

EDITORIAL

Self Determination Theory and Potential Applications to Alcohol and Drug Abuse Behaviors

There are several new behavior change theories that have come up in recent years. One theory is the self determination theory (SDT). It is an “organismic metatheory” (Ryan & Deci, 2000) grounded on the foundation that humans have an innate tendency toward growth, integration and health. SDT proposes that humans have three basic psychological needs of autonomy, competence, and relatedness that must be satisfied in order for growth and well-being to be achieved (Fortier, Williams, Sweet, & Patrick, 2009). Self-determination theory is particularly focused on the processes through which a person acquires the motivation for initiating new health-related behaviors and maintaining them over time. SDT argues that developing a sense of autonomy and competence is critical to the processes of internalization and integration through which a person comes to self-regulate and sustain behaviors conducive to health and well-being. Equally important is relatedness, as people are more likely to adopt behaviors promoted by those whom they trust (Ryan, Patrick, Deci & Williams, 2008).

This theory presents itself through two mini-theories, organismic integration theory (OIT) and cognitive evaluation theory (CET). OIT focuses on the motivational difference between autonomous and controlled behaviors, as situated on a continuum, and the degree to which behaviors are elective. This continuum includes behaviors that are intrinsically regulated, integrated regulated, identification regulated, introjection regulated and externally regulated. Behaviors that are the least controlled and most autonomous are intrinsically regulated, meaning they are performed out of interest and enjoyment. Integrated regulation behaviors are executed due to congruence with other personal goals. In the middle of this continuum are less autonomous forms of regulation: identification, and introjection, with identification referring to behaviors that are done out of importance and are personal, and introjection behaviors that are engaged in out of sense

of guilt or punishment. The most controlled and least autonomous are referred to as externally regulated behaviors, which are only performed to satisfy a demand or gain a reward. OIT suggests that positive outcomes are achieved by more autonomous forms of motivation versus those forms that are less autonomous. A final component of OIT is the process of internalization by which an individual takes on greater autonomy for self-regulation over time (Fortier, Williams, Sweet, & Patrick, 2009).

Cognitive evaluation theory (CET) is the piece of SDT that suggests the essential needs of autonomy, competence, and relatedness for growth and well-being. Autonomy relates to the desire to be the regulator of one's actions, and that behavior is volitional; competence describes the experience of feeling able to achieve a desired outcome; and relatedness refers to experiencing care and concern from and trust in important individuals and feeling connected and understood by others (Williams et al., 2011). In addition to the needs of autonomy, competence and relatedness, CET considers the role of a social context in regard to internalization and self-regulation. Individuals are more likely to regulate behaviors on their own, and thus engage in lasting behavior change, if there is social context support for autonomy, competence and relatedness. Contexts can have a unique effect on whether behaviors are internalized, specifically contexts delivered by health care professionals in a position to prescribe positive health behaviors (Fortier, Williams, Sweet, & Patrick, 2009).

Self-determination theory has been utilized with a variety of health behaviors, including tobacco abstinence, physical activity, weight loss, medication adherence, diabetes management, and cholesterol reduction (Fortier, Williams, Sweet, & Patrick, 2009). Williams, Niemiec, Patrick, Ryan & Deci (2009) evaluated the effectiveness of a tobacco-dependence intervention based on self-determination theory using a randomized cessation-induction trial. As a follow-up, Williams and colleagues (2011) completed a comparative effectiveness trial using three, SDT intensive tobacco-dependent interventions where eligible participants were randomized to one of three treatment conditions intended for long term maintenance of tobacco abstinence. Silva et al (2010) implemented a SDT-based intervention for weight management, facilitating exercise adherence by enhancing the more autonomous forms of behavioral regulation. Patrick and Canevello (2011) used a computerized intervention based on SDT

to better understand the psychological mechanisms in regard to physical activity frequency, intensity and duration in sedentary young adults. Williams and colleagues (2009) applied the self-determination theory to predict medication adherence, quality of life, and psychological outcomes among diabetes patients using a mixed telephone-and-mail survey.

While the volume of literature involving the application of self-determination theory to tobacco cessation and physical activity is substantial, studies evaluating the use of SDT with alcohol and drug abuse education exist to a much lesser extent. Ryan, Plant and O'Malley (1995) examined the role of motivation in the alcoholic's response to receiving treatment by outlining a method for measuring motivational constructs. Their results revealed both an external motivation factor and a mixed internalized motivation factor regarding motivation for receiving substance abuse treatment. Wild, Cunningham & Ryan (2011) sought to replicate part of the 1995 study by assessing external, introjected, and identified motivations for seeking treatment and then expanding to understand treatment motivations and pressures to enter a program. Neighbors, Walker and Larimer (2003), however, examined the differences in self-determination by proposing that college students who were less autonomous and more controlled would be more strongly linked to alcohol related problems and expectancies about positive alcohol consumption effects. The results showed that individuals who believe alcohol has positive effects, and who view these effects favorably, are more likely to engage in unsafe drinking behaviors and are less self-determined. Future studies looking to evaluate SDT, alcohol, and drug abuse behaviors should further explore motivational factors over time as they relate to self-determination and treating alcohol and substance abuse. Additional studies about motivational factors that initiate both unsafe substance abuse behaviors and the desire to receive treatment can aid health educators in prevention strategies.

Self-determination theory is a well supported theory that has been applied to many health promotion contexts and diverse populations. It is an individual level theory that focuses on individual factors that can be changed. Finally, SDT is a theory that can be used as a counseling approach with practitioners. SDT also has some limitations. As an individual level theory, it cannot incorporate broader variables that affect health and health behaviors. Secondly, it is possible that there is a 'ceiling' effect in regard to

motivational variables that may warrant investigating these variables separately (Fortier, Williams, Sweet, & Patrick, 2009).

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