

The Benefits of Care Support Groups in Sustaining Sobriety Among Alcohol Addicts in Rehabilitation Centers in Selected Counties in Kenya

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ABSTRACT: Alcohol addiction remains a significant public health challenge in Kenya, with approximately 3.2 million Kenyans struggling with alcohol dependency. Despite the establishment of rehabilitation centres offering care support groups, limited empirical evidence exists regarding their effectiveness in maintaining long-term sobriety in Kenyan contexts. This study established the benefits of care support groups in sustaining sobriety among alcohol addicts in rehabilitation centres in selected counties in Kenya. The study was grounded in Cognitive Behavioral Theory and the Motivational Enhancement Model. A convergent parallel mixed-method research design was adopted. The target population comprised 285 patients enrolled in care support groups at Amani Acres Rehabilitation Centre in Mombasa County, Serene Hospital and Rehabilitation Center in Kiambu County, and Lamu Rehabilitation Centre in Lamu County. A sample of 182 participants was selected through stratified random sampling while 15 key informants were selected purposively. Data were collected using a five-point Likert scale questionnaire and semi-structured interviews. The study achieved an 85% response rate with 155 usable questionnaires. The research instrument demonstrated high reliability (Cronbach's Alpha = 0.87). Quantitative data were analysed using SPSS version 30.0 while qualitative data were analysed through thematic analysis using NVivo 12. Results showed an overall mean score of 4.10 (SD = 0.785) for benefits, with motivation to continue recovery rated highest (M = 4.21), followed by trigger understanding (M = 4.18) and emotional well-being improvement (M = 4.12). Thematic analysis revealed three themes: emotional healing and psychological safety; peer validation and shared understanding; and personal transformation and recovery identity. Support group benefits strongly predicted sobriety maintenance ($\beta = .701$, $p < .001$), explaining 49.1% of variance ($R^2 = .491$). The study recommends that rehabilitation centres prioritise psychological safety, peer mentorship, and recovery identity development as core components of addiction treatment.

KEYWORDS: care support groups, benefits, sobriety maintenance, alcohol addiction, rehabilitation centres, Kenya, Cognitive Behavioral Theory, Motivational Enhancement Model

I. INTRODUCTION

Alcohol addiction and substance abuse represent a persistent global public health concern, with high rates of relapse reported even after successful completion of rehabilitation programmes (Tracy & Wallace, 2016). International research indicates that care support groups, including peer-led recovery groups and professionally facilitated aftercare programmes, play a critical role in sustaining sobriety by offering emotional support, accountability, and coping strategies (Kelly et al., 2011; Laudet & Humphreys, 2013). Nevertheless, evidence suggests that the effectiveness of these groups varies depending on contextual factors including cultural relevance, accessibility, and participant engagement (Stanojlović & Davidson, 2021). This variation highlights the need for context-specific research to establish the benefits of care support groups within different sociocultural settings.

In Kenya, alcohol addiction remains a significant public health issue, with approximately 3.2 million Kenyans affected by alcohol dependency (NACADA, 2022). Nearly one-third of individuals seeking rehabilitation services present with alcohol-related problems (NACADA, 2023). While rehabilitation facilities provide structured treatment and aftercare services, existing studies have largely focused on prevalence, relapse rates, and risk factors (Mutuku et al., 2022). Mombasa County has particularly high rates of alcohol dependency, with 45.3% of rehabilitation cases attributed to alcohol addiction. Despite this prevalence, empirical research specifically

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examining the benefits of care support groups within Kenyan rehabilitation centres remains limited, with regions such as Lamu County under-researched despite their unique cultural, religious, and socioeconomic contexts. Therefore, the present study sought to establish the benefits of care support groups in sustaining sobriety among alcohol addicts in rehabilitation centres in Mombasa, Kiambu, and Lamu Counties.

II. LITERATURE REVIEW

Theoretical Framework

The study was grounded in two complementary theoretical frameworks: Cognitive Behavioral Theory (CBT) and the Motivational Enhancement Model (MET). Cognitive Behavioral Theory was developed by Aaron Beck in the 1960s, building upon Albert Ellis's rational emotive behavior therapy (Beck, 1970; Beck et al., 1979; Ellis, 1962). CBT asserts that psychological problems and maladaptive behaviors are significantly influenced by cognitive processes and beliefs (Beck & Haigh, 2014). In addiction recovery contexts, CBT proposes that problematic substance use is maintained through maladaptive thought patterns that can be systematically identified and modified (McHugh et al., 2010). CBT was highly pertinent to this objective as it informed the core mechanisms through which care support groups facilitate sobriety maintenance, specifically by addressing maladaptive thoughts and behaviors related to alcohol use, enhancing self-efficacy, and improving emotional regulation (Bieling et al., 2006; McHugh et al., 2010).

The Motivational Enhancement Model was developed by William Miller and Stephen Rollnick in the early 1990s as an adaptation of their Motivational Interviewing Approach (Miller & Rollnick, 1991). MET postulates that sustainable behavior change occurs through resolving ambivalence and strengthening personal motivation for change (Rollnick et al., 2008). The theory emphasises four key principles: expressing empathy, developing discrepancy between current behavior and broader goals, rolling with resistance, and supporting self-efficacy (Miller & Rollnick, 2013). MET was directly relevant to the benefits objective as it explained how support groups enhance intrinsic motivation for change, develop discrepancy between current drinking behavior and broader life goals, and foster commitment to long-term recovery (Markland et al., 2005; Miller & Rollnick, 2013). Together, CBT and MET provided a holistic framework addressing both the cognitive-behavioral and motivational mechanisms through which support groups produce benefits for alcohol addicts.

Benefits of Care Support Groups: Empirical Evidence

Empirical evidence from global, regional, and local contexts consistently highlighted the potential of care support groups to enhance emotional well-being, foster a sense of belonging, and support long-term sobriety. However, significant gaps remained regarding their effectiveness within structured rehabilitation settings in diverse Kenyan counties.

At the global level, Tracy and Wallace (2016) conducted a comprehensive meta-analysis of ten international trials involving over 1,800 participants across North America and Europe, demonstrating a 45% reduction in anxiety levels and a 60% improvement in emotional stability among support group participants. Day et al. (2023) conducted a three-year longitudinal study of 380 individuals in recovery across multiple United Kingdom treatment centres, finding that sustained family encouragement within support group contexts contributed to 62% lower relapse rates. While these studies provided strong global evidence, they relied predominantly on data from urban, well-resourced settings and nuclear family structures, limiting direct applicability to resource-constrained, culturally diverse Kenyan rehabilitation settings.

At the regional level, Ngwenya (2022) examined communal support structures in South Africa, finding that group-based interventions fostering a sense of belonging achieved 40% higher recovery maintenance rates compared to individualised approaches. Kalema and Vanderplasschen (2022) examined outcomes for 180 participants across Uganda, Kenya, and Tanzania, finding that culturally adapted support group approaches resulted in better emotional outcomes and improved sobriety maintenance over six months compared to standard Western models. Misouridou and Papadatou (2022) in Ethiopia, Kenya, and Tanzania demonstrated how incorporating traditional healing elements enhanced emotional stability among participants. Harris et al. (2022) further reinforced these findings across five African countries. However, these regional studies examined general treatment outcomes rather than support group-specific mechanisms of belonging and emotional well-being within individual rehabilitation centres.

In the Kenyan context, NACADA's (2022) nationwide study of rehabilitation centres revealed that participants in structured support groups showed marked improvement in emotional stability, with anxiety reduction rates of 65% compared to non-participants. Karanja's (2020) qualitative study of 36 recovering alcoholics in Kiambu County demonstrated how culturally resonant recovery

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narratives facilitated deeper connection and mutual understanding among support group participants. Mutuku et al. (2022) found significantly higher treatment completion rates (72% versus 54%) among participants in culturally integrated programmes. Gachara et al. (2019) in Nairobi County identified that internal locus of control significantly predicted meeting attendance and recovery outcomes, while Machuki (2020) in Mathare North documented self-efficacy as a critical factor in sustained sobriety. These Kenyan studies primarily measured short-term outcomes of less than six months, creating a significant research gap regarding the specific application and magnitude of benefits within structured care support group programmes at individual rehabilitation centres in Mombasa, Kiambu, and Lamu Counties, which the present study addressed.

III. RESEARCH METHODOLOGY

The study adopted a convergent parallel mixed-method research design, enabling simultaneous collection of quantitative and qualitative data (Creswell & Plano Clark, 2018). The target population comprised 285 patients enrolled in care support groups across three rehabilitation centres: Amani Acres Rehabilitation Centre in Mombasa County, Serene Hospital and Rehabilitation Center in Kiambu County, and Lamu Rehabilitation Centre in Lamu County. These centres were purposefully selected to represent diverse geographical, cultural, and socioeconomic contexts within Kenya. The centres also offer three specific types of care support groups: professional-led therapeutic support groups, peer-led recovery support groups, and family-integrated support groups.

A sample of 182 participants was selected through stratified random sampling to ensure proportional representation from each centre, while purposive sampling selected 15 key informants comprising addiction counsellors and group facilitators. Data were collected using a structured five-point Likert scale questionnaire (1 = Not at all; 5 = Extremely) and a semi-structured interview guide. The study achieved an 85% response rate with 155 usable questionnaires returned. The research instrument demonstrated high reliability (Cronbach's Alpha = 0.87), confirming strong internal consistency (Tavakol & Dennick, 2011). Ethical clearance was obtained from Pan Africa Christian University's Institutional Scientific and Ethics Review Committee (ISERC), and authorisation from the National Commission of Science, Technology and Innovation (NACOSTI) was secured prior to data collection.

Quantitative data were analysed using SPSS version 30.0, employing descriptive statistics (frequencies, means, and standard deviations), Pearson correlation analysis, and simple linear regression analysis. Qualitative data were analysed using NVivo 12 software following Braun and Clarke's (2006) reflexive thematic analysis framework, involving transcription, familiarisation, coding, theme development, and interpretation. Codes were grouped into themes and sub-themes to capture patterns in participants' experiences of support group benefits.

IV. RESULTS AND DISCUSSION

4.1 Quantitative Results: Benefits of Care Support Groups in Sustaining Sobriety

Participants were asked to rate their experiences with care support groups using a five-point Likert scale. Table 1 presents the descriptive statistics for all items measuring the benefits of care support groups.

Table 1: Benefits of Care Support Groups in Sustaining Sobriety (n = 155)

Statement	Mean	Std. Deviation
I feel emotionally supported during support group sessions	4.02	0.821
Support group interactions help me manage anxiety related to recovery	4.10	0.784
Group discussions help me understand my addiction triggers	4.18	0.756
Support groups improve my overall emotional well-being	4.12	0.773
Support groups help me develop a positive self-image	3.96	0.845
Support group interactions motivate me to continue recovery	4.21	0.728
Overall Mean Score for Benefits	4.10	0.785

Table 1 reveals that participants perceived significant benefits from care support groups, with an overall mean score of 4.10 (SD = 0.785), indicating high levels of perceived benefits. The highest-rated benefit was "Support group interactions motivate me to continue recovery" (M = 4.21, SD = 0.728), followed by "Group discussions help me understand my addiction triggers" (M = 4.18, SD = 0.756), "Support groups improve my overall emotional well-being" (M = 4.12, SD = 0.773), and "Support group interactions help me manage

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anxiety related to recovery” (M = 4.10, SD = 0.784). Participants also reported feeling emotionally supported during support group sessions (M = 4.02, SD = 0.821) and indicated that support groups helped them develop a positive self-image (M = 3.96, SD = 0.845). The mean score for emotional well-being benefits was 4.05, indicating that support groups effectively address the emotional and psychological dimensions of recovery.

These findings strongly corroborate Tracy and Wallace’s (2016) meta-analysis, which identified motivation enhancement and trigger awareness as primary mechanisms through which support groups facilitate recovery. The high motivation scores validate the Motivational Enhancement Model’s proposition that group-based interventions strengthen internal commitment to behaviour change through peer modelling and shared accountability (Miller & Rollnick, 2013). Similarly, the emphasis on trigger understanding aligns with CBT’s core premise that recognising antecedents to problematic behaviour enables earlier intervention in the behavioural chain (Beck & Haigh, 2014). The emotional well-being findings extend the work of Day et al. (2023), who documented that emotional support mechanisms contributed to 62% lower relapse rates, by demonstrating that emotional support operates through multiple specific pathways — anxiety reduction, self-image improvement, and general emotional well-being enhancement — rather than as a monolithic construct. The relatively moderate standard deviations (0.728 to 0.845) indicate general consensus among participants while reflecting sufficient variability to suggest that individual experiences differ based on personal factors, group dynamics, and programme implementation quality, consistent with Kalema and Vanderplasschen’s (2022) observations in East African contexts.

4.2 Qualitative Results: Themes on Benefits of Care Support Groups

Thematic analysis of interviews with 15 key informants and open-ended questionnaire responses revealed two major themes regarding the benefits of care support groups. Table 2 presents the qualitative themes and their sub-themes as identified in the thesis.

Table 2: Themes and Sub-themes – Benefits of Care Support Groups

Themes	Sub-themes
Benefits of Support Groups	Emotional support, peer encouragement, shared experiences
Personal Transformation	Improved self-image, identity change, confidence building

These themes were further elaborated under three sub-themes: emotional healing and psychological safety; peer validation and shared understanding; and personal transformation and recovery identity.

Theme 1: Emotional Healing and Psychological Safety

The theme of emotional healing and psychological safety emerged as fundamental to support group effectiveness. Key informants consistently emphasised that support groups provide safe spaces for emotional expression where participants can reconnect with their emotions and develop healthy processing strategies. This theme directly supports the quantitative finding that emotional support (M = 4.02) represents a core benefit, and validates CBT’s emphasis on creating supportive therapeutic environments that facilitate cognitive and emotional restructuring (Hofmann et al., 2012). It extends Ngwenya’s (2022) research in South Africa by demonstrating that psychological safety operates as a precondition for emotional healing — participants must first feel safe before they can engage in the vulnerable work of emotional processing.

Counselor 1 at Serene Hospital explained:

“The support group creates a sanctuary where participants can express their deepest fears, guilt, and shame without fear of rejection. Many come from environments where their addiction has caused broken relationships and loss of trust. Here, they find emotional safety that is foundational for healing. (Counselor 1)”

This aligns with NACADA’s (2022) documentation that stigma represents a significant barrier to addiction treatment in Kenyan contexts, making the creation of judgment-free spaces particularly crucial. Facilitator 1 at Amani Acres elaborated on the emotional transformation process participants undergo through sustained group engagement:

“I have witnessed participants who arrive emotionally numb, disconnected from their feelings due to years of substance use. Through consistent group engagement, they gradually reconnect with their emotions, learn to identify what they are feeling, and develop healthy ways to process difficult emotions rather than numbing them with alcohol. (Facilitator 1)”

This narrative illustrates how support groups facilitate the emotional regulation skills emphasised in CBT, where individuals learn to recognise, label, and manage emotional states without resorting to maladaptive coping mechanisms (Beck & Haigh, 2014). The gradual

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nature of this transformation supports the quantitative finding that programme duration correlates with perceived benefits, consistent with Kelvin's (2024) findings that structured aftercare support significantly reduces relapse rates. Counselor 2 at Lamu Rehabilitation Centre noted that many participants initially struggled to articulate their emotional experiences, describing themselves as feeling "numb" or "empty." Through repeated group sessions involving sharing circles, empathic listening exercises, and facilitator-guided emotional awareness activities, participants gradually developed emotional literacy. Participant 1 at Serene Hospital described this transformation:

"Before the group, I couldn't tell you what I was feeling beyond "bad" or "stressed." Now I can recognise when I'm feeling anxious versus sad versus angry, and I know what each emotion is trying to tell me. (Participant 1)"

Theme 2: Peer Validation and Shared Understanding

The theme of peer validation and shared understanding emerged as uniquely powerful in facilitating recovery. Participants highlighted that the shared experience of addiction creates bonds and mutual understanding that family members or professionals without lived experience cannot fully provide. The experiential credibility of peers — individuals who have personally navigated addiction's challenges — created validation that transcended professional expertise. This finding extends Kalema and Vanderplasschen's (2022) research across East Africa by demonstrating that peer validation operates as a distinct mechanism that specifically addresses the isolation and stigma accompanying addiction through experiential credibility that only peers can provide. It also validates Kepner and Humphreys' (2025) documentation that peer-led recovery support groups create unique opportunities for authentic connection and practical guidance from those with lived experience.

Facilitator 2 at Lamu Rehabilitation Centre explained:

"When someone shares their story and another participant says "I know exactly what you mean," there is immediate validation. This peer recognition that "you are not alone, I have been there too" is incredibly powerful. It breaks the isolation that addiction creates. (Facilitator 2)"

Counselor 3 at Serene Hospital described the therapeutic value of peer validation:

"Professional counselling is important, but there is something uniquely healing about hearing from someone who has walked the same difficult path. When a peer who has maintained sobriety for six months encourages someone struggling in their first week, the credibility and hope transmitted is immeasurable. (Counselor 3)"

This narrative supports MET's emphasis on developing discrepancy between current behaviour and desired outcomes through exposure to successful role models (Miller & Rollnick, 2013). The study established that peer validation operated through three mechanisms. First, it normalised participants' experiences, reducing shame by demonstrating that others have faced similar struggles.

Participant 2 at Amani Acres stated:

"Hearing others describe the exact same thoughts I had — the rationalisations, the promises to myself, the hiding — made me realise I'm not uniquely broken or weak. This is what addiction does to people. (Participant 2)"

Second, peer validation created accountability through mutual investment in each other's recovery. Facilitator 3 at Serene Hospital explained:

"Participants become genuinely invested in each other's success. They celebrate each other's milestones and provide support during struggles. This mutual investment creates accountability that transcends formal programme requirements. (Facilitator 3)"

This aligns with Schwartz et al.'s (2014) documentation that relationship-based accountability results in 50% higher retention rates and improved long-term sobriety outcomes. Third, peer validation fostered a "recovery community" extending beyond formal group sessions, with Counselor 4 at Amani Acres noting that participants exchanged contacts and maintained communication between sessions, creating informal support networks supplementing structured programming. This organic community development validates MET's proposition that effective interventions activate and strengthen internal motivation rather than relying exclusively on external controls (Miller & Rollnick, 2013).

Theme 3: Personal Transformation and Recovery Identity

The theme of personal transformation and recovery identity captured how support groups facilitate profound shifts in self-perception. Key informants noted that support groups help participants develop new identities centred on recovery rather than addiction. Many participants entered rehabilitation defining themselves primarily through their addiction — as "alcoholics" or "addicts" — with limited

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sense of identity or purpose beyond substance use. This theme provides rich contextual understanding for the quantitative finding that support groups help develop positive self-image ($M = 3.96$), extending Westwell's (2022) research on recovery identity by demonstrating the specific role that group processes play in identity transformation through collective reinforcement, peer modelling, and milestone celebrations.

Counselor 5 at Amani Acres explained:

"Addiction becomes such a central part of identity that participants often don't know who they are without alcohol. The support group becomes a space where they can explore and construct a new sense of self — a person in recovery who has value, purpose, and potential beyond their past substance use. (Counselor 5)"

Facilitator 4 at Serene Hospital elaborated:

"We see profound identity transformation. Participants move from identifying as alcoholics — defined by their problem — to seeing themselves as people in recovery, defined by their resilience, growth, and commitment to change. The group reinforces this positive identity through celebration of milestones and mutual encouragement. (Facilitator 4)"

From a CBT perspective, this transformation involves restructuring core beliefs about the self, moving from schemas of worthlessness and hopelessness to schemas of capability and growth potential (Dobson & Dozois, 2019). The collective nature of this process creates social reinforcement that individual therapy cannot replicate. Identity transformation occurred through three processes. First, support groups challenged deficit-based identity labels. Counselor 6 at Lamu Rehabilitation Centre described facilitating discussions where participants examined and deconstructed stigmatising labels they had internalised:

"We ask participants, 'Who are you beyond your addiction? What strengths, values, and capabilities define you?' This helps them recognise that addiction is something they're dealing with, not who they fundamentally are. (Counselor 6)"

This reframing aligns with contemporary recovery frameworks emphasising person-first language and strengths-based approaches (Westwell et al., 2023). Second, support groups provided opportunities to practise new identities through group roles and responsibilities. Facilitator 5 at Serene Hospital explained that participants took on various group functions — welcoming newcomers, facilitating check-ins, sharing recovery strategies — that reinforced their identity as competent, contributing members of a recovery community. Participant 3 at Amani Acres stated:

"When I started mentoring newer members, it changed how I saw myself. I wasn't just someone struggling with addiction I became someone who had valuable experience and wisdom to share. (Participant 3)"

This role reversal from help-recipient to help-provider represents Riessman's (1965) "helper therapy principle," where providing support to others reinforces one's own recovery and positive identity. Third, support groups celebrated incremental achievements through milestone recognition ceremonies. Counselor 7 at Serene Hospital described regular ceremonies where participants received tokens or certificates marking sobriety durations — one week, one month, three months, six months, and beyond. Participant 4 at Lamu Rehabilitation Centre reflected:

"When the group celebrated my three months of sobriety, it made it real for me. I started believing I actually could do this, that I was becoming someone different. (Participant 4)"

This external validation gradually becomes internalised, transforming tentative hope into stable self-belief. The identity transformation theme revealed bidirectional relationships with other benefits: emotional healing created the psychological foundation for identity exploration, while peer validation reinforced emerging recovery identities through social recognition and belonging. This interconnection demonstrates that support groups operate through multiple synergistic mechanisms rather than isolated pathways.

4.3 Integration of Quantitative and Qualitative Findings

The integration of quantitative and qualitative findings demonstrates strong convergence while revealing the mechanisms underlying statistical patterns. The high quantitative rating for emotional support ($M = 4.02$) converged with qualitative narratives describing support groups as "sanctuaries" where participants could express their deepest fears without rejection, demonstrating that psychological safety functions as both a benefit in itself and a precondition enabling other therapeutic processes, extending Ngwenya's (2022) research. The quantitative emphasis on motivation ($M = 4.21$) was enriched by qualitative descriptions of how peer modelling

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and milestone celebrations strengthen commitment to change, consistent with MET's emphasis on developing self-efficacy through exposure to successful role models (Miller & Rollnick, 2013). The finding that trigger understanding scored highly ($M = 4.18$) was complemented by qualitative descriptions of participants learning to recognise patterns linking situations, thoughts, emotions, and drinking urges through structured sharing and facilitator guidance in identifying patterns, validating CBT-informed group interventions in Kenyan rehabilitation contexts (Beck & Haigh, 2014). The strong correlation between benefits and sobriety maintenance observed quantitatively ($r = .701$) was illuminated qualitatively through multiple causal pathways: emotional healing reduced reliance on alcohol as an emotional regulation strategy; peer validation decreased isolation that often precipitated drinking; recovery identity transformation created cognitive dissonance with drinking behaviour; and motivation strengthened commitment to implementing learned strategies.

4.4 Correlation Between Benefits of Care Support Groups and Sobriety Maintenance

Pearson correlation analysis was conducted to examine the relationship between perceived benefits of care support groups and sobriety maintenance outcomes. Table 3 presents the correlation results.

Table 3: Correlation Between Support Group Benefits and Sobriety Maintenance

Variables	Sobriety Maintenance	Support Group Benefits
Sobriety Maintenance		
Pearson Correlation	1	.701**
Sig. (2-tailed)		.000
N	155	155
Support Group Benefits		
Pearson Correlation	.701**	1
Sig. (2-tailed)	.000	
N	155	155

The correlation analysis revealed a strong positive relationship between support group benefits and sobriety maintenance ($r = .701$, $p < .01$), indicating that participants who experienced greater benefits from support groups demonstrated substantially better sobriety maintenance outcomes. This strong correlation validates the theoretical proposition that support group benefits serve as active mechanisms promoting recovery rather than merely correlative factors. The magnitude ($r = .701$) substantially exceeds correlations reported in Western studies: Tracy and Wallace's (2016) meta-analysis found moderate to strong relationships ($r = .45$ to $.65$). The stronger correlation observed in this study aligns with Ngwenya's (2022) and Harris et al.'s (2022) observations that communal support structures may be particularly powerful in collectivist African cultures. The correlation coefficient indicates that approximately 49% of the variance in sobriety maintenance can be explained by the benefits participants derive from support groups ($r^2 = .49$). From a CBT perspective, this supports the premise that addressing maladaptive thought patterns and developing healthier emotional regulation directly contribute to behavioural change (Hofmann et al., 2012). From a MET perspective, the correlation validates that benefits which strengthen intrinsic motivation translate directly into sustained commitment to behaviour change (Miller & Rollnick, 2013). The statistical significance ($p < .01$) provides robust confidence that this relationship is genuine, with important implications that rehabilitation centres should prioritise interventions maximising support group benefits, particularly emotional support, peer validation, and recovery identity development.

4.5 Regression Analysis: Benefits Predicting Sobriety Maintenance

Simple linear regression analysis was performed to examine the predictive power of support group benefits on sobriety maintenance outcomes. Tables 4, 5, and 6 present the model summary, ANOVA, and regression coefficients respectively.

Table 4: Model Summary – Benefits Predicting Sobriety Maintenance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.701	.491	.488	.521

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Table 5: ANOVA – Benefits Predicting Sobriety Maintenance

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	40.523	1	40.523	149.12	.000***
Residual	41.583	153	.272		
Total	82.106	154			

Table 6: Regression Coefficients – Benefits Predicting Sobriety Maintenance

Model	Unstandardized B	Std. Error	Standardized Beta	t	Sig.
(Constant)	.942	.248		3.80	.000
Benefits of Support Groups	.782	.064	.701	12.21	.000***

The regression model summary reveals that support group benefits produced a strong correlation coefficient ($R = .701$) with sobriety maintenance. The R Square value of .491 indicates that 49.1% of the variance in sobriety maintenance can be explained by the benefits participants derive from support groups. The Adjusted R Square of .488 demonstrates that explanatory power remains stable after accounting for the number of predictors, confirming genuine relationships rather than model inflation. This explanatory power substantially exceeds that reported in comparable Kenyan studies: Gachara et al. (2019) in Nairobi County found that internal locus of control explained approximately 32% of variance in recovery outcomes, while Machuki (2020) in Mathare North documented that self-efficacy accounted for approximately 38% of variance in sustained sobriety. The current finding suggests that interpersonal and group-level factors may be more influential than individual psychological characteristics in determining recovery success, validating the theoretical proposition that recovery is fundamentally a social process requiring supportive relationships (Kelly et al., 2011).

The ANOVA table demonstrates that the regression model is statistically significant, $F(1, 153) = 149.12$, $p < .001$, indicating that the linear relationship between support group benefits and sobriety maintenance is extremely unlikely to have occurred by chance. The regression sum of squares (40.523) represents variance explained by support group benefits, while residual sum of squares (41.583) represents unexplained variance. The regression coefficients reveal that support group benefits significantly predict sobriety maintenance ($\beta = .701$, $t = 12.21$, $p < .001$). The unstandardized coefficient ($B = .782$) indicates that for every one-unit increase in perceived support group benefits, sobriety maintenance increases by .782 units. The standardized beta coefficient ($\beta = .701$) confirms that support group benefits represent a powerful predictor of recovery outcomes. From a CBT perspective, the significant coefficient confirms that the emotional support ($M = 4.02$), positive self-image development ($M = 3.96$), and anxiety reduction ($M = 4.10$) measured as benefits predict actual sobriety maintenance behaviours (Hofmann et al., 2012). From a MET perspective, the motivation enhancement ($M = 4.21$) translates into the daily commitment and persistence required for sustained sobriety (Miller & Rollnick, 2013). The finding extends Kinyua's (2019) research in Kiambu County by establishing that benefits predict subsequent sobriety outcomes rather than merely reflecting concurrent wellbeing. The substantial predictive power ($\beta = .701$) suggests that investments in enhancing emotional support, facilitating peer validation, and promoting recovery identity development will yield measurable returns in improved outcomes, consistent with NACADA's (2022) recommendations for evidence-based addiction treatment interventions.

V. CONCLUSION

The study concludes that care support groups provide significant, measurable benefits that directly predict sobriety maintenance among alcohol addicts in rehabilitation centres in Mombasa, Kiambu, and Lamu Counties. The high perceived benefit scores, with an overall mean of 4.10, demonstrate that participants experience substantial advantages from support group participation. The strong correlation ($r = .701$) and substantial explained variance (49.1%) between benefits and sobriety maintenance demonstrate the crucial, non-supplementary role of support groups in addiction recovery. As the strongest predictor in multiple regression analysis ($\beta = .341$), benefits prove foundational to recovery success.

Three synergistic mechanisms explain these benefits. Emotional healing and psychological safety create the foundational conditions for therapeutic work — participants must first feel safe before they can engage in the vulnerable work of emotional processing. Peer validation and shared understanding reduce isolation and shame through experiential credibility that professionals without lived experience cannot replicate. Personal transformation and recovery identity shifts participants' self-concepts from deficit-based to

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recovery-oriented, creating cognitive dissonance with drinking behaviour that sustains long-term sobriety. The integration of CBT and MET frameworks effectively explains these mechanisms, demonstrating that cognitive restructuring, emotional regulation development, and motivational enhancement collectively drive recovery outcomes.

Based on these findings, it is recommended that rehabilitation centre administrators allocate substantial resources to care support group programmes as core therapeutic mechanisms. Group facilitators should prioritise the creation of psychologically safe environments, foster structured peer mentorship relationships, and implement milestone recognition ceremonies to support recovery identity development. NACADA should develop standardised support group protocols emphasising psychological safety, peer validation, and motivational enhancement. Addiction counsellors should systematically cultivate group environments characterised by confidentiality, non-judgement, and empathic facilitation to maximise the emotional healing benefits participants identify as foundational to their recovery. County health departments should invest in stigma-reduction campaigns to enhance the openness and authenticity of group participation.

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