

Psychosocial Interventions Applied in Management of Adolescents' Risky Behaviour in Therapeutic Communities in Uasin Gishu County, Kenya

Jepkorir Chewen^{1*}, Jennifer Munyua², Paul Ogula³

^{1,2,3}The Department of Postgraduate Studies, Faculty of Arts, Science and Social Sciences, The Catholic University of Eastern Africa, Gaba Campus, P. O. Box 908-30100, Eldoret, Kenya

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*Corresponding author: Jepkorir Chewen

The Department of Postgraduate Studies, Faculty of Arts, Science and Social Sciences, The Catholic University of Eastern Africa, Gaba Campus, P. O. Box 908-30100, Eldoret, Kenya

Abstract

Original Research Article

The purpose of this study was to evaluate the effect of psychosocial interventions used in the management of adolescent's risky behaviour in therapeutic communities in Uasin Gishu County, Kenya. This was in the light of concern that there has been a rise of alcohol and bhang use among young people in Uasin Gishu. The study was guided by Reality theory. A sequential embedded mixed methods research design was used. The quantitative part used ex post facto design and qualitative strand was phenomenological. The target population comprised all adolescents, counsellors, trainers and recoverees in all the six therapeutic communities located in Uasin Gishu. Purposive sampling was used to pick four of the six therapeutic communities, counsellors, recoverees and trainers to participate in the study. From each therapeutic community, a representative sample was selected comprising 80 adolescents, 12 counsellors, 8 recoverees and 10 sports trainers. Data was collected using a questionnaire for adolescents, interviews guide for the counsellors, recoverees and trainers, and document analysis guide. Quantitative data was analysed using descriptive and inferential statistics. Qualitative data was analysed thematically. Analysis of Variance was employed to test the research hypotheses. The study established that among the psychosocial interventions used by therapeutic communities to manage risky behaviour of adolescents were: group counselling, family counselling, recreational activities, provision of care, and family support. These interventions have shown significant effectiveness in reducing or eradicating risky behaviours among adolescents in therapeutic communities. It is thus recommended that family members should also be involved in counselling to understand their role in preventing misconduct.

Keywords: Psychosocial Interventions, Counselling, Therapeutic Communities, Recreational Activities.

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INTRODUCTION

Psychosocial interventions are a combination of psychological and social techniques that are employed to assist adolescent with risky behaviour in therapeutic communities. Psychological interventions include, but are not limited to, psychotherapy (also known as "talk therapy"), psycho-education, and vocational and social training [1]. Psychosocial interventions for adolescents help them improve their functioning while lessening the negative effects of risky behaviour. Psychological interventions involve talking with therapist or counsellor to address the mental, emotional and behavioural issues that are causing symptoms and distress. Psychosocial interventions involve working through one's thoughts, stresses and past experiences in therapy to provides insight and practical approaches to dealing with difficult

personal issues such as substance abuse, unhealthy sexual behaviour, suicidal thoughts just to mention but a few [1].

Hess and Handel [2] describe the family as a psychosocial organization. In their view, although its life spreads into the wider community, there is a sense in which a family is a bounded universe. The members of a family – parents and their young children – inhabit a world of their own making, a community of feeling and fantasy, action and precept. Even before their infant's birth, the expectant couple makes plans for his family membership, and they prepare not only a bassinet but a prospect of what the child will be to them. The child then brings own surprises, but in time there is acquaintance, then familiarity, as daily the family members compose their interconnection through the touch and tone by

which they learn to know one another. Each one comes to have a private transcript of their common life, recorded through his own emotions and individual experiences. These descriptions show that a family is a malleable system; it can be modified to enhance the psychosocial wellbeing of all its members. Family, then, is a tool for moulding adolescents' behaviour.

In a study in India, it was observed that psychosocial issues not only affect thought and behaviour but also affect the overall health and well-being of adolescents [3]. The risky behaviours in which adolescents often engage include drug and alcohol addiction, violence, sexual activities, which significantly increase morbidity and mortality. The study noted that menace of drugs and alcohol usage has been woven deep into the fabric of India's society. Unfortunately, it is challenging for the adolescent and the family to overcome psychological issues and its effects. Therefore, prevention and early identification of risk factors are the keys to combatting the negative effects of the psychological and emotional problems.

In Malaysia, risky behaviour among adolescents remains an unsolved issue for many years. Increasing trends in risky behaviour cases have drawn the attention not only from the educators and family, but also the public, since risky behaviour has led to juvenile delinquency behaviour [4]. A survey by the Malaysian Health Care Authorities established that most prevalent risky behaviour among adolescents were lack of exercise and physical inactivity, dietary behaviours, smoking behaviour, alcohol intake, drug use and mental health [5]. The prevalence of physical inactivity among adolescents in Malaysia was attributed to increase in availability of technologies that encourage sedentary lifestyles.

Psychosocial Interventions and Management of Adolescents' Risky Behaviours in Therapeutic Communities

A study in the USA investigated the efficacy of treatment in rehabilitation of the adolescents with substance use disorders [6]. They found that substance use disorder (SUDs) among adolescents is related to multiple behavioural problems and needs specific treatment compared to adults. The study undertook a critical review of literature on the treatment and rehabilitation of adolescents with substance use disorders. A total of 11 articles from peer-reviewed journals were reviewed. The findings of the study revealed that family therapy had the strongest evidence of effectiveness for reducing substance use disorders in adolescents, although other types of treatments appear to be beneficial such as cognitive-behavioural therapy and other psychological approaches. Despite the effectiveness of the treatments, the rate of relapse remains high among adolescents with substance use disorders. Currently, psychological treatments,

particularly family therapy, are most frequently applied to adolescents with substance use disorders. Pharmacotherapy is reserved for adolescents with substance use disorders in co-morbidity with other mental disorders and a therapeutic community is suggested for these at-risk adolescents.

In Ethiopia, a study examined the prevalence of cigarette smoking and associated factors among adolescents. The researchers used a community based cross-sectional study design among 341 adolescents [7]. Data for the study was collected and analysed using multivariate logistic regression was used to determine the effect of the predictor variable on the outcome. Results from the study indicated that cigarette smoking among the adolescents was 21.1% (95% CI: [16.7-25.5]), having smoking parents (AOR = 2.57, 95% CI: [1.32-5.02]), whose friends smoke cigarette (AOR = 4.78, 95% CI: [2.12-10.76]), which all were a significantly associated with adolescent cigarette smoking. The study concluded that having parents and friends who smoked or chewed *khat* were independent predictors of adolescents' indulgence in cigarette smoking. The study found a significant association between parental and peer cigarette smoking and adolescent cigarette smoking. It was recommended that effective smoking prevention and intervention programmes be adopted.

In Zimbabwe, a study explored psychological interventions for alcohol use disorders in people living with HIV/AIDS [8]. They noted that psychological interventions have been greatly considered as an effective treatment to manage alcohol use disorder (AUDs) while the evidence for their effectiveness appear inconsistent. The researched implemented a psychological intervention among people 16 years and above. They used motivational interviewing alone or blended with cognitive behaviour therapy (CBT). From the findings, there was lack of evidence for significant intervention effects in the included studies. According to the systematic review, there were no sustained intervention effects of psychological interventions for either primary alcohol use or secondary HIV related outcomes.

Another research examined substance use treatment facilities [9]. The study used cross-sectional survey design and data was collected from both in-patient and out-patient services. The reviewed study included medical treatment facilities putting into consideration the use of medication and availability of physical facilities. Information sought after by the researchers included availability of in-patient and out-patient services, facility ownership, number of beds, mode of payment, and availability of medicine and staffing. The findings from the study showed that there was limited use of medication assisted therapy. Staff availability was also limited, so that some facilities did not have medical practitioners as required.

In Kenya, a research evaluated the effectiveness of rehabilitation programmes in management of juvenile delinquency within penal institutions in Kakamega County [10]. The study sample included 279 juveniles, 39 key informants and 10 recoverees. Purposive sampling was used to sample key informants, random sampling for juveniles and snowball sampling for recoverees. Primary data for the study was collected using questionnaires, interviews, focused group discussions and observation checklists record was used. The study noted that juveniles were taken through vocational training, guidance and counselling and formal education program. Findings from the study indicated that rehabilitation of these juveniles was not successful at 94.7%, and there was lack of aftercare at 43%. Therefore, rehabilitation centres did not successfully reform the juvenile offenders.

Statement of the Problem

Adolescents and young adults in Kenya are exposed to numerous challenges associated with their growth and development. These challenges push or pull them to engage in risky behaviours, such as drug and substance abuse, violence, sexual experimentations, aggression, incest and rape, early pregnancy, excessive use of computers and smart phones, among others. Indeed, studies have shown that adolescents facing such challenges tend to indulge in risky and self-destructive behaviour [11- 13]. In developing regions such as Kenya, within the home environment, parents are often too distracted by other important life engagements to fully respond to the challenges and risky behaviour of their adolescent children [14]. As such, governments and other stakeholders have seen the need to establish therapeutic communities that provide services such as children and youth education or training, correction and rehabilitation.

Kenya has its share of therapeutic communities that seek to rehabilitate adolescents. However, literature [10- 15] [16- 18] seems to suggest that these facilities may not be as effective as required in achieving positive behaviour change. A study in Nairobi, for instance, analysed behaviour changes among children at risk in juvenile rehabilitation centres [19]. The findings showed that despite many programmes provided to reform such children, their rehabilitation was inadequate. This begs the question of why rehabilitation programmes seem to bear little to no fruit in behaviour modification, a question that the present study seeks to answer.

In Uasin Gishu County, studies report that there has been a rise in alcohol and bhang use among adolescents [20- 22]. The study recommends the need to set up a rehabilitation centre to address the factors that predispose adolescents to risky behaviour. The fact is that there are rehabilitation centres in Uasin Gishu County. However, it is unclear whether or not the

interventions they offer to those engaging in various forms of risky behaviours are effective. Very few studies have reviewed the effectiveness of therapeutic communities in Uasin Gishu. For instance, a study examined the factors that explain juvenile delinquency at Eldoret Juvenile Remand Home [23]. The findings attributed delinquency to adolescents' low self-control, poor academic performance and low academic aspirations, school drop-outs, abusive families, poverty and absentee parents. To address these issues, the study recommends the need to enhance psychosocial interventions to target juveniles, their families and the entire society. As such, the psychosocial interventions applied to manage adolescents' risky behaviours in therapeutic communities in Uasin Gishu County, Kenya.

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 [24]. 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.

RESULTS AND DISCUSSION

The adolescents in therapeutic communities were asked to indicate how frequently they received psychosocial interventions in their communities. The

study used a set of 26 statements divided into four sections developed and rated on a 5-point rating scale from: 5=Always, 4=Often, 3=Sometimes, 2=Rarely to 1=Never.

Counselling Interventions

The study examined the frequency of application of various types of counselling interventions used to manage adolescents' risky behaviour in therapeutic communities. The results were as summarized in Table 1 below.

Table 1: Counselling Interventions Applied in Therapeutic Communities

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

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

Source: Survey Data (2023)

As shown in Table 1, the majority, 33(41.3%), always or often while 23(28.7%) sometimes talked to a counsellor alone to overcome bad habits. Moreover, 32(40.0%) always or often talked to a counsellor alone on how to control their anger while 30(37.5%) said sometimes, 40(50.0%) said rarely or never talked to a counsellor alone on good communication. Concerning talking with others in a group on relapse prevention, 36(45.1%) stated always or often, 31(38.8%) said never or rarely while 13(16.3%) stated sometimes. Another 34(42.6%) stated always or often on talking with others in a group on forgiveness and self-acceptance while 26(32.5%) said sometimes, 37(46.3%) always or often talked with others in a group on good communication. Meanwhile, 18(22.5%) sometimes, 49(61.3%) never or

rarely went for counselling with family members on good communication while 16(20.0%) stated sometimes.

Majority of respondents, 46(57.6%), never or were on rare occasions counselled with family members on relapse prevention with 13(16.3%) stating sometimes. Additionally, 40(50.0%) said they were never or, at times, rarely were counselled with family members on the role of the family in misconduct while 11(13.8%) said sometimes. Meanwhile, 49(61.3%) were always or often as 12(15.0%) were sometimes taught time management skills. Further, 49(61.3%) were always or often while 15(18.8%) were sometimes taught the importance of good communication. The majority (74.6%) of the adolescents stated that they talked to a

counsellor alone on how to overcome bad habits while 15.83% said they never went for counselling alone.

The findings implied that majority of the adolescents in therapeutic communities in Uasin Gishu County went for individual counselling. Further, majority of them (83.07%) sought group counselling, 17.1% of the adolescents never went for group counselling. Meanwhile, majority of the adolescents (72.92%) went for family therapy with their loved ones while 27.02% never sought family therapy at all. It was deduced from the findings that majority of the

adolescents in therapeutic communities in Uasin Gishu County sought individual counselling (Mean=3.01 & S. Dev=1.28), group counselling (Mean=3.25 & S. Dev=1.44), and family counselling (Mean=3.00 & S. Dev=1.45).

Recreational Activities Interventions

Table 2 shows the study results on the frequency of recreational activities interventions applied to manage adolescents’ risky behaviours in therapeutic communities in Uasin Gishu County.

Table 2: Recreational Activities Interventions Applied in Therapeutic Communities

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

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

Source: Survey Data (2023)

As indicated in Table 2, many, 37(46.3%) stated that they never or rarely played in-door games with 15(18.8%) stating sometimes. Additionally, 48(60.0%) of the respondents often or always enjoyed playing indoor games with friends while 13(16.3%) said sometimes. Most respondents, 48(60.0%), often or always liked watching television programmes with 12(15.0%) saying sometimes. From the study findings, majority of the adolescents, 80.5%, participated in recreational activities while 19.6% never took part in

recreational activities at all. The study revealed that recreational activities had a mean of 3.43 and standard deviation of 1.52.

Physical Care Interventions

Table 3 below shows the frequency of application of physical care interventions in the management the risky behaviour of adolescents in therapeutic communities.

Table 3: Physical Care Interventions Applied in Therapeutic Communities

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

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

Source: Survey Data (2023)

Table 3 shows that most, 42(52.6%), of the respondents often or always had friends at school, with 13(16.3%) stating sometimes. Moreover, 44(55.0%) often or always while 17(21.3%) sometimes cleaned the environment. Further, 53(66.2%) often or always had someone who took care of their medical issues while 9(11.3%) sometimes had such a person. Additionally, 54(67.5%) often or always had clean water readily available while 12(15.0%) indicated sometimes. On the statement ‘I feel safe in this institution’, most, 44(55.0%), respondents indicated often or always while 15(18.8%) said sometimes. Therefore, concerning provision of care within therapeutic communities in

Uasin Gishu County, majority of the adolescent (89.68%) felt that care services were readily available while 10.45% noted that provision of care was not readily available. Overall, provision of care mean was 3.682 and standard deviation was 1.431.

Family Support Interventions

The study examined the frequency of use of family support interventions in the management of risky behaviours of adolescents in therapeutic communities in Uasin Gishu County. The findings were as summarized in Table 4.

Table 4: Family Support Interventions Applied in Therapeutic Communities

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

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

Source: Survey Data (2023)

The study findings in Table 4 show that 10(11.9%) indicated never, 11(13.1%) responded sometimes while 59(70%) said always on the statement of whether or not family members attended family meetings. On whether the family provided financial support, 12(14.6%) responded never or rarely, 5(6%) sometimes and 63(75.0%) responded always. Concerning provision of medical support, 9(11.9%) indicated never or rarely, 8(9.5%) sometimes while 63(78.6%) said always. On whether family members made phone calls to know how they were doing, 8(9.6%) said never or rarely, 12(13.3%) indicated sometimes while 60(71.2%) responded always. Finally, on whether family members attended prayer meetings and graduation ceremonies, 7(8.4%) said never or rarely, 9(10.7%) sometimes while 64(76.2%) responded always. Overall, family support had a mean of 4.102 and standard deviation of 1.133.

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

Treatment approaches used in helping clients in the recovery process include detoxification process that is mandatory for all clients as they are taken in, Cognitive Behaviour Therapy (CBT), Psycho-education motivational interviewing but many of them prefer individual counselling (Counsellor, OI, 2023).

Two of the counsellors talked of individual counselling therapy using CBT. They found CBT most

helpful in modifying adolescents' behaviour by attaching changing thoughts. They also observed that individual counselling enhanced confidentiality. As one counsellor noted, "Clients prefer individual counselling sessions because clients are free to open up easily its more confidential as compared to family and group sessions" (Counsellor, OI, 2023).

Various intervention strategies were adopted to deal with risky and maladaptive behaviour among adolescents in therapeutic communities under study. This was noted by two recoverees who worked within therapeutic communities helping clients as they worked on their own recovery. As one recoveree put it:

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

To determine the risk levels of clients during treatment process, majority of the counsellors reported that they carried out a comprehensive assessment. These assessments were used to determine the situation and history of the adolescents' adolescent risky behaviour. This was in line with previous findings that the programmes provided in young people's correctional institutions in Kenya should be relevant and sufficient to reform the delinquents [15]. Nevertheless, it was noted that there were insufficient resources to support training of delinquents. It was further revealed that most of vocational training programmes and formal education were not offered in the institutions.

These findings were also in line with those of a study on the effectiveness of therapeutic communities in France [25]. The study found that, on average, subjects stayed in a therapeutic community a third of the planned time. The completion rate ranged from 9% to 56%. Further, substance use decreased during therapeutic community treatment, but relapse was frequent after the client left the community. In another study, it was established that family therapy had the strongest evidence of effectiveness for reducing substance use disorders in adolescents, although other types of treatment seemed beneficial, such as cognitive-behavioural therapy and other psychological approaches [6]. Similarly, another study has noted that purposeful recreational activities in the form of games, sports and peer entertainment are well designed to give a therapeutic and relaxation effect to the clients [26].

The findings also concurred with those of a study on evidence-based psychosocial treatment of conduct problems in children and adolescents in Italy [27]. The study revealed that cognitive behavioural approaches and family interventions had a greater efficacy among adolescents. Similarly, a past study has reported that juveniles were taken through vocational training, guidance and counselling and formal education program [10]. Nevertheless, the rehabilitation of these juveniles was not successful. Moreover, there was lack of aftercare and, as such, other psychosocial intervention strategies needed to be included in treatment of adolescents.

CONCLUSION AND RECOMMENDATIONS

From the results of the survey, it is concluded that therapeutic communities in Uasin Gishu County use interventions such as counselling, recreational activities, provision of care and family support to manage adolescents' risky behaviours. These psychosocial interventions have had a positive impact on adolescents' behaviours by enhancing their discipline, ability to communicate and make friends, focus on studies, positive outlook of their world and trust in their community. Nevertheless, these psychosocial interventions have only been implemented to some extent. Therefore, psychosocial interventions, such as individual counselling, group counselling and family counselling, should be incorporated into the management of adolescents' risky behaviour in therapeutic communities. These interventions have shown significant effectiveness in helping adolescents overcome bad habits and control their anger. Therapists offering psychosocial interventions in therapeutic communities should also seek continuous education. In addition, more therapists with knowledge on adolescents' issues should be employed to meet the unique psychological and social needs of adolescents.

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