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INITIAL MOTIVATIONS FOR ALCOHOL TREATMENT: RELATIONS WITH PATIENT CHARACTERISTICS, TREATMENT INVOLVEMENT, AND DROPOUT

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Abstract — This study examines (a) the relation of initial treatment motivations to alcoholics' involvement in outpatient treatment and dropout and (b) the relations among patient characteristics, severity, alcohol expectancies, motivation, and treatment retention. A treatment motivation questionnaire (TMQ) was developed to assess both internalized and external motivations for treatment, as well as confidence in the treatment and orientation towards interpersonal help seeking. In Study 1, the TMQ was administered to 109 outpatients entering an alcoholism clinic. Based on these data the scale was revised and was administered to a subsequent sample of 98 subjects seeking treatment. Information about demographic variables, measures of substance use, alcohol expectancies, and psychiatric severity was also gathered. Eight weeks after intake, outcome was evaluated through attendance records and clinician ratings. Results revealed that internalized motivation was associated with greater patient involvement and retention in treatment. Subjects high in both internalized and external motivation demonstrated the best attendance and treatment retention while those low in internalized motivation showed the poorest treatment response, regardless of the level of external motivation. Problem severity was also related to a greater degree of internalized motivation. The importance of initial motivations in understanding treatment response and dropout is discussed.

Motivation is considered a critical component of a person's readiness for interventions intended to change behavior (Deci & Ryan, 1985; Prochaska & DiClemente, 1983). The fact that alcoholics often are perceived as poorly motivated by themselves (Coney, 1977) and their therapists (Nir & Cutler, 1978) suggests that motivational issues may be particularly formidable in alcohol rehabilitation programs. Indeed, lack of motivation is one of the most frequently cited reasons for patient dropout, failure to comply, relapse, and other negative treatment outcomes.

Despite the presumed importance of motivation to therapeutic outcome, the empirical evidence has been mixed. Some researchers (Finlay, 1977; Orford & Hawker, 1974) have failed to find a relationship between an alcoholic's willingness to partici-

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pate in treatment and outcome, whereas others (Goldfried, 1969; Gossop, 1972; Smart & Gray, 1972) have found motivation to be related to outcome.

One reason the empirical literature does not uniformly corroborate what is viewed as intuitively correct may have to do with the way motivation is defined and operationalized. Gossop (1972) argues that the definition of motivation is often too global and theoretically unsophisticated to be of empirical value. Miller (1985), in a review of the literature, notes that motivation often is inferred from the client's behaviors (i.e., outcomes) that motivation is intended to predict. That is, the definition is circular. Such perspectives suggest that the predictive utility of motivational indices could be enhanced if approached with greater theoretical clarity.

The purpose of this paper, accordingly, is twofold. The first goal is to discuss a conceptualization of motivation based in self-determination theory (Deci & Ryan, 1985, 1991) that views motivation as stemming from both internal and external sources, and predicts differences in motivation as a function of its source. Secondly, we report on the development of a scale to assess treatment motivation, using this theoretical base, that we apply to the prediction of dropout in an outpatient alcoholism clinic. We turn first to theoretical issues and then to the current empirical endeavor.

Self-determination and motivation

The most obvious motivational questions asked in the context of treatment are, "How much motivation does this individual possess?" or "How motivated is the patient for treatment?" However, the level or strength of motivation is only one aspect of motivational dynamics. A second question involves the source of the motivational influence, or why one is pursuing treatment. In the terminology of attribution theories, this why question concerns the *perceived locus of causality*¹ for behavior (deCharms, 1968; Ryan & Connell, 1989).

According to self-determination theory (Deci & Ryan, 1985) one has an *external* perceived locus of causality (PLOC) to the extent one sees forces outside the self as initiating, pressuring, or coercing one's action. Conversely, an *internal* PLOC is evident to the extent that one feels oneself to be the initiator and sustainer of one's actions. People with an internal PLOC thus feel self-determined in that they see their behavior as stemming from their own choices, values, and interests, whereas those with an external PLOC experience their behavior as controlled by some external event, person, or force.

As pointed out by Ryan and Connell (1989), the issue of perceived locus of causality is a matter of degree. At the extreme nonself-determined end of this continuum, one is *externally* propelled into action by the demands or controls of others. A somewhat less external, but yet not fully autonomous, form of motivation is represented by *introjection*, in which a person is motivated to act in accord with internalized demands and prescriptions that are based in approval needs. In introjection a person behaves in order to maintain self- and other approval and to avoid guilt or anxiety. On the self-determined end of the continuum, a person can be either *intrinsic*

¹The concept of *perceived locus of causality* (PLOC) grows out of the attributional literature of Heider (1958) and concerns the perceived source of or impetus to action. PLOC should not be confused with the concept of *locus of control* (e.g., Rotter, 1966) which concerns whether one perceives a contingency between one's behavior and outcomes. Indeed, one could easily perceive oneself as being able to control an outcome and yet still feel that the impetus to action is external to oneself. Discussions of the relations between these constructs can be found in deCharms (1981) and Deci and Ryan (1985, 1987).

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