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

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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
ALCOHOL-IMPAIRED DRIVING
Drunk Driving Deaths Decreased in 2017

- Since 1982: 48%
- Since 1991: 31%
- Since 2008: 7%

Data Source: NHTSA, FARS, 10/18

Responsibility.org
Drunk Driving by the Numbers...

- In 2017, there were **one million** drivers arrested for DUI.
- An alcohol-impaired driving fatality occurs every **48 minutes**.
- In 2017, there were **10,874** alcohol-related traffic fatalities.
  - **68%** were in crashes where one driver had a BAC of .15+
- In 2017, the most frequently recorded BAC among drinking drivers in fatal crashes was **.16**
- **121 million** drunk driving episodes occurred in 2016.
4,700,000 individuals under community supervision in 2016

15% of this probation population have been convicted of DUIs

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

Approximately 2/3 of individuals under community supervision are drug or alcohol-involved
Good news...
2/3 of DUI offenders self-correct!

EXCELLENT
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.
TARGETING DUI OFFENDERS

- All DUI offenders
- "First-time" offenders
- Repeat offenders (2+)
- High-BAC (.15+)
Bad news... 
What about the other 1/3?
Who is most likely to recidivate?
Identifying those most at-risk
Criminogenic risk factors

- History of anti-social behavior
- Anti-social cognitions
- Anti-social personality pattern
- Anti-social associates

Family/marital discord
Leisure/recreation
Substance abuse
School/work
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.
Risk/Need Matrix
Putting the pieces together

Risk level → Substance use disorder(s) → Mental health disorder(s) → Trauma issues
What is the best fit?
Screening - who needs further assessment?
Where should we devote our resources?
Assessment

• Ideally, screening and assessment would occur at the beginning of the process (i.e., pre-trial).
• The results can be used to inform:
  • Sentencing decisions
  • Case management plans
  • Supervision levels
  • Treatment referrals/plans
• Assessments can be repeated at multiple points throughout an offender’s involvement in the justice system to:
  • Identify progress
  • Inform changes to existing plans as needed
Assessment can occur at multiple intercepts:

- Post-arrest
- Pre-trial
- Pre-sentencing
- Post-conviction
- Community supervision
- Treatment program
## Common assessment instruments

<table>
<thead>
<tr>
<th>Alcohol Dependence Scale (ADS)</th>
<th>Risk and Needs Triage (RANT)</th>
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<tbody>
<tr>
<td>Alcohol Severity Index (ASI)</td>
<td>Correctional Offender Management Profile for Alternative Sanctions (COMPAS)</td>
</tr>
<tr>
<td>Alcohol Use Disorder Identification Test (AUDIT)</td>
<td>Ohio Risk Assessment System (ORAS)</td>
</tr>
<tr>
<td>Inventory of Drug-Taking Situations (IDTS)</td>
<td>Static Risk and Offender Needs Guide (STRONG)</td>
</tr>
<tr>
<td>Drug Abuse Screening Test (DAST)</td>
<td>Texas Risk Assessment System (TRAS)</td>
</tr>
<tr>
<td>Michigan Alcoholism Screening Test (MAST)</td>
<td>Level of Service Inventory-Revised (LSI-R)</td>
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<tr>
<td>Substance Abuse Subtle Screening Inventory (SASSI)</td>
<td>Adverse Childhood Experience (ACE) Questionnaire</td>
</tr>
<tr>
<td>Research Institute on Addiction Self Inventory (RIASI)</td>
<td>Trauma Symptom Inventory (TSI)</td>
</tr>
</tbody>
</table>
What assessments are you using in your court?
Limitations of instruments

- Majority of tools **ARE NOT** designed for or validated among the 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.
Which instrument should I use?

- Validated through research
- Reliability; predictive value
- Standardized
- Appropriate for the target population
- Easy to use
- Informs decision-making
- Cost
Is substance abuse/addiction the only causal factor we should be concerned about?
Look beneath the surface
Co-occurring disorders

• In a study of repeat DUI offenders, it was found that **45%** had a lifetime major mental health disorder.

• Another study (Shaffer et al. 2007) 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 PTSD.
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
INNOVATION: NEW ASSESSMENT INSTRUMENTS
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-DUI involvement in the justice system.
3. Prior involvement with alcohol and other drugs.
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)
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.
Self-report questions (e.g.)

- Do you have up or down moods?
- How many times have you received treatment for mental/emotional problems?
- How many times in your life have you been drunk or intoxicated on alcohol?
- How serious of a problem is your DWI for you?
- Do you get nervous, tense, or worry about things?
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
Computerized Assessment and Referral System
What is CARS?

- Diagnostic report generator
- Mental health assessment
- Referral database
- Brief intervention
- Case management
How does CARS work?

- CARS is a completely electronic assessment tool. It is available as **free** open source software.
- There are three versions of CARS:
  - Full assessment
  - Screener
  - Self-administered screener
- Enhanced flexibility for user:
  - Choose modules
  - Choose between lifetime and past 12-month presence of disorders
<table>
<thead>
<tr>
<th></th>
<th>Panic disorder</th>
<th>Social phobia</th>
<th>Eating disorders</th>
</tr>
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<tbody>
<tr>
<td>Intermittent explosive</td>
<td></td>
<td>Attention deficit/hyperactivity</td>
<td>Obsessive compulsive disorder</td>
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<tr>
<td>disorder</td>
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<td>disorder</td>
<td></td>
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<tr>
<td>Depression</td>
<td></td>
<td>Generalized anxiety</td>
<td>Suicidality</td>
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<tr>
<td>Mania/bipolar disorder</td>
<td></td>
<td>Post-traumatic stress disorder</td>
<td>Conduct disorder</td>
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<tr>
<td>Oppositional defiant disorder</td>
<td></td>
<td>Psychosis</td>
<td>Nicotine dependence</td>
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<tr>
<td>Alcohol use disorder</td>
<td></td>
<td>Drug use disorder</td>
<td>Gambling disorder</td>
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<tr>
<td>Psychosocial stressors</td>
<td></td>
<td>DUI/criminal behavior</td>
<td></td>
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</tbody>
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CARS Assessment Progress

This graphic represents how much of the CARS assessment Kat has completed.

Client: Kat
Gender: Female
Age: 24
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

<table>
<thead>
<tr>
<th></th>
<th>Met Criteria</th>
<th>Subclinical Symptoms</th>
<th>Screened into but not tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse</td>
<td>PY</td>
<td></td>
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</table>

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
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 cloud-based platform instead of utilizing software.
• Create a CARS mobile application.
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](http://www.carstrainingcenter.org)
IDA vs. CARS?
COMPREHENSIVE APPROACH: ASSESSMENT, SUPERVISION, TREATMENT
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 post-sentence?
- 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?
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
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.
QUESTIONS?
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