Screening & Assessment of Impaired Drivers

Erin Holmes, Responsibility.org
NCSL Legislative Summit
Nashville, TN; August 5, 2019
Drunk Driving Deaths Decreased in 2017

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

Data Source: NHTSA, FARS, 10/18

Responsibility.org
Criminal Justice Continuum

DUI Offense
Screening/Assessment
Supervision
Treatment
Behavior change
Screening

• First step in determining whether a DUI offender should be referred:
  » Those who do not have substance use/mental health issues are identified.
  » Those who may have issues can be sent for a more in-depth assessment.

• Screening is a way to strategically target limited resources by separating offenders into categories.

• The process in and of itself can also serve as a brief intervention:
  » Requires the individual to begin to think about their use patterns.
Screening - who needs further assessment?
Where should we devote our resources?
Assessment

- Offenders who show signs of substance/mental health issues should be referred for an assessment.
- Tends to be more formal; instruments are standardized, comprehensive, and explore issues in-depth.
- Can take up to several hours to complete and is typically administered by a trained clinician/professional.
- This step is meant to evaluate not only the presence of a substance use disorder but its **extent** and **severity**.
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
Identifying those most at-risk
Risk/Need Matrix

- High Risk, High Need
- Low Risk, High Need
- High Risk, Low Need
- Low Risk, Low Need
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
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.
Putting the pieces together

Risk level ➔ Substance use disorder(s) ➔ Mental health disorder(s) ➔ Trauma issues

17
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.
Impaired Driving Assessment (IDA)
Computerized Assessment and Referral System
What is CARS?

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

• CARS is a completely electronic assessment tool. It is available as free open source software.

• 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>CARS comprehensive mental health screener domains</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic disorder</td>
<td>Social phobia</td>
<td>Eating disorders</td>
</tr>
<tr>
<td>Intermittent explosive disorder</td>
<td>Attention deficit/hyperactivity disorder</td>
<td>Obsessive compulsive disorder</td>
</tr>
<tr>
<td>Depression</td>
<td>Generalized anxiety</td>
<td>Suicidality</td>
</tr>
<tr>
<td>Mania/bipolar disorder</td>
<td>Post-traumatic stress disorder</td>
<td>Conduct disorder</td>
</tr>
<tr>
<td>Oppositional defiant disorder</td>
<td>Psychosis</td>
<td>Nicotine dependence</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>Drug use disorder</td>
<td>Gambling disorder</td>
</tr>
<tr>
<td>Psychosocial stressors</td>
<td>DUI/criminal behavior</td>
<td></td>
</tr>
</tbody>
</table>
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
Why does it matter?

- If we fail to identify underlying issues, offenders are unlikely to be sentenced, supervised, or treated appropriately.
- It is not surprising that they come back into the system multiple times.
Recommendations

- Mandate screening and assessment for all DUI offenders (first and repeat).
- Treatment is not necessary for everyone:
  - Use screening to triage
  - Use assessment to determine specific treatment needs
- Require that tools used for the DUI population be validated among impaired drivers to ensure accuracy in assessing risk.
- Assess for co-occurring disorders (both substance use and mental health disorders).
- Rely on assessment-driven decision-making; assessment should be the system’s GPS.
Erin Holmes
Vice President, Criminal Justice Programs & Policy
Responsibility.org
erin.holmes@responsibility.org
(202) 445-0334