AllRise

Impaired Driving Solutions

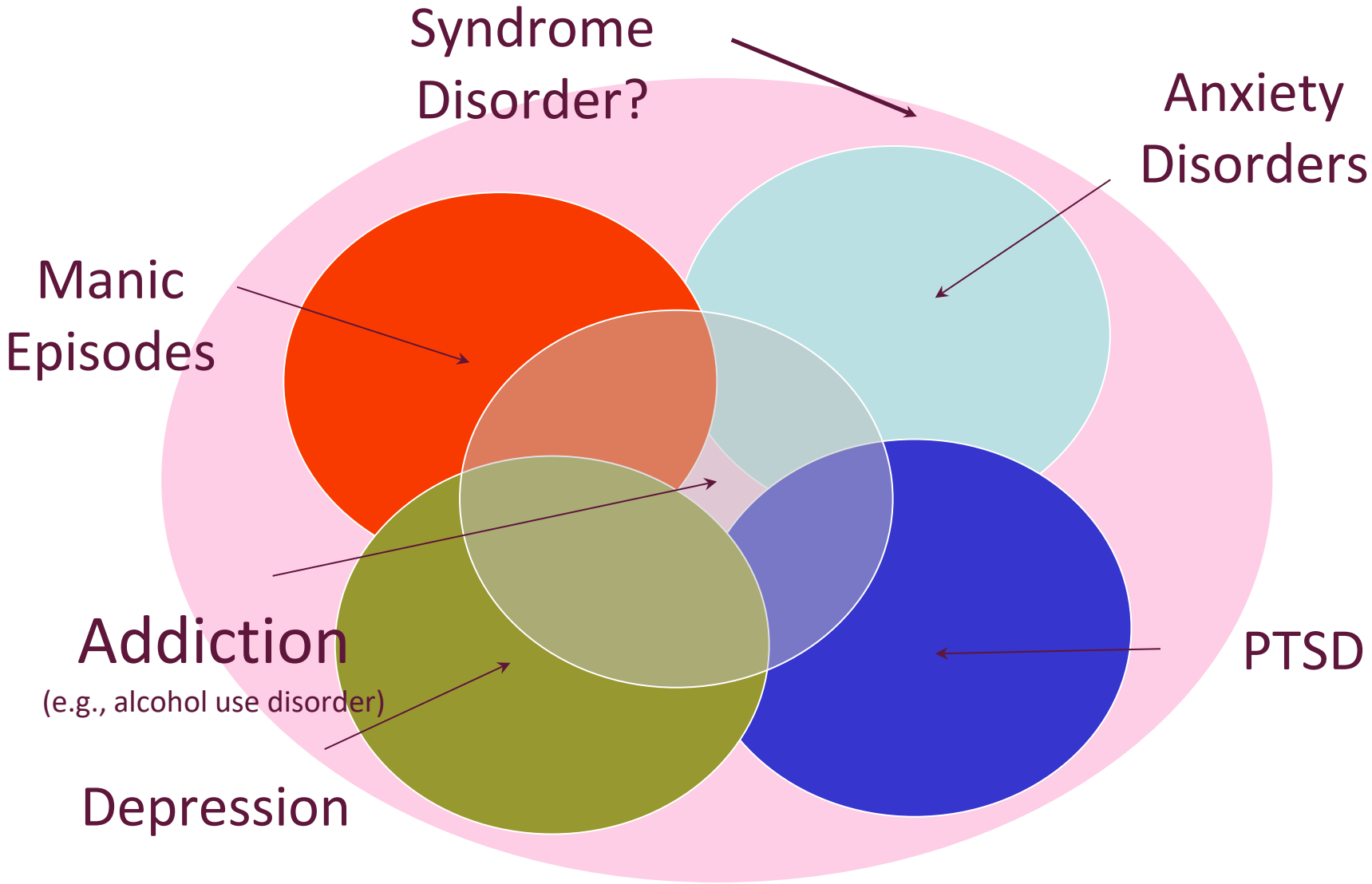
Exploring the Impact of Mental Health on our Roadways

How do people change?

What is the Goal?

Zero Deaths

Mental Health, SUD, and Impaired Driving

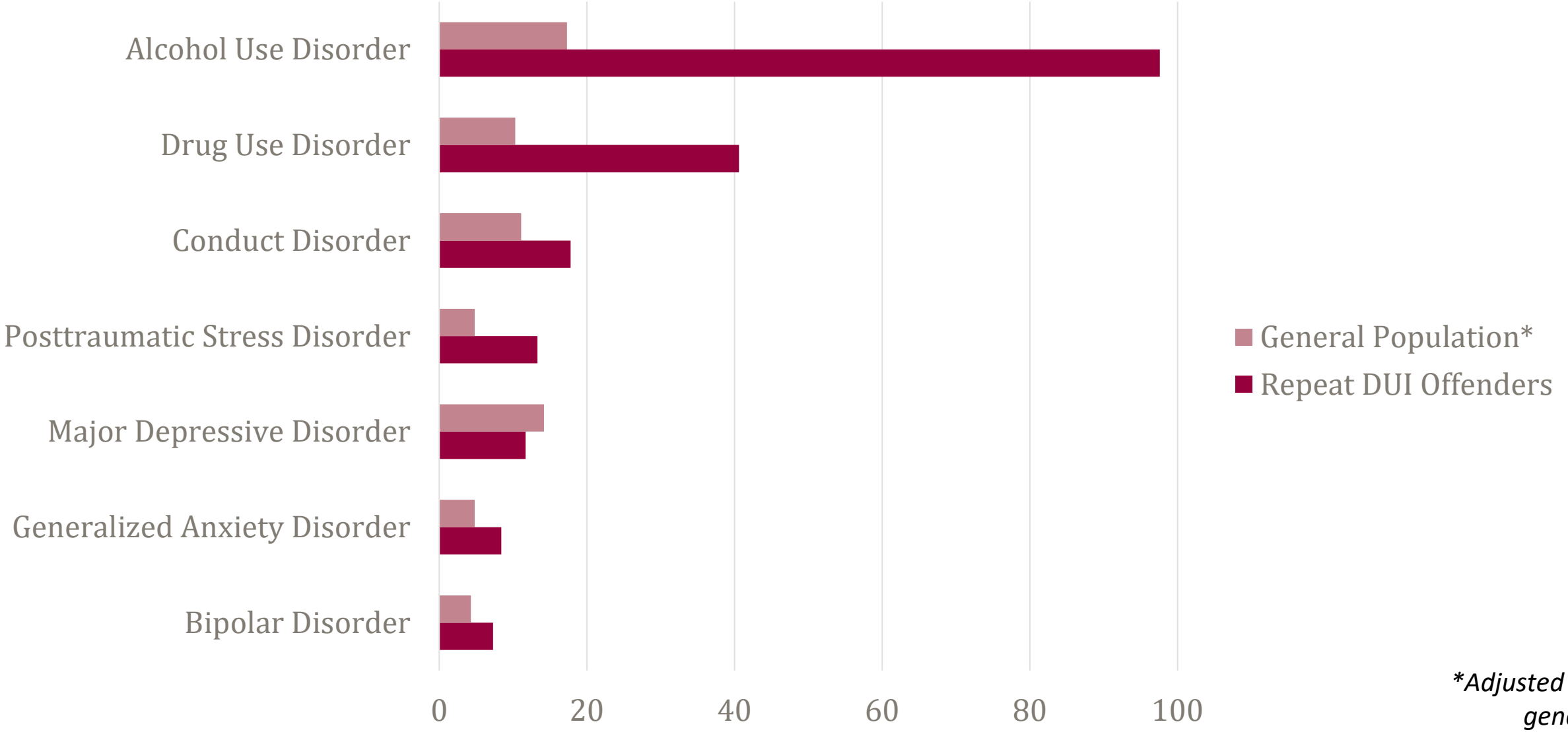


Shaffer, H. J., LaPlante, D. A., & Nelson, S. E. (2012). *The APA Addiction Syndrome Handbook* (Vol. 1 & 2). Washington, D.C.: American Psychological Association Press.

Mental Health

- Approx. 50% of repeat impaired drivers have a major psychiatric disorder
- Repeaters are at a greater risk of developing anxiety-related disorders
- Those with severe mental health disorders have a 72% rate of co-occurring substance use disorders
- Often undiagnosed

Lifetime Prevalence of Psychiatric Disorders



*Adjusted for gender

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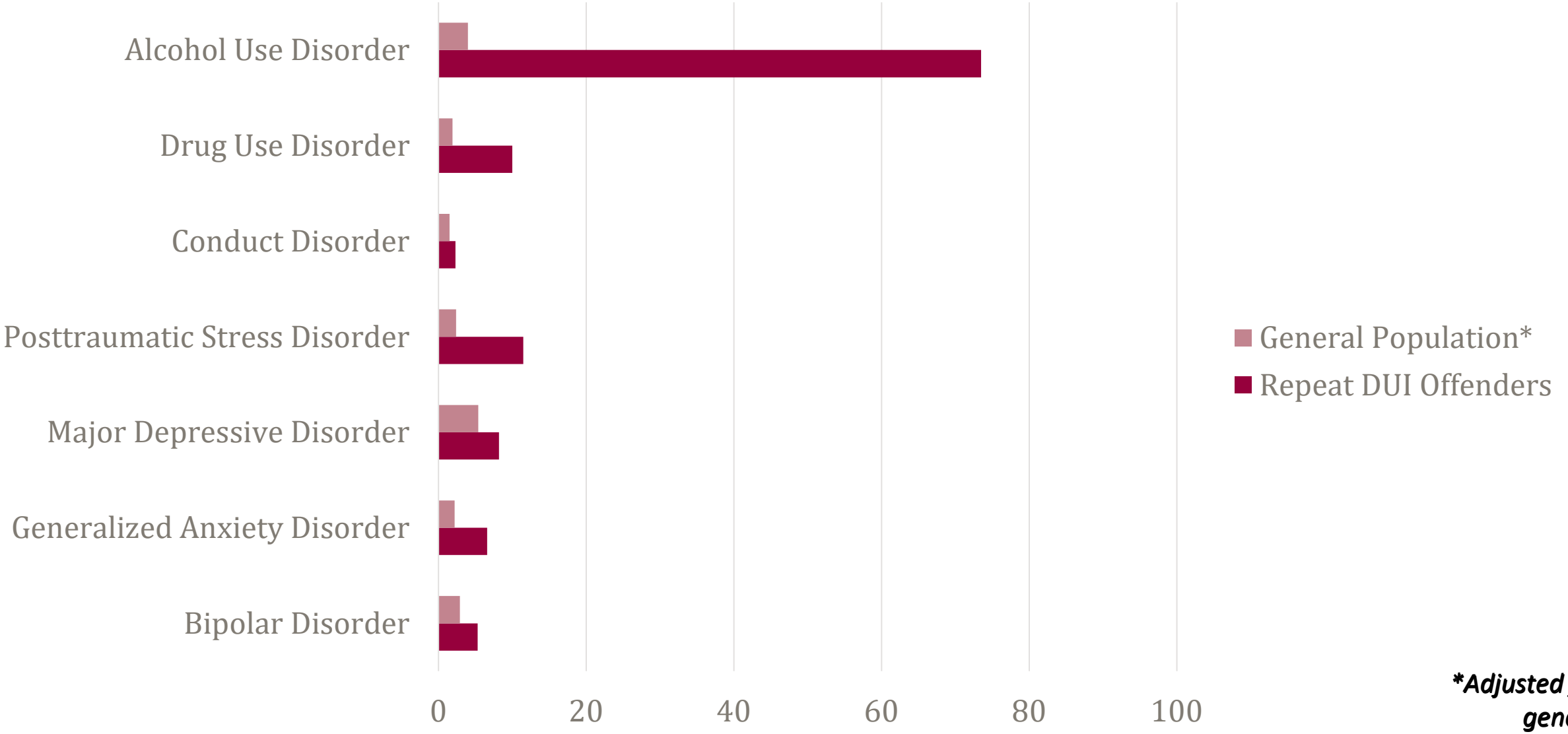
Past Year Prevalence of Psychiatric Disorders



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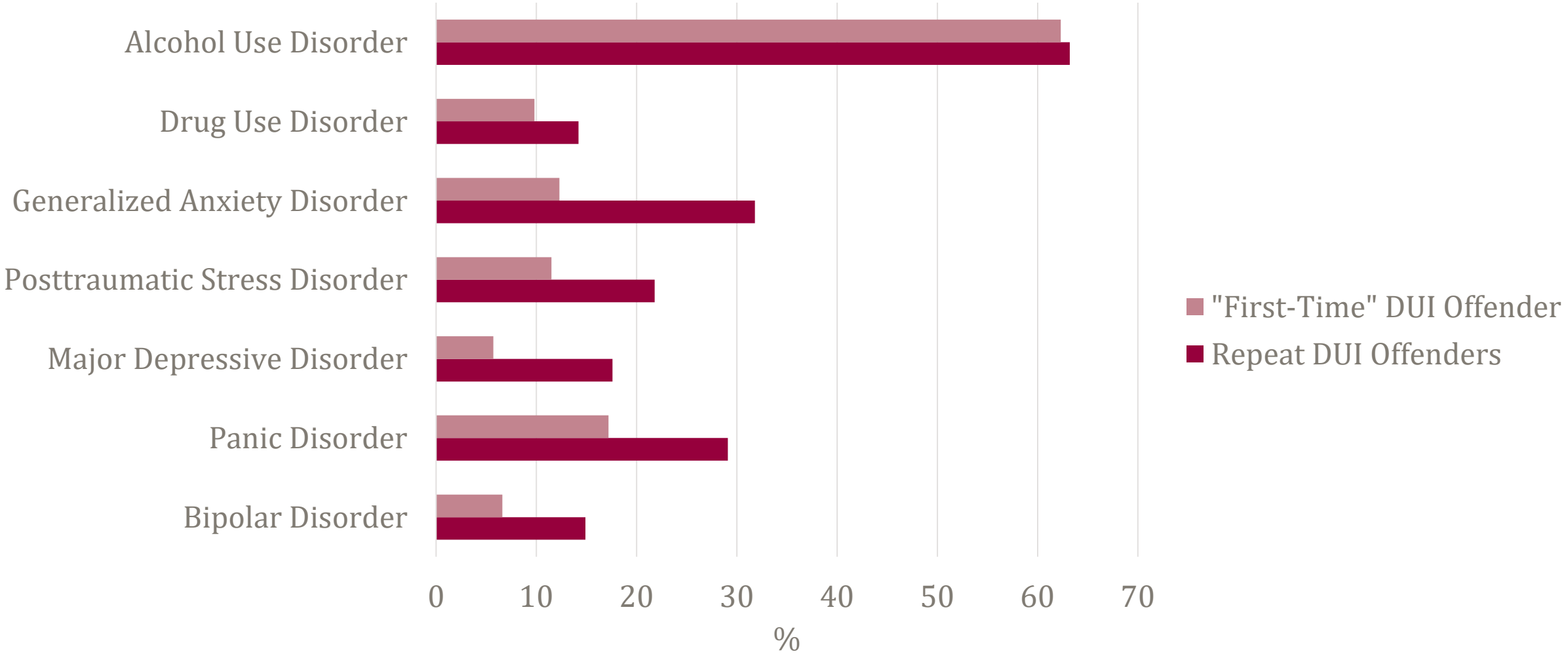
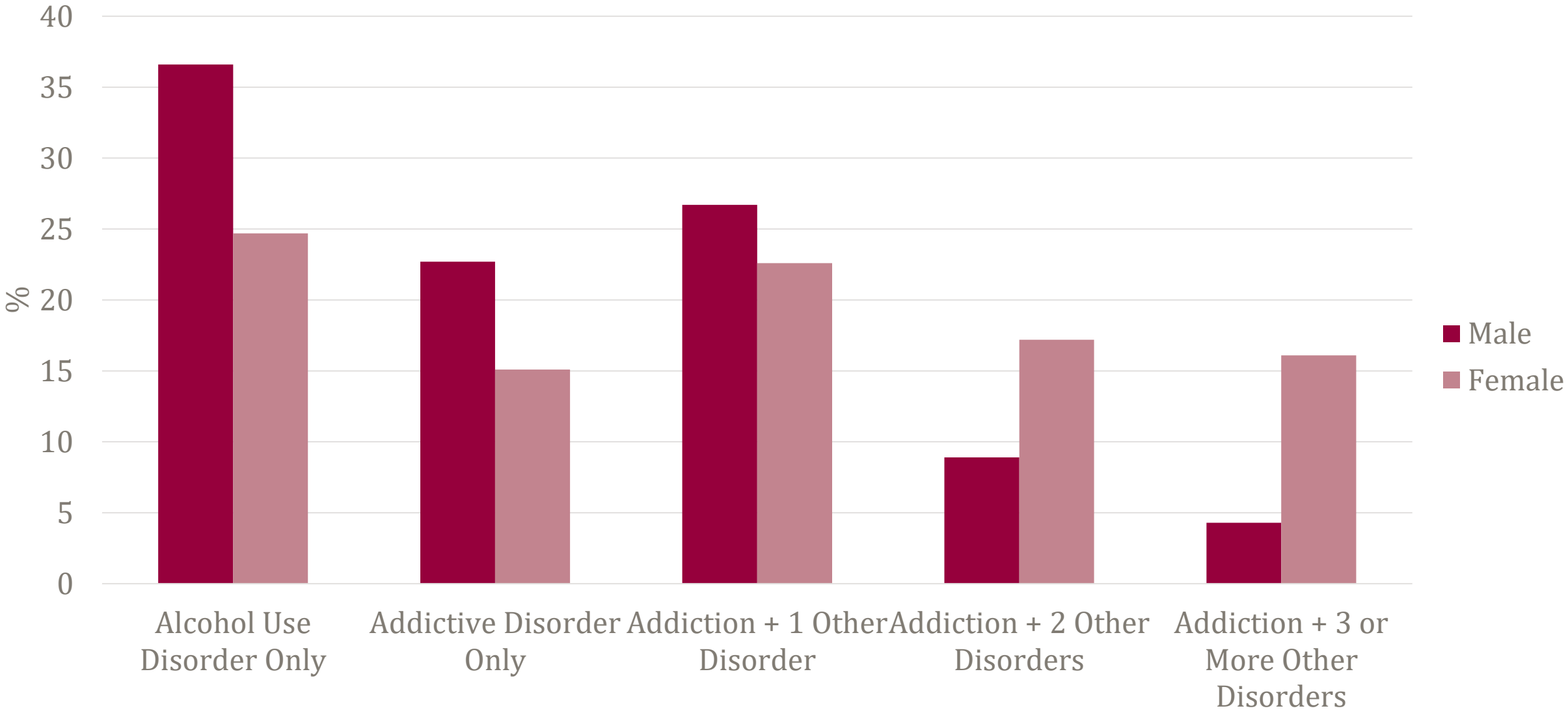
“First-Time” and Repeat DUI Offender PY Screening Results



Keating, L. M., Nelson, S. E., Wiley, R. C., & Shaffer, H. J. (2019). Psychiatric comorbidity among first-time and repeat DUI offenders. *Addictive Behaviors*, *96*, 1-10.

Male & Female Repeat DUI Offenders



LaPlante, D. A., Nelson, S. E., Odegaard, S. S., LaBrie, R.A., & Shaffer, H. J. (2008). Substance and psychiatric disorders among men and women repeat driving under the influence offenders who accept a treatment-sentencing option. *Journal of Studies on Alcohol and Drugs*, *69(2)*, 209-217.

Female Impaired Drivers

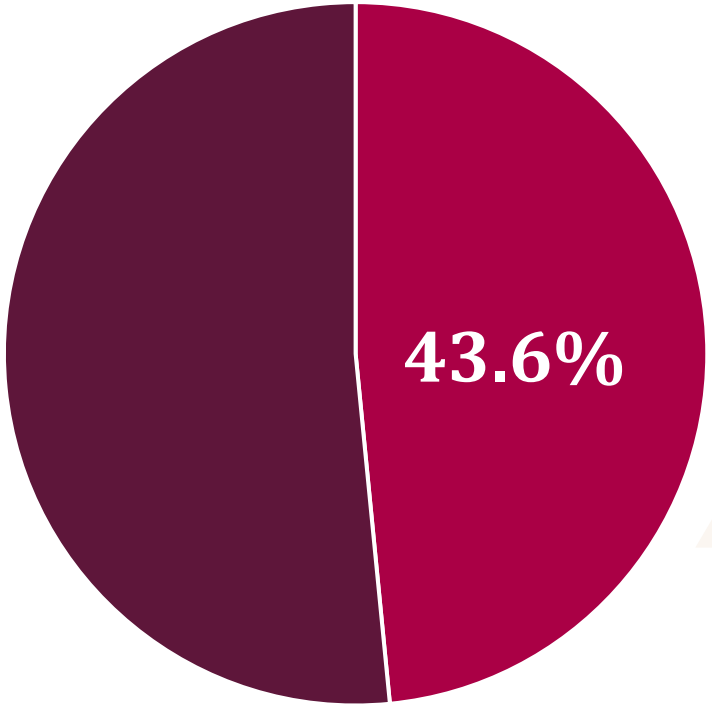
- Ages range from late teens to 60's
- Diverse education, employment and family backgrounds
- More likely to be single
  - Divorced or separated, never married
- Often present with a more complex range of issues
  - Mental health disorders (often undiagnosed)
    - Trauma, Anxiety, Depression
- Women experience a more rapid development of alcohol use disorder

Female Impaired Drivers

- Many women define their experiences in terms of emotional reactions
  - Shame, depression, anxiety
- They were concerned that emphasis was placed on the offense and not on the underlying facts
- Women reported that their sentence failed to account for life circumstances or address their issues
  - “You know my name, not my story.”

Targeting Trends: Polysubstance

1+1=3



In 2016, among fatally-injured drivers, 43.6% of drivers with known drug test results were drug-positive

50.5% were positive for two or more drugs

40.7% were also positive for alcohol

Responding to Impaired Driving

What is the Goal?

Zero Deaths

Responding to Impaired Drivers

When responding to/delivering interventions to impaired drivers, what are the primary objectives?

- Public safety
- Reduce recidivism
- Save lives
- Change behavior

Responding to Impaired Drivers

What interventions best achieve your priorities and this goal?

If Zero is the goal…

…how are we set up to treat the root cause(s) of the behavior?

Use Risk-Need-Responsivity Principles

MODEL AS A GUIDE TO BEST PRACTICES

Risk

WHO

Match the intensity of the individual's intervention to their risk of reoffending

Deliver more intense intervention to higher-**risk** offenders

Need

WHAT

Target criminogenic needs: antisocial behaviors and attitudes, SUD, and criminogenic peers

Target criminogenic **needs** to reduce risk of recidivism

Responsivity

HOW

Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender

Address the issues that affect **responsivity**

Understanding Criminogenic Risk–The Central Eight

- History of Antisocial Behavior
- History of Antisocial Personality
- Antisocial Cognition
- Antisocial Associates
- Substance Use
- Family Relationships
- Education and Employment
- Leisure/Prosocial Recreation

Risk for Impaired Driving

- Prior involvement in the justice system specifically related to impaired driving
- Prior non-impaired driving involvement in the justice system
- Prior involvement with alcohol and other drugs
- Mental health and mood adjustment disorders
- Resistance to and non-compliance with current and past involvement in the justice system

Does compliance-driven programming change behavior?

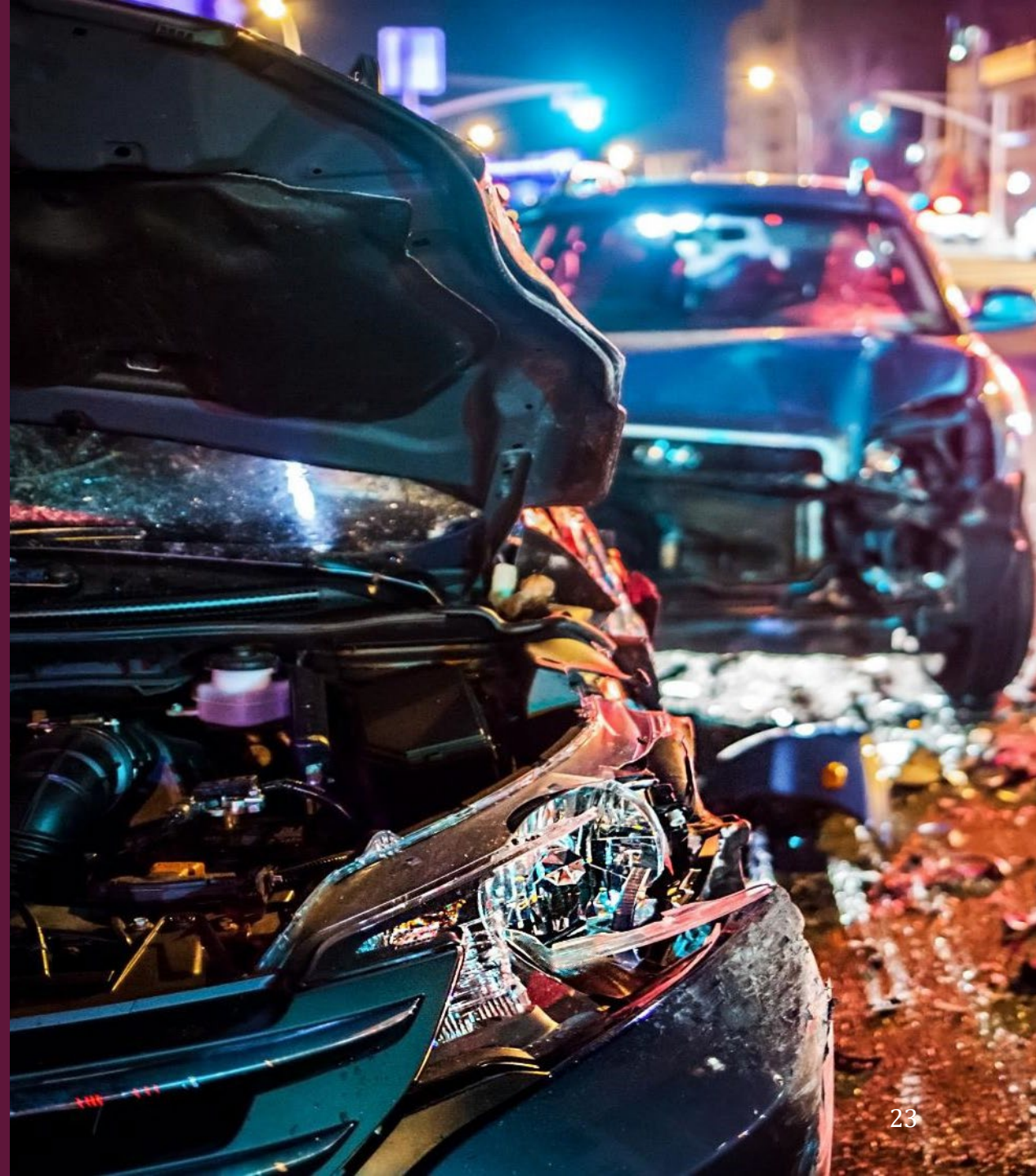
Short Answer

IT DEPENDS ON THE INDIVIDUAL

Available sentencing options

Treatment	Supervision
Technology	Ignition interlock
Incarceration	Treatment courts
24/7	Education classes

Other statutory/ jurisdictional programs



What we do know

- 2/3 of first-time impaired drivers won't repeat this behavior.
- Generally, we don't know who the 1/3 is until they repeat.
- There are interventions that work in the short-term and the long-term to change behavior.
- There are interventions that have little to no impact on changing behavior.

THERE IS A SUBSET OF THE IMPAIRED DRIVING POPULATION THAT WILL NOT *ADHERE* TO CERTAIN INTERVENTIONS

Willful Noncompliance

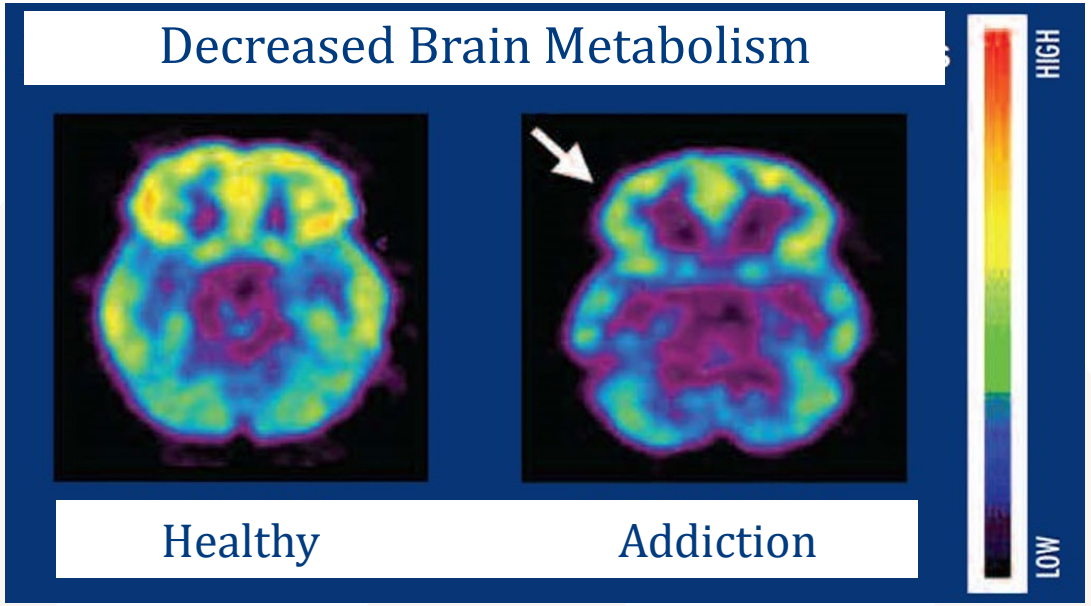
Substance Use Disorder
Mental Health Disorder

Ineffective Intervention:
Under or Over-Treating

Impact of SUD

- Research shows that patients with frontal cortex damage had impaired decision-making abilities. https://www.apa.org/monitor/jun01/cogcentral.html

- Cognitive functioning simply refers to our thinking, or mental activity. Drugs and alcohol change how your brain functions and gets worse with extended use.



Demonstration

What Color is the Word?

- HOUSE
- CAT
- TREE
- HORSE
- BUILDING
- DESK
- TRUCK
- DINNER
- DOG
- CAR
- LAMP
- POOL

What Color is the Word?

- RED
- GREEN
- BLUE
- ORANGE
- PURPLE
- GREEN

- ORANGE
- BLUE
- RED
- PURPLE
- RED
- GREEN

Stroop Test

- The Stroop test can be used to measure a person's selective attention capacity and skills, processing speed, and alongside other tests to evaluate overall executive processing abilities.
- Measures the ability to inhibit dominant responses.
- What dominant responses to participants usually have?
- This is a function of cognitive processing, not motivation.

FOR OTHERS, *COMPLIANCE* WITH CONDITIONS MAY BE RELATIVELY EASY TO ACCOMPLISH

- Experience
- Inadequate supervision/resources
- Skilled at avoiding detection
- Doing time

Understanding Effective Treatment for the Impaired Driver

Screen, Assess, Place and Treat

It is imperative that the proper screens and assessments are used and that results drive therapeutic intervention(s) and level of care placement.

ASAM Definition of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences

Treatment MUST

Complex – not a "one size fits all" approach

Varied levels of care

- Outpatient
- Inpatient or residential treatment

Behavioral therapies

Medications

Comprehensive approach

Principles of Effective Treatment

- No single treatment is effective for everyone
- Readily available
- Multidimensional
- Program length
- Treatment/services plan continually assessed and adjusted

Client-Centered Matters

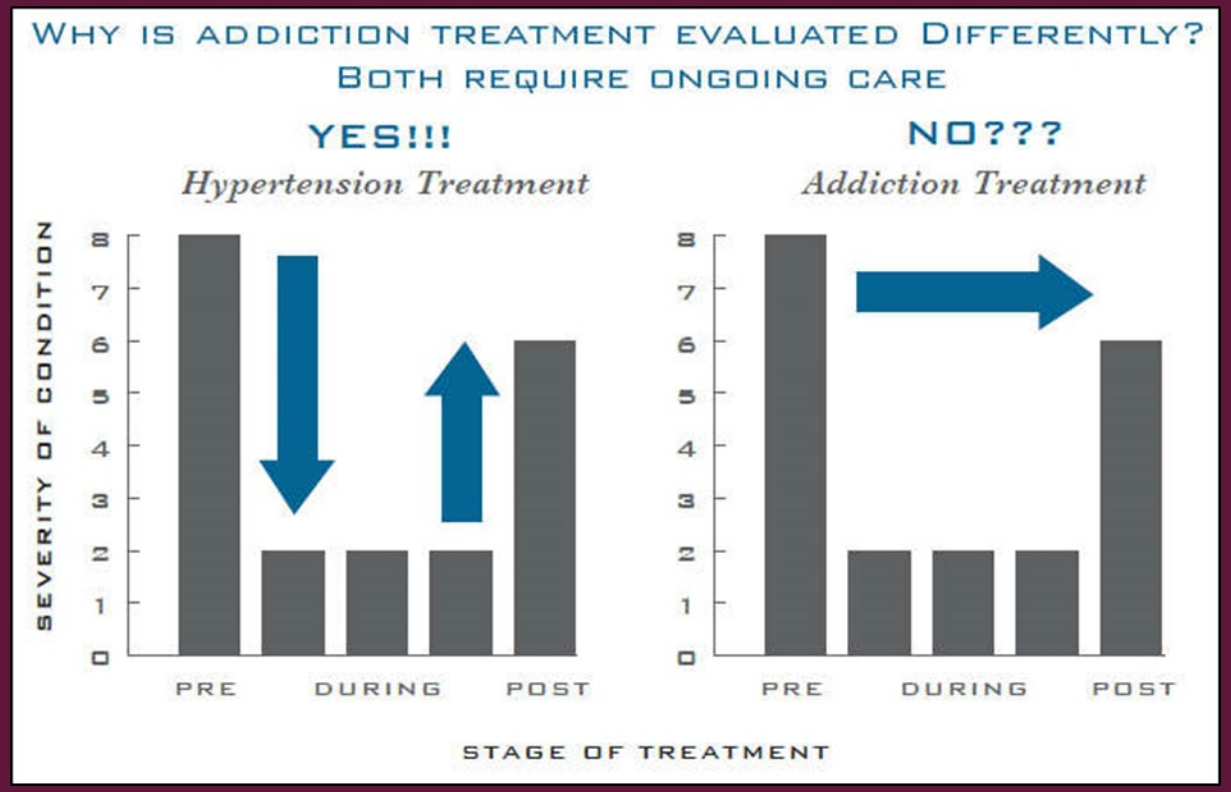
- The risks, needs or strengths, skills and resources identified by a practitioner in a multidimensional assessment should not determine the service planning alone.

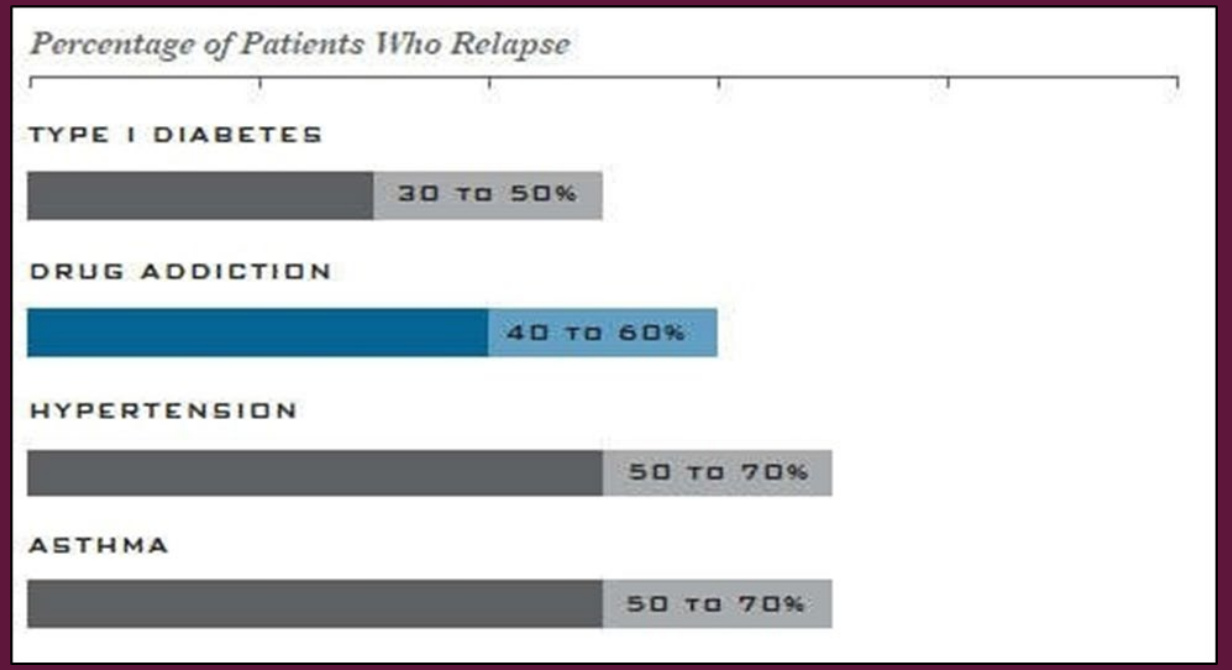
- The more priority dimensions can be matched to or interpreted through the patient's personal goals, the more patient-centered the plan can be, improving outcomes.

Recovery Management Model

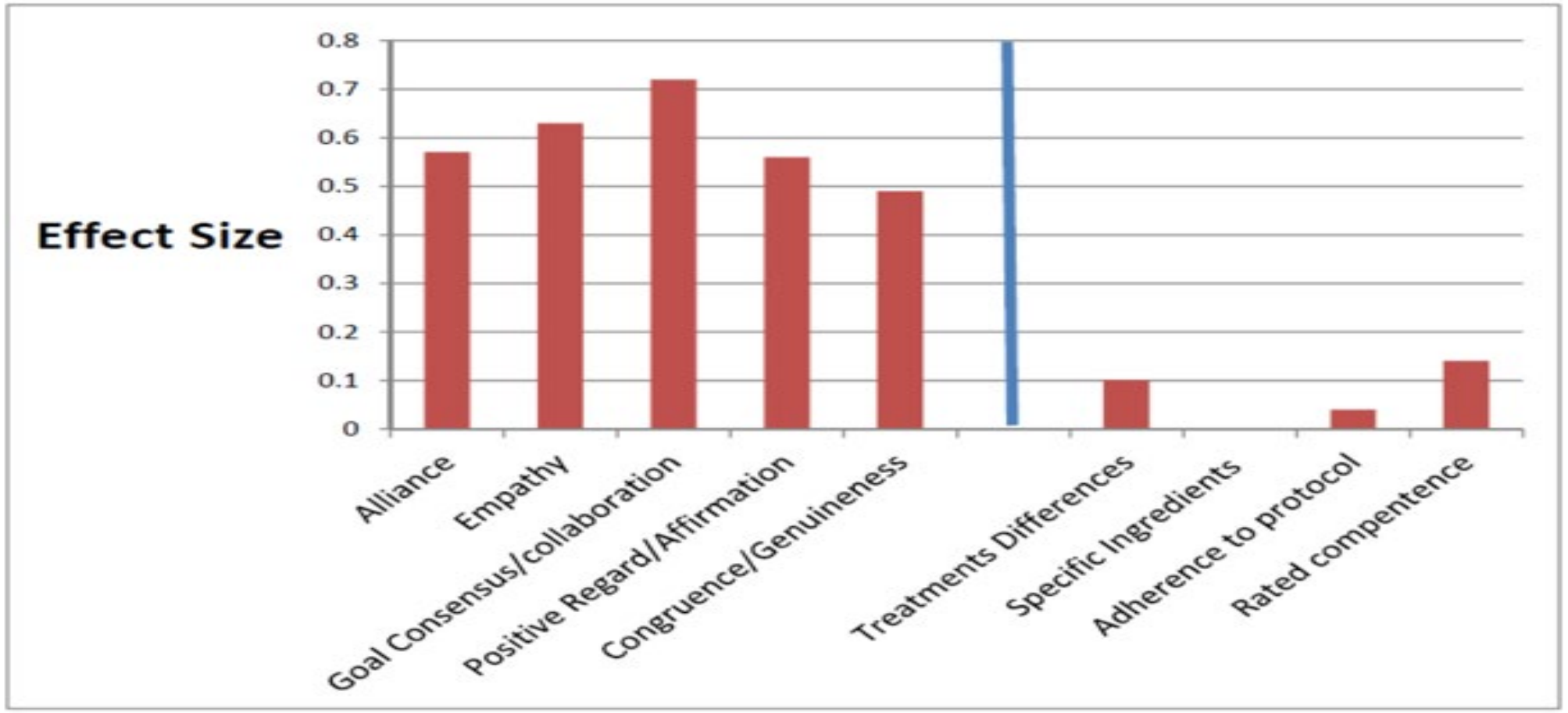
- Shift from acute care model to chronic care approach
- Shift from professional-centered to client directed management of long-term recovery
- Offers chronic care services
  - Continued care
  - Recovery check-ups

What About Outcomes?





How Change Happens



It Takes Time

- More than half of individuals that go through treatment for addiction need multiple episodes
- Progress is recovery is often cyclic, with episodes of abstinence, relapse and treatment

It Takes Time…

By some estimates, it can take 8-9 years for an individual to reach full recovery and it usually includes 3-4 treatment episodes.

Stages of Change

Precontemplation: Not Ready

Contemplation: Getting Ready

Preparation: Ready

Action: Doing (Observable)

Maintenance: Working to Prevent Recurrence (6 mo – 5 years)

Compliance vs. Adherence

COMPLIANCE

- Focuses on following the rules of the program
- It is often “doing the time” in a treatment setting rather than “doing the treatment and change.”
- Treatment providers and others should focus on moving clients beyond compliance as essential to progress

ADHERENCE

- Actual commitment is driven by factors important to the individual
- Treatment adherence allows for matching the client’s stage of change to facilitate accountable, lasting change
- Meaningful adherence improves when the client has choice and voice, even when the choices are limited

Personal Reflection

- Think about when you have been required to make a significant change in your life – health, home, family, job, habit…
- What were the circumstances that required this change?
- Were you given a plan? Were you given options? Did you have any input into the plan?
- Was it easy, difficult, or mixed to follow the plan and change?
- Did you make the change? If so, has it been a lasting change?

Achieving Adherence

- Setting realistic goals
- Ensuring barriers do not get in the way of attendance
- Choice and voice
- Establishing alliance(s)
- Motivation – Insight – Skill-building

Common Missteps

- Interventions that are not evidence-based or promising practices
- Using blanket interventions for everyone
- Using interventions that undertreat or overtreat
- Not following through
- Mixing risk/need levels
- Misperceptions on addiction
- Intent v. Impact

Common Missteps

APPLYING INTERVENTIONS THAT AREN'T INDICATED MAY NOT CHANGE BEHAVIOR OR MAY MAKE PEOPLE WORSE

Our Plea to You

- Review what interventions are available in your jurisdiction.
- Are those interventions evidence-based or promising practices?
- Are they being applied with the indicated population?
- If not:
  - What are they?
  - Why are they used?
  - Is it possible to stop using them/How do we stop using them?
- What interventions do we need and how do we get there?

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