Mental Health Screening and Assessment for All Impaired Drivers

Responsibility.org Position:

Responsibility.org is dedicated to eliminating all forms of impaired driving. We believe that effective mental health screening and assessment for alcohol, drugs, and mental health issues is imperative in properly addressing the catalysts of impaired driving. Long-term behavior change is unlikely for these offenders without identifying and treating substance use and co-occurring disorders. The underlying causes of driving under the influence of alcohol/drugs (DUI/D) offenses must be addressed to prevent recidivism and save lives. To achieve this, agencies should use screening instruments that are validated specifically for the impaired driver population.

Additionally, we believe that screening and assessment should occur as early in the criminal justice process as possible to provide practitioners with the insight and findings necessary to make informed sentencing, supervision, and treatment decisions. We strongly support using an individualized approach to justice that tailors interventions based upon the specific risks and needs of each offender; this approach involves an assessment of each offender and creating a customized intervention plan based on their situation.

This paper includes the most current and relevant data for this position as of February 3, 2025.

Overview:

The use of comprehensive mental health screening and assessment in the criminal justice setting is necessary to identify DUI offenders who have substance use and/or mental health disorders that require intervention. Assessment findings can provide direction to practitioners, such as judges, prosecutors, and probation officers, and inform release, sentencing, supervision, and treatment decisions. The information obtained from screening and assessment is of vital importance to determine individual risk level (i.e., likelihood of re-offending or being non-compliant with conditions), specific treatment needs, and other criminogenic needs/risk factors. **Without accurately identifying underlying and contributory disorders, practitioners miss the opportunity to address underlying causes of offending, ultimately hindering efforts to reduce recidivism and change behavior.**

The Screening and Assessment Process:

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 use or mental health

diagnoses are identified through screening by a practitioner and those who are at-risk of meeting these criteria can be referred for a more in-depth assessment. Screening is also a method to strategically allocate limited resources by separating offenders into different categories - i.e., those who do not have a substance use or mental health problem and those who likely do have these issues, to ensure resources can be focused on those who need them the most. The screening process in and of itself can also serve as a brief intervention as it requires the individual to acknowledge their alcohol and/or drug consumption patterns and whether these patterns may be concerning.

After the screening process is completed, offenders who show signs of substance dependence or mental health disorders can be referred for a full mental health diagnostic assessment. An assessment tends to be more formal than screening, and the screening instruments are standardized and comprehensive, and they explore issues in-depth. In contrast with screening, a formal assessment process takes longer to complete (it can take several hours) and is typically administered by a trained clinician or professional. This second step is meant to evaluate not only the presence of a substance use disorder (alcohol and/or drugs) or any co-occurring disorders (e.g., substance dependence and a mental health disorder), but their extent and severity.

Ideally, screening and assessment should occur at the beginning of the criminal justice process (such as during the pre-trial stage). The findings can then be used to inform release considerations, sentencing decisions, case management plans, supervision strategies, and treatment referrals. While early assessment is ideal, this process can and should be repeated at multiple junctures throughout an offender's involvement in the criminal justice system to identify progress and determine whether modifications to existing plans are necessary.

Specialized vs. Generic Tools:

A significant challenge practitioners face working with DUI clients is selecting screening and assessment tools that effectively address the specific characteristics of the impaired driving offender. Generic tools often fall short in accurately identifying the recidivism risk levels and criminogenic factors of these individuals. This deficiency has become increasingly evident as many DUI offenders have been misclassified as low risk, and co-occurring mental health disorders have gone undetected. In response, new instruments have been developed and validated specifically for the impaired driver population, ensuring a more accurate and tailored approach to assessment and intervention.

Because DUI offenders are a unique group, using generic risk assessments to inform decision-making throughout the criminal justice process is ill-advised. For example, DUI offenders frequently (Bowler & Robinson, 2016; Bureau of Justice Statistics, 1999):

- Lack extensive criminal histories/records (beyond prior DUIs and other traffic-related offenses).

- Function at a higher level than other types of offenders, are more highly educated, and are employed at higher rates Live within higher socioeconomic environments than other justice-involved individuals.
- Operate within relatively stable social networks with pro-social peers.
- Do not view themselves as criminals; this can be difficult to address in treatment and is a blockade to behavior change.
- Have unique needs and may be highly resistant to change on account of limited insight into their behavior.
- Possess behavioral health needs beyond alcohol use disorder, including polysubstance-use and co-occurring mental health disorders.

Using instruments that are not validated specifically for the impaired driver population has negative consequences. If these tools do not accurately capture the risk level, then practitioners might unknowingly place high-risk offenders under less supervision when they need more intensive monitoring. Additionally, if risk assessments dictate placement in specific programs such as DWI courts, relying on generic instruments can affect who participates and how much funding these programs receive. Unfortunately, this problem is pervasive and only recently have tools been made available that are validated specifically for the impaired driver population, ensuring practitioners have more tools at their disposal for a more accurate and tailored approach to assessment and intervention.

The two assessment instruments that practitioners should strongly consider integrating within their programs are the [Computerized Assessment and Referral System (CARS)](#) and the [Impaired Driving Assessment (IDA).](#) Both tools are available free of cost and are validated for the DUI offender population. CARS was developed by Cambridge Health Alliance, Division of Addiction, a teaching affiliate of Harvard Medical School, with funding from Responsbility.org, and is designed to be used by every facet of the criminal justice system (e.g., pre-trial, courts, treatment courts, community supervision, treatment, etc.). CARS is the only instrument that provides customized, detailed information about specific treatment needs including both substance use and mental health disorders as well as an indication of risk and matched referrals to treatment providers in the offender's community. A 2021 study examined the accuracy of the CARS screener and found that it has a high sensitivity and specificity for bipolar, intermittent explosive, depressive, and post-traumatic stress disorders as well as panic attacks and social phobia (Nelson et al., 2021).

The IDA was developed by the American Probation and Parole Association (APPA) with the goal of providing community supervision agencies with a tool that accurately captures DUI risk level to inform case management plans and treatment referrals. IDA, therefore, is primarily a risk assessment tool, but it also provides preliminary information about whether a client needs further assessment related to substance use or mental health needs.

Practitioner Considerations:

When selecting screening and assessment instruments, practitioners should consider the following:

- Which tool is best for your court/agency?
- Is the tool validated through independent research?
- Is the tool validated among the population being targeted (i.e., was it validated among impaired drivers)?
- Is the tool reliable?
- Is the tool standardized?
- Is the tool easy to use?
- Is there a cost associated with the tool? Who pays for any associated costs?
- What measures does the tool include to protect confidential information and ensure compliance with any established data protection policies?
- What level of training is required to administer the tool?
- Who will be responsible for administering the tool?
- Will the tool be administered pre-or post-sentence?
- Will the tool be used with all offenders or repeat offenders?
- Will the tool be useful in assisting decision-making (i.e., will the findings/results of the screening/assessment provide the practitioner with useful information)?
- Are there cost considerations (i.e., is it free to use or are there licensing fees)?
- What policy changes (if any) are needed prior to administering a new tool?
- What key stakeholders need to be advised?

Research Highlights:

Many impaired driving offenders have significant behavioral health needs, but practitioners cannot address what is not identified. Therefore, it is imperative to use tools that not only accurately capture risk level to inform supervision strategies but also identify the underlying causes tied to criminal behavior. Existing research on alcohol and drug dependence and how they intersect with mental health disorders can inform such efforts.

Alcohol dependence:

- Approximately two-thirds of convicted DUI offenders are alcohol dependent (Lapham et al., 2001).
- The average DUI offender drives drunk 80 times before they are arrested (NHTSA, 2015).
- High-risk/repeat DUI offenders are more likely to suffer from severe alcohol use disorders than first offenders. Nearly all repeat offenders qualify for lifetime disorders and past-year rates of alcohol use disorders are elevated (C'De Baca et al., 2009; Shaffer et al., 2007). Studies have found that the lifetime rate of alcohol dependence among repeat DUI offenders was 41% and the past-year rate was 31% compared to rates of 7% and 2% among the general population.

RESPONSIBILITY.ORG

- According to NHTSA, in 2022, an estimated 1,578 (or 3%) drivers involved in a fatal crash had a prior DUI offense in the past five years. Among these repeat offenders involved in a fatal crash, 47% had a BAC of .08 or higher at the time of the crash, including 34% who had a BAC of .15 or higher (NHTSA, 2024).
- Rates of alcohol dependence are slightly higher among men as 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.
- Repeat offenders and those with high BACs at the time of arrest are more likely to score high on measures of alcohol use problems than offenders with only one offense or relatively low BACs at the time of arrest (Hubicka et al., 2008).
- Research has found that as the number of DUI offenses increases so do the rates of alcohol dependence. There is an inverse relationship between the number of prior offenses and the age of onset of alcohol dependence. In other words, those with more severe offenses such as repeat offenses, likely started experiencing substance use problems at an earlier age (McCutcheon et al., 2009).

<u>Drug dependence and polysubstance use:</u>

- In 2022, 59% of driver fatalities involved a driver who tested positive for drugs but not alcohol and 41% were positive for both alcohol (BAC=.01+) and at least one other drug. Additionally, 33% of drug-positive driver fatalities involved an alcohol-impaired driver (NHTSA, FARS data, April 2024).
- A 2023 survey on substance use and mental health matters revealed that 47.3 million (18%) individuals aged 18 and over had a substance use disorder in the past year, including 2.8% (7.2 million) who had both an alcohol and drug use disorder. Among those with a substance use disorder, 15.6% had both an alcohol and drug use disorder, 45% had an alcohol use disorder only, and 39% had a drug use only disorder (Substance Abuse and Mental Health Services Administration's 2023 National Survey on Drug Use and Health, 2024).
- 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).
- Rates of drug use are similar for men and women as 38% of male and 32% of female DUI offenders have met the criteria for drug abuse/dependence at some point in their lives (Lapham et al., 2001).
- In a study that examined primarily first offenders, Lapham et al. (2001) found that 30-40% qualified for a lifetime drug use disorder and 10-20% qualified for past-year drug use disorders.
- Rates of drug use are higher among repeat DUI offenders than first offenders with 40-70% qualifying for a lifetime drug use disorder (C'De Baca et al., 2009; Lapham et al., 2006; Shaffer et al., 2007).

<u>Mental health disorders:</u>

- A study of repeat DUI offenders revealed that 45% of repeat DUI offenders have mental health disorders in addition to alcohol or drug use disorders (Shaffer et al, 2007). Additionally, the study showed that 44% had a lifelong major mental disorder; almost 30% qualified for a past-year disorder other than substance use such as anxiety disorder.
- Repeat offenders have higher rates of lifetime prevalence of alcohol abuse and dependence, drug abuse and dependence, and psychiatric co-morbidity (Nelson and Tao, 2012).
- Female offenders suffer from higher rates of mental illness as 33% of men and 50% of women with an alcohol use disorder also had at least one other psychiatric disorder (Lapham et al., 2001).
- Additional research has confirmed that female DUI offenders appear to have significantly higher psychiatric comorbidity relative to their male counterparts (LaPlante et al. 2008) with diagnoses of anxiety, depression, and bipolar disorder being common.
- Extensive histories of trauma (e.g., post-traumatic stress disorder) are also present among female impaired drivers (Peller et al., 2010; Robertson et al., 2013). These studies have also linked psychiatric profiles among this population to recidivism.
- Researchers tracked repeat DUI offenders with assessed psychiatric disorders for five years after their admissions to a DUI treatment program. They found that offenders with certain patterns of psychiatric disorders like alcohol dependence or PTSD were more likely to commit a criminal offense during the five-year follow-up. Additionally, those with attention deficit disorder were more likely to commit motor vehicle related offenses during this period. The study suggests that DUI is often part of a broader pattern of criminal behavior, and psychiatric disorders increase the risk of re-offense (Nelson et al., 2015).
- Studies have found that repeat DUI offenders often suffer from cognitive impairments and the severity of the impairment is related to the frequency of DUI behavior (Ouimet et al., 2007). The most common types of cognitive impairment relate to decision-making and executive functioning (Brown et al., 2009). Repeat offenders who display these deficits have difficulty processing information, exhibit short-term memory loss, and have difficulty planning ahead and adhering to supervision or programming requirements. These deficits create challenges for engaging in treatment as offenders have limited ability to process and retain information or learn new skills.
- A study using the CARS screener module to compare psychiatric comorbidity among repeat and first-time DUI offenders found that for 16 of 19 psychiatric disorders, such as alcohol use disorder, repeat DUI offenders were more likely than first-time offenders to screen positive during their lifetime. Additionally, repeat offenders were more likely to screen positive for 11 of 16 assessed psychiatric disorders in the past year. More research is needed to determine if psychiatric comorbidity among first-time offenders predicts re-offense. If so, mental health screening of such offenders could provide information about how to best allocate resources (Keating et al., 2019).
- DUI offenders – both first and repeat – display personality and psychosocial characteristics that lead them to engage in risky behavior. These characteristics which

include agitation, irritability, aggression, thrill-seeking, impulsiveness, external locus of control (blaming others for actions), social deviance, non-conformity, and anti-authoritarian attitudes (Wanberg et al., 2005), occur more commonly among young males which is the largest demographic of impaired drivers.

- Researchers concluded that current DUI treatment models are inadequate for addressing recidivism among the varied offender profiles and suggests that earlier, more comprehensive screening could better allocate resources to target the subtypes of DUI offenders effectively. The study identified three different primary repeat DUI offender subtypes:
  - Type I: Offenders whose DUI is a result of drinking to cope with mood and anxiety problems.
  - Type II: Offenders whose DUI is linked to a pattern of criminal behavior.
  - Type III: Offenders whose DUI emerges as acute triggers and episodes of isolated, excessive drinking (Nelson et al., 2019).

Established in 1991 as a national not-for-profit organization, Responsibility.org has led the fight to eliminate impaired driving and underage drinking.

References:

Bowler, P., & Robinson, K. (2016, October). *The DWI offender vs. the drug offender* [Presentation].

Brown, T., Ouimet, M., Nadeau, L., Gianoulakis, C., Lepage, M., Tremblay, J., & Dongier, M. (2009). From the brain to bad behaviour and back again: Neurocognitive and psychobiological mechanisms of driving while impaired by alcohol. Drug and Alcohol Review, 28(4), 406-418.

Bureau of Justice Statistics. (1999, June). *DWI offenders under correctional supervision* (NCJ 172212). U.S. Department of Justice, Office of Justice Programs.

C'De Baca, J., McMillan, G., & Lapham, S. (2009). Repeat DUI offenders who have had a drug diagnosis: Are they more prone to traffic crashes and violations? Traffic Injury Prevention, 10, 134-140.

Computerized Assessment and Referral System – visit www.carstrainingcenter.org and https://www.responsibility.org/initiatives/cars-screening-and-assessment-tool-for-dui-offender-population/

Hubicka, B., Laurell, H., & Berman, H. (2008). Criminal and alcohol problems among Swedish drivers – Predictors of DUI relapse. International Journal of Law and Psychiatry, 31(6), 471-478.

Keating, L. M., Nelson, S. E., Wiley, R. C., & Shaffer, H. J. (2019). Psychiatric comorbidity among first-time and repeat DUI offenders. *Division on Addiction, Cambridge Health Alliance*; *Harvard Medical School*.

RESPONSIBILITY.ORG

Lapham, S., Skipper, B., Hunt, W., & Chang, I. (2000). Do risk factors for re-arrest differ for female and male drunk driving offenders? Alcoholism: Clinical & Experimental Research, 24(11), 1647-1655.

Lapham, S., Smith, E., C'de Baca, J., Chang, I., Skipper, B., & Baum, G. (2001). Prevalence of psychiatric disorders among persons convicted of driving while impaired. Archives of General Psychiatry, 58, 943-949.

LaPlante, D., Nelson, E., Odegaard, S., LaBrie, R., & Shaffer, H. (2008). Substance and psychiatric disorders among men and women repeat driving under the influence offenders who accepts a treatment-sentencing option.

McCutcheon, V., Heath, A., Edenberg, H., Grucza, R., Hesselbrock, V., Kramer, J., Bierut, L., & Bucholz, K. (2009). Alcohol criteria endorsement and psychiatric and drug use disorders among dui offenders: Greater severity among women and multiple offenders. Addictive Behaviors, 34(5), 432-439.

National Highway Traffic Safety Administration. (2015, October). *Standardized Field Sobriety Testing (SFST) Participant Manual*.

National Highway Traffic Safety Administration. (2024, April). *Fatality Analysis Reporting System data* (Data from 2022)*.*

Nelson, S., & Tao, D. (2012). Driving Under the Influence: Epidemiology, Etiology, Prevention, Policy, and Treatment. In: H. Shaffer, D. LaPlante, and S. Nelson (Eds.), APA Addiction Syndrome Handbook: Vol.2. Recovery Prevention, and Other Issues.

Nelson, S. E., Belkin, K., LaPlante, D. A., Bosworth, L., & Shaffer, H. J. (2015). A prospective study of psychiatric comorbidity and recidivism among repeat DUI offenders. *Archives of Scientific Psychology, 3*(1), 8-17. American Psychological Association.

Nelson, S. E., Shoov, E., LaBrie, R. A., & Shaffer, H. J. (2019). Externalizing and self-medicating: Heterogeneity among repeat DUI offenders. *Division on Addiction, Cambridge Health Alliance.*

Nelson, S. E., LaRaja, A., Juviler, J., & Williams, P. M. (2021). Evaluating the Computerized Assessment and Referral System (CARS) Screener: Sensitivity and specificity as a screening tool for mental health disorders among DUI offenders. *Journal of Substance Abuse Treatment, 47*(8), 694-702.

Ouimet, M.C., Brown, T.G., Nadeau, L., Lepage, M., Pelletier, M., Couture, S., Tremblay, J., Legault, L., Dongier, M, Gianoulakis, C., & Ng Ying Kin, N.M.K. (2007). Neurocognitive characteristics of DUI recidivists. Accident Analysis and Prevention, 39, 743-750.

Peller, A., Najavits, L., Nelson, S., LaBrie, R., & Shaffer, H. (2010). PTSD among a treatment sample of repeat DUI offenders. Journal of Traumatic Stress, 23(4), 468-473.

Robertson, R., Holmes, E., & Marcoux, K. (2013). Female Drunk Drivers: A Qualitative Study. Ottawa: Traffic Injury Research Foundation.

Shaffer, H., Nelson, S., LaPlante, D., LaBrie, R., & Albanese, M. (2007). The epidemiology of psychiatric disorders among repeat DUI offenders accepting a treatment sentencing option. Journal of Consulting and Clinical Psychology, 75(5), 795-804.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2024, July). *National Survey on Drug Use and Health: 2023 annual national report*.

Wanberg, K., Milkman, H., & Timken, D. (2005). Driving With Care; Education and Treatment of the Impaired Driving Offender. New York: Sage Publishing.