

## RESEARCH SAYS....

Best Practices in assessment, management and treatment of impaired Drivers

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## SO, WHAT'S THE PROBLEM?

In 2010, there were 1.4 million drivers arrested for driving under the influence. In 2012 drunk drivers were responsible for over 10,322 fatalities.

More than 30% of drivers involved in fatal crashes on weekends are alcohol-impaired.

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## INDIVIDUALS ON COMMUNITY SUPERVISION - WHAT DO THEY LOOK LIKE?

- According to BJS, there were 4,781,300 individuals under community supervision in 2012
- About 15% of the probation population have been convicted of DUI's
- About 8% of the probation population have been convicted of multiple DUI's

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Who are you most likely to supervise on probation/parole?

- **Hardcore drunk drivers who drive with a high BAC level of .15 or above, with more than one drunk driving arrest**
- **Highly resistant to changing their behavior despite previous sanctions, treatment or education efforts.**
- **Less than five percent of these drivers account for about 80 percent of the impaired driving episodes**

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This is the population responsible for 6 of 10 alcohol related deaths

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What are the challenges to supervising these impaired drivers?

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### THREE APPROACHES TO ADDRESSING BEHAVIORS OF DRUNK DRIVERS

- prevent driving
- prevent driving after drinking
- prevent drinking

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### GUIDELINES FOR THE COMMUNITY SUPERVISION OF DUI OFFENDERS

#### Guideline 1

Investigate, collect, and report relevant and timely information that will aid in determining appropriate interventions and treatment needs for DWI offenders during the release, sentencing, and/or supervision phases.

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### ASSESSING FOR RISK/NEEDS AMONG IMPAIRED DRIVERS

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ARE ABUSE OR ADDICTION THE ONLY CAUSAL FACTORS WE SHOULD BE CONCERNED ABOUT?



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### WHAT IS "RISK"?

The probability of an individual convicted of one DWI being arrested for a subsequent DWI offense.

### WHY IS IT IMPORTANT?

1. Allocate appropriate agency resources
2. Identify appropriate type/intensity of treatment

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### MAJOR RISK AREAS OF DWI RECIDIVISM

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

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### ADDITIONAL AREAS FOR CONSIDERATION

- ▶ Acceptance/Motivation: willingness to accept responsibility for DWI offense and to engage in intervention services
- ▶ Defensiveness: need to protect self-image
- ▶ BAC Level: may indicate behavioral/physical disruptions, greater awareness of AOD problems, and lack of judgment and responsibility
- ▶ Aggravating Factors: auto crash, bodily injury or death, child/minor in vehicle, and prior felony DWI

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### RISK ASSESSMENT INSTRUMENTS

- ▶ ADS (Alcohol Dependence Scale)
- ▶ ASUDS-R (Adult Substance Use and Driving Survey – Revised)
- ▶ ASI (Alcohol Severity Index)
- ▶ AUDIT (Alcohol Use Disorders Identification Test)
- ▶ IDTS (Inventory Drug-Taking Situations)
- ▶ DAST (Drug Abuse Screening Test)
- ▶ LSI-R (Level of Service Inventory-Revised)
- ▶ MAST (Michigan Alcoholism Screening Test)
- ▶ SASSI (Substance Abuse Subtle Screening Inventory)
- ▶ RIASI (Research Institute on Addiction Self Inventory)
- ▶ Biomarkers

Robertson, R.D., Wood, K. M., & Holmes, E. A. (2014). *Impaired Driving Risk Assessment: A Primer for Practitioners*. Ottawa, Ontario, Canada: Traffic Injury Research Foundation.

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### IMPAIRED DRIVING ASSESSMENT (IDA)

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## IDA-SELF REPORT

This component was comprised of **35 questions** designed to measure both a client's retrospective and current perceptions of conditions related to:

- 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.

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## IDA-EVALUATOR REPORT

This component was comprised of **10 questions** designed to provide information around the client's:

- 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.

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## UTILIZATION AND GUIDELINES

### 1. What are we trying to accomplish?

- Estimate the probability of negative outcomes and to reoffend
- Estimate of supervision and service needs

### 2. What about the effects of services?

- Initial estimate *will not* account for such effects
- Significant level of false positives

### 3. Does the IDA only estimate risk?

- Includes a resource for estimating service needs, responsibility to interventions, and traffic safety

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## UTILIZATION AND GUIDELINES

4. Should assessment be an evolving process?
  - IDA is an initial screener, yet provides guidelines to proceed
  - Need more comprehensive assessment
  
5. How can we understand the impact to traffic safety?
  - Relevance of BAC levels in relation to risk
  - Responsibility to uphold traffic/public safety
  
6. 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

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## GOALS OF THE 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 DWI clients.
  
3. Estimate the level of **responsivity** of clients to supervision and to DWI and AOD education and treatment services.
  
4. Identify the degree to which the client's DWI has jeopardized **traffic safety** and to address this in the supervision plan.

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## MORE INFORMATION ABOUT THE IDA

- ▶ Currently publicly available in paper format
  
- ▶ Individuals must undergo training to administer, score, and interpret the instrument
  
- ▶ New project underway with NHTSA to develop online training course and a computerized version for purposes of automation
  
- ▶ Also, want to expand its use to impaired-driving populations in justice settings other than probation

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**"THE BIG FOUR" CRIMINOGENIC NEEDS**

Criminogenic Need	Response
Anti-social cognition	Reduce anti-social cognition, recognize risky thinking and feelings, adopt an alternative identity
Anti-social companions	Reduce association with offenders, enhance contact with pro-social
Anti-social personality or temperament	Build problem solving, self management, anger management, and coping skills
Family and/or marital	Reduce conflict, build positive relationships and communication, enhance monitoring/supervision

Source: Andrews, Donald A. (2007). "Principles of Effective Correctional Programs". In Motiuk, Laurence L. and Sem, Ralph C. (2007). Compendium 2000 on Effective Correctional Programming. Correctional Service Canada. Available at <http://www.csc-scc.gc.ca/text/rep/compendium/2000/index-eng.html>

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**"THE LESSER FOUR" CRIMINOGENIC NEEDS**

Criminogenic Need	Response
Substance abuse	Reduce usage, reduce the supports for abuse behavior, enhance alternatives to abuse
Employment	Provide employment seeking and keeping skills
School	Enhance performance rewards and satisfaction
Leisure and/or recreation	Enhance involvement and satisfaction in pro-social activities

Source: Andrews, Donald A. (2007). "Principles of Effective Correctional Programs". In Motiuk, Laurence L. and Sem, Ralph C. (2007). Compendium 2000 on Effective Correctional Programming. Correctional Service Canada. Available at <http://www.csc-scc.gc.ca/text/rep/compendium/2000/index-eng.html>

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**SUPERVISION-WHAT WORKS?**

**Guideline 2**

Develop individualized case or supervision plans that outline supervision strategies and treatment services that will hold DWI offenders accountable and promote behavioral change.

**Guideline 3**

Implement a supervision process for DWI offenders that balances supervision strategies aimed at enforcing rules with those designed to assist offenders in changing behavior.

**Guideline 4**

Where possible, develop partnerships with programs, agencies, and organizations in the community that can enhance and support the supervision and treatment of DWI offenders.

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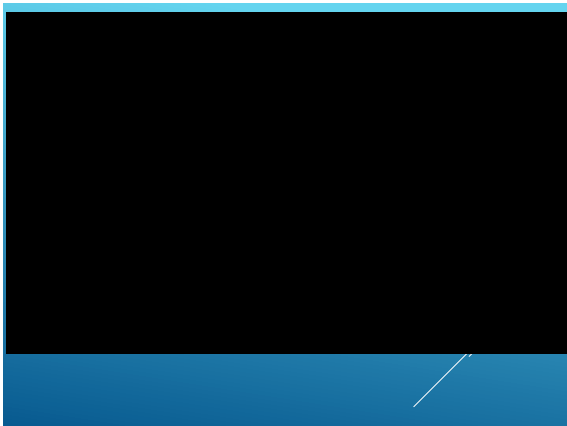
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### INTERLOCK-WHAT DOES RESEARCH SAY?

- Research studies have demonstrated a significant reduction – ranging from 50% to 90% – in recidivism while the devices are installed.
- A number of these research studies have also shown significant increases in the rate of recidivism following the removal of the ignition interlock devices from the offender's vehicle

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### TRANSDERMAL ALCOHOL DEVICES

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## TRANSDERMAL ALCOHOL DEVICES-WHAT DOES RESEARCH SAY?

Transdermal monitoring is generally effective in deterring offenders from drinking alcohol

Information collected through transdermal technology is generally accurate

Offenders who drink or are otherwise noncompliant are likely to be identified

Transdermal monitoring helps enforce abstinence, which in turn helps offenders quit drinking and go into a recovery stage

Continuous transdermal monitoring is a more effective means of monitoring drinking than other techniques and technologies

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## REMOTE BREATH TESTS



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- Device is Mobile, Discreet and Convenient
- Test Results and Alerts are in Real-Time
- No downloading or landline needed
- Color photo with each test
- Best wireless coverage, instant reporting
- Highly accurate, trusted sensor
- GPS location on each test
- 5+ days battery life
- Transparent results, faster reaction time

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## DUI COURT

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### THE GUIDING PRINCIPLES OF DWI COURTS

- #1: DETERMINE THE POPULATION
- #2: PERFORM A CLINICAL ASSESSMENT
- #3: DEVELOP THE TREATMENT PLAN
- #4: SUPERVISE THE OFFENDER
- #5: FORGE AGENCY, ORGANIZATION, AND COMMUNITY PARTNERSHIPS
- #6: TAKE A JUDICIAL LEADERSHIP ROLE
- #7: DEVELOP CASE MANAGEMENT STRATEGIES
- #8: ADDRESS TRANSPORTATION ISSUES
- #9: EVALUATE THE PROGRAM
- #10: ENSURE A SUSTAINABLE PROGRAM

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## DUI COURT-WHAT DOES THE RESEARCH SAY?

### Georgia

Repeat DWI offenders graduating from DWI Courts were up to 65% less likely to be re-arrested for a new DWI offense

All DWI Court participants had a recidivism rate of 15%, whether or not they graduated or were terminated, versus a recidivism rate of up to 35% for those not in DWI Court.

The three DWI Courts prevented between 47 and 112 more repeat DWI arrests.

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### Wisconsin

The DWI Court sample consisted of 3<sup>rd</sup>-time DWI offenders, 94 percent of whom had been diagnosed as alcohol dependent. Recidivism rates for any new offense were significantly lower for the DWI Court participants than for the comparison sample.

### Michigan

Positive findings were also reported in a three-county evaluation of DWI Courts in Michigan. In nearly all of the comparisons, the trends favored better outcomes for the DWI Court participants. In one county, the participants were up to 19 times less likely to reoffend. The finding also noted that DWI Courts saved the criminal justice system time and money when compared to a traditional court.

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## CAMPBELL COLLABORATION ASSESSMENT

On average DWI Courts reduce recidivism by 13%

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# TREATMENT FOR IMPAIRED DRIVERS

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- ▶ Eight Evidence-Based Principles for Effective Interventions
- ▶ 1. Assess Actuarial Risk/Needs.
- ▶ 2. Enhance Intrinsic Motivation.
- ▶ 3. Target Interventions. a. Risk Principle: Prioritize supervision and treatment resources for higher risk offenders. b. Need Principle: Target interventions to criminogenic needs. c. Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs. d. Dosage: Structure 40-70% of high-risk offenders' time for 3-9 months.
- ▶ 4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).
- ▶ 5. Increase Positive Reinforcement.
- ▶ 6. Engage Ongoing Support in Natural Communities.
- ▶ 7. Measure Relevant Processes/Practices.
- ▶ 8. Provide Measurement Feedback.

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## • TREATMENT FOR DUI OFFENDERS

- MOTIVATIONAL INTERVIEWING OR MOTIVATIONAL ENHANCEMENT
- COGNITIVE BEHAVIORAL THERAPY
- BRIEF INTERVENTIONS
- COUNSELING/THERAPY (PATIENT-CENTERED OR GROUP)
- PHARMACOLOGICAL INTERVENTION (MAT)
- DETOXIFICATION
- MULTI-PROGRAM AGENCIES

Friendly reminder- Alcohol treatment should not be used as an incentive or a sanction

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## ALCOHOL TREATMENT-WHAT DOES THE RESEARCH SAY?

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## TREATMENT MUST BE...

- Evidence based
- Matched to offender needs
- Include an aftercare component
- Effective treatment attends to multiple needs of the individual, not just his or her abuse
  - Relapse can be expected

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## TREATMENT OPTIONS IN RURAL COMMUNITIES

### Virtual/Online Treatment

Counselors and consumers meet in a 3D virtual world to have individual or group counseling sessions.

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### **MAT-WHAT DOES THE RESEARCH SAY?**

- Improve survival**
- Increase retention in treatment**
- Decrease criminal activities**
- Increase employment**
- Improve birth outcomes with perinatal addicts**

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### **MAT-WHAT DOES RESEARCH SAY?**

- Doesn't make you stop drinking**
- Should be used in conjunction with treatment**
- May be covered by insurance/ACA**
- No clear evidence that MAT reduces cravings for alcohol**

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## WHAT ARE THE GAPS IN YOUR COMMUNITY?

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## RESOURCES AND LINKS

**National Association of Drug Court Professionals-** <http://nadcp.org/>  
**American Probation and Parole Association-** <http://www.appa-net.org/eweb/>  
**National Highway Traffic Safety Administration-** <http://www.nhtsa.gov/>  
**Traffic Injury Research Foundation-** <http://www.tirf.ca/index.php>

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## THANK YOU

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