

## **Items in TCU Treatment Motivation Scales**

**(Taken from CESI: Client Evaluation of Self at Intake)**

### **Problem Recognition (PR)**

1. Your drug use is a problem for you.
4. Your drug use is more trouble than it's worth.
6. Your drug use is causing problems with the law.
8. Your drug use is causing problems in thinking or doing your work.
11. Your drug use is causing problems with your family or friends.
15. Your drug use is causing problems in finding or keeping a job.
20. Your drug use is causing problems with your health.
24. Your drug use is making your life become worse and worse.
27. Your drug use is going to cause your death if you do not quit soon.

### **Desire For Help (DH)**

2. You need help in dealing with your drug use.
9. It is urgent that you find help immediately for your drug use.
13. You are tired of the problems caused by drugs.
18. You will give up your friends and hangouts to solve your drug problems.
19. You can quit using drugs without any help. ®
23. Your life has gone out of control.
28. You want to get your life straightened out.

### **Treatment Readiness (TR)**

3. You have too many outside responsibilities now to be in this treatment program. ®
7. This treatment program seems too demanding for you. ®
12. This treatment may be your last chance to solve your drug problems.
14. This kind of treatment program will not be very helpful to you. ®
17. You plan to stay in this treatment program for awhile.
21. You are in this treatment program because someone else made you come. ®
25. This treatment program can really help you.
26. You want to be in a drug treatment program.

### **External Pressures (EP)**

5. You could be sent to jail or prison if you are not in treatment.
10. You feel a lot of pressure to be in treatment.
16. You have legal problems that require you to be in treatment.
22. You are concerned about legal problems.
29. You have family members who want you to be in treatment.

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Note. Numbers for each item indicate its location in the SRF. Response categories for items are 1=Strongly Disagree, to 5=Strongly Agree; ® designates items with reflected scoring.

**Comment.** Our measures of motivation for treatment have undergone several stages of experimental testing and refinement. Over the years, we have examined three different response formats. In Phase 1 of the DATAR project, we used a 5-point Likert scale based on frequency of occurrence (Never, Rarely, Sometimes, Often, Almost Always). For DATAR-Phase 2, we have examined both a 7-point and a 5-point Likert scale response format indicating degree of agreement (Disagree Strongly . . . Uncertain . . . Agree Strongly). Similar measures in the Drug Abuse Treatment Outcome Study (DATOS) were based on a 3-point Likert scale (Not At All, Agree Somewhat, Very Much Agree). Using each of these formats, we have found that the theoretical structure of the three motivation subscales – Problem Recognition, Desire for Help, and Treatment Readiness (defined in Simpson & Joe, 1993) – is maintained even when the response format is changed.

The goal of our research has been to understand the role of motivation in treatment to process and outcome, and not to make formal clinical decisions. Consequently, the definitions of “high motivation” and “low motivation” have depended on the particular treatment admission process used, response format, and score distributions. That is, individuals scoring in the upper ranges of the particular response format are labeled “highly motivated” (this normally corresponds to the upper quarter of the sample) and those in the lower range “low motivated” (corresponding to the lower quarter of the sample). With DATOS data, we also have used the three scale points to represent “high,” “medium,” and “low” motivation. At this stage of our research, we recommend the 5-point scale.