Research Says…2020
Best Practices in Assessment, Management and Treatment of Impaired Drivers

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Learning Objectives

Identify how DWI assessments impact supervision strategies

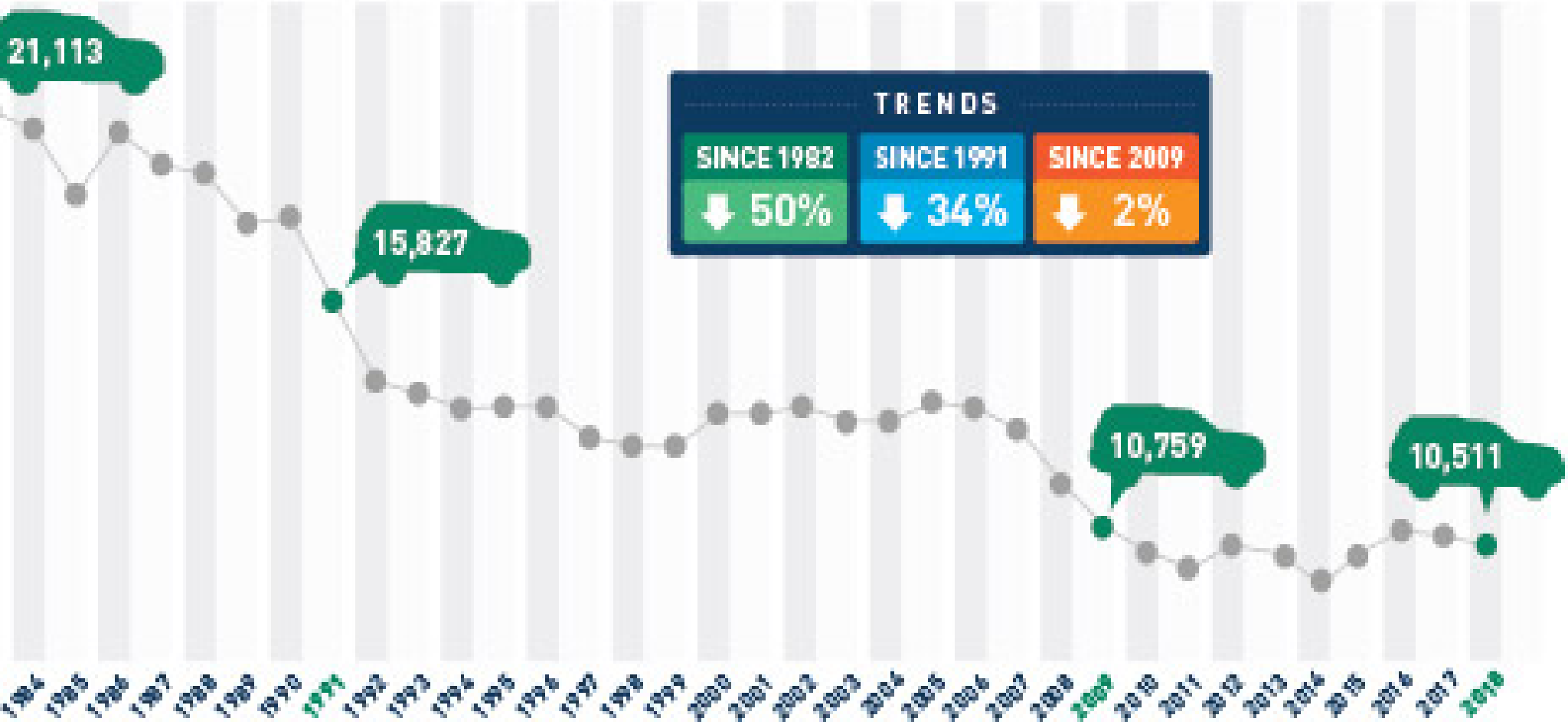
Identify at least two supervision strategies that are effective in the supervision of DWI offenders

Explain how assessments can help deliver the most appropriate treatment dosage based on offender risk and needs

DRUNK DRIVING BY THE

- In 2017, there were over **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**
- **111 million** drunk driving episodes occurred in 2018.

Drunk Driving Deaths Decreased in 2018



And we are committed to lead this fight until we reach zero.

Data Source: NHTSA, FARS, 10/19

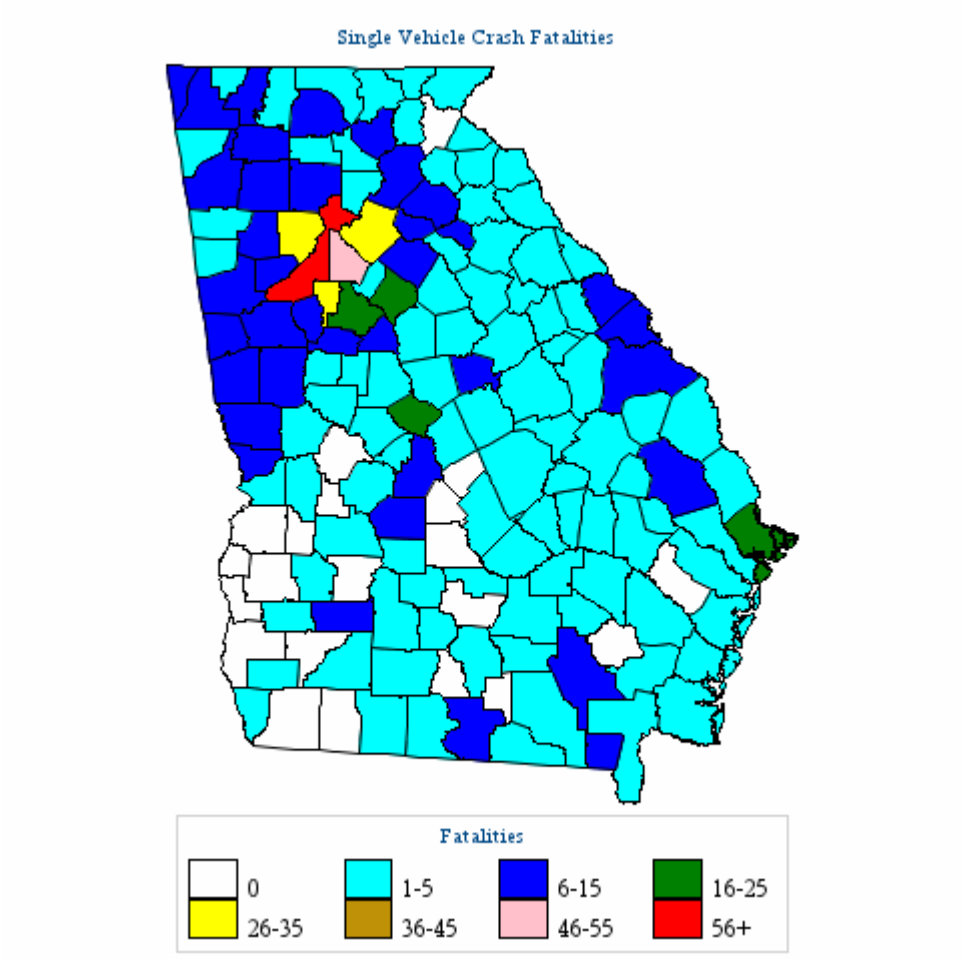
Georgia DWI Arrests

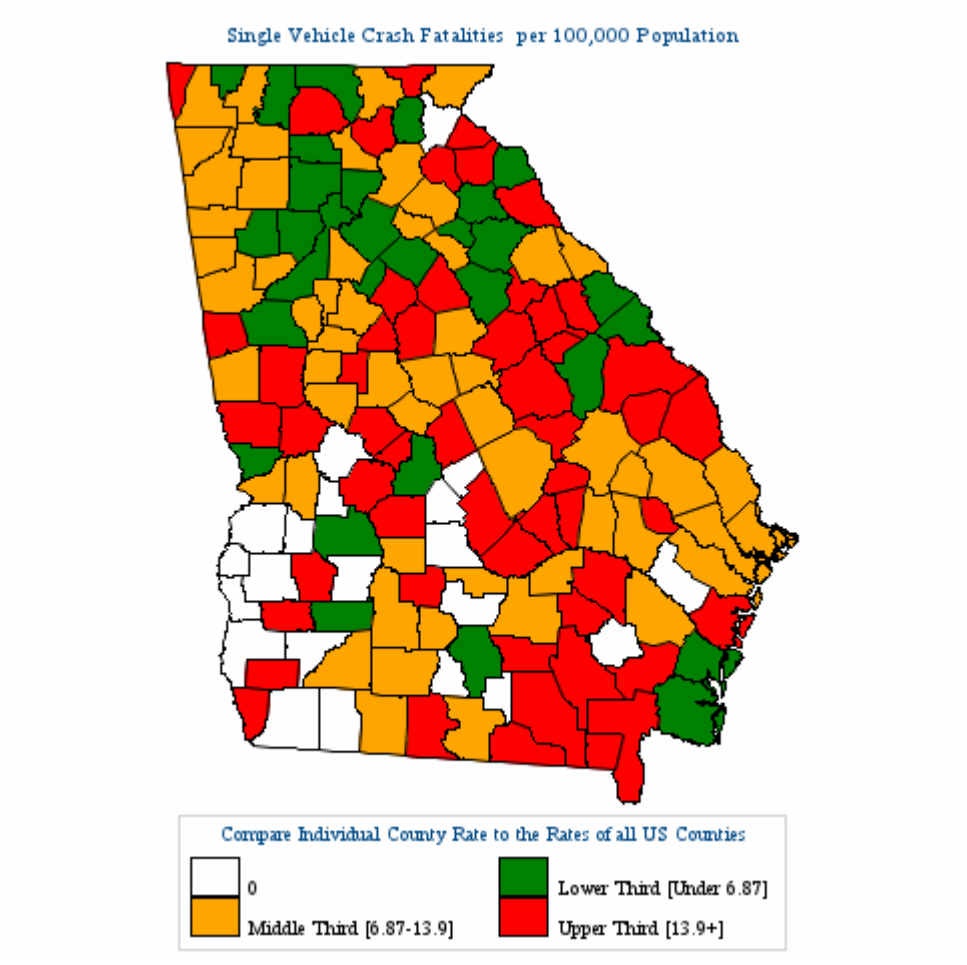
	2014	2015	2016	2017	2018
Alcohol-Impaired Driving Arrests(BAC =.08+)*	23,004	19,217	18,939	17,436	23,449

Georgia DWI Fatalities

	2014	2015	2016	2017	2018
Alcohol-Impaired Driving Fatalities (BAC=.08+)*	279 (24%)	358 (25%)	378 (24%)	356 (23%)	375 (25%)

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





Other Georgia Statistics

10-year Change in Alcohol-Impaired Driving Fatalities per 100K pop 3%, National average -7.1%

Percent of Alcohol-Impaired Driving Fatalities Involving high BAC drive 71.3%

DRUG-IMPAIRED DRIVING


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

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.

Good News!!!

Two Thirds of DWI Offenders self correct!

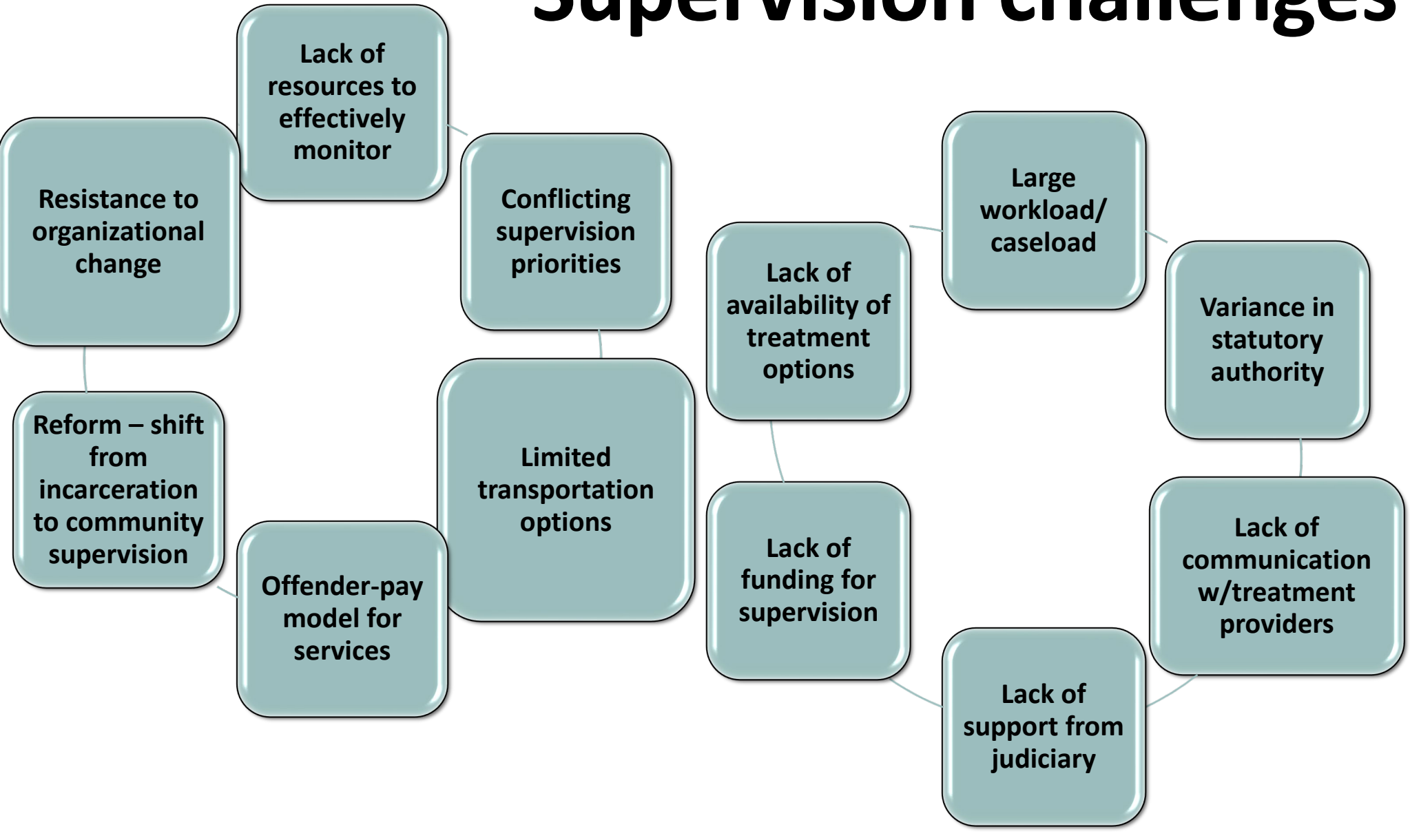
Unique challenges when supervising the 1/3…

"I only had 2 beers…"

"You don't have to worry about me, I'm not a criminal…"

Repeat, high-BAC DUI offender: *"I've never been drunk in my life…"*

Supervision challenges

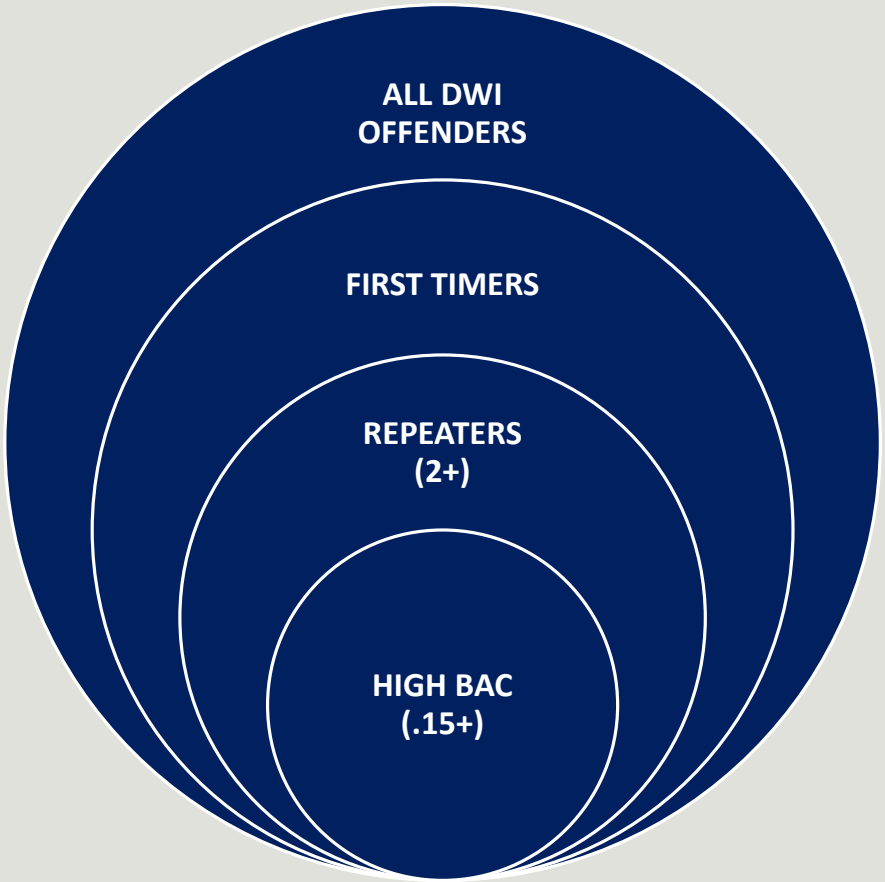


Financial Implications for DWI Supervision

Costs associated with offense

- Court fines
- Probation service fees
- Attorney fees
- Increase in insurance rates
- Ignition interlock or other technologies
- Treatment
- Court program costs
- Transportation costs after license suspension
  - Average costs-$300-$500 a month

TARGETING DWI OFFENDERS



A Force for Positive CHANGE.

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 substance use disorders

Have personality and psychosocial factors that increase risk of offending: irritability, aggression, thrill-seeking, impulsiveness, external locus of control (blaming others), anti-authoritarian attitudes

High-risk impaired drivers… who ARE these people?

Repeat impaired drivers

Overwhelmingly male (90%); ages 20-45.

More often single, separated, or divorced.

Tend to have lower levels of education and 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.

Repeat DUI offenders are more likely to have a higher disregard for authority and show greater indications of anti-social personality characteristics.

May result in lack of motivation; implications for engagement in treatment.

Assessing for Risk/Needs Among Impaired Drivers

Who is most likely to recidivate?

A Force for Positive CHANGE.

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

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.

SCREENING & ASSESSMENT

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.

Screening - who needs further assessment?

Where should we devote our resources?

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.

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)

Which instrument should I use?

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

Impaired Driving Assessment (IDA)

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

IDA Components

Self-Report (SR)

32 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.

Online training is FINALLY available!

https://appa.academy.reliaslearning.com

Supervision

"Really can't explain it too much except to say that it's part of a court order."

Non-Behavioral Approaches

Drug prevention classes focused on fear and other emotional appeals

Shaming offenders

Drug education programs

Non-directive, client-centered approaches

Freudian approaches

Self-help programs

Vague unstructured rehab programs

Fostering self-regard (self-esteem)

"Punishing smarter" (boot camps, scared straight, etc.)

Supervision

Focus on the person, not the charge

Address criminogenic needs

- **The Big Four**
- **The Next Four**

Criminogenic needs: The *"Big Four"*

History of Antisocial Behavior	This includes early involvement in any number of a variety of antisocial activities. Major indicators include being arrested at a young age, a large number of prior offenses, and rule violations while on conditional release.
Antisocial Personality Pattern	People with this factor are impulsive, adventurous, pleasure-seeking, involved in generalized trouble, restlessly aggressive, and show a callous disregard for others.
Antisocial Cognition	People with this factor hold attitudes, beliefs, values, rationalizations, and personal identity that is favorable to crime. Specific indicators include identifying with criminals, negative attitudes towards the law and justice system, beliefs that crime will yield rewards, and rationalizations that justify criminal behavior (e.g., the "victim deserved it").
Antisocial Associates	This factor includes both association with procriminal others and isolations from anticriminal others.

Source: Andrews & Bonta, 2010

Criminogenic needs: The *"Moderate Four"*

Family/Marital Circumstances	Poor-quality relationships between either the child and the parent (in the case of juvenile offenders) or spouses (in the case of adult offenders) in combination with either neutral expectations with regards to crime or procriminal expectations.
School/Work	Low levels of performance and involvement and low levels of rewards and satisfaction.
Leisure/Recreation	Low levels of involvement in and satisfaction from noncriminal leisure pursuits.
Substance Abuse	Problems with abusing alcohol and/or other drugs (excluding tobacco). Current problems with substance abuse indicate a higher risk than past substance abuse problems.

Source: Andrews & Bonta, 2010

Probation terms should be…

Realistic

Relevant

Research based


Partnering and
Collaboration

DWI Courts

DWI Courts-What does the research say?

Recidivism for repeat offenders that graduate from DWI courts tends to be low

Even if they don't graduate, their recidivism is lower

On average DWI Courts reduce recidivism by 13% (Campbell Collaboration Assessment)

Cost savings compared to traditional court

What Research Says about Hybrid Drug Courts

Understand the difference in populations

- DWI population is older
- Typically more educated
- Higher income
- Societal attitudes towards alcohol

Treatment must be individualized!

If you can't do stand-alone DWI Court, separate court dockets

Supervision That Includes Technology

What Do We Know or Need to Know About Technology?

- Alcohol monitoring tools are truly situation-based as to which ones should be in your toolbox
- If we aren't using alcohol monitoring with our clients, how do we know they are staying sober?
- Supervision +Treatment + Tools work with appropriate interventions based on risk level of client
- Budgetary constraints play a factor

Ignition Interlock-What does the research say?

Reduces recidivism…. While installed

32% reduction in recidivism-when used in conjunction with treatment

Transdermal Alcohol Devices

Mobile Alcohol Monitoring Technology

Future testing methods

Cannabis breathalyzers

Intelligent fingerprinting

Testing considerations

Test for both alcohol and drugs

Broad testing panel

Mix up your protocol

Are there ways to capture synthetic drugs?

Pay attention to technological advances

Resources

Could apply to both DUI/DUID offenders…

you never know if your DUI client is actually a polysubstance-impaired driver.

Broad Field Testing
TASC recommends testing for-

Alcohol
Amphetamine
Barbiturates
Benzodiazepines
Buprenorphine
Cocaine
EtG
Fentanyl
Heroin,
MDMA
Methadone
Opiates
Oxycodone
Phencyclidine
Propoxyphene
THC
Tramadol

And in a perfect world,

Ketamine
Synthetic Cannabinoids (Spice/K2)
Synthetic Cathinones (Bath Salts)
Tramadol

Foundation:

Evidence-Based Principles for Effective Interventions

To Be or Not to Be?

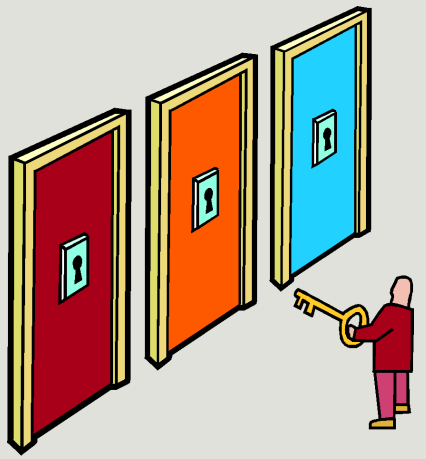
- How do you know if the treatment approach is an EBP model?
- SAMHSA
- Treatment is manual-based
  - Specific to a particular intervention
  - Indicate how the intervention should be structured and delivered
  - Include background and theoretical information
- Beware of counterfeits
  - Not every intervention that is manualized is EBP
- IOP VS. Residential Treatment

Medication-Assisted Treatment

- Best when complimented with counseling and other behavioral therapies.
- Provides relief from withdrawal symptoms.
- Prevents drugs from working (antagonist).
- Reduces cravings.
- Provides replacement chemicals (agonist).
- Causes aversive reactions.

AA or N/A?

- Voluntary
- Coerced
- Options



Important treatment considerations

Are you involving family members?

Are you employing gender-sensitive approaches?

Are you paying attention to your client's physical condition (e.g., insomnia, pain management)?

Are you using a trauma-informed approach?

Are you addressing co-occurring issues concurrently?

What Community Supervision and Technology Providers Need to Know About Treatment

- Treatment should be based on results of assessment
- Client confidentiality
- Effective Case/Treatment Plan - Lack of information from community supervision hampers treatment success
- Not all treatment is alike
- DWI convictions don’t always mean DWI treatment
- Alcohol technology without treatment shows limited results

Develop the Treatment Plan

- Evidence Based Treatments
- Cognitive Behavioral Modalities
- Motivational Approaches
- Mental Health
- Medication Assisted Treatment
- Aftercare
- Support/Recovery groups

So What Could Possibly Go Wrong?

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

COMPREHENSIVE APPROACH: ASSESSMENT, SUPERVISION, TREATMENT


QUESTIONS?

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