Assessment Tools for the Impaired Driver

Mark Stodola
Probation Fellow
American Probation and Parole Association

James Eberspacher
Director
National Center for DWI Courts







• Participants will identify how DUI assessments impact sentencing and supervision strategies.



 Participants will identify the characteristics and profiles of impaired drivers and the criminogenic risk factors that increase their likelihood of recidivating.



• Participants will identify three validated instruments for screening and assessing impaired drivers.

Idaho DUI Arrests



Idaho DUI Crashes

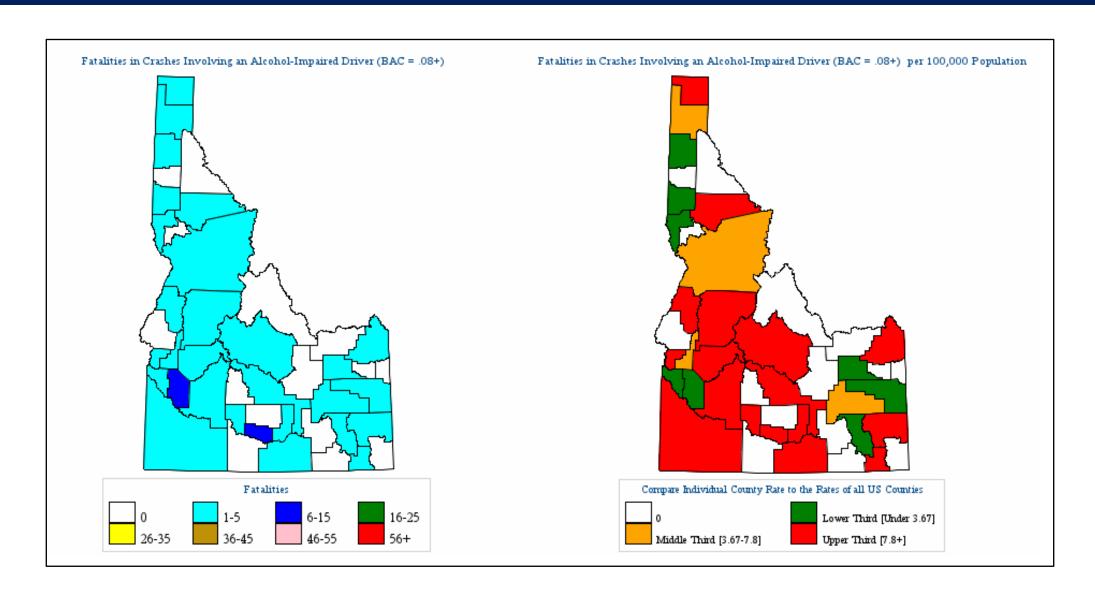
Alcohol-Impaired Driving	201 <u>5</u>	2016	2017 1,529	2018	2019
Crashes (BAC=.08+)	1,367	1,535		1,456	1,501

Idaho DUI Fatalities

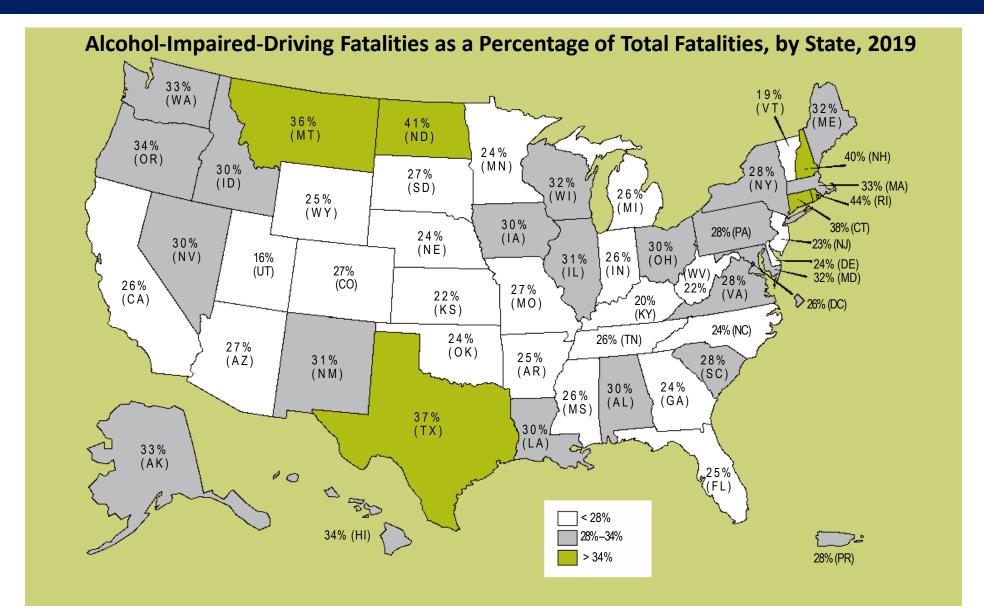


^{*}Above the national average

Fatalities by County for 2019



Fatalities by State for 2019



Impaired Driver Profiles

- Predominantly male (70-80%)
- Between the ages of 20-45; majority between ages 20-30
- Employed/educated at a higher rate than other offenders
- High-BAC levels (.15>)
- Often drink more per occasion and consume more alcohol than the general population; majority are binge drinkers
- Often have SUDs
- Have personality and psychosocial factors that increase risk of offending: irritability, aggression, thrill-seeking, impulsiveness, external locus of control (blaming others), anti-authoritarian attitudes

Repeat Impaired Drivers



- Overwhelmingly male (90%); ages 20-45
- More often single, separated, or divorced
- Tend to have lower levels of education/income and higher levels of unemployment compared to first offenders
 - More likely to have BACs exceeding .20 or refuse to provide a chemical sample
- Age of onset of drinking, family history, and alcohol misuse are risk factors

Repeat Impaired Drivers



- Likely to have cognitive impairments (executive cognitive functioning) due to long-term alcohol dependence.
- More likely to have a higher disregard for authority and show greater indications of anti-social personality disorder.
- May result in lack of motivation which can affect willingness to engage in treatment.

Major Risk Areas of DUI Recidivism

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

Screening and Assessments

- 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.

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.



Selecting Risk Instruments

Reliability and validity

- ✓ Be wary of overrides
- ✓ Trust the tool

✓ Standardized

✓ Provide ongoing training, mentoring, and oversight

✓ Ease of use

✓ Does probation already have a validated tool?

✓ Justice population



Use Risk-Need-Responsivity Principles

Model as a guide to Best Practices

RISK

WHO

Match the intensity of the individual's intervention to their risk of reoffending

Deliver more intense intervention to higher-*risk* offenders

NEED

WHAT

Target criminogenic needs: antisocial behaviors and attitudes, SUD, and criminogenic peers

Target criminogenic needs to reduce risk of recidivism

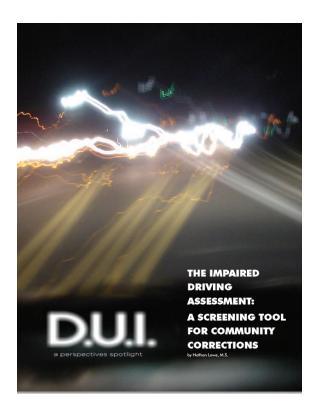
RESPONSIVITY

HOW

Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender

Address the issues that affect *responsivity*

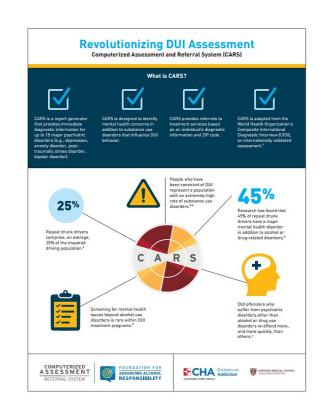
Validated Instruments are Critical



Impaired Driving Assessment

IDA Resource Center

www.appa-net.org/IDARC/index.html



Computerized Assessment and Referral System

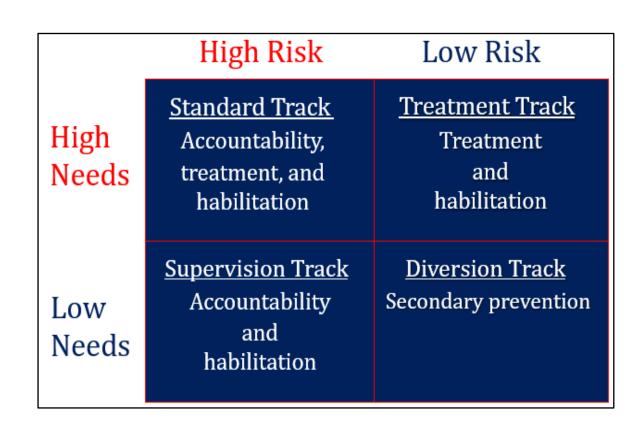
www.carstrainingcenter.org

Screening Tool: DUI-RANT

Risk And Needs Triage

DUI-RANT

- Screening tool that take approximately 15 minutes to administer
- Derived from the empirically based risk and needs triage tool
- Used to improve how impaired drivers are assessed and managed
- Generates criminogenic risk and treatment need profiles
- Further assessment needs to be completed
- Cost to use



http://www.tresearch.org/products/courts

Impaired Driver Assessment

Are abuse or addiction the only causal factors we should be concerned about?



Goals of the Impaired Driver Assessment

- 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 community safety and to address this in the supervision plan.

Development of the IDA

 Conducted a literature review of existing instruments and relevant research

- 2. Conducted preliminary research with a large sample of offenders sentenced to probation/parole for DWI
- 3. Examined item and scale results of a differential screening assessment on four large sample of DWI offenders
- 4. Consulted with a number of experts in the field of impaired-driving research and treatment



Major Risk Areas of DUI Recidivism

- Prior involvement in the justice system specifically related to impaired driving.
- Prior non-DUI involvement in the justice system.
- Prior involvement with alcohol and other drugs.
- Mental health and mood adjustment problems.
- Resistance to and non-compliance with current and past involvement in the justice system.

Are risk factors the same for drugged drivers?

Convergent Validation Model

CLIENT

RECORD

- ✓ Estimate "true" condition
- ✓ Generate baseline estimate of self-perception
- ✓ Measure willingness to disclose

BEST

ESTIMATE

- Cross-validate client's self-report information
- Estimate defensiveness and willingness to disclose

2 Components of the IDA

Self-Report (SR)

32 questions

- Mental health and mood adjustment;
- AOD involvement and disruption;
- Social and legal nonconformity; 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.



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

Structuring Statement (The 'Set-Up')

3) GIVE FEEDBACK

2) convey that you access to COLLATERAL information

1) explain PURPOSE of assessment in general & positive terms.

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 STAT	US: SINGLE	PARTNER MARRIED	SEPARA'	TED DIVORCED WIDOW					

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

SCALE NAME	RAW SCORE	Low		Low-Medium Hig DECILE RANK		h-Medium		High				
		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 23	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	t c c	3	4	5	6	7	8 9	1	0	11 13 25
8. DRSE	36	0 9 10	11 12 13	141516	17 18	19 20 21	22 23 24	25 27 29	30 32 35	36	39 42	43 50 96
IDA NORMATIVE SAMPLE N	=922	1	10	20	30	40 PERC	50 ENTILE	60	70	80		90 99

1. PSYCHOSOCIAL ADJUSTMENT

 Measures self-view of recent and current psychological and work status

 Scores reflect extent of distress related to stress, depression, anger management, AOD use to manage these conditions and difficulty in the area of job productivity

Appropriate recommendations for cases who score *higher* on this scale would be:

- A. Undergo in-depth evaluation
- B. Refer for services
- C. Address conditions during supervision

2. AOD INVOLVEMENT

 Measures lifetime involvement in alcohol and THC, negative consequences related to AOD use, past driving violations and driving impaired

Appropriate recommendations for cases who score *higher* on this scale would be:

- A. Undergo in-depth evaluation
- B. Customize drug testing plan
- C. Enhance motivation for treatment

3. LEGAL NON-CONFORMITY

 Measures involvement in past criminal conduct/judicial system, including use of illegal drugs

• DWI offenders tend to score lower...why?

What about repeat offenders, though?

Okay...so what?

Higher scores increase the risk of resisting rules and structure...recommend a more structured supervision plan

4. ACCEPTANCE AND MOTIVATION

 Measures willingness to accept responsibility for DWI and expected positive response to intervention services

 Higher scores on this scale correspond with higher scores on the other three scales, which means a greater extent of conditions

What do you think cases with higher scores need?

More **intensive** levels of intervention services

5. DEFENSIVENESS

• Comprised of 13 items to which most DWI clients should endorse; yet, some respond "no/never" to most

 Most DWI clients are defensive, though repeat offenders tend to be more self-disclosing

 Higher scores indicate reluctance to disclose undesirable or negative personal qualities, to be socially acceptable



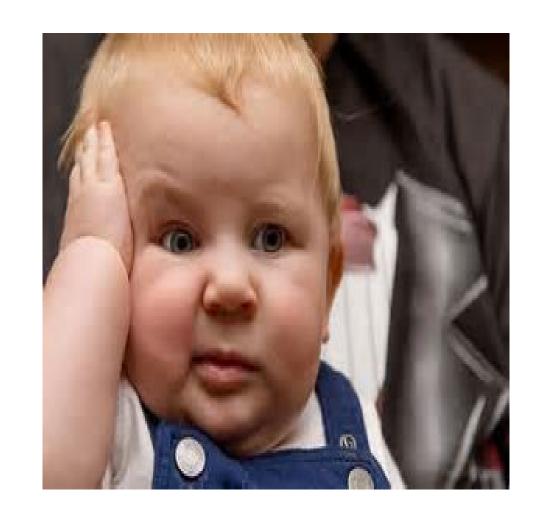
FAQ's

How much of my life will I have to burn conducting DWI assessments?

Do these assessments need to be conducted more than once?

Is it better to assess at presentence or post-sentence?

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



FAQ's

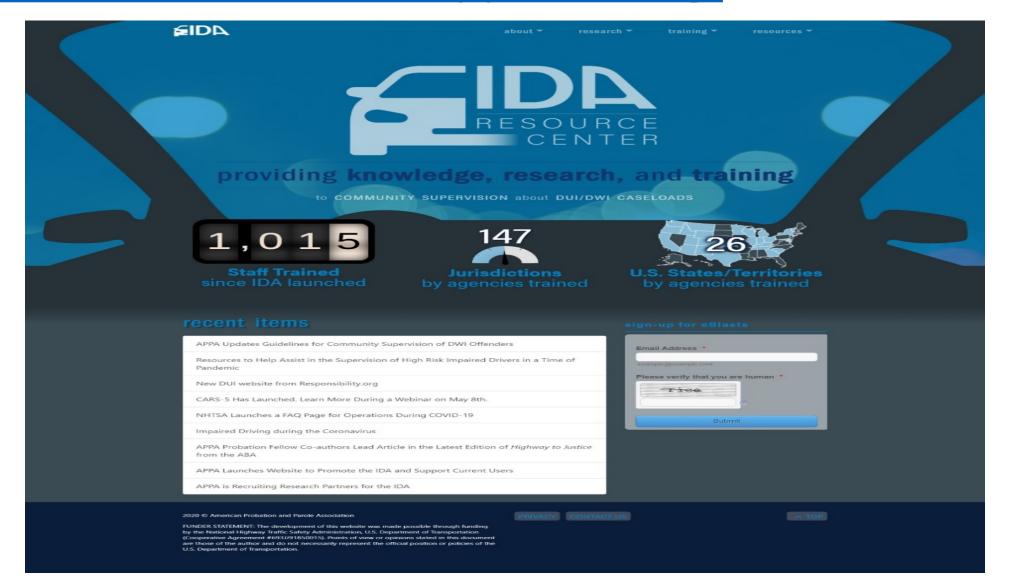
What if our state is already required to use an assessment tool? Which score do I go with?

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

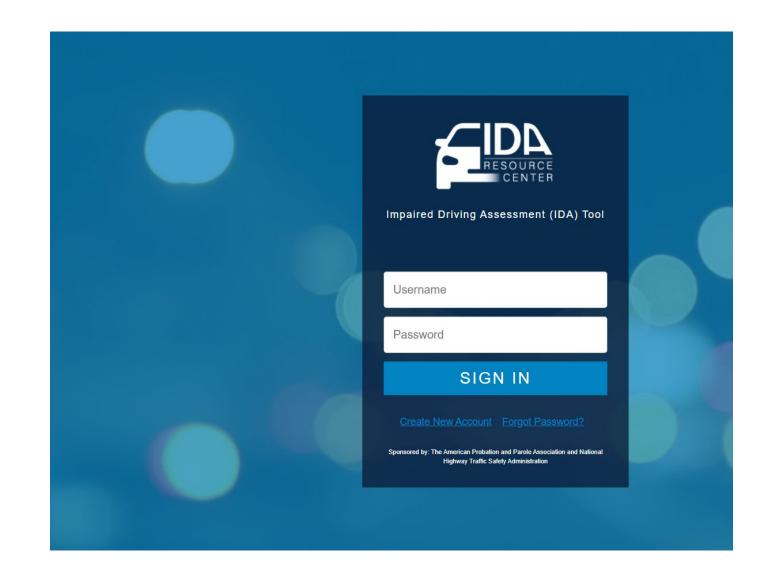
Will the IDA give specific information on treatment referrals?



IDA Resource Center (appa-net.org)



Web-Based Application





Computerized Assessment Referral System

The 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.



The development of CARS

- CARS is a standardized mental health assessment that is adapted from the World Health Organization's Composite International Diagnostic Interview (CIDI).
- Developed by Dr. Ron Kessler and his team at Harvard, the CIDI is a structured interview for psychiatric disorders.
 - Internationally validated instrument
 - Used extensively in research including the National Comorbidity Survey



Purpose of CARS

CARS is a risk and needs assessment.

High Risk/
High Need

Low Need

Low Risk/
High Need

Low Risk/
Low Need

- **Primary purpose:** identify mental health and substance use disorders among DUI offenders and facilitate treatment referral for those issues.
- Secondary use: predict DUI recidivism risk from mental health profiles.



Generalized Anxiety Disorder Major Depressive
Disorder Dysthymia Bipolar I Disorder Bipolar II
Disorder Panic Disorder Alcohol Abuse Alcohol
Dependence Post Traumatic Stress Disorder

Personality
Tobacco Use
Oppositional
Intermittent
Disorder
Conduct Disorder

Substance Dependence
Eating Disorders

DUI Behavior
Defiant Disorder

Explosive
DUI Behavior
Criminal History

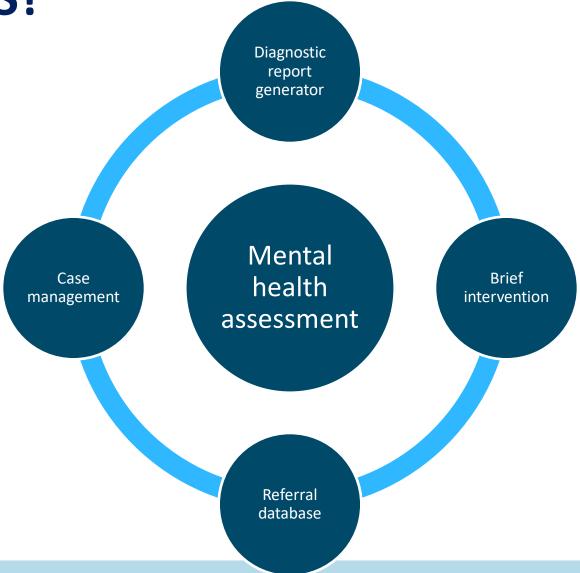
Personality Disorder Psychosocial Risks Peer

Networks Psychosis Gambling Disorder Obsessive

Compulsive Disorder Attention Deficit Hyperactivity

Disorder... and more

What is CARS?





What is CARS?

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

Substance use

Mental health issues



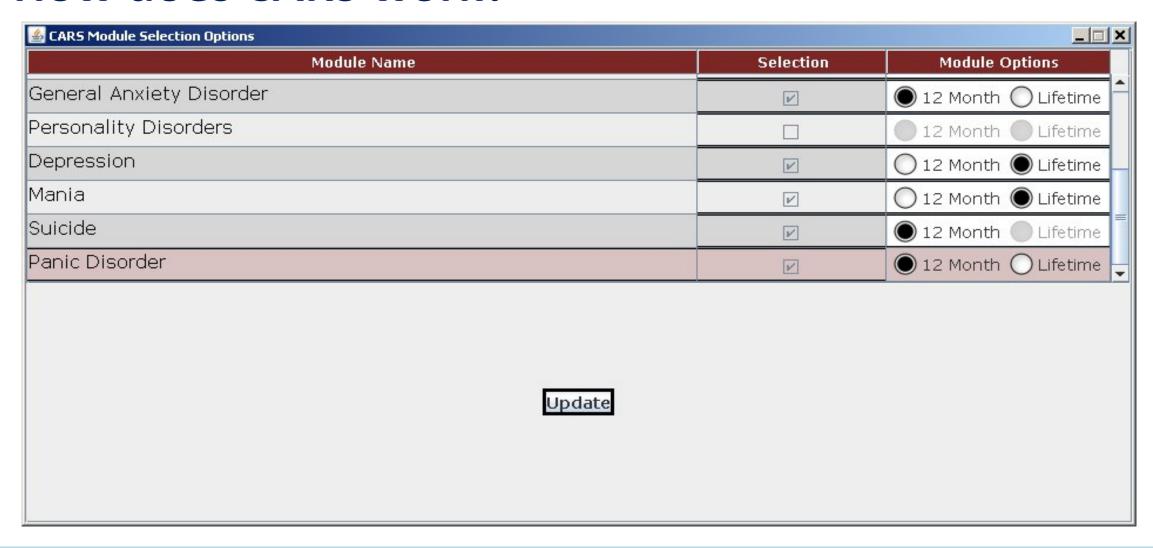


- The CARS tool is a completely electronic assessment tool. It is available as free open-source software.
- There are three versions of the CARS tool that can be used:
 - Full assessment
 - Screener
 - Self-administered screener
 - Plus... Spanish version
- CARS is divided into modules representing various 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.

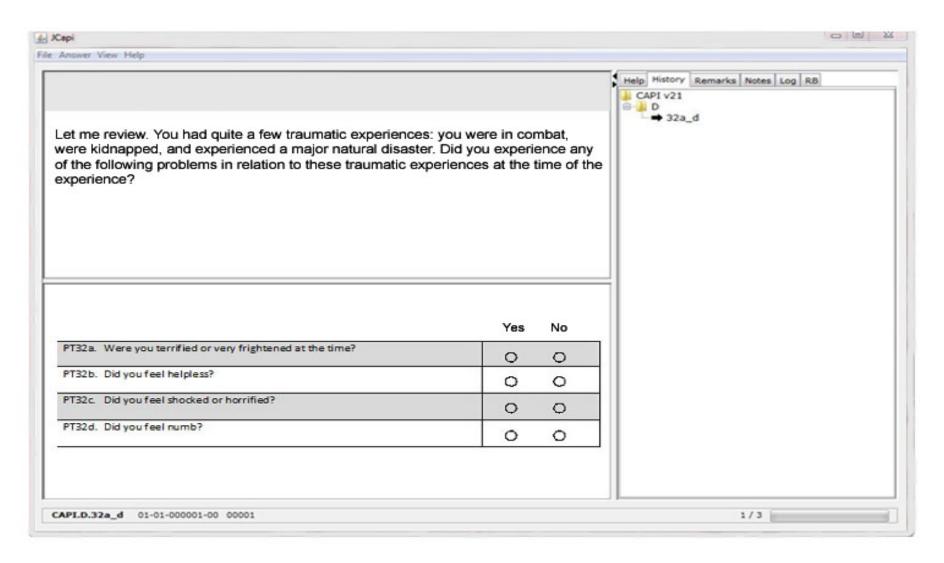


CARS comprehensive mental health screener domains				
Panic disorder	Social phobia	Eating disorders		
Intermittent explosive disorder	Attention deficit/hyperactivity disorder	Obsessive compulsive disorder		
Depression	Generalized anxiety	Suicidality		
Mania/bipolar disorder	Post-traumatic stress disorder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











- 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.



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			•
<u>Psychosis</u>			•
Conduct Disorder			•

PY = Past Year, LT = Lifetime

*Other disorders screened:PTSD, GAD, Alcohol Dependence, Substance Abuse, Substance Dependence, Personality Disorders, Major Depressive Disorder, 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.



Taking it one step further...

- 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.
 - The services can include hospitals, outpatient treatment programs, residential, withdrawal management programs, halfway houses, selfhelp programs, etc.
 - Also included are public transportation options (such as bus routes) to travel to each location.
- Before CARS can be implemented, the referral list must be populated with treatment services that are available within that jurisdiction.





Taking it one step further...

Client: Bob Gender: Female Age: 38

Regional Referral Information

Based off Bob's interview and the zip code provided (01060), referrals to the 5 closest regional resources for additional mental health screening and treatment are listed below. In addition to these options, Bob also might consider utilizing other relapse and recovery resources, such as AA or online recovery and recidivism prevention programs.

Clinical Support Options

10 Main Street , Florence , MA 01062

(413) 582-0471

http://www.csoinc.org/

Mental Health Treatment: Yes Substance Use Treatment: Yes Public Transportation Options: (N/A)

Windhorse Integrative Mental Health (a therapeutic community)

211 North St, Northampton, MA 01060

(413) 586-0207

http://www.windhorseimh.org/ Mental Health Treatment: Yes Substance Use Treatment: Yes

Public Transportation Options: PVTA Bus - 39/39E/B43/M40 - Sheldon Field (W)

PVTA Bus - R44 - 54 Industrial Drive



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.





National roll-out

- CARS was launched for general use on June 19, 2017.
- Available to any court, probation department, or program free of cost.
- Online web portal for downloads and training: www.carstrainingcenter.org



Addiction HOME

ABOUT

THE INSTRUMENT

RESOURCES

PUBLICATIONS

CONTACT



Considerations when using a new tool...

□Which **instrument** is best for your court/agency? ☐ Who will be responsible for administering the assessment instrument? □Will you administer the assessment pre- or postsentence? □Will you use with all offenders or just repeat offenders? □What **policy** changes will you have to make? ☐ What **key stakeholders** need to be advised? □When will you implement?

Questions?

Contact Information

Mark Stodola

American Probation and Parole Association

Probationfellow@csg.org

Jim Eberspacher

National Center for DWI Courts

jeberspacher@nadcp.org