sampling for reformed juveniles. It was established that juveniles were taken through vocational training, guiding and counselling and formal education programmes. Findings indicated that the rehabilitation process was not successful. Spearman rank order correlation confirmed the ineffectiveness of rehabilitation programmes for juvenile delinquency ($r=0.46$; $p \leq .05$). Rehabilitation programmes were affected by the physical and human environment at (74%). Lack of after-care services hindered the effectiveness of rehabilitation. Of the respondents, 264(94.7%) felt they were not successfully rehabilitated and that juveniles felt that the rehabilitation did not reform them and never saw any relevance for them being committed in penal institution for a

maximum of three years. Apart from insufficient facilities, trainers in the institutions noted that the parents of the juveniles were never involved in rehabilitating their children. Therefore, the current study was carried out to establish the relationship between family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

Puffer *et al.* (2020) conducted a study on family functioning and mental health changes following a family therapy intervention in Kenya. They established that family-based interventions provide very important pathways in dealing with chronic negative family relationships and interactions. Additionally, both the caregivers and children attested to the fact that family therapy led to a reduction in dysfunction and lead to an improvement of mental health of family members. Families that took part in family therapy reported a reduction in harsh discipline, intimate partner violence and alcohol related problems. For the study, a pre-post, single group design and mixed method to look into the effect of family therapy. Treated families also showed a decrease in alcohol related problems. The reviewed study was carried out among all the family members to establish the effect of family therapy on family dysfunction while the current study was carried out to find out the effect of family support on management of adolescent risky behaviour.

Enane *et al.* (2020) undertook a qualitative assessment of barriers and facilitators of adolescent retention in HIV care in Western Kenya. The study adopted a qualitative research design, involving 116 adolescents and caregivers. Hospitals were purposefully selected for the study. Interviews and focus group discussions were used to collect data for the study. Findings showed that adolescents with positive relationships with family members or those with peers with the resources to support

their care were facilitated to overcome the barriers. In addition, those who had little support for some people had greatest challenges staying in care. The research concluded that most of the vulnerable adolescents in HIV care needed a lot of support to mitigate the impact of negative effects. The study recommended that more research needed to be carried out to determine the effect of peer interventions on retention in care. The current study is a response to this recommendation, examining the relationship between family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The reviewed study was carried out in Western Kenya among adolescents living with HIV while the current study was carried out in Uasin Gishu County among adolescents in therapeutic communities.

Kinyanjui (2019) used a correlational research approach to examine the relationship between family support, self-efficacy and relapse occurrence among youths recovering from drug addiction in selected rehabilitation centres in Limuru Kenya. The study results showed that family support is a very important influencer of self-efficacy ($t=19.035$; $p=0.034$) and that it is also an important predictor of relapse ($t=17.848$; $p=0.028$). The researcher also noted that a unit of increase in family support would lead to a 40.7% increase in self-efficacy ($\beta=0.407$) and a unit of increase in family support would lead to a 38% decrease in chances of relapse ($\beta=-0.380$). The reviewed study was carried out in selected rehabilitation centres in Limuru and examined 25-100 respondents aged between 18-39 years. The study was also supported by the principles of social support and family systems theory whereas the current student studied adolescents from 11-17 years in therapeutic communities in Uasin Gishu County and was supported by the principles of Reality therapy by Dr William Glasser.

Kioko (2019) observes that the family is usually the first environment within which family members interact. Based on this view, Kioko carried out a study to determine the relationship between family structure and juvenile delinquency in Nairobi and Kiambu counties. The researcher carried out a quantitative study and used a cross-sectional descriptive design was involving purposive sampling technique. The study involved 113 participants. Results from the study revealed that majority of the respondents (108, 95.6%) were dysfunctional compared to mere 4.4% who had functional families. Kioko concluded that family structure and functions may have positive and negative effect on children and adolescents. The reviewed study was carried out in Kiambu and Nairobi Counties while the current study was undertaken in Uasin Gishu County to determine the relationship between family support and management of adolescents' risky behaviour in therapeutic communities.

Cheloti and Gathumbi (2016) interrogated distance between school and community intervention strategies for controlling drug and substance abuse in secondary schools in Kenya. They note that despite the governments' effort in the fight against drug and substance abuse in Kenya, the problem remains untamed. Therefore, the study assessed the effectiveness of the school community in curbing drug and substance abuse (DSA) among secondary school students. Literature relating to various aspects of school community and curbing DSA in schools was reviewed. The study employed descriptive survey design. The study sample consisted of 35 head teachers and 407 students. Questionnaires were used to collect data from head teachers and students. Descriptive statistics were used to analyse data. The findings of the study showed that students obtained drugs from the school community. Lack of cooperation from parents and guardians was frustrating DSA intervention efforts in schools.

Cheloti and Gathumbi concluded that the use of school community was not effective in curbing DSA in schools. The study recommended an integrated approach where different strategies or combination of strategies are used purposively for different DSA cases. Head teachers should collaborate with law enforcers, government agencies, such as NACADA, NGOs and FBOs, to curb the supply and demand of drugs and substances. The Ministry of Education could review its policy on punishment and expulsion as regards to curbing alcohol and drug abuse among students. These recommendations informed the present study in examining the strategies to enhance the effectiveness of psychosocial interventions in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

2.4.8 Socio-Demographic Characteristics and Management of Adolescents' Risky Behaviour in Therapeutic Communities

Underwood *et al*. (2020) carried out a study on methods for the youth risk behavior surveillance system (YRBSS). They noted that youth health behaviour data at all levels help in monitoring the effectiveness of public health interventions that are made to promote adolescent health. For the study, a three-stage cluster sampling design was used to produce a representative sample of adolescents in grades 9-12 who attended public and private schools. The study concluded that YRBSS is the best source for quality data at the national, state, territorial, tribal and local school district levels for monitoring health-related behaviours that add to the leading causes of death and illnesses among school going adolescents and that can lead to health problems as adults. This study was limited to the use of demographic characteristics sex, ethnicity and grade unlike the current study that used gender and academic level.

Felitti *et al*. (2019) explored the relationship between childhood abuse and household dysfunction. They noted that those who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt disease. For the study, logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures and risk factors. The reviewed study was limited to childhood abuses and household dysfunction whereas the current study examined adolescents aged 11-17 years in therapeutic communities in Uasin Gishu County.

Baiden *et al*. (2019) carried out a study on the association between age at first alcohol use and suicidal ideation among high school students. For the study, a sample of 10,745 adolescents aged 14-18 years (50.9% males) were analysed using logistic regression, age at first alcohol was used as the main clarifying variable. Results from the study indicated that adolescents who started having alcohol before 13 years of age had 1.60 times higher probabilities of experiencing suicidal ideation. Meanwhile, adolescents who started taking alcohol at 13 years and above had 1.47 times higher probabilities of experiencing suicidal ideation. The reviewed study focused on adolescents aged between 14-18 years with alcohol and suicidal ideation only and did not engage in other risky behaviours.

Bennett-Levy (2019) conducted a study on the personal practice in therapist training and professional development in Sydney. He observed that the development of the most effective therapists about personal practice in therapist training and professional development is by a large extent around the value of personal therapy. According to the study, two forms of personal practice, meditation programmes and

self-practice (SP) or self-reflection (SR) programmes, have developed a growing evidence base on the importance of work experience. Bennett-Levy suggests that many therapist qualities such as empathy and alliance building qualities are associated with better outcomes and therapists perfect them in the process of interacting with the clients. The reviewed study was carried out in Sydney and assessed therapists training and professional development and did not include work experience in therapeutic communities. The present study examined the relationship between socio-demographic characteristics and adolescents' risky behaviour management in therapeutic communities in Uasin Gishu County, Kenya.

Alhajji *et al*. (2019) carried out on a study on cyber-bullying, mental health, and violence in adolescents and associations with sex and race. For the study, a representative sample of 9th to 12th grade learners in the United States were examined using bivariate and logistic regression analysis. Findings from the study indicated that more than 15% of students reported cyber-bullying victimization and that female adolescents were more likely to report victimization than male adolescents. According to race, non-white adolescents were 50% less likely to report cyber-bullying victimization than white adolescents. The results also indicated that cyber-bullying victimization was significantly more likely in adolescents with depressive symptoms, suicidal ideation, and suicide planning, carrying a weapon, and engaging in a physical fight. This study was limited to association with sex and race. The present study explored the relationship between socio-demographic characteristics, namely gender and level of education, and adolescents' risky behaviour management in therapeutic communities in Uasin Gishu County.

MacArthur *et al*. (2018) investigated the individual, family and school level interventions targeting risk-taking behaviours among adolescents. They noted that findings from systematic reviews have been mixed, and the effects of these interventions cannot be quantified. For the study, data in meta-analyses was pooled using a random-effects (DerSimonian and Laird) model. For each outcome, sub-groups related to study type (individual, family, or school level) were included, and effectiveness at up to 12 months' follow-up was carried out. From the study results, multiple risk behaviours, that is, universal school-based interventions, were helpful in relation to tobacco use. According to the MacArthur *et al*., this review did not provide strong evidence of benefit for family- or individual-level interventions across the risk behaviours studied. The reviewed study was based on a Cochrane database systematic analysis involving children and young people up to 18 years who were not necessarily in treatment centres in the UK. In contrast, the current study was carried out among adolescents aged 11-17 years in treatment centres in Uasin Gishu County, Kenya.

Krysinska, Batterham and Christensen (2017) undertook a gender-based comparative analysis of psychosocial interventions for suicidal ideation and behaviour in women and men. The study relied on a systematic review of literature. From the study findings, Krysinska *et al.* concluded that majority of reviewed studies looking at treatment outcomes in gender sub-groups showed no differences between women and men or indicated that some psychosocial interventions are effective for women. They therefore recommend that there is a need for studies which look at gender effects and development of interventions more effective and appealing for men at risk of suicide. The present study partly fulfils this recommendation. The reviewed study underscores the importance of gender as a demographic in evaluating the effectiveness of psychosocial interventions. Therefore, the present study adopted gender as a crucial

variable in examining the effectiveness of various psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

Pozuelo *et al.* (2022) carried out a systematic review on depressive symptoms and risky behaviours among adolescents in low- and middle-income countries. Fifteen electronic databases were searched for case-control studies about adolescents in LMICs. Adolescents with depressive symptoms were more likely to engage in risky sexual behaviour and substance use. Other behaviours included delinquency, adverse school behaviour, self-harm, and suicidal behaviour. Adolescents with depressive symptoms were more likely to engage in risky sexual behaviour (OR 1.3 95% CI 1.1-1.5) and substance use (OR 1.8, 95% CI 1.4-2.2) compared to non-depressed adolescents. This study concluded that adolescents with depression in LMICs carry a double. This may lead to further psychological and physical health problems. The reviewed study was limited to depressive symptoms and risky behaviour in low- and middle-income countries, unlike the current study that examined adolescents in therapeutic communities in Kenya.

Azeez and Babalola (2020) examined the effects of cognitive behaviour group therapy on adolescents' aggressive behaviour in Nigeria. The study was carried out among 160 secondary school adolescents. Pre-test, post-test quasi experimental design was employed and Aggressive Behavioural Questionnaire by Buss and Perry was used to collect data. To test the hypothesis, Analysis of Covariant (ANCOVA) was used. The findings indicated that the treatment was effective in treating adolescents' aggressive behaviour. It was also noted that the moderating variable of gender and socio-economic background had no significant effect on the criterion

variable. The reviewed study was carried out among 160 secondary school going adolescents in Nigeria using a quasi-experimental design while the current study was a mixed methods research design involving two methods ex post facto and phenomenological designs among adolescents in therapeutic communities in Kenya. The reviewed study specifically focused on effects of cognitive behaviour group therapy on adolescents' aggressive behaviour in Nigeria while the current study focused on psychosocial interventions on management in risky behaviour including aggression among adolescents in therapeutic communities. The reviewed study only employed group therapy and was limited to gender and socio-economic background and did not include age and academic level as did the current study.

Scheibe et *al*. (2020) did a study on six-month retention and changes in quality of life and substance use from a low-threshold methadone maintenance therapy programme in Durban, South Africa. They registered a cohort of 54 clients with an opioid use disorder for the study. Baseline socio-demographic characteristics were reviewed and described where baseline and 6-month substance use were assessed using the World Health Organization's Alcohol Smoking and Substance Use Involvement Screening Test (ASSIST) and quality of life using the SF-12. From the study, majority of the participants were young, black African males, with a history of drug use spanning over 10 years. The results indicated that retention after 6 months was 81%. After 6 months, the median heroin ASSIST score decreased from 37 to 9 ($p < 0.0001$) and the cannabis ASSIST score increased from 12.5 to 21 ($p = 0.0003$). The median mental health composite score of the SF-12 increased from 41.4 to 48.7 ($p = 0.0254$). In conclusion, Scheibe *et al*. suggested that high retention, significant reductions in heroin use and improvements in mental health among participants retained on methadone maintenance therapy for 6 months. The study sample included

participants aged 18 years or older; ≥ 12 months history of heroin use with ASSIST score of ≥ 27, which is different from the current study. This study was limited to age and methadone therapy unlike the current study that examined age and level of education in relation to psychosocial interventions.

Amoateng, Kalule-Sabiti and Arkaah (2014) explored the effect of socio-demographic characteristics on risky-sexual behaviours among adolescents in the North West Province of South Africa. The study found that individual and contextual factors such as gender, grade, religiosity, and peer influence, parental value of children, parent-child communication, school attachment, the use of alcohol and substance like tobacco and marijuana all affect sexual risk behaviours like lifetime sex, recent sexual activity and involvement with multiple sexual partners. At the individual level, the study noted that males and adolescents in grade 11 were much more likely than females to report such risky sexual behaviours as lifetime sexual activity, recent sexual activity and involvement with multiple sexual partners than their female and grade 9 counterparts, respectively. At the level of the contextual factors, the study noted that the family, in the form of parental values of children, school attachment, peer influence, the media and religion all affect adolescent development. This study recommended that parent-child relationship, especially, parent-child communication, is very important in engendering pro-social behaviours in the adolescent child. As such, parenting as far as the adolescent child is concerned must seek to demonstrate how much parents value them vis-à-vis the adolescent's peers and other social contexts besides the family. The present study advances the reviewed work by providing various psychosocial interventions that can be used to manage adolescents' risky behaviour. The study examined the influence of media and religion unlike the current study that examined gender, age and academic level.

Ogunsola and Fatusi (2016) studied risk and protective factors for adolescent substance use. They compared the prevalence of substance use among in-school adolescents in urban and rural areas of Osun State, Nigeria, and identified risk and protective factors. The study was a cross-sectional by design and involved 600 randomly selected adolescents aged 10-19 years from rural and urban areas. Data was collected using the facilitated self-completed questionnaire method. Binary logistic regression was used to examine the association of individual, peer, and parental factors with adolescent substance use. Ogunsola and Fatusi found that two-thirds of respondents had used substances in both rural (65.7%) and urban areas (66.0%) (p=0.93). Moreover, the logistic analysis showed that private school attendance was a risk factor for substance use (OR=2.32, 95% CI=1.20–4.46) and adolescent disapproval of adult substance use was a protective factor (OR=0.47, 95% CI=0.27–0.82) in rural areas. From the study, it was concluded that lifetime prevalence of substances was high among in-school adolescents and that protective factors for adolescent substance use somewhat differ for rural and urban areas which was seen have implications planning of effective intervention strategies. The reviewed study was a cross-sectional study among in-school adolescents in Nigeria and used binary logistic regression to examine associations between the variables.

Gitonga, Chege and Karuku (2021), in a study on personality types and socio-demographic determinants of girls' aggressive behaviours in rehabilitation programmes in Kenya, sought to examine relationship between big five personality traits and socio-demographic factors of aggression among adolescent girls between 12-17 years. Results from the study showed a significant weak negative correlation between extraversion personality trait and physical aggression. The findings from this study suggested that various types of personality responded aggressively or non-

aggressively to situations. The reviewed study was limited to big five factor personality trait and socio-demographic determinants of aggression unlike the current study which examined academic level, gender with psychosocial interventions.

Maithya and Cheloti (2019) examined parental involvement in management of drug abuse crisis among children and youth in Kenya. They observed that 5.5% of the world population aged 15 years and above had used drugs in the previous year and that the drug problem had reached crisis level. The researchers further noted the problem affected adolescents irrespective of gender and that the main key factor that affects these adolescents is parental involvement. In conclusion, parental monitoring and supervision was found to be the most important in prevention and recommended that parents should set rules for their children's activities and social engagement to ensure a suitable behaviour and reduce the likelihood of involvement in drug and substance abuse. Therefore, the present study saw a need to explore the relationship between socio-demographic characteristics and adolescents' risky behaviour management in therapeutic communities in Uasin Gishu County.

Sereta *et al.* (2016) conducted a study on effectiveness of rehabilitation programmes in Kisii County. They noted that therapists and staffs in rehabilitation centres were sufficiently trained, with many of them holding degrees, diplomas and certificates from recognized institutions. They also possess proficiency in drug management and rehabilitation tasks. The study employed the matrix model to achieve the objectives. The study was limited to academic qualification of therapist and did not include gender of both adolescents and therapists in the treatment centres. Therefore, the present study was conducted to examine the relationship between

socio-demographic characteristics and adolescents' risky behaviour management in therapeutic communities in Uasin Gishu County.

2.5 Summary of Literature Review and Restatement of Knowledge Gap

The chapter has covered a review of related theories, review of relevant empirical literature based on the research questions an. The first part of the chapter covered theoretical framework in details followed by the review of the following related theories: Family systems theory by Bowen Murrrey (1978); Social Learning theory by Albert Bandura (1962), and Lifespan theory by Erik Erikson (1902-1994). The theories were reviewed to identify their main propositions and concepts, strengths and weaknesses and finally applications. Each of the reviewed theories gave insight on adolescents' risky behaviour management and provided suggestions on the possible intervention strategies on management of problem behaviour. Ultimately, the section has justified why these theories were not used in the current study due to their weaknesses.

From the review of literature, it was evident that many studies have focused on rehabilitation programmes for youthful offenders and juvenile delinquents in rehabilitation schools, centres and correctional facilities. Only one study examined the combination of counselling, recreational activities provision of physical care and family support in evaluating the effects of rehabilitative interventions in therapeutic communities. Therefore, it was necessary to replicate such a study in the context of Uasin Gishu County, Kenya. De Leon (2020) on unique social psychological approach to treatment of addiction considered a practical aspect such as motivational enhancement, cognitive behaviour therapy and contingency, which should lead to total elimination of social deviance, promote the development of positive social

values and appropriate behaviour. Nevertheless, the reviewed study was carried out in Australia while the current study was carried out among adolescents in therapeutic communities in Uasin Gishu County, Kenya.

Bhattacherjee *et al.* (2015) carried out a study on prevalence of risk factors of non-communicable diseases (NCD) in India. This was a community based cross-sectional study among adolescents. Jan, Ali and Ali (2016) examined the role of family in rehabilitation of drug abuse in Pakistan and noted that family plays a very important role in rehabilitation. The study used snowballing sampling techniques to obtain the study sample and Chi-square test for testing associations between the two variables. Maslowsky *et al.* (2019), on the other hand, noted that adolescents have limited ability to self-regulate impulsive and reward-driven behaviour in America. Meanwhile, Hosseinian and Nooripour (2019), in a study on effectiveness of mindfulness-based intervention on risky behaviour resilience tolerance in Iran, used quasi-experimental design. The current study used simple random sampling and purposive sampling techniques and to test the hypotheses one-way analysis of variance was used.

Gouse *et al*. (2016) documented treatment cascade for engagement in care and abstinence at treatment exit. The study used the matrix model method in a clinical setting. Results indicated that motivational enhancement interventions supported treatment initiation and promoted sustained engagement in treatment. The reviewed study was carried in the sub-Saharan Africa while the current study was carried out in Uasin Gishu County using embedded research design. Kirui, Adeli and Barasa (2021) examined the challenges facing rehabilitation centres in management of drug and substance abuse. The study used survey research design. The findings indicated that

there were inadequate support services, rehabilitation abandonment and high client relapse. Therefore, the current study saw a need to evaluate the effects of psychosocial interventions on management of risky behaviour among adolescent.

The reviewed studies also show that there is a relationship between risky behaviour and family support, which comes through family bonding and family functioning and client resources. Such studies include Au and Wong (2022), Zeng and Tan (2021) in China, Quinn *et al*. (2021) in USA, Muchiri and Dos Santos (2018) in South Africa, and Isaacs *et al.* (2018). However, Jones and Pierce (2021) noted that early exposure to adverse childhood experiences due to family relations had an effect on delinquency. Dou, Qi Lin and Wang (2020), in China, also noted that negative parenting was associated with deviance. Mowen and Boman (2018), in USA, on reported that there was an interplay of crime, substance use, family conflict and peer delinquency.

Further, the studies reviewed also showed that there was a relationship between different socio-demographic factors and management of adolescents' risky behaviour. Studies that touched on socio-demographic characteristics, such as sex, ethnicity, grade and race among others, included Underwood *et al*. (2020), Baiden *et al*. (2019), Alhajji *et al*. (2019), Pozuelo *et al*. (2022), and Gitonga, Chege and Karuku (2021).

From the discussion in this chapter, some of these studies had methodological limitations. For instance, some used only one research method, either qualitative or quantitative, in data collection. The present study used mixed methods and triangulation of methods. Some studies also glossed over or avoided aspects of management of adolescents' risky behaviour in therapeutic communities. Such studies included Hosseinian and Mooripour (2019), Moshki, Hossanzade and Taymorri

(2014) and Gikonyo (2017). In addition, differences in intervention strategies, mainly cognitive behaviour therapy, contingency management and behaviour modification as used by McCart, Michaels and Mairo (2017) and Wanjeri (2018) narrowed some of the findings to specific treatments. Therefore, this study focused on effects of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya.

2.6 Conceptual Framework

The conceptual framework in Figure 1.1 shows the relationship between psychological interventions (independent variable) and risky behaviour (dependent variable) among adolescents in therapeutic communities in Uasin Gishu County, Kenya.

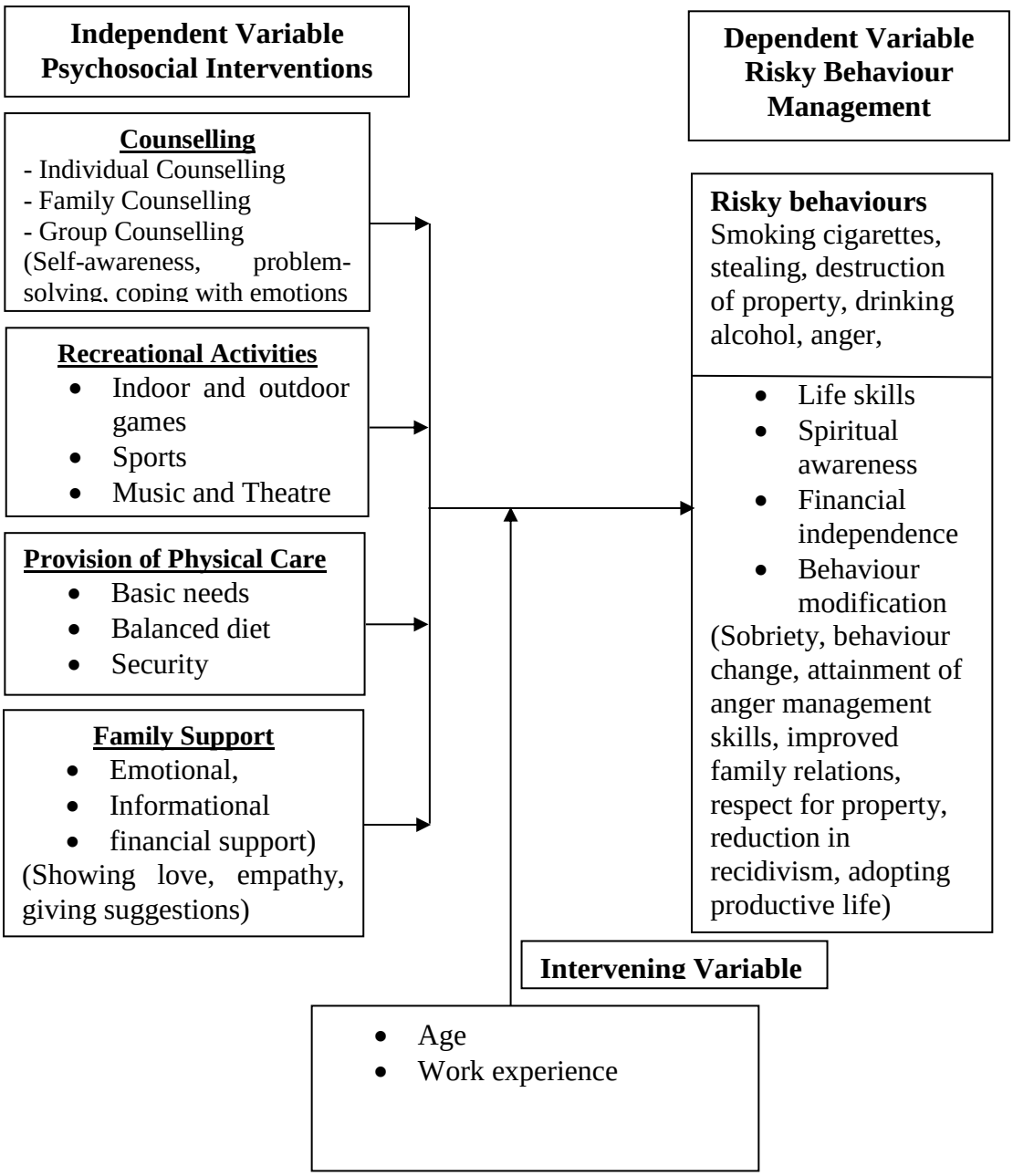

Figure 1.1: Conceptual framework

As indicated in Figure 1.1, this study conceptualized that psychosocial interventions (independent variable) have an effect on management of adolescents'

risky behaviour (dependent variable). The relationship predicted that psychosocial interventions were expected to help adolescents in TCs to manage or overcome risky behaviour, which would lead to attainment of sobriety, positive thinking and making of right choices.

Under the Children's Act (2017), the Kenya government established rehabilitation schools to provide accommodation and care for children. The government ensures that these institutions maintain proper conditions and manage them in the best interests of the children. Rehabilitation schools fulfil both welfare and rehabilitative roles, recognizing that children who break the law require the same care and treatment as law-abiding citizens who cannot care for themselves, necessitating state intervention in their lives. As such, legal action is considered a civil process that determines their need for treatment. The conceptual model in Figure 1 posits that psychosocial interventions, which include counselling, recreational activities, provision of physical care and family support, can help adolescents in therapeutic communities achieve positive behaviour change.

These psychological interventions, implemented in TCs, are envisaged to help in the management of risky behaviour among adolescents (De Leon, 2020). The indicators of risky behaviour management for the study included attainment of sobriety, reduction in misbehaviour, anger management, improved family relations, respect for property, reduction in recidivism and adopting a productive life.

Sometimes, independent variables may have direct effect on the dependent variables without intervening variables. For example, a therapist’s conduct may influence adolescents to behave very well. However, intervening variables, such as gender and academic level may reduce or increase the effect of the intervening

variable. For example, provision of physical care, counselling and recreational activities may in the long-run reduce the effect of risky behaviour in therapeutic communities, if the client understands and so desires to have positive and socially acceptable behaviour.

2.7 Summary

This chapter has provided a review of theories and literature related to the study. Three theories were reviewed in the chapter. The review of literature has also examined various knowledge gaps that the current study sought to fill. Lastly, the chapter has described the conceptual framework adopted in this study. The framework explains the relationship between the variables of the study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the study area, research methodology, design, target population, sample and sampling procedures, data collection procedures, data analysis, techniques and ethical considerations of the study. It also presents a description of the research instruments. Pilot testing, dependability of instruments results are also discussed in the chapter.

3.2 Research Design

This study adopted the embedded mixed methods research design. In this approach, one data set provides a supportive secondary role in a study based primarily on the other data type. In embedded design, different data sets at the design level are mixed, with one type of data being embedded within a methodology framed by the other data type (Creswell, 2007; Almalki, 2016). For the current study, the quantitative strand used ex post facto design, which was the main study, while the qualitative strand used phenomenological design.

Ex post facto design was chosen because it is non-experimental and there was no need for manipulation of the independent variable to investigate the effects of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities. According to Okendo, Atoni and Kitula (2020), ex post facto design is conducted to assess cause-and-effect relationship when both have already taken place. For this study, effects of psychosocial interventions had already affected the management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County when the study was conducted.

The choice of a qualitative phenomenological design was considered against the four other qualitative approaches and their primary focus. According to Creswell (2013), the four other qualitative designs, namely biography, grounded theory, case studies and ethnographic research, do not derive meanings from experiences that provide an understanding of the essence of experiences in relation to phenomena. As such, the application of a phenomenological approach in the present study provided the context from which psychosocial interventions and associated effects on adolescents' behaviour management could be explored. This was for purposes of triangulation.

3.3 Study Area

The study was conducted in therapeutic communities in Uasin Gishu County, Kenya. Uasin Gishu County is situated in the mid-west of Kenya's Former Rift Valley Province. It borders six other counties, namely Elgeyo-Marakwet County to the east, Trans-Nzoia to the north, Kericho to the south, Baringo to the south-east, Nandi to the south-west and Kakamega to the west. The County has six therapeutic community centres accredited by NACADA, one probationary institution and one rescue centre that were engaged in this study.

Uasin Gishu County was chosen as the locale of the study because adolescents in this area come from varied cultural backgrounds, being a cosmopolitan and information Rich County. Besides, according to Kahiu (2021), there has been an increase in alcohol and bhang use among adolescents in Uasin Gishu. As a solution to this problem, Kahiu suggests the establishment of more rehabilitation centres in Uasin Gishu. Similarly, Kirui *et al.* (2021), in their study, also notes the limited capacity of rehabilitation centres in Uasin Gishu County to effect positive change on clients'

behaviour. At the time of conducting this research, no academic study had been carried out to address the effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

3.4 Target Population

There are many adolescents in Uasin Gishu County. However, the study targeted all adolescents of ages 11-17years, all the counsellors, recreational activities trainers, caregivers and recoverees in therapeutic communities in Uasin Gishu County. This age bracket was chosen because it represents a time of significant and rapid biological, social and psychological changes (Dahl *et al*., 2018). The developmental period is characterized by identity exploration, increasing autonomy from parents and reliance on peers. This is compounded with heightened sensation-seeking, risk-taking and the initiation of romantic and sexual relationships.

Table: 3.1 ***Target Population of Adolescents, Counsellors, Recoverees and Trainers in Therapeutic Communities***

Therapeutic community	**Clients**	**Counsellors**	**Recoverees**	**Sports trainers**
A	64	3	5	2
B	60	2	3	2
C	43	2	2	2
D	73	3	2	2
Total	**240**	**12**	**8**	**10** **=270**

Source: Researcher (2023)

3.5 Description of Sample Size and Sampling Procedures

According to Mugenda and Mugenda (2013), a sample size is the number of people or objects in a given population used to represent the whole population targeted. The target population for this study comprised all adolescents with behaviour problems in therapeutic communities, all counsellors, care providers, sports trainers and recoverees helping clients in therapeutic communities in Uasin Gishu County. The respondents were drawn from rehabilitation centres, a rescue centre and probation institution constituting 270 in total (NACADA, 2022). Adolescents in the therapeutic communities who suffered from mental illness were not included in the study.

The first group comprised all adolescents with behaviour problems undergoing treatment in therapeutic communities in Uasin Gishu County at the time of the study. The second group comprised all counsellors, trainers care providers and recoverees helping recovering clients in therapeutic communities in Uasin Gishu County.

3.5.1 Sampling of Therapeutic Communities

There were nine therapeutic communities in Uasin Gishu County at the time of the study. The therapeutic communities were stratified into two groups, those accredited by NACADA and those not accredited. Six therapeutic communities had been accredited and licenced by NACADA. The researcher used critical case sampling, which is a type of purposive sampling, to select two of the accredited therapeutic communities that were well established and had a high number of clients. Therefore, Rescue Centre and a probation institution were purposively selected because they were the only institutions housing adolescents undergoing rehabilitation in Uasin Gishu County at the time of the study.

3.5.2 Sampling of Adolescents

Adolescents to take part in the study were sampled using probability sampling where the researcher used proportionate stratified random sampling. Adolescents were put into two groups according to gender. The reason for using stratified random sampling was to allow equal representation of male and female adolescent in the study after which systematic sampling techniques were used. According to Mugenda and Mugenda (2013), a sample size is the number of people or objects in a given population used to represent a whole population.

According to Yamane (1967) the population of below 1000 respondents can be calculated using the formula therefore, the sample size formula was used to determine the sample of the study.

n = N÷ 1+N (e) 2

N ÷ [1+ (0.05x0.05)]

Where: N=Population n =Sample Size e= Margin of Error at 5% (0.05).

Using systematic sampling, the first unit was selected randomly and the remaining units of the sample selected using a fixed period Etikan & Bala, (2017). For the current study, the first subject was randomly selected and the remaining subjects of the sample were selected by using a fixed interval of every third until all the adolescents in the register were represented to obtain a sample of n=80 adolescents who took part in the study. Therefore, the sample size comprised of 80 adolescents.

Table 3.2*: Sample for the Quantitative Strand*

Therapeutic Communities	Female Clients	Sample	Male clients	sample
A	25	8	39	13
B	26	9	34	11
C	24	8	19	6
D	33	11	40	14
Total	**N=108**	**n=36**	**N=132**	**n=44**

Source: Researcher (2023)

3.5.3 Sampling of Counsellors, Trainers and Recoverees

Census approach was employed to select all the counsellors, sports trainers, care providers and recoverees were involved in the study. This was because they are working in therapeutic communities helping clients. From the 4 therapeutic communities, 12 counsellors, 10 sports trainers and 8 recoverees were selected to take part in the study.

3.6 Description of Research Instruments

For the quantitative strand, adolescents' questionnaire (Appendix II) with a rating scale and open-ended items was used to collect data for the study. To collect qualitative data, the researcher used interview guides for counsellors, trainers of recreational activities and recoverees (Appendices III-V) and document analysis guide (Appendix IV).

3.6.1 Questionnaires for the Adolescents

Adolescent's questionnaire (Appendix II) was used to collect data from the adolescents. Questionnaires were deemed appropriate since the researcher can gather information from a large audience within a short period of time and that they were

inexpensive. Respondents feel more confident filling answers in a questionnaire since the instrument enhances anonymity. According to Mugenda and Mugenda (2014), the main advantage of using questionnaire is that they are replicable and can be used in later studies.

The adolescents' questionnaire was developed by the researcher based on the research questions. The questionnaire was accompanied by a letter of introduction stating the purpose of the study and requesting the respondents to provide complete and accurate answers to address the objectives of the study. In situations where adolescents could not read or comprehend items in the questionnaire, the researcher translated for and explained to them and then filled their responses accordingly.

The adolescents' questionnaire was divided into five sections. Section A collected demographic information on gender, age and academic level. Section B was used to collect data on psychosocial interventions applied in therapeutic communities to manage adolescents' risky behaviour. This section was sub-divided into four sections; the first part had items on counselling interventions, the second on recreational activities, the third on provision of physical care, and the fourth part had questions on family support. The responses were rated on a five-point rating scale where: 5= Always, 4=Often, 3=Sometimes, 2=Rarely and 1=Never. The ratings of 'never' was interpreted as none while 'often' and 'always' were interpreted as many times. A score of 'sometimes' indicated an average number of times. Questions in Section B of the questionnaire addressed the first research objective on psychosocial interventions applied in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

Section C sought to address the second research objective on the extent to which adolescents' risky behaviour has been managed in therapeutic communities. This section was scored on a 5-point rating scale where: 5=Larger extent, 4=Large extent, 3=Moderate extent, 2=Small extent, and 1=Smaller extent. The ratings of 'smaller' and 'small' were interpreted as low extent while 'large' and 'larger' were an indication of high extent to which risky behaviours had been managed in therapeutic communities. A score of 'moderate' was an indication of average extent. The section was sub-divided into four as follows: the first part was on counselling, second on recreational activities, the third part on provision of physical care and the fourth part on family support. The section sought to answer research questions 2-6.

Section D of the questionnaire consisted of open-ended items meant to allow respondents to give their considered opinions concerning the treatment of adolescents in therapeutic communities. The respondents were asked to indicate areas of improvement of psychosocial interventions in TCs to aid adolescents' recovery.

3.7 Description of Qualitative Instruments

In order to obtain more detailed descriptions, the researcher used qualitative data collection tools. Qualitative data collection instruments used included interview guides for counsellors, recreational activity trainers and recoverees working in therapeutic communities as after going through treatment. These instruments allowed the researcher to ask question to obtain in-depth information on the phenomenon under investigation and to enhance data triangulation.

3.7.1 Interview Guide for Counsellors

Interview guides for counsellors (Appendix III) was used to gather information on the effects of psychosocial interventions on management of risky behaviour among

adolescents in therapeutic communities in Uasin Gishu County. Interview guide was made simple and clear to ensure that it is easily understood. The tool was used as a guide to conduct interviews with key informants who were expert on the phenomenon under investigation. Oral questions were read from the guide and responses were recorded by the researcher. Section A contained 10 questions. Questions 1-2 addressed research question 1, questions 3-5 addressed research question 2, questions 6-8 collected information on research questions 3-5, question 9 collected information on research question 6. Section B collected demographic information, which included gender, length of time the respondent had worked in therapeutic communities, marital status, level of education, and the course undertaken, and how their experience and qualification had helped them in assisting adolescents in their recovery process in therapeutic communities. The section also addressed research question 7.

3.7.2 Interview Guide for Recoverees

Interview guides for recoverees (Appendix IV) was used to gather information on the effect of psychosocial interventions on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County. The guide consisted of two sections. Section A collected information on research questions while section B collected demographic information. In section A, question 1(a) addressed research question 1, question 1(b) addressed research question 2, question 2(a) and (b) addressed research question 3, question 2(c) addressed research question 4 while question 2(d) addressed research question 5. Questions 3-4 addressed research questions 5 and 6. Section B sought demographic information, which included the length of time worked in therapeutic community, marital status, highest level of education and the course done. The section also addressed research question 7.

3.7.3 Interview Guide for Recreational Activities Trainers

Interview guides for sports or recreational activities trainers (Appendix V) was used to gather information on the effect of psychosocial interventions on management of risky behaviour among adolescents in therapeutic communities in Uasin Gishu County. The instrument consisted of open-ended questions and was divided into two sections. Section A collected information on the research questions while section B collected demographic information and addressed research question 7. In Section A questions 1 addressed research questions 4 while question 2 addressed research question 1. Section B asked questions to indicate their demographic information such as gender, marital status, number of years of sobriety, highest level of education and the course done.

3.8 Document Analysis Guide

Document analysis guide (Appendix VI) was used to collect information from therapeutic communities' records and client intake information. Document analysis helped the researcher to make sense of the data provided and to select appropriate pieces of information to enhance the study's triangulation. The analysed documents also provided additional information that enriched the research findings. Document analysis guide was used in the study since it facilitates the researcher in collection of large amounts of reliable and detailed information without necessarily interacting with many respondents (Babbie, 2010).

3.9 Validity, Pilot Testing and Reliability of Research Instrument Results

3.9.1 Validity of Quantitative Instruments

The research instruments were validated through the expert opinion of personnel in psychology who were more conversant in the area of psychosocial interventions

and adolescents' risky behaviour management. The questionnaire was tested for appropriateness of items to the respondents, to the research questions and for clarity of the language used.

Face validity used for the study evaluated the appearance of the questionnaire in terms of readability, uniformity and the simplicity of the language used. To attain face validity for the study, the researcher presented the instruments to participants during pilot study.

Item content validity index (CVI) was used to test the validity of the questionnaire. The tool was given to three experts who rated each item on a rating scale (1=not relevant, 2=somewhat relevant, 3=quite relevant and 4=very relevant). For each item, the number of experts giving a rating of 3 or 4 was divided by the number of experts, validity index was computed using average, which emphasizes item quality, i.e. Computed by using average I-CVI. S-CVI (average).

Table 3.3*: Content Validation*

Section	**Total number of questions**	**ExpI**	**Exp II**	**Exp III**	**Average**	**Content Validity Index**	**Decision**
I	22	21	19	18	19.3	0.88	Valid
II	6	6	4	6	5.3	0.89	Valid
III	12	10	11	10	10.3	0.85	Valid
IV	10	8	10	8	8.7	0.87	Valid
Total	**50**	**45**	**44**	**34**	**41.4**	**0.87**	**Valid**

Based on the results in Table 3.3, the average CVI obtained was 0.87 for a total of 50 items measured in the questionnaire. As indicated by the figures on the table, the questionnaire was deemed valid in line with the view by Shi and Sun (2012) that a

scale with excellent content validity should be composed of I-CVIs of 0.78 or higher and S-CVI/UA and S-CVI/Ave of 0.8 and 0.9 or higher, respectively.

3.9.2 Pilot Study

Before research tools are administered, a pilot test was conducted among adolescents in therapeutic communities in Uasin Gishu County who did not take part in the main study. The researcher visited two therapeutic communities and arbitrarily took a sample of 10 adolescents and 2 counsellors. During pilot testing, research tools were tested for readability, clarity, comprehension of the instructions and presence of errors. A very important reason for carrying out pilot study is to assess whether the tool will collect the kind of data the researcher anticipates for meaningful analysis. The pilot study also enabled the researcher to determine the duration needed to administer and to pre-empt the difficulties the researcher and the respondent were likely to face when carrying out the study. The challenges and recommendations were used to improve the quality of the instrument.

During pilot testing, respondents were given the questionnaires and requested to judge whether the items in the instrument were clear and easy to understand. The respondents were asked to point out ambiguities and areas for improvement. Their feedback was then used to revise the items.

3.9.3 Reliability of Quantitative Instruments

There are different ways of testing reliability, including test re-test method, inter-rater reliability, parallel forms and split-half method. In the current study, test re-test method was used. In view of this, the instruments were pilot-tested among adolescents in Uasin Gishu County. From the data collected from pilot study, reliability coefficient (alpha) was calculated using SPSS. The reliability coefficient, according to

Bowling (2009), assumes values between 0-1, with 0 representing an instrument full of errors and 1 representing a perfect reliability. For this study, a coefficient of 0.7 or higher was considered a sign of acceptable internal consistency.

The reliability results for the instruments were as follows: 0.701 for adolescent questionnaires on items on counselling, 0.766 for items on recreational activities, 0.727 for provision of physical care, 0.783 for items on adolescent risky behaviour management, and 0.701 for items on items on family support. Therefore, the average co-efficient of more than 0.7 was considered acceptable and appropriate.

3.9.4 Credibility and Dependability of Qualitative Instrument

According to Okendo, Atoni and Kitula (2020), there are various ways of ensuring credibility and dependability of qualitative instruments, and they include triangulation, member checking, prolonged engagement, negative case analysis, and peer debriefing. Creswell and Poth (2013) note that validation in qualitative research is a way in of trying to assess the accuracy of the results, as best described by the researcher, the participants, and the readers. The current study used triangulation and member checking to determine the trustworthiness of interview guides and document analysis guides to be used in data collection.

Triangulation is a method used to increase the credibility and validity of research findings. Triangulation, by combining theories, methods or observers in a research study, can help ensure that fundamental biases arising from the use of a single method or a single observer are overcome (Johnson, O'Hara & Hirst, 2017). Immediately after interview session, the researcher spent five extra minutes for the interviewer to validate the data. The datasets (quantitative and qualitative) were compared for

convergence, complementarity and divergence. If the results led to the same conclusions, then the methods helped to validate each other.

Member checking, also known as participant or respondent validation is a technique for exploring the credibility of results. It involves taking back data or results to participants to check for accuracy and resonance with their experiences. For this study, data or results were returned to three participants in therapeutic communities to check if the recorded responses accurately reflected their unique experiences (Birt *et al.*, 2016).

3.10 Description of Data Collection Procedures

To facilitate the researcher to collect data from the field, an authorization letter from the Catholic University of Eastern Africa (CUEA), Faculty of Arts and Social Sciences (FASS), was sought for purposes of clearance to be able to conduct research. A research permit was then obtained from the National Commission for Science and Technology and Innovation (NACOSTI) allowing the research to be carried out. The researcher also sought for permission from the County Director of Health Services in Uasin Gushu, who issued an introductory letter permitting the research to be carried out. Thereafter, the researcher also sought permission from Uasin Gishu County Commissioner and finally permission from Manager in-charge of various therapeutic communities in the County.

Prior visits were made to the therapeutic communities for purposes of familiarization and planning on data collection exercise. These visits enabled the researcher to establish rapport with participants and to schedule appointments with the key informants. During the pre-visits, the researcher clarified on the purpose of the

study and sought assent from the adolescents and consent from those in charge of the therapeutic communities.

The researcher also used the reconnaissance to identify places within the therapeutic communities where key informants would be comfortable giving their views during interviews. On the appointed days, the researcher visited the TCs and administered questionnaires first. Later, she conducted interviews with the key informants. Thereafter, document analysis was undertaken.

3.11 Description of Data Analysis

This study employed both quantitative and qualitative methods to analyse and interpret data.

3.11.1 Quantitative Data Analysis

After collection, the data was edited, coded and entries were coded into the statistical package for social sciences (SPSS). Quantitative data obtained through questionnaires was sorted, coded and analysed using descriptive statistics and inferential statistics. Descriptive statistics included frequencies, percentages, mean and standard deviation. To test hypotheses, inferential statistics, specifically analysis of variance, was employed. ANOVA was used to test H_{01} to H_{04}. For H_{05} and H_{06} the t-test method was used.

3.11.1 Qualitative Data Analysis

Qualitative data was analysed using the thematic approach. Themes were drawn from the research objectives along with other patterns that emerged during the study. According to Braun and Clarke (2006), the thematic approach is a qualitative research method that runs across a range of epistemologies and research questions. This approach involves six phases that were followed in this research, namely

familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and, finally, producing results. The researcher transcribed the data first. She then presented the recorded responses of the participants in form of transcripts or verbal quotes while allocating codes for the initials that were followed by sorting the codes into themes and sub-themes respectively and finally representing them in form of tables and charts.

3.12 Ethical Considerations

According to Kombo and Tromp (2006) researchers need to pay attention to the ethical considerations in research. The researcher sought permission from the relevant authorities before conducting this study. At the beginning, the researcher acquired a research permit from NACOSTI and an introductory letter from the Catholic University Faculty of Arts and Social Sciences (FASS). The researcher also sought permission from the County Director of Health Services in Uasin Gishu County, the County Commissioner and managers in charge of various rehabilitation centres in the County.

Ethical codes in social science research mandate that the investigator has an ethical responsibility to protect the people under study. The ethical considerations made in this study included informed consent, voluntary participation, confidentiality, potential for harm and results communication. At the beginning of data collection, all respondents taking part in the study were informed that participating in the study was voluntary and should they decide not to take part in the study, they were free to leave at any time. The researcher complied with the National Health Research Council Guidelines for research involving humans by observing ethical considerations during the research.

3.12.1 Informed Consent

The current study involved adolescents between the ages of 11 and 17 years who were not allowed by law to provide consent. Therefore, they were given a chance to give assent, which involved an adolescent expressing willingness to take part in research. If assent was given, informed consent was sought from the representative of the therapeutic community where the adolescents resided. Where necessary , consent was sought from the parents or guardians. This was done by providing a consent form where a willing participant's parent or guardian signed as a form of agreement. For the study, participants were provided with a text for them to read detailing the objectives of the study. For those adolescents who could not read, the researcher explained verbally the contents of the consent form before they agreed to participate. The researcher also translated the study materials and, in some cases, worked with an interpreter to the adolescents' first language.

3.12.2 Confidentiality

Appropriate measures were put in place to ensure confidentiality of the respondents and responses made during the study by removing any identifying information from the data collected. All participants have a right to privacy, therefore, their personal data during and even after the study must be protected (Yip, Han & Sng, 2016). For the study, information recorded in the document analysis guides and interview guides were kept confidential and were used only for purposes of the study.

3.12.3 Anonymity

During the study, the researcher ensured the anonymity of the respondents by not collecting personally identifying information such as names and mobile phone numbers among others (Rubin & Babbie, 2008). In addition, plagiarism was avoided

by reading, interpreting and paraphrasing other researchers' ideas and information while giving due acknowledgement of the authors cited (Kour, 2014). Responses from the participants were coded or initialized to avoid familiar names. At the end of research, results from the research were communicated in an honest and reliable way.

3.13 Summary of Methodology

This chapter has presented the research design and methodology of the study. It began with a description of the research design, followed by the study area, target population, sample and sampling procedures, data collection procedures, data analysis techniques and the ethical considerations of the study.

CHAPTER FOUR

PRESENTATION, DISCUSSION AND INTERPRETATION OF FINDINGS

4.1 Introduction

In this section, the results obtained from the respondents are presented. The findings are presented in three sections. The first section one deals with the demographic characteristics of respondents. The second section presents, interprets and discusses data collected to address the research questions. The last section presents and analyses data from the test of hypotheses and document analysis.

Quantitative data was generated from the structured questions while the unstructured questions generated qualitative data. The quantitative data was analysed using descriptive statistics and presented in the form of tables and percentages. The SPSS software was extensively used in statistical analysis, data management, creating derived data and data documentation. One-Way ANOVA test, frequencies, and descriptive ratio statistics assisted the researcher to obtain the descriptive and inferential statistics.

The qualitative data was obtained from the unstructured items in the questionnaire, from the interview schedules with key informants and from document analysis. It was analysed thematically.

4.2 Instrument Return Rate

The questionnaire return rate for adolescents in therapeutic communities was as recorded in Table 4.1.

Table 4.1: **Questionnaire Return Rate**

Instrument	**Questionnaires Distributed**	**Questionnaire Returned**	**Percentage**
Questionnaires for the adolescents	80	80	100%
Total	**80**	**80**	**100%**

Source: Survey Data (2023)

4.3 Psychosocial Interventions Applied in Therapeutic Communities

The first objective of the study was to identify the psychosocial interventions applied in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The research objective was addressed by asking the adolescents in therapeutic communities to indicate on a 5-point rating scale (5=Always, 4=Often, 3=Sometimes, 2=Rarely to 1=Never) how frequently they received psychosocial interventions in therapeutic communities. A set of 26 statements divided into four sections was developed for this purpose. The results were as summarized in Table 4.2a.

Table 4.2a: ***Counselling Interventions Applied in Therapeutic Communities***

Intervention received	**1 F(%)**	**2 F(%)**	**3 F(%)**	**4 F(%)**	**5 F(%)**	**Mean**	**Std. dev**
Talking to a counsellor alone to overcome bad habits	12(15.0)	12(15.0)	23(28.7)	13(16.3)	20(25.0)	3.21	1.375
Talked to a counsellor alone on how to control my anger	8(10.0)	10(12.5)	30(37.5)	20(25.0)	12(15.0)	3.22	1.158
Talked to a counsellor alone on good communication	16(20.0)	24(30.0)	18(22.5)	11(13.8)	11(13.8)	2.71	1.314
Talked with others in a group on relapse prevention	18(22.5)	13(16.3)	13(16.3)	11(13.8)	25(31.3)	3.15	1.568
Talked with others in a group on forgiveness and self-acceptance	9(11.3)	11(13.8)	26(32.5)	7(8.8)	27(33.8)	3.40	1.374
Talked with others in a group on good communication	14(17.5)	11(13.8)	18(22.5)	20(25.0)	17(21.3)	3.19	1.388
Went for counselling with family members on good communication	35(43.8)	14(17.5)	16(20.0)	5(6.3)	10(12.5)	2.26	1.403
I was counselled with family members on relapse prevention	33(41.3)	13(16.3)	13(16.3)	7(8.8)	14(17.5)	2.45	1.525
Was counselled with family members on the role of the family in misconduct	28(35.0)	12(15.0)	11(13.8)	10(12.5)	19(23.8)	2.75	1.611
I was taught time management skills	6(7.5)	13(16.3)	12(15.0)	13(16.3)	36(45.0)	3.75	1.373
I was taught the importance of good communication	6(7.5)	10(12.5)	15(18.8)	13(16.3)	36(45.0)	3.79	1.338

Key: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5= Always

Source: Survey Data (2023)

The study sought to find out how frequently the respondents received psychosocial interventions applied in therapeutic communities. The majority, 33(41.3%), stated always or often on talking to a counsellor alone to overcome bad habits. Meanwhile, 23(28.7%) stated sometimes, 32(40.0%) said always or often that they talked to a counsellor alone on how to control their anger. Additionally, 30(37.5%) said sometimes, 40(50.0%) said rarely or never on if they talked to a counsellor alone on good communication. Moreover, concerning talking with others in a group on relapse prevention, 36(45.1%) stated always or often, 31(38.8%) stated never or rarely while 13(16.3%) stated sometimes. Another 34(42.6%) stated always or often on if they talked with others in a group on forgiveness and self-acceptance while 26(32.5%) indicated sometimes, 37(46.3%) stated always or often on if they talked with others in a group on good communication. Further, 18(22.5%) indicated sometimes, 49(61.3%) stated never or rarely while 16(20.0%) stated sometimes on if they went for counselling with family members on good communication.

Majority of respondents, 46(57.6%), stated never or rarely on if they were counselled with family members on relapse prevention with 13(16.3%) stating sometimes. Similarly, a majority, 40(50.0%), indicated never or rarely on if they were counselled with family members on the role of the family in misconduct while 11(13.8%) said sometimes. Additionally, 49(61.3%) said always or often on the statement that they were taught time management skills while 12(15.0%) stated sometimes. Of the respondents, 49(61.3%) said they were always or often taught the importance of good communication while 15(18.8%) said sometimes.

A majority (74.6%) of the adolescents talked to a counsellor alone on how to overcome bad habits while 15.83% of the adolescents never went for counselling

alone. The findings implied that majority of the adolescents in therapeutic communities in Uasin Gishu went for individual counselling. Concerning group counselling, 83.07% of the adolescents in therapeutic communities sought group counselling while 17.1% of them never went for group counselling. On family therapy, majority of the adolescents (72.92%) went for family therapy with their loved ones while 27.02% never sought family therapy at all.

The study also sought to find out how frequently adolescents in therapeutic communities in Uasin Gishu County took part in recreational activities as part of the healing process. Table 4.2b gives the findings.

Table 4.2b: ***Recreational Activities Interventions Applied in Therapeutic Communities***

Intervention received	**1 F(%)**	**2 F(%)**	**3 F(%)**	**4 F(%)**	**5 F(%)**	**Mean**	**Std. dev**
I played in-door games	30(37.5)	7(8.8)	15(18.8)	8(10.0)	20(25.0)	2.76	1.632
I enjoyed playing indoor games with friends	10(12.5)	9(11.3)	13(16.3)	7(8.8)	41(51.2)	3.75	1.488
I like watching Television programmes	7(8.8)	13(16.3)	12(15.0)	7(8.8)	41(51.2)	3.77	1.441

Key: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5= Always

Source: Survey Data (2023)

Table 4.2b shows that many, 37(46.3%), of the adolescents never or rarely played indoor games, with 15(18.8%) stating sometimes. Additionally, 48(60.0%) of the respondents often or always enjoyed playing indoor games with friends while 13(16.3%) said sometimes. Most, 48(60.0%), of the respondents often or always liked watching television programmes with 12(15.0%) saying sometimes.

From the above findings, majority of the adolescents (80.5%) participated in recreational activities while 19.6% never took part in recreational activities at all.

Table 4.2c presents research findings on the physical care interventions applied in therapeutic communities in Uasin Gishu County.

Table 4.2c: ***Physical Care Interventions Applied in Therapeutic Communities***

Intervention received	**1 F(%)**	**2 F(%)**	**3 F(%)**	**4 F(%)**	**5 F(%)**	**Mean**	**Std. dev**
I have friends at school	9(11.3)	16(20.0)	13(16.3)	11(13.8)	31(38.8)	3.49	1.458
Clean environment is available	6(7.5)	13(16.3)	17(21.3)	4(5.0)	40(50.0)	3.74	1.412
There is someone who takes care of my medical issues	9(11.3)	9(11.3)	9(11.3)	12(15.0)	41(51.2)	3.84	1.445
Talking to peers during lessons	11(13.8)	13(16.3)	17(21.3)	7(8.8)	32(40.0)	3.45	1.492
Clean water is readily available	6(7.5)	8(10.0)	12(15.0)	10(12.5)	44(55.0)	3.98	1.340
I feel safe in this institution	9(11.3)	12(15.0)	15(18.8)	11(13.8)	33(41.3)	3.59	1.438

Key: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5= Always

Source: Survey Data (2023)

Table 4.2c shows that most, 42(52.6%), of the adolescents often or always, with 13(16.3%) stating sometimes, had friends at school. Another majority, 44(55.0%), often or always had access to a clean environment with 17(21.3%) stating sometimes. Additionally, 53(66.2%) often or always had someone who took care of their medical issues while 9(11.3%) stated sometimes. Moreover, 54(67.5%) often or always had access to readily available clean water with 12(15.0%) stating sometimes. Lastly, most, 44(55.0%), adolescents often or always, with 15(18.8%) saying sometimes, felt safe in their institutions.

Therefore, concerning provision of physical care in therapeutic communities in Uasin Gishu County, majority of the adolescents (89.68%) stated that care services were readily available while 10.45% noted that care was not readily available.

Table 4.2d: ***Family Support Interventions Applied in Therapeutic Communities***

Statements	1	2	3	4	5	Mean	S.Dev
My family members support me financially to meet my needs	6(7.1%)	4(4.8%)	11(13.1%)	26(31.00	33(39.3%)	3.95	1.200
I can count on my family members when I have serious problems	7((8.3%)	5(6%)	5(6%)	23(27.4%)	40(47.6%)	4.04	1.272
My family encourages me to engage in sober recreational activities	3(4.8%)	6(7.1%)	8(9.5%)	20(27.4%)	43(51.2%)	4.29	0.930
Family members make phone calls to find out how I am doing	4(4.8%)	4(4.8%)	12(14.3%)	22(26.2%)	38(45.2%)	4.07	1.134
Family members attend prayers & graduation ceremonies	5(6.0%)	2(2.4%)	9(10.7%)	23(27.4%)	41(48.8%)	4.16	1.13

Key: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5= Always

Source: Survey Data (2023)

On if family members attended family meetings, 10(11.9%) said never, 11(13.1%) responded sometimes while 59(70%) said always. On whether the family provided financial support, 12(14.6%) responded never or rarely, 5(6%) sometimes and 63(75.0%) responded always. Concerning provision of medical support, 9(11.9%) responded never or rarely, 8(9.5%) sometimes while 63(78.6%) always. Regarding whether family members made phone calls to find out how adolescents were doing,

8(9.6%) said never or rarely, 12(13.3% sometimes while 60(71.2%) responded always. Lastly, on whether family members attended prayer meetings and graduation ceremonies, 7(8.4%) stated never or rarely, 9(10.7%) sometimes while 64(76.2%) responded always.

It was deduced from the findings that majority of the adolescents in therapeutic communities in Uasin Gishu County sought individual counselling (Mean=3.01 & S. Dev=1.28), followed by group couselling (Mean=3.25 & S. Dev=1.44) and family counselling (Mean=3.00 & S. Dev=1.45). Other interventions applied in TCs included recreational activities (Mean=3.43 & S. Dev=1.52), provision of physical care (Mean=3.682 & S. Dev=1.431), and family support (Mean=4.102 & S.Dev=1.133). The findings revealed that majority of the adolescents in therapeutic communities in Uasin Gishu sought psychosocial support services. On their part, an most of the therapeutic communities in Uasin Gishu County provided psychosocial support to their clients.

The study established that the respondents often or always talked to a counsellor alone to overcome bad habits, talked to a counsellor alone on how to control their anger, talked with others in a group on relapse prevention, talked with others in a group on forgiveness and self-acceptance, were taught time management skills, were taught the importance of good communication, enjoyed playing indoor games with friends and liked watching television programmes. These findings echoed those from a study by Kahn (1997), during psychoanalytic therapy, where clients brought the everyday responses and distortions of life into the relationship with the counsellor, who, as a professional, could recognizes these problems that are interfering with clients' daily functioning. These transference reactions have specific implications for

survivors of childhood abuse who may perceive the counsellor as threatening or abandoning in the same way as the perpetrator of the abuse.

The findings of this study also showed that the respondents often or always had friends at school, had access to a clean environment, had someone who took care of their medical issues, access to readily available clean water and felt safe in their institution.

The study likewise showed that the respondents rarely or never talked to a counsellor alone on good communication, went for counselling with family members on good communication, counselled with family members on relapse prevention, counselled with family members on the role of the family in misconduct and played in-door games.

Most of the counsellors noted that in addiction counselling and cognitive behaviour therapy, individual counselling and group counselling approaches were used to help adolescents in their recovery process. Some counsellors felt that games, both indoors and outdoors, general motivational programmes and group discussions, which sometimes included family members, were important in rehabilitation and re-integration of the adolescents back to the society. Some of the adolescents preferred peer-led groups while others preferred groups led by older members, which they said helped them build confidence when sharing their issues. This was noted by a counsellor who said thus:

> *"Treatment approaches used in helping clients in the recovery process include detoxification process that is mandatory for all clients as they are taken in, Cognitive Behaviour Therapy (CBT), Psycho-education motivational*

interviewing but many of them prefer individual counselling" (Counsellor 01, 2023).

Two of the counsellors talked of individual counselling therapy using Cognitive Behaviour Therapy (CBT), since it helps in changing the adolescents' behaviour by attaching changing thoughts, and the fact that it is confidential. One counsellor said rehabilitation was more popularly sought after by adolescents as it provided them with safety and basic needs. The counsellor noted:

> *"Clients prefer individual counselling sessions because clients are free to open up easily its more confidential as compared to family and group sessions"* (Counsellor 02, 2023).

There are different intervention strategies offered to guided adolescents in dealing with risky and maladaptive behaviour. This was noted by two recoverees who worked within therapeutic communities helping clients as they advanced on their own recovery themselves. One recoveree reported thus:

> "*Counselling services are well attended by clients although the numbers of counsellors are few. There are programs for psycho-education which are strictly followed and all clients are supposed to attend them on daily basis, spiritual intervention is also very good but the challenge is that it is only Christian which limits the non-Christians in addition, there are a number of recreational activities both indoor and outdoor which are good for the clients but the problem is that there are a number of trainers who are not consistent"* (Recoveree 01, 2023).

To determine the risk levels of clients during treatment process, majority of the counsellors said they carried out comprehensive assessments. The information

obtained from such assessments were used to determine the circumstances, extent of the problem, nature of risky behaviour and background history of the client. All of this information influenced the design of the intervention strategy to deal with adolescent risky behaviour.

Overall, findings from the study indicate that therapeutic communities in Uasin Gishu County applied various psychosocial interventions in management of adolescents' risky behaviour. This was shown by counselling (mean=3.00 & S. Dev=1.45), recreational activities (mean=3.43 & S. Dev=1.52), provision of physical care (Mean=3.682 & S. Dev=1.431) and family support (Mean=4.102 & S.Dev=1.133) as reported be adolescents undergoing treatment in TC. These findings were corroborated by the therapists helping clients in the TCs under study. They reported that counselling sessions were well attended by clients and that majority of these clients preferred individual counselling sessions that were deemed confidential. Counsellors also reported that treatment approaches included counselling detoxification, psycho-education and motivational interviewing.

Otukho (2017) undertook a situational analysis of correctional facilities in Kenya. They found that the programmes provided in young people's correctional institutions in Kenya were insufficient to reform the delinquents. Further, there were insufficient resources to support training of delinquents. It was further revealed that most of vocational training and formal education programmes were not offered in the institutions.

The findings of the current study were also in line with a study conducted by Malivert *et al.* (2012) on the effectiveness of therapeutic communities in France. The study was based on a systematic review of studies on retention in treatment and/or

substance use. On average, subjects stayed in therapeutic community a third of the planned time. The completion rate ranged from 9% to 56%. All the reviewed studies showed that substance use decreased during therapeutic community treatment, but relapse was frequent after the client left the community.

Another study by Pompili *et al.* (2022) investigated the efficacy of treatment in rehabilitation of the adolescent with a substance use disorder in USA. The findings of the study revealed that family therapy had the strongest evidence of effectiveness for reducing SUDs in adolescents, although other types of treatments appeared beneficial, such as cognitive-behavioural therapy and other psychological approaches. Similarly, Kalema *et al.* (2017), in their study, noted that purposeful recreational activities in the form of games, sports and peer entertainment were well designed to give a therapeutic and relaxation effect to the clients.

The findings also concurred with those of Kadzin and Allan (2015), that antisocial and aggressive behaviour in children is very difficult to treat. Kadzin and Allan reviewed seven treatments with strong evidence on adolescents using psychosocial interventions, which included parent management training, multi-systemic therapy, multidimensional treatment foster care, cognitive problem-solving skills training, anger control training, functional family therapy and brief strategic family therapy.

The study findings also concurred with those of Gatti, Grattagliano and Rocca (2019) on evidence-based psychosocial treatment of conduct problems in children and adolescents in Italy. The study revealed that cognitive behavioural approaches and family interventions had a greater efficacy among adolescents. The findings were also in support of the findings of Savatia, Simiyu and Nabiswa (2020), in their study on effectiveness of rehabilitation programmes in management of juvenile delinquency

within penal institution in Kakamega County, Kenya. The study noted that juveniles were taken through vocational training, guidance and counselling and formal education programmes. Nevertheless, the rehabilitation of these juveniles was not successful at 94.7% and that there was lack of aftercare at 43%.

The study findings further reiterated those of Beaudry, Perry and Fazel (2021), who evaluated the effects of the interventions to deal with adolescents and adults during incarceration on recidivism outcomes after release. The results showed that during rehabilitation process bonding with family members should be encouraged through different strategies such as more family support to take care of what happens after release and hence a reduction in relapse rates.

4.4 Extent to which Adolescents' Risky Behaviour has been Managed in Therapeutic Communities

The second objective of this research was to investigate the extent to which adolescents' risky behaviour has been managed in therapeutic communities in Uasin Gishu County, Kenya. A set of 25 items were formulated to test the extent to which risky behaviour has been managed among adolescents. The statements were anchored on a five-point rating scale (Table 4.3). Descriptive measures included frequencies, percentages, means and standard deviation. The pertinent results were as presented in Table 4.3.

Table 4.3 *Extent to which Adolescent's Risky Behaviour Has Been Managed in Therapeutic Communities*

Statements	1	3	5	Mean	S.Dev
Talking to a counsellor alone helped me to					
Stop bad habits	7(8.8%)	13(17.5%)	58(73.7%)	4.05	1.113
Control my anger	10(12.4%)	21(26.3%)	49(61.3%)	3.75	1.131
learn good communication	6(8.7%)	27(35.0%)	55(56.3%)	3.80	1.107
Talking with others in a group helped me to					
helped me think about my future	15(18.8%)	10(12.5%)	55(68.7%)	3.93	1.271
learn to forgive and accept myself	16(20.0%)	13(16.2%)	51(63.8%)	3.81	1.332
control my temper	13(16.3%)	10(12.5%)	57(71.3%)	3.83	1.339
Talking with family members helped me to communicate effectively	19(23.7%)	17(21.3%)	44(55.0%)	3.48	1.378
learn how to prevent relapse	28(35.0%)	17(21.2%)	35(43.8%)	3.00	1.484
learn the importance of family behaviour	31(38.7%)	17(21.3%)	32(40.84 %)	2.99	1.497
Recreational Activities					
Playing games helped me use my free time well	17(21.3%)	11(13.7%)	52(65.0%)	3.89	1.322
Playing games like scrabble helped me think and organize my life	19(23.8%)	14(17.5%)	47(58.7%)	3.70	1.418
Reading stories from newspapers helped me think positively about life	13(16.3%)	12(15.0%)	55(68.7%)	3.91	1.314
Playing games helped me to be in good health	24(30.1%)	18(22.4%)	38(47.5%)	3.36	1.486
Indoor games helped me get good sleep at night	16(20.1%)	17(21.2%)	47(58.7%)	3.66	1.368
Provision of physical care					
Talking with friends at school helped me to learn good habits	20(25.0%)	14(17.4%)	46(57.6%)	3.59	1.375
Taking part in cleaning helped me to be responsible	15(18.7%)	16(20.0%)	49(61.3%)	3.83	1.367
Treatment I was given when unwell helped me to appreciate life	22(27.5%)	8(10.0%)	50(62.5%)	3.62	1.504
Lessons I learnt helped understand the value of good behaviour	10(12.5%)	15(18.8%)	55(68.7%)	4.01	1.175
Availability of clean water helped me appreciate my environment	16(20.1%)	11(13.7%)	53(66.2%)	3.95	1.292
I felt safe to interact with others in the community	22(27.5%)	11(13.7%)	47(58.8%)	3.69	1.514
Family Support					
My family members support me financially to meet my needs	36(42.9%)	10(11.9%)	34(45.2%)	2.95	1.882
I can count on my family members when I have serious problems	58(69%)	12(14.3%)	10(16.7%)	1.80	1.409
My family encourages me to engage in sober recreational activities	16(19.0%	11(13.1%)	53(67.9%)	3.93	1.621
Make phone calls regularly to find out how I am doing, they help me feel they care	56(66.7%)	8(9.5%)	16(23.8%)	2.20	1.623
Attend graduation ceremonies; I feel they mean good for me. It helps me change my bad behaviour	16(19%)	12(14.3%)	52(66.7%)	3.90	1.620

Source: Data Survey (2023)

Table 4.3 shows areas in which psychosocial interventions had been helpful in management of adolescent risky behaviour in therapeutic communities. These areas included being counselled alone, with others in a group, and with family members. Other interventions included recreational activities, provision of physical care and family support. The study asked the respondents to indicate the extent to which adolescents' risky behaviour had been managed in therapeutic communities. On talking to a counsellor alone, 63.77% stated to a larger extent, 26.26% stated to a moderate extent and 9.97% to a smaller extent. On talking to a counsellor with others, 67.92% stated to a large extent, 13.72% to a moderate extent and 18.36% to a smaller extent. On talking to a counsellor with family members, 46.26 stated to a large extent, 21.27% to a moderate extent and 32.46% to a smaller extent.

The study also sought to investigate the extent to which recreational activities had managed adolescent risky behaviour. Table 4.3 shows that 59.72% responded to a larger extent, 17.96% to a moderate extent and 22.32% to a smaller extent. On the extent to which provision of physical care had helped manage adolescents' risky behaviour, 62.52% responded to a larger extent, 15.6% to a moderate extent and 21.88% to a smaller extent. On provision of family support, 44.06% stated to a larger extent 12.62% to a moderate extent and 43.2% to a smaller extent.

From the findings, psychosocial interventions offered in therapeutic communities has managed adolescent risky behaviour, 45(55.72%), to a larger extent, although some felt the effect of these interventions was still not complete as indicated by 14(17.24%) who indicated to a moderate extent and 21(24.94%) to a small extent. The study deduced that majority of the adolescents felt that psychosocial interventions

offered in therapeutic communities had helped them manage risky behaviour (Mean=3.55 & S. Dev=1.39).

On their part, majority of the counsellors reported that sensitization programmes offered to clients in therapeutic communities had helped adolescents since transmission of new infections had reduced. Two counsellors affirmed that teenage pregnancies had reduced. Another stated that drugs and alcohol/substances use had reduced and cases of relapse are few. The counsellor noted thus:

> *"Before clients are released to the community, discharge plan/contract is made on how follow up will be carried out; family meetings are organized as well as community outreach missions"* (Counsellor 01, 2023).

Other counsellors felt that, on a scale of 1-10, they would rate the impact of psychosocial interventions at 6. They said the intervention programmes had helped adolescents to be self-aware and to regain their self-esteem. The interventions had also helped them to know their identity and change their behaviour especially alcoholism, cigarettes and bhang smoking. Therefore, to most counsellors, the interventions had been successful in managing adolescents' risky behaviour. As one counsellor noted:

> *"Most of the adolescents from the community have been re-integrated into the community (back to their home) and very few of them have come back to the community for re- admission"* (Counsellor 04, 2023).

One counsellor held a contrary opinion, indicating 'to a smaller extent' on the effect of interventions on management of risky behaviour among adolescents in therapeutic communities. The counsellor noted that most clients preferred group counselling as it promoted cohesiveness among clients in the group.

"Interventions programmes offered to clients in TC managed adolescents' risky behaviour to some extent; I say this because of lack of consistency, because it could have been to a larger extent" (Counsellor 01, 2023).

This means that majority of counsellors help clients to identify situations that were likely to trigger relapse; for example, being around friends who consume alcohol or lingering around an alcohol joint. The rationale of this approach to counselling is that emotional factors are also important. For example, stress, fear, frustration, depression, anxiety and other emotions can lead to relapse because using drugs or alcohol represents a coping mechanism (Goldenberg, 2014).

Three counsellors concurred that interventions offered in therapeutic communities had helped clients to be more self-aware and to build their self-esteem and self-concept.

"Interventions has helped our clients get to discover their identity and change their behaviour especially alcoholism, cigarette and bhang smoking" (Counsellor 03, 2023).

According to two recoverees working in therapeutic communities, the recovery rate was about 40%-60%, as some clients often relapsed.

"Some clients relapse since they did not want to accept to embrace treatment at the beginning therefore they were forced to come for treatment without their consent. In addition others do relapse due to lack of family support and poor follow up after release" (Recoveree 03, 2023).

Overall, the findings showed that psychosocial interventions offered in therapeutic communities had helped adolescents in management of risky behaviour, as indicated by Mean=3.55 & S. Dev=1.39. This was confirmed by counsellors,

recreational activity trainers and recoverees who reported that most adolescents had been re-integrated back to their homes and that a very small percentage was re-admitted.

The findings supported those of Jan, Ali and Ali, (2016), in Pakistan, which noted that family plays a very important role in rehabilitation process. The Pakistan study posited a high significant relationship between drug abuse rehabilitation and family role statement that family plays a pivotal role in treatment of drug addiction. Strong parent-child bond prevents drug abuse. Conversely, communication gaps between parents and children lead to anti-social behaviour, and, finally, reward and punishment decreases drug abuse problem.

The findings also supported those of Pearson *et al*. (2017), which considered screen time as one of the potential risky behaviours among adolescents. In their study, Pearson *et al*. drew a link between excess time on the screen and poor eating behaviours among adolescents. Such risky behaviours could lead to malnutrition, low immunity, anorexia and obesity. Additionally, increased screen time was associated with disorders relating to physical development, especially posture and motor coordination. Pearson *et al*. observe that alternatives such as sporting can help adolescents reduce screen time.

The findings also concurred with the work of Maina *et al.* (2020) which associate adolescent-related stress with propensity to experiment in sexual experiences among girls in slum communities. Maina *et al.* found that girls reporting depressive symptoms were more likely to be sexually abused. As such, they recommended that sexual and reproductive health interventions targeting adolescent girls should consider including packages that address mental health conditions such as depression.

The study also concurred with the work of Kirui, Adeli and Barasa (2021), on the challenges facing rehabilitation centres in management of drug and substance abuse in Uasin Gishu County. Kirui *et al.* reported inadequate support services, rehabilitation abandonment and high client relapse as some of the challenges.

4.5 Relationship between Counselling Interventions and Management of Adolescents' Risky Behaviour in Therapeutic Communities

The third objective of this research was to investigate the relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. Data for this objective was obtained using a set of 14 items formulated. The respondents were asked to give their views (ranked on a five-point rating scale) on the relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities. The pertinent results were as presented in Table 4.4.

Table 4.4: ***Relationship between Counselling Interventions and Management of Adolescents' Risky Behaviour***

Adolescent's Risky Behaviour Management	1	2	3	4	5	Mean	Std. Dev
Talking to a counsellor alone helped me to							
stop bad habits	4(5.0%)	3(3.8%)	14(17.5%)	23(28.7%)	36(45.0 %)	4.05	1.113
control my anger	4(5.0%)	6(7.5%)	21(26.3%)	24(30.0%)	25(31.3 %)	3.75	1.131
learn good communication	3(3.8%)	4(5.0%)	28(35.0%)	16(20.0%)	29(36.3 %)	3.80	1.107
Talking to a counsellor with others helped me to							
think about my future	4(5.0%)	11(13.8%)	10(12.5%)	17(21.3 %)	38(47.4 %)	3.93	1.271
learn to forgive and accept myself	6(7.5%)	10(12.5%)	13(16.2%)	15(18.8 %)	36(45.0 %)	3.81	1.332
control my temper	10(12.5%)	3(3.8%)	10(12.5%)	25(31.3 %)	32(40.0 %)	3.83	1.339
Talking to a counsellor with family members helped me to							
communicate effectively	11(13.7%)	8(10.0%)	17(21.3%)	20(25.0 %)	24(30.0 %)	3.48	1.378
learn how to prevent relapse	22(27.5%)	6(7.5%)	17(21.2%)	20(25.0 %)	15(18.8 %)	3.00	1.484
learn the importance of family in behaviour	20(25.0%)	11(13.7%)	17(21.3%)	14(17.5 %)	18(22.5 %)	2.99	1.497

Source: Survey Data (2023)

Key: 1-Smaller extent; 2- Small extent; 3- Moderate extent 4- Large extent; 5-Larger extent

Table 4.4 shows that talking to a counsellor alone had helped most adolescents to stop bad habits (73.7%) to a larger extent, some (17.5%) to a moderate extent and a few (8.8%) to a small extent. Moreover, talking to a counsellor alone had helped majority of the adolescents to control their anger (61.3%) to a large extent, some (26.3%) to a moderate extent and 12.4% to a small extent. Finally, talking to a counsellor alone had helped the majority of adolescents to learn how to communication well (56.3%) to a large extent, some (35%) to a moderate extent and 8.7% to a small extent. These results suggested that individual counselling helped TCs to manage risky behaviour to a larger extent (63.76%).

The study also sought to ascertain whether talking with others in a group helped the adolescents think about their future. Most, 55(68.8%), stated to a large or larger extent, while 10(12.5%) stated to a moderate extent. Majority, 51(63.8%), stated that, to a large or larger extent, talking with others in a group helped them learn to forgive and accept themselves; 13(16.3%) stated to a moderate extent on this statement. The statement that talking with others in a group helped me control my temper had 57(71.3%) who stated to a large or larger extent and 10(12.5%) who stated to a moderate extent. The study also looked into whether group counselling helped adolescents manage their risky behaviour. The results indicated that 18.37% managed to a small extent, 13.73% to a moderate extent and 67.93% to a larger extent.

The study further investigated whether talking with family members helped adolescents to communicate effectively. Most, 44(55.0%), indicated to large or larger extent, 17(21.3%) stated to a moderate extent. Concerning the statement that talking with family members in a group helped me learn how to prevent relapse, 35(44.0%) stated to a large or larger extent with 17(21.3%) stating to a moderate extent. Further,

32(40.0%) of the adolescents indicated that, to a large or larger extent, taking part in family therapy helped them learn the importance of family in behaviour; 31(39.0%) stated to a small or smaller extent while 17(21.3%) stated sometimes on this statement. In addition, the study sought to investigate the extent to which family counselling has helped manage adolescent risky behavior. The results showed that, 32.47% to a small extent, 21.27% to a moderate extent and 46.26% to a larger extent.

From the findings, the study deduced that majority of the adolescents felt that individual counselling helped them manage risky behaviour (Mean=3.87 & S. Dev=1.117), followed by group counselling (Mean=3.86 & S.Dev=1.314), then family therapy (Mean=3.157 & S. Dev=1.314). Overall, 59.21% of the respondents agreed that counselling helped them in management of risky behaviour, 20.44% were in-between while 19.88% reported that counselling did not help them much in management of adolescents' risky behaviour. These findings suggested that counselling helped majority of the adolescents in therapeutic communities in management of risky behaviour.

From the interviews, majority of the counsellors noted that family sessions play a very important role in the recovery of clients undergoing treatment. As indicated by one of the counsellors working in a therapeutic community:

> *"Although family members may not be available every time, parents and other family members play a big role in the recovery process by providing the needed support to the adolescents. Mostly by understanding their issues and what exacerbate the risky behaviour and how to curb the identified behaviour"* (Counsellor 04, 2023).

From the study findings, adolescents reported mostly preferred individual counselling to group and family counselling. These results were corroborated by counsellors working in TCs who reported that many adolescents preferred individual counselling since it is confidential. Majority of the counsellors also reported that family members played a very important role in the recovery process, although they were hardly available.

The findings are in line with those of Rosalind, Johannes and Lucy (2019), who carried out a study on challenges facing juvenile delinquents' rehabilitation centres in Kenya. Results indicated challenges rooted in the structure of counselling programmes (mean= 2.33), security for learners and teachers in the centre (mean= 2.67) moderate, and parental support to teachers in moulding the learners (mean= 1.98). Rosalind *et al.* also found that counselling programmes were perceived as generally effective, although clients had inadequate breaks to take part in co-curricular activities.

Findings from the current study were also in tandem with those of Prajapati, Sharma and Sharma (2016), which revealed that life skills education is an effective psychosocial intervention strategy that is carried out through counselling to promote positive social and mental health of adolescents, and which plays an important role in all aspects such as strengthening coping strategies, developing self-confidence and emotional intelligence, as well as enhancing critical thinking, problem-solving and decision-making skills. Life skills training acts by strengthening adolescents' abilities to meet the needs and demands of the present society and be successful in life.

The study findings also concurred with what Hosseinian and Nooripour (2019) found on effectiveness of mindfulness-based intervention on risky behaviour

resilience tolerance in Iran. They noted that adolescents and young adults undergo rapid physical growth, yet they are emotionally immature and have very little experience. Therefore, adolescents are fragile and vulnerable to outbursts of risky behaviour. Results from Multivariate analysis of variance and multivariate covariance test indicated that interventions provided to the adolescents and young adults at the juvenile correction and rehabilitation centres had profound impact on risky behaviour, resilience and distress tolerance. According to Hosseinian and Nooripour, training can be used a primary approach in relation to counselling.

The findings also supported the work of Ngwu, Arop and Ekeng (2021), which reviewed study on of rehabilitation counselling on youths' drug abuse and addiction. Their study delineated six key areas that guidance and counselling intervention strategies for substance abuse should address simultaneously in order to achieve best outcomes. One, counselling should be undertaken within the larger context of educating the client's family on drugs. Two, counselling should be undertaken in properly designated and equipped centres by well-trained experts. Three, for young people, it is necessary to integrate drug education in the curriculum. This implies that content and methods of teaching about drugs should be defined clearly and adopted within the school systems. Fourth, counselling should be recognised and supported as one method among the many campaigns against drug abuse. Fifth, counselling should also facilitate effective study habits for adolescents, so as to avoid taking recourse to drugs to stimulate or escape their need to study harder. Lastly, drug awareness offices should be established at all levels of government and supported to enhance knowledge and understanding of the causes and effects as well as coordinate appropriate and evidence-based response to drug-related problems among the youth.

The findings were also in tandem with Gikonyo's (2017) view that psychoanalytic therapy is used to a significant extent, followed by cognitive counselling strategy to a significant extent while Gestalt counselling strategy is used to a moderate extent. Gikonyo found that clients prefer group counselling to individual counselling, while most would rather have family-based counselling rather than go through rehabilitation centres.

4.6 Effect of Recreational Activities on Management of Adolescents' Risky Behaviour in Therapeutic Communities in Uasin Gishu County

The fourth research objective was to investigate the effect of recreational activities in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. Data for this objective was obtained using a set of five items that were formulated and touched on both indoor and outdoor activities. The respondents were then asked to indicate the extent to which these activities helped them in their recovery process. The items were ranked on a five-point rating scale. The results were as summarized in Table 4.5.

Table 4.5 extent to which recreational activities has managed adolescent's risky behaviour in Therapeutic Communities in Uasin Gishu County

Adolescent's Risky Behaviour management	Smaller extent	Small extent	Moderate extent	Large extent	Larger extent	Mean	Std. Dev
Playing games helped me use my free time well	4(5.0%)	13(16.3%)	11(13.7%)	12(15.0%)	40(50.0%)	3.89	1.322
Playing games like scrabble helped me think and organize my life	8(10.0%)	11(13.8%)	14(17.5%)	11(13.7%)	36(45.0%)	3.70	1.418
Reading stories from newspapers helped me think positively about life	7(8.8%)	6(7.5%)	12(15.0%)	17(21.3%)	38(68.7%)	3.91	1.314
Playing games helped me to be in good health	13(16.3%)	11(13.8%)	18(22.4%)	10(12.5%)	28(35.0%)	3.36	1.486
Indoor games helped me get good sleep at night	9(11.3%)	7(8.8%)	17(21.2%)	16(20.0%)	31(38.7%)	3.66	1.368

Source: Survey Data, 2023

The study sought to investigate the extent to which different recreational activities had helped adolescents in their recovery process. The findings revealed that 65.0% agreed that playing games had helped them to a larger extent, 13.7% to a moderate extent and 21.3% to a smaller extent. The study also established that 58.7% agreed that games such scrabble helped them think positively and organize their lives to a larger extent, 17.5% were in between and 23.8% to a smaller extent. Table 4.5 also

shows that 68.7% of the respondents agreed that reading newspapers and other related material helped them in positive thinking to a larger extent, 15.0% said moderately and 16.3% to a smaller extent. Further, 47.5% agreed that playing games such as poker, monopoly and chase had helped them to be in good health to a larger extent, 22.4% to moderate extent and 30.1% to a smaller extent. Lastly, 58.7% agreed that outdoor games such as football and volley ball helped them to eat and sleep well to a larger extent, 21.2% to moderate extent and 20.1% to a smaller extent.

The findings deduced that playing games (Mean=3.89 & S. Dev=1.322), specifically games such as scrabble (Mean=3.7 & S. Den=1.418), reading newspapers (Mean=3.91 & S. Dev=1.314), playing games such as poker and monopoly (Mean=3.36 & S. Dev=1.486) and outdoor games such as football and volley ball (Mean=3.66 & S. Dev=1.368) had helped adolescents to manage their risky behaviour in therapeutic communities in Uasin Gishu County. In conclusion, recreational activities offered in therapeutic communities helped in management of adolescents' risky behaviour to a small extent (23.32%), to a moderate extent (17.96%) and to a large extent (58.72%).

Two recreational activity trainers reported that there are a number of recreational, activities both indoor and outdoor activities, that facilitate clients in their recovery process. They noted that some clients preferred indoor games such as sudoku, checkers and scrabble, while others preferred outdoor games such as football and volleyball. One client, as reported by a recreational trainer, stated thus:

> *"Indoor games help me to improve my thinking and have less movement; in addition, indoor games such as Sudoku from the newspaper and chakers help in in improving my concentration, provoke thought; helps in relaxation as well*

as maintain social skills and positive thinking" (Recreational Trainer, 01, 2023).

On dealing with anti-social behaviour among adolescents in therapeutic communities the trainer reported that such strategies as psycho-education, life skills training, and lessons on personal development as well as helping clients made games rules which were strictly followed.

Overall, the study findings showed that recreational activities (mean=3.704 & S.Dev=1.382) helped adolescents in management of risky behaviour. These findings were confirmed by the therapists helping recovering clients in therapeutic communities. They reported that recreational activities had helped clients to improve their thinking, concentration, relaxation and social skills as they interact with others through both indoor and outdoor activities.

The findings of the current study were in line with those of Demirel and Sirinkan (2018), in their study on the impact of special activity training programme on female learners in special education rehab institutions in Turkey. The programme included physical activities such as flexibility training, sprinting, long jump, handgrip, bent arms and sit-ups. The study revealed that disabled female students tended to be reluctant in physical exercises that required exertion of strength and speed. The researchers concluded that there was need to involve psychological development measures when examining children's response to the programme.

The findings also echoed those of Koehler *et al.* (2022), in their study to examine the effectiveness of the injury awareness and prevention programme prevent alcohol and risk-related trauma in youth (PARTY) in Germany. Koehler *et al.* found that small positive effects could be proven immediately after the preventive intervention

programme. Using path analytical models, important predictors for behavioural changes could be identified. The study concluded that the PARTY programme appeared to cause behavioural changes only to a limited extent and only in the short-term, especially if the strengthening of psychosocial resources is not given sufficient consideration.

The results of the current study also supported those of Willis *et al.* (2019), in their study on effectiveness of community adolescent treatment support (CATS) in Zimbabwe. Willis *et al.* observed that CATS improved adherence, psychosocial well-being, linkage and retention in care among adolescents living with HIV. They also found that adolescents receiving standardized care together with CATS improved linkage to service and retention in care, improved adherence and improved psychosocial well-being compared to adolescents who did not have access to such services.

In Kenya, Wanjeri (2018) conducted a study to identify and review the effectiveness of psychological interventions implemented in behaviour modification among juvenile delinquents in rehabilitation centres. The learners reported that life skills training had improved their behaviour through counting good things, understanding the value of moral uprightness and learning to understand and socialize with others. The features of care examined in Wanjeri's study included counselling, good diet and sufficient meals as well as regular health checks. Others include immediate attention or response to their needs, clean attire and drinking water, and affection or love. The study results indicated that provision of these forms of care motivated the delinquents to feel loved. In response, they seemed to give more

attention to instruction from their caretakers and show effort to change their behaviour for the better.

4.7 Relationship between Provision of Physical Care and Management of Adolescents' Risky Behaviour in Uasin Gishu County

The fifth objective of the study was to establish the relationship between provision of physical care and management of adolescents' risky behaviour in Uasin Gishu County. The results from the study were as shown in Table 4.6.

Table 4.6 extent to which provision of physical care has managed adolescent's risky behaviour in Therapeutic Communities in Uasin Gishu County

Adolescent's Risky Behaviour management	Smaller extent	Small extent	Moderate extent	Large extent	Larger extent	Mean	Std. Dev
Talking with friends at school helped me to learn good habits	8(10.0%)	12(15.0%)	14(17.4%)	17(21.3%)	29(36.3%)	3.59	1.375
Taking part in cleaning helped me to be responsible	7(8.7%)	8(10.0%)	16(20.0%)	10(12.5%)	39(48.8%)	3.83	1.367
Treatment I was given when unwell helped me to appreciate life	12(15.0%)	10(12.5%)	8(10.0%)	16(20.0%)	34(42.5%)	3.62	1.504
Lessons I learnt helped understand the value of good behaviour	3(3.7%)	7(8.8%)	15(18.8%)	16(20.0%)	39(48.7%)	4.01	1.175
Availability of clean water helped me appreciate my environment	3(3.8%)	13(16.3%)	11(13.7%)	11(13.7%)	42(52.5%)	3.95	1.292
I felt safe to interact with others in the community	10(12.5%)	12(15.0%)	11(13.7%)	7(8.8%)	40(50.0%)	3.69	1.514

Source: Survey Data, 2023

The study investigated the effect talking with friends at school had helped adolescents to learn good habits. Table 4.6 shows that 46(57.6%) indicated to a large extent, 14(17.4%) to a moderate extent and 20(25%) to a small extent. On taking part in cleaning activities helped the adolescents to be responsible, 49(61.3%) specified to a large or larger extent while 16(20.0%) indicated moderate extent. Concerning how treatment they were given while unwell helped them to appreciate life, most, 50(62.5%), adolescents stated to a larger or large extent while only 8(10.0%) stated to a moderate extent. Regarding how lessons learnt helped adolescents understand the value of good behaviour, majority, 55(68.7%), stated large or larger extent while 15(18.8%) stated moderate extent. The study asked the respondents if availability of clean water had helped them appreciate their environment. Table 4.6 shows that 53(66.2%) stated to a large or larger extent whereas 11(13.8%) stated moderate extent. Lastly, on if they felt safe to interact with others in the community, 47(58.8%) stated to a large or a larger extent whereas 11(13.8%) mentioned to a small extent.

Overall, the provision of physical care in therapeutic communities has helped manage adolescent risky behaviour to a small extent (21.89%), to a moderate extent (15.6%) and to a larger extent (62.51%). Indeed, provision of physical care (Mean=3.18 & S.Dev=1.13) played a very important role in management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu.

The findings supported the view by Development Services Group, Inc. (2017), that adolescents' mental health may affected negatively if provision of physical care is compromised. These aspects include availing of treatment services, overcrowding and separation from support systems like family members and friends. Even among youths who have been diagnosed, treatment is not guaranteed.

The findings of the study differed with those of Mpofu, Matsebula and Sebele-Mpofu (2021) who surveyed the views of instructors, counsellors and former learners concerning the reformation of delinquents in a rehab centre in Eswatini. The study results showed that delinquents who had been committed to the facility by their relatives due to disruptive behaviour had benefited from schooling but were not completely reformed which was attributed to lack of human resources, insufficient training time and a lack of parental involvement.

The findings were also in tandem with those of Willis *et al.* (2019), who carried out a study on effectiveness of Community Adolescent Treatment Support (CATS) in Zimbabwe. Willis *et al.* noted that CATS had improved adherence, psychosocial well-being, linkage and retention in care among adolescents living with HIV. It was clear that adolescents receiving standardized care together with CATS improved linkage to service and retention in care, improved adherence and improved psychosocial well-being as compared to adolescents who didn't have access to such services. This confirms the fact that provision of physical care can lead to a more successful rehabilitation process.

The results of the current study echoed those of Kuyeya (2021), in a study on effectiveness of treatment rehabilitation programmes for drugs and substance dependence in Mombasa. Kuyeya found that the programme had both pharmacological and non-pharmacological services; a 38.9% relapse was noted. From the study, the problem was lack of support groups (OR=3.25; p-0.004), hence Kuyeya recommended that more structural treatment facilities that incorporate vocational training in recovery plan were necessary to ensure a meaningful engagement of substance users to avoid idleness.

4.8 Relationship Between Family Support and Management of Adolescent risky Behaviour in Therapeutic Communities in Uasin Gishu County

The sixth objective of the research was to examine the relationship between family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. Table 4.7 presents the findings.

Table 4.7: Effect of Family Support on Management of Adolescents Risky Behaviour in Therapeutic Communities in Uasin Gishu County

Adolescent's Risky Behaviour management	**1 F(%)**	**3 F(%)**	**5 F(%)**	**Mean**	**S.Dev**
My family members support me financially to meet my needs	36(42.9)	10(11.9)	34(45.2)	2.95	1.882
I can count on my family members when I have serious problems	58(69)	12(14.3)	10(16.7)	1.80	1.409
My family encourages me to engage in sober recreational activities	16(19.0)	11(13.1)	53(67.9)	3.93	1.621
When family make phone calls regularly to find out how I am doing, they help me feel they care	56(66.7)	8(9.5)	16(23.8)	2.20	1.623
When family members attend graduation ceremonies, I feel they mean good for me. It helps me change my bad behaviour	16(19)	12(14.3)	52(66.7)	3.90	1.620

Key: 1=to a small extent, 3=to a moderate extent, and 5= to a large extent

Source: Survey Data (2023)

The study asked the adolescents to indicate the extent to which their family members supported them financially to meet their needs. Table 4.7 indicates that 34(45.2%) agreed that family members helped them to a larger extent, 10(11.9%) to a moderate extent and 36(42.9%) to a small extent. On whether the adolescent could count on family members whenever they had serious personal problems, 10(16.7%) indicated to a larger extent, 12(14.3%) to a moderate extent and 58(69%) to a smaller extent. Concerning whether family members encouraged the adolescent to engage in sober recreational activities, 53(67.9%) indicated to a larger extent, 11(13.1%) to a moderate extent and 16(19%) to a smaller extent.

The study also sought to find out if family members made phone calls frequently to find out how the adolescents was doing in the TCs. From the findings, 16(23.8%) indicated to a larger extent, 8(9.5%) to a moderate extent and 56(66.7%) to a smaller extent. Finally, on whether family members attended graduation ceremonies, which help the adolescent feel they mean well and how this recognition makes them want to change behaviour, 52(66.7%) responded to a larger extent, 12(14.3%) to a moderate extent and 16(19%) to a smaller extent. The study concluded that adolescents in therapeutic communities received family support (Mean=2.96 & S.Dev=1.631).

Family support plays a very important role in management of adolescents' risky behaviour. This fact was underlined by a counsellor who said thus:

> "*Although family members may not be available, parents and other family members play a big role in the recovery process by providing the need support for adolescents mostly by providing basic needs and understanding their issues and what exacerbate the risky behaviour and how to curb the identified behaviours"* (Counsellor 03, 2023).

Another counsellor had this to say:

> "*Family support is very important in the sense that family members play a role in psycho-support, providing financial needs, protective factors such as relapse prevention and psychological family support to help in re-integration after treatment ...When family members attend family meetings and graduation ceremonies, they are taught on family roles as far as treatment and addiction is concerned"* (Counsellor 01, 2023).

Findings from the adolescents show that family support (Mean=2.96 & S.Dev=1.631) plays a very vital role in management of adolescents' risky behaviour. The therapists working in TCs affirmed that family support, such as attending graduation ceremonies, provision of financial and moral support, helped adolescents in the recovery process.

The findings supported the results of a study by Zeng and Tan (2021) on the relationship between the family functioning of individuals with drug addiction and relapse tendency. Zeng and Tan found that there was a significant negative correlation between the family functioning of individuals with drug addiction and their relapse tendency. They recommended that family members should work in collaboration with therapeutic communities and participate in the education and treatment process to help reduce relapse propensity. In addition, to better deal with adolescent risky behaviour, therapists in rehabilitation centres should work on increasing their psychological capital through group psychological counselling, psychological education and provision of basic needs.

The study also supported the previous work of Au and Wong (2022) in China on the effect of bonding, pro-social models and religious bonding among Chinese

delinquents. Au and Wong noted that 24 out of the 30 adolescents longed for visits from their family members and that whenever they were visited they felt loved and that family cared about their wellbeing.

The current study's findings also concurred with those of Isaacs *et al.* (2018) in their study in South Africa. They noted that when family members are involved through different ways, such as visits, provision of basic needs and show of concern through call leads to positive outcomes in terms of recovery. Savatia and Ruth (2020), on the other hand, in their work on the effectiveness of rehabilitation process in Penal institutions in Kakamega Kenya, noted that rehabilitation did not help in reforming the juveniles due to insufficient trainers and that family members were never involved in the treatment process.

4.9 Socio-Demographic Characteristics of Respondents

This section presents information on the socio-demographic characteristics of respondents. The study sought to document the general socio-demographic information of adolescents and therapists in therapeutic communities in Uasin Gishu County. The socio-demographic information sought for the adolescents included gender and academic level while those for the therapists were professional qualification and work experience. This information was deemed necessary since some literature has linked socio-demographic characteristics to risky behaviour management.

Concerning gender, majority, 44(55.0%), of the adolescents were male while 36(45.0%) were female. Additionally, 63(78.8%) of the respondents were aged between 15 and 17 years and 16(20.0%) were aged 11-14 years. Moreover, 38(47.5%)

had attained vocational level of education, 26(32.5%) stated primary school level and 16(20.0%) had attained secondary education level.

*Table 4.8:***Distribution of Demographic Information of Adolescents**

Variables	Frequency	Percentage (%)
Gender		
Male	44	55.0%
Female	36	45.0%
Age		
11-14 years	16	20.0%
15-17 years	63	78.8%
None response	1	1.2%
Academic level		
Primary	26	32.5%
Secondary	16	20.0%
Vocational	38	47.5%

Source: Survey Data (2023)

The above findings show that most adolescents receiving psychosocial interventions in therapeutic communities in Uasin Gishu were male, aged between 15-17 years and had attained vocational education. A study by Wilsnack *et al.* (2002) has shown that women and men differ little in the probability of risky behaviour, although men consistently exceed women in risky behaviour frequencies while women are consistently more likely than men to be cautious.

According to Were (2011), risky behaviour is fuelled by social and economic problems in the household and is indicated by low levels of education, lack of employment and low income. This suggests that a substantial number of the youth in the area of study lacked employment and earned low income. It also suggests social and economic problems in the households where the youth come from

Table 4.9: **Distribution of Demographic Information of Counsellors, Trainers and Recoverees**

Professional Qualification		
Variable	**Frequency**	**Percentage**
Certificate	4	13.33%
Diploma	17	56.67%
Bachelors	9	30%
Masters	00	00%
Gender		
Male	14	46.67%
Female	16	53.33%
Experience		
0-5 Years	13	43.33%
6-10 Years	15	50.00%
11-15 Years	2	6.67%

Source: Survey Data (2023)

Table 4.9 shows that, of the 30 counsellors, trainers and recoverees from therapeutic communities in Uasin Gishu sampled for the study, 4(13.3%) were certificate holders, 17(56.67% were diploma holders and 9(30%) had a degree in counselling. Additionally, 14(46.67%) were male and 16(53.33%) were female. As such, there were more female than male therapists in therapeutic communities. On working experience, 13(43.33%) had worked for 0-5 years, 15(50.00%) between 6 and 10 years and 2(6.67%) for 11-15 years.

Overall, majority of the therapists, 17(56.67%), had a diploma in counselling psychology, which enabled them to interact effectively and efficiently with adolescents in therapeutic communities.

4.9.1 Distribution of Therapists by Work Experience in Therapeutic Communities

The therapists were categorized based on their work experience in therapeutic communities. This was based on the number of years they had worked in therapeutic communities offering psychosocial interventions to adolescents. The distribution was as illustrated in Figure 4.1.

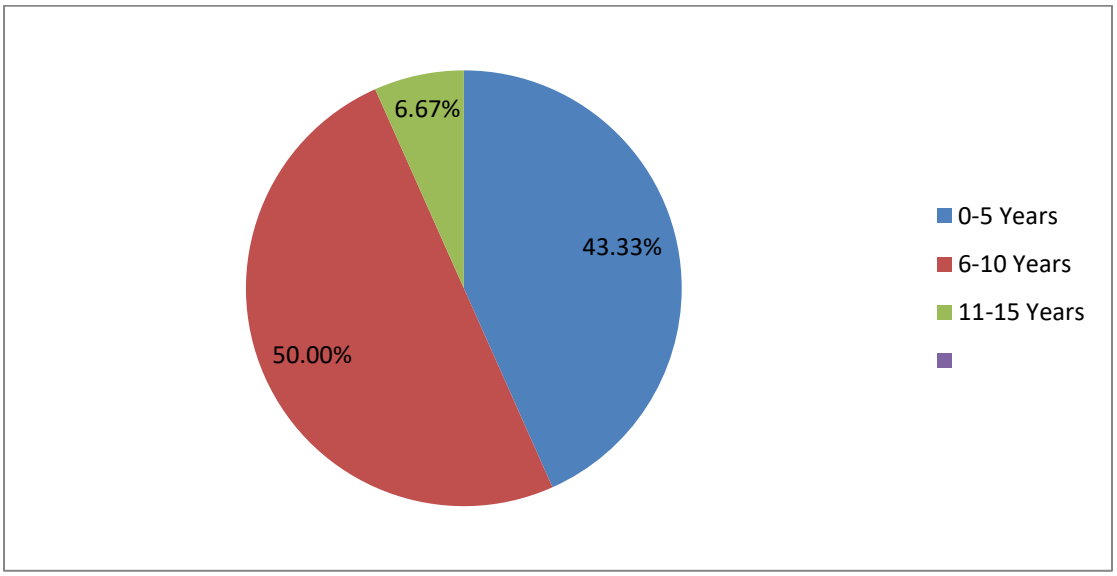

Figure 4.1: Distribution of Therapists by work experience in therapeutic communities

Source: Data Survey (2023)

Figure 4.1 shows a high representation (50%) of therapists had worked in therapeutic communities for 6-10 years, 43.33% had worked for 0-5 years, and only 6.67% had worked for 11-15 years. Therefore, the study findings were generated from a representative of therapists with sufficiently varied work experiences.

Majority of the therapists in therapeutic communities were well-experienced in dealing with adolescents. In other words, the therapists were competent to offer psychosocial interventions to adolescents in therapeutic communities. Bennett-Levy J. (2019) note that therapist qualities, such as empathy and alliance building, are

associated with the effect they cause on the client in the process of therapy and that therapists perfect them in the process of interacting with the clients.

4.10 Distribution of Therapists by Professional Qualifications

Therapists in therapeutic communities were asked to indicate their professional training and development, ranging from Certificate to a Master's degree levels in Counselling Psychology. Distribution of therapists by their professional qualification was as illustrated in Figure 4.2.

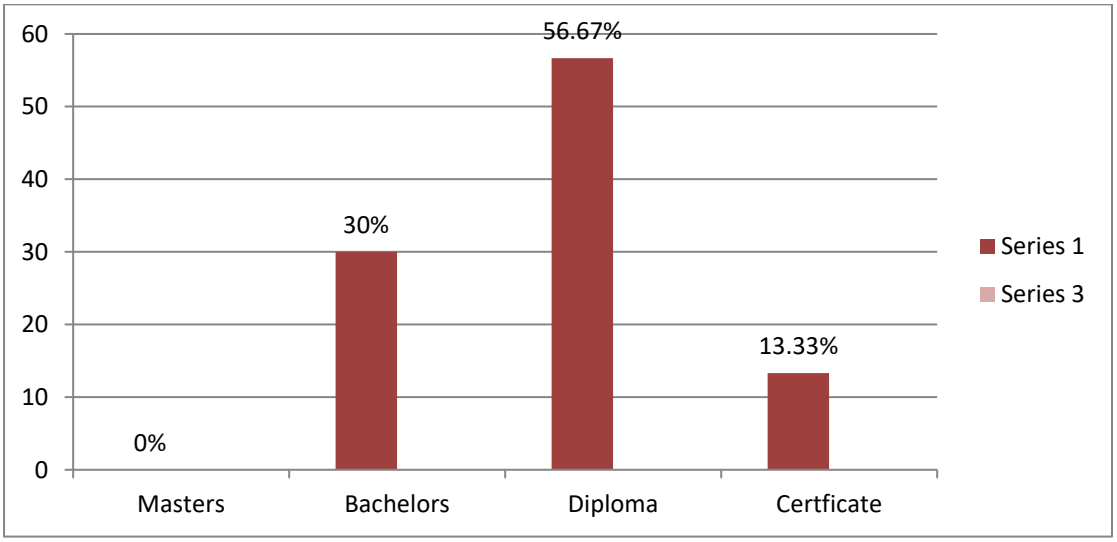

Figure 4.2: Therapists' professional qualification
Source: Data Survey (2023)

The findings in Figure 4.2 show that 56.67% of the therapists had diplomas, 30% had bachelor's degrees and 13.33% were certificate holders in Counselling Psychology. Considering that majority held diplomas, there is need for further training and development of therapists in therapeutic communities to equip them with advanced skills and techniques necessary for offering psychosocial interventions for adolescents engaged in risky behaviour. According to Liness *et al.* (2019), large-scale training programmes can equip therapists with sustainable competence to address the challenge of mental health in the population.

4.11 Document Analysis

The research analysed various documents to establish the interventions offered in the TCs, the kind of adolescents treated and risky behaviours managed, and behaviour management techniques used and the number of relapsed cases. Table 4.10 presents a summary of the document analysis findings.

Table 4.10: Document Analysis

Date	Age	Information Recorded
9/10/2022	17 years	-Record of psychological assessments that were carried out to assess the client on alcohol use in the past 12 months. -Alcohol abuse test was carried out (MAST) -The client scored 7 out of the total -Scores range from 0-29 and because the client scored 7 it indicated that he had alcohol problem -Counselling and medication were given. Counselling was carried out twice a week
12/10/2022	16 years	-Individual counselling done. The client was given suggestion on the possible ways for behaviour change. -Client agreed to attend daily activities to deal with stress management. -Take note on early signs of relapse
18/10/2022	17 years	-The client committed to deal with guilt and shame & take responsibility
20/10/2022	16 years	-Comprehensive client information which included medical condition and noted that the client had physical problems e.g. ulcers, chest pains, allergies and hormonal imbalance. -Medical care should be provided
21/10/2022	16 years	-the client is a relapse and had been treated in another rehabilitation centre before. -Client had a problem which included physical injury and damaged nerves. -The client had other family members who use drugs and substance addicts
24/10/2022	17 years	-The client committed to deal with guilt and shame and take responsibility -Follow activities needed to be carried out by counsellors -Physical examination to be carried out to take care of the clients' personal issues.

From Table 4.10, it can be inferred that the therapeutic communities offered psychological assessments, counselling, medication, stress management, and medical care interventions for adolescents undergoing treatment and behaviour management. The institutions also kept records of the clients' medical conditions and encouraged them to take responsibility for their actions.

The age bracket of the adolescents receiving treatment in TCs was between 16 and 17 years old. The psychological assessment carried out on September 10, 2022, was to assess the client's alcohol use within the past 12 months, and the client was found to have alcohol problems based on the MAST score of 7 out of 29. The client was offered counselling twice a week, and medication was given to manage the alcohol problem. On October 12, 2022, an individual counselling session was carried out with the client, and suggestions were made on possible ways for behaviour change. The client agreed to attend daily activities to deal with stress management and take note of early signs of relapse.

On October 18, 2022, the client committed to dealing with guilt and shame and taking responsibility. On October 20, 2022, comprehensive client information was taken, which included medical conditions, and it was noted that the client had physical problems such as ulcers, chest pains, allergies, and hormonal imbalance. Therefore, medical care should be provided for the client.

On October 21, 2022, it was discovered that the client was a relapse who had been treated in another rehabilitation centre before. The client had a physical injury and damaged nerves, and there were other family members who were also drugs and substance addicts. Finally, on October 24, 2022, the client committed to deal with guilt and shame and taking responsibility, and physical examination was recommended to take care of the client's personal issues. There is no specific information about the number of cases that relapsed, but it was noted that at least one client had relapsed.

The study findings agreed with those of Goodyear-Smith *et al*. (2017) in a study in New Zealand to determine the effectiveness of screening for risky behaviour and

mental health in young people in primary care settings. The researchers evaluated the Youth CHAT, a rapid, electronic, self-report screening tool that assesses risky health-related behaviours and mental health concerns, with a 'help question' that enables youth to prioritise areas they want help with. They concluded that opportunistic screening for mental health concerns and other risky health behaviours during adolescence lead to health gains and prevent unnecessary problems.

As shown in Table 4.10, therapists reported that most of the adolescents in therapeutic communities indulged in risky behaviour due to low self-esteem, peer pressure, and neglect from parents and other caregivers. Through the use of psychosocial interventions, such as counselling recreational activities, provision of care and family support, these adolescents were able to be re-integrated back into their families.

4.12 Test of Hypotheses

The following null hypotheses were tested at 0.05 confidences level. The findings were interpreted in line with reviewed literature and theoretical framework.

H_{01}: There is no significant difference between counselling interventions and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County.

H_{02}: There is no significant difference between recreational activities and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County.

H_{03}: There is no significant difference between level of provision of physical care and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County.

H_{04}: There is no significant difference between family support and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County.

H_{05}: There is no significant difference between gender and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County.

H_{06}: There is no significant difference between academic level and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County.

4.13 Relationship between Counselling Interventions and Management of Adolescents' Risky Behaviour in Therapeutic Communities

The study sought to find the effect of counselling intervention on adolescent risky behaviour management in therapeutic communities. The null hypothesis, which stated that *there is no significant difference between counselling interventions and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County,* was tested using One-Way Analysis of Variance. The results were as presented in Table 4.11.

Table 4.11: Hypothesis **Test Results for Counselling interventions and Management of Adolescents' Risky Behaviour**

ANOVA

	Sum of squares	**df**	**Mean Squares**	**F**	**sig**
Between Groups	1692.243	16	105.765	2.132	0.017
Within Groups	3125.745	63	49.615		
Total	**4817.987**	**79**			

The results in Table 4.11 show that ANOVA was F=2.132 and p=0.017, which was less than the level of significance at 0.05. Therefore, the researcher rejected the null hypothesis. The alternative hypothesis was adopted, which stated that there is a significant relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities. The results indicated that counselling interventions had an effect on management of adolescents' risky behaviour in therapeutic communities. The findings of the study agreed with observations made by Nyamokitta, Wambulwa and Kimaiyo (2022), on effectiveness of individual counselling services of substance abuse rehabilitees' behaviour change in Asumbi. It was noted that most substance users reverted back to previous behaviours after rehabilitation due to insufficient psychological care. Nyamokitta *et al.* also observed that individual counselling influenced positive behaviour change among substance abuse rehabilitees. In another study, Kithaka (2018) found that counselling programmes existed in Kabete Boys' and Kirigiti Girls' Rehabilitation Schools and that individual counselling was the most common intervention, followed by group counselling and a combination of both group and individual counselling.

4.14 Relationship between Recreational Activities and Management of Adolescent Risky Behaviour in Therapeutic Communities

The study sought to find the extent to which recreational activities offered in therapeutic communities in Uasin Gishu County had helped to manage adolescents' risky behaviour. The null hypothesis, which stated that *there is no significant difference between recreational activities and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County*, was tested using One-Way ANOVA and the results were as presented in Table 4.12.

Table 4.12: Hypothesis Test Results for **Recreational Activities and Management of Adolescents' Risky Behaviour**

ANOVA

	Sum of Squares	**df**	**Mean Squares**	**F**	**Sig**
Between Groups	190.833	10	19.083	2.207	0.027
Within Groups	596.555	69	8.646		
Total	**787.387**	**79**			

The study findings in Table 4.12 revealed that ANOVA F=2.207 and the *p*-value obtained was p=0.027, which was less than the level of significance at 0.05 therefore the researcher rejected the null hypothesis. From this finding, the results suggested that recreational activities provided in therapeutic communities had had an effect on management of adolescents' risky behaviour. The alternative hypothesis, which stated that there is a significant relationship between recreational activities and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County was thus accepted.

The findings of the study reiterated those of Berdychevsky, Stodolska and Shinew (2019) on the role of recreation in the prevention, intervention and rehabilitation programmes addressing youth gang involvement and violence in Chicago. The study noted that recreational activities offer such qualities attractiveness, affordability, cooperation, consistency, supervision, mentoring, and targeting. Programmes that offer numerous benefits, such as exposing adolescents to positive role models,

nurturing pro-social relationships, teaching life skills, offering diversion and safety, and leading to meaningful reappraisals.

The findings also agreed with those of De Wet, Muloiwa and Odimegwu (2018) who carried out a study on the relationship between extra-curricular activities and youth risky behaviours in South Africa. They found that a majority of young people were involved in at least one type of risky sexual behaviour and had used at least one type of illicit substance. Sports and youth groups were the most popular forms of extra-curricular activities which enabled them to concentrate and helped them to overcome the risky behaviour.

4.15 Relationship between Provision of Physical Care and Management of Adolescents' Risky Behaviour in Therapeutic Communities

The study also sought to find the extent to which provision of physical care offered in therapeutic communities in Uasin Gishu County had helped to manage adolescents' risky behaviour. The null hypothesis, which stated that *there is no significant difference between level of provision of care and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County*, was tested using One-Way ANOVA and the results were as presented in Table 4.13.

Table 4.13: **Hypothesis Test Results for Level of Provision of Physical Care and Management of Adolescents' Risky Behaviour**

ANOVA

	Sum of Squares	**df**	**Mean Squares**	**F**	**Sig**
Between Groups	1070.109	12	89.176	4.400	0.000
Within Groups	1357.841	67	20.266		
Total	**2427.950**	**79**			

The results in Table 4.13 show that ANOVA was F=4.400 and p-value obtained was p=0.000, which was less than the level of significance at 0.05. This meant that the variables were statistically significant. The researcher, therefore, rejected the null hypothesis. The results indicated that level of provision of physical care had had an effect on the management of adolescents' risky behaviour.

Since the p-value was less than the alpha level of .05, the null hypothesis, which stated that *there is no significant difference between levels of provision of physical care and mean adolescent risky behaviour management score in therapeutic communities*, was rejected. Therefore, it was concluded that there is a significant relationship between level of provision of physical care and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The findings were in line with the assertion of Reality theory that humans are always striving to meet personal needs and that symptoms of mental distress occur when one or more of the five basic psychological are not met. This means that provision of physical care can help adolescents to manage their exposure to risky behaviour.

The findings of the study concurred with those of Willis *et al.* (2019), in a study on effectiveness of Community Adolescent Treatment Support (CATS) in Zimbabwe. They noted that CATS had improved adherence to treatment. Willis *et al.* also found that adolescents who received standardized care together with CATS exhibited improved linkage to service and retention in care. They further observed that such adolescents showed improved adherence and improved psychosocial well-being compared to adolescents who did not have access to such services.

The results of the current study also reiterated those of the study by Kuyeya (2021), on the effectiveness of treatment rehabilitation programs for drugs and

substance dependence in Mombasa County. Kuyeya established that the programme offered both pharmacological and non-pharmacological services, yet a 38.9% relapse was noted. From the study, the problem was lack of support groups (OR=3.25; p-0.004).

The current study's findings also echoed those of Wanjeri (2018), who conducted a study to identify and review the effectiveness of psychological interventions implemented in behaviour modification among juvenile delinquents in rehabilitation centres located in Eldoret and Kakamega, Kenya. In Wanjeri's study, as part of the treatment there was an aspect of training. These trainings were affected using various methods such as drama, poetry reading and recitation, bible reading and study, animal and human examples, pictures, among others. The features of care examined by the study included counselling, good diet and sufficient meals as well as regular health checks. Others included immediate attention or response to their needs, clean attire and drinking water, and affection or love.

4.16 Relationship between Family Support and Management of Adolescents' Risky Behaviour in Therapeutic Communities

The study further sought to find out the extent to which family support had helped to manage adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The null hypothesis stated that *there is no significant difference between family support and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County*. One-Way ANOVA was used to test the hypothesis. The findings were as presented in Table 4.14.

Table 4.14: Hypothesis Test Results for **Family Support and Management of Adolescents' Risky Behaviour**

ANOVA

	Sum of Squares	**df**	**Mean Squares**	**F**	**Sig**
Between Groups	119.206	9	13.245	3.529	0.001
Within Groups	262.742	70	3.753		
Total	**381.950**	**79**			

Table 4.14 shows that ANOVA was F=3.529 and p-value obtained was p=0.001, which was less than the level of significance at 0.05. This suggested that the variables were statistically significant. The research, therefore, rejected the null hypothesis, which stated that *there is no significant difference between family support and mean adolescent risky behaviour management score in therapeutic communities*. It was concluded that family support, as one of the psychosocial interventions provided in therapeutic communities, had had an effect on management of adolescents' risky behaviour.

The findings resonated with those of Celinska *et al.* (2019), in a study on an outcome evaluation of functional family therapy for court-involved youth in USA. The study noted that family support is a very important factor in adolescents' recovery process. From the study, Celinska *et al.* deduced that FFT was an effective way of dealing with recidivism. In a study in Kenya, Wanjiru (2022) also noted that family is psychologically destabilized through substance abuse by a family member who could be a father, mother, a child or any other member of the family connected to the family directly or indirectly. This means that when family offers support, either directly or indirectly, it can make a difference in the lives of a recovering member.

The study findings were in line with the tenets of family systems theory by Bowen Murray, as described by Hess and Handel (2018), that the family is a psychosocial organization where the members – parents and their young children – inhabit a world of their own making, a community of feeling and fantasy, action and precept. As such, a family is a malleable system that can be modified to enhance the psychosocial wellbeing of all its members. Family, then, is a tool for moulding adolescents' behaviour through different aspects of support availed by its members.

4.17 Relationship between Gender and Management of Adolescents' Risky Behaviour in Therapeutic Communities

The study sought to find out the extent to which adolescents' gender affected the management of their risky behaviour engagements in therapeutic communities in Uasin Gishu County. The null hypothesis stated that *there is no significant difference between gender and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County*. The analysis presented in Table 4.15 is an independent sample t-test to determine whether there is a significant difference between the mean score.

Table 4.15: Hypothesis Test Results for Difference between **Gender** *and* **Management of Adolescents' Risky Behaviour** *in* **Therapeutic Communities**

Psychosocial intervention	**Levene' Test for equality of variances**		**t-test equality of means**					**95% confidence interval of difference**	
	F	Sig	t	df	Sig 2-tailed	Mean difference	Std error difference	Lower limit	Upper limit
	9.927	0.002	.446	78	0.645	0.769	1.724	-2.663	4.201
			.463	69.95	0.645	0.769	1.663	-2.547	4.086

The t-test results show a significant difference between the mean value for gender this difference was significant (t (78) =.446, p=.002). Since the p-value was less than the alpha level of 0.05, the null hypothesis, that there is no significant difference between gender and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County, was rejected. Therefore, the study established that there is a significant difference between gender and mean adolescents' risky behaviour management score in therapeutic communities in Uasin Gishu.

4.18 Relationship between Academic Level and Management of Adolescents' Risky Behaviour in Therapeutic Communities

The study also sought to find out the extent to which adolescents' academic level affected the management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The null hypothesis stated that *there is no significant difference between academic level and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County*. One-Way ANOVA was used to test the results and the findings were as presented in Table 4.16.

Table 4.16: **Hypothesis Test Results for Academic Level and Management of Adolescents' Risky Behaviour**

ANOVA

	Sum of Squares	**df**	**Mean Squares**	**F**	**Sig**
Between Groups	442.301	2	221.151	3.795	0.027
Within Groups	4429.167	76	58.279		
Total	**4871.468**	**78**			

The study findings in Table 4.16 above indicate that ANOVA F=3.795 and the p value obtained was p=0.027. The p value was less than the level of significance at

0.05; therefore, the null hypothesis was rejected. The results showed that academic level had an effect on management of adolescents' risky behaviour in therapeutic communities. Therefore, the alternative hypothesis, which stated that there is a significant relationship between adolescents' academic level and management of their risky behaviour management in therapeutic communities in Uasin Gishu County.

Findings from the current study were in line with Amoateng, Kalule-Sabiti and Arkaah (2014) who explored the effect of socio-demographic characteristics on risky-sexual behaviours among adolescents in the North West Province of South Africa. The study found that individual and contextual factors such as gender, grade, religiosity, and peer influence, parental value of children, parent-child communication, school attachment, the use of alcohol and substance like tobacco and marijuana all affect sexual risk behaviours. At the individual level, the study noted that males and adolescents were much more likely than females to report such risky sexual behaviours than their female and grade 9 counterparts, respectively. Amoateng *et al.* recommended that parent-child relationship, especially parent-child communication, is very important in engendering pro-social behaviours in the adolescent child. As such, parenting as far as the adolescent child is concerned must seek to demonstrate how much parents value them vis-à-vis the adolescent's peers and other social contexts besides the family. The present study advances the reviewed work by providing various psychosocial interventions that can be used to manage adolescents' risky behaviour.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives the summary of findings, conclusions, recommendations and suggestions for further research drawn from the findings of the study. Psychosocial interventions are a combination of psychological and social techniques that are employed to assist adolescent with risky behaviour in therapeutic communities. The aim of this study was to evaluate the effect of psychosocial interventions in management of adolescent's risky behaviour in therapeutic communities in Uasin Gishu County.

5.2 Summary of Findings

This section discusses the major findings based on the results of the study. The study sought to investigate the effects of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County Kenya. Izutsu *et al*. (2015) note that economic cost of mental disorders is more than 4% of Gross Domestic Product (GDP) worldwide, depression is a leading cause of disability, and of the more than 800 000 deaths by suicide that occur every year, many are preventable. Therefore, as noted by Izutsu *et al.* (2015), sustainable development cannot be achieved without the inclusion of mental health as a key global priority.

Psychosocial interventions constituted the independent variable for the current study while management of adolescents' risky behaviour was the dependent variable. For the study, the following seven research questions were used to examine the effect of psychosocial interventions on adolescents: What psychosocial interventions are applied to manage adolescents' risky behaviour in therapeutic communities in Uasin

Gishu County? To what extent have adolescents' risky behaviour been managed in therapeutic communities in Uasin Gishu County? What is the relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County? To what extent have recreational activities helped to manage adolescents' risky behaviour in therapeutic communities in Uasin Gishu County? What relationship exists between provision of physical care and management of adolescents' risky behaviour in Uasin Gishu County? What is the relationship between family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County? Is there a relationship between socio-demographic characteristics and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County?

The study also tested the following null hypotheses: H_{01}: There is no statistically significant relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County; H_{02}: There is no statistically significant relationship between recreational activities and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County; H_{03}: There is no statistically significant relationship between provision of physical care and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County; H_{04}: There is no statistically significant relationship between family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County; H_{05}: There is no significant difference between gender and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County, and H_{06}: There is no significant difference between academic level and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County.

5.2.1 Psychosocial Interventions Applied in Therapeutic Communities

The results of the survey showed how frequent the respondents received psychosocial interventions applied in therapeutic communities. Concerning counselling interventions, most of the adolescents always talked to their counsellor alone so as to overcome their bad habits. Some talked to a counsellor alone on how to control their anger and others never talked to a counsellor alone for good communication.

The study found that most of the adolescents talked with others in a group about relapse prevention. Another set talked with others in a group on forgiveness and self-acceptance while some never went for counselling with family members on good communication. The study also established family members were never counselled on relapse prevention. However, some of the adolescents were counselled with family members on the role of the family in misconduct management while others were taught time management skills.

On recreational activities, the adolescents were taught the importance of good communication. Most enjoyed playing indoor games with friends while others liked watching television programmes. On physical care provision, the study established that the adolescents mostly had friends at school. Most said clean environment was available while others had people who took care of their medical issues. Others said they felt safe in their institutions.

5.2.2 Extent to which Adolescents' Risky Behaviour has been Managed in Therapeutic Communities

From the findings of the study, many adolescents stated that, to a large extent, talking to a counsellor alone had helped them stop bad habits, to control their anger,

and to learn good communication. Others said talking with others in a group had helped them think about their future and to learn to forgive and accept themselves.

The study also established that, to a large or larger extent, talking with others in a group had helped adolescents to control their temper and to communicate effectively. Specifically, talking with family members in a group had helped adolescents to learn to prevent relapse and to learn the importance of family in behaviour.

On recreational activities, the study found that playing games had helped adolescents to use their free time well. For others, to a large or larger extent, playing games like scrabble had helped them to think and organize their life. Similarly, reading stories from newspapers had helped adolescents to think positively about life. For some adolescents, playing games had helped them to be in good health while for others indoor games had helped them get good sleep at night. Still others stated that talking with friends at school had helped them to learn good habits.

For many adolescents, taking part in cleaning had helped them to be responsible.

For treatment, most adolescents said the treatment they were given when unwell had helped them to appreciate life and to learn the value of good behaviour. Additionally, availability of clean water had helped them appreciate their environment. Overall, provision of physical care had helped adolescents to feel safe to interact with others in the community.

The study was anchored on reality theory by William Glasser (1965), which postulates that human beings choose their own behaviour and that their choices can either satisfy or not satisfy their basic drives and goals. In this study, it was hypothesized that reality therapy could help adolescents to be more aware of their

choices and how these choices impact the achievement of their goals. Framing behaviour as a choice, a choice made by client's internal control, leads these adolescents to feel more responsible and in command of their lives.

The study adopted embedded design in the mixed methods approach. In this approach, one data set provides a supportive or secondary role in a study based primarily on the other data type (Creswell, 2007; Almalki, 2016). The target population was all involved in the four (4) therapeutic communities located in Uasin Gishu County.

Probability and non-probability sampling techniques were applied to select sample for the study. Adolescents to take part in the study were sampled using probability sampling where the researcher used proportionate stratified random sampling. Census approach was employed to select all the counsellors, sports trainers, care providers and recoverees. A total of eighty (80) adolescents, ten (10) counsellors, twelve (12) recoverees and ten (10) sports trainers were selected.

Three instruments were used to collect data for the study. These instruments included a questionnaire for adolescents, interview guides for counsellors, recoverees and recreational activity trainers, and document analysis guide. Research permit was sought from the National Council for Science, Technology and Innovation (NACOSTI). The researcher also sought permission to conduct the research from the County Director of Health Services. This permit was used to acquire an introductory letter allowing the research to be carried out. Moreover, permission was sought for from Uasin Gishu County Commissioner and from Manager in charge of the therapeutic communities in the County. Consent was sought from children's department and assent from the adolescents themselves. The researcher administered

the questionnaire to the adolescents and conducted interviews with counsellors, recoverees and recreational activity trainers.

Data obtained was analysed according to research questions and hypotheses were tested. The first research objective sought to establish the psychosocial interventions applied in therapeutic communities in Uasin Gishu County. Data was collected from adolescents' questionnaires. The findings showed that majority of the adolescents in therapeutic communities in Uasin Gishu County had benefited from interventions such as individual counselling (Mean=3.01 & S. Dev=1.28), group counselling (Mean=3.25 & S. Dev=1.44), family counselling (Mean=3.00 & S. Dev=1.45), recreational activities (Mean=3.43 & S. Dev=1.52) and provision of physical care (Mean=3.682 & S. Dev=1.431).

The second research objective set out to establish the extent to which adolescents' risky behaviour had been managed in therapeutic communities in Uasin Gishu County. Data for this objective was collected through adolescents' questionnaire and interview guides for counsellors, recoverees and recreational activity trainers. From the findings, on individual counselling, the study deduced that majority of the adolescents felt that individual counselling (Mean=3.87 & S. Dev=1.117), group counselling (Mean=3.86 & S.Dev=1.314), and family therapy (Mean=3.157 & S. Dev=1.45) had helped them to manage risky behaviour. On average, counselling interventions (Mean=3.629 & S.Dev=1.294), recreational activities (Mean=3.704 & S. Dev=1.381), provision of physical care (Mean=3.781 & S. Dev=1.371), and family support (Mean=2.956 & S.Dev=1.631) had helped adolescents to manage risky behaviour. In addition, majority of counsellors encouraged their clients to identify

situations that were likely to trigger relapse, such as being in the company of friends who drink alcohol or walking near alcohol joints.

The third research objective sought to establish the relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The question was addressed by hypothesis 1 using ANOVA. From the findings, ANOVA was F= F=2.132 and p-value obtained was p=0.017, which was less than the level of significance at 0.05. The results indicated that all the three types of counselling, i.e. individual counselling, group counselling and family counselling, had an effect on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

The fourth research objective sought to establish the extent to which recreational activities had helped to manage adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The study tested the null hypothesis, which stated that *there is no significant difference between recreational activities and mean score for management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County,* using One-Way Analysis of Variance. The ANOVA results showed that the F-value was 2.207 with a p-value of 0.027. Therefore, there was no significant difference between recreational activities and mean score for management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

The fifth research objective tested for the relationship between provision of physical care and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The null hypothesis, which stated that *there is no significant difference between level of provision of physical care and mean score for management of adolescents' risky behaviour in therapeutic communities,* was

tested using One-Way ANOVA. From the findings, ANOVA was F=4.400 and p-value obtained was p=0.000, which was less than the level of significance at 0.05. Therefore, the null hypothesis was rejected and it was concluded that there is a significant relationship between the provision of physical care and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

The sixth research objective tested for the relationship between family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. The null hypothesis, which stated that *there is no significant difference between family support and mean score for management of adolescents' risky behaviour in therapeutic communities*, was tested using One-Way ANOVA. The findings revealed that ANOVA was F=3.529 and p-value obtained was p=0.001, which is less than the level of significance at 0.05. As such, the null hypothesis was rejected and it was concluded that there was a significant relationship between the family support and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County.

The seventh research question tested for the relationship between socio-demographic characteristics (namely gender and academic level) and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. Two hypotheses were tested. The first null hypothesis, which stated that *there is no significant difference between adolescents' gender and mean adolescent risky behaviour management score in therapeutic communities*, was tested using t-test. As the findings revealed this difference was significant (t (78) =.446, p=.002). Since the p-value was less than the alpha level of .05, the null hypothesis was rejected and it was concluded that there is a significant relationship between adolescents' gender and

management of their risky behaviour in therapeutic communities. The second null hypothesis stated *there is no significant difference between academic level and mean adolescent risky behaviour management score in therapeutic communities in Uasin Gishu County.* This was tested using One-Way Analysis of Variance and the findings showed that F=3.795 and the p value obtained was p=0.027. The p value was less than the level of significance at 0.05. Therefore, the null hypothesis was rejected and it was conducted that the adolescents' academic level had an effect on the management of their risky behaviour in therapeutic communities in Uasin Gishu County.

5.3 Conclusions

Based on the findings from the study, the following conclusions were drawn:

5.3.1 Psychosocial Intervention in Therapeutic Communities

The main aim of this study was to evaluate the effect of psychosocial interventions on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. Overall, psychosocial interventions have helped in the management of the adolescents' risky behaviour in therapeutic communities. These interventions have helped adolescents to overcome bad habits and to control their anger. However, most adolescents have never been counselled on relapse prevention nor counselled with family members on the role of the family in misconduct.

5.3.2 Counselling Intervention in Therapeutic Communities

The inferential statistics showed that there is a significant difference between the means for counselling interventions in terms of their impact on adolescents' risky behaviour management. As such, more counselling sessions (individual, group and family counselling) carried out consistently are needed to effectively manage adolescents' risky behaviour in therapeutic communities.

5.3.3 Recreational Activities in Therapeutic Communities

The study also concludes that playing games like scrabble helps adolescents to think and organize their life, reading stories helps them to think positively about life, playing games helps them to be in good health and to have good sleep at night. Moreover, talking with friends at school helps adolescents to learn good habits. Therefore, recreational activities carried out regularly and with expert trainers can enhance the management of adolescents' risky behaviour in therapeutic communities.

5.3.4 Provision of Physical Care in Therapeutic Communities

Adolescents in therapeutic communities have friendships at school, and a clean environment with caregivers who take care of their medical issues. Most adolescents feel physically safe being in their institutions. This means availability of care services is important in the recovery process for adolescents engaged in risky behaviours.

5.3.5 Family Support in Therapeutic Communities

To a large extent, family members in Uasin Gishu County take part in the rehabilitation process of adolescents though provision of financial support, medical support, physical support, making calls frequently, showing empathy and understanding and attending monthly meetings and graduation ceremonies to show support. As such, family support, as one of the psychosocial interventions, is an important aspect in recovery process for adolescents engaged in risky behaviours.

5.3.6 Improving the Management of Adolescents' Risky Behaviour in Therapeutic Communities

To improve the management of adolescents' risky behaviour in therapeutic communities, the following suggestions are provided based on the findings: provision of more therapists conversant with adolescents' mental health issues; activities given

older adolescents should be introduced to younger adolescents too; therapists should ensure they are beneficent to their clients, and therapeutic communities should employ qualified trainers at all time.

5.3.7 Difference between Counselling Intervention and Mean Risky Behaviour Management Score

Counselling interventions have an influence on management of adolescents' risky behaviour in therapeutic communities. All the three types of counselling, i.e. individual, group and family counselling, offer effective interventions in dealing with adolescents' risky behaviour.

5.3.8 Difference between Recreational Activities and Mean Risky Behaviour Management Score

There is a significant relationship between recreational activities offered in therapeutic communities and management of adolescents' risky behaviour in Uasin Gishu County. Therefore, all aspects of recreational activities, both indoor and outdoor, are important in enhancing adolescents' recovery process.

5.3.9 Difference between Level of Provision of Physical Care and Mean Risky Behaviour Management Score

The level of provision of physical care has a relationship with management of adolescents' risky behaviour in therapeutic communities. Adolescents who are provided with basic needs and other necessities tend to recover well and with minimal risks of relapse.

5.3.10 Difference between Family Support and Mean Risky Behaviour Management Score

Provision of family support to adolescents in therapeutic communities has a significant relationship with management of adolescents' risky behaviour. Therefore, family support is very important for the recovery process and prevention of relapse among adolescents involved in risky behaviour.

5.3.11 Difference between demographic characteristic and Mean Risky Behaviour Management Score

Socio-demographic characteristics of adolescents in therapeutic communities considered were gender and level of academics. Findings showed that more male adolescents 55% than female 45% seek psychosocial interventions. Academic level affected management of risky behaviour, those in vocational institutions 47.5%, than those in lower level that is primary schools at 32.5%.

5.4 Recommendations of the Study

Based on the conclusions drawn from the study, the following recommendations are made:

i. Study findings showed that psychosocial interventions have been implemented to some extent. As such, psychosocial interventions, such as individual counselling, group counselling and family counselling, should be incorporated into the management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County. These interventions have proven to be significantly effective in helping adolescents overcome risky behaviours. Therapists offering psychosocial interventions in therapeutic communities should also seek continuous training and education to be acquainted with

emerging trends in problem behaviours and mitigation measures. In addition, more therapists with knowledge of adolescents' issues should be employed to enhance service delivery in therapeutic communities.

ii. Relapse prevention counselling should be provided to adolescents in therapeutic communities, as it is an essential component of managing risky behaviours. In addition, family members should also be involved in counselling to understand their role in preventing misconduct.

iii. Therapeutic communities should encourage and facilitate the use of activities like scrabble, reading stories and indoor games by adolescents as these have been shown to have positive effects on adolescents' wellbeing and behaviour management.

iv. Therapeutic communities should also promote healthy social interactions among adolescents, such as talking with friends at school, to help them learn good habits and cope with risky behaviour.

v. Further studies should be conducted to investigate the long-term effectiveness of psychosocial interventions and identify other factors that may contribute to managing adolescents' risky behaviour in therapeutic communities.

5.5 Suggestions for Further Research

Future researchers should look into the following:

i. Conducting a longitudinal study to investigate the long-term effectiveness of these interventions and identify other factors that may contribute to managing adolescents' risky behaviour in therapeutic communities.

ii. Investigating the effectiveness of different types of psychosocial interventions in managing adolescents risky behaviour.

iii. Studying the impact of involving parents or caregivers in counselling on the management of adolescents' risky behaviour.

iv. Exploring the impact of technology-based interventions, such as mobile apps or online counselling, on management of adolescents' risky behaviour in therapeutic communities.

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APPENDICES

APPENDIX I: LETTER OF INTRODUCTION
LETTER TO THE RESPONDENTS

My name is Jepkorir Chewen a student at The Catholic University of Eastern Africa-Gaba Campus. I am pursuing a PhD in counselling Psychology. As a requirement of the course, I am carrying out a research to ascertain the '***Effectiveness of Psychosocial Intervention on Management of Adolescents' Risky Behaviour in Therapeutic Communities in Uasin Gishu County Kenya'*** you have been identified to take part in this study. Kindly assist by filling in the questionnaires provided. Your confidentiality is assured as the information you give will be used purposely for academic research and will not be distributed to any person or organization for other purposes. Your participation in the study is voluntary and you are free to withdraw at any time without giving any reason or reasons should you feel that you do not want to go on.

Yours faithfully

Jepkorir Chewen

APPENDIX II: QUESTIONNAIRE FOR ADOLESCENTS

SECTION A: Demographic Information

1. What is your gender?

   Male ( ) Female ( )

2. What is your age?

   11-14years ( ) 15-17 years ( ) 17 and above ( )

3. Academic level

   Primary ( ) Secondary ( ) Vocational Education ( )

SECTION B: PSYCHOSOCIAL INTERVENTIONS APPLIED IN THERAPEUTIC COMMUNITIES

Instructions: Indicate below the intervention you received at the therapeutic community helped you in your recovery process and wellbeing. Indicate by ticking how frequent you received Counselling intervention in therapeutic communities: Using a scale of 1-5, where 5= **Always**, 4=**Often**, 3= **Sometimes**, 2= **Rarely**, 1=**Never**.

i) Counselling Intervention

Statement	1	2	3	4	5
1. I talked to a counsellor alone on how to overcome my bad habits e.g. lying, stealing, drug abuse, running away from home					
2. I talked with a counsellor alone on how to control my anger					
3. I talked with a counsellor alone on how to talk with others using a polite language					
4. We discussed with others on how to stop thinking					

about going back to bad habits					
5. We discussed with others in a group on how to forgive and accept our past mistakes					
6. We discussed with others on how to talk to others in a polite way. e.g not shouting, not abusing					
7. I went for counselling with family members on how to talk to one another well					
8. I went for counselling with family members on how to prevent me from going back to previous bad habits e.g. destroying property, taking things that were not mine without permission.					
9. I went for counselling with family members to understand how the family contributed to my bad habits					
10. I was taught on how to manage my free time e.g. reading motivational books, planning activities,					
11. I learnt the importance of good communication e.g. polite language, appreciating others, respect for others					

ii) Recreational Activities

12. I play in-door games such as poker, chase, soduko, crossword puzzle					
13. I am happy when my friends ask me to play out-door games with them e.g. football, volleyball,					
14. I like watching television programs during my free					

time e.g. news, documentaries, music					

iii) Physical Care

15. I have many friends at school					
16. I live in a clean environment					
17. Whenever I feel unwell there is someone to help me get treatment					
18. I enjoy talking with others during lessons within the community					
19. Clean water for drinking is readily available					
20. I feel safe whenever I am in this institution					

iv) Family Support

21. My family members support me financially to meet my needs					
22. I can count on my family members when I have serious problems					
23. My family encourages me to engage in sober recreational activities					
24. Family members make telephone calls to find out how I am doing					
25. Family members attend prayer meetings whenever there are graduation ceremonies					

SECTION C: EXTENT TO WHICH ADOLESCENT'S RISKY BEHAVIOUR HAS BEEN MANAGED IN THERAPEUTIC COMMUNITIES

The information will not be disclosed to anyone else. The questionnaire consists of statements concerning the services you are receiving at the therapeutic community you are required to indicate the extent these services helped you in your recovery process. Using a scale of 1-5, where 5=**Larger extent**, 4=**Large extent**, 3= **Moderate extent**, 2= **Small extent**, 1=**Smaller extent.** Put a tick in the box that corresponds to your feelings

i) Counselling

Statement	**5**	**4**	**3**	**2**	**1**
26. Talking with the counsellor alone helped me stop bad habits such as lying, stealing, drug abuse, running away from home					
27. Talking to a counsellor alone helped me learn to control my anger					
28. Talking to a counsellor alone helped me to talk to others well					
29. Discussing with others helped me to think about ways about my future e.g. education, responsibility					
30. Discussing with others in a group helped us to forgive and accept our past mistakes					
31. Talking with others in a group helped me to talk with others in a polite way. e.g. not shouting, not abusing					
32. Talking with family members helped me to talk to family members well					

33. Going for counselling with family members helped me not to go back to previous bad habits e.g. destroying property, taking things that were not mine without permission.					
34. Being counselled with family members helped us understand how the family contributed to my bad habits					

ii) Recreational Activities

35. Playing games helped me use my free time well e.g. prevent bad thoughts, idleness					
36. Playing games like scrabble help me to think and organize my life and think positively.					
37. Reading stories from newspapers, listening to television programs helped me to think of ways to plan my life.					
38. Playing games such as poker, monopoly, chase, and soduko from the newspaper help me to be in good health.					
39. Outdoor games such as football and volleyball help me to eat and sleep well.					

iii) Physical Care

40. Talking with friends at school help me to learn good habits					
41. Taking part in cleaning my environment help me to be a responsible person					

42. Treatment I receive when I am not well help to appreciate myself and others.					
43. Teachings I received in the community helped me to learn the importance of good behaviour.					
44. Availability of clean water helped me to live in a clean and good environment.					
45. I feel safe to carry out my daily activities without fear					

iv) Family Support

46. My family members support me financially to meet my needs					
47. I can count on my family members when I have serious problems					
48. My family encourages me to engage in sober recreational activities					
49. Family members make phone calls to find out how I am doing					
50. Family members attend prayers & graduation ceremonies					

SECTION D: Strategies that can be used to improve the services in therapeutic communities

What are other activities that you felt the community did not provide that would have helped you get well?

……

……

……

……

……

Thank you very much for your participation in this study. I promise to communicate the findings of this study

APPENDIX III: INTERVIEW GUIDE FOR COUNSELLORS

INTRODUCTION: Greetings, My name is J Chewen. I am a Phd student in Counselling Psychology at The Catholic University (Faculty of Arts Science and Social Sciences). I am undertaking a study on the Effects of the psychosocial interventions in management of adolescent's risky behavior in therapeutic communities, you have been chosen as one of the respondents in this study, kindly assist by providing some the information for the study. The study is purely voluntary and the information obtained will be used for academic purposes only. Confidentiality is highly assured, I therefore request for your honesty in providing information. Do not write your name at any point during the interview. Thank you for your cooperation.

SECTION A:

1 What age group do you receive most in this therapeutic community?

a) What could be reason for this?

2. What are some of the treatment approaches used in helping adolescents in the recovery process?

a) Are there interventions approaches that clients prefer most? If yes what could be the reason for this?

3. To what extent have intervention programs offered in TC managed adolescents' risky behaviour?

4. How do you determine the risk levels of the clients as you carryout treatment?

b) How does the risk assessment help in the therapy process?

5. How do you deal with anti-social behavior among the adolescents during treatment?

6. Do you involve the families of the adolescents in the treatment process?

Yes ( ) No ( ).

Kindly explain

a) In your opinion, what role do family members play in the recovery process of the adolescents in this institution?

7. What is the process of releasing the adolescents after treatment?

a) How do you connect with clients after they have completed treatment and released?

8. Are there clients who come back after treatment?

a) What could be the reason coming back after completing treatment?

b) In your opinion, what should be done to reduce cases of relapse?

9. What are some of the challenges you face in the rehabilitation process
10. In your opinion, do you think there is something that can be done to improve in the rehabilitation process to make it more effective and reduce relapse?

Kindly explain

SECTION B:

1. Gender: Male ( ) Female ( )
2. How many years have you worked in this therapeutic community?

0-5 years ( ) 6-10 years ( ) 11-15 years ( ) 16-20 years ( ) 21-30 years ( )

3. Marital status?

Single ( ) Married ( )

4. a) What is your highest level of education? Phd ( ) Masters ( ) Degree ( ) Diploma ( ) Certificate ( ) any other, specify

b) Kindly state the course done

c) How has your experience and qualifications helped you in helping the adolescents in therapeutic community

APPENDIX IV: INTERVIEW GUIDE FOR RECOVEREES IN THERAPEUTIC COMMUNITIES

SECTION A

1. a) What services are offered to clients in your therapeutic community?

   b) In a scale of 1-10 how do you rate the interventions offered to clients in therapeutic communities? Where **10** indicate very effective while **1** is not effective at all

2. Give your views on the following interventions in relation to management of adolescent's risky behavior

   a) Counselling

   b) Life skill Training/ Psycho education

   c) Spiritual intervention

   d) Recreational activities

3. a) Are there clients who come back after completing treatment in TC?

   b) What could be the reason for coming back?

   c) What is the recovery rate in this institution?

4. Are there any effects attributed to these interventions on adolescents' behavior change? If yes please identify some of them

5. What can be done to improve?

SECTION B

1. How many years have you worked in this therapeutic community?

   0-5 years ( ) 6-10 years ( ) 10 years and above ( )

2. Marital status?

   Single ( ) Married ( ) Other ( )

3. a) What is your highest level of education? Phd ( ) Masters ( ) Degree ( ) Diploma ( )

Certificate ( ) any other, specify

b) Kindly state the course done

APPENDIX V: INTERVIEW GUIDE FOR RECREATIONAL ACTIVITY TRAINERS IN THERAPEUTIC COMMUNITIES

SECTION A

1. a) What are some of the recreational activities offered in this institution?

b) How relevant are these activities in management of risky behavior of the adolescents

c) What activities are most preferred by clients in this institution?

Is there any explanation for this?

2. How do you deal with anti-social behavior among the adolescents?

3. a) What are some of the challenges you face in the treatment process

b) How do you deal with these challenges?

4. What should be improved in the rehabilitation process to make it more effective?

5. Is there any intervention strategy that you think is missing and could be important in dealing adolescents risky behaviour?

SECTION B

1. What is your gender?

   Male ( ) Female ( )

2. How many years of sobriety do you have working in this therapeutic community?

   0-5 years ( ) 6-10 years ( ) 10 years and above ( )

3. Marital status?

   Single ( ) Married ( ) Other ( )

4. a) What is your highest level of education? Phd ( ) Masters ( ) Degree ( )

   Diploma ( ) Certificate ( ) any other, specify

   b) Kindly state the course done

APPENDIX VI: DOCUMENT ANALYSIS GUIDE

Therapeutic communities housing adolescents

(i) Records of adolescent psychosocial intervention: To enable the researcher establish the interventions offered in the institution.

(ii) Records of adolescent's rehabilitation program: To check on the kind of adolescents undertaking treatment and behaviour management.

(iii) Records of cases of relapse: To check the number of cases that relapsed.

Analysis of client intake files between 2019 and 2022

Date	Age	Information Recorded

APPENDIX VII: RESEARCH METHODOLOGY MATRIX

Table 4: Research Methodology Matrix

Research Questions	Type of data required	Source of data	Instrument used	Data analysis Procedures
i What psychosocial interventions are applied in therapeutic communities in Uasin Gishu County	Interventions used in therapeutic communities	Adolescents	Questionnaires	Frequencies, percentages and Means scores. And standard deviation
ii To what extent have risky behavior been managed in therapeutic communities in Uasin Gishu County?	Extent to which risky behavior been managed	Adolescents	Questionnaires	Frequencies, percentages and Means scores.
iii Is there a relationship between Counselling intervention and management of adolescent's risky behavior in therapeutic communities in Uasin Gishu County?	Level of relationship between counselling intervention and risky behavior management	Adolescents Counselors	Questionnaires Interview guides	ANOVA Themes and categories
iv To what extent have provision of physical care managed adolescent's risky behavior in therapeutic community in Uasin Gishu County?	Level of relationship between provision of care and management of adolescent's risky behavior	Care givers	Questionnaires	ANOVA
v What relationship exist between recreational activities and management of adolescent's risky behavior?	Level of relationship between recreational activities and management of adolescent's risky behavior	Recreational activities trainers	interview guide	Themes and categories ANOVA
Vi What is the relationship between family support and management of adolescent's risky behaviour in therapeutic	Level of relationship between family support and management of adolescent's risky behavior			

communities vii) Is there a relationship between socio-demographic characteristics and management of adolescent's risky behavior in therapeutic communities?	Demographic characteristics gender and academic level	Adolescents, Counsellors Recreational activity providers	Questionnaires interview guide	Themes and categories ANOVA and t-test

APPENDIX VIII: DATA COLLECTION METHODOLOGY MATRIX

Table 5: Data collection Matrix

Research Hypothesis	Independent Variable	Dependent Variable	Statistical Test
H_1 : There is a relationship between Counselling Intervention and adolescent's risky behavior management	Counselling Intervention	Adolescent's risky behavior management	Descriptive ANOVA
H_2 There is a relationship between provision of care and adolescent's risky behavior management in therapeutic communities in Uasin Gishu County	Provision of Care	Adolescent's risky behavior management	Descriptive ANOVA
H_3 :There is no significant relationship between recreational activities and adolescent's risky behavior management in therapeutic communities in Uasin Gishu County	recreational activities	Adolescent's risky behavior management	Descriptive ANOVA
H_{04}: There is no significant relationship between family support management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu, Kenya.	Family support	Adolescent's risky behavior management	Descriptive ANOVA
H_{05}: There is no significant relationship between gender and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu' Kenya.		Adolescent's risky behavior management	t-test
H_{06}: There is no significant relationship between academic level and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu, Kenya.		Adolescent's risky behavior management	ANOVA

APPENDIX IX: LETTER OF INTRODUCTION BY THE UNIVERSITY

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

FACULTY OF ARTS, SCIENCE AND SOCIAL SCIENCES
DEPARTMENT OF COUNSELLING PSYCHOLOGY

P. O. Box 908 - 30100 Eldoret - Kenya
Email: headfasssciencepro[illegible]

Our Ref: CUEA/GC/FASS/NACOSTI/001/August 2022

31st August, 2022

The Director,
National Commission for Science, Technology and Innovation (NACOSTI),
NAIROBI, KENYA.

Dear Sir/Madam,

RE: JEPKORIR CHEWEN - 1036000

I am writing to introduce to you **Jepkorir Chewen** who is a final year Phd. in Counselling Psychology Degree student at The Catholic University of Eastern Africa (CUEA), Eldoret – Kenya, and to request you to assist her to accomplish her academic research requirements.

She has completed all course work requirements for this programme. However, every student in the programme is required to conduct a research and write a report/dissertation submitted during the final year of studies.

Accordingly, Chewen's research topic has been approved. She will conduct research on the following topic:

"Effects of Psychosocial Interventions on Management of Adolescents Risky Behaviour in Therapeutic Communities in Uasin Gishu Edoret, Kenya ".

Thanking you in advance for any assistance you accord to Chewen.

Sincerely,

Dr. Esther Chepsiror
HEAD OF FASS/SCIENCE PROGRAMMES

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA) P.O. BOX 908 - 30100 Eldoret - KENYA
Tel: 020-2525811-5, 8890023-4, Fax: 8891084, Email: [illegible], Website: www.cuea.edu
Founded in 1984 by AMECEA (Association of the Member Episcopal Conference in Eastern Africa)

APPENDIX X: NACOSTI RESEARCH CLEARANCE PERMIT

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NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 501132

Date of Issue: 09/September/2022

RESEARCH LICENSE

This is to Certify that Miss.. JEPKORIR CHEWEN CHEWEN of Catholic University of Eastern Africa, has been licensed to conduct research in Uasin-Gishu on the topic: Effects of Psychosocial Interventions on Management of Adolescents Risky Behavior in Therapeutic Communities in Uasin Gishu County, Kenya for the period ending : 09/September/2023.

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501132

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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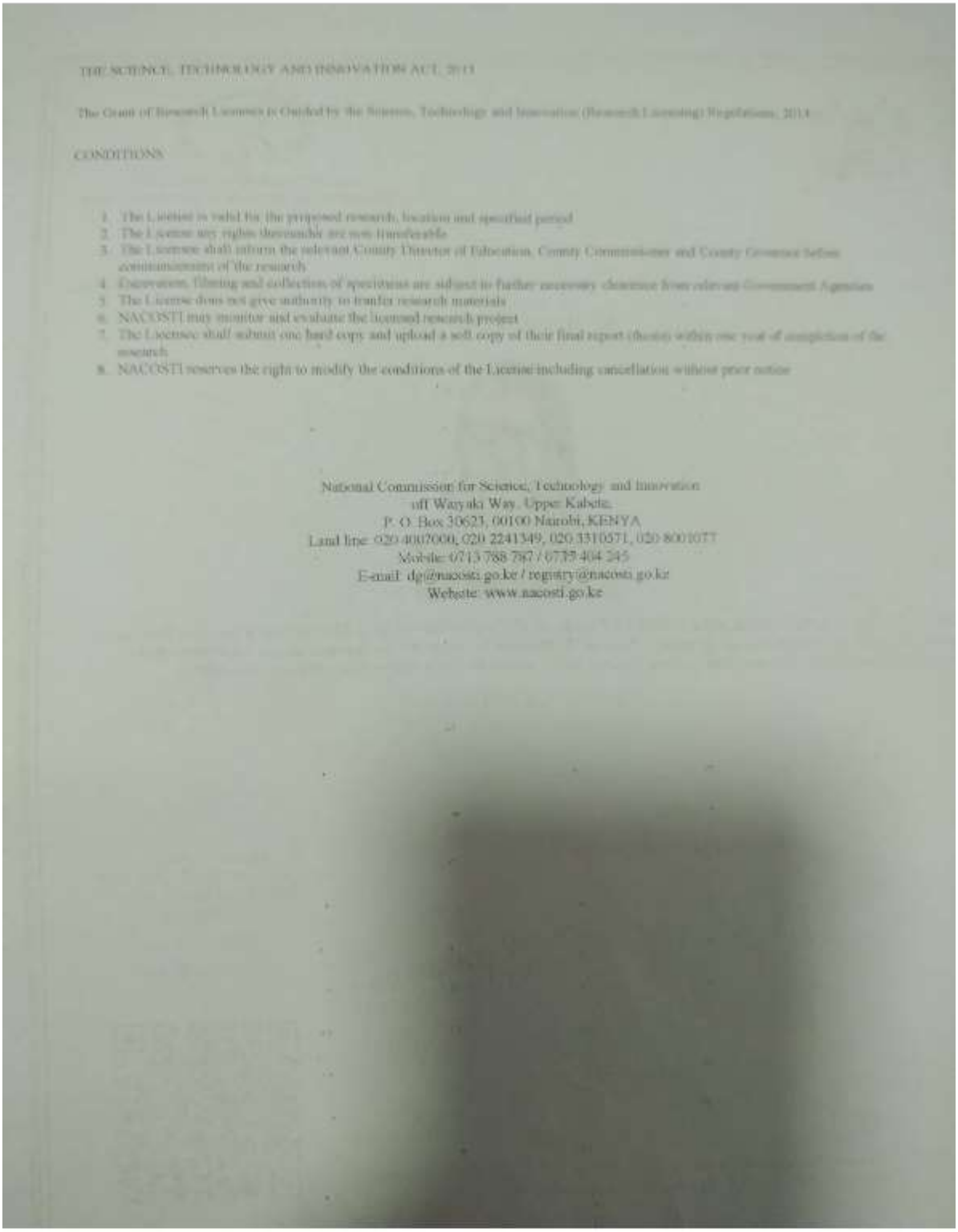

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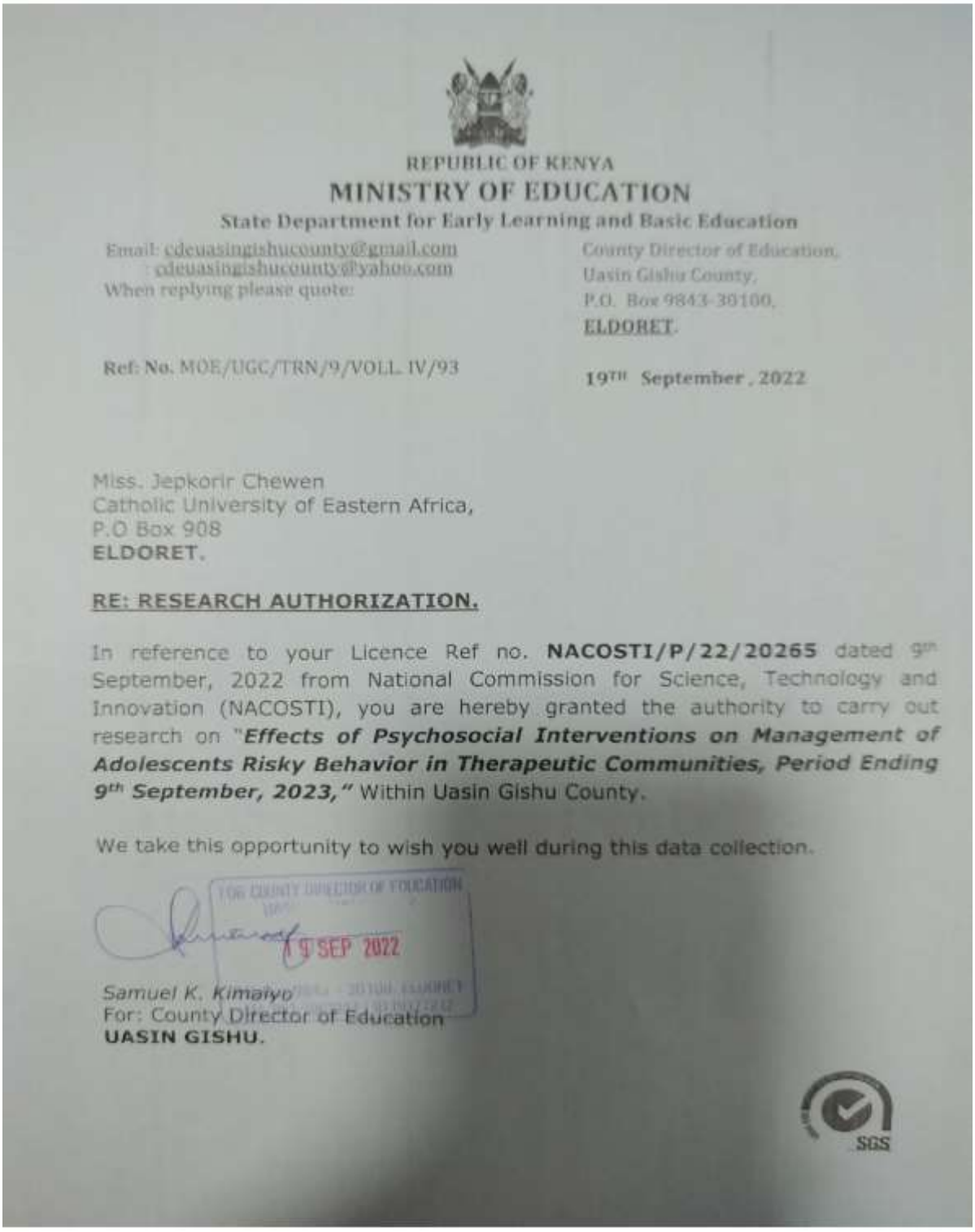
APPENDIX XII: LETTER OF AUTHORIZATION BY DIRECTOR OF EDUCATION, UASIN GISHU



REPUBLIC OF KENYA

MINISTRY OF EDUCATION

State Department for Early Learning and Basic Education

Email: cdeuasingishucounty@gmail.com
cdeuasingishucounty@yahoo.com
When replying please quote:

County Director of Education,
Uasin Gishu County,
P.O. Box 9843-30100,
ELDORET.

Ref: No. MOE/UGC/TRN/9/VOLL. IV/93

19TH September, 2022

Miss. Jepkorir Chewen
Catholic University of Eastern Africa,
P.O Box 908
ELDORET.

RE: RESEARCH AUTHORIZATION.

In reference to your Licence Ref no. **NACOSTI/P/22/20265** dated 9th September, 2022 from National Commission for Science, Technology and Innovation (NACOSTI), you are hereby granted the authority to carry out research on "***Effects of Psychosocial Interventions on Management of Adolescents Risky Behavior in Therapeutic Communities, Period Ending 9th September, 2023,"*** Within Uasin Gishu County.

We take this opportunity to wish you well during this data collection.

19 SEP 2022

Samuel K. Kimaiyo
For: County Director of Education
UASIN GISHU.

SGS

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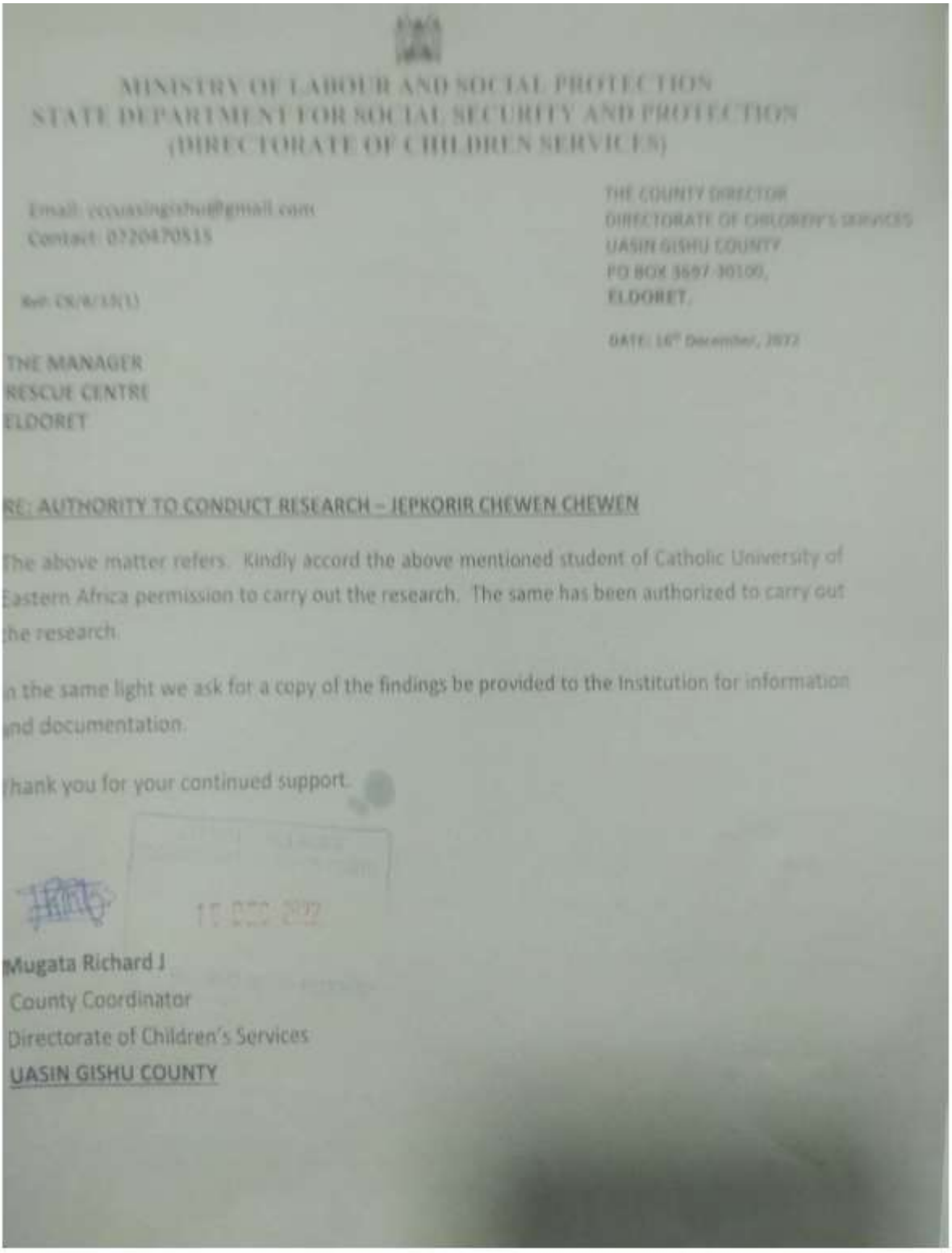
APPENDIX XIII: LETTER OF AUTHORIZATION BY MINISTRY OF LABOUR AND SOCIAL



MINISTRY OF LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT FOR SOCIAL SECURITY AND PROTECTION
(DIRECTORATE OF CHILDREN SERVICES)

Email: ccouasingishu@gmail.com
Contact: 0720470515

Ref: CS/6/13(1)

THE COUNTY DIRECTOR
DIRECTORATE OF CHILDREN'S SERVICES
UASIN GISHU COUNTY
PO BOX 3697-30100,
ELDORET.

DATE: 16th December, 2022

THE MANAGER
RESCUE CENTRE
ELDORET

RE: AUTHORITY TO CONDUCT RESEARCH – JEPKORIR CHEWEN CHEWEN

The above matter refers. Kindly accord the above mentioned student of Catholic University of Eastern Africa permission to carry out the research. The same has been authorized to carry out the research.

In the same light we ask for a copy of the findings be provided to the Institution for information and documentation.

Thank you for your continued support.

Mugata Richard J
County Coordinator
Directorate of Children's Services
UASIN GISHU COUNTY

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APPENDIX XIV: TURN IN ORIGINALITY REPORT

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I HEREBY CONFIRM THAT **JEPKORIR CHEWEN** REG NO: 1036800, SUBMITTED A CHECK OF ANTIPLAGIARISM ON CRITICAL EVALUATION OF **EFFECT OF PSYCHOSOCIAL INTERVENTIONS ON MANAGEMENT OF ADOLESCENTS RISKY BEHAVIOUR IN THERAPEUTIC COMMUNITIES IN UASIN GISHU COUNTY, KENYA. A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN COUNSELLING PSYCHOLOGY AT THE CATHOLIC UNIVERSITY OF EASTERN AFRICA.**

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APPENDIX XVI: MAP OF UASIN GISHU COUNTY