Self-reported motivations to change and self-efficacy levels for a group of recidivist drink drivers

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SELF-REPORTED MOTIVATIONS TO CHANGE AND SELF-EFFICACY LEVELS FOR A GROUP OF RECIDIVIST DRINK DRIVERS

James Freeman, Poppy Liossis, Cynthia Schonfeld, Mary Sheehan, Vic Siskind & Barry Watson

Abstract

The present study reports on a group of 132 recidivist offenders’ stages of change and self-efficacy levels for changing and controlling both their drinking and drink driving behaviours. As expected, the majority of the sample reported being motivated to change their drink driving, but not their drinking behaviours. The sample also indicated high self-efficacy levels for the two behaviours, although a notable finding was that participants reported higher levels of control over their drinking rather than drink driving behaviours. Examination of the self-reported frequency of drink driving revealed that both motivations and self-efficacy levels were predictors of past offences and future intentions to drink and drive. The findings have direct implications for the management of repeat offenders, such as the inclusion of rehabilitation and alcohol treatment programs in sentencing outcomes for individuals who appear resistant to change.

1. Present Context

Research that has utilised the Transtheoretical Model of Change (Prochaska & DiClemente, 1984) has begun to provide valuable insight into convicted drink drivers’ motivations to change and ability to control problem behaviours. Studies exploring first time offenders’ readiness to change drinking and drink driving behaviours have reported that the majority are motivated to change both behaviours (Wells-Parker et al., 1998; Wells-Parker et al., 2000). However, a different picture appears to be emerging from the small amount of research that has focused on repeat offenders, as there is much greater spread across the stages of change for drinking as higher percentages of individuals are assigned to the precontemplation stage and report not being willing to change their alcohol consumption levels prior to program commencement (Levy, 1997). The aim of
the present study was to extend previous research and examine a group of recidivist drink drivers’ motivation and self-efficacy levels to control and change not only drinking, but also drink driving behaviours soon after being apprehended and convicted of a drink driving offence.

4. Method

4.1 Participant Characteristics

A total of 132 recidivist drink drivers who were placed on a probation order in Queensland volunteered to participate in the study (117 males & 15 females). In general, participants had been convicted of almost three drink driving offences ($M = 2.9$, range 2 - 7), and their BAC reading for the most recent offence was on average three times the legal limit ($M = .15$, range .05-.31mg%).

4.2. Materials

Participants’ alcohol consumption levels were measured by the AUDIT (Saunders, Aasland, Babor, De La Fuente & Grant, 1993), motivation to change drinking behaviour by the Readiness to Change Questionnaire (RCQ) (Heather & Rollnick, 1992), motivation to change drink driving behaviour by the Stages of Change for Drink Driving Questionnaire (DRDV) (Wells-Parker et al., 1998), and self-efficacy levels to control both drinking and drink driving behaviours by the Drinking/Driving Efficacy Scale (Wells-Parker, Burnett, Dill & Williams, 1997).

4.3. Procedure

Interviews were conducted at participants’ local Community Corrections regional centre immediately following a scheduled meeting with their probation officer.

5. Results

5.1. Motivation to Change Drinking and Drink Driving

As depicted in Table 1, the majority of participants did not report being motivated to reduce their alcohol consumption levels. It appears that despite participants being
sanctioned for a drinking related offence, two thirds of the sample was not actively trying to reduce their alcohol consumption levels. For the drink driving domain, a different theme emerged as the majority were assigned to the action stage. Upon examination of the similarities between the stages of change for drinking and drink driving, the largest group of participants \((n = 55, 41.5\%)\) were in the precontemplation stage for drinking and the action stage for drink driving.

5.4. Alcohol Consumption Levels, Self-Efficacy and Stages of Change

In regards to drinking behaviours, 70.5\% \((n = 93)\) of the sample was consuming harmful levels of alcohol and 48\% \((n = 63)\) of these participants were classified as alcohol dependent by the AUDIT. For alcohol consumption levels across the stages of change, between-group analysis identified differences, as participants in the contemplation stage reported the highest alcohol consumption levels and similar to research on first time offenders, those in the precontemplation stage reported the lowest (Wells-Parker et al., 1998). For self-efficacy, total scores ranged from 22 to 44 with most participants reporting high self-efficacy to control both drinking and drink driving (total score \(M = 37.37\)). Closer examination of the stages of change and self-efficacy levels by dividing the measure into the two separate scales (ability to control drink driving [DRIE] & ability to control drinking [DDE]) revealed participants across all stages of change reported significantly higher self-efficacy levels to control their drinking, rather than their drink driving behaviours \(t(131) = 70.24, p = .000\).

5.2. Prediction of Self-reported Drink Driving Events

A series of hierarchical regression analyses were implemented to determine to what extent stages of change, self-efficacy, alcohol consumption and number of official drink driving

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1 Examination of alcohol consumption levels across stages of change for drink driving was not possible as the majority of participants were assigned to the action stage.
convictions contributed to the prediction of drink driving events in the last six months and future intentions to re-offend. For self-reported drink driving in the last six months, a higher number of drink driving convictions ($\beta = .29, t = 2.45, p = .016$) and lower scores on the precontemplation stage for drink driving ($\beta = -.61, t = -2.12, p = .028$) predicted those who were regularly drinking and driving ($R^2 = .15), F(9, 122) = 2.42, p = .014$. Secondly, for self-reported future intentions to re-offend, higher alcohol consumption levels ($\beta = .027, t = 2.11, p = .046$), lower self-efficacy levels ($\beta = -.05, t = -2.4, p = .018$) and lower precontemplation drink driving scores ($\beta = -.34, t = -2.04, p = .04$) were identified as predictors of future drink driving behaviours ($R^2 = .19), F(8, 123) = 3.67, p = .001$. Taken together, motivations to change drink driving behaviours appear inflated after a recent conviction, higher levels of offending behaviours result in more convictions, and lower levels of self-reported control over problem behaviours appear associated with the admission of future drink driving intentions.

6. Discussion

The current study was one of the first to employ the Transtheoretical model of Change (Prochaska & DiClemente, 1984) to explore a group of recidivist drink drivers’ readiness to change and ability to control drinking and drink driving behaviour(s), soon after being sanctioned for a drink driving offence. A key finding from the research was that a considerable proportion of repeat offenders may be consuming harmful levels of alcohol when coming in contact with the judicial system and despite multiple convictions, are not motivated to change such behaviour(s). A much needed examination was also conducted into this population’s motivations to change drink driving, and while a large percentage indicated actively trying to avoid drink driving soon after being convicted, further analyses (e.g., hierarchical regressions) indicated that such motivations may not be stable over longer periods of time. An interesting finding of the research was that participants reported higher efficacy levels to control their drinking, rather than their drink driving
behaviour, which suggests that situational/environment factors may also play a part in decisions to drink and drive. The results of the present research suggest that drink driving offenders who have been convicted of more than one offence would appear to not only benefit from the application of sanctions, but also the opportunity to complete an appropriate intervention to address problem behaviour(s), such as harmful alcohol consumption levels and the propensity to drive after drinking. It may prove essential to focus on resolving the underlying issues that directly influence the behaviour such as alcohol misuse and/or dependence, rather than solely relying on traditional punitive approaches (Beirness, Mayhew & Simpson, 1997). Taken together, the program of research highlighted that some repeat offenders will remain resistant to change, even after the application of sanctions, and there remains a need to look beyond punishment-based interventions if the drinking and driving cycle is to be broken for this high risk population.

Acknowledgements
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References


Table 1 Stages of Change for Drinking and Drink Driving

<table>
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<th>%</th>
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<td></td>
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<tr>
<td>Action</td>
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<td>44</td>
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Note. RCQ = Readiness to Change Drinking Questionnaire; DRDV = Readiness to Change Drink Driving Questionnaire; M = mean score on each scale.

Table 2 Alcohol Consumption Levels and Self-efficacy Scores by Stages of Change

<table>
<thead>
<tr>
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<th>AUDIT</th>
<th>SD</th>
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<th>DRIE SD</th>
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<tr>
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<th>DRDV</th>
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<tr>
<td>Action (n = 44)</td>
<td>12.23 7.27 3.45 (.37) 3.96 (.80) 3.07 (.25)</td>
<td>12.20 6.56 3.39 (.37) 3.95 (.67) 3.13 (.23)</td>
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<tr>
<td>Contemplation (n = 20)</td>
<td>14.50 4.57 3.06 (.44) 3.55 (.76) 3.21 (.22)</td>
<td>9.20 6.22 3.25 (.22) 4.00 (.35) 3.00 (.29)</td>
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<tr>
<td>Precontemplation (n = 68)</td>
<td>10.91 6.10 3.47 (.27) 4.14 (.43) 3.15 (.23)</td>
<td>10.20 4.97 3.51 (.33) 4.32 (.50) 3.23 (.25)</td>
</tr>
</tbody>
</table>

Note. RCQ = Readiness to Change Drinking Questionnaire; DRDV = Readiness to Change Drink Driving Questionnaire; DDE/s = ability to control drinking and drink driving; DDE = ability to control drinking; DRIE = ability to control drink driving.