

Research Article

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Effects of counselling intervention on management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County

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Jepkorir Chewen, Jennifer Munyua & Paul Ogula

Department of Postgraduate Studies, Faculty of Arts, Science and Social Sciences, The Catholic University of Eastern Africa, Kenya

Correspondence: betty.chewen@gmail.com

 <https://orcid.org/0000-0002-4493-5911>

Abstract

The purpose of counselling is to facilitate self-knowledge, emotional acceptance, growth and optimal development of personal resources. Counselling is one of the strategies used as intervention in managing human behaviour. This paper examines the effects of counselling intervention on the management of adolescents' risky behaviours in therapeutic communities based on a study in Uasin Gishu County, Kenya. The study was guided by Reality theory. A sequential embedded mixed methods research design was used. The quantitative segment used ex post facto design and qualitative strand was phenomenological. The target population comprised all adolescents and counsellors in therapeutic communities located in Uasin Gishu. Out of the 6 therapeutic communities in Uasin Gishu, 4 were purposively selected to take part in the study. The total population was 270, comprising 240 clients, 12 counsellors, 8 recoverees and 10 sports trainers. Probability sampling was used to select 80 adolescents to take part in the study. Census approach was employed to select all the 12 counsellors, 10 sports trainers and 8 recoverees. Data was collected using adolescents' questionnaires, and interview guide for the counsellors, recreational activities trainers, and recoverees. Moreover, document analysis guide was used to collect information and included therapeutic communities' records from counsellors and client intake information. The study employed both quantitative and qualitative methods to analyse and interpret data. Data involving descriptive statistics included percentages, means, standard deviation and frequencies. Analysis of Variance (ANOVA) was employed to test the hypotheses. The study established that all forms of counselling (individual, group and family therapy) had an effect on management of adolescents' risky behaviour ($F=2.132$; $p=0.017$). Therefore, it is important to integrate all three forms of counselling interventions when dealing with adolescents' risky behaviour.

Keywords: counselling intervention, therapeutic communities, adolescents, risky behaviour

1.0 Introduction

Counselling is the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance, growth and optimal development of personal resources. It includes life skills training (LST) as 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 through self-awareness skills such as stress management techniques, interpersonal and decision-making meetings, among others, 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 improved healthy life, and as a result, help clients to attain a physical, psychological and social wellbeing is attained (Moshki, Hassanzade & Taymoori, 2014). Holmes *et al.* (2019) note that neighbourhood resources and opportunities can protect against unhealthy risk taking by increasing structures and support, particularly for at-risk youth. Providing access to high-quality, teen friendly health can reduce, prevent and mitigate the effect of unhealthy and risky behaviours.

Younusi, Khazan, Jani and Mahdizadel (2017) aver that during counselling such theories as reality therapy have been used to modify attitudinal and behavioural problems such as indiscipline, self-concept, self-efficacy, bullying, absenteeism, late coming truancy, stress, anxiety and depression. This was observed in addicted boys aged 20 years and the elderly at Aramesh Mental Health Centre Management in Iran. To deal with self-esteem, one of the reality therapy techniques is to improve the client's sense of responsibility. The main objective of reality therapy, according to Glasser (1965), is to create responsible behaviour in clients.

Çitak and Yazici (2022) carried out a study on risky behaviours of high school students and school counsellors' interventions in Turkey. The study used mixed methods research design, and collected data 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 attempts, alcohol and other substance use were prevalent risky behaviours in high schools. The levels and frequency of these behaviours varied across school types. The preventive activities in the schools were generally based on informative seminars. 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 encounter several personal, institutional or legal obstacles when studying and designing interventions on risky behaviours. They also underscore the important role of counselling in management of risky behaviours among young people.

1.1 Counselling interventions for adolescents in therapeutic communities

A study in Canada by 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 that showed that cannabis use among adolescents was frequent in Canada, yet young people are largely uninformed on the its potential harms. 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. They recommend 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 experiments with cannabis goes on 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. Ofojebe and Nwana (2021) studied the counselling strategies for reducing substance abuse among secondary school students in Ogidi Education Zone of Anambra State, Nigeria. They define guidance and counselling as an education support service and a helping profession in charge of human development. Accordingly, counselling

achieves its goals through its three main pillars, namely educational, vocational and personal social guidance and counselling. The counsellor provides these services to the adolescents in order to guide and enhance their normal development and functionality in society. The school counsellor ensures normal development of these students and offers remedial strategies where necessary. 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 review study to evaluate the impact of rehab counselling on youths' drug abuse and addiction in Nigeria. 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 responses 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.

Nyamokitta, Wambulwa and Kimaiyo (2022) did a study on effectiveness of individual counselling services of substance abuse rehabilitee's behaviour change in Asumbi, Kenya. They noted that most substance users revert back 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 gauge 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) carried out a study on 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 drawn 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 ($P > 0.05$). The researchers concluded that the treatment offered at the centre 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).

Wanjeri (2018) studied the influence of psychological interventions on behaviour modification among juvenile delinquents in rehabilitation centres in Eldoret and Kakamega, Kenya. Descriptive and ex post facto research survey designs were used in 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.

In their study, 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 control (brief advice, usual care, or provision of self-help materials) when pharmacotherapy was not offered to any participants. Some less strong evidence underscored moderate outcomes of counselling when all participants received pharmacotherapy (nicotine replacement therapy). 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.

1.2 Problem Statement

The human developmental stage of adolescence is marked by diverse experiences that can be overwhelming for a young person. It is not surprising that adolescents exhibit more risky behaviours than any other developmental group. Previous research has shown that adolescents facing such challenges tend to indulge in risky and self-destructive behaviour (Fredlund, 2018; Damota, 2019). In developing countries like Kenya, within the home environment, parents are often too preoccupied with other important life engagements to fully respond to the challenges and risky behaviour of their adolescent children (Mastrotheodoros *et al.*, 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 many therapeutic communities that seek to rehabilitate adolescents. However, literature (Savatia, Simiyu & Nabiswa, 2020; Kurui, Adeli & Barasa 2021) seems to suggest that these facilities may not be as effective as required in achieving positive behaviour change. According to Muthomi and Muthee (2016), despite many programmes provided to reform such children, their rehabilitation remains inadequate. Therefore, the study evaluated the effect of counselling interventions on the management of adolescents' risky behaviours in therapeutic communities in Uasin Gishu County, Kenya.

2.0 Materials and Methods

The study was conducted in therapeutic communities located within Uasin Gishu County in Kenya. The research adopted a sequential embedded design with the mixed methods approach in which one data set provides a supportive, secondary role in a study based primarily on the other data type. 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 is no manipulation of the independent variable.

The choice of a qualitative phenomenological design was considered against the four other qualitative approaches and their primary focus. 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 (Creswell, 2013). As such, the application of a phenomenological approach in the present study provided the context from which psychosocial interventions and associated effect on adolescents' behaviour management could be explored. This was for purposes of triangulation.

The target population for the study comprised all adolescents (aged 11-17 years) with behaviour problems in therapeutic communities, all counsellors, care providers, sports trainers and recoverees helping clients in all the nine therapeutic communities located in Uasin Gishu County. The total population was 270, comprising 240 clients, 12 counsellors, 8 recoverees and 10 sports trainers. Probability sampling was used to select 80 adolescents to take part in the study. Census approach was employed to select all the 12 counsellors, 10 sports trainers and 8 recoverees. Data was collected using adolescents' questionnaires, and interview guide for the counsellors, recreational activities trainers, and recoverees. Moreover, document analysis guide was used to collect information and included therapeutic communities' records from counsellors and client intake information. The study employed both quantitative and qualitative methods to analyse and interpret data. Data

involving descriptive statistics included percentages, means, standard deviation and frequencies. Analysis of Variance (ANOVA) was employed to test the hypotheses.

3.0 Results and Discussion

The study investigated the relationship between counselling interventions and adolescents' risky behaviour in therapeutic communities. This was carried out using a set of fourteen items that were formulated. The statements were anchored on a five-point rating scale ranging from 5=larger extent, 4=large extent, 3=moderate extent, 2=small extent and 1-smaller extent. The relevant results were as presented in Table 1 below.

Table 1: Counselling Intervention and Adolescents' Risky Behaviour Management

Adolescents' Risky Behaviour Management	1 F(%)	2 F(%)	3 F(%)	4 F(%)	5 F(%)	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 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
Key: 1-Smaller extent; 2-Small extent; 3-Moderate extent 4-Large extent; 5-Larger extent							

Source: Field Data (2023)

The study investigated the extent to which talking to a counsellor alone helped the adolescents to stop bad habits. From the findings, 73.7% affirmed that individual counselling helped to a larger extent, 17.5% to a moderate extent and 8.8% to a small extent. On the item that talking to a counsellor alone helped the adolescent to control their anger, 61.3% indicated to a large extent, 26.3% to a moderate extent and 12.4% to a small extent. Finally, to the statement that talking to a counsellor alone helped the adolescent to learn how to communicate well 56.3% responded to a large extent, 35% to a moderate extent and 8.7% to a small extent. These results indicated that individual counselling helped the adolescents to manage risky behaviour to a larger extent.

The study also sought to find out whether talking with others in a group helped the adolescent think about their future. From the study results, most, 55(68.8%), of the adolescents stated that it helped to a large or larger extent. Meanwhile, 10(12.5%) indicated that talking with others in a group had, to a moderate extent, helped them learn to forgive and accept oneself. Majority, 51(63.8%), stated that, to a large or larger extent, and 13(16.3%) said to a moderate extent, talking with others in a group had helped them control their temper. The study also looked into whether group counselling helped adolescents manage risky behaviour and 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. In their responses, most, 44(55.0%), of the adolescents indicated to a large or larger extent, 17(21.3%) stated to moderate extent. On the statement that talking with family members in a group helped to learn how to prevent relapse, 35(44.0%) indicated to a large or larger extent with 17(21.3%) stating moderate extent. The study asked if taking part in family therapy helped adolescents to learn the importance of family in behaviour. In their responses, 32(40.0%) said to a large or larger extent, 31(39.0%) stated to a small or smaller extent while 17(21.3%) stated sometimes. In addition, the study looked into the extent to which family counselling helped manage adolescent risky behaviour. The results showed that, 32.47% indicated 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 (Mean=3.87; S. Dev=1.117), group counselling (Mean=3.86; S.Dev=1.314) and family therapy (Mean=3.157; S. Dev=1.314) helped them manage risky behaviour. Overall, 59.21% of the respondents agreed that counselling helped them in management of risky behaviour, 20.44% were uncertain while 19.88% reported that counselling did not help them much in management of risky behaviour. The finding implied that counselling helped majority of the adolescents in therapeutic communities to manage risky behaviour. From the study, it was deduced that counselling helped majority of the adolescents in therapeutic communities to manage risky behaviour (Mean=3.629; S. Dev=1.294). Therefore, it was concluded that counselling was an effective way to manage adolescent risky behaviour in therapeutic communities.

Majority of the counsellors noted that family sessions played a very important role in the recovery of clients undergoing treatment. This finding was deduced from the remarks of one of the counsellors working in 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 01, FGD).

The study findings were in line with those of Rosalind, Johannes and Lucy (2019) who carried out a study on challenges facing juvenile delinquents' rehabilitation centres in Kenya. Their results indicated that counselling programmes was effective to a very little extent in the rehabilitation of juveniles (mean = 2.33). The security for learners and teachers in the centre had a moderate effect on juvenile rehabilitation (mean = 2.67). Parental support to teachers in moulding the learners had a very little effect (mean = 1.98). From the study findings, Rosalind *et al.* concluded that counselling programmes were perceived generally as effective and that clients had little breaks to participate in recreational activities.

Findings from the study were also in tandem with those of Prajapati, Sharma and Sharma (2016), who noted that life skills education is an effective psychosocial intervention undertaken carried through counselling to promote positive social and mental health for adolescents. According to these authors, life skills education 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 works by strengthening adolescents' abilities to rise up to the needs and demands of their society and be successful in life.

The findings were also in line with what Hosseinian and Nooripour (2019) found on effectiveness of mindfulness-based intervention on risky behaviour resilience tolerance in Iran. The study noted that adolescents and young adults undergo rapid physical growth that is emotionally challenging. Considering their age and subsequent lack of experience, adolescents struggle to cope with the demands of such growth. Under such pressures, adolescents may exhibit behavioural problems owing to stress. Hosseinian and Nooripour aver that psychosocial interventions provided to adolescents and young adults in juvenile correctional and rehabilitation

centres have profound impact on risky behaviour, resilience and distress tolerance. According to the study, life skills training can be used as a primary approach in relation to counselling young people.

The findings were also in support of Ngwu, Arop and Ekeng (2021) findings who reviewed a 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 those of Gikonyo (2017) who carried out a study on the effectiveness of counselling strategies and rehabilitation centres in curbing consumption of illicit brews in Laikipia County, Kenya. The study found that some of the strategies employed included cognitive therapy, psychoanalytic therapy and gestalt counselling strategy. 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.

3.1 Hypothesis Test Results

The study proposed and tested the hypothesis that there is no significant relationship between counselling interventions and management of adolescents' risky behaviour in therapeutic communities in Uasin Gishu County, Kenya. ANOVA test was carried out on the collected data and the results were as shown in Table 2.

Table 2: ANOVA Test Results

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 2 show that ANOVA was $F=2.132$ and p-value obtained was $p=0.017$, which was less than the level of significance at 0.05. Therefore, the researcher rejected the null hypothesis and concluded that counselling had an effect on adolescents' risky behaviour management in therapeutic communities. The alternative hypothesis was adopted, which clearly state that there is a significant relationship between counselling and management adolescent 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 rehabilitee's behaviour change in Asumbi. These scholars noted that most substance users revert to previous behaviours after rehabilitation due to insufficient psychological care. The findings indicated that individual counselling influenced positive behaviour change among substance abuse rehabilitees. In addition, 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.

4.0 Conclusion and Recommendations

Individual counselling is the most effective method for managing adolescents' risky behaviour in the context of therapeutic communities. From the study findings, it is evident that individual counselling helps adolescents to avoid bad habits, control my anger and learn good communication. Nevertheless, group counselling motivates adolescents to focus on their future, introspect and learn to forgive and accept oneself and control temper. Lastly, family therapy enhances effective communication, helps to prevent relapse, and helps adolescents to appreciate the importance of family in behaviour. Therefore, it is important to integrate all three forms of counselling interventions when dealing with adolescents' risky behaviour. Moreover, increasing the counselling sessions (individual, group and family counselling) carried out consistently can enhance effective management of adolescents' risky behaviour in therapeutic communities. The study further recommends that 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.

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