Scholars Journal of Arts, Humanities and Social Sciences **ISSN 2347-5374(Online)**
Abbreviated Key Title: Sch. J. Arts Humanit. Soc. Sci. **ISSN 2347-9493(Print)**

(An International Publisher for Academic and Scientific Resources) DOI: 10.36347/sjahss.2018.v06i12.021

Assessment of Pastors' Effectiveness in Counselling Alcohol and Drug Addicts in Presbyterian Churches in Tharaka Nithi County, Kenya

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Article History
Received: 09.12.2018
Accepted: 18.12.2018
Published: 30.12.2018

Abstract: The need for guidance and counselling services has been recognized by various institutions in Kenya. The Presbyterian Church of East Africa initiated programmes in guidance and counselling including programmes to assist people addicted to alcohol and drugs. However, alcohol and drug abuse has continued to persist in the society regardless of the greater emphasis by the Church on abstinence from alcohol. The purpose of this study was to investigate the effectiveness of pastors to counsel alcohol and drug addicts. The study focussed on strategies used by pastors and their effectiveness in helping alcohol and drug addicts towards recovery. The study adopted a descriptive survey design to carry out a research in the Presbyterian Churches in Tharaka Nithi County. A total of 29 pastors and persons who had benefited from counselling were identified. Through snow ball sampling, a sample of 58 beneficiaries was selected from the Church congregations. Data was collected through self-scoring questionnaires and interviews with respondents. Quantitative data was analyzed using the statistical package for social science (SPSS) and is presented using descriptive statistics. The strategies adopted in counselling persons addicted to alcohol and drugs included organizing workshops and seminars, listening to the client's formulation of the problem, avoiding arguments and labelling and managing counter transference among others. The study established that most pastors were not effective in counselling alcohol and drug addicts and was largely attributed to lack of adequate training in counselling, inadequate knowledge of other social support services and inability of clients to open up. The study recommends thorough training of the clergy on counselling of alcohol and drug addicts, continued research on alcohol and drug abuse and having specialized counsellors to assist in drug and alcohol addiction to enhance counselling effectiveness. The study recommends for incorporation of courses in counselling of alcohol, drug abuse and other addictions in theological training and that Churches utilize community based approaches to develop intervention strategies.
Keywords: Pastors, Counselling, Alcoholand, Drugaddicts, Presbyterian, Churches.

INTRODUCTION

Alcohol and drug abuse is recognized as a global threat with ramifications on the people's health, social-economic and cultural welfare [1]. Alcohol and drug abuse are locally and internationally gaining recognition as a major risk factor for non-communicable diseases, infectious diseases and injury, disability and mortality caused by accidents, violence and crime. Alcoholism and drug dependence impact a wide circle of persons and social systems. A large number of problems in families, health care, and the criminal justice system stem from alcohol and other drug addictions [1].

A report released by the United Nations Drug Control programme (UNDCP) in [15] estimated that 3.3 to 4.1 percent of the global population consumed drugs, but more worrisome is that according to the UNDCP executive director, those are hooked are younger and younger every year. In Pakistan for example, it was reported that the share of those who started heroin use at 15 - 20 years has doubled to almost 24 percent of those surveyed. In China it was reported that drug use is going up while the age of new users is going down. A survey in the Czech Republic indicated that 37 percent of new drug users were teenagers between 15 and 19 years old. Drug use, in particular heroin, is becoming a serious problem in Egypt, where around 6 percent of a sample of secondary school students admitted to having experimented with drugs. Cannabis accounted for 85 percent of use and opium for 10 percent, as reported by UNDCP.

Every country in the world, developed or developing, incurs substantial costs as a result of damages caused by alcohol and substance abuse [2]. The words developed and developing country in this study are used as defined by Wango (In Press) to refer

to countries with greater health care, more human rights, educational levels and enhanced developed infrastructure as compared to countries with less enhanced structure. The World Health Organization (WHO) estimates that 1.1 billion people, representing a third of the world population above the age of 15 years, use tobacco, principally in the form of the cigarettes. Of these smokers, 800 million, 700 million of them are males living in developing countries [3]. While smoking rates have been declining in the developed world, they have increased in the developing countries by as much as 50 percent, especially in Asia and in the Pacific region over the last decade. Addiction to tobacco is therefore a major problem in the developing countries. According to the same report, tobacco causes 4 million deaths annually, not including prenatal morbidity and mortality. These figures are projected to rise to 1.6 million by the year 2025, 70 percent of which will occur in the developing world if current trends continue [4].

Despite eradication efforts in countries in Africa for instance, the region still remains a major supplier of alcohol and certain drugs such as cannabis, which is one of the most widely abused drugs. All the while, Africa's role in the global drugs supply chain is increasing. Already the continent is the second largest region for cannabis production, trafficking and consumption, accounting for 26 percent of global seizures of this drug in 2001 [2]. By country, the largest hauls in this period were in Kenya, Nigeria, and the Republic of South Africa, while Morocco is said to be one of the main producers of Cannabis resin. Alcohol abuse is reported in the media as being one of the major impediments to economic and social stability. According to the Ministerial Council on Drug Strategy [3], drug abuse, including smoking and drinking alcohol, imposes substantial costs on users and their families, taxpayers, on the national economy and the community as a whole.

In Kenya, alcohol and drug abuse are increasingly being recognized as one of the major problems affecting development alongside poverty, crime, unemployment and spread of HIV and AIDS. While drug use appears to have stabilized in the developed world, there are signs of an increase in drug use in the developing countries. According to a study by NACADA in 2010, 14.2% of the Kenyan population aged 15 - 65 years currently consume alcohol, miraa (5.5%), bhang (1%), cocaine (0.2%) and heroin (0.1%). Traditionally, consumption of alcohol and use of tobacco and other drugs was a privilege for elders, especially male elders. The actual existence of drug abuse as a social problem was rare because of the strong social structures that existed in form of traditions and taboos which were held to discourage the misuse of alcohol, drugs and other substances (Wango, In Press). In Kenya today especially in the urban set-up tobacco, alcohol and drug and substances abuse is rampant and this in turn has resulted in social and economic strife. Studies on drugs and substance abuse did not provoke much concern in Kenya until the early 1990's. This may have been as a result of the perception that drug abuse was not a major problem among Kenya's populace. For example, an assessment study conducted by Mwenesi [5] indicated an increasing trend of drug abuse. The study further pointed out that the drug abuse problem had permeated all levels of society, with youth being the most affected group.

A major question that is related to this study then is: what does all this mean to the pastoral leadership of religious communities? Perhaps the sentiments can be expressed in another way; isn't it significant that clergypersons gain a compassionate awareness of the complexities of these disorders, and also learn how to recognize these illnesses and their impact on the individuals, families and communities whose lives they touch? It has long been recognized that alcoholism and drug dependence contain a spiritual dimension that must be integrated into treatment more than other disorders. This spirituality is fundamental in the approach to recovery of alcoholics and drug addicts which is integral to their effectiveness. This connection between recovery and spirituality needs to be handled with sensitivity, understanding, and competence by clergy and congregational leaders. Wango [6] highlights on labelling and stigmatisation in society that includes drug and substance abuse, while Wango (In press) places immense significance to the role of religion in contemporary traditional societies. This study is especially important given the stigma, denial and secrecy that accompany the physiological and other behavioural aspects of alcoholism and drug dependence, and which also have a significant impact on children and families.

Historically, the role of clergy in the treatment of addictions has been mixed. First of all, clergy themselves are at high risk for addictive/compulsive patterns, which has fostered significant shame and secrecy and prevented adequate treatment. Secondly, a lack of knowledge and understanding has sometimes compounded the problems rather than aided the treatment. This is because like Wango (In Press) states, spiritual care giving is considered an important component in traditional societies. Subsequently, it should be a significant part of a holistic treatment approach. This study argues that such healing of spiritual and psychological nature can only be hastened when the health provider (pastors in this case) are educated about the true nature of addictions / compulsions, and are trained in effective pastoral care and counselling.

The Church and in essence religion is one of the most pervasive agents of socialization. With regard to alcohol and drug abuse, the Church can either be a risk or a protective factor, and Wango (in press)

suggests a partner in the overall psychological and comprehensive health care. For instance, inadequate pastoral guidance and counselling and existence of alcohol and drug abusers in the Church may act as risk factors for initiation of alcohol and drug abuse. This study investigated areas of interaction between counselling and spirituality.

Religion in any society acts as a buffer for most of the problems affecting society, especially involvement in frequent religious services. The Church has been the prime focus for mitigating many problems affecting mankind including health and HIV and AIDS. For example, the Church in Africa and in Kenya has sponsored several schools and health centres. Subsequently, there has been a growing interest among researchers in explaining the value of involving the Church in mitigating alcohol and drug abuse. This is particularly because concerns have been expressed about the negative effects of alcohol and drug abuse.

The Church has initiated pastoral programmes to help develop good morals among members of the congregation to help reduce alcohol and drug abuse. The PCEA Presbyteries of Tharaka Nithi County, where this study was undertaken has initiated counselling programmes for alcohol and drug addicts. This is because alcohol and drug abuse among the youth and adults in Tharaka Nithi County is an acute problem. Although the regular users of hardcore drugs are much fewer than those of cigarette and alcohol, this study argues that the major cause of concern is that a high proportion of these young people eventually become addicted threatening their own health and safety, and causing difficulties for their families and friends. This study is therefore a wakeup call to this social problem.

Objectives of the Study

The study was guided by the following objectives:

- To determine the extent of pastors effectiveness in counselling alcohol and drug addicts in PCEA Presbyteries in Tharaka Nithi County.
- To examine the challenges faced by pastors in dealing with the problem of alcohol and drug abuse in PCEA Presbyteries in Tharaka Nithi County.
- To investigate the strategies adopted by pastors in counselling alcohol and drug addicts in PCEA Presbyteries in Tharaka Nithi County.
- To suggest strategies that can be put in place by the Church to improve pastors' effectiveness in counselling alcohol and drug addicts in PCEA Presbyteries in Tharaka Nithi County.

METHODOLOGY

The study adopted the descriptive survey research design where both qualitative and quantitative data was collected in order to determine pastors' effectiveness to counsel alcohol and drug addicts without sampling the entire population. According to Mugenda and Mugenda [7], a descriptive survey design is used when the problem has been well designed and where a researcher can engage in a field survey with the population of interest for informants to explain certain features about the problem under study. Orodho [8] asserts that descriptive survey designs are used to allow the researcher to gather information, summarize, present, and interpret data for the purpose of clarification. It involves the description of the situation as it exists [9, 10]. According to Strauss and Corbin [11], the quantitative technique seeks to quantify the data and apply some form of statistical analysis, while qualitative study enables the researcher to enter the world of the participants as it exists and obtain data without any deliberate intention to alter the setting.

The descriptive survey design was considered for the study because it enabled the researcher to be able to comprehensively observe, record, describe and analyze the strategies used by pastors to help alcohol and drug addicts. In addition, it enabled the researcher to gather in-depth information concerning the factors influencing pastors' effectiveness to counsel. This study mainly generated qualitative data. The study was carried out in PCEA Presbyteries in Tharaka Nithi County. The study location was chosen because of its uniqueness in terms of population characteristics, coupled albeit by high rates of alcohol and drug abuse attributed to the proximity to Mount Kenya forest which is the primary source of most of the drugs abused by locals. Lax law enforcement on alcohol could also have encouraged brewing and drinking of illicit brew.

The target population is defined as the members of a real or hypothetical set of people, events or objects that the researcher wishes to generalize the research findings [12]. The target population for this study was all the twenty nine Church ministers in the twenty nine parishes of Magumoni, Chuka and Chogoria North, Chogoria Central and South Presbyteries in Tharaka Nithi County. A total of 116 beneficiaries of the guidance and counselling programme totalling 145 were considered important to provide data on effectiveness of counselling services.

All the 29 church ministers in Tharaka Nithi County were key informants in this study. To obtain the participants from those people who are currently beneficiaries of the counselling programme for alcohol and drug addicts, the researcher employed snowball sampling technique. According to Babbie [8], a snowball sample is a non-probability sampling technique that is appropriate to use in research when the members of a population are difficult to locate and are also embolden in secrecy. A snowball sample is one in which the researcher collects data on the few members of the target population that can be located, then request the individuals to provide information needed to locate other members of that population whom they know.

Each pastor identified 2 beneficiaries they had assisted in counselling who were willing to take part in the study. Then, the pastor explained to them about the proposed study and assured each of them about their own confidentiality as well as confidentiality of information provided. This was necessary because counselling is confidential. In addition, only the pastor counsellor knew the client and they only could approach them. This helped build confidence among the participants as they could choose whether or not to take part in the study. In the end, respondents provided information without fear of stigmatization and labelling. In total, the respondents for this study were 87 participants. The distribution of the sample population is shown in Table 1 below.

Table-1: Sample Population and Size

Category	Target population	Sampling procedure	Percentage	Sample size
Pastors	29	Purposive	100	29
Beneficiaries	116	Snow balling	50	58
Total	145			87

The instrument for data collection was a self-administered questionnaire that was administered to Church ministers and an interview schedule conducted with the beneficiaries of counselling services. Prior to the research, the researcher visited the Moderators of the Presbyteries of Chuka, Magumoni, Chogoria Central, Chogoria North, and Chogoria South to seek for permission to collect data from the Church ministers. The researcher booked appointments with the Church ministers and administered the questionnaire. The researcher also requested the Church ministers to identify from their Churches 2 persons whom they had assisted among members of their congregation and seek their consent to take part in the study. Interviews with the clients were conducted at a convenient place identified by the subjects and lasted between 30 - 60 minutes.

Data was collected from the questionnaires, coded and entered into the computer. It was by checking for logical consistency and removing of unnecessary responses. Descriptive statistics including frequency counts and percentages were used to analyze quantitative data. This was done by coding the data obtained and entering it in a computer and analyzed descriptively using Statistical Package for Social Sciences (SPSS) version 19 for windows. Data elicited by interview was analyzed qualitatively by arranging the responses thematically after which the main themes in the responses were identified and used to determine their adequacy, usefulness and consistency. This enabled the researcher to identify data segments that were critical in addressing the research questions. Data was analyzed and presented according to the research objectives.

Pastors' Effectiveness in Counselling Alcohol and Drug Addicts

The first task of the study was to investigate the extent of pastor's effectiveness in counselling alcohol and drug addicts in PCEA Presbyterian Tharaka Nithi County. Combs [13] points out four areas of belief as significant in determining the effective counsellor outlined as follows:

- Effective counsellors believe in being sensitive and empathetic.
- Successful counsellors have positive beliefs about people, seeing them as dependable, able and trustworthy.
- Effective helpers have strong beliefs about purposes and priorities. Beliefs held about the purposes of society, helping and relationship influence their goals and their interventions.
- Effective helpers have a positive belief in self. They have a good self-concept, confidence in their abilities and a feeling of oneness with others.

Persons cross the threshold of counselling from a variety of backgrounds with general objective of helping people live more effectively with themselves and others. Counsellors work in areas ranging from problem prevention to remediation and treatment. Effective counsellor can be distinguished from ineffective counsellors by the nature and quality of relationship skills used. Clients of ineffective counsellors become worse, whereas clients of effective counsellors improve. Competence in the execution of attending, responding and initiating skills determines a counsellor's effectiveness. Nisenhoiz & Peterson [14] argue that there is a relationship between personality characteristics and effectiveness in counselling.

The quality of the therapeutic bond is determined by the counsellor's personal characteristics such as the ability to communicate empathy and concern to the clients and willingness to be vulnerable and open.

The effective interpersonal skills include

- Communicating empathy
- Respect
- Concreteness
- Confrontation, and
- Self-disclosure.

This study evaluated the effectiveness of pastors to counsel ADA using the interpersonal skills by

employing the 12 steps of Alcoholics Anonymous. According to the Substance Abuse and Mental Health Services Administration [16] and the American Association of Pastoral Counsellors [17], counsellors for alcohol and drug addicts need to have a thorough knowledge and exposure to the 12 steps of counselling developed by Alcoholics Anonymous to be competent to deal with alcohol and drug addicts.

Information regarding the number of years of work experience of the pastors that participated in this study was obtained. Work experience is the experience that a person has been working, or worked in a specific field or occupation. Experience as a general concept comprises knowledge of, and skill of something or some event gained through involvement in or exposure to that thing or event. Experience is very important because, after all, it is the very quality of service. When we come to real life, and we are really up against things and the issues are of the greatest consequence, we do not want just information, we want experience, and we go where experience can help us especially when this involves assisting various people. Thus, experience is the very body and quality of service. Investigating pastor's experience in this study provided an opportunity to understand whether they had accumulated a wealth of knowledge and skills that would enable them to cope more readily with the demands of counselling alcohol and drug addicts.

The study established that the mean number of years of experience among the studied pastors was 13.5 years with almost a quarter of the pastors (27%) having had experience of below the mean. Further inquiry revealed that the average tenure of a pastor serving one congregation is between three to five years [18] and statistics show that 60% to 80% of those who enter the ministry will leave in ten years. Only a fraction remains in active service as a lifetime career [19]. Writing on pastor's experience, Carroll [20] notes that past experiences can help an individual to learn new concepts more easily which are somehow similar to the earlier ones. However, one cannot acquire or even learn a skill if one keeps on doing the same thing in the same way always. Research suggests that experience can be factor acting as a 'teacher' and 'sharpener' for better understanding of a subject to be learned. Experience might also be a significant or insignificant influence on an individual depending on what one has acquired and encountered earlier and how one applies it to new learning. Indeed, that experience promotes efficiency is a less disputed fact.

This study investigated pastors' effectiveness in counselling alcohol and drug addicts. The study was premised on the conceptual understanding of the fact that pastors with long years of service would be more articulate in pastoral counselling and would therefore be effective in counselling alcohol and drug addicts.

Different scholars concur that experience among pastors lead to acquisition of positive attitudes and higher self-efficacy [21]. On a similar vein, Leonard and John [22] suggested that a competent counsellor is one who has the requisite knowledge to understand and conceptualize a particular counselling issue, has the necessary skills to apply this knowledge in effective ways and the judgement to use such knowledge and skills which are relatively acquired through experience. According to the Christian Association for Psychological Studies [23] a competent counsellor needs to be well-trained and have adequate experiences. These findings concur with the conceptual meaning of experience of pastors provided by this study thereby reinforcing the value of pastor's experience in pastoral counselling.

This study sought information on the level of training in the area of counselling for the pastors'. Theology is the systematic and rational study of religion and its influences and of the nature of religious truths, or the learned profession acquired by completing specialized training in religious studies, usually at a university or school of divinity or seminary. Pastors training in theology might be undertaken to help them facilitate reform of a particular tradition. In the context of this study, reforming of alcohol and drug addicts was taken to be one of the aspects impacting on pastors competencies and was thus investigated. The data that was obtained when the pastors were asked to indicate their levels of theological training is presented in Table 2.

Table-2: Pastors Level of Theological Training

Level of theological training	Frequency	Percent
Diploma	5	26.3
Degree	9	47.4
Masters	5	26.3
Total	19	100.0

From the data shown on Table 2, majority of the pastors were well educated with almost a half (47.4%) who had a degree in theology and the rest of the other half (26.3%) with a Master's degree. This was encouraging since only one in four (26.3%) possessed a diploma. This was a major important finding that would imply that quite a good number of pastors in Presbyterian Churches in Tharaka Nithi County had the requisite theological training that would be considered vital for counselling alcohol and drug addicts.

According to Ikenye [24] every pastor should be trained to do pastoral counselling. This is in agreement with Wango [6] who argues that counsellors must understand the framework of operation including existing laws and regulations in society. Indeed, Wango (In Press) argues that professionalism must be coupled by training leading to accreditation. This is because according to May [25] this would enable the pastors to facilitate spiritual growth which is the central and the most unique contribution of clergy in counselling alcohol and drug addicts. Wango (In Press) adds pastoral work as part of comprehensive home care.

Pastors Training on Counselling Alcohol and Drug Addicts

The question on the level of pastor's theological training was followed with a question that sought to find out whether pastors had received any training regarding counselling of alcohol and drug addicts. The information that was elicited is captured in Figure 1 below.

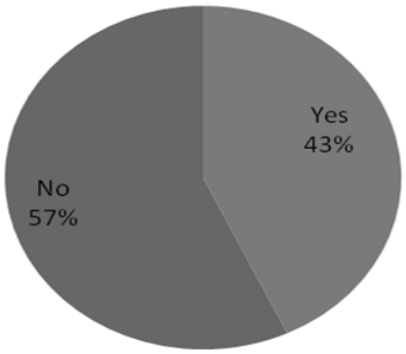

Fig-1:

Findings indicated that a majority (57.0%) of the pastors had no training that would enable them offer effective guidance and counselling services on alcohol and drug addiction. This implies that they had limited knowledge of counselling alcohol and drug addicts and thereby impacting negatively on their effectiveness. Counselling of alcohol and drug addicts requires that the counsellor be trained to enhance their helpfulness.

Wango (In Press) states categorically that professionalism in counselling will require training to achieve accreditation and licensure in order to offer quality services. Wango highlights counselling training and courses as essential for understanding alcohol and drug problems in order to make individual assessments, give appropriate help within one's own competence and to make referrals to the relevant agencies where necessary. Training would impart the counsellor with fore knowledge and skills in order to help the individual and their family members, for instance into recovery in alcohol and drug abuse. Clinebell [26] states that for clergy to counsel alcohol and drug addicts, they require training. Further, such training should cover such courses as current knowledge of addictions, early symptoms, treatment options and resources, and Biblical attitudes about drinking and drunkenness.

The argument for professionalism among the clergy attained through training is significant. This is because a trained pastor will be effective in counselling and in equipping individual members and the congregation as a whole with knowledge and also be able to effectively develop intervention programmes such as a congregational alcohol and drug programme. The 36.8% of the pastors that had training indicated that the type of training they received did not adequately cover counselling of alcohol and drug addicts. The study established that most of pastors had only been trained on pastoral counselling. Most of the areas covered during the training focused on pastoral counselling. Pastoral counselling is a form of therapy that combines conventional research based psychotherapies with spiritual counselling that is grounded in Biblical principles but does not necessarily specialize in alcohol and drug addiction. Clergy traditionally act as personal and spiritual advisers in everyday life and in times of crisis, and because they have always acted as confidants and counsellors, it may be assumed that by extension they can augment their spiritual counselling skills with conventional therapeutic skills. This study is an investigation of areas of improvement in traditional and modern practice.

Wango (In Press) states categorically that counselling psychology has prerequisite knowledge and skills, and in particular, the practitioner must be grounded in one of the many therapeutic approaches. The traditional notion that pastors would be effective in counselling alcohol and drug addicts for instance may therefore be farfetched. This is because pastoral counsellors are thought to have spent years studying in a conventional psychology discipline and spent significant time in theological training and that these professionals come to the therapy table with a deep and rounded education that can enable them offer effective counselling to all including alcohol and drug addicts.

But Wango (In Press) insists counselling psychology as a profession is gaining ground and professionalism must be paramount. These sentiments are in agreement with Clinebell [26] who posits that effective counselling of alcohol and drug addicts requires skilled and qualified professional who understands addictions and has been trained in using the 12 AA step programmes in counselling alcohol and drug addicts. Therefore, most pastoral counselling programmes should consist of a number of core sessions that provide information about helping relationship and basic ADA counselling skills. Thus effective ADA counselling as explained by Corey [27] are characterized by quality leadership and excellence in training.

Finally, it must be accepted that this lack of training affected the services provided to clients. For example, most of them did not feel that they received as much help from the pastors. When asked to comment on whether the training they had received as pastors helped change their beliefs about guiding and counselling alcohol and drug addicts, the responses elicited ranged from enabling them to change attitudes towards people addicted to drugs and alcohol abuse to enabling them to understand that drug addiction is real and a threat to the community. In effect, they may have been trained on perception of drug addicts to empathise, but this requires to be coupled with knowledge and skills to assist such clients. This shows that pastors did not have the necessary skills to offer guidance and counselling to alcohol and drug addicts.

In the present study, pastors were presented with four statements that were designed to capture their opinions regarding how they perceived their own abilities to counsel alcohol and drug addicts. The data elicited was measured using a five-point Likert scale aimed at determining the extent to which each of the statements influenced pedagogy. Pastors were required to rank the statements to reflect the extent of agreement with each of the statement.

Table-3: Pastors Responses on Knowledge and Skills to Counsel Alcohol and Drug Addicts

Statements	VGE	GE	SE	VSE	NE
I have the necessary skills to counsel alcohol and drug addicts	0	36.8	52.6	5.3	5.3
I have been able to effectively offer guidance and counselling services to alcohol and drug addicts	5.2	10.5	57.9	26.3	0
I have effectively helped about 2 alcohol and 1 drug addict to stop the practice every month	0	10.5	26.3	26.3	36.8
I find it difficult to counsel alcohol and drug addicts	5.3	21.1	42.1	0	21.1

VGE - Very Great Extent; GE - Great Extent; SE - Small Extent; VSE - Very Small Extent; VE - No Extent

The results indicate that over a half (52.6%) of the pastors felt their knowledge and skills was satisfactory to a small extent. Only one in three (36.8%) felt they were competent in counselling alcohol and drug addicts. This implies that over a half of the sampled pastors may have felt overwhelmed by the task of counselling alcohol and drug addicts. This is confirmed by the fact that only slightly over a half (57.9%) were satisfied to a small extent that they had effectively offered guidance and counselling to ADAs. Subsequently, a majority of the pastors admitted that they had not effectively helped 2 alcohol and 1 drug addict and only a minority (10.5%) felt to a great extent they had accomplished the task. Yet still, less than a half (42.1%) admit the inability to provide effective helping.

The above findings clearly revealed that majority of pastors must have encountered difficulty in dealing with alcohol and drug addicts and these findings are in agreement with earlier discussions that indicated pastors lacked expertise to effectively counsel ADA. According to the Substance Abuse and Mental Health Services Administration [10] and the American Association of Pastoral Counsellors (AAPC) [17], counsellors for alcohol and drug addicts need to have the relevant knowledge and skill in ADA. Partly, this is because pastors would initially not have trained as professional counsellors or in ADA and could be dealing with cases beyond their competence. Wango (In Press) strongly argues that professional who may not have trained as counsellors such as pastors, lawyers and teachers pursue professional training to attain competence not just in counselling skills but to provide counselling psychological services.

The study further investigated the pastors effective in counselling ADA by asking beneficiaries of the counselling programmes initiated by the Church whether they benefitted from the assistance. Respondents were asked to give their opinion on whether pastors involved in the counselling helped them to deal with the problem effectively. It must be stated that many of the respondents felt they did not get satisfaction as they had expected as demonstrated by the following:

R 1 I expected to be healed but I went home in a dejected state because I did get anything from the pastor. He was not useful (33 year, male).

R 2 Sometimes pastors tend to judge people instead of helping them, they think we are bad people because we drink like me because I am young (25 year, male).

R 3 Pastors leave a problem at hand and address what is irrelevant to the clients, like they want you to say a prayer and want to know whether you come to Church (49 years, male).

R 4 I have resolved not to go to the pastor anymore because they do not treat our cases seriously and they do not create time and space for us. My friend and I have decided not to go and see him ever again (42 year, male).

R 5 It is not every time that we need prayers and spiritual direction when we approach pastors, sometimes we want to be assisted with our problems and be helped with how to cope (43 years, *male).*

These sentiments are expressions of unhappiness and despair and only affirmed that pastors were not adequately prepared to counsel ADA. In addition, the study investigated the extent to which certain factors may impact on pastor's effectiveness to offer guidance and counselling to ADA. The responses elicited are captured in Table 4.

Table-4: Pastors Responses on Factors Affecting Effectiveness to Counsel ADA

Statements	VGE	GE	SE	VSE	NE
Level of guidance and counselling training	47.4	36.8	0	15.8	0
AA 12 steps approach to counselling	98.0	2.0	0	0	0
Exposure	42.1	36.8	10.5	5.3	0
Availability	52.6	10.5	26.3	5.3	0
Church emphasis on guidance and counselling	26.3	21.1	47.4	5.3	0
Counselee adaptability	31.6	31.6	15,8	5.3	0
Counselee socio-economic status	15.8	36.8	26.3	10.5	10.5
Attitude towards the pastors competence	21.1	47.4	21.1	5.3	5.3
Too many commitments	31.6	26.3	10.5	26.3	0

VGE - Very Great Extent; GE - Great Extent; SE - Small Extent; VSE - Very Small Extent; VE - No Extent

Findings indicated several factors that have an effect on the effectiveness of pastors to counsel alcohol and drug addicts. The study established that to a very great extent pastors were constrained by inadequate guidance and counselling training that would enable the pastors to effectively deal with ADA. None had training in using the AA 12 steps approach. Lack of time perhaps due to commitments, adaptability and experience were critical though the Church still insisted on guidance and counselling and this may have been a major set-back to their effectiveness to counsel in an area such as ADA where they lacked expertise. Consequently, pastors may not have been effective in helping. As a matter of course, the clients' may have felt they were inappropriate and thus to a great extent, the clients' attitudes towards pastors was among the factors influencing effective counselling to ADA. The study in the end acknowledges these limitations and recommends that it is necessary for pastors to be trained as ADA professional counsellors. This would enhance knowledge, pastoral work, and widen the pastoral overall care.

Challenges Faced by Pastors in Counselling Alcohol and Drug Addicts

The study sought to explore the challenges that pastors faced in counselling alcohol and drug addicts. Pastors were asked to highlight on some of these challenges as shown in Table 5.

Table-5: Challenges Faced by Pastors in Counselling Alcohol and Drug Addicts

Challenges	Frequency	Percentage
Relying more on prayer and meditative techniques	2	11.0
Inadequate knowledge of other social support services	3	16.0
Crisis of faith if healing does not take place immediately	1	5.0
Clients not divulging all of their issues	4	21.0
Client hold back language they think pastor might find offensive	3	16.0
Availability of alcohol and drugs often leading to relapse	6	32.0
Total	19	100.0

It was evident that pastors too did encounter several challenges in trying to rehabilitate ADA through counselling. Indeed, it would appear that reliance on basic calling to theological counselling techniques and an attempt to apply the same in counselling ADA could have been a handicap affecting their practice. Pastoral counsellors on the other hand may not be theologically trained but specialize in psychotherapy techniques. However, because of their theological training, pastoral counsellors may have tended to rely more on prayer and meditative techniques, aspects that may not have been as applicable to these clients as demonstrated in their sentiments in the earlier section. Alcohol and drug counselling techniques should be tailored to the unique difficulties associated with rehabilitating clients, including possible relapse. Lack of relevant training in

counselling ADA was a serious challenge that pastors faced.

The study findings also reveal that 16.0% of the pastors felt that they were constrained by their inadequate knowledge of other social support services that could have ameliorated the problem of ADA. Persons suffering from alcohol and drug addiction may need more than just the one-on-one counselling that the pastors may have placed on offering. In that case pastoral counsellors need to be aware of additional support groups such as medical check-up, professional Christian counselling agencies, peer self-help groups, other support groups, crisis intervention services and workshops to which they can refer their clients. Another challenge that pastoral counsellors mentioned was the possibility of a crisis of faith if healing of client did not take place immediately. Since the pastoral counsellor uses scripture and prayer, the client may think that the pastoral counsellor has access to miraculous healing (Wango, in Press) that in turn should have lead to an end perhaps to craving for alcohol and drugs. When this does not occur, the client might begin doubting faith and retract from the counselling process commonly leading to relapse. This plays down any gains that may have been achieved towards the recovery process by the ADA. Training as a professional counsellor would hence ensure that the pastoral counsellor sets goals with the client and they do not have unrealistic expectations of the role of the pastor.

One more aspect that deserves mention and further investigation is divulgence of issues in counselling between the pastor and the client. A few pastors (21%) did indicate that pastoral counsellors faced the challenge of clients who may not have been comfortable sharing things with the pastors, perhaps because they felt the pastor might condemn them. This brings in the issue of confidentiality and particularly dual relationship; the pastor is a spiritual guide and a helper. For instance, if the client has issues they might consider inappropriate, they might be uncomfortable sharing them with the pastor because many religions have negative reactions toward unacceptable behaviour. This may include sexual issues and marital problems and has turned to drugs or alcohol to ease the emotional pain. How does the client share this information with the pastoral counsellor? Subsequently, pastors mentioned that some clients also held back language they thought the pastoral counsellor might find offensive. This implies that clients may not have felt free to open up to the pastors and may have concealed information that may have been vital to the healing process. This negates the process of helping and hence the ineffectiveness in helping among pastors.

It must be acceptable that most pastoral counsellors would by nature be loving and accepting, and make use of counselling skills and thus be empathetic and understanding. While accepting that not all pastors would have these endearing characteristics, it might be challenging to get clients to understand that counsellors are open, humane and hence open up completely. Ultimately, one in three pastors (32.0%) indicated that alcohol was easily available and it was easy access to drugs. This could only have compounded the problem since perhaps the clients were not willing to divulge information that perhaps could be shared with security agents to curb drug in society. Clients interviewed confirmed that they concealed as much information, and indeed very important information regarding self, family and drugs.

Strategies Adopted by Pastors in Counselling Alcohol and Drug Addicts

A major objective of this study was to identify strategies that pastors used in counselling alcohol and drug addicts, and in turn identify ways to enhance practice. To address this objective, the study gathered information from the pastors regarding the strategies they had adopted in counselling alcohol and drug addicts as shown on Table 6.

Table-6: Strategies adopted by Pastors in Counselling Alcohol and Drug Addicts

Strategies adopted in counselling ADA	Frequency	Percentage
Providing choices	2	11.0
Arranging workshops and seminars for ADA	4	21.0
Listening to client's formulation of the problem	5	26.0
Avoiding arguments and labelling	1	5.3
Fostering hope for positive change	2	11.0
Managing counter transference	3	16.0
Use of supportive and empathic counselling	1	5.0
Total	19	100.0

Findings from the study indicated that pastors adopted various strategies in counselling of alcohol and drug addicts. This included providing choice to client to enable them establishes alternatives and make informed choices to alcohol or drugs. In particular, pastors organized workshops and seminars for ADA. Pastors insisted that they were always willing to listen to client's formulation of problem, avoided arguments and labelling, fostered hope for positive change and managed counter transference and made use of supportive and empathic skills.

The concept of counter transference for example is useful for understanding how the pastors past experience can influence current attitudes toward a particular client. Transference describes the process whereby clients project attitudes, feelings, reactions, and images from the past onto the counsellor. For example, the client may regard the counsellor as an authoritative father, know-it-all older brother, or interfering mother. Once considered a technical error, counter transference now is proclaimed as part of the treatment experience for the clinician. This is because counsellors are vulnerable to the same feelings of pessimism, despair, anger, and the desire to abandon treatment as the client particularly when working with multiple and complicated problems.

According to Cramer [28], inexperienced counsellors often are confused and ashamed when faced with feelings of anger and resentment and this can result from situations where there is a relative absence of gratification from working with clients with these disorders. Besides, less experienced practitioners may also have difficulty identifying counter transference, accessing feelings evoked by interactions with a client, naming them, and working to keep these feelings from interfering with the counselling relationship. Cultural issues also may arouse strong and often unspoken feelings and, therefore, generate transference and counter transference. Although counsellors working with clients in their area of expertise may be familiar with counter transference issues, working with an unfamiliar population will introduce different kinds and combinations of feelings. These are areas of discussion in the training of pastors.

A supportive and empathic counselling style is one of the keys to establishing an effective therapeutic alliance. According to Ormont [29], empathy is the ability to experience another person's feeling or attitude while still holding on to our own attitude and outlook. Ormont considers empathy as the foundation adults use for relating to and interacting with other adults [29]. The counsellor's empathy enables clients to begin to recognize their feelings, an essential step toward managing healing. However, this counselling skill must be used consistently over time to keep the alliance intact. This caveat often is critical for clients with ADA, who usually have lower motivation to address either their mental or substance abuse problems, have greater difficulty understanding and relating to other people, and need even more understanding and support to make a major lifestyle change such as adopting abstinence. Support and empathy on the counsellors part can help maintain the therapeutic alliance, increase client motivation, assist with medication adherence, model behaviour that can help the client build more productive relationships and support the client as they undergo major life transition.

Strategies by the Church to Improve Pastors Effectiveness

Finally, the study sought to find out strategies that could assist the Church and pastors to effectively counsel ADA. Both the pastors and beneficiaries of counselling were requested to suggest intervention strategies to improve Pastors effectiveness in counselling ADA.

Table-7: Strategies to Improve Pastor's Effectiveness in Counselling ADA

Suggested strategies	Frequency	Percentage
Thorough training of the clergy on counselling of ADA	50	77.0
Continued research	5	8.0
Specialized pastors on issues of drug and alcohol addiction	10	15.0
Total	65	100.0

The overwhelming majority (77.0%) of the respondents insisted that the clergy should be thoroughly trained on counselling of ADA. This is a clear indication that perhaps as Wango [30] argues, counselling is becoming of age in Kenya and professionalism must be instilled. Training is pertinent for accreditation as a counsellor and practicing pastors will require to be attached to formal institutions where counselling is sufficiently practised and effectively monitored. Further, pastors would enhance their skills in specialised areas as suggested by Wango (In Press) including ADA. This would include workshops, seminars, in-service training and refresher courses in the pastoral ministry. This is because it is the persons who received help from the pastors who strongly indicated lack of training and further suggested that pastors could be more effective through training ADA. Consequently, it is envisaged that expertise will instil confidence among both the pastors and clientele.

Professional training could also be enhanced through involvement of the clergy in continued research on alcohol and drug addiction. This would broaden the clergy's world of pastoral work and counselling thus enriching the theoretical basis of pastoral counselling skills. This would lead to new initiatives that can enhance the body of knowledge of the clergy and impact on practice. Research would find out effectiveness of counselling skill and other psychological challenges. This would require diversification of theological training to make pastoral work more relevant in solving the problems affecting people.

The sentiments are supported by Ronald [31] who posits that theology as a discipline has been characterized by a dizzying diversity. Theological education has traditionally been organized around a fourfold curriculum which makes a familiar distinction between theory and practice. In this curriculum, three disciplines represent the theoretical side of the dichotomy (1) Biblical Studies, (2) Church History, (3) Systematic Theology, while (4) Practical Theology represents the task-oriented programme providing the requisite skills for those preparing for the professional ministry. Findings in this study may appear to suggest that theology as a theoretical discipline may be disconnected from the skills needed to assist in ADA. This is because theology as an inquiry emerging from faith and piety may lack the marks of a critical discipline in providing therapy to those addicted by alcohol and drugs. In addition, the demands of contemporary ministry are exceedingly complex, and seminaries and divinity schools cannot possibly equip students with every practical skill. They can, however, provide a broad-based theological education that will help develop the qualities of mind and character that clergy will need in an increasingly complex and pluralistic world. This is by equipping trainees with the intellectual and personal flexibility in a global world (Wango, in Press). The need for diversified ministry calls for new forms of theological education and professionalism. The rationale for these new formats has to do with providing new approaches to pedagogy.

Alcohol and drug counselling is essential for individuals who are unable to meet the personal, professional, and family responsibilities due to alcohol and abuse of drugs. Active addiction to alcohol or drugs requires treatment in an alcohol and drug facility and may sometimes be beyond the scope of pastor's practice. However, the challenges of reducing use and abuse, requires working together in harmony towards assisting the client (Wango, in Press), maintaining sobriety and creating a new lifestyle not centred on alcohol and/or drugs. This phenomenon appears to represent an important phase in empowering the clergy to address this problem as they congregate with a large number of people in the Church and are more likely to be at a better advantage to help ADA.

CONCLUSION

The study confirmed that Presbyterian Church of East Africa clergy in Tharaka Nithi County were not effective in providing counselling to alcohol and drug addicts in their pastoral ministry. Clients brought counselling problems to the pastors because they perceived them to be experts in the pastoral field and would help them mitigate their problems. The clergy in the Presbyteries in Tharaka Nithi County lacked functional counselling skills in order to be effective counsellors for ADA. It was established that the role of the clergy was to shepherd the people of God in a holistic way. The holistic way included pastoral care and counselling in scientific skills as once pointed out by Patton [17]. Competence and effectiveness according to the respondents should come with training and practice in the area of specialisation. Pastors needed counselling skills relevant to counselling ADA in order to be effective.

The assessment of counselling skills among the PCEA clergy indicated that the clergy had pastoral counselling skills but not a theoretical base in ADA counselling skills that were needed to blend with pastoral skills. Faced with complicated issues of drugs and alcohol abuse and other addictions, the clergy need to train in counselling ADA to offer practical help.

The study recommends that PCEA clergy be trained thoroughly as psychological and pastoral counsellors in order to be holistic and effective in the pastoral ministry. More focus need to be placed on ADA counselling skills that are in line with alcohol and drug problems and other psychological challenges in Kenya. Alcohol and drug addiction counselling as a subject in theology needs to be incorporated as one of the key subjects at the seminary and theological colleges. One of the major research findings in this study was that pastoral counselling may have been restricted to traditional curriculum. To address this, pastors need to be trained and be attached for internship to formal institutions where ADA counselling is sufficiently practised and effectively monitored to enhance their self-efficacy. The learning of ADA counselling has to be encouraged even after training through in-service courses. This could include workshops, seminars and refresher courses in the pastoral ministry.

There is need for Churches to continuously allocate time and resources to undertake research in the area of therapy for alcoholics and drug addicts. This will help broaden the clergy's world of pastoral work and counselling thus enriching the theoretical basis of pastoral and ADA counselling skills not only in the context of Tharaka Nithi County but also in other counties in Kenya. This will lead to new initiatives that can enhance the body of knowledge of the clergy and this will help improve the effectiveness of ADA counselling.

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