

The BIG 4!

Essentials for Your DWI Toolbox






PRESENTERS

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THE THREE ESSENTIAL ELEMENTS OF EFFECTIVE SUPERVISION

1. MONITOR SUPERVISEE BEHAVIOR AND COMPLIANCE
2. ENFORCE CONDITIONS OF SUPERVISION
3. ASSIST SUPERVISEES TO CHANGE THEIR BEHAVIOR

LEARNING OBJECTIVES

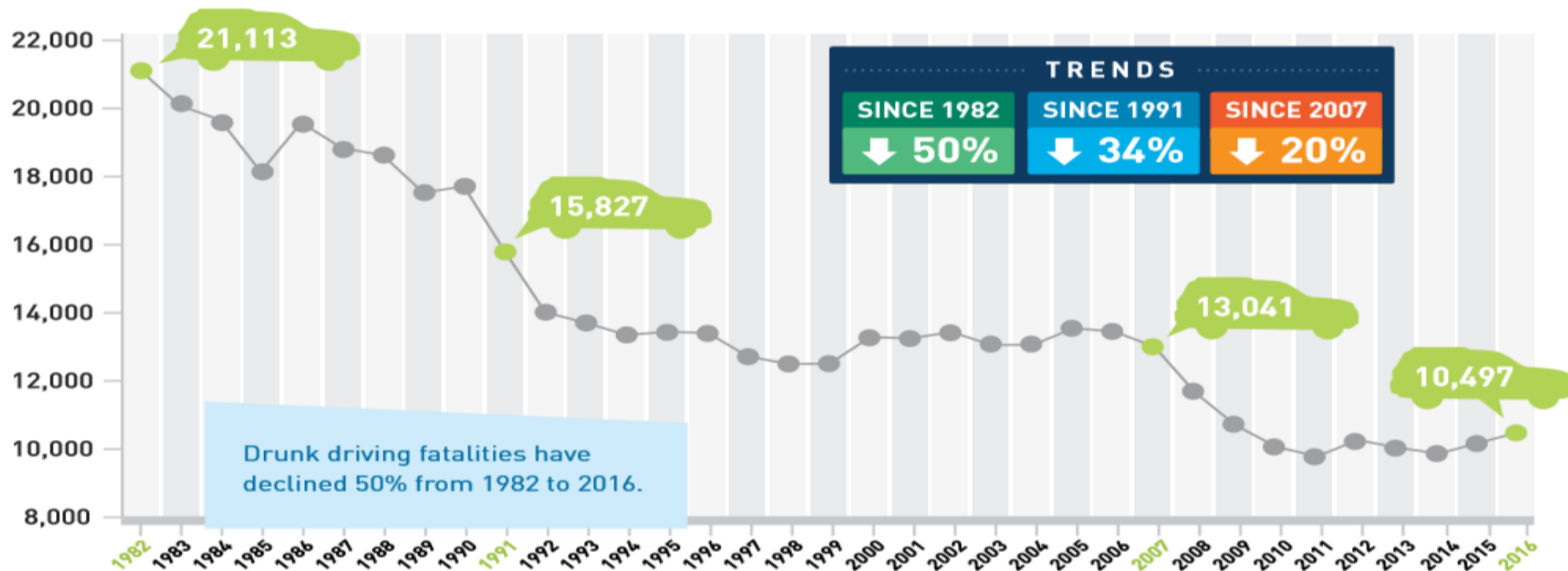
- Participants will identify how to match specific technologies with client risk level
- Participants will identify 3 alcohol assessment tools and their use in determining client risk level and needs
- Participants will identify how assessment tools translate to community supervision strategies and case plans
- Participants will be familiar with research-based treatment approaches determined by criminogenic factors

Alcohol-Impaired Driving Fatalities 1982-2016

Learn more at

Responsibility.org

TOTAL ALCOHOL-IMPAIRED DRIVING FATALITIES



THE REPEAT DWI OFFENDER: WHY HE WAS STILL BEHIND THE WHEEL



IMPAIRED DRIVERS: WHO ARE YOU MOST LIKELY TO SUPERVISE?

High-risk drunk drivers:

- BAC level of .15 or above
- More than one drunk driving arrest
- Highly resistant to changing their behavior
- Less than five percent of these drivers account for about 80 percent of the impaired driving episodes



IMPAIRED DRIVERS: WHO ARE YOU MOST LIKELY TO SUPERVISE?

- White males in their late 20s to early 30s
- Low level of education
- Unemployed/under-employed
- Not married
- More hostile
- 33% of males and 50% of females have a psychiatric disorder

UNIQUE CHALLENGES

- Don't ID as a criminal
- More difficult to catch
- "I'd rather do my time"
- Competing interests of probation

FINANCIAL IMPLICATIONS FOR DWI SUPERVISION

Costs Associated with Offense

- Court fines
- Probation service fees
- Attorney fees
- Increase in insurance rates
- Ignition interlock or other technologies
- Treatment
- Court program costs
- Transportation costs after license suspension
 - Average costs are \$300-\$500 a month





4,700,000 individuals under community supervision in 2016

15% of this probation population have been convicted of DWIs

8% of the probation population have been convicted of multiple DWIs

Approximately 2/3 of individuals under community supervision are drug or alcohol-involved

NON-BEHAVIORAL APPROACHES

- Drug prevention classes focused on fear and other emotional appeals
- Shaming offenders
- Drug education programs
- Non-directive, client-centered approaches
- Bibliotherapy
- Freudian approaches
- Talking cures
- Self-help programs
- Vague unstructured rehabilitation programs
- Medical model
- Fostering self-regard (self-esteem)
- “Punishing smarter” (boot camps, scared straight, etc.)



**INNOVATION: NEW ASSESSMENT
INSTRUMENTS**

MAJOR RISK AREAS OF DWI 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

ASSESSMENTS

- **ADS** (Alcohol Dependence Scale)
- **ASUDS-R** (Alcohol Substance Use And Driving Survey – Revised)
- **ASI** (Alcohol Severity Index)
- **AUDIT** (Alcohol Use Disorders Identification Test)
- **IDTS** (Inventory Drug-taking Situations)
- **DAST** (Drug Abuse Screening Test)
- **LSI-R** (Level Of Service Inventory-revised)
- **MAST** (Michigan Alcoholism Screening Test)
- **SASSI** (Substance Abuse Subtle Screening Inventory)
- **RIASI** (Research Institute On Addiction Self Inventory)
- **IDA** (Impaired Driver Assessment)
- **CARS** (Computerized Assessment And Referral System)

SUPERVISION THAT...

- Places focus on the person, not the charge
- Addresses criminogenic needs
 - The big four
 - The next four



CRIMINOGENIC NEEDS: THE “BIG FOUR”

History of Antisocial Behavior

This includes early involvement in any number of a variety of antisocial activities. Major indicators include being arrested at a young age, a large number of prior offenses, and rule violations while on conditional release.

Antisocial Personality Pattern

People with this factor are impulsive, adventurous, pleasure-seeking, involved in generalized trouble, restlessly aggressive, and show a callous disregard for others.

Antisocial Cognition

People with this factor hold attitudes, beliefs, values, rationalizations, and personal identity that is favorable to crime. Specific indicators include identifying with criminals, negative attitudes towards the law and justice system, beliefs that crime will yield rewards, and rationalizations that justify criminal behavior (e.g., the “victim deserved it”).

Antisocial Associates

This factor includes both association with procriminal others and isolations from anticriminal others.

CRIMINOGENIC NEEDS: THE “*MODERATE FOUR*”

Source: Andrews & Bonta, 2010

Family/Marital Circumstances

Poor-quality relationships between either the child and the parent (in the case of juvenile offenders) or spouses (in the case of adult offenders) in combination with either neutral expectations with regards to crime or procriminal expectations.

School/Work

Low levels of performance and involvement and low levels of rewards and satisfaction.

Leisure/Recreation

Low levels of involvement in and satisfaction from noncriminal leisure pursuits.

Substance Abuse

Problems with abusing alcohol and/or other drugs (excluding tobacco). Current problems with substance abuse indicate a higher risk than past substance abuse problems.

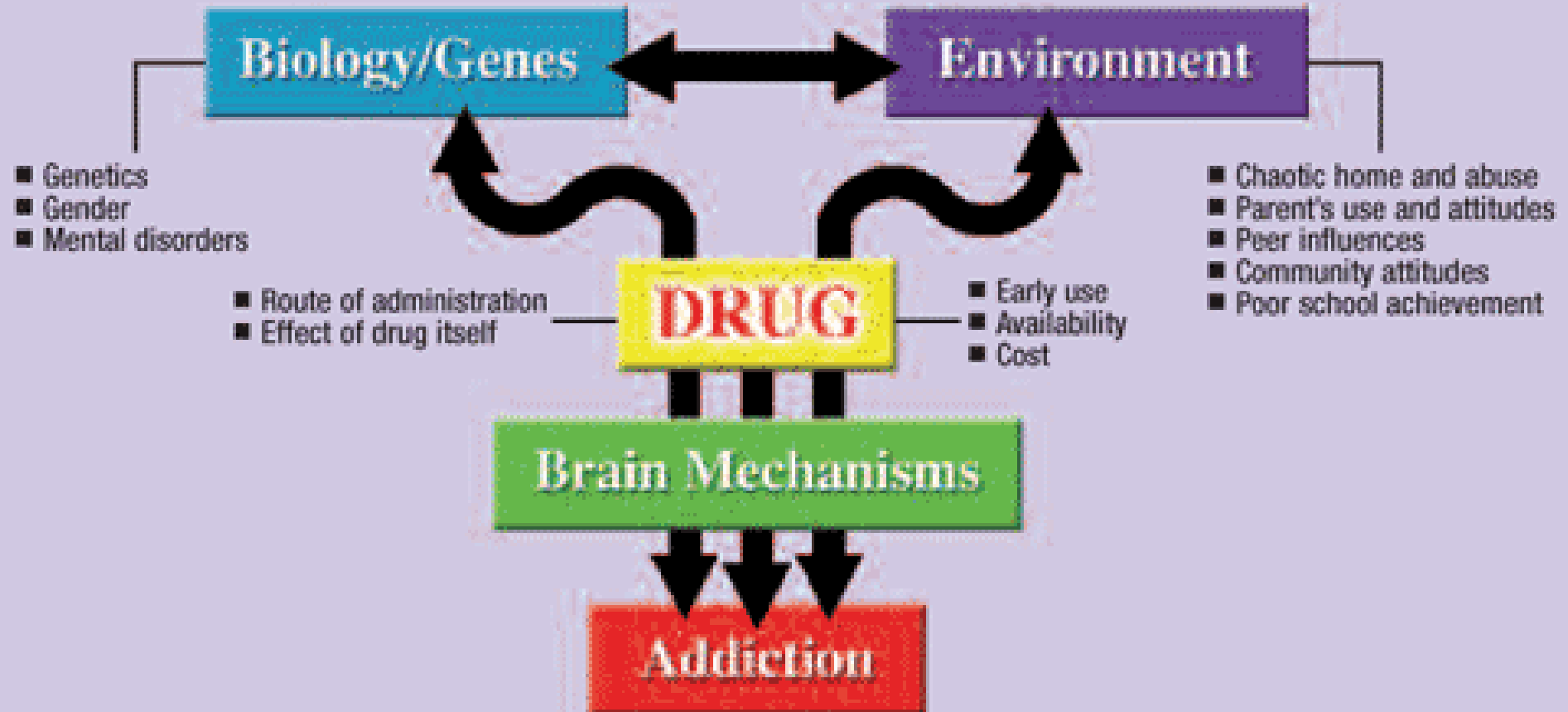
IT'S NOT ABOUT
THE DWI....



IT'S ABOUT THE INDIVIDUAL
WHO GOT THE DWI



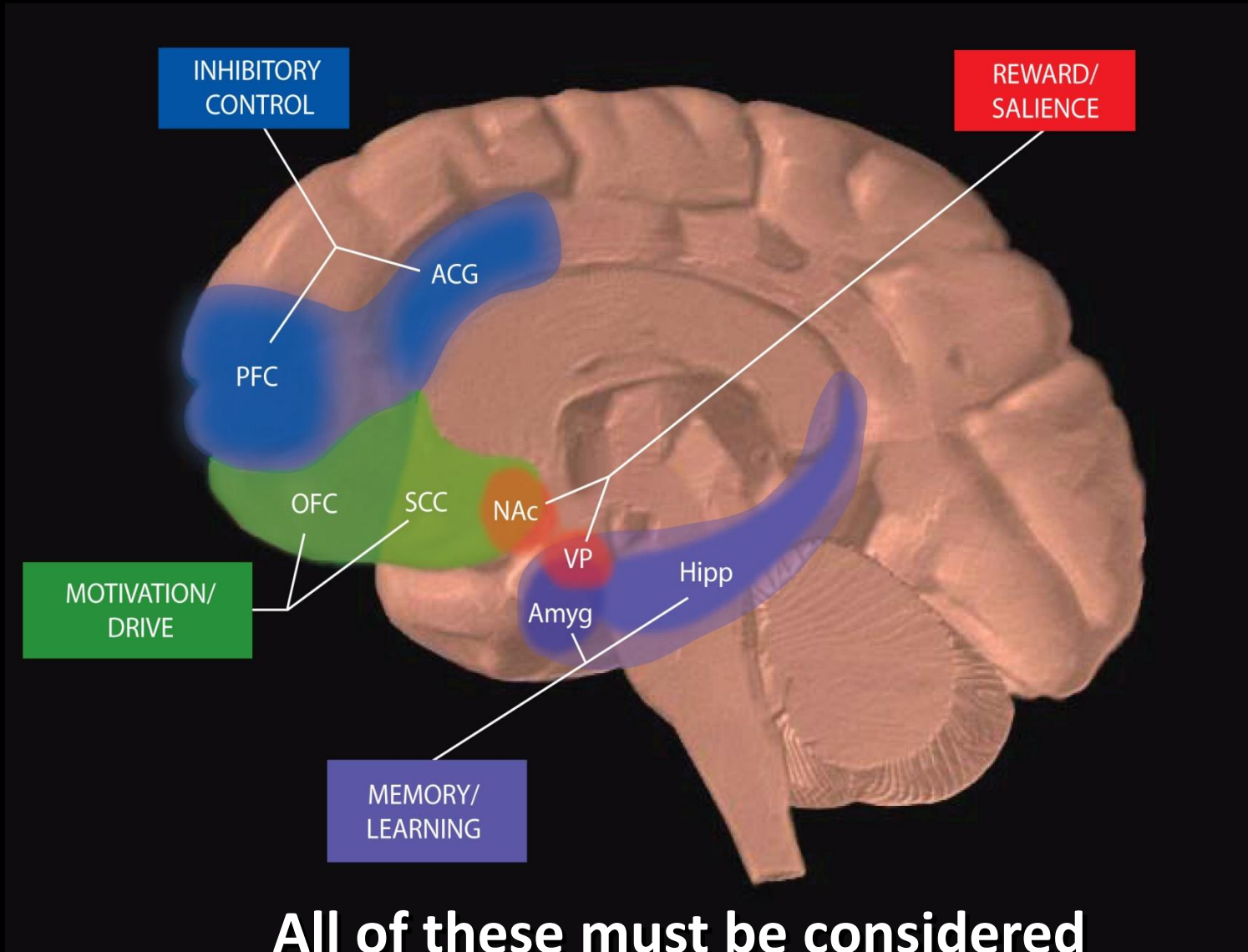
RISK FACTORS



ADDICTION: A DEVELOPMENTAL DISEASE - TYPICALLY BEGINNING IN CHILDHOOD OR ADOLESCENCE

- One of the brain areas still maturing during adolescence is the prefrontal cortex - the part of the brain that enables us to assess situations, make sound decisions, and keep our emotions and desires under control.
- The fact that this critical part of an adolescent's brain is still a work-in-progress puts them at increased risk for poor decisions (such as trying drugs or continued abuse.)

Circuits Involved In Drug Abuse and Addiction



**All of these must be considered
in developing strategies to
effectively treat addiction**

SUBSTANCE ABUSE AND APD

KESSLER, ET. AL. ARCHIVES OF GENERAL PSYCHIATRY. 1994
RATES OF ALCOHOLISM AND SUBSTANCE DEPENDENCE
OVER PREVIOUS 12 MONTHS

- 2.8% of population dependent on drugs
- 7.2% of population dependent on alcohol
- **Overlap: The bulk of substance dependent persons are also diagnosable as having APD. While about half of alcoholics who enter treatment also have APD, less than half of all alcoholics have APD. Almost all APDs who enter institutions or programs show some form of chemical abuse.**

Natural Rewards

Food
Water
Sex
Nurturing

IS TREATMENT EFFECTIVE?

- Many do not comply
- Many relapse
- There is no cure
- Rates are similar to other diseases
- I.E. diabetes, heart disease, obesity

HOW CAN WE MEASURE THE EFFICACY OF ADDICTION TREATMENT?

- Abstinence from the substance of abuse at 6 months? 12 months? One year?
- Improvement in psychosocial variables?
(Work, school, relationships)
- Improvement in physical health?
- Improvement in mental health?



RATES OF MEDICATION ADHERENCE

- Bipolar disorder
 - Over 6 to 12 mos
 - 34% to 80%
- Schizophrenia
 - 11% to 80%
- Cardiovascular
 - Beta 46%
 - Cholesterol 44%
- Osteoporosis
 - 43% to 53%



MAJOR ELEMENTS OF TREATMENT

- Motivation
 - Insight
 - Skills
- 

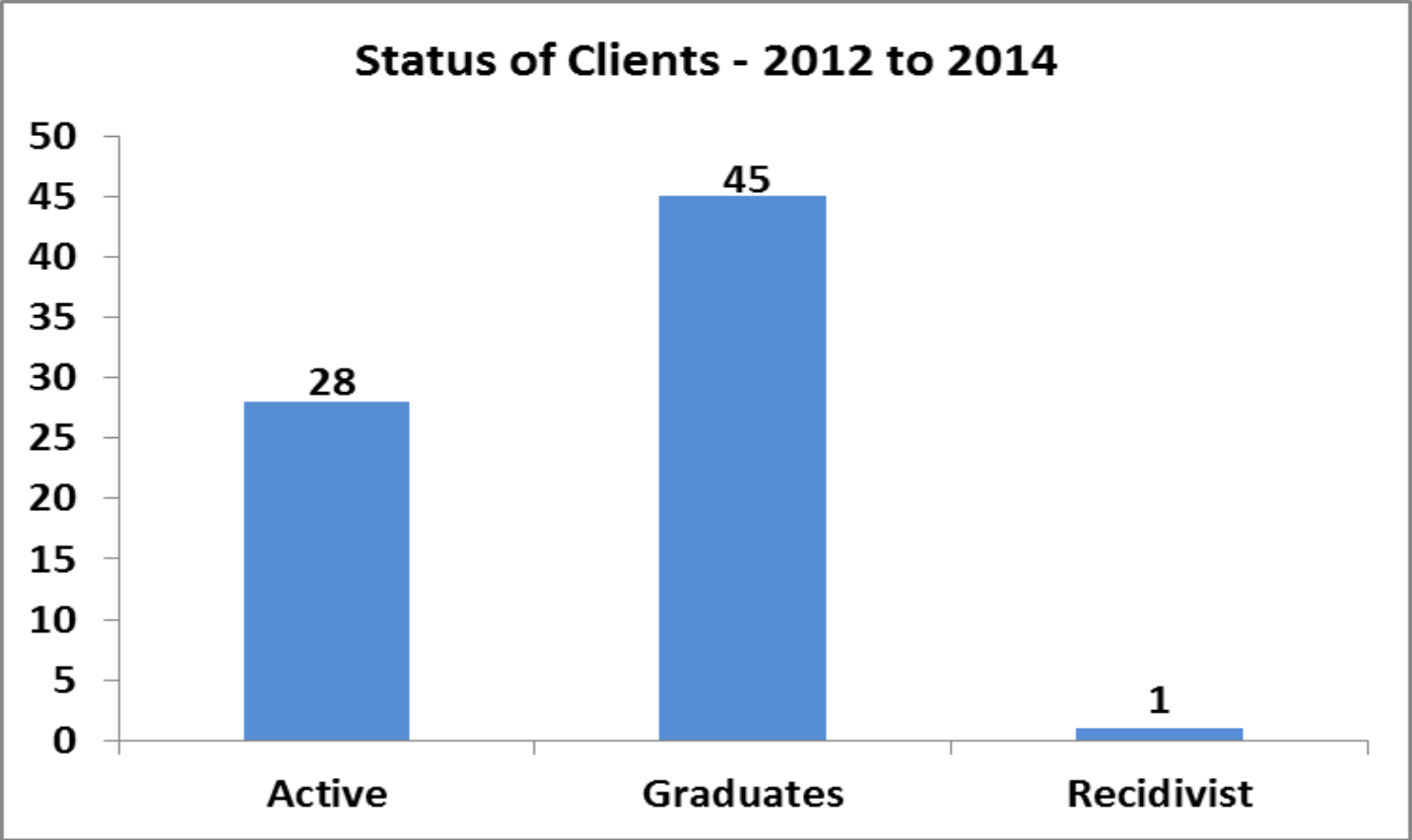
MORAL RECONATION THERAPY

- MRT™ seeks to move clients from egocentric, hedonistic (pleasure vs. pain) reasoning to levels where concern for social rules and others become important
- Research of MRT™ has shown that as clients pass steps, moral reasoning increases in adult and juvenile clients

MRT™ FOCUS

- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Positive identity formation
- Enhancement of self-concept
- Decrease in hedonism
- Development of frustration tolerance
- Development of higher stages of moral reasoning

VOLUSIA COUNTY DWI COURT



WHY DID IT WORK, AND WHAT WERE THE RESULTS?

- Five (5) year retention rate 96%; compared to under 60% prior to the program
- 48 individuals graduated from 2012 to 2017. Two-year recidivism was at 4%. Prior to the program, the average recidivism rate from standard probation was 42%
- The program effectively delivered 166 community sanctioned hours (CSH) valued at \$1,369
- The program delivered over 8,750 client days – including treatment, supervision, and ancillary services

RECOVERY: DEFINED BY ASAM

- “A process of sustained action that addresses the biological, psychological, social, and spiritual disturbances inherent in addiction.”
- “Recovery aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness, while addressing an individual’s consistent pursuit of abstinence, impairment in behavioral control, dealing with cravings, recognizing problems in one’s behaviors and interpersonal relationships, and dealing more effectively with emotional responses.”
- “An individual’s recovery actions lead to reversal of negative, self-defeating internal processes and behaviors, allowing healing of relationships with self and others.”

SUPERVISION THAT INCLUDES TECHNOLOGY



ALCOHOL MONITORING TECHNOLOGIES

- Continuous alcohol monitoring
- Portable alcohol monitoring
- Random alcohol monitoring

CONTINUOUS ALCOHOL MONITORING

- Automated tests every 30 minutes, 24/7
- Reports only when client downloads via a variety of options
 - Base
 - Wireless base
 - Direct connect
 - Ethernet
- No immediate violation notification
- Optional house arrest/RF monitoring in one device
- Cannot remove without tampering



PORTABLE ALCOHOL MONITORING

- Scheduled and random testing
- Monitors all risk levels based on number of tests
- Court-admissible
- Meets evidence-based practices with immediate results or within 24 hours
- Uploads data after each scheduled test
- Alcohol-specific fuel cell
- User actively engages with device
- Photo verification via facial recognition
- GPS tracking of scheduled tests



SMARTPHONE APPLICATION WITH USE OF PBT

- Uses a personal breath testing device (PBT)
- App installed on smart phone
- Low-risk offenders
- No retests for confirmation of consumed alcohol event



RANDOM ALCOHOL MONITORING

- Lab-based: ETG testing
- Direct metabolite of alcohol (ethanol)
- Can detect up to 24-48 hours after ingestion
- Confirm ETG by LC/MS/MS
- Fast results (48 hours – negative)
- (48-72 hours – positive)
- Test client 2-3 times per week in random program



RANDOM ALCOHOL MONITORING

Breathalyzer

- Rapid and precise breath alcohol analysis
- Fuel-cell technology
- Handheld instrument
- Real-time clock
- Roadside or random testing
- Displays BAC reading numerically
- Approved DOT screener



IGNITION INTERLOCK



- Fuel-cell technology
- Separates drinking from driving
- Regulatory agencies vary by state
- Fail rates (BAC level) determined by state
- Rolling retests
- Camera technology

USA INTERLOCK LAWS

- Fifty states have an alcohol interlock law for offenders and/or program
- 32 states, including DC, have all-offender law
- 10 states high BAC (.15+); 5 states are repeat offender; 1 state is high BAC only

WHAT COURTS NEED TO KNOW WHEN CHOOSING THE MOST EFFECTIVE TOOLS FOR THEIR CLIENTS

- Match technologies to risk levels of client
- Technology is worthless if you don't monitor the results
- Results meet with evidence-based practice guidelines for receiving timely results
- Provider/manufacture experience – they are your resource expert!
- Access to provider/manufacture for problem-solving/regularly scheduled meetings and calls
- Provider/manufacture will testify in court for you
- Device is court admissible
- Cost factor – offender pay or agency pay



**COMPREHENSIVE APPROACH:
ASSESSMENT, SUPERVISION, TREATMENT, TECHNOLOGY**



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