



OWI ASSESSMENT:

A Review of Available DUI/DWI/OWI Screening Tools

Abstract
(To be completed)

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Executive Summary

Background

This report details the research undertaken by the University of Wisconsin-Madison Population Health Institute, on behalf of the Wisconsin Department of Health Services, to evaluate assessment tools for those offenders convicted of driving under the influence (DUI), driving while intoxicated (DWI), or operating while intoxicated (OWI).

Currently, the Wisconsin Intoxicated Driver Program (IDP) utilizes the Wisconsin Assessment of the Impaired Driver (WAID) to determine whether a DUI/DWI offender should receive education or treatment for a potential substance abuse disorder. The IDP was established in 1982, and since that time the WAID has been the primary method of determining driver risk.

Assessment Tools

An initial list of tools was compiled, based on several prior assessment reviews commissioned. These include: A review of assessment tools completed by the Traffic Injury Research Foundation in Ottawa, Ontario (Robertson & Wood, 2013); a review of existing tools in use around the United States by the National Association of State Alcohol and Drug Abuse Directors (Wurzburg, 2011); a review of methods to address serious DWI offenders commissioned by the National Highway Traffic Safety Administration, which included an overview of several assessment tools (Wiliszowski et al., 2011); a report on predicting repeat DWIs from the American Probation and Parole Association (DeMichele & Payne); a summary of assessment instruments developed for the New York State Office of Probation and Corrections (OPCA, 2014); and a review of DUI/DWI assessment tools completed for the Wisconsin Department of Corrections (WI DOC, 2015). Additional web searches yielded some additional assessment tools and resources.

This list was pared down in an initial planning meeting. The remaining 20 assessment tools, as well as Wisconsin's current screening tool, the Wisconsin Assessment of the Impaired Driver (WAID), were compared across numerous categories. A final seven tools were chosen for in-depth review by the Wisconsin Impaired Driving Program Advisory Committee. These seven tools are summarized below:

ASUDS-R

The Adult Substance Use and Driving Survey-Revised (ASUDS-R) is a 123-item differential screening instrument, which was copyrighted by AOD Assess in 2013. The ASUDS-R incorporates 16 basic scales and three supplemental disruption scales, in order to assess alcohol and other drug (AOD) use, substance abuse disorders, psychological or emotional problems, driving risk, and criminal tendencies.

Methods of Completion

The ASUDS-R relies on a self-reported assessment, which can be completed on a computer or using a paper-and-pencil format.

Scales

In addition to determining alcohol and AOD use, benefits, and involvement, the ASUDS-R assesses DUI/DWI offenders across several categories, including:

- *Driving Risk*: Measures the extent of hazardous driving and other driving risks.
- *Social Non-Conformity*: Measures indications of rebelliousness and antisocial attitudes, both at the time of the assessment and over an offender's lifetime.
- *Legal Non-Conformity*: Measures criminal thinking, criminal behaviors, and engagement with criminal associates.
- *Defensiveness*: Measures the degree to which an offender is willing to divulge personal or sensitive information.
- *Motivation*: Measures the extent to which an offender is willing and motivated to change drinking behaviors.
- *Strengths*: Measures the strength of familial bonds, personal relationships, marriage, behaviors, emotional health, and cognitive self-control.
- *Mood Adjustment*: Measures the extent to which a client seems to experience psychological or emotional problems.

Cost

To administer paper-and-pencil copies, the cost will be \$150 for 200 copies of the assessment tool. If the automated (computer-based) version is adopted, then the cost is dependent on an arrangement with AOD Assess. Because the ASUDS-R is linked to the Survey and Assessment Manager (SAM) database program, additional costs for database management may be included. The total cost will depend upon the needs of the county offices, and will vary depending on the final product(s) chosen.

IT Requirements

- Processor: Pentium III with 133 MHz
- Operating: Windows 98, 2000 Pro, XP, or ME/MT; 15 MB for SAM to run, 40 MB recommended
- CD-ROM to install software

User Experiences/Feedback

(To be completed based on interviews.)

Pros and Cons

- *Pros:*
 - The ASUDS-R has been normed for impaired drivers, and is appropriate for use with offenders sixteen years of age or older.
 - Incorporates driving risk and antisocial attitudes, which could be critical in determining future risk.
- *Cons:*
 - No separate scales exist to distinguish between opioid use and prescription drug use. More research into the AOD use scales would be recommended.

Research

The ASUDS-R was evaluated by Kenneth Wanberg (Center for Addictions Research and Evaluation) and David Timken (Center for Impaired Driving Research and Evaluation). Wanberg and Timken ran regression analyses of all scales measured by the ASUDS-R to identify means, standard deviation, internal consistency and reliability (using Cronbachs Alpha), intercorrelations and squared multiple correlations, and percent unique variance. They also determined construct validity by measuring correlations between ASUDS-R scales and the scales measured by similar assessment tools.

The basic scales showed strong internal consistency/reliability, ranging from 0.72 for the 6-month legal non-conforming scale to 0.92 for the disruption scales. Perspective validity, based on age, sex, race, and marital status, was also measured, and slight variations were found for some of the scales. When the ASUDS-R results were measured between residents of Colorado and Massachusetts, similar means and standard deviations were found for most of scales. Statistically significant correlations were found for nearly all scales.

The scales measured by the ASUDS-R were compared to similar scales in several other DUI/DWI/OWI assessment tools: Mortimer-Filkins; Simple Screening Inventory; Alcohol Dependence Scale; Drug Abuse Screening Test; Level of Supervision Inventory-Drug Scale; and Level of Supervision Inventory-Criminal. Of these screening tools, only Mortimer-Filkins is normed to a DWI population. Most of the scales demonstrated moderate to high correlations, ranging from 0.25 for the MF 6-month legal non-conforming correlated scale to 0.68 for the DAST global scales. Many of the tools did not have similar scales matching to all 16 basic scales in the ASUDS-R, so some discrepancies should be expected.

Based on the results of this analysis, the ASUDS-R shows optimal internal consistency reliabilities. Intercorrelations among the scales are general positive, which may indicate a common life-adjustment factor among DWI offenders. The ASUDS-R scales were able to discriminate between a sample of pre-sentencing DWI offenders and a sample of post-sentencing DWI offenders. The post-sentenced offenders tended to be less defensive, have higher levels of substance abuse disorder and psychosocial problems, and were more motivated to change.

CARS

The Computerized Assessment and Referral System (CARS) was developed by Dr. Sarah Nelson, and was adapted from the Comprehensive International Diagnostic Interview (CIDI). The CIDI was originally developed by the World Health Organization in 1990. The CIDI has been extensively studied as a screening tool to diagnose both substance abuse disorders and mental health disorders, using DSM-IV criteria. Dr. Ron Kessler, who developed the WMH-CIDI, advised the development of the CARS screening tool.

CARS consists of 13 modules, which can be individualized based on time and need. The tool focuses on identifying underlying mental health conditions and the potential for substance abuse disorders.

Methods of Completion

Three formats of the CARS are available: a basic screener, a self-reported screener, and a full assessment tool. The screeners take an average of 15-40 minutes to complete, while the full assessment interview can take up to 2 hours. The tools are all computer-based, and do not appear to require any special training to administer.

Scales

In addition to measuring substance use, the CARS has several additional scales, including:

- *DUI Behavior*: Measures past behaviors related to driving under the influence (DUI) or driving while intoxicated (DWI). More research is needed to determine whether this provides a risk assessment for future DUI behavior.
- *Mental Health*: Several mental health scales measure the probability that an offender suffers from a diagnosable condition, such as: PTSD, anxiety, depression, mania, panic disorder, conduct disorder, ADHD, etc. This scale also measures suicidality.

Cost

The CARS screening tools use open-source software. Because there is no specific training required to administer the tests, the CARS would require very few resources to implement.

IT Requirements

(To be completed based on interviews.)

User Experiences/Feedback

(To be completed based on interviews.)

Pros and Cons

(To be completed based on interviews.)

- *Pros*:
 - Users are able to customize the modules, so that certain modules can be turned off to save time or avoid unnecessary screenings.
 - Offender history can focus on lifetime use or on the past 12-months use.
 - One of the pilot studies for the CARS tools was conducted in Milwaukee, WI.
- *Cons*:

Research

The CARS is a new system, just released in 2017. Though CARS is derived from the CIDI, which has been widely established as both reliable and valid, it has not yet been extensively reviewed. Measurement of validity and reliability is not currently available.

Data available from the pilot implementations has shown that positive screenings for mental health disorders are fairly accurate at identifying those who may require treatment: for those with depression or general anxiety, a full assessment revealed that the respondent did indeed qualify for the diagnosis (Holmes & Dalbec, 2017). The self-reported screener proved more sensitive than the interview at detecting social anxiety and bulimia, but was less sensitive at detecting potential problems with the alcohol use disorder lifetime history screener.

IMPACT, Inc., the Milwaukee assessment center that participated in the CARS pilot, was the only site to only use the self-reported screener. Offenders were given the choice to complete the CARS screener prior to their WAID assessment. Overall, 150 screeners were administered at this site.

Across all six pilot sites, 37 percent of those screened were found to have a co-occurring mental health disorder. For these respondents, a database of treatment referral options allowed practitioners to help clients select a treatment provider.

Several opportunities for improvement were identified throughout the pilot. In particular, some practitioners noted that CARS may be too sensitive, since it classified offenders that were viewed as low-risk into a high-risk category (Holmes & Dalbec, 2017).

DRI-2

The Driver Risk Inventory-2 (DRI-2) is an update to the original Driver Risk Inventory (DRI), which incorporates the DSM-5 Substance Use Disorder classification. This assessment tool was developed in 2000 by Behavior Data Systems, Ltd. This tool has been adopted by many states, and administered to nearly 2 million DUI/DWI offenders.

Methods of Completion

The DRI-2 is available in either a paper-and-pencil format or as a test-taking booklet, and can be administered individually or in a group setting. The average time needed to complete the assessment is approximately 25-30 minutes, and reports detailing responses and recommendations are available within two and a half minutes. The information is self-reported, and the assessment tool appears to require little to no special training to administer.

Scales

In addition to providing scales measuring alcohol use, drug use, and substance abuse disorders (based on DSM-5 criteria, the DRI-2 provides three additional scales:

- *Stress Management*: Measures coping strategies to determine how effectively the offender manages stress.
- *Driver Risk*: Measures irresponsible or dangerous driving behaviors independent of substance use. This scale identifies driver attitudes, as well as behaviors such as aggression and overall driver skill, to identify those individuals who could benefit from further driver education.
- *Truthfulness*: Measures socially-desirable responding that could indicate substance abuse denial and problem minimization. The DRI-II incorporates the truthfulness scale to calculate more accurate, truth-corrected results.

Cost

The cost per test, as reported on the Behavior Data Systems, Ltd. Website, is \$9.95 per test. Bulk rates are available, and this cost includes:

- Test booklets or flash drives or diskettes (for computer-based testing)
- Training manuals
- Free upgrades
- Summary reports
- Support services

IT Requirements

(To be completed based on interviews.)

User Experiences/Feedback

(To be completed based on interviews.)

Pros and Cons

(To be completed based on interviews.)

- *Pros:*
 - DRI-2 was identified as the “best DUI/DWI assessment by the National Highway Traffic Safety Administration”
 - Behavior Data Systems, Ltd. reports free test individualization options.
 - The tests are available in both English and Spanish.

Research

Internally conducted reviews have shown the DRI-2 to be reliable. The DRI-2 was validated against Mortimer-Filkins and MacAndrews scale, and the results were comparable. All of scales are statistically significant at the 0.001 level. The inter-item reliability coefficients for the truthfulness, driver risk, and substance abuse or dependency scales are 0.85; the drug scale coefficient is 0.86; and the alcohol scale coefficient is 0.91 (Driver Risk Inventory-2). The DRI-2 is 98 percent accurate in identifying problem drinkers, and can distinguish between first-time offenders and repeat offenders (OPCA, 2014).

Validation studies have been conducted on the DRI and the DRI-2 since 1980. The first study used a t-test analysis between groups indicating high stress and low stress, and revealed that the Stress Coping Abilities Scale can reliably discriminate between the two groups. The second 1980 validation study compared the DRI to the Taylor Manifest Anxiety Scale and the Cornell Index, to establish the validity of the Stress Coping Abilities Scale. The product-moment correlation coefficient (0.85) revealed that the scale was reliable and valid (BDS, 2008).

Subsequent studies validated the instrument against other, well established assessment tools. A 1982 comparison to the Minnesota Multiphasic Personality Inventory found that the two instruments correlated significantly ($r=0.29$). The DRI was scored against the MMPI again in 1985 (and then again in 1986), and these results held: the produce-moment correlation coefficient for psychopathic deviation was -0.59; social maladjustment was -0.54; the anxiety scale was -0.78, and social alienation was -0.67.

The concurrent validity of the DRI was established in a 1987 comparison study involving four screening agencies, which used a combination of the MAST, the Sandler assessment tool, and an unidentified scoring procedure that combined the two with BAC level and prior DUI/DWI history. The reliability coefficients ranged from 0.74 (drug scale) to 0.89 (alcohol and stress coping abilities scales).

The results of these internally conducted reviews are summarized in a three-part series, available on the Behavior Data Systems website.

DUI-RANT

The Driving Under the Influence Risk and Needs Triage (DUI-RANT) screening tool is based on the Risk and Needs Triage (RANT) assessment tool, but is specifically geared toward a population recently convicted of a DUI/DWI.

The DUI-RANT consists of 23 questions, which include key predictors of DUI/DWI recidivism. Offenders are ranked in terms of both criminogenic risk and clinical needs. This tool is currently being used in Columbia County, Wisconsin, to identify risk prior to pretrial hearings.

Methods of Completion

The DUI-RANT is a web-based screening tool, which should take approximately 15 minutes to complete. The results are available almost immediately, and there is no specialized training required to administer.

Scales

In addition to measuring substance use, the DUI-RANT measures both criminogenic risk and clinical needs, including:

- *Recidivism Risk Factors*: Measures high-risk factors, such as recurring criminal activity and prior attempts at treatment or rehabilitation.
- *Psychosocial*: Measures psychosocial dysfunction symptoms that could indicate a diagnosable condition or require additional remediation, as well as potentially deviant peer affiliations. Also accounts for unstable living conditions.
- *Criminal Behavior*: Measures prior violations, arrest record, and the age at which criminal behaviors began.

Cost

The current costs to administer the DUI-RANT screening tool appear to be \$1750 to support 3 users for a five-year period; to increase the users to 25 will increase the cost of support to \$4000 for the same five-year period. There is no specific training needed to administer the DUI-RANT.

IT Requirements

(To be completed based on interviews.)

User Experiences/Feedback

(To be completed based on interviews.)

Pros and Cons

(To be completed based on interviews.)

- *Pros*:
 - DUI-RANT is already being incorporated into assessments in Columbia County, to triage offenders before a pre-trial hearing.
- *Cons*:
 - Due to the copyright on DUI-RANT, Wisconsin Department of Corrections anticipated a great deal of difficulty incorporating into COMPAS.

Research

No known validation studies have been conducted on the DUI-RANT specifically, according to reviews of the tool by other agencies. Because the DUI-RANT is based on the RANT, however, studies on this tool may be applicable to the DUI-RANT.

Nunnally (1978) found that the Cronbach's alpha coefficient (greater than 0.60) revealed an acceptable internal consistency, as did an item correlation greater than 0.2 (Marlowe et al., 2011). Hu & Bentler (1999) found that the RANT yielded a comparable fit index coefficient of approximately 0.95, as well as a mean square error of approximation of 0.06. These results show that the two-factor structure of the RANT is reliable (Marlowe et al., 2011).

Marlowe et al. (2011) used Cronbach's alpha coefficient to evaluate the ten risk indices, and found that the results were low (0.58). By removing two of these indices, with correlations below 0.2, the Cronbach's alpha coefficient rose to 0.65. By comparison, the original 5-index version of the RANT had an original Cronbach's alpha coefficient of 0.68; by removing one index with a correlation below 0.2, the coefficient increased to 0.72. These adjusted alpha levels are considered acceptable.

The RANT also demonstrated high predictive validity. The offenders who were found to be high risk were 2.5 times more likely to recidivate within one year. Likewise, the high-risk offenders were two times more likely to be convicted of a new offense within a year. When the predictive validity was assessed by race and gender, Marlowe et al. (2011) found that males were significantly more likely to be deemed high risk, as were African Americans. However, logistic regressions did not find a significant racial effect on re-arrest or re-conviction rates. The researchers determined that, based on these results, there was no racial bias skewing the results produced by RANT.

IDA

The Impaired Driving Assessment (IDA) was developed by the American Probation and Parole Association to evaluate offenders and determine the potential for DUI/DWI recidivism. The IDA was designed to be used at the “front end,” as a decision-making tool for the criminal justice system. It focuses not only on substance use, but also on risk assessment for recidivism and threats to public safety.

Methods of Completion

The IDA utilizes both interviews and a paper-and-pencil self-reported survey. The combination of interview and self-reported measures provides convergent validation of risk assessment. A computerized version of the IDA was anticipated in June 2017. More research into the potential of a computerized version, as well as potential costs to counties for additional equipment, is needed.

Scales

In addition to measuring alcohol and other drug (AOD) use, the IDA also evaluates offenders on:

- *DWI Risk Supervision Estimate (DRSE)*: Measures indicators that correlate to a likelihood of recidivism. The DRSE draws from lifetime drug and alcohol use, probability of substance dependency or abuse, criminal background, risky driving behaviors, age, and marital status. These factors are then weighted based on the correlation to future DUI/DWI recidivism.
- *Psychosocial*: Measures indicators of mental health, including depression, anger, and anxiety. In addition, the psychosocial scale identifies past mental health treatment and employment history.
- *Legal Non-Conformity*: Measures criminal history and participation in illegal activities, with a focus on illegal driving behavior. The legal non-conformity scale draws from childhood and adult arrests, prior DUI/DWI arrests, incidents of driving with a suspended license, and lifetime probation, parole, and detention history.
- *Acceptance-Motivation*: Measures the degree to which DUI/DWI offenders recognize problem DUI/DWI behavior, negative consequences due to drinking and/or drug use, personal responsibility, and willingness to accept treatment. This measure was not found to be statistically valid in past studies, indicating that this particular scale is less reliable.
- *Defensiveness*: Measures the degree to which offenders answer self-reported behaviors defensively, by indicating that they have never engaged in problem behavior or taken risks while driving.

Cost

The IDA uses open-source software. The cost for training can range from \$5600 for in-person training, which takes one day, to \$10,800 to train future trainers.

IT Requirements

Because the Wisconsin Department of Corrections has already adopted the IDA, bridges have been (or are in the process of being) built between the open source software and the COMPAS system.

User Experiences/Feedback

(To be completed based on interviews.)

Pros and Cons

(To be completed based on interviews.)

- *Pros:*
 - Because the IDA was adopted by the Wisconsin Department of Corrections, adopting the IDA tool for the Wisconsin Department of Health Services could streamline assessments by eliminating redundancy and ensuring more effective data sharing between the two agencies.
- *Cons:*
 - The IDA appears to be designed for parole and corrections, rather than as a front-end screening tool.
 - The use of both interviews and self-reports increases time spent with the offender, and could require greater resource investments.

Research

The IDA design incorporates both a self-report and an interview report. Utilizing two separate methods of evaluation, and comparing results, ensures the convergent validation of the assessment tool.

Validity and reliability studies based on four pilot sites, in Brown County, MN, Nicollet County, MN, Westchester County, NY, and Tarrant County, TX, revealed high statistical significance between the individual scales, cumulative scoring, and probation failure (Lowe, 2014). Probation failure, along with arrest records (for DUI/DWI and non-DUI/DWI charges) and positive drug tests were tracked for one year following the initial screening. Lowe created a dichotomized variable to track “probation failure” as the outcome of interest, and regressed the total score and individual scales to determine the reliability of the scales to determine future risk. These results are presented as an odds ratio (rather than probability), and reveal that:

- The individual factor correlations from the itemized scales tend to be moderate to high, ranging from 0.35 – 0.76.
- Each unit increase in the general scores indicated a 4-8 percent increase in failing probation;
- Each unit increase in the score for the psychosocial scale correlates to an 11-25 percent increase in the odds of failing probation;
- Each unit decrease in the defensiveness scale correlates to a 5-17 percent increase in the likelihood of probation failure;
- Each unit increase in the DRSE scale correlates to a 3-6 percent increase in the odds of probation failure; and
- The acceptance-motivation scale did not yield a statistically significant increase in probation failure.

The construct validity was measured with regards to both the internal and external criterion. The Internal consistency reliability for the scales was high, ranging from 0.72 for the psychosocial scale to 0.88 for the general scale. Scale interdependence was measured using percent unique variance and intercorrelations; the percent unique variance results ranged from 0.37-0.53, and the intercorrelation amongst all scales (except for defensiveness) ranged from 0.24-0.88 depending on the scales considered. The defensiveness scales showed a relatively strong negative intercorrelation, ranging from -0.43 – -0.79.

NEEDS

The NEEDS assessment is an extension of the Substance Abuse Life Circumstance Evaluation (SALCE) tool, which incorporates 32 questions to assess the stability of the individual. The SALCE tool was originally derived from the Criteria for the Diagnosis of Alcoholism, which identified individual needs to “alter his/her use of alcohol or other drugs” (Lacey, Jones & Wiliszowski, 1999).

The SALCE and NEEDS were both developed for use with DUI/DWI offenders, and identify behaviors and attitudes that indicate problem substance use and/or substance abuse disorders.

Methods of Completion

The NEEDS is self-reported, and can be administered in a paper-and-pencil format or using an interactive, web-based format. Typically, it takes about 26 minutes to complete. The assessment is easily scored with a computerized form, and includes treatment recommendations.

Scales

In addition to substance use, the NEEDS assessment tool evaluates offenders across several categories, including:

- *NEEDS Assessment*: Provides recommendations based on responses, suggested level of supervision, and a level of intervention if a substance abuse disorder is identified.
- *Respondent Attitude*: Measures test taking attitude (TTA), which indicates efforts by the offender to respond in socially acceptable ways or appear in a favorable light.
- *Problem-Solving*: Measures ability to make good decisions and identify consequences.
- *Physical Health*: Determines whether health issues interfere in the offender’s daily life.
- *Criminal History*: Reports offender criminal activity and recommends risk supervision.
- *Employment History*: Measures current employment as well as three-year employment history to identify consistency and financial difficulties. Takes into account disabilities, age, and removal from typical labor force (i.e. homemaker).
- *Educational History*: Measures years of school completed and special training.
- *Emotional Stability Assessment*: Measures respondent attitudes toward stress, stress coping ability, emotional vulnerability, and history of emotional problems.
- *Personal Relationship and Support System*: Measures stability, type, and length of personal relationships, as well as marital status and children.

Cost

NEEDS costs ten dollars per test, which includes software, customization, and customer support. Assessment results are stored in the PASS database by ADE Incorporated. Database management costs vary depending on customization, but average approximately 15 dollars per client record. A local database may be supported if paper versions are used. If the web-based version is adopted, counties may also need to purchase kiosks to administer the NEEDS assessment.

IT Requirements

(To be completed based on interviews.)

User Experiences/Feedback

(To be completed based on interviews.)

Pros and Cons

(To be completed based on interviews.)

- *Pros:*
 - The NEEDS assessment tool provides guidance for intervention, based on ASAM guidelines.
 - Demographics are updated annually.
- *Cons:*

Research

The NEEDS assessment tool has a 96% general agreement with the results of personal interviews (ADE, 2007). Concurrent validity of the NEEDS tool, using the Brief Symptom Inventory, showed high and statistically significant correlations. In particular, the emotional status evaluation scale correlated with eight of the BSI scales at the 0.01 significance level, and with the ninth at the 0.05 significance level.

Significant studies of the NEEDS assessment tool have not been found. The SALCE, however, has been intensively studied. Because the NEEDS is based on the SALCE, validity studies for SALCE are applicable to the NEEDS assessment tool as well. In comparison studies with other OWI assessment tools, researchers found that summary scores were strongly correlated with the results derived from the MacAndrew Scale (ADE, 2007). The SALCE also identified more offenders as problem drinkers (i.e. the same respondents were indicated to have a more serious substance abuse problem) than the Mortimer-Filkins and MAST assessment tools (Lacey, Jones & Wiliszowski, 1999).

Test-retest studies conducted at East Carolina University found no variability in life circumstances or test taking attitudes, indicating that these particular measures do not vary much over time. A split half test of reliability found that the predicted reliability of the SALCE was 0.93 (using a Pearson Product-Moment correlation coefficient) (ADE, 2007).

TAAD-5

The Triage Assessment for Addictive Disorders-5 (TAAD-5) is designed to quickly triage DUI/DWI offenders. The interviews identify the probability that an offender is either dependent on or exhibits signs of a substance use disorder, using the DSM-5 criteria. Developed by Norman G. Hoffmann, Ph. D., the TAAD-5 is a proprietary triage tool licensed by Evinco (2012).

The TAAD-5 is most applicable for initial field assessments by social service providers and health care providers, and as a preliminary triage for treatment referral or further assessment.

Methods of Completion

The TAAD-5 consists of a triage interview, taking approximately 10 minutes to complete. The scoring for the interview takes an additional 2-3 minutes.

Scales

In addition to identifying substance use, the TAAD-5 identifies several other indicators of substance abuse disorders, including:

- *Personal/Social*: Measures the degree to which offenders have neglected personal responsibilities, experienced arguments or damaged relationships due to substance use.
- *Tolerance/Withdrawal*: Measures whether the offender appears to experience an increasing tolerance for alcohol and/or drugs, and whether withdrawal symptoms have been experienced.
- *Driving Risk*: Measures whether the offender has driven under the influence, had a use-related arrest, or an injury or accident due to use. More research is needed to determine whether this tool provides DUI recidivism risk.

Cost

Evinco Clinical Assessments reports a cost of \$52.50 for a package of 25 interview forms, and \$15 for each interview manual.

IT Requirements

(To be completed based on interviews.)

User Experiences/Feedback

(To be completed based on interviews.)

Pros and Cons

(To be completed based on interviews.)

Pros: The TAAD-5 is very quick and easy to administer, and has been normed to impaired drivers.

Research

Research has shown that the TAAD-5 has an internal consistency of 0.92, and shows reliability in detecting alcohol and drug dependency (0.82 and 0.84, respectively), according to Evinco Clinical Assessments. External consistency and validity studies have not yet been found.

WAID

The Wisconsin Assessment of the Impaired Driver (WAID) is the assessment tool currently used by the Wisconsin Department of Health Services (DHS) in the daily administration of the Impaired Driver Program (IDP).

Methods of Completion

The WAID is administered as an interview, which generally takes about one hour. However, reports from practitioners around the State of Wisconsin reveal that this time varies widely based on the individual, and can range from 20-30 minutes to well over an hour. Some counties report using the WAID concurrently with other assessment tools.

Scales

Unknown

Cost

Because the WAID has already been incorporated into the state and county IDP, no additional cost will be needed to utilize the tool or to develop a database. Currently, assessor training is completed through the UW Extension program. However, should the current training program change, additional costs for training a trainer, securing venues, and organizing training sessions may be incurred.

IT Requirements

Because the WAID has already been actively used and incorporated into the COMPAS database system, no new IT requirements exist. However, communication with the Department of Transportation's WASP system have been difficult. At this time, Milwaukee officials are working to build a bridge between the two systems. The timeline and cost of implementation are not yet known.

User Experiences/Feedback

(To be completed based on interviews.)

Pros and Cons

(To be completed based on interviews.)

- *Pros:*
 - The WAID is well established throughout Wisconsin.
 - Discussions in advisory committee meetings indicate that the flexibility of the WAID allows for greater information gathering, which can benefit clients as they move through the process.
- *Cons:*
 - Though the WAID was not designed to be administered by clinicians, some may be using it that way.
 - Because it is semi-structured, rather than highly structured (like the instruments previously described), it can be easy to affect the outcome of the assessment.
 - Each county administers the WAID differently.

Research

The WAID has not been intensively studied, and no known peer-reviewed assessments of the instrument's reliability and validity exist.

Discussion

Recommendations

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Appendix A: Assessment Tool Tracking Spreadsheet

| Assessment Tool | Normed to DUI/DWI | DSM-5 Criteria | Mental Health Screening | Driver Risk Assessment | Cost of Software |
|-----------------|-------------------|----------------|-------------------------|------------------------|------------------|
| ASUDS-R | Yes | DSM-IV | Yes | Yes | Significant |
| CARS | Yes | DSM-IV | Yes | | Minimal |
| DRI-2 | Yes | DSM-5 | Yes | Yes | Significant |
| DUI-RANT | Yes | | | | Significant |
| IDA | Yes | | Yes | Yes | Minimal |
| NEEDS | Yes | DSM-5 | Yes | | Significant |
| TAAD-5 | Yes | DSM-5 | | | Significant |
| WAID | Yes | | | | None |

Appendix B: Assessment Tools Preview Copies

Appendix C: Interview Protocols

General Questions (all interviewees):

1. BEGINNING OF INTERVIEW
 - a. Please tell me a little about {TOOL NAME}.
2. END OF INTERVIEW
 - a. Is there anything else you would like to share about {TOOL NAME}?

Questions for Testing/Assessment Companies:

1. When was this tool developed?
 - a. Has this tool since been updated?
 - b. If so, how was the tool updated?
 - c. Does it incorporate DSM-5 criteria?
2. Does {TOOL NAME} provide guidance for an intervention?
 - a. If so, is the guidance focused on substance abuse, mental health, etc.?
3. What makes this tool different than other assessment tools?
4. What is the cost to implement this tool?
 - a. Are bulk discount rates available?
 - b. What training is required to administer {TOOL NAME}, and what is the cost of this training?
5. What are the IT requirements to use {TOOL NAME}?

Questions for State/Local Agencies who Administer Tool:

1. When did you first begin to use {TOOL NAME}?
2. Did you have to implement any new technology/IT systems to incorporate {TOOL NAME}?
 - a. What was your previous system?
 - b. Was the IT upgrade due to the adoption of {TOOL NAME}, or was it implemented for other reasons?
3. Tell me about your experience using {TOOL NAME}.
 - a. Were there any particular problems at the front end?
 - i. If so, what were they?
 - ii. How long did it take to work out these problems?
 - b. Are there any ongoing problems with {TOOL NAME}?
 - c. In what ways is this tool user-friendly, or beneficial to your goals?
 - d. In what ways could this tool be improved?
 - e. In retrospect, what would you have changed?
4. What other tools did you research prior to adopting {TOOL NAME}?
5. What criteria were most important to your decision-making?