New York State

Division of Criminal Justice Services

Office of Probation and Correctional Alternatives

Summary of

Alcohol-Related Risk Assessment

Instruments

<u>August 2014</u>

Table of Contents

2013 Risk and Need Assessment Update

The 2013-14 Annual Probation Plan included a section on DWI Investigation and Supervision practices.   Below is certain summary information drawn from the plan responses:
- Of the 57 Counties and the combined counties of NYC:
- 1 department uses the Mortimer-Filkins Test
- 1 department uses the Driver Risk Inventory (DRI-II)
- 3 departments use the Texas Christian University substance abuse scale (TCU)

DWI policies:

- 15 departments have developed at least 1 policy and these range from generalized supervision of DWI probationer techniques to specifics on Victim Impact Panel processes

- 32 departments have a specialized DWI caseload with an average caseload size of 61 probationers

- 230 parolees were monitored by probation departments in 2012 as a result of the Ignition Interlock provisions of Leandra's Law

 Other technology used/Impaired Driving Populations:

- 28 probation departments use Secure Continuous Remote Alcohol Monitoring (SCRAM) or other transdermal alcohol detection technologies

- 3 departments use License Plate Readers

- 2 departments use Driver's License Scanners

- 48 departments have Victim Impact Panels

The data in the below matrix chart has been collected from independent sources as well as from developers and/or distributors of the devices and rankings have been included from independent agencies:

Risk and Needs Assessment Summary Matrix

Tool Name:	Cost per unit	Time to Administer	Training Required	Format	Number of Questions	Predictive Capabilities	National Highway Traffic Safety Association (NHTSA)** Effective Rating	Center for Substance Abuse Research (CESAR)*** Rating
DRI-II	$9.95 Per Test (volume discounts)	30 min	Yes	Self-Pencil/Paper	140	Yes	Good	Moderately Recommended
MMPI-MacAndrew MAC	$894.25 for hand scoring testing kit-50 administrations Not available as Separate Scale	60 min	Yes	Self-Pencil/Paper, Computer or Mail-in	49 True/False questions within the 567 of the MMPI-2	Yes	Good	Highly Recommended
AUI	Cost is $46 for ten test booklets, $41 for a user's guide, and $51 for the AUI Manual	35-60 min	Yes	Paper-and-pencil or computer administration. Scoring by hand, computer or mail-in	228 items	Yes	Average	Highly Recommended
MAST*	$40 for copy No fee for use	8 min	No	Self-Pencil/Paper or Interview	25 Weighted Yes/No	Yes	Average	Moderately Recommended
ASI	None	50-60 min	Yes	Pencil/paper self-administered, clinician interview, or computer-based	200 items in 7 subscales	Yes	Average	Average
RIASI*	None	20 min	No	Self w/ Questionnaire	52 yes/no	Yes	Not Rated	Moderately Recommended
Mortimer Filkins	None	25 min	No	Questionnaire w/interview	58 yes/no	No	Average	Moderately Recommended

Risk and Needs Assessment Summary Matrix

DAST*	None	5 min	No	Self w/ Questionnaire	28 Items	No	Not Rated	Not Rated
GAIN-Q	$100.00 license per agency for five years use of any instrument	5 min	Yes	Self – or by interviewer	100 items	No	Not Rated	Not Rated
GAIN-SS	$100.00 license per agency for five years use of any instrument	5 min	Yes	Self – or by interviewer	20 Items	No	Not Rated	Not Rated
SSI-SA*[1]	None	10 min	No	Self – or by interviewer	16 Items	No	Not Rated	Not Rated
AUDIT	None	2 min	No	By interviewer	10 items	No	Not Rated	Not Rated
ASUDS/ASUDS-R	Paper and Pencil-$150 for 200 administrations Automated-cost arranged with agency	25-30 min	Yes-1 Day training	Self – or by interviewer paper/pencil and computerized-Available in Spanish	123 Items	Further Study needed	Not Rated	Not Rated
IDA	Paper and Pencil-None for test administration	45 min	Yes-1 Day Training	A portion is completed by the probationer and a portion by the Officer	34 Self Report Items and 11 Officer items	Yes	Not Rated	Not Rated
BADDS	$1.50 per administration	10-15 min	No	Self-Report Questionnaire scored in house	52 items	Yes	Not Rated	Not Rated
CAGE	None	1 min	No	Self or by interviewer	4 items	No	Average	Not Rated

---

* These risk assessment tools are those approved by the New York State Office of Alcohol and Substance Abuse Services (OASAS) for use in Drinking Driver Programs (DDP). For additional information, see http://www.oasas.ny.gov/dwi/clinicalstds.cfm#procedures.

** The NHTSA rankings can be found at: http://ntl.bts.gov/lib/25000/25700/25792/DOT-HS-807-475.pdf.

***The CESAR rankings can be found at: http://www.cesar.umd.edu/cesar/cesarfax/vol15/15-16.pdf.

Note: For additional information on risk and needs assessment instruments, please visit: http://lib.adai.washington.edu/instruments/

These instruments should be used only in accordance with licensing requirements. These instruments should only be administered by individuals appropriately trained in accordance with instrument standards.

There are numerous other non-DWI specific risk assessments that may be of great benefit to probation officers supervising DWI offenders. Recent research by the Traffic Injury Research Foundation (TIRF) suggests that a criminogenic risk assessment such as the LSI-R (used in New York City) combined with a non-DWI specific substance abuse risk assessment such as the ASUS can also be an effective way of measuring risk of recidivism in DWI offenders. In New York State the criminogenic risk assessment tool Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) is utilized by all probation departments outside New York City (which utilizes the Level of Service Inventory-Revised LSI-R) to measure general risk and the Texas Christian University (TCU) substance abuse scale is available as part of the COMPAS suite. For more information on this method of assessing risk, please see the TIRF publication *Impaired Driving Risk Assessment: A Primer for Practitioners* chapter 6. This publication can be obtained from TIRF on their website at www.tirf.ca.

THE DRIVER RISK INVENTORY-II (DRI-II)

The Driver Risk Inventory-II (DRI-II) is for DUI/DWI offender assessment. This test has been standardized on over one million DUI/DWI offenders and incorporates DSM-IV classification criteria along with independent measures of alcohol and drug use (or abuse) severity.

"The DRI-II is a popular DUI/DWI offender assessment instrument and is used in many statewide DUI/DWI programs.

The DRI-II has 140 items, takes 30 minutes to complete and has six measures (scales):
1. Truthfulness Scale
2. Alcohol Scale
3. Drugs Scale
4. Substance Abuse/Dependency Scale
5. Driver Risk Scale
6. Stress Coping Abilities Scale

The DRI-II is one of the very few, if not the only DUI/DWI offender test, that incorporates both DSM-IV Substance Abuse/Dependency criteria and independent measure of alcohol and drug abuse severity. ASAM notes that continuing treatment within any DSM-IV level of care may be modified according to the severity of a person's substance (alcohol or other drugs) abuse condition. The Alcohol Scale and Drugs Scale measure the severity of substance (alcohol & drugs) abuse."
-- Excerpts from http://www.online-testing.com/dri2.htm

Reliability statistics show consistently high reliability coefficients for all DRI-II scales year after year and demonstrate that the DRI-II is a highly reliable assessment instrument. In 1999, research indicated that all scales achieved coefficient alphas of .88 or higher. Validity of the DRI-II was demonstrated in several studies. A 2005 study showed the DRI-II also correctly identified 98 percent of problem drinkers. DRI-II scales accurately differentiated between first and multiple offenders. DRIII scales correlated highly with criterion measures. Reported studies supported the validity of the DRI-II.

-- For additional information, see: DRI-II: An Inventory of Scientific Findings VOLUME 1
http://www.bdsltd.com/PDF%5CDRI%20Article%20Web.pdf

"The DRI-II has been shown to accurately establish offender risk to within about two percent of expected percentages for all DRI-II scales. In 1999, all DRI-II scales risk range percentages were within 1.5 percent of expected percentages. This is a very accurate assessment tool."
-- Excerpts from State of Missouri Department of Mental Health publication "Missouri DWI Offenders: The Last Five Years" http://www.docstoc.com/docs/14763584/DWI-or-BAC-Arrests-by-Gender

Research in 2011 found that "offenders with greater percentile scores on alcohol risk, driver risk, drug risk, and stress risk had a greater number of expected lifetime DUI arrests than those with lower percentile scores. Those who met the DSM-IV substance abuse/dependency classification had a greater predicted amount of lifetime DUI arrests and those who were less truthful had a greater predicted number of lifetime DUI arrests." This shows the predictive capabilities of the DRI-II. **-- Excerpts from The Journal of Substance Use and Misuse "Predicting Multiple DUI Offenders**

Using the Florida DRI, 2007-2008" article by Nicholas J. Bishop, M.A. http://www.online-testing.com/documents/DRI-II/recidivism-study.pdf

MacANDREW ALCOHOLISM SCALE (MAC)

The MacAndrew Alcoholism Scale (MAC) is a 49 item scale that can be administered within the more comprehensive Minnesota Multiphasic Personality Inventory-2 (MMPI-2) which is used primarily in clinical settings. The MMPI-2 has 567 questions and over 50 separate scales are embedded throughout. "The MAC appears to screen for alcohol problems by assessing personality and attitudinal characteristics that commonly distinguish individuals with such problems from those without."

-- Excerpts from the National Institute of Health publication "*Assessing Alcohol Problems: A Guide for Clinicians and Researchers*"
http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/InstrumentPDFs/41_MAC.pdf

"The MAC is designed to screen for alcoholism using "covert content items," i.e., items which do not directly mention drinking. Instead, the scale items tap personality traits and attitudinal characteristics frequently associated with substance abuse, while not asking about alcohol (or drug use) itself." "MAC scores do not change significantly with addiction treatment." the MAC/MAC-R does well in discriminating persons who abuse substances from non-clinical, non-abusing groups. However, it appears to lose diagnostic efficacy with psychiatric patients or medical patients with seizure disorders."

-- Excerpts from the Alcohol and Drug Abuse Institute University of Washington Library website:
http://bit.ly/MAC_inst

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY -2 Restructured Form (MMPI-2RF)

In 2008 the MMPI-2 underwent a revision, becoming the Minnesota Multiphasic Personality Inventory-2 Restructured Form (r MMPI-2RF). This new version contains 338 items, still features 50 empirically validated scales (including the MAC) and builds on the strengths of the MMPI-2 to create a new standard. It saves time, (35-50 minutes to administer), and still generates reliable results while providing an alternative, not a replacement, to the MMPI-2.

-- Excerpts from the "MMPI-2RF Overview" University of Minnesota, Minneapolis, Mn. Copyright 2007.
http://www.upress.umn.edu/test-division/MMPI-2-RF

Alcohol Use Inventory (AUI)

"The AUI is a set of 24 scales designed to measure different features of involvement with alcohol. The scales provide operational indicators for important constructs of a multiple condition theory about how people differ in their perceptions of benefits derived from drinking, in their styles of drinking, in their ideas about consequences of drinking, and in their thoughts about how to deal with drinking problems. In this theory, each person who is said to be alcoholic is regarded as a distinct Gestalt, a pattern of many different factors.

The AUI is useful in clinical settings because it provides for differential (multiple condition) assessment of alcohol users referred for services to address alcohol use problems, based on drinking patterns and styles; one differential treatment assignment based on different patterns and types of alcohol use problems. In terms of research applicability, the AUI provides the researcher with the capability of identifying reliable sources of variance within samples of persons considered to be alcoholic or who have problems related to alcohol use. These sources of variance (e.g. the primary and second order AUI scales) increase the power of predictor variables (AUI scales) when addressing research questions around particular criterion measures or independent variables (e.g. types of treatment). The AUI also provides valuable descriptive measures for alcoholism samples and can be used to monitor changes in samples across time."

-- Excerpts from the Alcohol and Drug Abuse Institute University of Washington Library website: http://bit.ly/AUI_inst

MICHIGAN ASSESSMENT SCREENING TEST FOR ALCOHOL AND DRUGS (MAST/AD)*

"The MAST is one of the most widely used measures for assessing alcohol abuse. The measure is a 25-item questionnaire designed to provide a rapid and effective screening for lifetime alcohol-related problems and alcoholism. It is also useful in assessing the extent of lifetime alcohol-related consequences. Although not intended to be a complete measure of alcohol-related problems, the MAST provides a gross, general measure of lifetime problem severity that can be used for choosing treatment intensity and guiding further inquiry into alcohol-related problems. The MAST, which can be used in either a paper-and-pencil self-administered or interview format, has been productively used in a variety of settings, both research and clinical, with varied populations.

The MAST can be administered in approximately 8 minutes and scored in 5 minutes."

-- Excerpts from the Alcohol and Drug Abuse Institute Washington University Library website:
http://bit.ly/MAST_inst

A 2003 research study found that multiple DWI offenders score higher on the MAST than first time DWI offenders. This remained true despite the first and multiple offenders not differing significantly in BAC at the time of the arrest. The assessment implications are that the MAST shows potential for predictive validity.

-- For further information, see Cavaiola et al research study "Comparison of DWI offenders with non-DWI individuals on the MMPI-2 and the Michigan Alcoholism Screening Test.":
http://www.ncbi.nlm.nih.gov/pubmed/12788269

*Is one of five screening tools approved by the Office of Alcoholism and Substance Abuse Services (OASAS) for use in Drinking Driver Programs (DDP) in New York State.

The Addiction Severity Index (ASI)

"The Addiction Severity Index (ASI) is one of the most widely used tools for the assessment of substance use related problems in adults. Professionals all over the world use the ASI to get a better understanding of their client's treatment needs and outcomes. It is the most widely used substance abuse severity, treatment planning, and outcome measurement instrument in the United States.

The ASI was developed to serve as a standardized and reliable instrument for evaluating adults seeking treatment for substance abuse problems and is used frequently in a host of clinical, adult justice, and research settings. The semi-structured interview was designed to address seven potential problem areas in substance abusing clients:

Medical status
Employment and support
Drug use
Alcohol use
Legal status
Family/social status
Psychiatric status

Clients are asked to respond to specific questions about the problems they have experienced, both within the past 30 days and over their lifetimes. Thus, the ASI identifies both urgent and chronic concerns. The ASI provides two scores: severity ratings and composite scores. Severity ratings are subjective ratings of the client's need for treatment, derived by the interviewer. The severity rating scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Composite scores are measures of problem severity during the prior 30 days.

The ASI consists of approximately 200 items and is administered by a trained interviewer during a client interview. The initial online assessment takes approximately 45 minutes to complete and a follow-up assessment takes about 25 to 30 minutes to complete."

-- Excerpts from research notes of McLellan, A.T., Kushner, H., Metzger, D., Peters, R., et al. (1992); National Institute on Drug Abuse, found on following website link:
https://www.assessments.com/catalog/asi_v5.htm

RESEARCH INSTITUTE ON ADDICTIONS SELF INVENTORY
(RIASI)*

"The RIASI is a 49-item instrument [developed in 1995] as a brief screen to identify individuals who might require a more thorough diagnostic assessment for an alcohol-use disorder and as a potential predictor of subsequent DWI recidivism. It consists of 41 true/false items and 8 items in which the respondent fills in the frequency or quantity of certain behaviors or events."

-- Excerpts from the Alcohol and Drug Abuse Institute University of Washington Library website:
http://bit.ly/RIASI_inst

 "The RIASI assesses a variety of proximal (current consumption, alcohol beliefs, preoccupation with alcohol) and distal characteristics (hostility, sensation seeking, depression, anxiety, interpersonal competence) that are highly correlated with alcohol or drug problems. The basic rationale for development of an instrument that uses non-obvious indicators for screening purposes, such as the RIASI, comes from the literature that underscores the need for such an instrument. The premise is that direct problem related questions will be too explicit and result in an under-identification of individuals being sent for further evaluation." "A total of any 10 positive responses would require the individual to go for the more intense clinical evaluation. The RIASI was developed specifically for use in the DDP, with the cutoff of 10 positive responses based on the baseline rates of problem-drinkers/drug users in the DDP population."

-- Excerpts from Nochajski, Miller, Augustino, and Kramer, "Use of Non-Obvious Indicators for Screening of DWI Offenders." Research Institute on Addictions, 1995: http://casr.adelaide.edu.au/t95/paper/s17p3.html

A 2006 study by Shuggi et al found: "Evidence of the predictive Validity of the RIASI" and that "Over the short term, at least, there are strong associations between scores on the RIASI and subsequent measures of alcohol and other drug use, problems related to use, and subsequent measures of health service utilization. In addition, measures of reliability and concurrent validity of the RIASI measures appear sound. These results provide confidence that the RIASA…[is] identifying individuals with higher levels of alcohol and drug problems for whom more intensive interventions may be appropriate, in part because [it is] able to predict individuals who are more likely to experience problems in the future."

-- Excerpts from
http://www.researchgate.net/publication/7322730_Predictive_validity_of_the_RIASI_alcohol_and_drug_use_and_problems_six_months_following_remedial_program_participation/file/d912f5107ecdb78474.pdf

*Is one of five screening tools approved by the Office of Alcoholism and Substance Abuse Services (OASAS) for use in Drinking Driver Programs (DDP) in New York.

THE MORTIMER-FILKINS QUESTIONNAIRE
(MFQ)

"The Mortimer-Filkins test has been used widely as an instrument for detecting problem drinkers among drink-driving offenders. While extensive psychometric testing has been undertaken by the developers of the test, few independent validation studies have been conducted, and few studies have used the Mortimer-Filkins test with general populations. The present study investigated the test-retest and internal-consistency reliability of the instrument, and the stability of problem drinking, as measured by the instrument. The test was administered to moderate and heavy drinkers at an industrial workplace on three occasions. The results indicated that the Mortimer-Filkins test has high test-retest and internal-consistency reliability, and problem drinking, as measured by the test, appears to be a stable characteristic across time."

-- Excerpts from The Journal of Studies on Alcohol and Drugs 53 Article "The Reliability and Stability of the Mortimer Filkins Test" pgs 561-567, 1992 See:
http://www.jsad.com/jsad/article/The_Reliability_and_Stability_of_the_MortimerFilkins_Test_/1848.html

DRUG ABUSE SCREENING TEST
(DAST)*

"The Drug Abuse Screening Test (DAST) was designed [in 1982] to provide a brief instrument for clinical and non-clinical screening to detect drug abuse or dependence disorders. It is most useful in settings in which seeking treatment for drug use problems is not the patient's stated goal. The DAST provides a quantitative index of the severity of problems related to drug abuse other than alcohol. DAST scores are highly diagnostic with respect to a DSM diagnosis of psychoactive drug dependence. The DAST is available in both 20-item and 10-item formats; an Adolescent version is also available.

In addition, the DAST provides a general measure of lifetime problem severity that can be used to guide further inquiry into drug-related problems and to help determine treatment intensity. It takes about 5 minutes to administer the DAST-20 and 2 minutes to score the DAST-10."

"The original measure had 28 items and was adapted from the MAST. The 20-item version of the DAST was found to have psychometric properties comparable with the 28-item version, and is now commonly referred to as the DAST, or DAST-20. The DAST is also known as the Drug Use Questionnaire (DUQ) (DUQ-20 and DUQ-10)."

-- Excerpts from the Alcohol and Drug Abuse Institute University of Washington Library website:
http://bit.ly/DAST_inst

*Is one of five screening tools approved by the Office of Alcoholism and Substance Abuse Services (OASAS) for use in Drinking Driver Programs (DDP) in New York State.

GLOBAL APPRAISAL OF INDIVIDUAL NEEDS - QUICK
(GAIN-Q)

"The GAIN-Q is a general assessment instrument used to identify various life problems among adolescents and adults in the general population. Designed for use by personnel in diverse settings (e.g. Employee Assistance Programs, Student Assistance Programs, health clinics, juvenile justice, criminal justice, etc.), the instrument is used to:

- identify those in need of a longer, more detailed assessment;
- identify those who may benefit from a brief intervention; and
- guide staff to make effective referral and placement decisions.

Although the GAIN-Q does not provide diagnostic information per se, it does identify areas in need of further exploration.

The GAIN-Q is an efficient behavioral health screening instrument. It can be interviewer or self-administered in 20 to 30 minutes, and both hardcopy and computer-assisted administrations are possible. Most items are written in a "yes/no" format.

Currently, the GAIN-Q is available in 2 forms: a GAIN-Q "Core" instrument and a GAIN-Q "Full" instrument."

-- Excerpts from State of Connecticut publication "Description of the GAIN-Q Instrument". See:
http://www.ct.gov/dcf/lib/dcf/gain/pdf/gain-q_overview_handout_1105.pdf

GLOBAL APPRAISAL OF INDIVIDUAL NEEDS SHORT SCREENER
(GAIN-SS)

"The GAIN-SS is 3–5 minute screener to quickly identify those who would have a disorder based on the full 60–120 minute GAIN, and triage the problem and kind of intervention they are likely to need along four dimensions (internalizing disorders, externalizing disorders, substance disorders, and crime/violence).

Data were collected from 6,177 adolescents and 1,805 adults as part of 77 studies in three dozen locations around the United States that used the GAIN. For both adolescents and adults the 20-item total disorder screener (TDScr) and its four 5-item sub-screeners (internalizing disorders, externalizing disorders, substance disorders, and crime=violence) has good internal consistency, and is highly correlated with the 123-item longer scales in the full GAIN. The GAIN-SS also has clinical decision-making cut points with excellent sensitivity (90% or more) for identifying people with a disorder and excellent specificity (92% or more) for correctly ruling out people who did not have a disorder.

The GAIN-SS has good potential as an efficient screener for identifying people with co-occurring disorders across multiple systems and routing them to the right services and more detailed assessments."

-- Excerpts from National Institute of Health publication "Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults". See http://www.ncbi.nlm.nih.gov/pubmed/17182423

SIMPLE SCREENING INSTRUMENT FOR SUBSTANCE ABUSE
(SSI-SA)*

"The SSI-SA was designed for the Center for Substance Abuse Treatment (CSAT) to encompass a broad spectrum of signs and symptoms for substance use disorders, and particularly to screen patients in mental health settings for co-occurring substance abuse disorders. It is consistent with a biopsychosocial view of substance use disorders, the view adopted by the World Health Organization and the American Psychiatric Association.

The SSI-SA has 16 items, of which 14 were derived from existing drug and alcohol screening tools. Fourteen of the items are scored, thus scores can range from 0 to 14; a score of 4 or greater has become the established cut-off point warranting a referral for a full assessment. This scale has also been called the "Simple Screening Instrument for Alcohol and Other Drugs" or SSI-SOA.

The SSI-SA measures five domains: 1) Substance consumption; 2) Preoccupation and loss of control; 3) Adverse consequences; 4) Problem recognition; and 5) Tolerance and withdrawal.

The SSI-SA is available in both interview and self-administered formats. It has been used with a variety of populations including those in correction-based drug treatment programs, treatment for co-occurring disorders, drug courts, adolescent medical patients, and homeless patients. Its simplicity makes it easy to incorporate into treatment services.

Ideally the screening test should be given in its entirety, but if that is not feasible, a subset of 4 items can be administered -- questions 1,2,3 and 16 -- which constitute the short form of the instrument."

-- Excerpts from the Alcohol and Drug Abuse Institute University of Washington Library website:
http://bit.ly/SSI-SA_inst

*Is one of five screening tools approved by the Office of Alcoholism and Substance Abuse Services (OASAS) for use in Drinking Driver Programs (DDP) in New York State.

ALCOHOL USE DISORDERS IDENTIFICATION TEST
(AUDIT)*

"The AUDIT is used to identify persons with hazardous and harmful patterns of alcohol consumption. The AUDIT was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of the presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking.

The first edition of this was published in 1989 (Document No. WHO/MNH/DAT/89.4) and was subsequently updated in 1992 (WHO/PSA/92.4). Since that time it has enjoyed widespread use by both health workers and alcohol researchers. With the growing use of alcohol screening and the international popularity of the AUDIT, there was a need to revise the manual to take into account advances in research and clinical experience. This manual is written primarily for health care practitioners, but other professionals who encounter persons with alcohol-related problems may also find it useful. It is designed to be used in conjunction with a companion document that provides complementary information about early intervention procedures, entitled "Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care". Together, these manuals describe a comprehensive approach to screening and brief intervention for alcohol-related problems in primary health care."

-- Excerpts from The World Health Organization Publication "The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care" http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

*Is one of five screening tools approved by the Office of Alcoholism and Substance Abuse Services (OASAS) for use in Drinking Driver Programs (DDP) in New York.

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

 "The Adult Substance Use and Driving Survey-Revised (ASUDS-R) is a differential screening instrument designed for DWI offenders. It is the evolution of the Adult Substance Use and Driving Survey (ASUDS) developed by the authors in 1998. This instrument was developed from the Adult Substance Use Survey (ASUS).

The ASUDS-R (copyright (c) 2004, 2013, K. W. Wanberg & D. S. Timken) has 16 primary scales and three supplemental disruption scales, with a total of 123 items. Each item has a five point response scale. The scales are: Alcohol Involvement (Extent of alcohol use); Driving Risk (Extent of driving hazard and risk); Involvement 1 (Lifetime and last six month involvement in 10 major drug categories); AOD Use Benefits (Extent of use for social and psychological benefits); Disruption 1 (Extent of problems and negative consequences of AOD use); AOD Involvement Last Six-months (Extent of involvement and disruption from AOD use in past six-months); Mood Disruption – Psychological Problems (Extent of psychological and emotional adjustment); Social Non-conforming (Past and present rebelliousness and antisocial attitudes and behaviors; Legal Non-conforming (Involvement in criminal thinking, associates and conduct); Legal Non-conforming – Six-months (Last six months involvement in criminal thinking, associates and conduct); Global (Degree of problems in substance use, mood adjustment and community compliance); Defensive (Degree client is able to divulge personal and sensitive information); Motivation (Extent of motivation and readiness to change); Strengths (Extent of strengths in family, marriage, work, behavioral, emotional and cognitive self-control); Involvement 2 and Disruption 2 (Same as Involvement 1 and Disruption 1, but normed on non-DWI clients in intensive out-patient or residential programs); Behavioral Control Disruption (Behavioral control problems while under the influence); Psychological Disruption (Psychological symptoms associated with intoxication or withdrawal); Social Disruption (Degree of AOD disruption in normal and expected social roles).

The tool was normed on over 1000 DWI offenders as well as over 600 alcohol dependent patients in residential and intensive outpatient programs. All major ethnic/racial groups and both genders, adolescents and the elderly were included in the sample. The ASUDS-R is available in both paper-pencil and automated versions and is in wide use in Colorado and a number of other jurisdictions."

-- Excerpts from The International Council on Alcohol, Drugs and Traffic Safety publication "Adult Substance Use and Driving Survey-Revised (ASUDS-R) Psychometric Properties and Construct Validity"
http://www.icadts2007.org/print/poster113_adultsubstance.pdf

"The ASUS-R is a 96 item psychometric-based, adult self-report survey comprised of 15 basic scales and three supplemental scales. It is appropriate for clients 18 years or older, and may be self or interview administered. The ASUS-R is designed to differentially screen and assess an individual's alcohol and other drug use involvement in ten commonly defined drug categories and to measure the degree of disruptive symptoms that result from the use of these drugs."

-- Excerpts from -- http://aodassess.com/assessment_tools/asus

Notably, neither the ASUS or ASUS-R measures driving risk; however the ASUDS and ASUDS-R do measure such risk.

For information regarding the use of the ASUDS-R or ASUS-R, you may wish to contact either Dr. K.W.Wanberg at drken@nilenet.com or Dr. D.S.Timken at cidre@comcast.net.

Impaired Driving Assessment (IDA)

"The practical application of the Impaired Driving Assessment (IDA) is to provide guidelines for practitioners to assess risk to reoffend, service-level needs, level of responsivity to supervision and services, and the degree to which the DWI has jeopardized traffic and public safety among individuals arrested and convicted of DWI offenses. This instrument was developed by the American Probation and Parole Association (APPA) with grant funding from the National Highway Traffic Safety Association (NHTSA). The tool is 45 questions and requires approximately 45 minutes to administer.

The IDA is composed of 2 primary scales the Self Report (SR) and Other Report (OR). The Self Report scale is intended to be completed by the supervisee (probationer) and is composed of 34 questions. The SR is designed to measure both retrospective and current perceptions of conditions related to mental health and mood adjustment, AOD involvement and disruption, social and legal nonconformity, and acknowledge of problem behaviors and motivation to seek help for these problems. The Other (Officer) Report scale is intended to be completed by the Probation Officer and consists of 11 questions based on a review of probationer history. The OR is a summary of the important information from the supervisee's record and other sources of information that relates to the supervisee's impaired-driving offense. It is also a way to cross-validate the self-report information provided by the supervisee. The comparison of the
OR with the SR will also provide an estimate of the supervisee's level of defensiveness and openness to self-disclose, measures that are also important in the estimation of risk, needs, and responsivity. The OR questions provide information around the supervisee's past DWI and non-DWI involvement in the judicial system, prior education and treatment episodes, past response to education and/or treatment, current status with respect to community supervision and assignment to education and/or treatment services, and a rating of the degree of the supervisee's expected compliance to the judicial process."-

-- Excerpts from The American Probation and Parole Association publication "Screening for Risk and Needs Using the Impaired Driving Assessment" https://www.appa-net.org/eweb/docs/APPA/pubs/SRNUIDA.pdf

The tool was reportedly normed on 948 DWI offenders in five probation departments across the country, including Westchester County, NY. The IDA is currently available in a paper-pencil version, with plans to create an automated version for the future. While the test is free to administer, a one day training session is required prior to utilizing the screening tool. The tool was released in October of 2013 and due to its very new arrival has been reviewed by NHTSA, who sponsored the tool's development, but no other outside reviewers.

Source: Nathan Lowe, Research Associate Council of State Government.

For information regarding the use of the IDA, you may wish to contact: Nathan Lowe at: nlowe@csg.org

BEHAVIORS AND ATTITUDES DRINKING & DRIVING SCALE
(BADDS)

"The BADDS is an empirically developed and validated psychological tool that measures attitudes, behaviors, and intervention effectiveness related to impaired driving. It is a self-report measure with five primary subscales (rationalizations, lenient attitudes, likelihood, drinking and driving behaviors, and riding behaviors). Administration of the BADDS can be conducted in individual or group settings. The BADDS can be used as a pretest to measure attitudes and behaviors related to impaired driving for an initial assessment, or in a pre-post fashion to assess intervention effectiveness. "

-- Excerpts from the Alcohol and Drug Abuse Institute University of Washington Library website:
http://bit.ly/BADDS_inst

CAGE QUESTIONNAIRE

"The CAGE Questionnaire is a short test developed in the 1970's to screen for alcoholism or covert drinking problems. The reliability and validity of the scale has been demonstrated in the majority of studies conducted in clinical settings, but the validity of the scale in the general population has not yet been shown conclusively."

-- Excerpts from The National Institute of Health publication "The validity of the CAGE scale to screen for heavy drinking and drinking problems in a general population survey"
http://www.ncbi.nlm.nih.gov/pubmed/10563036

"CAGE is an internationally used assessment instrument for identifying alcoholics. It is particularly popular with primary care givers. CAGE has been translated into several languages. The CAGE questions can be used in the clinical setting using informal phrasing."

"The questions are:
1. Have you ever felt you should **Cut** down on your drinking?
2. Have people **Annoyed** you by criticizing your drinking?
3. Have you ever felt bad or **Guilty** about your drinking?
4. Have you ever had a drink first thing in the morning as an **Eye-opener** to steady your nerves or get rid of a hangover?"

"Scoring: Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant."

"It has been demonstrated that the CAGE questions are most effective when used as part of a general health history and should not be preceded by questions about how much or how frequently the subject drinks."

-- Excerpts from The Substance Abuse and Mental Health Services Administration publication "CAGE Questionnaire"
http://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionaire.pdf

"The test's disadvantage is that it is most accurate for white, middle-aged men and not very accurate for identifying alcohol abuse in older people, white women, and African- and Mexican- Americans."

-- Excerpts from The Benchmark Institute publication "Alcohol Problems: Signs, Symptoms, Stigmas and Solutions" http://www.benchmarkinstitute.org/t_by_t/mcle/AlcoholProblems.pdf

OASAS FORMS

The **Comprehensive Psychosocial Evaluation** (**PART 822/TA-5)** form would be used by an OASAS Certified Provider to obtain the information necessary to develop an individual treatment plan, and to obtain the information necessary to determine whether a diagnosis of alcohol related or psychoactive substance related use disorder is indicated. It asks all the questions provided to match the 822 Manual. While the use of this form is not required, **the elements within it are required** as part of outpatient regulatory requirements. It's similar in certain respects to a pre-sentence investigation in terms of gathering pertinent information to assist in making an appropriate recommendation.

The **Impaired Driver Clinical Assessment Form (IDMS-4)** would be used by an OASAS Certified Provider of a Drinking Driver Program (DDP) to obtain the necessary information to determine a diagnosis and to assess the individual's treatment needs.

The **Level of Care Determination (PART 822/TA-2)** form is used to determine what level of care best serves the individual entering treatment.