Drinking-Related Internal-External Locus of Control Scale (DRIE)

**BRIEF DESCRIPTION**

The DRIE is a 25-item self-report questionnaire presented in a forced-choice format. It is adapted from the conceptual model and assessment method developed by Rotter to define an individual's beliefs about the extent to which the outcome of important life events are under personal control (internal locus of control) or under the influence of chance, fate, or powerful others (external locus of control). The DRIE assesses these beliefs specifically with respect to the individual's perceptions of control with respect to alcohol, drinking behavior, and recovery. The scale is multidimensional, having empirically defined factors assessing perceived control over interpersonal, intrapersonal, and general factors associated with drinking. Alcohol-dependent individuals have been found to be more external in their drinking-related locus of control than nondependent drinkers. An external locus of control is associated with more physical, social, and psychological impairment from drinking. The perception of control appears to become more internal over the course of alcohol treatment; individuals with more external perceptions are also more likely to drop out of treatment prematurely. Following treatment, alcoholics having an internal drinking-related locus of control are less likely to relapse, drink less and are less likely to have a more prolonged drinking episode if they do relapse, and have a better overall drinking-related outcome than alcoholics with an external DRIE score.

**TARGET POPULATION**

☒ Adults
☐ Adolescents

*Groups for which this instrument might be especially helpful?*

Adult alcohol abusers and alcohol-dependent individuals
**Administrative Issues**

Number of items: 25
Number of subscales: 3
Format(s): 🅱️ Pencil-and-paper self-administered
- ☐ Interview
- ☐ Observation
- ☐ Computer self-administered
- ☐ Other
Time required for administration: 10 minutes
Administered by: Staff
Training required for administration? ☐ yes ★ no

**Scoring**

Time required to score/interpret: 5 to 10 minutes
Scored by: Staff
Computerized scoring or interpretation available? ☐ yes ★ no
Norms available? ☐ yes ★ no
Instrument normed on subgroups? ☐ yes ★ no

**Psychometrics**

Have reliability studies been done? ★ yes ☐ no
What measure(s) of reliability was used?
- ☐ Test-retest
- ★ Split half
- ★ Internal consistency
Have validity studies been done? ★ yes ☐ no
What measures of validity have been derived?
- ☐ Content
- ★ Criterion (predictive, concurrent, “postdictive”)
- ★ Construct

**Clinical Utility of Instrument**

The DRIE can be used to assess the individual’s perception of personal control related to alcohol, drinking behavior, and recovery. More external scores, suggesting less personal control and a greater influence of chance, fate, or powerful others, have been shown to be related to more rapid return to drinking, more drinking during the initial lapse episode, a greater likelihood of an initial lapse escalating into a more serious relapse, and overall poorer drinking-related outcomes following treatment. A possible focus of interventions would be to modify the perception of control through cognitive-behavioral approaches, with an anticipated shift toward a more internal locus of control.
RESEARCH APPLICABILITY

The DRIE can be used as a predictor of treatment compliance and outcome, an indicator of severity of alcohol dependence, a moderator of the relationship between reasons for drinking and relapse, and as one component of a constellation comprised of perceived locus of control, alcohol-related outcome expectancies, and self-efficacy expectancies. The scale has also been adapted to assess substance-specific control orientations of cocaine abusers and cigarette smokers.

SOURCE, COST AND COPYRIGHT ISSUES

Copyright: ☐ yes ☒ no
Cost: None

SOURCE REFERENCE


PSYCHOMETRIC DATA


SUPPORTING REFERENCES

Hartmann, D.J. (1999). Replication and extension analyzing the factor structure of locus of control scales for substance abusing behaviors. Psychological Reports, 84(1), 277-287.