

TREATMENT FOR DWI OFFENDERS: What is Being Done

TEXAS IMPAIRED DRIVING FORUM

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Though it's often neglected in discussions of DWI recidivism, I suspect that treatment may be every bit as important as enforcement in reducing the risk of re-offense. **C. Scott McMillin**

Some respond to conventional interventions:

Sanctions, a Court appearance, driver education, the threat of still more severe consequences(including jail) for repeat offense. They alter their behavior and aren't arrested again.

Others fail to respond. ... Why?

In most cases, active addiction is at play. The nature of addiction as described by the NIDA is compulsive drug/alcohol seeking and use in spite of adverse consequences. Enforcement and punishment alone won't be enough.

The Process:

SCREENING: measures an individual's level of involvement with alcohol and other drugs to Determine if further assessment is warranted

ASSESSMENT: Is a clinical evaluation. Assessment instruments must be sufficient to diagnose, develop a diagnostic impression or rule out a substance-related disorder according to nationally recognized (DSM V) criteria; and, to recommend an appropriate level of service according to current placement guidelines.

TREATMENT: professionally directed programs to reduce substance use and restore individual health, wellness and life in community.

AFTERCARE: on-going services for individuals who complete treatment programs to maintain positive outcomes

RECOVERY SUPPORT SERVICES: peer coaching and linkages to needed resources and services to remove barriers and advance long term recovery.

SCREENING:

Treatment is key to the needed behavior change since it addresses the root causes of impaired driving for many offenders. But not all DWI offenders need treatment or the same kind of treatment.

Screening is usually based on the results of specific testing instruments. Multiple screening instruments are available from short self-report questionnaires to interviews with trained professionals.

A combined strategy of alcohol screening and brief intervention with a trained professional is considered a best practice.

SCREENING EXAMPLE

- Do you enjoy drinking now and then?
- Do you feel you are a normal drinker? ("normal" - drink as much or less than most other people)
- Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?
- Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?
- Can you stop drinking without a struggle after one or two drinks?
- Do you ever feel guilty about your drinking?
- Do friends or relatives think you are a normal drinker?
- Are you able to stop drinking when you want to?
- Have you ever attended a meeting of Alcoholics Anonymous (AA)?

Risk Assessment Instruments:

Risk assessments are predictive instruments used to classify offenders according to the likelihood of recidivism along with clinical review

ADS (Alcohol Dependence Scale)

ASUDS-R (Adult Substance Use and Driving Survey – Revised)

ASI (Alcohol Severity Index)

AUDIT (Alcohol Use Disorders Identification Test)

DTS (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)

CARS (Computerizes Assessment and Referral System)

ASSESSMENT AND REFERRAL

- determine the extent and severity of the offender's substance abuse problems;
- determine the offender's readiness for treatment;
- ascertain related (co-morbid) problems, such as mental illness;
- determine the type of intervention necessary to address the problems;
- evaluate the resources offenders can assemble to help solve the problem(s), (i.e., family support, social support, educational and vocational attainment, and personal qualities such as motivation); and,
- engage the offender in the proposed treatment process

PRINCIPLES OF SUBSTANCE USE DISORDER TREATMENT

- Addiction is a multifaceted problem, but one that can be treated effectively.
- Treatment should be directed to the individual person rather than to their drug(s) of choice.
- Treatment can be helpful even if the client initially goes involuntarily.
- Staying in treatment long enough is critical.
- Counseling and behavioral therapies are highly utilized and the best available treatment options for drug abuse
- Medications can be an important part of treatment to address drug abuse or the mental health aspects underlying substance use.
- Treatment should address other possible mental disorders.

Levels Of Substance Abuse Treatment.

Detoxification: Detox is the first step toward recovery for individuals who are physically addicted to drugs. Usually lasting from three to 10 days depending on the extent and duration of drug use, the primary goal of detox is stabilization

Inpatient/Residential: Residential treatment is the most intensive program. Patients live in a facility with 24-hour supervision with a high level of structure and clinical intensity. Inpatient programs are staffed by professionals who provide individual, group and family therapy, relapse prevention planning, life skills training and other services. Many include psychiatric support and medical care.

Outpatient: Outpatient treatment varies by the frequency and intensity of services offered.

Intensive

- 3-5 times per week
- 10 hours per week
- can live at home
- day and/or evening sessions

Supportive Outpatient

- 1-2 times per week
- 2-4 hrs
- Day or evening sessions
- Typically a step down from more intensive services

Alcohol /Drug Education

Behavioral Therapies (EVP)

Contingency Management

Cognitive-Behavioral
Therapy

Motivational Interviewing

Matrix Model

Family/Community-Based
Treatments

12 Step

Trauma Informed

Pharmacological

RECOVERY SUPPORT SERVICES

- PEER SUPPORT AND RECOVERY COACHING
- SOBER HOUSING
- VOCATIONAL TRAINING
- EMPLOYMENT SERVICES
- CHILD CARE
- MEDICAL AND PSYCHIATRIC REFERRALS
- Dental

Thank you!

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