



D.U.I.

a perspectives spotlight

**THE IMPAIRED
DRIVING
ASSESSMENT:
A SCREENING TOOL
FOR COMMUNITY
CORRECTIONS**

by Nathan Lowe, M.S.

While the number of alcohol-impaired-driving fatalities has been significantly reduced over the past decade, drunk driving continues to be a serious public health concern and a threat to public safety in the United States. A number of changes in policy and practice related to the enforcement and prosecution of individuals arrested and convicted of a driving while impaired (DWI) offense has contributed to the reductions in such fatalities. Yet, the National Highway Traffic Safety Administration (NHTSA) and others have continued to work to further reduce the number of fatalities and other negative consequences related to impaired driving. In particular, greater efforts have been made in recent years to enhance assessment practices for individuals convicted of DWI in order to increase the effectiveness of identification of persons who are most likely to continue to drive impaired. Although a number of risk screening instruments are available for the general criminal population, there are not any widely used risk assessment instruments specifically designed to assist community supervision officers or case managers to determine what, if any, level of supervision is needed for individuals convicted of DWI. In 2008, NHTSA provided funding to the American Probation and Parole Association (APPA) to develop an instrument that can increase the probability of identifying an individual's risk level of engaging in future conduct of impaired driving and to help determine the most effective community supervision that will reduce such risk. The result of this project was the Impaired Driving Assessment (IDA).

DEVELOPMENT OF THE IDA

APPA took several steps in the initial development of the IDA. First, a literature review was conducted to discern what instruments were available and what research had been done to define critical variables that can indicate the probability of DWI recidivism (see Lowe, 2014; Robertson, Wood, & Holmes, 2014). In general, research has established the causal factors of DWI recidivism to be a combination of alcohol or other drug (AOD) abuse or addiction and the risky decision-making process of high-risk drivers—individuals who lack appropriate levels of restraint or self-control to resist the impulsivity of driving while impaired. Furthermore, research on impaired driving suggests it is rooted in complex processes of social learning and psychological factors that promote antisocial attitudes and rationalizations acceptable of law violations.

Second, analyses were done on a large sample of DWI offenders from the Oklahoma Department of Corrections who were administered two commonly used substance abuse and general risk assessments in the field. The Adult Substance Use Survey (ASUS), and its revision (ASUS-R; Wanberg, 2010), is used as a differential screening instrument to identify level of risk, substance use and abuse involvement and supervision and referral

needs of clients involved in the justice system. The Level of Service Inventory-Revised (Andrews & Bonta, 1995) is one of the most popular general risk assessment tools used in the community corrections field today to measure risk of recidivism and develop case plans for justice-involved clients. In these analyses, the number of prior DWI offenses was used as the variable to be predicted. Several critical items were found to be statistically associated with prior DWI arrests (see DeMichele & Lowe, 2011).

Third, both individual item and total scale results of the Adult Substance Use and Driving Survey, a more in-depth differential assessment of the DWI offender in the areas of substance use and abuse, alcohol involvement and other areas of life-adjustment problems (ASUDS; Wanberg & Timken, 1998), and its revision (ASUDS-R; Wanberg & Timken, 2012) taken on four large samples of DWI clients from four different jurisdictions were studied to examine the relationship of selected questions in the ASUDS and risk outcome variables. Finally, a number of experts in the field of impaired driving research and treatment were consulted about their views on critical variables and areas of assessment that are most predictive of DWI recidivism. Feedback gained from these experts provided guidelines for selecting the measurement components of the most appropriate instrument.

From these steps, the project team identified several major risk areas of

DWI recidivism. Not surprisingly, an individual's past behavior stood out across multiple risk areas. This included prior DWI and non-DWI involvement in the justice system and prior involvement with AOD. In addition, resistance to and non-compliance with current and past involvement in the justice system was identified as a major risk area. Mental health and mood adjustment problems were found to be a risk area as well. This preliminary work was in line with the prior research on DWI recidivism in that its causal factors are a combination of AOD abuse or addiction and the risky decision-making process of high-risk drivers.

All of these identified areas informed the inclusion of certain items on the development of the IDA. The IDA is comprised of two components – a self-report (SR) and an evaluator report (ER). The SR is comprised of 34 questions designed to measure both retrospective and current perceptions of conditions related to 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. The ER component is comprised of 11 questions that provide information around the individual's past DWI and non-DWI involvement in the judicial system, prior education and treatment episodes, past response to DWI education and/or treatment and current status with respect to community supervision and assignment to education and/or treatment services.

The comparison of the ER with the SR provides an estimate of the individual's level of defensiveness and openness to self-disclose, measures that are also important in the estimation of potential risk for recidivism. Eight scales were developed from the individual items; Table 1 provides a description of the scales.

IDA PILOT STUDY

Four adult county probation departments were selected to pilot the IDA with DWI probationers: Brown County Adult Probation, Minnesota; Nicollet County Adult Probation, Minnesota; Westchester County Probation Department, New York; and Tarrant County Community Supervision and Corrections Department, Texas. Supervision officers at each agency underwent training on how to properly administer the IDA to probationers. Officers then implemented the IDA to new cases for a period of six to eight months, beginning in August 2011 and concluding in April 2012. After accounting for various reasons for removal from the study, a total of 948 DWI probationers across the four agencies

TABLE 1: DESCRIPTIONS OF IDA SCALES

SCALE NAME	DESCRIPTION
PSYCHOSOCIAL	Measures the client's self-perception of past and current psychological and work adjustment issues; comprised of 8 items on the SR
AOD INVOLVEMENT	Measures the client's past involvement and problems associated with AOD; comprised of 9 items on the SR
LEGAL NON-CONFORMITY	Measures the client's past involvement in antisocial conduct and the legal system; comprised of 8 items on the SR
ACCEPTANCE/MOTIVATION	Measures the client's willingness to accept responsibility for the impaired-driving offense and to engage in intervention services; comprised of 6 items on the SR
DEFENSIVENESS	Measures the client's reluctance to present themselves as socially and psychologically unstable, or to admit to past behaviors that may lead to further punishment and loss of basic privileges, and that may require them to engage in intervention programs; comprised of 13 items on the SR
SR GENERAL	Measures the extent to which the client is generally involved in problems, behaviors, and conditions related to impaired driving; comprised of 23 of the 34 items on the SR
ER GENERAL	Measures the key factors for estimating the degree of risk that the client's impaired-driving conduct imposed on traffic and public safety; comprised of 11 items on the ER
DWI RISK-SUPERVISION ESTIMATE	Measures the client's general risk of non-compliance on community supervision and returning to behavior patterns that lead to the impaired-driving offense; comprised of 24 items on the SR, 7 items on the ER, and 2 demographic items

voluntarily participated to be in the study. The probationers were then tracked for a follow-up period of 12 months from the time they were placed on supervision and administered the IDA (see Lowe, 2014).

The statistical analysis of the data examined the effects of the eight IDA scales on the main outcome variable, "probation failure," which was measured by whether DWI probationers were arrested or revoked during the study period. The results of the analysis revealed that all eight scales were found to have statistically significant relationships with probation failure. There were many noteworthy findings of the analysis. First, legal and psychosocial factors had the strongest effects on probation failure. DWI probationers with more extensive legal histories (e.g., numerous arrests as juvenile and adult, incarceration in jail or prison) and more mental health and mood adjustment problems (e.g., depression, chronic unemployment) were more likely to fail probation.

Second, probationers who reported higher levels of AOD involvement and who showed more acceptance of the problems caused by their impaired driving and less defensiveness, were more likely to fail probation. One interpretation of these findings may be that while these individuals may acknowledge their problematic behaviors from AOD use, they do not stop using and, as a result, become more entrenched in the legal system. Alternatively, these findings give support to the past research literature on DWI recidivism in that while AOD addiction is a key factor in determining the risk for recidivism, it may be confounded by other factors, such as risky driving

behaviors and poor decision-making.

And lastly, probationers with higher scores on the DWI RISK-SUPERVISION ESTIMATE (DRSE) scale were more likely to fail probation. This is an important finding, because this scale is comprised of items from both the SR and ER, as well as two key demographic variables. So it is a fairly concise scale, as compared to the IDA in its entirety and it was found to have sufficient predictability of recidivism. Given this, the DRSE scale is a good example of how the IDA may be used in practice at either the sentencing stage or during supervision. Evaluators may be able to use the factors that comprise this scale to make informed decisions about an individual's risk to reoffend and service-level needs.

Practical Application of the IDA

The main goal for the development of the IDA scales is to provide community supervision officers and the court with substantive information that can increase the effectiveness of community supervision and help discern the most appropriate level of DWI/AOD education and treatment services. The IDA scales provide a brief screening of conditions that are important to address in community supervision and intervention services, as it is important for both to be addressed in conjunction with one another. The IDA is designed so that it can be easily hand-scored by the evaluator. A form, the IDA SUMMARY, is used by the evaluator to summarize the scales and identify the DWI client's problem areas in order to develop the supervision plan. Figure 1 provides a prototype of the form. The scales of the profile use percentile and decile scores to standardize the raw scale scores of IDA.

Figure 1: IDA SUMMARY Form

A. DESCRIPTIVE INFORMATION

SUPERVISEE ID: 123456		EVALUATOR: Probation Officer		DATE: 01/15/2013
AGENCY: Probation Agency USA		ARREST DATE: 10/01/2012		SENTENCING DATE: 12/15/2012
AGE: 25	SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		EDUCATION: high school diploma	
RACE/ETHNIC: <input checked="" type="checkbox"/> WHITE/NON-HISP <input type="checkbox"/> BLACK/NON-HISP <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> AI/AN <input type="checkbox"/> OTHER				
MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> PARTNER <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW				

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

SCALE NAME	RAW SCORE	DECILE RANK										
		Low		Low-Medium			High-Medium			High		
		1	2	3	4	5	6	7	8	9	10	
1. PSYCHOSOCIAL	7	[Bar chart showing score 7 at decile 1]										
2. AOD INVOLVEMENT	27	[Bar chart showing score 27 at decile 8]										
3. LEGAL NON-CONFORM	14	[Bar chart showing score 14 at decile 3]										
4. ACCEPTANCE/MOTIVATE	11	[Bar chart showing score 11 at decile 2]										
5. DEFENSIVENESS	2	[Bar chart showing score 2 at decile 1]										
6. SR GENERAL	43	[Bar chart showing score 43 at decile 6]										
7. ER GENERAL	7	[Bar chart showing score 7 at decile 1]										
8. DWI RISK-SUPERVISE EST.	52	[Bar chart showing score 52 at decile 5]										
		1	10	20	30	40	50	60	70	80	90	99

IDA NORMATIVE SAMPLE N=922

C. SUMMARY OF CRITICAL ITEMS FOR EVALUATING SUPERVISION LEVEL

ARREST BAC: <input type="checkbox"/> .00-.07 <input type="checkbox"/> .08-.14 <input type="checkbox"/> .15-.19 <input type="checkbox"/> .20-.25 <input type="checkbox"/> .26+ <input checked="" type="checkbox"/> REFUSED	PRIOR DWI: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+
PRIOR DWI/AOD EDUCATION EPISODES: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3+	PRIOR AOD TREATMENT EPISODES: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+
PAST INTERLOCK: <input type="checkbox"/> NEVER/DON'T KNOW <input checked="" type="checkbox"/> ON/COMPLIANT <input type="checkbox"/> ON/NON-COMPLIANT	
OTHER ELEC. MONITORING TO DETECT ALCOHOL USE: <input checked="" type="checkbox"/> NEVER/DON'T KNOW <input type="checkbox"/> ON/COMPLIANT <input type="checkbox"/> ON/NON-COMPLIANT	
RELATED TO DWI ARREST: ACCIDENT <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	BODILY INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES
FATALITY <input type="checkbox"/> NO <input type="checkbox"/> YES	
PAST FELONY DWI: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	CHILD WAS IN THE CAR AT THE TIME OF DWI ARREST: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

D. GUIDELINES FOR CONSIDERING SUPERVISION LEVEL

<input checked="" type="checkbox"/> ARREST BAC >.14 OR REFUSED	<input checked="" type="checkbox"/> PRIOR DWI ARRESTS	<input checked="" type="checkbox"/> PRIOR DWI/AOD EDUC	<input checked="" type="checkbox"/> PRIOR TREATMENT
DWI RISK-SUPERVISION ESTIMATE SCORE: <input type="checkbox"/> LOW: 0-10 <input type="checkbox"/> LOW-MEDIUM: 11-36 <input type="checkbox"/> HIGH-MEDIUM: 37-50 <input checked="" type="checkbox"/> HIGH: 51-96			

E. EVALUATOR RECOMMENDATIONS

SUPERVISION LEVEL: LOW (PAPER/< 1 FACE/MO)	<input type="checkbox"/> MEDIUM (1 FACE/MO)	<input type="checkbox"/> HIGH (2-3 FACE/MO)	<input checked="" type="checkbox"/> MAX (4+ FACE/MO)
POSSIBLE SERVICE NEEDS: <input checked="" type="checkbox"/> DWI/AOD EDUCATION <input checked="" type="checkbox"/> AOD TREATMENT <input checked="" type="checkbox"/> EMPLOYMENT/GENERAL EDUCATION	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> FAMILY	<input checked="" type="checkbox"/> NON-DWI CRIMINAL CONDUCT	

A brief interpretation of the profile for the case represented in Figure 1 is presented below, as well as a description of how to use the form.

The evaluator completes Part A of the form, all of which can be taken from the SR and ER. Part B of the form allows the evaluator to plot the profile using the various scoring formats to understand the meaning of each of the IDA scales. Part C of the form includes several critical items commonly associated with assessing risk and determining level and length of supervision for DWI clients. These items relate not only to the client's potential engagement in future impaired-driving behavior, but also to the degree in which the offender has jeopardized traffic safety and put the community at risk. Part D of the form provides four critical variables that the evaluator may use, in conjunction with the DRSE scale, when developing the supervision and services plan of the DWI client. Lastly, Part E of the form outlines the evaluator's recommendations for assigning community supervision to the DWI client, based on all of the data and information acquired during the assessment and classification process.

A number of issues can be ascertained using the information on the provided case example of the IDA SUMMARY form. In this case, the client scored low on the DEFENSIVENESS scale and he seems self-disclosing and motivated to change. He was defensive at the time of arrest, however, based on his refusal of a BAC test. He has a high level of

past AOD involvement, particularly with alcohol and marijuana, which resulted in two episodes of AOD treatment. He also has a significant history of legal non-conforming conduct and involvement in the justice system with prior DWI arrests, short-term incarceration and past placement on probation supervision. His justice involvement may also be non-DWI related. His scores on the SR GENERAL and ER GENERAL scales are congruent; yet, the SR GENERAL seems to reflect higher levels of problems. Finally, his scores on the AOD INVOLVEMENT, PSYCHOSOCIAL and LEGAL NON-CONFORMITY scales were higher than 90 percent of others in the sample.

Based on this information, several recommendations can be made for this case. He should be referred for more extensive evaluation in the areas of psychosocial, AOD use and legal non-conforming conduct. Further, high risk and needs suggests that he would benefit from higher levels of community supervision and AOD treatment. Supervision should focus on risk for relapse into pattern of prior AOD-use problems and helping him learn how to manage the high risk situations that can lead to such problems and impaired driving. He should undergo random drug tests as part of the supervision process, as well as have an interlock device implemented on his vehicle when his driving privileges are restored. The treatment that he receives needs to address the thinking that leads to antisocial and legal non-conforming conduct.

FOR MORE INFORMATION

Simply put, the IDA acts as a screener to provide an estimate risk level among individuals convicted of an impaired-driving offense, identify their potential service needs, assess their responsiveness to intervention efforts and considers the compromise to traffic and public safety of their behaviors. The IDA is designed to be administered at the front end of the justice system, preferably around the time of sentencing. It should be used to inform supervision and case management practices, as well as to determine whether comprehensive assessments are needed for individuals. Currently, it is publicly available in paper form only, although efforts are underway to automate the tool for future use. Individuals must undergo training to gain access to and use the instrument, as well as all relevant materials. The only training option available at this time is provided on-site and involves some costs; however, an online training option will be made publicly available in the near future. For more information about the IDA, please contact the author: nlowe@csg.org or 859-244-8057. >>▲

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