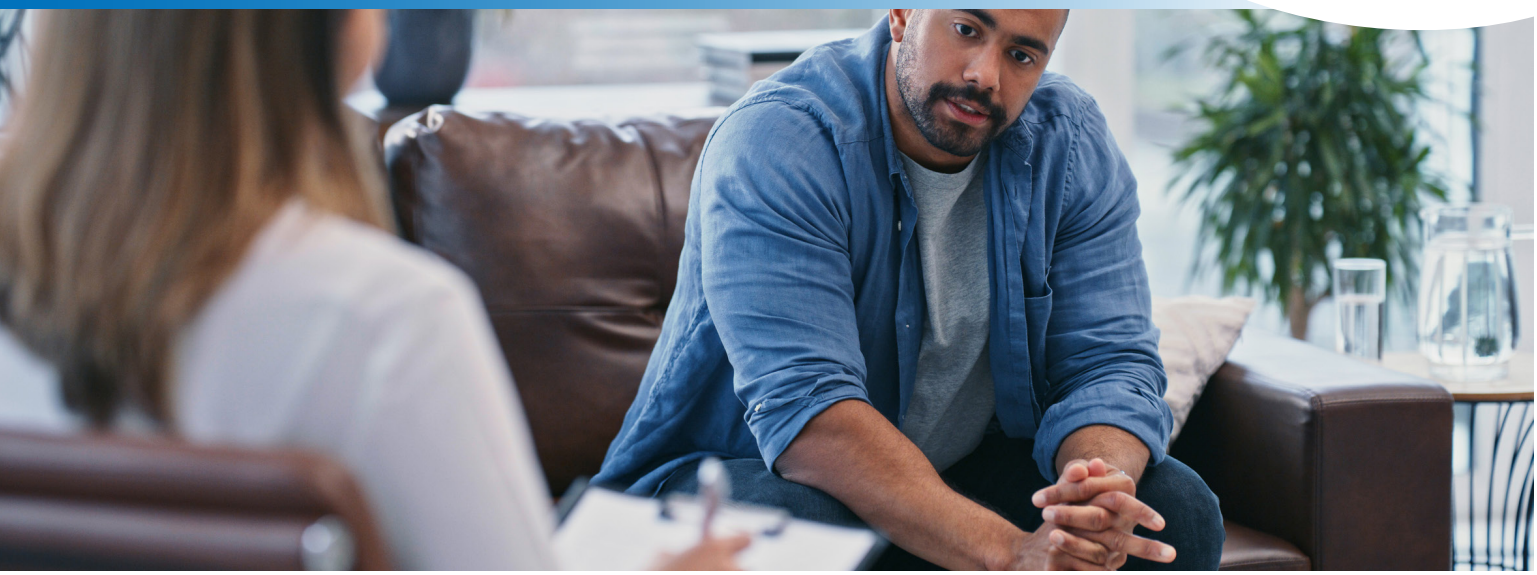
# TREATMENT & SUPERVISION



Substance use and mental health disorders are common among impaired driving offenders. Approximately two-thirds of convicted impaired driving offenders are alcohol dependent (Ferguson, 2012). Impaired drivers may experience a variety of mental health issues, but common issues include depression, bipolar disorder, anxiety, conduct disorder, anti-social personality disorder, and post-traumatic stress disorder (Cunningham & Regan, 2016; Maxwell, Freeman & Davey, 2007). Research has shown among repeat impaired driving offenders, 45% had a lifetime major mental disorder (Dickson, Wasarhaley, & Webster, 2012). Furthermore, 50% of female impaired drivers and 33% of male impaired drivers have at least one psychiatric disorder (Dickson, Wasarhaley, & Webster, 2012). To improve outcomes and also treat these drivers, as opposed to solely sanctioning them, it is important to utilise validated screening and assessment tools and offer treatment services suited to their needs to instill change. Treatment is not a "one size fits all" approach, therefore screening and assessment tools are critical to properly assess the needs of the driver and respond to them appropriately. This factsheet contains an overview of screening and assessment, addiction and treatment, and risk-need-responsivity.

## SCREENING & ASSESSMENT

Screening is the first step to determine whether an impaired driver should be referred for treatment. Screening is a way to strategically target limited resources by separating offenders into different categories. The screening process can also serve as a brief intervention, and in this instance its purpose is to prompt individuals to think about their use patterns and whether they are problematic. Once screening is completed, impaired drivers who show indicators of substance use or mental health issues can be referred for a more in-depth assessment.

An assessment tends to be more formal than screening and these instruments are standardized, comprehensive, and explore individual issues in-depth. Assessments are meant to evaluate not only the presence of a substance use disorder, but also its extent and severity. Unlike screening, a formal assessment process takes longer to complete (i.e., several hours) and it is administered by a trained clinician or professional.

Assessments should be:

- validated through research on the population being assessed,
- reliable, standardized,
- appropriate for the target population,
- easy to use,
- inform decision-making, and
- cost-effective.

Screening and assessment should occur as soon as possible during the court process, such as pre-trial. Results can help inform release and sentencing decisions, case management plans, supervision levels, and treatment referrals and/or plans. Assessments can be repeated at multiple points during the offender's involvement in the criminal justice system to monitor progress and adjust existing plans as needed.

There are also important limitations associated with screening and assessment instruments:

- Many instruments are not designed for or validated for impaired drivers.
- Traditional assessment tools often identify impaired drivers as low risk because they typically lack common criminogenic factors.
- Impaired drivers often have unique needs and are resistant to change on account of limited insight into their own behavior.

## UNDERSTANDING ADDICTION & TREATMENT

The bio-psychosocial model of addiction recognizes the complex interactions between biological, psychological, and socio-cultural factors. The origins of addictive behavior are complex, variable, and multifactual. There is an ongoing interaction between these factors and the interactions between them vary from person to person.

Addiction is a brain disease because drugs and alcohol change the brain and these changes can be long-lasting, because it re-wires connections in the brain. Environmental cues can become associated experiences of use and can trigger uncontrollable cravings. This learned reflex or conditioning, is extremely strong and can emerge even after many years of abstinence.


Treatment for substance use disorder is complex and not a "one size fits all" approach. There are varied levels of care, including outpatient, in patient, or residential treatment. To effectively treat addiction, persons should be appropriately screened and clinically assessed. The information gained from the screening and assessment should guide effective treatment methods. This is important because no single treatment protocol is effective for everyone. The program length must be best suited to the person's needs, and the treatment plan is continually monitored and adjusted to best suit their needs.

There are two main philosophies underpinning patient care in a treatment setting. These are acute care and chronic care models.

- **Acute care model.** This model of treatment includes a brief period of professional intervention followed by the cessation of services. The services offered are uniform and delivered over a short period of time. Once the program requirements are completed, regardless of offender progress, graduation occurs. As a result, post-treatment relapse and re-admissions are often inevitable and viewed as a failure of the individual, opposed to the failure of the proper treatment plan for them. The acute care model works well in acute trauma settings but is less effective among substance use disorder treatment for clients who have complex and high-severity needs.

- **Chronic care model.** The chronic care model includes long-term involvement with the health care system and provides continued care following treatment programs. Individuals learn self-care methods, have regular check-ins with providers, and are linked to community resources to assist them with their treatment plan. Compliance is measured by behavior change during treatment which is considered essential to progress. Further, treatment adherence allows for matching services to the participant's needs to facilitate accountable, lasting change.

## RISK-NEED-RESPONSIVITY PRINCIPLE

Within the criminal justice system, there are key principles that underpin the selection of services and interventions to be delivered to offenders. One of them is the risk-need-responsivity principle which can be used as a guide to best practice. Risk is measured to match the level of risk an offender poses with the intensity of the intervention that is applied, whereas need measures criminogenic factors (such as antisocial behaviors and attitudes, substance use disorder, and criminogenic peers) and applies services to address these needs to reduce risk of recidivism. Responsivity tailors the intervention to the learning style, motivation, culture, demographics, and abilities of the offender. Essentially, addressing the issues that affect responsivity is important. Applying the wrong intervention may have undesirable effects and will likely not effectively treat the individual.

The quadrant model of risk versus needs outlines acceptable treatment avenues depending on the individual's treatment needs. The model is based on the combination of four interventions:

1. **Supervision.** This may include frequent sessions with a probation officer or other criminal justice professional, probation field visits to a participant's home or place of employment, regular court appearances, periodic drug and alcohol testing, combined with infractions.
2. **Treatment.** This may include substance use disorder treatment, mental health treatment, or other social services delivered by a licensed or certified clinical professional.
3. **Prosocial habilitation.** This refers to interventions that encourage participants to think before they act and that teach strategies for resolving interpersonal conflicts and other problems without illegal activity or substance use.
4. **Adaptive habilitation.** This refers to services that address low employment, low education level, inadequate housing and other issues common in criminal justice populations.


Risk-need-responsivity principle:

Offender recidivism can be reduced if the level of treatment services provided to the offender is proportional to the offender's risk to re-offend.

| | High Risk | Low Risk |
|---|---|---|
| **High Needs** | **Standard track**<br>Accountability, treatment, & habilitation | **Treatment track**<br>Treatment & habilitation |
| **Low Needs** | **Supervision track**<br>Accountability & habilitation | **Diversion track**<br>Secondary prevention |

## CONCLUSION

Screening is the first step in determining whether impaired drivers require an assessment for treatment. Assessments can determine what treatment avenues are necessary and appropriate for impaired drivers and a treatment plan can be tailored to their individual needs. Recovery services and supports must be flexible, individualized, and strength-based to be effective. Treatment is a cost-effective intervention for impaired drivers and when used correctly can reduce recidivism and result in behavior change.

**Based on presentations by Mark Stodola (American Probation & Parole Association), Julie Seitz (National Center for DWI Courts), and Jim Eberspacher (National Center for DWI Courts)**

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## ABOUT THE ASSOCIATION OF IGNITION INTERLOCK PROGRAM ADMINISTRATORS

The Association of Ignition Interlock Program Administrators (AIIPA) is an organization composed primarily of federal, state, county, parish, or municipal employees who provide specialized knowledge to an ignition interlock program. The organization was formed in November, 2011 as a result of the National Ignition Interlock Summit sponsored by the Governors Highway Safety Association (GHSA), the National Highway Traffic Safety Administration (NHTSA), and the Centers for Disease Control and Prevention (CDC).

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