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

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2018 Supreme Court of Ohio Specialized Docket Conference

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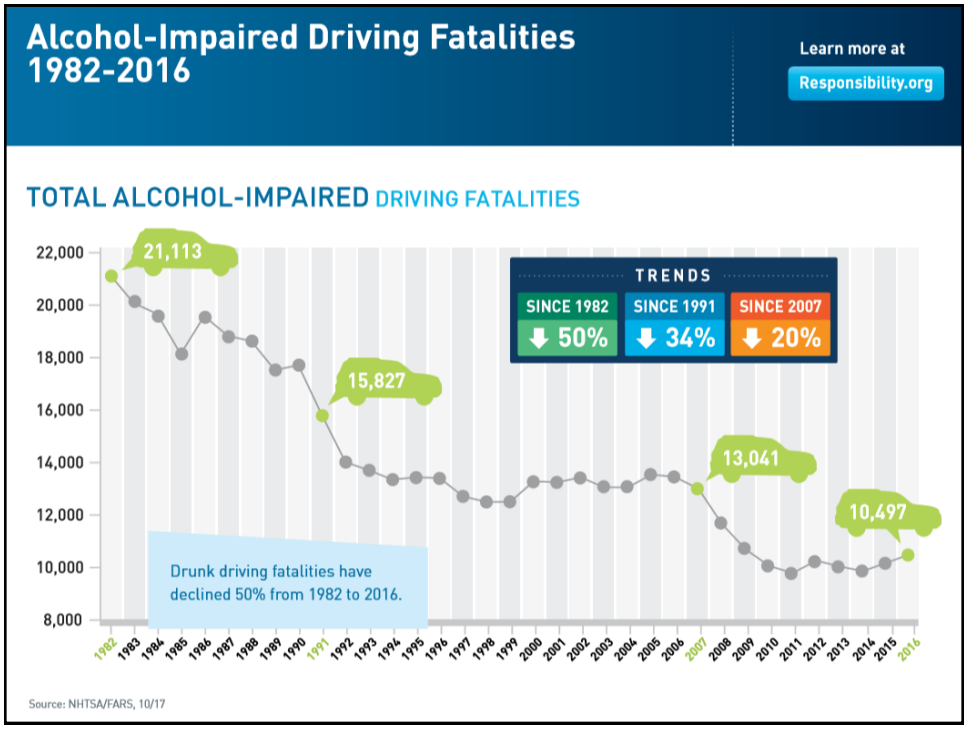
Overview

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

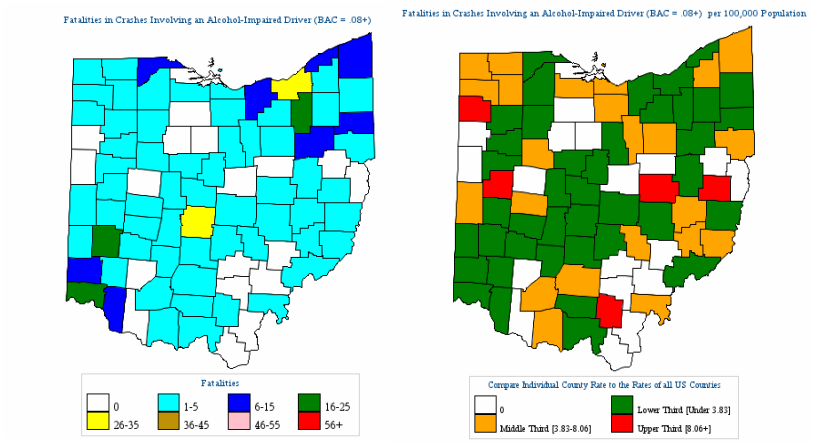
2



Ohio DUI Fatalities

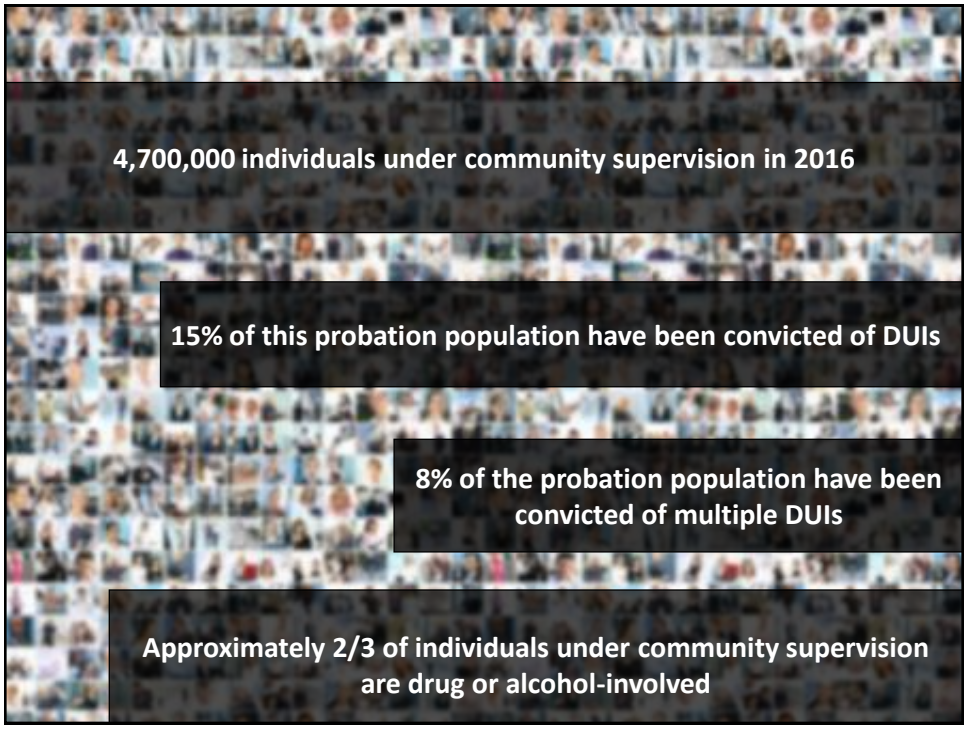
Alcohol-Impaired Driving Fatalities (BAC=.08+)*	2012 389 (35%)	2013 266 (27%)	2014 302 (30%)	2015 309 (28%)	2016 324 (29%)

Ohio DWI Fatalities by County



Other Ohio Statistics

- **DWI fatalities represent 29% of all traffic fatalities in Ohio. National average is 28%**
- **2007-2016 % Change in Alcohol-Impaired Driving Fatalities per 100K Pop. -17.6. National average is 24.7**
- **DWI Arrests- 15,060**
- **Percent of Alcohol-Impaired Driving Fatalities Involving high BAC drivers (.15+) 70.1.**



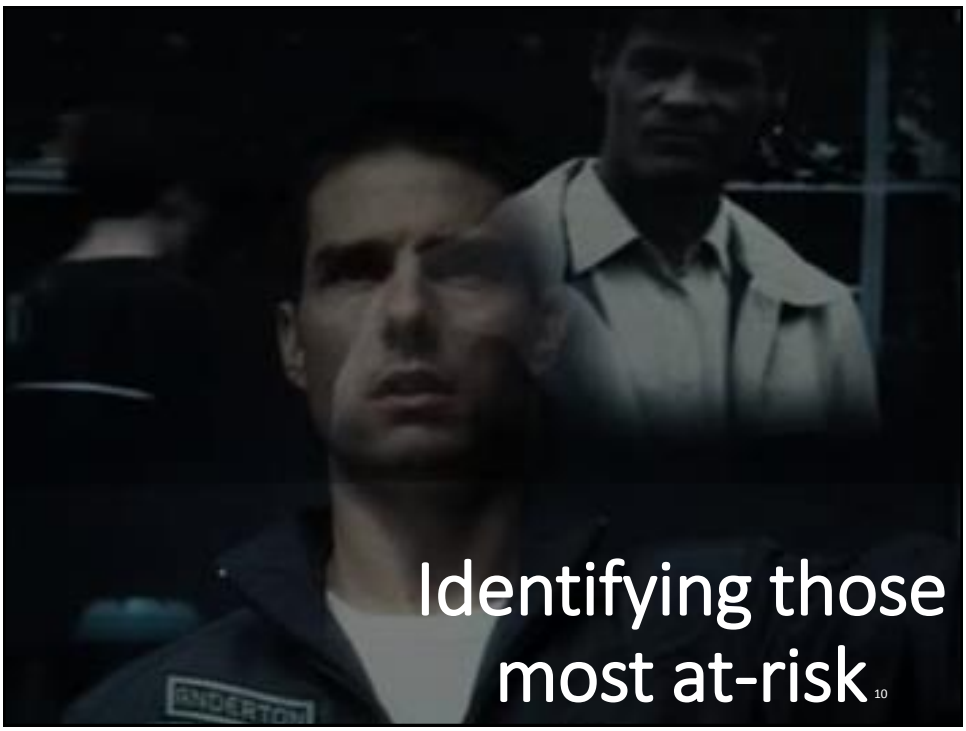
Approximately 25% of individuals arrested and 30% of individuals convicted of DUI are repeat offenders.

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

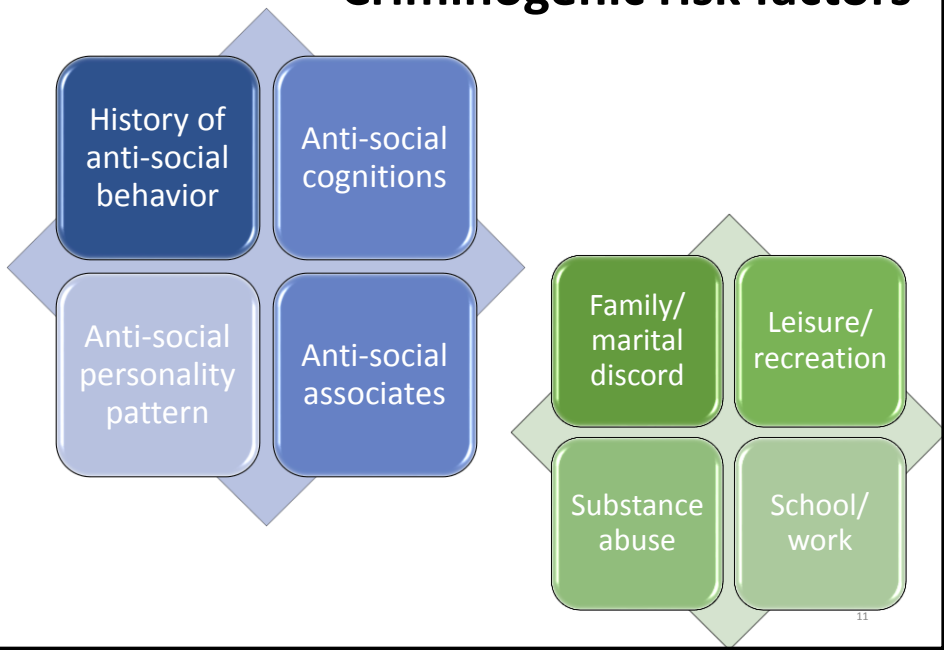
8

Who is most likely to recidivate?

9



Criminogenic risk factors



11

Mental health?

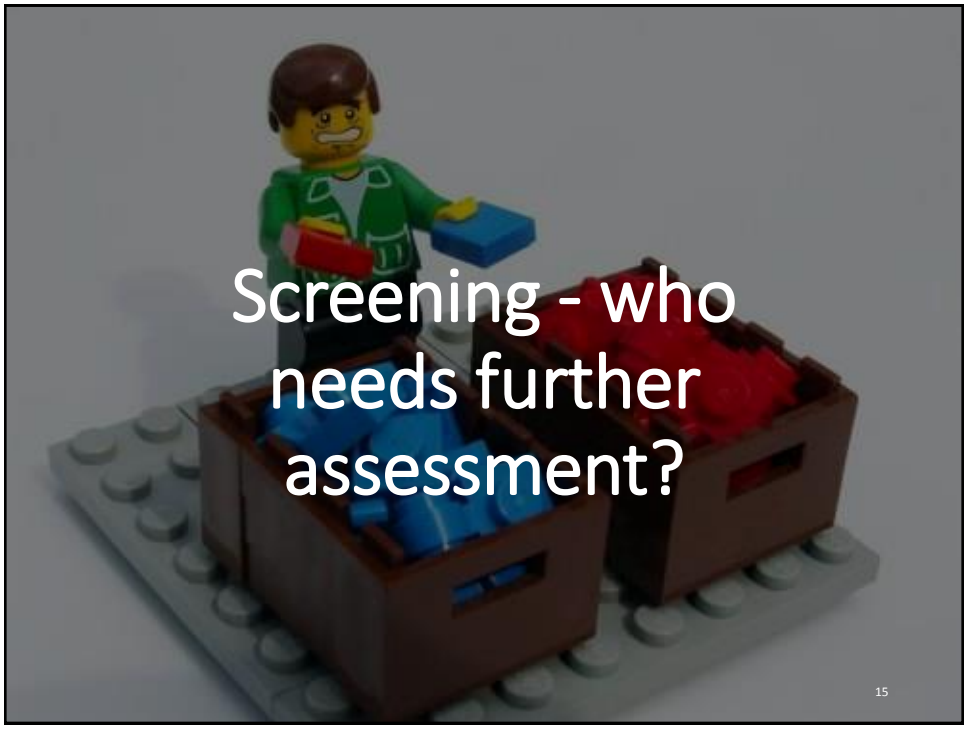
While not a criminogenic need, it is imperative that mental health issues be identified and treated in order to adequately address other risk factors.

12

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.

14



Where should we devote our resources?

16

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.

17

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.

18

Assessment can occur at multiple intercepts:

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

19

Common assessment instruments

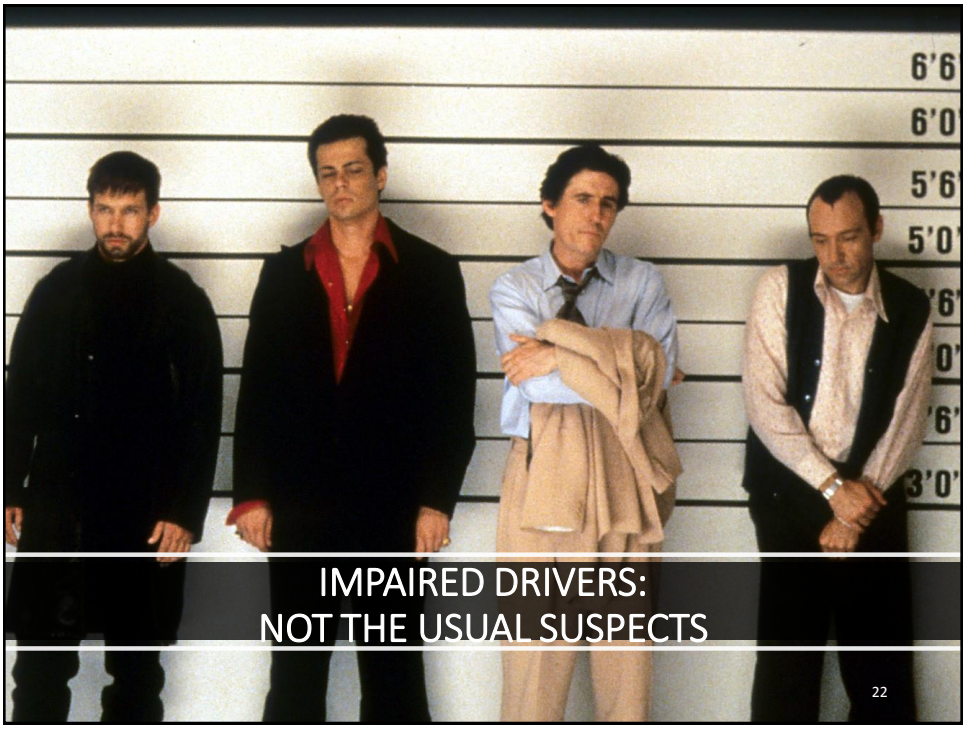
- Alcohol Dependence Scale (ADS)
- Adult Substance Use and Driving Survey – Revised (ASUDS-R)
- Alcohol Severity Index (ASI)
- Alcohol Use Disorder Identification Test (AUDIT)
- Inventory of Drug-Taking Situations (IDTS)
- Drug Abuse Screening Test (DAST)
- Level of Service Inventory-Revised (LSI-R)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

20

Limitations of instruments

- Majority of instruments are not designed for or validated among a DUI offender population with several exceptions.
- Using traditional assessment instruments, 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 into their behavior.
- Recognition that specialized instruments should be created to accurately assess risk and needs of impaired drivers.

21



22

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

23

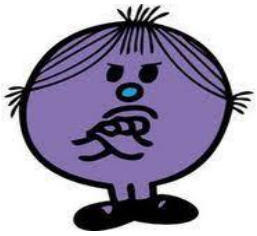
Repeat impaired drivers

- 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.

24

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.**



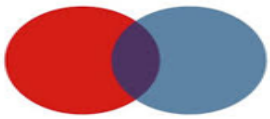
Substance use disorders

- 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.

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).

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.

28

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 d include:
  - Depression, bipolar disorder, conduct disorder, anxiety, anti-social personality disorder, and post-traumatic stress disorder (PTSD).

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.

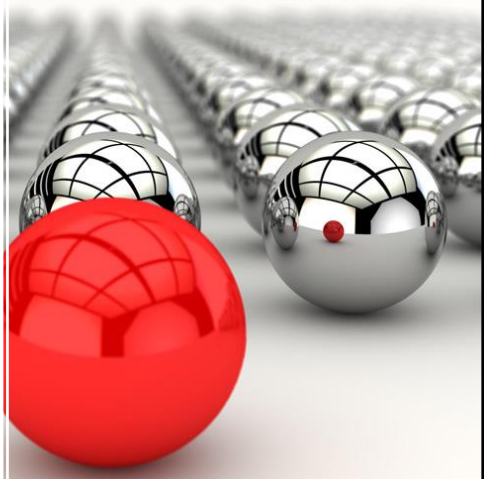
***Subsequently, in many cases, problems are not identified or addressed**

30

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



Impaired Driving Assessment (IDA)

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

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

IDA Components

Self-Report (SR)

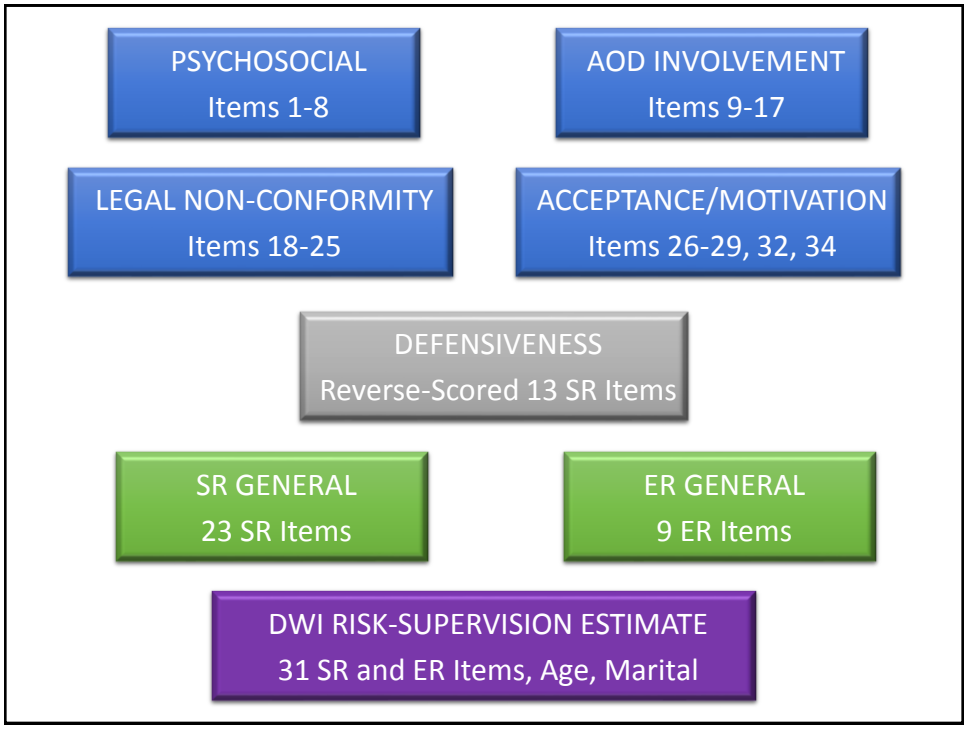
34 questions

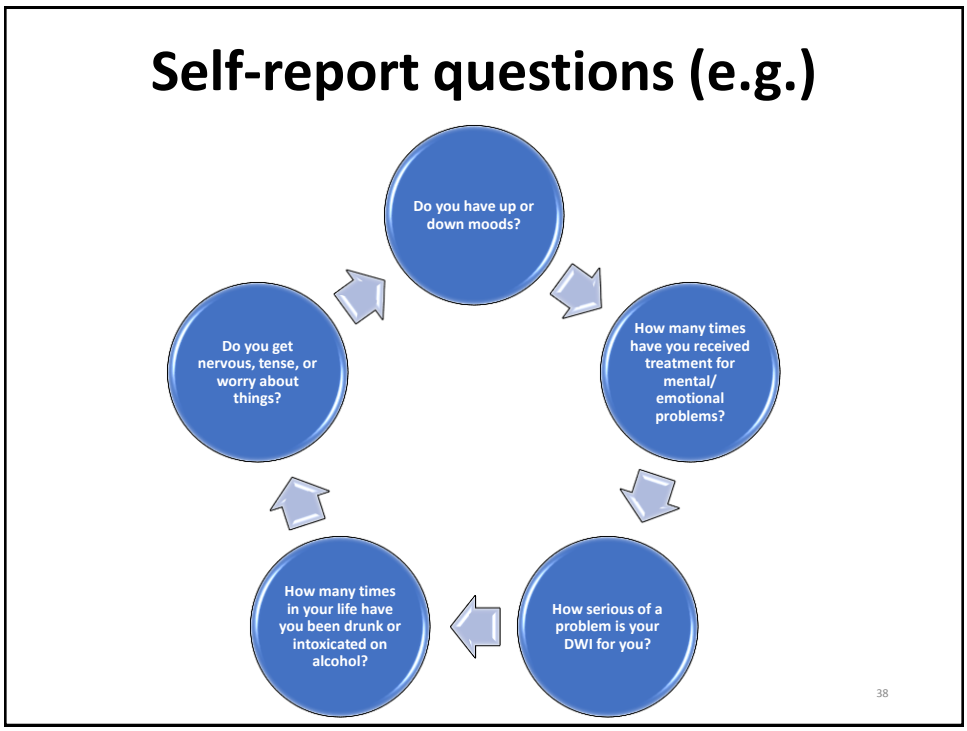
- Mental health and mood adjustment;
- AOD involvement and disruption;
- Social and legal non-conformity; and
- Acknowledgment of problem behaviors and motivation to seek help for these problems.

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.


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


Self-report questions (e.g.)
Do you have up or down moods?
How many times have you received treatment for mental/ emotional problems?
How serious of a problem is your DWI for you?
How many times in your life have you been drunk or intoxicated on alcohol?
Do you get nervous, tense, or worry about things?
38

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

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

40

Configural Analysis 1

Very "low" scores across all of the four SR basic scales, "high" on DEFENSIVENESS, and "low-medium" or higher on ER GENERAL indicates defensiveness and need to address this with the client in an interview.

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	1				2	3		4	5	6 7 8	9 10 26
2. AOD INVOLVEMENT	5			6 7	8 9	10	11 12	13	14 15 16	17 19 21	22 24 32
3. LEGAL NON-CONFORM	1				2	3	4	5	6 7	8 9 10	11 12 27
4. ACCEPTANCE/MOTIVATE	4			5		6	7	8	9	10 11	12 13 18
5. DEFENSIVENESS	9									10	11 12 16
6. SR GENERAL		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	6							7	8 9	10	11 13 25
8. DWI RISK-SUPERVISE EST.		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

Configural Analysis 2

"High-medium" to "high" on the four SR scales indicates need to address these conditions in treatment and monitoring the progress in addressing these problems their potential re-occurrence during community supervision.

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	8										9 10 26
2. AOD INVOLVEMENT	22										24 32
3. LEGAL NON-CONFORM	9									10	11 12 27
4. ACCEPTANCE/MOTIVATE	11										12 13 18
5. DEFENSIVENESS		0	1	2	3	4	5	6	7	8 9	10 11 12 16
6. SR GENERAL		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		0 1 2			3	4	5	6	7	8 9	10 11 13 25
8. DWI RISK-SUPERVISE EST.		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									

42

Considerations for building your case plan

- What are your resources?
- What is your response to risk?
- Does your client know his assessment results?
- What are the limits “to your power”?

More information about IDA

- Currently available in *paper/pen* format
- Individuals *must* undergo training
- New project underway with NHTSA:
  - Online training course
  - Computerized version of the tool
- Expand for *widespread* public use

44

Computerized Assessment and Referral System

Development of CARS

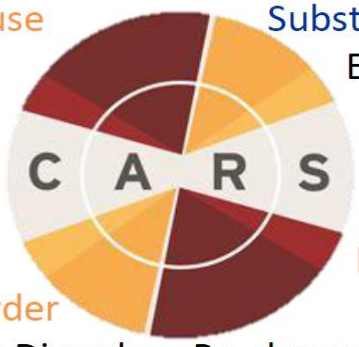
- CARS was developed by a team of researchers from Cambridge Health Alliance, a teaching affiliate of Harvard Medical School.
  - Initial grant funding was provided by NIAAA; Responsibility.org continues to fund CARS research and implementation.
- The goal was to create an assessment tool specifically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

46

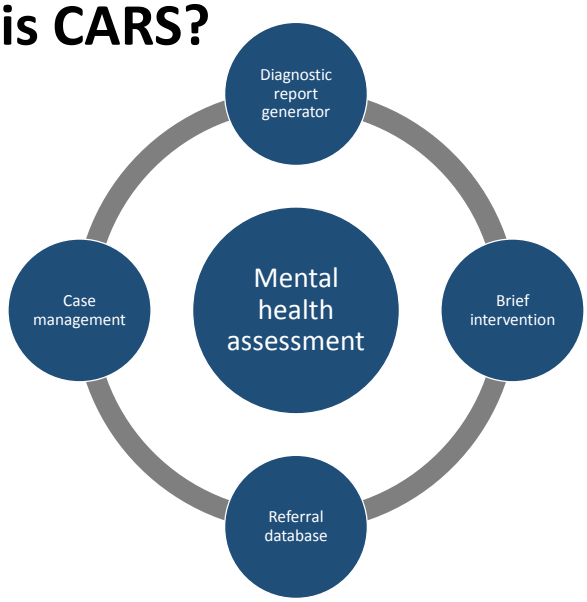
Development of CARS

- 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

Generalized Anxiety Disorder Major Depressive Disorder Dysthymia Bipolar I Disorder Bipolar II Disorder Panic Disorder Alcohol Abuse Alcohol Dependence Post Traumatic Stress Disorder Substance Abuse Substance Dependence Personality Eating Disorders Tobacco Use DUI Behavior Oppositional Defiant Disorder Intermittent Explosive Disorder DUI Behavior Conduct Disorder Criminal History Personality Disorder Psychosocial Risks Peer Networks Psychosis Gambling Disorder Obsessive Compulsive Disorder Attention Deficit Hyperactivity Disorder… and more



What is CARS?



49

What is CARS?

- Diagnostic report generator that gives providers and clients:
  - Immediate diagnostic information for up to 20 DSM-IV 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

50

How does CARS work?

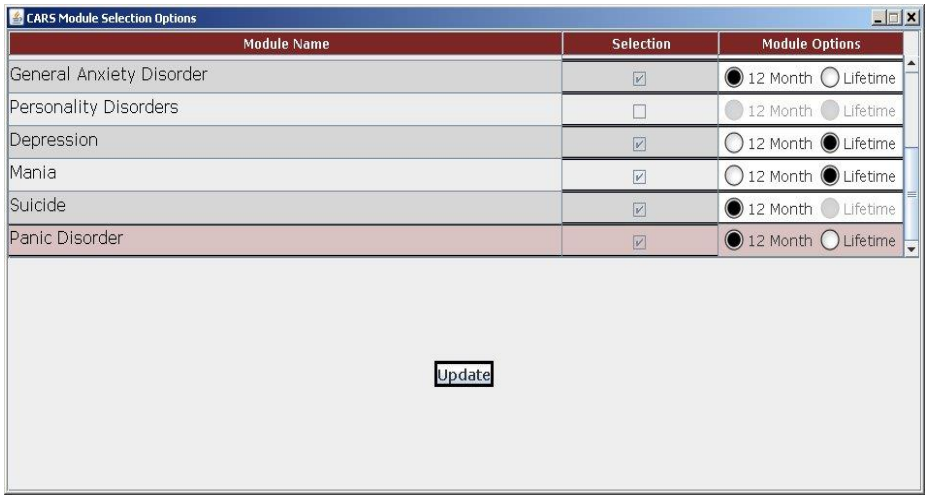
- CARS is a completely electronic assessment tool. It is available as free open source software.
- There are three versions of the CARS tool that can be used:
  - Full assessment
  - Screener
  - Self-administered screener
- CARS is divided into modules representing various mental disorders and psychosocial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

51

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	

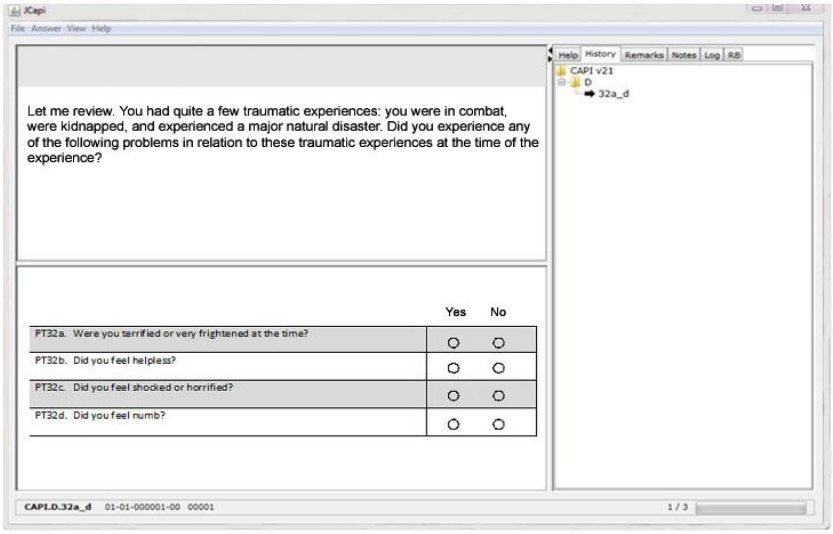
52

How does CARS work?



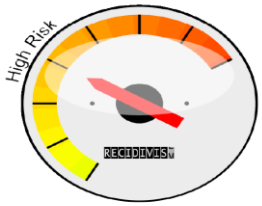
53

How does CARS work?



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.



55

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

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.

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.

CARS referrals

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)

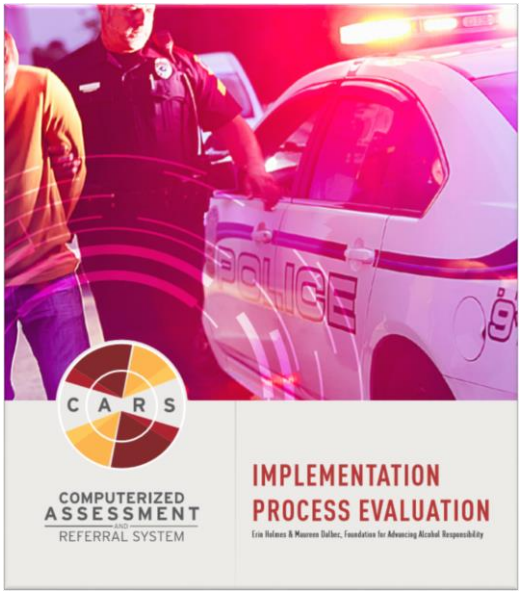
211 North St, Northampton, MA 01060
(413) 586-0207
http://www.windhorseimh.org/
Mental Health Treatment: Yes
Substance Use Treatment: Yes
Public Transportation Options: PVTA Bus - 39/39E/B43/M40 - Sheldon Field (W)
PVTA Bus - R44 - 54 Industrial Drive

59

Referral database entries

Care Types:			
Residential	N/A		
Outpatient	Yes		
Detoxification	N/A		
Emergency Services	N/A		
Transitional	N/A		
Payment Options:			
Accepts Insurance	Yes		
Medicare	Yes	Medicaid	Yes
Free Program	N/A	Slide Scale	N/A
Special Population:			
Adult	Yes	Youth	N/A
Family Only	N/A	Homeless Only	N/A
Specialization:			
Trauma	N/A	Anger Management	N/A
Anxiety	N/A	Cognitive	N/A
Behavioral issues	N/A	Mood Disorders	N/A
Developmental Disabilitites	N/A	Opiates	N/A
Additional Specialities	Disabilities; brain injury; substance abuse; major mental		
Other languages spoken:	N/A		
Additional languages	N/A		

60



61

Future considerations

- Develop a Spanish version of CARS.
- Develop a non-DUI specific version of CARS.
- Update CARS to reflect DSM-V changes.
- Consider developing a web-based platform instead of utilizing software.
- Create a CARS mobile application.

62

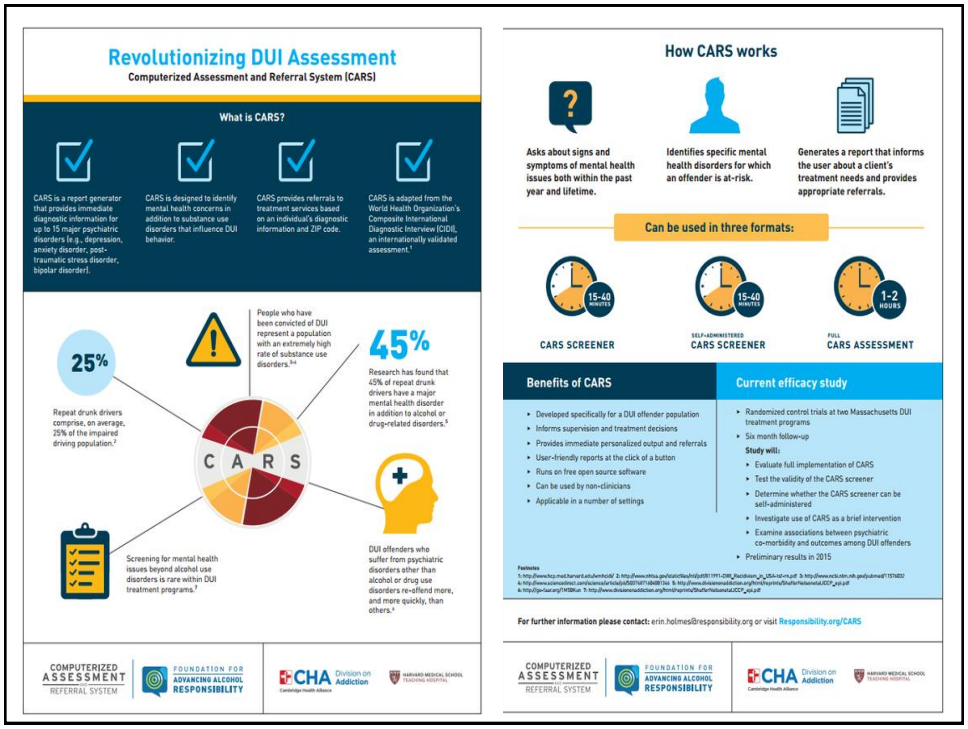
Benefits of CARS

- 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.

63

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


Revolutionizing DUI Assessment
Computerized Assessment and Referral System (CARS)
What is CARS?
CARS is a report generator that provides immediate diagnostic information for up to 15 major psychiatric disorders (e.g., depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder).
CARS is designed to identify mental health concerns in addition to substance use disorders that influence DUI behavior.
CARS provides referrals to treatment services based on an individual's diagnostic information and ZIP code.
CARS is adapted from the World Health Organization's Composite International Diagnostic Interview (CIDI), an internationally validated assessment.[1]
25%
Repeat drunk drivers comprise, on average, 25% of the impaired driving population.[2]
People who have been convicted of DUI represent a population with an extremely high rate of substance use disorders.[3,4]
45%
Research has found that 45% of repeat drunk drivers have a major mental health disorder in addition to alcohol or drug-related disorders.[5]
C A R S
Screening for mental health issues beyond alcohol use disorders is rare within DUI treatment programs.[6]
DUI offenders who suffer from psychiatric disorders other than alcohol or drug use disorders re-offend more, and more quickly, than others.[6]
COMPUTERIZED ASSESSMENT REFERRAL SYSTEM
FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY
CHA Division on Addiction
How CARS works
Asks about signs and symptoms of mental health issues both within the past year and lifetime.
Identifies specific mental health disorders for which an offender is at-risk.
Generates a report that informs the user about a client's treatment needs and provides appropriate referrals.
Can be used in three formats:
15-40 MINUTES
CARS SCREENER
15-40 MINUTES
SELF-ADMINISTERED
CARS SCREENER
1-2 HOURS
FULL
CARS ASSESSMENT
Benefits of CARS
Developed specifically for a DUI offender population
Informs supervision and treatment decisions
Provides immediate personalized output and referrals
User-friendly reports at the click of a button
Runs on free open source software
Can be used by non-clinicians
Applicable in a number of settings
Current efficacy study
Randomized control trials at two Massachusetts DUI treatment programs
Six month follow-up
Study will:
Evaluate full implementation of CARS
Test the validity of the CARS screener
Determine whether the CARS screener can be self-administered
Investigate use of CARS as a brief intervention
Examine associations between psychiatric co-morbidity and outcomes among DUI offenders
Preliminary results in 2015
For further information please contact: erin.holmes@responsibility.org or visit Responsibility.org/CARS

IDA vs. CARS?

Now what?

- Who will be responsible for administering the assessment instrument?
- Will you administer the IDA/CARS at ***pre-*** *or* ***post-sentence***?
- Will you use with ***all*** or just ***repeat*** offenders?
- What ***policy*** changes will you have to make?
- What ***key stakeholders*** need to be advised?
- When will you ***implement***?

68

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

69

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71