



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research
Vol. 11, Issue, 05, pp.4162-4168, May, 2019

DOI: <https://doi.org/10.24941/ijcr.35294.05.2019>

**INTERNATIONAL JOURNAL
OF CURRENT RESEARCH**

REVIEW ARTICLE

RELATIONSHIP BETWEEN ADDICTION COUNSELLORS CHARACTERISTICS AND DEVELOPMENT OF COMPETENCIES IN REHABILITATION FACILITIES IN CENTRAL AND NAIROBI REGIONS, KENYA

***Waweru Muriithi, Owen Ngumi and Catherine K. Mumiukha**

Department of Psychology, Counselling and Educational Foundations, Egerton University, P.o. Box 536 Egerton

ARTICLE INFO

Article History:

Received 15th February, 2019
Received in revised form
20th March, 2019
Accepted 07th April, 2019
Published online 30th May, 2019

Key Words:

Addiction Counsellors, Recovering Alcoholics', Characteristics, Competencies, Rehabilitation.

*Corresponding author:

Copyright © 2019, Waweru Muriithi et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Waweru Muriithi, Owen Ngumi and Catherine K. Mumiukha. 2019. "Relationship between addiction counsellors characteristics and development of competencies in rehabilitation facilities in central and nairobi regions, kenya..", *International Journal of Current Research*, 11, (05), 4162-4168.

ABSTRACT

The regaining of the social and personal competencies lost during the alcoholic's life is critical in the rehabilitation process and is instrumental in prevention of relapsing back into alcoholism. An understanding of how addiction counsellors characteristics influence the development of competencies among recovering alcoholics is therefore key to their reintegration into society. The range of competencies include specific skills and abilities to general constructs such as self-esteem that reflect an improved adjustment to deal with issues in the family, school, work and in society at large. The study adopted behavioural, Adlerian and person centred theories for its theoretical framework. The study employed the *ex-post-facto* correlational research design with an accessible population of 202 recovering alcoholics and 81 addiction counsellors in 17 rehabilitation facilities in Central and Nairobi regions employing the 12 step facilitation approach. Census sampling method was used for the addiction counsellors with the entire population participating in the study. A sample size of 134 respondents calculated using Yamane simplified formula was used for the recovering alcoholics. Data was collected using a structured questionnaire for the recovering alcoholics and addiction counsellors. The instruments were validated and adjustments done after the pilot study, while reliability was determined using the Cronbach's Alpha Coefficient at 0.860. The data was analysed using the IBM Statistical Package for Social Sciences (SPSS) version 22.0. Pearson correlations were used to test the relationship between the dependent variable (recovering alcoholics competencies) and the independent variable (addiction counsellors characteristics). Addiction counsellors characteristics were established to be statistically significant at $p=0.000<0.05$ with a strong positive association ($r=0.649$). The study recommends the need for rehabilitation centres engaging addiction counsellors' with better understanding of the rehabilitation process as well as strengthening counselling services in an attempt to improve recovering competencies of the alcoholics in their facilities.

INTRODUCTION

Alcohol uptake has diverse effects on the human body depending on the dosage and length of time elapsed during the drinking period (Christensen, 2014). The psychological effects include feelings of guilt, shame, a poor sense of self-esteem, depression or loneliness, levels of decreased awareness and increased relaxation with the drinker becoming talkative or outgoing (Gallon and Porter, 2012). People using alcohol as a coping strategy do so partly to obtain these effects but with buildup of tolerance through regular use, more and more alcohol is needed. At moderate doses, alcohol slows reaction time and impairs judgment, motor coordination of balance as well as eye-hand coordination (Witkiewitz and Masyn, 2008). At higher doses, alcohol impairs cognition, self-control and self-restraint leading to the drinker becoming emotionally unstable and overly aggressive (Arnedt, Conroy and Brower, 2007).

At very high doses, alcohol can diminish the sense of cold, pain and discomfort. It further causes dilation of the peripheral blood vessels which increases the amount of blood circulating through the skin making the drinker feel warmer and lose heat faster (Mwathi, 2013). According to Aissen (2013), addiction is the chronic, relapsing brain disease that is characterised by compulsive substance seeking and use despite the harmful consequences. Rassool (2008) indicated that there are certain social conditions responsible for the increase or decrease in a person's risk for addiction and substance abuse which include childhood and adolescent developmental factors that heighten a person's risk for addiction. These factors include weak family structures, ongoing childhood emotional trauma, poor school performance, peer group pressures, growing up in high crime neighborhoods, observing one or more family members engage in substance abuse, having too much free time and lack of age appropriate activities (White and Miller, 2007).

The characteristics of the counsellors are critical within the context of rehabilitation of the recovering alcoholics. The core of the rehabilitation efforts lies with the alcoholics' realisation that they are ruled by self-destructive habits and that they need to own up to the addictions in a confidential and non-judgmental atmosphere that is free from shame and embarrassment (Brower *et al.*, 2013). Counsellors play a critical role in the provision of an enabling environment for the recovery to take place. In this context, the competency and training of the counsellors is key in formation of relationships and carrying out the strategies that help recovering alcoholics move from life threatening addiction to life-affirming recovery (Githae, 2015). The counsellors must provide a basic understanding of addiction that includes knowledge of current models and theories, appreciation of the multiple contexts within which alcohol abuse occurs and awareness of the effects of alcohol use. The addiction counsellors must also demonstrate knowledge about the continuum of care and the social contexts affecting the treatment and recovery process, as well as ability to identify a variety of helping strategies that can be tailored to meet the needs of the alcoholic (Koszycki, Raab, Aldosary and Bradwejn, 2014). Each counselling professional must be prepared to adapt to an ever changing set of challenges and constraints. White and Miller (2007) assert that counsellors bring their human qualities and experiences that have influenced them in making their input one of the most powerful influences in the therapeutic process. The development of effective practices in alcohol addictions depend on the presence of attitudes that reflect openness to alternative approaches, appreciation of diversity and willingness to change.

As alcoholism progresses in to the alcoholic's life, negative psychological and physical attributes manifests themselves in a manner that the alcoholic cannot sustain a normal social and economic life in the community he or she belongs. These negative psychological and physical attributes manifests themselves in personal self-destructive behaviour personally and socially, denial of current and future consequences, decreased levels of functioning and negatively impacting families and friends as the cyclical patterns of addiction continue (Pabian, 2014). The regaining of the psychological competencies lost during the alcoholic's life is critical in the rehabilitated alcoholic from lapsing back into alcoholism. The rehabilitation process therefore seeks to empower the alcoholic to possess normal functioning human skills for the social, spiritual and economic life (McLeod, 2013). In this context, one of the most important human skills is the ability to use judgment and make choices and decisions both at personal and interpersonal levels, which in turn affects quality of life (Pagano, Post and Johnson, 2010). Even more critical, is the aspect of recovering alcoholic developing skills that prevent lapsing back to alcoholism. The recovering alcoholic must therefore develop competencies that can support or help develop certain behaviours for both short-term adaptations and longer-term developmental progress (Scarborough, 2012). These competencies range from specific skills and abilities to general constructs such as self-esteem. Development of appropriate social and personal competencies among recovering alcoholics reflect their improved adjustment to deal with issues in the family, school, work and in society at large (Aissen, 2013). The regaining of the psychological competencies lost during the alcoholic's life is critical in the rehabilitation process and may prevent lapsing back into alcoholism.

The rehabilitation process therefore seeks to empower the alcoholic to possess normal functioning human skills for the social, spiritual and economic life (McLeod, 2013). In this context, one of the most important human skills is the ability to use judgment and make choices and decisions both at personal and interpersonal levels, which in turn affects quality of life. These competencies range from specific skills and abilities to general constructs such as self-esteem. Development of appropriate social and personal competencies among recovering alcoholics reflect their improved adjustment to deal with issues in the family, school, work and in society at large (Aissen, 2013).

Objective of the study: To determine the relationship between the addiction counsellors' characteristics and development of recovering alcoholics' competencies in rehabilitation facilities in Central and Nairobi regions.

Hypothesis of the study: There is no statistically significant relationship between the addiction counsellors' characteristics and development of recovering alcoholics' competencies in rehabilitation facilities in Central and Nairobi regions.

Literature Review

Concept of Alcohol Addiction: Alcohol addiction occurs when a person continues to use alcohol in the face of diverse effects on his or her health or life often despite repeated attempts to stop (Aissen, 2013). Addiction is not all physical but has a psychological dimension where individuals find themselves craving or hungering for alcohol and its effects even when they are not physically dependent (Brower, *et al.*, 2013). This usually results from the powerfully rewarding effects that alcohol produces. Addiction is characterised by an inability to consistently abstain, impairment in behavioural control and craving, diminished recognition of significant problems with one's behaviours and interpersonal relationships and a dysfunctional emotional response (Gabhainn, 2003).

Addiction Counsellors' Characteristics: The addiction counsellors' characteristics are critical in the development of the recovering alcoholics, competencies (Erickson, 2009). The effectiveness of addiction counsellors requires concrete methods for appropriately assessing clients and conceptualising the problems associated with each individual. A strong theoretical base is paramount for addiction professionals to accurately determine the needs of their clients and outline possible directions for treatment. An addiction counsellor must utilise his or her own experience and education to device which therapeutic approach would be the most beneficial and effective for each recovering alcoholic (Association for Addiction Professionals, 2009). Diverse counsellor characteristics such as attitude, background knowledge, experience and counselling skills specific to addictions all contribute to effective addiction counselling and positive client outcomes (Gabhainn, 2003). Other counsellor qualities such as personality, interpersonal functioning and professional beliefs have also been found to be critical in the development of recovering alcoholic competencies (Pabian, 2014). Mwathi (2013), indicates that counselling work is often emotionally draining calling for the need by counsellors to have coping mechanisms and traits. Mercer and Woody (1999), assert that addiction counselling gives the recovering alcoholic coping strategies and tools for recovery and promotes the 12-step ideology and participation.

The main objective of addiction counselling is to assist the addict in achieving and maintaining abstinence from addictive chemicals and behaviours. The secondary goal is helping the addict recover from the damage the addiction has caused in his or her life. Addiction counselling works by first helping the patient recognise the existence of a problem and the associated irrational thinking. The recovering alcoholic is then encouraged to achieve and maintain abstinence and then move towards developing the necessary psychosocial skills and spiritual development to continue in recovery as a lifelong process. Addiction counsellors must therefore have personal drive and motivating factors to enable them cope with this emotionally demanding role (Mcveigh, 2012).

Development of Social and Personal Competencies in Addiction Clients: Competence is viewed as an integrative concept which refers broadly to an ability to develop adaptive responses to demands and capitalise on opportunities in the environment. The competent individual is one who is able to make use of environmental and personal resources to achieve a good developmental outcome. The possibilities range from specific skills and abilities to general constructs such as self-esteem. Social and personal competencies reflect adjustment of the alcoholic to deal with issues in the family, school, and work and in society at large. The focus on social competence is on particular aspects such as empathy, self-control, trust and respect for other people (Maside, 2011). In recent years, the study of social competencies has received increased attention from policy makers and social scientists across disciplines, partly due to increased concerns about the lack or erosion of social competencies in modern society (Odera, 2013).

Competencies are not considered innate but must be developed overtime in order to develop and improve performance and continue throughout a person's life (Roozen, Blaauw and Meyers, 2009). Competency is also achieved through training and supervision from knowledgeable instructors and supervisors who in this study are the addiction counsellors (Kivlahan, 2013). This is achieved by the recovering alcoholic engaging in a journey of knowing and improving oneself. This involves seeking personal therapy, pursuing other healthy life activities and being honest about ones needs, shortcomings, fears and failures (Brown, Emrick and Glaser, 2012).

METHODOLOGY

Ex-post- facto correlational research design was adopted targeting an accessible population of 202 recovering alcoholics and 81 addiction counsellors in 17 rehabilitation facilities in Central and Nairobi regions employing the 12 step facilitation approach. Census sampling was used for addiction counsellors while Yamane simplified formula for the recovering alcoholics, yielding 134 respondents. Data was collected using structured questionnaires and instruments validated and adjustments done after the pilot study. Reliability was determined using Cronbach's Alpha coefficient that yielded 0.747. Pearson correlation tested the relationship between the independent and dependent variables.

FINDINGS AND DISCUSSIONS

Descriptive Statistics for Addiction Counsellors' Characteristics: The study sought to establish the relationship between addiction counsellors' characteristics and development of recovering alcoholics' competencies in

rehabilitation facilities. Various indicators including understanding of alcoholic social-economic background, diverse effects of alcoholism, recognition of family/social networks role and understanding diverse strategies for treatment were used. Additionally, tailoring treatment to needs, measurement of treatment output, understanding of importance of self-awareness, understanding the need for continuing education, counsellor's attitude and group discussion facilitation were other indicators used. Table 1 contains the results of this examination. The results displayed in Table 1 indicate that the aspect of understanding the alcoholic's social economic background and its contribution to alcoholism achieved a mean of 3.76 and a standard deviation of 0.872. The mean of 3.76 implies that the respondents on average tended to agree that the understanding by addiction counsellors of the alcoholic's social economic background and its contribution to alcoholism was achieved during their stay in rehabilitation. This is further evidenced by a cumulative percentage of 70.9% of the respondents who chose the strongly agree and agree metrics respectively. A standard deviation of 0.872 indicated a moderate score spread from the mean implying a moderate consensus amongst the respondents in respect to the achieved average mean.

This can be attributed to significant scores of respondents who were undecided, those that disagreed and strongly disagreed with the metric at 15.5%, 8.6% and 5.1% respectively. The results achieved in respect to this indicator was consistent with those of Koszycki et al. (2014), that outline the need for counsellors in providing a basic understanding of the concept of addiction that includes knowledge of current models and theories, an appreciation of the multiple contexts within which alcohol abuse occurs and an awareness of the effects of alcohol use. These findings are further supported by Cromin (2013), that indicate the need for recovering alcoholics to become aware of destructive patterns of alcohol use and acknowledge the loss of control over their drinking as they eventually learn to understand that recovery is a lifelong process. The U.S Department of Health and Human Services (2011), identifies a key competency that addiction counsellors must have, which is the ability to recognise the social, political, economic and cultural contexts within which addiction and substance abuse exist. This includes risk and resiliency factors that characterise individuals and groups and their living environments. The findings are congruent with the Adlerian theory which places focus on the understanding of the whole person within their socially embedded contexts of family, culture, school and work (Kuria, 2015).

This individual's awareness on the part of the addiction counsellor helps shape their understanding of the human community and how the alcoholic interacts with the social world (Association for Addiction Professionals, 2009). The indicator on recognition of the importance of family, social networks and community systems in the treatment and recovery process by addiction counsellors posted a mean of 4.05 and a standard deviation of 0.871. The mean of 4.05 implied that the respondents on average tended to agree on recognition of the importance of family, social networks and community systems in the treatment by addiction counsellors having been achieved during rehabilitation. This is further evidenced by a relatively high score of 80.0% in respect to the respondents who were in agreement as opposed 10.3%, 4.6% and 5.1% of the respondents who were uncertain, disagreed and strongly disagreed respectively.

Table 1. Frequency Distributions of Addiction Counsellors' Characteristics

	Percentages and Frequencies						Mean	Std.Dev.
	SA	A	U	D	SD			
Understanding of the alcoholic's social economic background and its contribution to my alcoholism	24.0%	46.9%	15.4%	8.6%	5.1%	3.76	0.872	
Recognition of the importance of family, social networks, and community systems in the treatment and recovery process.	39.4%	40.6%	10.3%	4.6%	5.1%	4.05	0.871	
An understanding of a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.	39.4%	36.6%	14.3%	5.7%	4.0%	4.02	0.864	
Tailoring helping strategies and treatment modalities to the alcoholics' stage of dependence, change, or recovery.	29.1%	42.9%	16.6%	8.0%	3.4%	3.86	0.836	
Understand the need for and the use of methods for measuring treatment outcome.	26.3%	44.6%	16.6%	4.6%	8.0%	3.77	0.933	
Understand the importance of self-awareness in one's personal, professional, and cultural life.	36.0%	43.4%	12.6%	4.6%	3.4%	4.04	0.791	
Understand the importance of on-going supervision and continuing education in the delivery of client services	26.3%	46.3%	16.0%	8.0%	3.4%	3.84	0.816	
The counsellor's facilitation model among the group discussions	29.1%	41.7%	15.4%	7.4%	6.3%	3.80	0.930	
	51	73	27	13	11			

Table 2. Relationship between Addiction Counsellor Characteristics and Development of Recovering Alcoholics Competencies in Rehabilitation Facilities

Addiction Counsellor Characteristics	Recovering Alcoholics Competencies	
	Pearson Correlation	
		0.649
	Sig. (1 Tailed)	0.000

$r = .649$, Significance at .05

These findings are consistent Gwinnell and Adamec (2006), that highlight the importance of the attitude of significant others in the alcoholic's life that includes family, friends and society in general. The findings agree with Wasserman et al. (2001), who observes that individuals with a social network that comprises of members who are against substance use and who report more support for maintaining abstinence are more likely to achieve and sustain remission during and after rehabilitation. Githae (2015), argues that a supportive family is the strongest source of identity and social support for recovering alcoholics and is associated with better prognosis and successful rehabilitation efforts. The level of family support in the recovery process is important, since alcoholism often destroys critical family relationships due to violence, marital satisfaction inadequacies, economic challenges and general family happiness (Peter, 2015).

The understanding by addiction counsellors of a variety of helping strategies for reducing negative effects of substance abuse and dependence was noted as a significant characteristic by respondents in the rehabilitation centres. In this context, the indicator scored a mean of 4.02 and a standard deviation of 0.864. The mean score of 4.02 in a five point likert scale indicated that the respondents on average agreed on the need for addiction counsellors possessing a broad perspective on helping strategies for reducing the negative effects of substance use and abuse. A notable number of respondents however reported sentiments of being uncertain, disagreeing and strongly disagreeing that stood at 14.3%, 5.7% and 4.0% respectively. These findings are consistent with Koszycki et al. (2014), which outline the importance of addiction counsellors being able to demonstrate knowledge about the continuum of care and the social contexts affecting the treatment and recovery process, as well as the ability to identify a variety of helping strategies that can be tailored to meet the needs of the alcoholic. The U.S Department of Health and Human Services (2011), identifies a key competence for addiction counsellors to develop an understanding of a variety of models and theories of addiction and other problems related to substance use.

This competence requires the addiction counsellors be knowledgeable on concepts of different addiction theories as well as their applicability in diverse scenarios (ibid). The study established that the respondents agreed that tailoring helping strategies and treatment modalities to the alcoholics' stage of dependence, change or recovery was an important trait of the addiction counsellors during rehabilitation. In this context, the indicator posted a mean of 3.86 and a standard deviation of 0.864. Most of the respondents (42.9%) were inclined to agreeing closely followed by those who were inclined to strongly agree (29.1%) on the same. The standard deviation of 0.864 implied a moderate consensus in respect to the achieved mean. The findings agree with the U.S Department of Health and Human Services (2011), on the importance of addiction counsellors being able to adapt their practice to fit a wide range of treatment settings and modalities when dealing with recovering alcoholics. Gabhainn (2003), observes that diverse counsellor characteristics such as attitude, background knowledge, experience and counselling skills specific to addictions contribute to effective addiction counselling and positive client outcomes. These findings are consistent with observations by Erickson (2009), who indicates that competence of recovering alcoholics is aided through the action of supervisors, who in this case are the addiction counsellors who watch, listen and talk to the recovering alcoholic during therapy as well as applying therapy techniques and strategies that involve practice and feedback. These findings are congruent with Charles et al.(2003), which note that the ability of "speaking the client's language" is the skill of "marking and utilizing clients" words and phrases as a way to facilitate therapeutic conversation. These findings further concur with the goal of Adlerian therapy that seek to help recovering alcoholics develop a more adaptive lifestyle. This is accomplished when the therapist helps clients develop insight into the "basic mistakes" deeply held in their lifestyle. Once this insight is attained, clients are naturally motivated to change in positive ways (Corey, 2009). The understanding by addiction counsellors on the need to use methods for measuring treatment outcomes scored a mean of 3.77 and a standard deviation of 0.933.

The relatively high mean implied a tendency for the respondents to agree on average in respect to the metric and a moderate standard deviation implied a moderate consensus on the mean. This is further illustrated by the frequency distribution of 23.6% and 44.6% of the respondents who indicated strongly agree and agree respectively. There were however a notable number of respondents, who were uncertain, disagreed and strongly disagreed that stood at 16.6%, 4.6% and 8.0% respectively. The results achieved in respect to this indicator was consistent with those of Reading (2009), which places addiction counsellors in a better position of appreciating the obstacles that alcoholics face as well as the strength of thought processes that often results in relapses. Recovering addiction counsellors are often in a position of challenging poorly thought-out intervention strategies and question assumptions and judgments regarding change when dealing with clients (ibid).

Results presented in table 1 revealed that understanding the importance of self-awareness in one's personal, professional and cultural life was an integral characteristic for addiction counsellors, achieving a mean of 4.04 and a standard deviation of 0.791 respectively. This can further be illustrated by the frequency distribution scores of 36.0% and 43.4% of the respondents who indicated strongly agree and agree respectively. This implied that the respondents on average agreed that an appreciation by counsellors on the role of self-awareness in a recovering alcoholics' life helped improve on their competencies during the rehabilitation programme. The findings in respect to this indicator are consistent with Cromin (2013), that contend that the concern for alcoholics by counsellors is on specific skills and abilities to general constructs such as self-esteem which can support the ability in clients to develop certain behaviours for both short-term adaptations and long-term developmental progress. The findings agree with Cloete (2014), who points out that the essence of person-centered therapy on counsellor characteristics in promoting competencies and the role of helping clients recapture their natural propensity for growth. Person centered theory views the addiction counsellor and recovering alcoholic relationship as an empowering one where the addiction counsellor helps the recovering alcoholic discover his strengths and optimise them towards self-actualization during the rehabilitation process (ibid). The focus is therefore on social competence, particularly on aspects such as empathy, self-control, trust and respect for other people (Masinde, 2011). These competencies are not considered innate but must be developed overtime in order to develop and improve performance and continue throughout a person's life (Roosen *et al.*, 2009).

In respect to the understanding by addiction counsellors on the importance of ongoing supervision and continuing education in the delivery of services, a mean and standard deviation of 3.84 and 0.816 respectively was achieved. This can further be illustrated through scores of 23.6% and 46.3% of the respondents who strongly agreed and agreed respectively. The respondents on average tended to agree with the understanding by addiction counsellors that ongoing supervision and education helped improve on their service delivery and build on the competence of clients in rehabilitation. These results resonate with findings by Kivlahan (2013) who observes that competency among recovering alcoholics' is achieved through training and supervision from knowledgeable instructors and supervisors who are the addiction counsellors.

This is made possible by the recovering alcoholic engaging in a journey of knowing and improving on oneself. The findings are consistent with Coombs and Howatt (2005), who highlight on the role that education and learning plays for the lifelong development of any person and go on to assert that addiction counsellors assist recovering alcoholics move forward by developing healthy activities in place of their former addiction. The findings resonate with Mcveigh (2012), who observes that behaviour therapy being action oriented, embraces an educational approach where learning is viewed as being at the core of therapy. The recovering alcoholic may therefore learn new and adaptive behaviours to replace old and maladaptive ones. The addiction counsellors facilitation model among the group discussions scored a mean of 3.80 and a standard deviation of 0.930 respectively. The relatively high mean implied a tendency for the respondents to agree on average to the metric and a moderate standard deviation implied a moderate consensus to the mean. This is further illustrated by the frequency distribution of 29.1% and 41.7% of the respondents who indicated strongly agree and agree respectively. The findings of this indicator are consistent with those of Crape *et al.* (2002), that point out on the essence of engaging in helping activities in improving the recovering alcoholics' self-esteem and social standing. These activities were also noted to strengthen their social network and providing a model for successful commitment to living a sober lifestyle after discharge from the rehabilitation facility (ibid). The findings agree with Adlerian theorists who do not view clients as being sick and in need of being cured, but favour the growth model of personality more than the sickness model (Basche, 2014). The counselling process places emphasis in the provision of information, teaching, guiding and offering encouragement to discouraged clients (ibid).

Relationship between the Addiction Counsellor Characteristics and Development of Recovering Alcoholics:

The study sought to determine whether there was a relationship between the addiction counsellor characteristics and development of recovering alcoholics' competencies in rehabilitation facilities. The characteristics of the addiction counsellors are critical within the context of rehabilitation of the recovering alcoholics. Counsellors play a critical role in the provision of an enabling environment for the recovery to take place. The relationship between addiction counsellor characteristics and recovering alcoholics competencies was determined using Pearsons correlation coefficient. All tests were done at coefficient alpha (α) equal to 0.05. Table 2 summarizes the results. As indicated in Table 2, the Pearsons correlation coefficient yielded an r value of .649 and a p value of .000. On the basis of $p < .05$, the null hypothesis that stated that there was no statistically significant relationship between the addiction counsellor characteristics and development of recovering alcoholics' competencies in rehabilitation facilities was rejected. This implied that a statistically significant relationship exists between addiction counsellor characteristics and recovering alcoholic competencies. Table 2 above confirms that development of competencies among recovering alcoholics is positively and strongly associated with the addiction counsellor characteristics at a confidence level of 95% ($p=0.000<.05$). The strong positive association between development of competencies and addiction counsellor characteristics indicated that when favourable addiction counsellor characteristics increase, development of competencies among recovering alcoholics is likely to increase.

These findings are supported by goals of Adlerian therapy that seek to help recovering alcoholics develop a more adaptive lifestyle when the therapist helps clients develop insight into the “basic mistakes” deeply held in their lifestyle that lead to alcohol addiction. Once this insight is attained, recovering alcoholics are naturally motivated to change in positive ways (Corey, 2009). Person-centered therapy on the other hand agrees on the importance of counsellor characteristics in promoting competencies, underscoring the importance of their role of assisting recovering alcoholics rediscover their natural propensity for growth. According to person centred therapy, this may be accomplished by establishing a therapeutic relationship characterised by the therapist’s congruence or genuineness and unconditional positive regard (Mjwara, 2013). Behavioural theorists on the other hand place emphasis on the relationship between the recovering alcoholic and addiction counsellor that offers support to the alcoholic through difficult times of change and discomfort. This leads to development of social and personal competencies that were previously not well organised in the recovering alcoholic during rehabilitation (Mwathi, 2013). This hypothesis has therefore been supported by the findings by Mercer and Woody (1999), which indicate that addiction counselling gives the recovering alcoholic coping strategies and tools for recovery and promotes the 12-step ideology and participation. The findings also resonate with the U.S Department of Health and Human Services (2011), that indicate the prospect for a good outcome for the recovering alcoholic is highly dependent on the quality of the relationship association established with the counsellor. The study findings are further supported by Reading (2009), who contends that the observable presence of recovering addiction counsellors tends to reassure recovering alcoholics that they are under the care of persons that understand their needs and are capable of providing realistic help. This further reassures the recovering alcoholic of the possibility of identifying with the recovering therapist and consequently begins to shape their own behaviour based on the success of what they observe (ibid). Adams and Warren (2010), further indicate that the connections established between addiction counsellors and recovering alcoholics are critical not only in building up the reputation of the rehabilitation process, but in improving the relationship and referral of recovering alcoholics who require assistance from other service providers. Masinde (2011), observes that behavioural theorists place emphasis on the relationship between the alcoholic and counsellor which then offers support to the alcoholic through difficult times of change and discomfort.

Conclusion

The study concluded that addiction counsellors’ characteristics has a strong significant influence in contributing to development of competencies among recovering alcoholics. Addiction counsellors’ with better understanding of the rehabilitation concept as well as better understanding of the alcoholics in terms of personal, professional and cultural life, would improve the recovering competencies of the alcoholics they counsel.

Recommendation: With the realization that characteristics of addiction counsellor characteristics play a crucial role during the recovery process, the study recommends the need for rehabilitation centres engaging addiction counsellors’ with better understanding of the rehabilitation process as well as strengthening counselling services in an attempt to improve

recovering competencies of the alcoholics in their facilities. Nacada, the Kenya Counselling Association among other stakeholders need to organise workshops and conferences in order to exchange ideas on how to strengthen counselling services in rehabilitation facilities.

REFERENCES

- Adams, P.J. and Warren, H. 2010. Responding to the Risks Associated with the Relapse of Recovering Staff Members within Addiction Services Substance use and Misuse, 45:951–967. Informa Healthcare USA, Inc.
- Aissen, K. A. 2013. Personal Factors Influencing Impaired Professionals’ Recovery from Addiction. *International Journal of Humanities and Social Sciences*, 2(4), 45–54.
- Arnedt, J. T., Conroy, D. A. and Brower, K. J. 2007. Treatment Options for Sleep Disturbances during Alcohol Recovery. *Journal of Addictive Diseases*, 26(4), 41–54.
- Association for Addiction Professionals 2009. *The Basics of Addiction Counseling: Desk Reference and Study Guide Module II: Addiction Counseling Theories, Practices and Skills*. NAADAC, Alexandria, VA.
- Basche, F. 2014. Core Competencies in Behavioral Health. *The American Journal of Drug and Alcohol Abuse*, 1(2), 74–79.
- Based Recovery Support Services. *IOSR Journal of Humanities and Social Science*, 2(3), 54–59.
- Brower, K. J., Aldrich, M. S., Robinson, E. A. R., Zucker, R. A., and Greden, J. F. 2013. Insomnia, Self-medication, and Relapse to Alcoholism. *American Journal of Psychiatry*, 158(3), 399–404
- Brown, S., Emrick, C., and Glaser, F. 2012. Research on Alcoholics Anonymous: Opportunities and Alternative Conferences. *Journal for Family and Community Ministries*, 2(4), 98–110.
- Charles, L. L., Suranski, E., Barber-Stephens, B., Allen, L., Ticheli, M., and Tonore, G. L. 2003. ‘Speaking the Language of the Client’: Bridging the Gaps in Understanding. *Journal of Systemic Therapies*, 22(3), 54–66. doi:10.1521/jsyt.22.3.54.23358.
- Christensen, P. A. 2014. Alcoholism and Masculinity in Japan. *Journal of Studies of Alcohol and Drugs*, 2(3), 49–54.
- Cloete, N. 2014. Spouses’ Experience of a Shared Alcohol Rehabilitation Involvement: An Interpretative Phenomenological Analysis. *International Journal of Advanced Research*, 2(3), 49–52.
- Coombs R.H. and Howatt W.A. 2005. *The Addiction Counselor’s Desk Reference*. John Wiley and Sons, Inc. New Jersey.
- Corey, G. 2009. *Theory and Practice of Counseling and Psychotherapy*. California: Thomson Higher Education. Counseling-Competencies/SMA15-4171
- Crape, B.L., Latkin C.A., Laris, A.S. and Knowlton, A.R. 2002. The effects of sponsorship in 12-step treatment of injection drug users. *Drug, Alcohol and Dependency*. 65:291–301.
- Cromin, J. 2013. Impulsivity and Self Esteem as Predictors of Alcohol Use among Irish Adults. *IOSR Journal Of Humanities And Social Science Ver. 1, 4(9)*, 1689–1699.
- Erickson, E. 2009. Addiction Counselling Self-Efficacy, Job Satisfaction, Motivation and Burnout: A Mixed Methods Study. *Journal of Educational Psychology*, 2(3), 154–160.
- Gabhainn, S. N. 2003. Assessing Sobriety and Successful Membership of Alcoholics Anonymous. *Journal of Substance Use*, 8(1), 55–61.

- Gallon, S., and Porter, J. 2012. Performance Assessment Rubrics for the Addiction Counseling Competencies. *Journal of Humanities*, 1(3), 95–100.
- Githae, N. 2015. Relationship Between Family Expressed Emotion and Relapse Occurrence among Inpatient Alcoholics in Nairobi County, Kenya. *Journal for Family and Community Ministries*, 2(3), 74–84.
- Gwinnell, E. and Adamec C. 2006. *The Encyclopedia of Addictions and Addictive Behaviors*. Facts On File, Inc. New York.
- Kivlahan, D. 2013. Alcoholism, Alcohol Abuse, and Health in American Indians and Alaska Natives. *The American Journal of Drug and Alcohol Abuse*, 2(3), 54–62.
- Koszycki, D., Raab, K., Aldosary, F., and Bradwejn, J. 2014. A Multifaith Spiritually Based Intervention for Generalized Anxiety Disorder: A Pilot Randomized Trial. *Journal of Clinical Psychology*, 5(4), 430–441.
- Kuria, M. 2015. Cost Effectiveness of Community Based and Institution Based Detoxification and Rehabilitation of Alcohol Dependent Persons in Kenya. *IOSR Journal of Humanities and Social Science*, 2(3), 104–109.
- Masinde, W. 2011. Effects of Illicit Brew Drinking and Intervention Measures on Unemployed Youth in Bungoma County, Kenya. *Journal for Family and Community Ministries*, 2(3), 54–60.
- McLeod, J. 2013. Alcoholic Women in Recovery; A Phenomenological Inquiry of Spirituality and Recidivism Prevention. *Journal of Addictive Diseases*, 2(9), 742–749.
- Mcveigh, A. K. 2012. Spirituality in Practice; An Exploration into Narrative Practitioners' Approaches to Addressing Spirituality in Counselling Practices. *Journal of Alcohol and Drug Education*, 2(1), 110–115.
- Mercer, D. E. and Woody, G.E. 1999. *Individual Drug Counseling : Therapy Manuals for Drug Addiction Series*. U.S. Department of Health and Human Services, Rockville, Maryland
- Mwathi, B. 2013. Relationship Between Emotional Intelligence and Job Performance among Service Providers in Rehabilitation Schools in Kenya. *IOSR Journal of Humanities and Social Science*, 2(2), 219–229.
- Mjwara, H. 2013. Exploring the Parent Child Relationship in Youth Abusing Alcohol. *IOSR Journal of Humanities and Social Science*, 2(3), 154–160.
- Odera, T. 2013. Effectiveness of Rehabilitation Programmes on Juvenile Delinquents in Kenya. *Journal Nordic Studies on Alcohol and Drugs*, 2(3), 89–99.
- Pabian, Y. L. 2014. The Impact of Substance Abuse Training and Support on Psychologists' Functioning as Alcohol and Drug Counselors. *The International Journal of Alcohol and Drug Research*, 1(2), 110–121.
- Pagano, M. E., Post, S. G., and Johnson, S. M. 2010. Alcoholics Anonymous-Related Helping and the Helper Therapy Principle. *Alcoholism Treatment Quarterly*, 2(3), 23–34.
- Peter, R. 2015. Attachment, Locus of Control and Romantic Intimacy in Adult Children of Alcoholics; A Correlational Investigation. *International Journal of High Risk Behaviors and Addiction*, 1(2), 87–93.
- Rassool, G. H. 2008. Alcohol and Drug Misuse. *Journal of Clinical Psychology*, 1(2), 47–54.
- Reading, B. 2009. Origami in a Thunderstorm: The Future of Relationally-Oriented Addictions Counselling in Contemporary Britain. *Psychodynamic Practice Vol. 15, No. 4, November 2009*, 395–404.
- Roosen, H. G., Blaauw, E. and Meyers, R. J. 2009. Advances in Management of Alcohol Use Disorders and Intimate Partner Violence: Community Reinforcement and Family Training. *Psychiatry, Psychology and Law*, 16(sup1), S74–S80. <https://doi.org/10.1080/13218710802549456>.
- Scarborough, S. H. 2012. Related Offenses : Contracts for the Delivery of Authentic Peer
- U.S Department of Health and Human Services. 2011. *TAP 21: Addiction Counseling Competencies*. Retrieved from <http://store.samhsa.gov/product/TAP-21-Addiction->
- Wasserman, D.A., Stewart, A.L. and Delucchi, K.L. 2001. Social Support and Abstinence from Opiates and Cocaine during Opioid Maintenance Treatment. *Drug Alcohol Dependency*. 65:65–75.
- White, W. L., and Miller, W. R. (2007). The Use of Confrontation in Addiction Treatment: History, Science and Time for Change. *Counselor*, 8(4), 12–30.
- Witkiewitz, K., and Masyn, K. E. 2008. Drinking Trajectories Following an Initial Lapse. *Psychology of Addictive Behaviors*, 22(2), 157–167. <https://doi.org/10.1037/0893-164X.22.2.157>
