The Mind of the High-Risk Impaired Driver—Understanding Mental Health Risk Factors through Assessment Driven Sentencing and 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
The Reality of Drunk Driving

In 2017, there were 1.1 million drivers arrested for driving while under the influence.

In 2017 there were 10,874 alcohol related traffic fatalities.

121 million drunk driving episodes in 2016.
Drunk Driving Deaths Decreased in 2017

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

Data Source: NHTSA, FARS, 10/18
### Arizona DWI Fatalities

<table>
<thead>
<tr>
<th>Year</th>
<th>Alcohol-Impaired Driving Fatalities (BAC=.08+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>221 (26%)</td>
</tr>
<tr>
<td>2014</td>
<td>200 (26%)</td>
</tr>
<tr>
<td>2015</td>
<td>269 (30%)</td>
</tr>
<tr>
<td>2016</td>
<td>232 (24%)</td>
</tr>
<tr>
<td>2017</td>
<td>278 (28%)</td>
</tr>
</tbody>
</table>
Arizona DWI Fatalities by County

Left: Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+)

Right: Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) per 100,000 Population

Legend:
- 0: 26-35
- 1-5: 36-45
- 6-15: 46-55
- 16-25: 56+

Compare Individual County Rate to the Rates of all US Counties:
- 0: Lower Third (Under 3.7)
- Middle Third [3.7-7.98]
- Upper Third [7.98+]
Other Arizona Statistics

• 10-year Change in Alcohol-Impaired Driving Fatalities per 100K pop -6.1% (National average – 7.1%)

• DWI Arrests- 24,195

• Percent of Alcohol-Impaired Driving Fatalities Involving high BAC drivers (.15+)-75.8% (National average -70.1%)
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!!!
Two Thirds of DWI Offenders self correct!
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 DWI OFFENDERS

ALL DWI OFFENDERS

FIRST TIMERS

REPEATERS (2+)

HIGH BAC (.15+)
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.
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.

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.
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.
Where should we devote our resources?
Assessment can occur at multiple intercepts:

- Post-arrest
- Pre-trial
- Pre-sentencing
- Post-conviction
- Community supervision
- Treatment program
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)
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.
IMPAIRED DRIVERS: NOT THE USUAL SUSPECTS
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
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.
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.
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 al. 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 drivers 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
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
Unique challenges for DWI supervision

• More difficult to catch
• “I’d rather do my time”
• Competing interests of Probation
• Not a CJ Priority
• Inconsistent supervision
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)
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 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?
Computerized Assessment and Referral System
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  Personality  Tobacco Use  Oppositional Intermittent Disorder  Conduct Disorder  Personality Disorder  Psychosocial Risks  Peer Networks  Psychosis  Gambling Disorder  Obsessive Compulsive Disorder  Attention Deficit Hyperactivity Disorder... and more
What is CARS?

Mental health assessment

Diagnostic report generator

Brief intervention

Referral database

Case management
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
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.
<table>
<thead>
<tr>
<th>CARS comprehensive mental health screener domains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Panic disorder</strong></td>
</tr>
<tr>
<td>Intermittent explosive disorder</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
</tr>
<tr>
<td>Mania/bipolar disorder</td>
</tr>
<tr>
<td>Oppositional defiant disorder</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
</tr>
<tr>
<td>Psychosocial stressors</td>
</tr>
</tbody>
</table>
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.
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>
<td></td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Psychosis</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Conduct Disorder</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
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.
So What Could Possibly Go Wrong?
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*?
Considerations for building your case plan

• What are your resources?
• What is your response to risk?
• Does your client know his assessment results?
• Use the IDA in addition to your generic assessment tool.
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
QUESTIONS?
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