

Relationship Between Recovering Alcoholics Characteristics And Development Of Competencies In Rehabilitation Facilities In Central And Nairobi Regions

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ABSTRACT

The assessment of an alcoholic's commitment for his actions of abusing alcohol is a critical step in determining whether the person suffers from some kind of condition that weakens their capacity to

regulate their own actions. Addiction to alcohol weakens the capacity to align actions with a person's own assessment of issues. An understanding of how the characteristics of recovering alcoholics influence the development of their competencies during rehabilitation is therefore key to their reintegration into society. This study adopted behavioural, Adlerian and person centred theories as a theoretical framework, and 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 0.747. The data was analyzed 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 (alcoholics' characteristics). Recovering alcoholics competencies was established to be statistically significant at $p=0.000<0.05$ with a moderate positive association ($r=0.580$). The study established that salient indicators observed to facilitate development of competencies among the recovering alcoholics that would require focus during therapy include belief in God and other spirituality aspects, self-will to change and acceptance of alcoholic status as well as sharing of their story during group therapy. These factors may provide support and direction and aid in development of a resilient determination in life among recovering alcoholics.

Keywords: *Recovering Alcoholics, Characteristics, Competencies, Rehabilitation Facilities, Addiction Counsellors*

Introduction

Alcoholics are often characterized by diverse psychological and physical symptoms that affect their critical thinking, perceptions, attitudes and skills (Milton, 2014). As alcoholism progresses in the alcoholic's life, negative psychological and physical attributes manifest in the way that the alcoholic cannot sustain a normal social and economic life in the community he or she belongs to. These negative psychological and physical attributes manifest themselves in subjective personally and socially self-destructive behaviour, denial of existing and impending consequences, diminished levels of functioning and negatively impacting friends and

families as the recurrent forms of addiction remain (Pabian, 2014).

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 pressure, 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). There are diverse consequences of the alcohol abuse, including the ultimate price of alcoholism which is death. In this context, around 3 million or 5.1% of all the global deaths were attributed to alcohol consumption in the year 2016 (World Health Organization, 2018)

There are diverse alcoholism challenges and problems leading to the need for rehabilitation. Rehabilitation has been defined as the relearning or re-establishing of healthy functioning, skills, and values as well as regaining physical and emotional health (Musyoka, 2013). Kuria (2015), further notes that rehabilitation is meant to provide full or partial restoration of physical, psychological, or social function that has been damaged by a previous disease or condition through counselling. Alcoholism can be treated effectively if alcoholics can access treatment and rehabilitation services that are appropriate to their needs and of sufficient quality, intensity and duration (Hall, 2015). Substance Abuse and Mental Health Services Administration (SAMHSA) (2012), observes that recovery does not begin once an individual has completed treatment but forms an integral part of the treatment process which begins when an individual decides to address his or her substance use disorder. The core of the rehabilitation efforts lies with the alcoholic's realization that they are ruled by self-destructive habits and that people 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).

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 (Pagano, Friend, Tonigan and Stout, 2010). A more critical aspect is the recovering alcoholic developing skills that prevent lapsing back to alcoholism. This means developing competencies that can support or help the alcoholic 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).

Literature Review

Concept of Alcohol Addiction

Alcohol addiction occurs when a person continues to use alcohol in the face of negative effects on his or her health or life 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 characterized 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).

Recovering Alcoholics Characteristics

Babor et al., (2014) indicated that a variety of factors have been identified at the individual and the societal levels which affect the magnitude and patterns of consumption and can increase the risk

of alcohol use disorders and other alcohol-related problems in drinkers and others. These factors include age, gender, the family's emotional expressions, and social economic factors (Githae, 2015; Babor, et al., 2014). Early initiation of alcohol use before the age of 14 years is a predictor of impaired health status and has been associated with increased risk of alcohol dependence and abuse at later ages, alcohol-related motor vehicle crashes and other unintentional injuries (Grundstrom et al., 2012).

Harmful use of alcohol has been cited as the leading risk factor for death in males aged 15-59 years, with further evidence that women may be more vulnerable to alcohol-related harm from a given level of alcohol use or a particular drinking pattern (Kuria, 2015). The vulnerability of females to alcohol-related harm is a major public health concern because alcohol use among women has been increasing steadily in line with economic development and changing gender roles (Wilsnack, Wilsnack, and Kantor, 2013). There were significant gender differences in 2017 pertaining to the prevalence of alcohol use disorders, with a global estimate of 237 million men and 46 million women with alcohol use disorders (WHO, 2018).

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 over time in order to develop and improve performance and continue throughout a person's life (Roozen et al., 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 one's needs, shortcomings, fears and failures (Brown, Emrick & Glaser, 2012).

Objective of the Study

The main objective of the study was to establish the relationship between recovering alcoholics' characteristics and development of competencies in rehabilitation facilities in Central and Nairobi regions.

Hypothesis of the Study

There is no statistically significant relationship between recovering alcoholics' characteristics and development of competencies in rehabilitation facilities in Central and Nairobi regions.

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 which were validated and adjustments done after a 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

The inventory seeking responses on the relationship

of the recovering alcoholics' characteristics on development of competencies was developed from the reviewed literature. The inventory utilized a five point likert scale using the metrics of strongly agree, agree, uncertain, disagree and strongly disagree in order to capture the responses on the characteristics of recovering alcoholics.

Descriptive Statistics of Recovering Alcoholics' Characteristics

In order to establish the relationship between recovering alcoholics' characteristics and development of competencies in rehabilitation facilities, the study used the perceptions of respondents on various indicators of the recovering alcoholics' characteristics. These included level of education and exposure, relationship with counsellors, relationship with fellow alcoholics, group discussion contributions, the belief in God, their self-will to change and acceptance of their alcoholic status. Table 1 shows the results.

The results displayed in Table 1 indicate that level of education and exposure among recovering alcoholics achieved a mean of 3.78 and a standard deviation of 0.899. The 3.78 implies that the respondents on average tended to agree that the level of education and exposure played a significant role in road to recovery and development of competencies among recovering alcoholics. This is further evidenced by a cumulative percentage of 69.8 % of the respondents who chose the strongly agree and agree metrics respectively. A standard deviation of 0.899 indicated a moderate score spread from the mean, implying moderate consensus amongst the respondents in respect to the achieved average mean. This can be attributed to significant scores of respondents who were undecided, disagreed and strongly disagreed with the metric at 17.1%, 7.4% and 5.7% respectively. The results achieved in respect to this indicator was consistent with the findings of the report by SAMHSA (2012), which indicates that recovery from addiction can be sustained through evidence-based practices that target the social determinants of health such as education, supported employment and housing. The study agrees with findings by Kurtz and Fisher (2003), who contend that involvement of recovering alcoholics in worthwhile activities such as educational programmes has also been linked

with a higher prospect of early alcohol reduction and recovery in the long-term. Behavioural theory lays emphasis on the educational component during therapy, especially on specific elements that impact on existing functioning and the factors that can be used to change behaviour. Behaviour therapy is action oriented and embraces an educational methodology that views learning as being at the centre of therapy (Mcveigh, 2012).

The indicator on the relationship of recovering alcoholics and addiction counsellors posted a mean of 3.93 and a standard deviation of 0.812. The mean of 3.93 implied that the respondents on average tended to agree on the importance of fostering healthy relationships with counsellors during the rehabilitation period. This is further evidenced by a relatively high score of 77.7% in respect to the respondents who were in agreement as opposed 13.7%, 3.4% and 5.1% of the respondents who were uncertain, disagreed and strongly disagreed respectively. These findings are consistent with Githae (2015), who stresses on the critical role played by caregivers in the provision of an enabling environment for recovery to take place. In this context, the competency and training of the counsellors is key in the formation of associations and carrying out the approaches that help recovering alcoholics change from addictions that threaten their survival to activities embracing their recovery (ibid). The study findings agree with the US Department of Health and Human Services (2011), which observes that the prospect of a favorable outcome for the recovering alcoholic is highly dependent on the nature of the relationship association established with the counsellor. In cases where the recovering alcoholic fails to gradually open up in a group and is unable to express himself more openly, successful recovery may be problematic in the long run, ultimately affecting the development of various competencies during the rehabilitation process. The findings are further supported by Cloete (2014), who notes that 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 optimize them towards self-actualization in his own life during the rehabilitation process.

The ability to forge relationships with fellow

alcoholics during their stay in the rehabilitation programme was noted as a significant characteristic by respondents in the rehabilitation centres. In this context, the indicator scored a mean of 3.68 and a standard deviation of 0.823. The mean score of 3.68 in a five point likert scale indicated that the respondents on average agreed with the importance of the programme's ability of enhancing their ability to establish fruitful bonds with fellow alcoholics. This can further be evidenced by respondents who indicated strongly agree and agree at 18.9% and 46.9% respectively to this metric. A notable number of respondents however reported sentiments of being uncertain, disagree and strongly disagree that stood at 23.4%, 5.1% and 5.7% respectively. These findings are consistent with Brower et al. (2013), which recognizes the ability of the 12 steps approach in removing shortcomings in the recovering alcoholics' personality traits, helping them make amends to wronged persons, and in taking responsibilities to help other alcoholics. Gwinnell and Adamec (2006) observe that a key component in promoting healing from addiction is the attitude of significant stakeholders in the alcoholic's life who include family, friends and society in general. Individuals with a social system comprising of members against alcohol abuse and who report more support for maintaining abstinence are more likely to realize and sustain reduction (Wasserman, Stewart and Delucchi, 2001). The study findings further agree with those by Zemore and Kaskutas (2008), who indicate that recovering alcoholics offering help during treatment through volunteer service, provision of moral support and encouragement as well as sharing their understanding about how one may remain sober and resolve other problems are more likely to become involved in 12-step groups and achieve improvements in the short term during recovery. These helping activities can significantly develop the recovering alcoholic's self-esteem and social standing, strengthen their social network and provide a model of positive commitment to leading a sober way of life after discharge from the rehabilitation facility (Crape et al., 2002).

The results displayed in Table 1 indicate that the ability of respondents sharing their story on alcohol abuse and making contributions to group discussions achieved a mean of 3.88 and a standard deviation of 1.014. The mean of 3.88 implies that

the respondents on average tended to agree that the ability to open up about their journey on the road to recovery made significant contributions to development of their social and personal competencies during rehabilitation. This is further evidenced by a cumulative percentage of 76% of the respondents who chose the strongly agree and agree metrics respectively. A standard deviation of 1.03 indicated a huge spread of data from the mean of 3.88. This can be attributed to significant scores of respondents who were uncertain, disagreed and strongly disagreed with the metric at 9.7%, 5.1% and 9.1% respectively. The results achieved in respect to this indicator are consistent with Denzin (1987), who identifies the presence of a connection between how alcoholics learn to voice their narrative in AA and recovery. This assists persons recovering from alcohol addiction to organize their previous identification with the alcoholic self and realign it in terms of a recovering self. Individuals participating more in activities that are group related and meetings are more likely to socialize with close friends, attend cultural events, be involved in sports and engage in social activities and be more likely to attain and sustain abstinence (Moos, 2010).

The indicator on belief in God and other spirituality aspects posted a mean of 4.10 and a standard deviation of 1.03. The mean of 4.10 implied that the respondents on average tended to agree on the essence of spirituality on the road to recovery from alcohol addiction. A standard deviation of 1.03 indicated a huge spread of data from the mean of 4.10. This is further evidenced by a relatively high score of 76.5% in respect to the respondents who were in agreement as opposed 10.9%, 5.1% and 7.4% of the respondents who were uncertain, disagreed and strongly disagreed respectively. These findings are consistent with Pardini et al. (2000), who observe that involvement by recovering alcoholics in religious and spiritual aspects has been shown to provide support and supervision as well as giving goal direction to the development of a stronger purpose in life. Such involvement has also been linked to remission from substance use, development of more resilience and less anxiety. Hollen (2009) observed millions of alcoholics give acknowledgement to AA for saving their lives and believe that its traditions are the only true pathway to recovery. This assertion however faces strong opposition from those that

reject the spiritual aspects of AA that call for submission to a greater power. Findings from the study receive support from Galanter (2007), who observes that the spiritual recovery movement that reinforces adherence with its rules by engaging recovering alcoholics in a caring and organized social system that supports new purpose in their lives and contributing to the recovery process.

The assessment of the recovering alcoholics' self-will to change during the course of their stay in the rehabilitation programme was noted as a significant characteristic in gaining of competences. In this context, the indicator scored a mean of 4.34 and a standard deviation of 0.864. The mean score of 4.34 in a five point likert scale indicated that the respondents on average agreed with the programme enhancing their self-will to change and make efforts to live an alcohol free life. This can further be evidenced by respondents who indicated strongly agree and agree at 61.1% and 24.0% respectively to this metric. A notable number of respondents however reported sentiments of being uncertain, disagree and strongly disagree that stood at 7.4%, 2.3% and 5.1% respectively. Pagano, Post and Johnson (2010), note the assessment of the alcoholic's obligation for his or her actions of abusing alcohol, or the sequences of actions required for acquiring it, is often undertaken so as to ascertain whether the alcoholic suffers from some kind of condition that weakens their capacity to regulate their own actions (Hyman, 2007). The findings agree with Cloete (2014) who observes that addiction weakens the alcoholic's ability to align his actions with their own evaluative judgments. The prevention and recovery methods that emphasize on the alcoholic mastering the will power to refuse alcohol, or by rebuking the addict for lack of willpower, are unlikely to be sufficient in the absence of interventions intended at helping the alcoholic avoid the signals that initially activate cravings (ibid). Mercer & Woody (1999) view the recovering alcoholic as the effective agent of change making it imperative for the person to take responsibility for working on and succeeding with the programme of recovery.

The results displayed in Table 1 indicate that the aspect of acceptance of respondents' alcoholic status achieved a mean of 4.14 and a standard deviation of 0.827. The mean of 4.14 implies that

the respondents on average tended to agree that the acceptance of one's alcoholic status on the gaining of competencies on the path to sobriety. This is further evidenced by a cumulative percentage of 78.9% of the respondents who chose the strongly agree and agree metrics respectively. A standard deviation of 0.827 indicated a moderate spread of data from the mean of 4.14. This can be attributed to relatively fewer scores of respondents who disagreed and strongly disagreed with the metric at 4.0% and 3.4% respectively. The study findings agree with Gwinnell and Adamec (2006), who indicate that the acceptance by an individual of their addiction problem becomes the cornerstone of their path to recovery. These findings are consistent with Pagano et al. (2010) who credit the success of the 12 steps model rehabilitation process to its encouragement of the alcoholic's surrender to the rehabilitation process. This is because the ability of an alcoholic to accept their identity as an alcoholic and their loss of control over their life marks the start of the recovery process (ibid).

Relationship between Recovering Alcoholics' characteristics and development of competencies in rehabilitation facilities

Both the dependent and independent variables were measured using indicators that employed the use of a 5 point likert scale. The relationship between recovering alcoholics characteristics and recovering alcoholics competencies was determined using Pearsons Correlation Coefficient. All tests were done at coefficient alpha (α) equal to 0.05.

As indicated in Table 2, the Pearsons Correlation Coefficient yielded an r value of .580 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 recovering alcoholics characteristics and development of recovering alcoholics' competencies in rehabilitation facilities was rejected. This implied that a statistically significant relationship exists between recovering alcoholics characteristics and recovering alcoholics' competencies. Table 2 above confirms that development of competencies among recovering alcoholics is positively and moderately associated with

recovering alcoholics characteristics at a confidence level of 95% ($p=0.000<.05$). The moderate positive association between development of competencies and recovering alcoholics' characteristics indicated that when favourable recovering individuals with alcoholism characteristics increase, development of competencies among recovering alcoholics is likely to increase.

These findings are consistent with Kuria (2015), who observes that one of the most essential skills is the individual's capacity to make choices and use judgment at personal and interpersonal levels that strongly affects the quality of life. This awareness alone, however, is not sufficient but forms a necessary element of overcoming an addiction (Gwinnell and Adamec, 2006). This skill should therefore be enhanced during rehabilitation to prevent relapse. Coombs and Howatt (2005) observe that recovering alcoholics with the help of addiction counsellors can become motivated to better their lives by adhering to a well-laid plan of action with set goals driving towards their chosen outcomes. A recovering alcoholic who implements a noble plan of action begins to experience achievements, making modifications as they progress during their stay in rehabilitation and even after their release on completion of the programme (ibid).

Conclusion

This study concluded that recovering alcoholics' characteristics moderately affect recovering alcoholics' competencies in rehabilitation facilities. The moderate positive association between development of competencies and recovering alcoholics characteristics indicated that when favourable recovering alcoholics characteristics increases, development of competencies among recovering alcoholics is likely to increase. Salient indicators observed that facilitated the development of competencies among the recovering alcoholics that would require focus during therapy include belief in God and other spirituality aspects, self-will to change and acceptance of alcoholic status as well as sharing of their story during group therapy. These factors may provide support and direction and aid in development of a resilient determination in life among recovering alcoholics. The study

recommends the need for rehabilitation centres to consider mechanisms of promoting development of favourable characteristics among the recovering alcoholics that may promote development of social and personal competencies. These include aspects such as the self-will to change, acceptance of their alcoholic status and ability to share their story.

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Figures and Tables

Table 1: Frequency Distributions of Recovering Alcoholics' Characteristics

	Percentages and Frequencies					Mean	Std Dev.
	SA	A	U	D	SD		
Education level and exposure	26.9% 47	42.9% 75	17.1% 30	7.4% 13	5.7% 10	3.78	0.89 9
Relationship with counsellors	28.6% 50	49.1% 86	13.7% 24	3.4% 6	5.1% 9	3.93	0.81 2
Relationship with fellow alcoholics	18.9% 33	46.9% 82	23.4% 41	5.1% 9	5.7% 10	3.68	0.82 3
Ability to share alcoholics' story and make contributions to group discussions	35.4% 62	40.6% 71	9.7% 17	5.1% 9	9.1% 16	3.88	1.01 4
Belief in God and other spirituality aspects	53.1% 93	23.4% 41	10.9% 19	5.1% 9	7.4% 13	4.10	1.03
Self-will to change	61.1% 107	24.0% 42	7.4% 13	2.3% 4	5.1% 9	4.34	0.86 4
Acceptance of alcoholic status	46.3% 81	32.6% 57	13.7% 24	4.0% 7	3.4% 6	4.14	0.82 7

Table 2: Relationship Between Recovering Alcoholics Characteristics and Development of Recovering Alcoholics Competencies in Rehabilitation Facilities

		Recovering Competences
Recovering Alcoholic	Pearson Correlation	0.580
Characteristics	Sig. (1 tailed)	0.000
$r = .580$, Significance at .05		

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