Winning the War Against High-Risk Impaired Driving through *Assessment-Driven* Supervision

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1

Overview

- Impaired driving problem
- Screening and assessment
- Impaired driver characteristics
- Impaired Driving Assessment (IDA)
- Computerized Assessment and Referral System (CARS)
- Comprehensive approach

2

2

Drunk Driving by the Numbers…

- In 2018, there were **one million** drivers arrested for DUI.
- An alcohol-impaired driving fatality occurs every **48 minutes**.
- In 2018, there were **10,511** alcohol-related traffic fatalities.
  - **68%** were in crashes where one driver had a BAC of .15>
- In 2018, the most frequently recorded BAC among drinking drivers in fatal crashes was **.16**
- **121 million** drunk driving episodes occurred in 2016.

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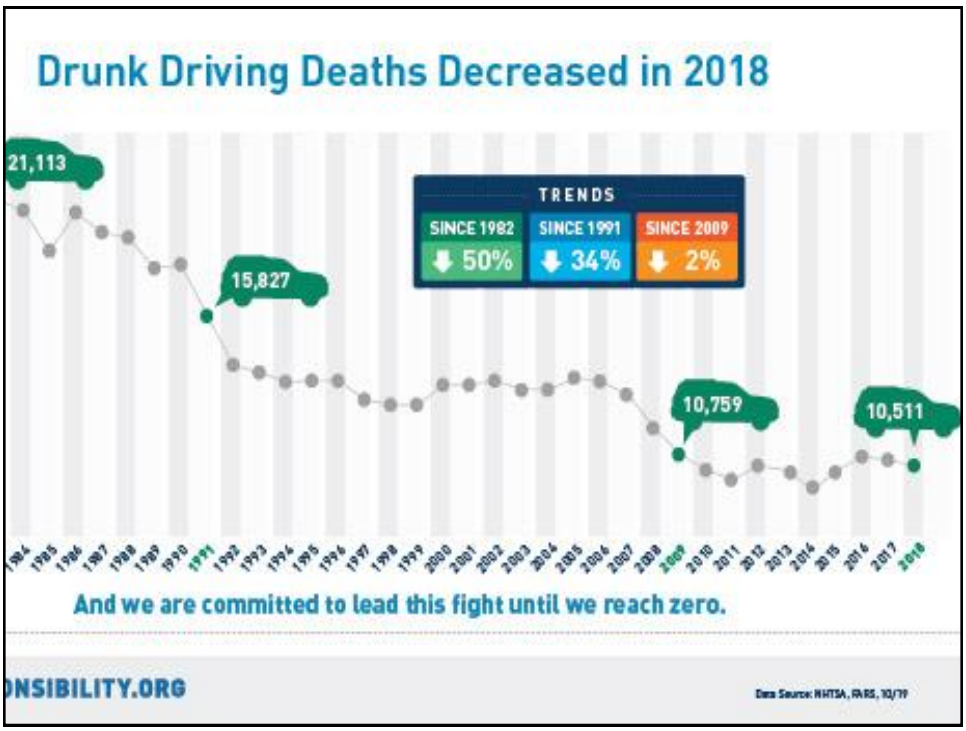

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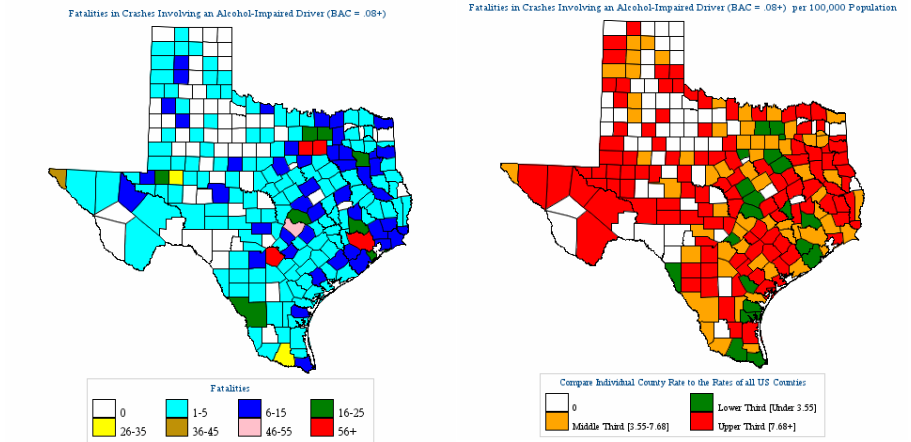
Texas DWI Fatalities

	2014	2015	2016	2017	2018
Alcohol-Impaired Driving Fatalities (BAC=.08+)*	1,446 (41%)	1,392 (39%)	1,481 (39%)	1,480 (40%)	1,439 (40%)

5

Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) by County for 2018



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Other Texas Statistics

- **Alcohol related DWI Arrests- 69,643**
- **10-year Change in Alcohol-Impaired Driving Fatalities per 100K pop .08%, National average -8.4%**
- **Percent of Alcohol-Impaired Driving Fatalities Involving high BAC drive 72.9%**
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7

DRUG-IMPAIRED DRIVING

8

The drunk driver before you could actually be a polysubstance user.

9

What do DUIs look like in your jurisdiction in 2020?

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4,600,000 individuals under community supervision in 2017

15% of this probation population have been convicted of DWIs

8% of the probation population have been convicted of multiple DWIs

Approximately two thirds of individuals under community supervision are drug or alcohol involved

11

Good News!!!

Two Thirds of DWI Offenders self correct!

12

12

Approximately 25% of individuals arrested and 30% of individuals convicted of DUI are repeat offenders.

Contact with the criminal justice system in and of itself, does not deter at least 1/4 of all offenders.

13

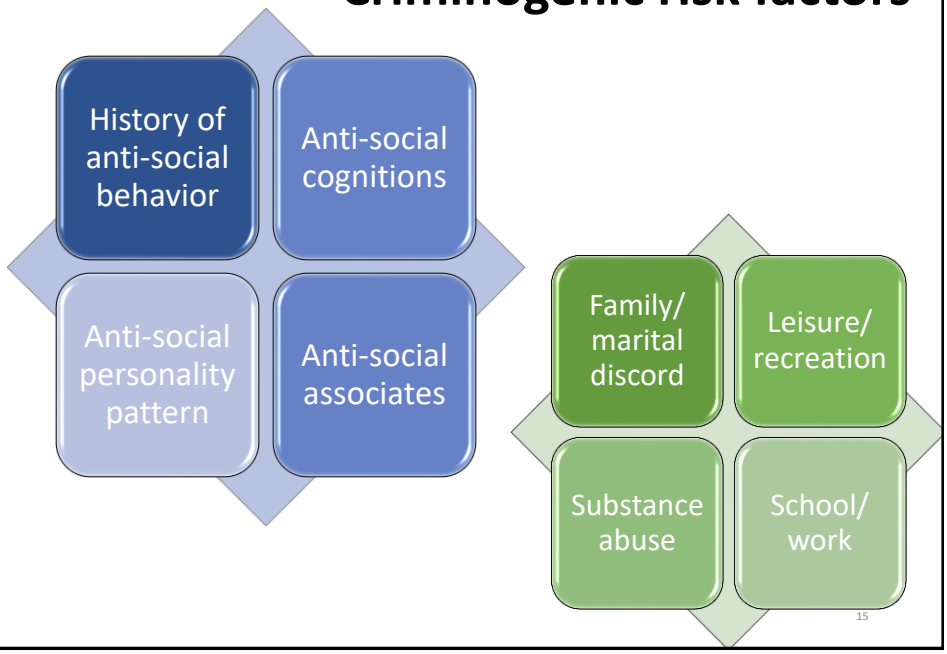
13

Identifying those most at-risk

14

14

Criminogenic risk factors



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Mental health?

While not a criminogenic need, it is imperative that mental health issues be identified and treated in order to adequately address other risk factors.

16

16

SCREENING & ASSESSMENT

17

17

Screening

- Screening is the first step in the process of determining whether a DUI offender should be referred for treatment.
- At this stage, offenders who do not have substance or mental health issues are identified and those who may have issues can be sent for a more in-depth assessment.
- Essentially, screening is a way to strategically target limited resources by separating offenders into different categories (i.e., those who do not have an alcohol/mental health problem and those who likely do).
- The screening process in and of itself can also serve as a brief intervention as it requires the individual to begin to think about their use patterns and whether they are problematic.

18

18

Screening - who needs further assessment?

19

19

Where should we devote our resources?

20

20

Assessment

- After the screening process is completed, offenders who show signs of substance or mental health issues can be referred for an assessment.
- An assessment tends to be more formal than screening and these instruments are standardized, comprehensive, and explore individual issues in-depth.
- In contrast with screening, a formal assessment process takes longer to complete (it can take several hours) and is typically administered by a trained clinician or professional.
- This second step is meant to evaluate not only the presence of a substance use disorder (alcohol and/or drugs) but its extent and severity.

21

21

Assessment

- Ideally, screening and assessment would occur at the beginning of the process (such as during the pre-trial stage).
- The results can then be used to inform:
  - Sentencing decisions
  - Case management plans
  - Supervision levels
  - Treatment referrals/plans

- It is important to note that assessments can be repeated at multiple junctures throughout an offender's involvement in the criminal justice system to identify progress and to inform changes to existing plans as needed.

22

22

Assessment can occur at multiple intercepts:

- Post-arrest
- Pre-trial
- Pre-sentencing
- Post-conviction
- Community supervision
- Treatment program

23

23

Common assessment instruments

Alcohol Dependence Scale (ADS)	Risk and Needs Triage (RANT)
Alcohol Severity Index (ASI)	Correctional Offender Management Profile for Alternative Sanctions (COMPAS)
Alcohol Use Disorder Identification Test (AUDIT)	Ohio Risk Assessment System (ORAS)
Inventory of Drug-Taking Situations (IDTS)	Static Risk and Offender Needs Guide (STRONG)
Drug Abuse Screening Test (DAST)	Texas Risk Assessment System (TRAS)
Michigan Alcoholism Screening Test (MAST)	Level of Service Inventory-Revised (LSI-R)
Substance Abuse Subtle Screening Inventory (SASSI)	Adverse Childhood Experience (ACE) Questionnaire
Research Institute on Addiction Self Inventory (RIASI)	Trauma Symptom Inventory (TSI)

24

Limitations of instruments

- Majority of instruments are not designed for or validated among DUI offender population.
- Using traditional assessments, DUI offenders are **commonly identified as low risk due to a lack of criminogenic factors.**
- DUI offenders often have unique needs and are resistant to change on account of limited insight.
- Recognition that specialized instruments should be created to accurately assess risk and needs of impaired drivers.

25

Which instrument should I use?

- Validated through research
- Reliability; predictive value
- Standardized
- Appropriate for the target population
- Easy to use
- Informs decision-making
- Cost

26

26

Substance use disorders

- Rates of alcohol dependence increase and age of onset of dependence decreases as number of DUI offenses increase (McCutcheon et al., 2009).
- 91% of male and 83% of female DUI offenders have met the criteria for alcohol abuse or dependence at some point in their lives (Lapham et al., 2000).
- In addition, 44% of men and 33% of women qualified for past-year disorders.

27

27

Substance use disorders

- Approximately 11-12% of impaired drivers are multiple drug users who report significant involvement in drugs other than alcohol or marijuana (Wanberg et al. 2005).
- 38% of male and 32% of female DUI offenders have met the criteria for drug abuse or dependence at some point in their lives (Lapham et al., 2001).

28

28

Co-occurring disorders

- While research has shown that impaired drivers frequently have a substance use disorder, many of these offenders also have a psychiatric condition.
- The presence of a substance use disorder actually ***increases*** an individual's likelihood of having other psychiatric disorders.
- Co-occurring disorders are often difficult to diagnose as symptoms can be complex and the severity of the disorders can vary.

29

29

Co-occurring disorders

- In a study of repeat DUI offenders, it was found that 45% had a lifetime major mental disorder.
- Another study (Shaffer et el. 2007) that examined the prevalence of these disorders by gender found that 50% of female drunk drivers and 33% of male drunk drivers have at least one psychiatric disorder.
- Mental health issues often linked to impaired drivers include:
  - Depression, bipolar disorder, conduct disorder, anxiety, anti-social personality disorder, and post-traumatic stress disorder (PTSD).

30

30

The need for mental health assessment among impaired drivers

- Very high level of psychiatric co-morbidity in DUI populations.
- Mental health issues linked to recidivism.
- Treatment has traditionally consisted of alcohol education or interventions that focus solely on alcohol or substance use.
- Screening or assessment for mental health issues is not always available/performed.
- DUI treatment providers rarely have the training/experience to identify mental health issues among their clients.

***Subsequently, in many cases, problems are not identified or addressed**

31

31

DUI offenders are unique

- Often lack an extensive criminal history.
- High degree of denial:
  - Drinking alcohol is not illegal, highly prevalent, and encouraged in society
  - Tend to be employed and may have a stable social network
  - Do not view themselves as criminals
- Repeatedly engage in behavior that is dangerous.

Result = DUI offenders tend to score lower on traditional risk assessments

32

Impaired Driving Assessment (IDA)

33

33

Major Risk Areas of DUI Recidivism

1. Prior involvement in the justice system specifically related to impaired driving
2. Prior non-DWI involvement in the justice system
3. Prior involvement with alcohol and other drugs (AOD)
4. Mental health and mood adjustment problems
5. Resistance to and non-compliance with current and past involvement in the justice system

34

34

Goals of IDA

1. Provide guidelines for identifying effective interventions and supervision approaches that reduce the **risk** of negative outcomes in treatment and community supervision.
2. Provide preliminary guidelines for service **needs** for DUI clients.
3. Estimate the level of **responsivity** of clients to supervision and to DUI and AOD education and treatment services.
4. Identify the degree to which the client's DUI has jeopardized **traffic safety** and to address this in the supervision plan.

35

35

IDA Components

Self-Report (SR)

34 questions

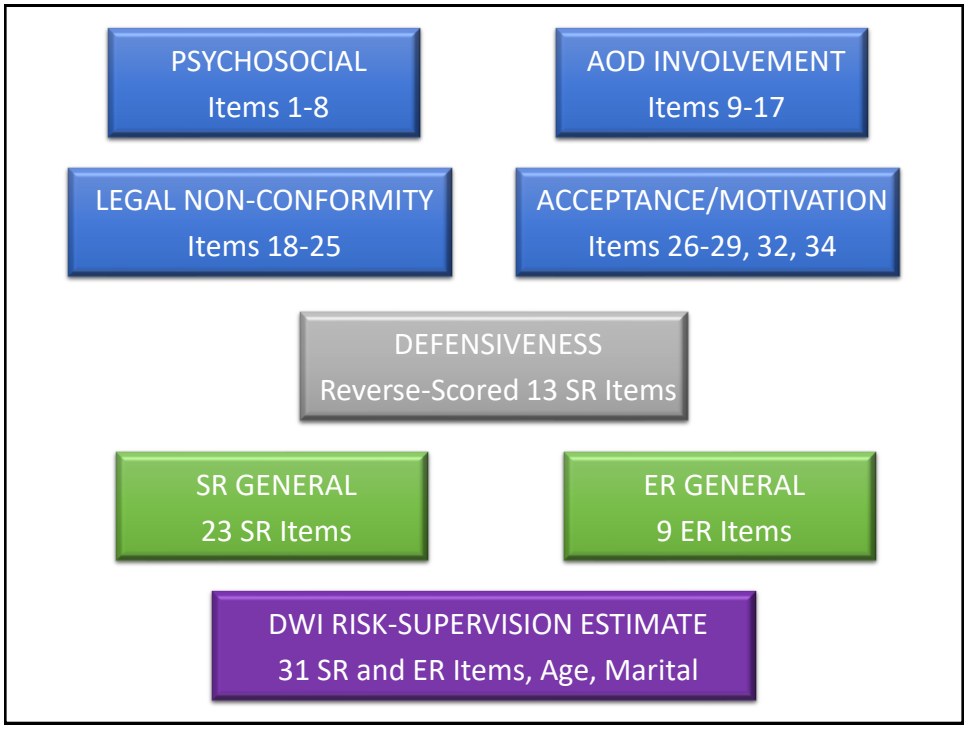
- Mental health and mood adjustment;
- AOD involvement and disruption;
- Social and legal non-conformity; and
- Acknowledgment of problem behaviors and motivation to seek help for these problems.

Evaluator Report (ER)

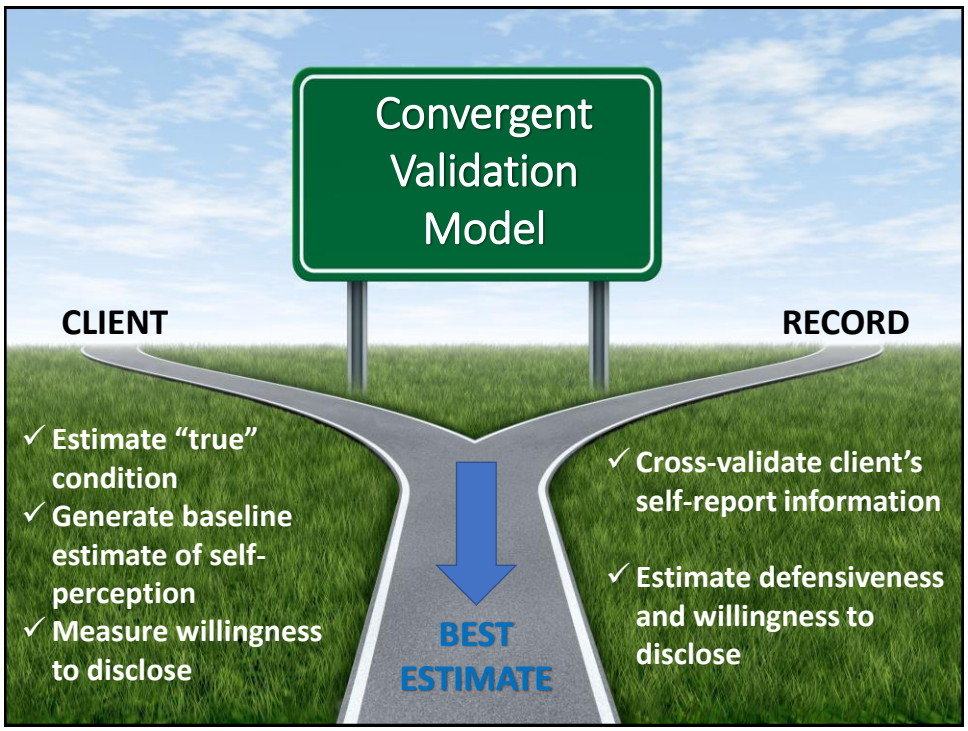
11 questions

- Past DWI/non-DWI involvement in judicial system;
- Prior education and treatment episodes;
- Past response to DWI education and/or treatment; and
- Current supervision and services status.

36

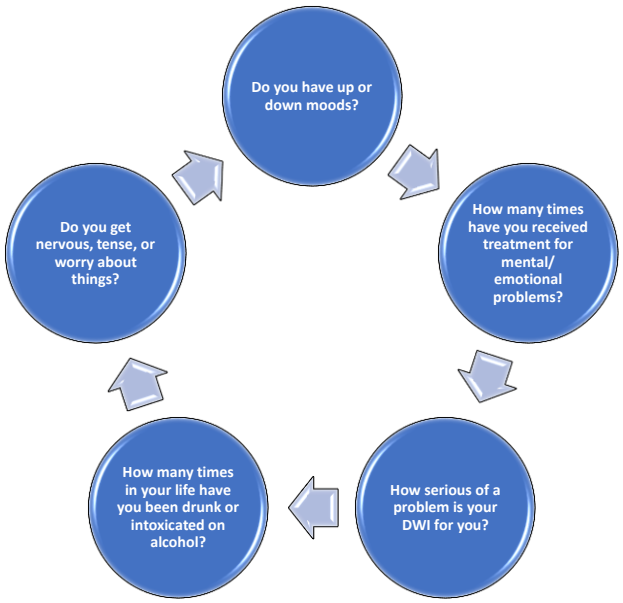

PSYCHOSOCIAL
Items 1-8
AOD INVOLVEMENT
Items 9-17
LEGAL NON-CONFORMITY
Items 18-25
ACCEPTANCE/MOTIVATION
Items 26-29, 32, 34
DEFENSIVENESS
Reverse-Scored 13 SR Items
SR GENERAL
23 SR Items
ER GENERAL
9 ER Items
DWI RISK-SUPERVISION ESTIMATE
31 SR and ER Items, Age, Marital

37


Convergent Validation Model
CLIENT
RECORD
✓ Estimate "true" condition
✓ Generate baseline estimate of self-perception
✓ Measure willingness to disclose
✓ Cross-validate client's self-report information
✓ Estimate defensiveness and willingness to disclose
BEST ESTIMATE

38

Self-report questions (e.g.)



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Evaluator report (e.g.)

- # of non-DWI involvements with criminal justice system
- # of DWI/AOD education program episodes
- # of treatment program episodes
- Past interlock use
- Past electronic monitoring use
- Level of supervision, treatment, and expected compliance

40

40

IMPAIRED DRIVING ASSESSMENT (IDA) SUMMARY
NORMATIVE PROFILE

A. DESCRIPTIVE INFORMATION

SUPERVISEE ID: 3114	EVALUATOR:		DATE: 1-27-12		
AGENCY:	ARREST DATE: 5-21-11		SENTENCING DATE: 12-21-11		
AGE: 39	SEX: ☑ MALE	☐ FEMALE	EDUCATION: 12		
RACE/ETHNIC: ☑ WHITE/NON-HISP	☐ BLACK/NON-HISP	☐ HISPANIC	☐ ASIAN	☐ AI/AN	☐ OTHER
MARITAL STATUS: ☐ SINGLE	☐ PARTNER	☑ MARRIED	☐ SEPARATED	☐ DIVORCED	☐ WIDOW

B. IDA SELF-REPORT (SR) AND EVALUATOR REPORT (ER) PROFILE

SCALE NAME	RAW SCORE	Low			Low-Medium		High-Medium			High		
		DECILE RANK										
		1	2	3	4	5	6	7	8	9	10	
1. PSYCHOSOCIAL	5	0	1		2	3		4	5	6 7 8	9 10	26
2. AOD INVOLVEMENT	17	0 1 2 3	4 5	6 7	8 9	10	11 12	13	14 15 16	17	19 21	22 24 32
3. LEGAL NON-CONFORM	5	0		1	2	3	4	5	6 7	8 9 10	11 12	27
4. ACCEPTANCE/MOTIVATE	14	0 1 2 3	4	5		6	7	8	9	10 11	12 13	18
5. DEFENSIVENESS	2	0 1	2	3	4	5	6	7	8	9	10	11 12 16
6. SR GENERAL	33	0 4 6 7	8 9 10	11 12 13	14 15	16 17	18 19 20	21 22 24	25 27 29	30 33	37	38 43 77
7. ER GENERAL	10	0 1 2		3	4	5	6	7	8 9	10		11 13 25
8. DRSE	36	0 9 10	11 12 13	14 15 16	17 18	19 20 21	22 23 24	25 27 29	30 32 35	36	39 42	43 50 96
		1	10	20	30	40	50	60	70	80	90	99
IDA NORMATIVE SAMPLE N=922		PERCENTILE										

41

Interpretation of Risk/Needs Areas

- Scored “high-medium” to “high” on first three scales
- Scored “high” on acceptance/motivation and “low” on defensiveness scales
- SR General and ER General raw scores are in the same decile rank range
- Scored “high” on DRSE scale

42

Case Example Recommendations

- More extensive evaluation in areas of psychosocial, AOD use, and illegal conduct
- Benefit from higher levels of supervision and AOD treatment
  - Relapse prevention
  - CBT to manage high risk situations
  - Interlock device
  - Random drug tests

43

Utilization and guidelines

1. **What are we trying to accomplish?**
   - Estimate the probability of negative outcomes and to re-offend
   - Estimate of supervision and service needs
2. **Does the IDA only estimate risk?**
   - Includes a resource for estimating service needs, responsivity to interventions, and traffic safety
3. **Should assessment be an evolving process?**
   - IDA is an initial screener, yet provides guidelines to proceed
   - Need more comprehensive assessment
4. **Should the IDA be used as a sole basis for making decisions?**
   - All sources of information are to be used—client/record
   - Final decisions are made by the evaluator and/or court

44

44

FAQ's

How much of my life will I have to burn conducting the IDA?

Does the IDA need to be conducted more than once?

Is it better to use the IDA at pre-sentence or post-sentence?

Why are some IDA questions asking about recent experience while others ask about lifetime?

45

FAQ's

What if our state is already required to use an assessment tool? Which score do I go with?

What if I suspect my client is not answering SR questions honestly?

Can't I let my client complete the self report at home?

Will the IDA give specific information on treatment referrals?

46

FAQ's

Is giving feedback to my client that important?

Please tell me this is the only assessment tool I will have to use!

What are the training options for my jurisdictions?

47

Does the IDA replace the PO?

48

Online training is available!

https://appa.academy.reliaslearning.com/Using-the-Impaired-Driving-Assessment--APPA-UTIDA-G.aspx

49

49

Computerized Assessment and Referral System

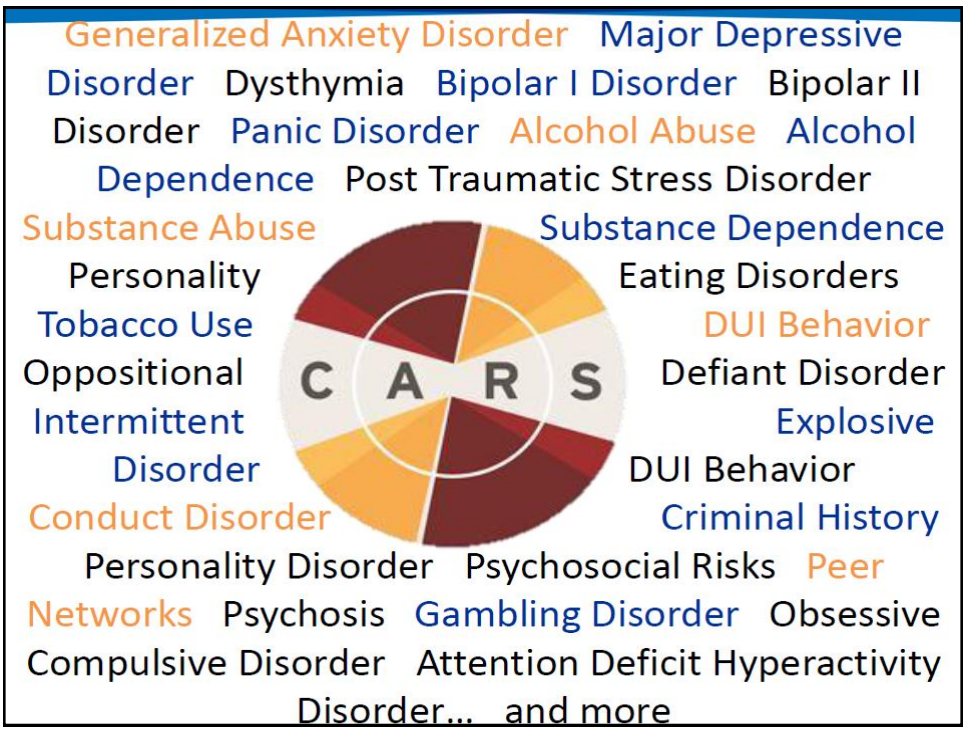
50

Development of CARS

- CARS was developed by a team of researchers from Cambridge Health Alliance, a teaching affiliate of Harvard Medical School.
  - Initial grant funding was provided by NIAAA; Responsibility.org continues to fund CARS research and implementation.
- The goal was to create an assessment tool specifically for a DUI offender population that fills the mental health void that exists with traditional instruments.

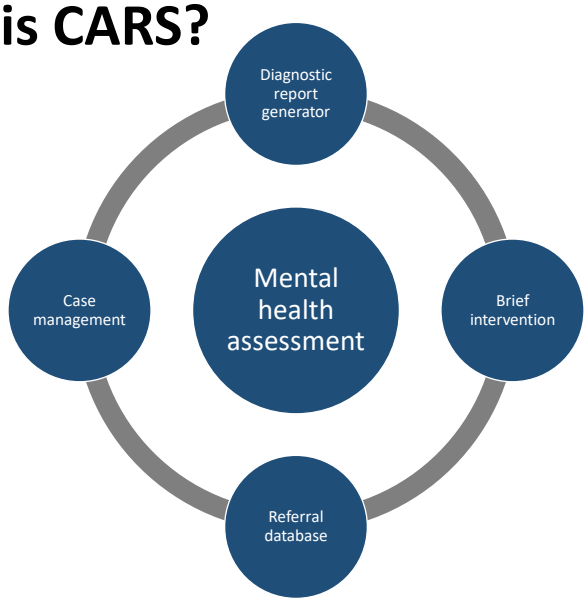
51

51



52

What is CARS?



53

53

What is CARS?

- Diagnostic report generator that gives providers and clients:
  - Immediate diagnostic information for up to 20 DSM-V Axis I disorders (onset, recency, persistence).
  - Geographically and individually targeted referrals to treatment services based on the outcomes of the assessment.

Substance dependence

Mental health issues

Intervention

54

54

How does CARS work?

- CARS is a completely electronic assessment tool. It is available as free open source software.
- There are three versions of the CARS tool that can be used:
  - Full assessment
  - Screener
  - Self-administered screener
- CARS is divided into modules representing various mental disorders and psychosocial factors.
  - The individual administering CARS can select any subset of modules.
- There is the ability to choose from a past 12-month or lifetime version of the questions for each disorder.

55

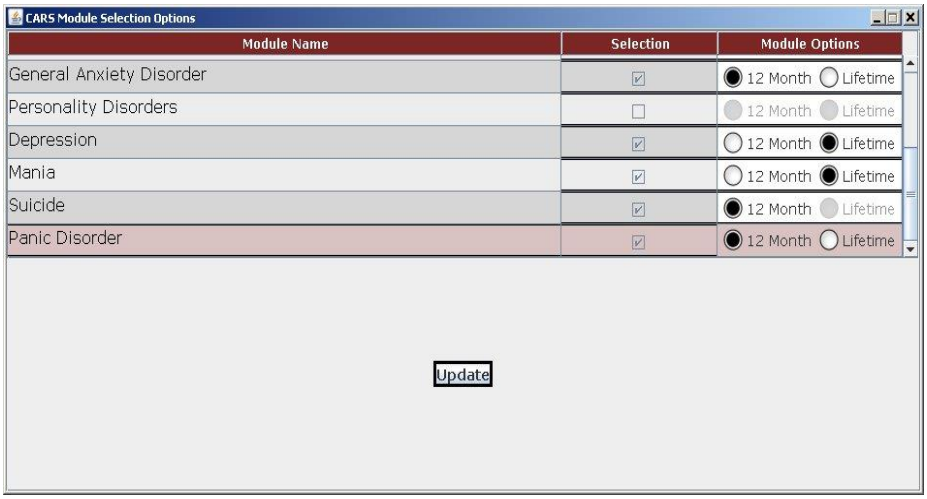
55

CARS comprehensive mental health screener domains		
Panic disorder	Social phobia	Eating disorders
Intermittent explosive disorder	Attention deficit/hyperactivity disorder	Obsessive compulsive disorder
Depression	Generalized anxiety	Suicidality
Mania/bipolar disorder	Post-traumatic stress disorder	Conduct disorder
Oppositional defiant disorder	Psychosis	Nicotine dependence
Alcohol use disorder	Drug use disorder	Gambling disorder
Psychosocial stressors	DUI/criminal behavior	

56

56

How does CARS work?

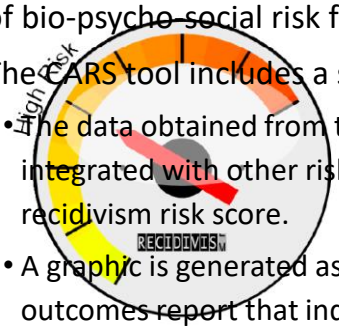


57

57

How does CARS work?

- Individual diagnostic reports have been programmed to provide information about the mental health disorders for which a person qualifies or is at risk, as well as a summary of bio-psycho-social risk factors.
- The CARS tool includes a section on DUI behavior.
  - The data obtained from the questions in this section is integrated with other risk factors to generate an overall DUI recidivism risk score.
  - A graphic is generated as part of the outcomes report that indicates where an individual is within a range of low to very high risk.



58

58

CARS report

Client Session:6493, Kat, Sep 10, 2013, Division on Addiction

C A R S

COMPUTERIZED ASSESSMENT AND REFERRAL SYSTEM

CARS Diagnostic Report Prepared for: Division on Addiction

TABLE OF CONTENTS

59

CARS report

CARS Diagnostic Case Summary

Bob is a 38 year-old woman who has accumulated 0 DUI arrests during her lifetime. She has met full criteria for 1 co-occurring mental health problem (see Table 1) and should receive a referral for additional professional mental health screening (regional referrals are listed on the end of the report)

Table 1. Mental Health Profile

	Met Criteria	Subclinical Symptoms	Screened into but not tested
Alcohol Abuse	PY		
Obsessive Compulsive Disorder			•
Psychosis			•
Conduct Disorder			•

PY = Past Year, LT = Lifetime

**Other disorders screened:PTSD, GAD, Alcohol Dependence, Substance Abuse, Substance Dependence, Personality Disorders, Major Depressive Disorder, Bipolar I, Bipolar II, Panic Disorder, Social Phobia, Intermittent Explosive Disorder, Tobacco Use, Gambling, Eating Disorders, ADHD*

Bob is at high risk for another DUI. Listed below are some of the factors that create this risk for Bob.

DUI Recidivism Risk Factors

- Alcohol Abuse
- Endorsed binge drinking

Based on Bob's mental health profile, she should consider seeking additional professional screening from the resources listed at the end of the report.

60

Bridging the gap…

- Unlike traditional assessments, CARS has a built-in referral system.
- CARS has been designed to include a list of individually-targeted referrals at the end of each report based on an individual's issues and zip code.
- Before CARS can be implemented, the referral list must be populated with treatment services that are available within that jurisdiction.

61

Benefits of CARS

- Provides immediate diagnostic information for up to 20 major psychiatric disorders.
- Provides geographically and individually targeted referrals to appropriate treatment services.
- Generates user-friendly reports at the click of a button.
- Informs supervision and treatment decisions.
- Runs on free open source software.
- Can be used by non-clinicians.
- Applicable in a number of settings.

62

62

National roll-out

- CARS was launched for general use in June 2017.
- Available to any court, probation department, or program free of cost.
- Online web portal for downloads and training: www.carstrainingcenter.org

63

Considerations for building your case plan

- What are your resources?
- What is your response to risk?
- Does your client know his assessment results?
- Use the IDA in addition to your generic assessment tool.

64

64

ASSESSMENT IS ONGOING & DYNAMIC

65

65

Utilize all tools available

- Screening/assessment for substance use and mental health disorders
- Refer to appropriate treatment interventions that are tailored to individuals' risk level and specific needs
- Treat co-occurring disorders concurrently
- Use technology to monitor compliance and progress (e.g., ignition interlocks, continuous alcohol monitoring, random drug testing, etc.)
- Hold offenders accountable for non-compliance
- Apply swift, certain, and meaningful sanctions

66

66

Individualize justice

- Understand that there is more to the offending than just driving drunk.
- Avoid judgments and focus on the individual; there is no one-size-fits-all model for supervision and treatment.
- Respect for the individual coupled with accountability.
- Utilize a comprehensive approach that addresses individual risk factors and treatment needs.

67

67

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68

68