

Effectiveness of Cognitive Behavioral Therapy (CBT) as an intervention used to develop commitment to sobriety among Clients in Selected Rehabilitation Centres in Uasin Gishu County, Kenya,

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ABSTRACT

Drug rehabilitation facilities aim to provide a supportive environment for drug addicts' commitment to sobriety. In Uasin Gishu County, there is a serious relapse among individuals who have gone through rehabilitation programs. The study sought to assess the effectiveness of Cognitive Behavioral Therapy (CBT) in developing commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu County, Kenya. The study was guided by Cognitive behavioral theory. It employed a convergent parallel mixed methods design. The target population was 95 rehabilitees receiving rehabilitation from different rehabilitation centers in Uasin Gishu County.

Census Survey was used to select the respondents. Questionnaire, Interview Guide and Observation gathering tools were used to collect data. The reliability and validity of research instruments were tested through pilot study. Quantitative data from the questionnaires was analyzed using descriptive and inferential statistics. Qualitative data used a thematic analysis strategy to identify themes. The study results indicate that Cognitive Behavioral Therapy interventions significantly enhanced clients' commitment to sobriety by improving emotional regulation, trigger management, cognitive restructuring, and coping skills development. Effectiveness was measured based on clients' perceptions of improved coping skills, emotional regulation, trigger management, cognitive restructuring, and commitment to maintaining sobriety.

The study concludes that Cognitive Behavioral Therapy (CBT) is an effective evidence-based intervention for enhancing clients' commitment to sobriety and supporting sustained recovery from substance use. The study recommends strengthening CBT-based interventions in rehabilitation centres through enhanced coping-skills training and continuous psychosocial support.

Key words: Rehabilitation, Substance Abuse, Sobriety, Interventions.

INTRODUCTION

Substance abuse has remained to be a major challenge globally in high, middle- and low-income countries. In high income countries alcohol abuse has been a rampant issue among youths and adults. For example, in the United States, approximately 22.7 million people aged 12 years and above require treatments for alcohol related disorders annually but only 2.5 million people receive treatment (Dawson, 2019). Among college population, student binge drinking has resulted to academic and interpersonal problems (Nehring et al., 2021).

Cannabis abuse has been linked to psychosis and the number of hospital admission for drug-induced psychosis has been increasing across Europe and other regions because of cannabis use (Fiorentini et al. 2021). Cannabis



is ranked the most commonly used drug, with 10% to 54% lifetime use rate among university and college students across the National Institute on Drug Abuse (NIDA) countries (Olurishe, 2019).

The use of illicit drugs has expanded rapidly in Africa, especially in East Africa with cannabis remaining the most widely used drug. In South Africa, alcohol abuse remains a serious problem and has been ranked globally among the top five consumers of alcohol. School going (28%) and out of school youths (77%) have been reported abusing alcohol (Pape et al., 2018). According to Bessong et al. (2021), youths are likely to engage in using substances but parents, organizations and the community at large may not be fully aware of this ongoing problem. As a result, more rehabilitation centers relying on external organizations have been established in this region to deal with the rising cases of alcohol and drug use.

Although drug rehabilitation treatment centers provide diverse interventions to drug abuse clients, most interventions used have not significantly helped clients to remain sober as they are non-evidence based and are constrained with a variety of challenges (Kasiram & Jeewa, 2018). For instance, in Kumi district in Uganda, Posi (2018) observed several constraints such as limited family support and community involvement, lack of resources, inadequate staff training and poor institutional capacity as challenges limiting the delivery of effective rehabilitation services (Epstein et al., 2021).

In Kenya, substance abuse has become a major public health concern. According to the National Authority for the Campaign Against Drugs (NACADA) 2021 report, 40% of Kenyans aged between 15–65 years have consumed alcohol, while 89% have used alcohol at some point in their lifetime. Furthermore, at least 13% of Kenyans aged between 15–24 years are currently using at least one drug, a trend that is steadily rising (NACADA, 2021). The rising drug abuse cases have pushed the government, faith-based organizations and private enterprises to expand rehabilitation services across the country.

However, despite the availability of diverse treatment interventions in the rehabilitation centers, relapse among rehabilitees remains high. Clients who successfully complete rehabilitation programs often relapse shortly after reintegration into the community. This raises questions on the effectiveness of Cognitive Behavioral Therapy interventions used by these rehabilitation centers in developing commitment to sobriety among clients in Uasin Gishu County. It is against this backdrop that the current study assessed the effectiveness of Cognitive Behavioral Therapy (CBT) in developing commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu County. The major goal of drug rehabilitation facilities around the world is to provide a supportive and structured environment to facilitate the commitment to sobriety. The programmes are made to cater to the demands of drug addicts in order to assist in bringing about the necessary long-term behavioural change in the rehabilitees and prevent returning to the vice. Facilitating a commitment to sobriety by clients is a crucial aspect of substance abuse rehabilitation. Successful recovery is built upon the foundation. Despite the increase in the number of centres and existence of several programmes at various rehabilitation facilities intended to change drug addicts' conduct in Kenya, little is known about their efficacy. In Kenya showed that most drug users return to their habit after receiving therapy. They do not, however specify, whether the programmes offered or other factors are to blame for the inefficiency. There are lack of knowledge about how effective these programs are in developing long-term sobriety. It also highlights the need to understand the reasons behind relapse besides program inefficiency.

In Uasin Gishu County experiences serious relapse among individuals who have gone through rehabilitation programmes. However, it is unclear what specific issues about the rehabilitation services lead them to relapse. Studies have been done on factors contributing to one seeking rehabilitation services and programs offered in rehab centres. Still, little has been documented, there is therefore need to establish the effectiveness of cognitive behavioral therapy (CBT) as an intervention used to develop commitment to sobriety among Clients in Selected Rehabilitation Centres in Uasin Gishu County, Kenya.

The purpose of this study was to assess the effectiveness of Cognitive Behavioral Therapy (CBT) in developing commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu County, Kenya.

RESEARCH METHODOLOGY

This study used a mixed-method approach to offer a more comprehensive understanding of a topic. Mixed methods research incorporates quantitative and qualitative methodologies into a single study (Regnault et al., 2018).

This study essentially targeted rehabilitees in rehabilitation centers. In addition, staff providing psychosocial care rehabilitation centers was targeted. The distribution of these rehabilitation centers showed a total of 95 rehabilitees and 17 providers as shown in Table 1. The rehabilitees who took part in the study were chosen via a census, essentially a survey of every component of a predetermined population (Vasileiou et al., 2018).

Table 1 Target Population and Sample Size

Name	Rehabilitees	Psychosocial providers	Target Population	Sample size
Heaven recovery center	30	6	36	36
Adapt Alcohol & Drugs Abuse Treatment Center	15	4	19	19
Serenity Africa Foundation	35	3	38	38
Lighthouse hospital and rehabilitation center	15	4	19	19
Total	95	17	112	112

Source: Researcher (2024)

Data Collection and Analysis

The researcher used four tools to collect information from the respondents. These was the Rehabilitees Questionnaire, an Interview Guide for Psychosocial Providers, and Observation gathering tools.

The study employed construct validity and was tested using factor analysis by deriving the dimension of substance abuse interventions and the dimensions of commitment to sobriety from the literature. The Cronbach's alpha approach for internal consistency was used to assess the questionnaire's reliability.

The researcher obtained ethical clearance and a research permit, then sought authorization from relevant gatekeepers before data collection. Questionnaires were hand-delivered and self-administered to rehabilitees who had been in treatment for at least 60 days, with assistance from a facility-based research assistant. The researcher also conducted focus group discussions, in-depth interviews with key intervention providers, and a one-month observation period to assess the centers' practices. Data collection was conducted between January 2024 and March 2024. During this period, questionnaires were administered to rehabilitees, interviews were conducted with psychosocial providers, and observational assessments were undertaken within the rehabilitation centres.

The study adopted a mixed-method approach, analyzing qualitative and quantitative data side-by-side for comparison. Qualitative data from interviews and FGDs were analyzed thematically through familiarization, coding, categorization, and identification of key themes, supported by constant comparison and illustrative quotes. Quantitative data from questionnaires were analyzed using descriptive statistics (frequencies, percentages, means, and standard deviation), with analysis conducted using SPSS version 25.0. In this study, effectiveness of CBT was operationalized as the extent to which the intervention enhanced clients' commitment to sobriety through improved coping skills, cognitive restructuring, trigger management, emotional regulation, and engagement in positive behavioral activities as measured using Likert-scale questionnaire items.

Ethical Considerations

The study upheld strict ethical standards due to the vulnerability of clients in substance abuse treatment centers. Informed consent was obtained voluntarily after explaining the study’s purpose, procedures, risks, and benefits, and participants were free to withdraw at any time. Confidentiality and anonymity were ensured through de-identification, coded responses, and secure data storage. The researcher minimized potential psychological or emotional harm by avoiding distressing procedures and planning support or referrals where necessary. Additionally, ethical clearance and a research permit were obtained, and authorization was sought from relevant gatekeepers before conducting the study.

FINDINGS

Response Rate

The study evaluated the response rate of the rehabilitees in selected rehabilitation centres. Findings showed that 86(90.53%) respondents responded to the questionnaires while 9(9.47%) did not respond to the questionnaires. This high response rate implies that the data collected is highly reliable and representative of the target population.

Table 2 **Response Rate**

Responses	Frequency	Percentages
Responded	86	90.53
Not responded	9	9.47
Totals	95	100

(Source: Field Data, 2024)

Effectiveness of Cognitive Behavioral Therapy (CBT)

Table 3 Effectiveness of Cognitive Behavioral Therapy (CBT)

Statement		SD	D	N	A	SA	Mean	Sd
1. Service Providers in my facility conduct comprehensive assessment of our substance use history, triggers, thought patterns, and coping strategies	F	7	10	3	37	29	3.83	1.25
	%	8.1	11.6	3.5	43.0	33.7		
2. Service providers in my facility work to identify and challenge our cognitive distortions, which may contribute, to substance use	F	7	9	3	35	32	3.89	1.25
	%	8.1	10.5	3.5	40.7	37.2		
3. Service providers in my facility help me learn to challenge and replace irrational or negative thoughts with more balanced and adaptive ones	F	6	11	2	33	34	3.91	1.25
	%	7.0	12.8	2.3	38.4	39.5		
4. Service providers in my facility help teach me to identify high-risk	F	8	8	1	37	32	3.90	1.27

situations, develop coping strategies, and create a plan to manage triggers	%	9.3	9.3	1.2	43.0	37.2		
5. Service providers in my facility have assisted me in acquiring coping skills to deal with stress, cravings, and emotions without resorting to substance use	F	12	8	3	31	32	3.73	1.41
	%	14.0	9.3	3.5	36.0	37.2		
6. Service providers in my facility encourage my engagement in positive and rewarding activities that promote sobriety and well-being, enhancing my commitment to sobriety	F	6	6	2	36	36	4.05	1.17
	%	7.0	7.0	2.3	41.9	41.9		
7. Service providers in my facility assist me in engaging in exposure exercises to confront feared situations related to my substance use gradually	F	8	7	3	37	31	3.88	1.25
	%	9.3	8.1	3.5	43.0	36.0		
8. Service providers in my facility test the validity of any of my negative beliefs and assumptions related to substance use	F	7	6	1	43	29	3.94	1.17
	%	8.1	7.0	1.2	50.0	33.7		

(Source: Field Data, 2024)

In Table 3, finding revealed that across eight items, mean scores ranged from 3.73 to 4.05 (SD = 1.17–1.41), indicating generally positive appraisals. The highest mean (4.05, SD = 1.17) was for engagement in positive, rewarding activities, suggesting that clients particularly value behavioral activation components. The next strongest endorsements were for challenging and replacing irrational thoughts (M = 3.91, SD = 1.25) and developing trigger-management plans (M = 3.90, SD = 1.27). The lowest mean (3.73, SD = 1.41) was for acquisition of coping skills to handle stress and cravings without substances, indicating a relative gap in skills training.

Qualitative Insight: Clients consistently praised the comprehensive assessment component of CBT, noting it as foundational to building commitment. One participant explained in an FGD, "Mapping out my triggers and thought patterns made me feel seen and understood." The cognitive restructuring exercises were universally described as transformative. An FGD member shared, "Writing down that automatic 'just this once' thought helped me catch it before it spiraled."

DISCUSSIONS

The findings of this study demonstrate that Cognitive Behavioral Therapy (CBT) is an effective intervention in promoting commitment to sobriety among rehabilitees in selected rehabilitation centres in Uasin Gishu County. The high mean scores across all CBT components indicate that clients perceived the intervention positively, particularly in relation to behavioral activation, cognitive restructuring, and trigger management. The highest-rated item concerning engagement in positive and rewarding activities (M = 4.05, SD = 1.17) suggests that rehabilitees benefited substantially from structured activities that redirected attention away from substance use and reinforced healthy behaviors. These findings are consistent with Beck (2020), who argued that CBT helps individuals replace maladaptive behaviors with positive and goal-oriented activities that support recovery from addiction.

The findings further revealed that CBT interventions focusing on identifying irrational thoughts and challenging cognitive distortions were highly valued by clients. This supports the Cognitive Behavioral Theory, which emphasizes that dysfunctional thought patterns contribute significantly to substance use behaviors.

The qualitative responses obtained from rehabilitees demonstrated that cognitive restructuring enhanced self-awareness and enabled clients to recognize triggers associated with relapse. Similar findings were reported by Mhlungu (2018), who found that CBT interventions significantly improved self-control and relapse prevention among individuals undergoing residential treatment for substance abuse.

However, the study established that coping-skills training recorded the lowest mean score ($M = 3.73$, $SD = 1.41$) compared to other CBT components. This suggests that although clients appreciated CBT interventions generally, some rehabilitees still experienced difficulties managing stress, cravings, and emotional distress without resorting to substance use. This finding may imply that coping-skills sessions require more intensive practice, individualized support, and continuous reinforcement after discharge from rehabilitation centres. Similar concerns were raised by Kasiram and Jeewa (2018), who observed that many rehabilitees in African contexts relapse due to inadequate coping mechanisms and limited post-rehabilitation support systems.

In the Kenyan context, the findings underscore the importance of strengthening evidence-based psychosocial interventions in rehabilitation centres. Substance abuse remains a growing public health concern in Kenya despite the expansion of rehabilitation services. The positive findings regarding CBT effectiveness suggest that rehabilitation centres should prioritize structured CBT programs delivered by adequately trained psychosocial providers. Nevertheless, the study faced several limitations.

First, the study relied heavily on self-reported data, which may have been influenced by social desirability bias. Second, the cross-sectional design limited the ability to assess long-term sobriety outcomes after discharge. Third, the study was conducted only in selected rehabilitation centres within Uasin Gishu County, limiting generalizability to other counties in Kenya.

CONCLUSION

The study concludes that Cognitive Behavioral Therapy (CBT) is an effective intervention in developing commitment to sobriety among clients in selected rehabilitation centres in Uasin Gishu County. The findings established that CBT interventions such as cognitive restructuring, trigger management, behavioral activation, coping-skills training, and exposure exercises positively influenced clients' recovery processes and strengthened their commitment to maintaining sobriety.

The study further concludes that psychosocial providers play a critical role in implementing structured and evidence-based CBT interventions that address the cognitive, emotional, and behavioral dimensions of substance abuse recovery.

RECOMMENDATIONS

Rehabilitation centres should strengthen Cognitive Behavioral Therapy programs by increasing coping-skills training, relapse-prevention sessions, and individualized psychosocial support. Additionally, rehabilitation centres should ensure continuous professional training for psychosocial providers to enhance the effective implementation of CBT interventions.

Limitations of the Study

The study relied primarily on self-reported responses from rehabilitees, which may have been affected by social desirability bias. Additionally, the cross-sectional nature of the study limited the ability to assess long-term sobriety outcomes after discharge from rehabilitation centres. The study was also confined to selected rehabilitation centres in Uasin Gishu County, which may limit the generalization of findings to other regions in Kenya.

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