

DWI screening in Ramsey County

An assessment of the ASUDS-R

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Prepared by:
Melanie Ferris

Wilder Research
1295 Bandana Boulevard North, Suite 210
Saint Paul, Minnesota 55108
651-647-4600
www.wilder.org

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Wilder Research contributors include:

Mark Anton

Benjamin Bushee

Amanda Eggers

Louann Graham

Cheryl Holm-Hansen

Mao Thao

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Summary

Under Minnesota law,¹ all counties are required to conduct chemical use assessments for individuals convicted of a DWI offense. The Adult Substance Use and Driving Survey – Revised (ASUDS-R) has been used as part of the DWI screening process in Ramsey County for two years. The screening instrument is used to assess risk of DWI recidivism, determine the service needs of the offender, and guide assessors to make an appropriate referral recommendation to education classes and/or treatment.

During this time, there has been a request for additional information to examine the results provided by the ASUDS-R and the appropriateness of its implementation in the county. To address these concerns, Wilder Research conducted a focused review of the literature, examined research provided by the instrument’s authors, and conducted interviews with key stakeholders in Ramsey County.

Based on the information gathered during this project, Wilder Research has reached the following conclusions:

- The ASUDS-R is a promising DWI screening instrument.
- When appropriate weighted scoring guidelines are used, preliminary validation studies indicate the tool can effectively differentiate offenders into referral categories, based on their education and treatment needs.
- Although many stakeholders find components of the ASUDS-R to be useful and feel comfortable using the instrument, they also have concerns regarding the overall screening and referral process.
- Additional research is needed to demonstrate the predictive validity of the instrument in determining treatment and education recommendations in Ramsey County.

In order to address current concerns regarding the instrument’s predictive validity and current implementation, Wilder Research also offered the Ramsey County Correction Department with a recommended process to enhance current evaluation activities, increase consistency among assessors, standardize the DWI screening process, and increase communication among stakeholders.

¹ Minnesota Statute 169A.70

Project background

Wilder Research was contracted by the Ramsey County Corrections Department to examine the validity and local implementation of the Adult Substance Use and Driving Survey (ASUDS-R) (Wanberg & Timken, 2006). In order to address these topics, Wilder Research conducted a review of existing validity studies involving the ASUDS-R, reviewed research provided by the instrument authors, and conducted a series of key informant interviews with nine Ramsey County stakeholders. These stakeholders included representatives from the judicial system and county probation, as well as defense attorneys, community service providers, and chemical health assessors. Direct quotes from these stakeholders are included throughout the report, but left anonymous.

Results from the research review and key informant interviews were intended to address the following research questions:

- Based on published studies, is the ASUDS-R a valid DWI screening instrument?
- As currently implemented in Ramsey County, does it appear that the instrument is valid?
- Do Ramsey County stakeholders feel that the tool accurately assesses the risk of alcohol use and DWI recidivism within an offender population?
- Do Ramsey County stakeholders feel that appropriate referral recommendations are being made when the ASUDS-R tool is incorporated into the screening and assessment process?

Introduction

The Adult Substance Use and Driving Survey Revised (ASUDS-R) is a 123 item self-report screening instrument that also incorporates information gathered through collateral data and an individual interview. Its purpose, according to the instrument developers, is to “provide a differential screening assessment of the driving while impaired (DWI) offender in the areas of substance use and abuse, alcohol involvement, and other areas of life-adjustment problems (Wanberg & Timken, 2006).” The additional information gathered during the ASUDS-R screening process includes records of past driving and criminal offenses, blood alcohol concentration level at arrest, prior substance abuse treatment, and a collateral interview. When combined with the self-report data, this information is intended to provide assessors with a broad range of information that can be used to guide their referral recommendations.

In Ramsey County, the ASUDS-R is part of a DWI screening process implemented through the Corrections Department. Typically, an individual charged with a DWI offense is sentenced by the judge to pay a fine and meet the conditions of their probation. Offenders are then referred to the Corrections Department for DWI screening, which determines the level of education and/or substance abuse treatment that they must attend as part of their probation requirements. The ASUDS-R has been an integral part of this screening process since 2005.

As a result of the DWI screening process, individuals can be referred to a variety of education and/or treatment programs. These referral options may include education components provided through the *Driving with CARE* curriculum, substance abuse treatment, or a combination of the two. The four types of referrals assessors typically make after conducting a DWI assessment are described below:

- Level I Education is designed for first time offenders who have minimal, if any, alcohol use problems. Offenders attending this level of education should have no prior substance abuse or dependence diagnoses and no prior offenses.
- Level II Education is a longer program for offenders who have at least minimal indicators of past alcohol or other drug use/ misuse, or for individuals who had an arrest BAC at or above .15.
- Level II Therapy combines the Level II education program with outpatient therapy. It is appropriate for offenders with definite signs of alcohol or other drug misuse, as well as offenders who have had prior DWI convictions. This level of programming involves 42 hours of initial programming and up to 44 hours of extended treatment.

- For offenders with significant substance abuse needs, intensive inpatient or outpatient treatment is an appropriate referral. This level of therapy should provide the services and support needed to help individuals address their chemical dependency issues and begin their path towards recovery.

The *Driving with CARE* curriculum has been used to provide education programs in Ramsey County since January 2006. The Level I Education program includes 12 hours of programming over a six-week period, which costs approximately \$225. The Level II Education program is more intensive, requiring a total of 24 hours of programming over 12 weeks, which costs approximately \$450. These costs, as well as other court fines, and fees for probation and assessment expenses, are typically out-of-pocket expenses that the offender is required to pay.

The purpose of this report is to examine the effectiveness of the ASUDS-R, as it is being implemented in Ramsey County. In order to examine the effectiveness of a screening tool, it is essential to look at two distinct components: the psychometric properties of the instrument, including its reliability and validity, and the tool's implementation in the field. These two components are both important in determining the overall usefulness of the instrument. In order to provide a comprehensive assessment of the instrument, this report will:

- Provide a broad review of DWI screening issues and recommendations found in the literature, focusing on common concerns regarding accuracy and implementation and summarizing characteristics of effective DWI screening instruments;
- Assess the ASUDS-R's validity, as demonstrated by current research using the tool;
- Examine how the tool has been implemented in the county, based on the impressions of stakeholders; and
- Identify recommendations to enhance the DWI screening process in Ramsey County.

As described previously, this report is intended to examine the validity of the ASUDS-R and assess the appropriateness of its implementation. This report does not provide a comprehensive review of all DWI screening instruments, nor does it offer direct comparisons between various instruments. Therefore, readers of this report should not conclude that Wilder Research is endorsing the ASUDS-R instrument over other DWI screening tools.

DWI screening overview

Current national guidelines for sentencing DWI offenders recommend that all offenders should be screened by qualified evaluators to determine the extent of their alcohol problem and risk of DWI recidivism (NHTSA and NIAAA, 2005). Many states, including Minnesota, have laws that require a chemical use assessment to be conducted for individuals convicted of a DWI. Although most states utilize a screening process that incorporates both self-reported information and an interview with a trained evaluator, a wide variety of screening tools are used. Many screening instruments examine only alcohol use and do not address other factors that are associated with high risks of recidivism. These additional factors include personality characteristics, such as defensiveness and motivation, driving-related behaviors, and alcohol consumption patterns (Chang, Gregory, & Lapham, 2002). There is also growing interest in expanding screening to assess for other problems that may also be present when alcohol abuse is identified, such as use of other drugs and psychiatric concerns (Lapham, 2004).

Common concerns

Although there are a number of tools commonly used for DWI screening, there is no nationally-identified “gold standard” instrument. Some screening programs utilize tools that assess only alcohol use, and were not designed to use within the DWI offender population. The ASUDS-R is a multi-component instrument designed to screen for DWI recidivism within the criminal justice system.

One of the most significant challenges to accurate DWI screening is a result of the nature of screening within the criminal justice system. Individuals who undergo DWI screening are not voluntarily participants in the assessment process (Cavaiola & Wuth, 2002). When screened through the criminal justice system, offenders often underreport drinking, drug use behavior, and other criminal involvement (Lapham et al, 2004). Some individuals may resist the screening process, while others may minimize their alcohol use problems to avoid more intensive probation conditions or the costs of treatment (Lapham, 2004). As a result, it is very difficult to accurately assess alcohol use, drinking and driving behavior, and other psychological issues.

Although this issue may never be completely avoided, some changes can be made to improve the accuracy of screening results. The assessor, for example, can encourage honest self-disclosure by establishing a positive rapport with the client, using motivational interviewing techniques, discussing how the information of the screening instrument will be used, and describing the potential benefits of providing accurate responses (Nochajski & Stasiewicz, 2006). Information obtained through driving

records, criminal records, and collateral interviews can also be used to validate what is being reported by the individual.

Some self-report screening instruments address the issue of false self-report by incorporating a scale to measure and compensate for defensiveness and under-reporting (Chang, Gregory, & Lapham, 2002). These scales make it easier to identify situations where individuals are under-reporting various high-risk behaviors. An individual's defensiveness during the assessment will impact scores obtained throughout the screening process. Therefore, if a defensiveness scale is used, it must be taken into account when interpreting screening scores (Cavaiola & Wuth, 2002).

Utilization of screening results

Many screening programs utilize a “matrix” system to determine appropriate treatment and referral recommendations. This approach utilizes information from a variety of sources to guide the final decisions, including scores from self-report instruments, blood alcohol levels at the time of arrest, prior DWI offenses, and prior treatment for alcohol abuse. When using a combination of measures, screening assessments are often more accurate than when a single instrument is used independently (Cavaiola & Wuth, 2002).

When screening instruments are used to guide referral recommendations, it is important that the cutoff scores used to differentiate between service options are accurate. A screening instrument that tends to over-estimate behaviors will result in individuals receiving referrals for more intensive services than they need (false-positives), while instruments that under-estimate behavior will lead to individuals receiving insufficient services to meet their needs (false-negatives). To minimize these sources of error, scores should be standardized to apply to the specific population using the instrument.

National reviews of screening instruments

Although some reviews of DWI screening instruments have been published to compare tools on the basis of their content, validity, ease of administration, and use of collateral data, these comparisons have not included the ASUDS-R. These reviews suggest that while some tools show promise in predicting DWI recidivism, many tools have significant limitations, such as length, limited assessment of other drug use, accuracy of cut-off scores, and limited research using the tool within DWI offender populations. The omission of the ASUDS-R in these comparisons may be a result of the criteria used to examine instruments. To the best of our knowledge, an examination of the psychometric properties of the ASUDS-R has not been published in any peer reviewed journal.

Therefore, reviews that do not extend beyond the published literature are unlikely to include this instrument.

Although the ASUDS-R has not been compared in the published literature, it has been examined through at least one statewide initiative. The Institute for Legal, Administrative, and Policy Studies, a division of the University of Illinois at Springfield (2003), recently completed a review comparing a variety of screening instruments used in agencies across the United States, which included the ASUDS-R. This review was conducted on behalf of an interagency committee established to coordinate efforts and resources in order to better respond to DUI offenders in Illinois and reduce recidivism. A total of eighteen tools were compared based on a variety of characteristics, including: validity across age, gender, and ethnicity; inclusion of scales addressing other drug use, driving risk, prior service history; the presence of co-occurring disorders; incorporation of collateral data; ease of administration; and ability differentiate levels of treatment/intervention need. Based on these criteria, the ASUDS-R was identified as the instrument that was closest to meeting the needs of all Illinois stakeholders. The instrument is currently being piloted at sites throughout the state.

Characteristics of effective DWI screening instruments

Although there is a growing research base examining the topic of DWI screening and assessment, additional research is needed to identify instruments that accurately assess DWI recidivism risk and alcohol use, as well as processes that ensure the most accurate results. The following recommendations should be considered by programs when choosing an appropriate screening instrument (Chang, Gregory, & Lapham, 2002):

- **The screening instrument should be validated and scored based on a DWI offender population.** Instruments are standardized or ‘normed’ to recognize issues in specific populations (such as DWI offenders, individuals seeking alcohol treatment, or college students). Applying the same scoring guidelines to other populations may lead to inaccurate results.
- **When possible, the information collected using a self-report tool should be validated with collateral data.** This will help determine the actual needs of the individual and help the assessor determine the individual’s level of defensiveness.
- **Matrix systems often lead to more accurate assessments than scores from a single-component instrument.** However, when these multi-component systems are used to guide referral recommendations, it is important to consider meaningful measures and appropriate cut-off scores are being used.

- **The screening instrument must meet the unique needs of the program.** Screening can be done for a variety of reasons, so it is important that there is a clear understanding of the tool's purpose and limitations. An effective instrument must also be implemented correctly, so it is important that all assessors and staff involved in the screening process have a clear understanding of the procedures that should be followed.

Impressions of the ASUDS-R

Based on information included in the ASUDS-R User's Manual and other key literature, the ASUDS-R incorporates many of the recommended characteristics of DWI screening instrument. More specifically, the instrument:

- Includes a standardized scoring mechanism based on research using a comparable offender population;
- Utilizes a multi-method screening process incorporating self-report data, in-person interviews, and collateral data from official records; and
- Guides referral recommendations using a matrix system that incorporates a variety of key measures.

It is more difficult to determine how well the ASUDS-R meets the overall needs of the DWI screening program in Ramsey County. Although the instrument appears to be an acceptable DWI screening instrument, local stakeholders do not appear to have a shared understanding of the tool's purpose, strengths, and limitations. Without consensus, it is difficult to implement an appropriate screening and referral program that addresses the interests and concerns of all stakeholders. This important issue will be discussed in greater detail throughout the report.

Instrument validity

As described in the previous section, there is great need for additional research on DWI screening tools. Although some instruments are commonly used to assess potential alcohol abuse, there is far less research examining the ability of various tools to identify individuals at greatest risk of recidivism. Although the instrument authors have provided Wilder Research with results from validation studies they have conducted, these reports have not been published in any peer-reviewed journals. To date, the ASUDS-R has not been included in published comparative studies of DWI assessment tools, nor has any independent research utilizing the tool been published in peer-reviewed journals.

There is limited evidence to support most DWI screening instruments, and a broad need for additional research to accurately identify and effectively treat high-risk DWI offenders. This limited research base limits how strongly Wilder Research can assert whether or not this screening instrument is a valid, effective tool and does not allow us to fully endorse the ASUDS-R. Yet, despite these limitations, the tool shows promise as an effective screening instrument and some conclusions can be made in regard to the tool's reliability and validity.

Validity of the ASUDS-R

Validity refers to the content of the tool in terms the cohesiveness of its scales and how well it measures the characteristic or behavior of interest, such as current alcohol use. It can also refer to the ability of the instrument to predict future behavior, such as risk of DWI recidivism. There are a number of different types of validity, but the areas that may be of most interest to Ramsey County stakeholders include content, criterion, and predictive validity.

It should also be noted that the ASUDS-R authors have done a significant amount of work focused on demonstrating construct validity, or the relationship between the instrument's scales. This information further validates the content of the tool, but was not discussed in this report as it was not as relevant to the key research questions identified by Ramsey County stakeholders.

Content validity

Content validity refers to the types of questions included in the screening tool and how well they address the area of interest. This type of validity is not formally measured, as it is a face-value assessment of the tool's relevance. Using this definition of validity, a

valid instrument should include measures that assess critical factors known to be associated with the outcome of interest, such as DWI recidivism.

The ASUDS-R is comprised of 16 scales, which include: alcohol involvement, driving behaviors, lifetime alcohol and drug use, reported alcohol and drug use during the past six months, reasons for use, life disruptions due to alcohol or drug use, mental health concerns, defensiveness, anti-social behavior, prior criminal behavior, motivation for behavior change, and perceived individual strengths. The ASUDS-R also incorporates collateral data sources, such as blood alcohol concentration (BAC) level at the time of arrest, criminal history records, and driving history reports. Most of these scales relate directly to alcohol use and driving risk, while a few, such as motivation to change and perceived individual strengths, may be more useful by probation officers, instructors, or counselors providing education and treatment services.

These scales and collateral measures used in the ASUDS-R include items that have been identified in the research as strong predictors of alcohol use and DWI recidivism. Some of the content areas most commonly identified as critical screening elements are substance abuse, defensiveness, driving attitudes, personality traits (such as aggression and impulsivity), and high-risk alcohol use behaviors (Chang, Gregory, & Lapham, 2002). Evidence of a relationship between BAC levels at arrest and DWI recidivism has been inconclusive. Although BAC was found to be a strong predictor of recidivism in one study, other research indicates BAC has no or minimal predictive value (Nochajski & Stasiewicz, 2006). The same research review identified a number of studies that have demonstrated a strong relationship between breath test refusal and DWI recidivism.

Stakeholder observations

Overall, most Ramsey County stakeholders were pleased with the content of the screening instrument. When asked to describe strengths of the screening instrument, a number of individuals identified particular scales that provided helpful information about the offender's attitudes or behaviors:

It addresses an issue that I always felt was important – driving risk.

It does cover a wide array of [topics] – history, current use, driving record, BAC – I think it's good that it encompasses a wide variety of things.

The thing I like most about the ASUDS-R is that it's an assessment geared for DWI offenders...and I like the different scales. I like the fact that it's going to give us some idea of what the person's strengths are.

A variety of scales, including driving risk, motivation, attitudes towards law enforcement, and client strengths, were identified by stakeholders as unique information that is not typically addressed by other screening instruments. Some individuals also felt that the instrument was useful because it can be used to identify offenders who have possible mental health or crisis needs that should be immediately addressed. Another provider noted that other instruments used to assess alcohol use ask fewer than ten questions, while the ASUDS-R includes many more questions to assess various aspects of drinking behavior.

When asked to identify unique information included in the ASUDS-R that is not part of a traditional chemical health assessment, one stakeholder felt the two provide “relatively the same information, just collected two different ways.” Other stakeholders felt it offered more unique information:

I like the ASUDS because it goes beyond traditional chemical health assessments. A lot of DWI offenders aren't necessarily chemically dependent, so I like the fact that the ASUDS is measuring other than chemical use and abuse.

However, informants also identified a number of weaknesses about the tool. A few individuals were concerned that the instrument focused too heavily on lifetime alcohol use, instead of reflecting more recent behavior. To varying degrees, these stakeholders were concerned that the tool did not accurately capture changes in alcohol and other drug use over time. One individual explained:

If in your college years, you got drunk more than 10 times, you're going to get the highest score...you might score really high [on all of the questions about lifetime alcohol use], even though it all was 20 years ago.

Some stakeholders were concerned about the degree to which specific scales or pieces of collateral data influenced referral recommendations. One area of concern was the weight placed on BAC levels at arrest. While some stakeholders felt this component was helpful, others felt that it may not accurately reflect current drinking behavior. A number of stakeholders were concerned that an individual with a high BAC at arrest may be automatically placed in a Level II Education program, even if they do not exhibit other high-risk behaviors. However, at least one assessor felt that although BAC levels have a significant impact on the ASUDS-R score, they do not necessarily impact the referral recommendation. Another concern regarding BAC levels involved the scoring of refusals. Using the current recommendations from the authors, refusals and BAC levels below .10 both receive the lowest possible score. There was some concern that this may lead the assessor to underestimate treatment needs.

Although some individuals thought it was useful to assess risky driving behaviors and found this scale to be helpful, others thought it should not be included in the same instrument used to examine possible substance abuse. Two stakeholders shared their different perspectives this topic:

I think Ramsey County did a good thing by incorporating [alcohol use and driving risk], but [the assessment process] needs some work.

The problem with this instrument is that it combined driving behavior and chemical use, and assumes that if you are a terrible driver...that you are also in need of chemical [health services]. I think those should be very, very separate.

One stakeholder also expressed deep concerns about using an assessment tool that seems to presume a first-time offender has previously driven under the influence, explaining:

Statistically, if someone has a DWI, chances are it's not the first time they got in their car and drove under the influence. But I don't know that – and I can't base my decisions on assumptions that I make.

Criterion validity

An instrument's ability to measure an important outcome or behavior, such as alcoholism, is referred to as criterion validity. This type of validity is often assessed by comparing the results from the screening instrument to results achieved when a widely-accepted assessment tool is used. For example, two DWI screening assessments should lead to similar recommendations if they are based upon similar criteria.

Although the ASUDS-R has not been compared to other screening assessments in published review articles, the instrument authors have examined the correlation between individual scales and other instruments commonly used to assess for alcohol and drug use (Wanberg & Timken, 2007, unpublished data). Correlation coefficients are calculations used to demonstrate how strongly two or more measures agree with one another. As a general rule of thumb, correlation coefficients between .7 and 1.0 indicate strong agreement, while smaller numbers indicate fair (0.0 – 0.3) or moderate (0.3-0.7) correlation. However, interpretation of the correlation coefficient is also dependant on how well the content of the two measures compare with one another. As discussed previously, there is not a widely-accepted DWI screening instrument that can be used to make ideal comparisons. Therefore, when the ASUDS-R is compared with other instruments that incorporate somewhat different measures, the correlations will not be as strong as when comparing two very similar instruments.

The authors have compared the ASUDS-R scales with a variety of instruments, most notably the Mortimer-Filkins Questionnaire and Diagnostic Statistical Manual-IV (DSM-

IV) criteria (Wanberg & Timpken, 2007, unpublished data). When comparing the various ASUDS-R scales to the Mortimer-Filkins Questionnaire, moderate correlations (.41 to .49) were demonstrated on four scales, including alcohol use and global scales. Moderate correlations were also observed when comparing the ASUDS-R disruption (.50) and alcohol involvement (.50) scales to substance dependency diagnosis using the DSM-IV criteria. Although these correlations are less than ideal, they also reflect limitations of the comparative instruments. Taking this into account, the degree of match between the ASUDS-R and other instruments appears to be acceptable.

Predictive validity

Predictive validity describes how well an instrument identifies a specific condition or predicts other independent outcomes. A desirable screening tool may be able to accurately identify individuals with an alcohol abuse problem, predict the referral recommendations made by an independent evaluator, or predict DWI recidivism.

In Ramsey County, the ASUDS-R is scored using four weighted scales and collateral data, including BAC at arrest, prior substance abuse treatment, and prior DWI arrests or convictions. This scoring model is being used by all evaluators to guide referral recommendations for DWI offenders. At a local level, there has not been any research done to examine the predictive validity of the instrument. However, the instrument authors have conducted studies to examine this topic by comparing the recommendations of DWI evaluators to those obtained when using the ASUDS-R weighted scoring guidelines alone.

The authors looked at two different scoring models when considering how well the instrument predicts treatment needs. The first model, Model A, only utilized four weighted scales: Alcohol, Driving Risk, Alcohol and Other Drug (AOD) Involvement, and AOD Disruption. The second model, Model B, which is the model used in Ramsey County, also utilizes the four weighted scales and adds collateral variables, including BAC at arrest, prior substance abuse treatment, and prior DWI arrests or convictions. The four referral options used in this study reflect the treatment options used in Ramsey County: Level I Education, Level II Education, Level II Education and weekly outpatient treatment, and enhanced treatment.

As seen in Figure 1, the match between independent evaluator referral recommendations and recommended referrals based on the scoring guidelines was better for the model using only the weighted scales (Model A) than the model using the scales and collateral data (Model B). When the collateral data was incorporated into the scoring guidelines, screening results tended to indicate a need for more intensive services than those recommended by an independent evaluator. Although the authors have noted that they

have made adjustments to the scoring guidelines from Model B to create a better match with independent evaluator recommendations, Wilder Research did not receive any additional data to report in this summary.

1. Predictive validity of two ASUDS-R scoring models

	Model A: Percent referred using weighted scales alone (N=909)		Model B: Percent referred using weighted scales and collateral data (N=2223)	
	ASUDS-R Recommendation	Independent Evaluator Recommendation	ASUDS-R Recommendation	Independent Evaluator Recommendation
Level I Education	23.8	22.2	3.8	14.6
Level II Education	32.9	29.4	39.5	30.1
Level II Education and Weekly Outpatient Treatment	31.0	33.4	34.8	45.7
Enhanced Treatment	12.3	15.0	21.9	9.5

(Wanberg & Timken, 2007, unpublished data)

The authors reported that an analysis of the weighted scales and correlated data (Model B) used to make recommendations demonstrated that this model accounted for 53 percent of the variance in predicting the evaluator's placement decision (Wanberg & Timken, 2007, unpublished data). This indicates that independent evaluators may place more or less weight on the various components included in this scoring framework, or that there are other factors that evaluators consider when determining appropriate referral recommendations.

These findings stress the importance of using the ASUDS-R as a screening tool that guides recommendations, instead of using the scores alone to determine appropriate referrals. If referrals are based solely on the ASUDS-R scoring guidelines, they may not accurately reflect the needs of all DWI offenders. It is essential that evaluators also incorporate information from other instrument scales and the interview to guide their professional judgment when making referral recommendations.

Stakeholder observations

The assessors who participated in the key informant interviews all stated that they make their referral recommendations based on a variety of factors, including the final ASUDS-R weighted score. However, during the series of interviews, a number of stakeholders recounted situations when they felt an inappropriate treatment referral was made. There was some concern that too many individuals fall into the Level II treatment category without meeting the DSM-IV criteria for substance dependency. More often, there was

concern that too few offenders are referred to Level I Education. Some judges have concerns regarding the validity of ASUDS-R scores among first-time DWI offenders. As a result, some judges have resorted to bypassing the county DWI screening process when sentencing first-time offenders. Regardless of their personal feelings about the instrument itself, a number of stakeholders felt it would be helpful to collect additional data to examine the appropriateness of referrals in greater depth. One stakeholder explained:

A lot of complaints are because [of offenders] falling into Level II Education instead of Level I. We need to figure out how to justify why they're at Level II, and if we can't justify it, then we need to put them at Level I.

Although one assessor stated the ASUDS- R outcome is often different than the final referral recommendation, there is not any local data to determine how often the evaluator's final recommendation matches the recommendation based on ASUDS-R scoring guidelines alone. Since November 2005, a total of 3294 offenders have participated in the DWI screening program using the ASUDS-R. As seen in Figure 2, approximately half of all referrals are made to Level II education programs. Although the instrument authors have provided data to demonstrate the degree of match between screening results and referrals made by independent assessors, this level of analysis has not been conducted in Ramsey County.

2. DWI referrals made in Ramsey County (November 2005-August 2007)

	Number of offenders referred	Percent of total
Level I Education	243	7.4
Level II Education	1,624	49.3
Level II Treatment	475	14.4
Treatment	738	22.4
Other	214	7.0

The "Other" category includes referrals made to DWI educational programs that do not utilize the *Driving with CARE* curriculum.

In order to begin to further examine the questions of appropriate referrals, facilitators of the *Driving with CARE* curriculum were asked whether or not they felt appropriate referrals were being made to their programs. Generally, most stakeholders felt that the majority of referrals were accurate. However, a few were concerned that some clients were referred to a Level II Education program when the less-intensive Level I program would have been more appropriate. Although less common, some stakeholders also identified situations where an individual referred to an education class was really in need

of substance abuse treatment. Inappropriate referral recommendations may either lead to inadequate services that may not address all of the client's needs, or unnecessary services that are more costly to the client.

Although most stakeholders felt that the screening process typically resulted in appropriate referrals, they were concerned about situations where the referral recommendations did not appear to meet the needs of the client. Examples provided during the key informant interviews indicate that some referral recommendations are not meeting the needs of clients in Ramsey County. Additional data collection and quality assurance activities will need to be implemented before this issue can be fully understood.

Reliability of the ASUDS-R

Reliability refers to the tool's consistency across different times, settings, evaluators, and populations. It can describe the ability of the instrument to produce the same results when given at 6-month intervals, or when administered by different evaluators. The overall significance of an instrument's test-retest reliability varies, depending on what characteristic is being assessed by an instrument. For example, when administered at two different points of time, an instrument should provide consistent results when measuring past experiences or static events, such as a family's history of alcohol abuse. Conversely, it is more logical for characteristics such as motivation or self-esteem to vary based on when the instrument is administered and unique characteristics of the individual at that point in time.

When administered appropriately, the ASUDS-R is reliable when used by different assessors. The instrument's user manual describes a clear protocol that should be used when administering the ASUDS-R. This methodical approach to screening helps ensure consistency when multiple assessors are administering the instrument. The ASUDS-R incorporates a self-report survey component, which is read and completed by the individual taking the assessment. However, if the individual does not have strong reading skills, the assessor can read the questions and responses aloud. By reading the survey items as written and not providing additional information or interpretation of the survey questions, the assessor is administering the tool in a consistent manner.

The point at which the ASUDS-R is administered can also impact its reliability. The ASUDS-R scoring guidelines used to make referral recommendations in Ramsey County are based on the assumption that all DWI offenders are completing the instrument post-sentencing. However, local stakeholders reported some DWI offenders have started to receive chemical health assessments, including the ASUDS-R, prior to sentencing. Although it is not inappropriate for the assessment to be conducted by a variety of

evaluators, it is important to note that the instrument's scoring matrix has been standardized to use at a specific point during the court process.

Data provided by the instrument authors suggest individuals who complete the ASUDS-R before sentencing are less likely to disclose information and have lower scores than those who take the assessment after sentencing occurs (Wanberg & Timpken, 2007, unpublished data). The instrument's current scoring guidelines assume that the assessment is being used post-sentence. Without different scoring guidelines, the instrument should not be considered a reliable measure when administered at other points in the court process.

Although errors are minimized when a standard approach is utilized for screening, individual characteristics of the assessor can also impact the tool's reliability. As described previously, defensiveness is an issue that must be addressed whenever screening is court-ordered. Individual variability between assessors, such as their ability to make others feel comfortable during the screening process, may impact the reliability of scores. Similarly, it may be possible that individuals who voluntarily seek an independent assessment (prior to sentencing) would report their alcohol use and driving behaviors more accurately than those directed to participate in a court-ordered screening process. Additional data is required to examine this potential issue in greater detail.

To address the issue of defensiveness, an assessor can encourage the offender to provide candid responses by using motivational interviewing and thoroughly explaining the purpose of the instrument. The ASUDS-R also incorporates a defensiveness scale to address this broad issue of response legitimacy. This scale is a key indication of offender's willingness to participate in the screening process, and must be considered by the assessor when interpreting scoring and developing referral recommendations.

Overall assessment of the instrument's psychometric properties

Although there is growing interest in DWI offender screening instruments, there is a need for additional research before strong, conclusive statements can be made regarding the overall validity of the ASUDS-R, especially in comparison to other instruments. Based solely on current published literature and research made available by the authors, the ASUDS-R demonstrates characteristics of a reliable and valid screening instrument when appropriately implemented. However, additional research is required to address some of the concerns local stakeholders have in regard to how well specific ASUDS-R scales predict appropriate referral recommendations.

These conclusions are based on the following findings:

- **The ASUDS-R exhibits many of the characteristics of recommended DWI screening instruments.** This self-report component of the tool incorporates a variety of scales that help to assess alcohol use, drinking and driving risk, and other psychological concerns. It also contains a defensiveness scale, which should be used to help validate the information provided by the offender, and was designed to use within a DWI offender population.

The ASUDS-R also incorporates a variety of methods to collect information to the initial screen, such as driving records, interviews, and other indications of alcohol use (blood alcohol concentration levels and prior treatment history). When used as a tool to determine referral recommendations, the ASUDS-R utilizes a matrix system based on a scoring system based on the offender population, and is intended to offer flexibility to evaluators making final recommendations.

- **When implemented appropriately, the ASUDS-R appears to be a reliable instrument when used by multiple evaluators.** It incorporates a standard interview with instructions to administer the instrument consistently. The defensiveness scale also provides evaluators with information to determine how receptive the offender is to the screening process, and how valid other self-report measures may be.
- **The instrument's scales show correlation to other tools used to assess DWI recidivism risk and substance dependency.** Although the correlations between the ASUDS-R scales and other screening instruments are not incredibly strong, they do indicate that the ASUDS-R does adequately assess alcohol abuse and life disruptions due to use of alcohol and other drugs. These correlations are lower than typically desired, but this may reflect the different criteria being used to assess DWI recidivism or the limitations of the comparative instruments.
- **Additional research is necessary to determine the validity of the instrument's current scoring guidelines.** The data provided by the instrument authors indicate that referral recommendations based solely on the weighted scoring system may indicate greater service needs than recommendations made by an independent evaluator. There is concern among stakeholders that local referral recommendations do not meet the needs of DWI offender. Local research may be useful to determine whether adjustments should be made to the current weighted scoring guidelines.

Local impressions

Nine key stakeholders were asked a variety of questions to examine their impressions of the ASUDS-R and their experiences using the tool. (See the Appendix for a copy of all interview questions.) All of the stakeholders were familiar with the tool, and many had received training from Ramsey County or the ASUDS-R authors on administering the instrument. The stakeholders included individuals who conducted the assessments, facilitated the *Driving with CARE* curriculum, and were otherwise involved in the DWI sentencing and referral process.

During the interviews, many informants identified strengths and unique qualities of the instrument that made it useful when working with DWI offender populations. There were also concerns that were shared among many stakeholders. Overall, the stakeholders had very different feelings about the tool; most felt it was a very useful instrument, while two were opposed to using the ASUDS-R in Ramsey County.

While conducting the interviews, there were a number of occasions where individuals provided conflicting information regarding implementation and development of referral recommendations. Additional training of staff and stakeholders, as well as standard screening protocols and quality assurance measures, may lead to a more consistent understanding of the tool's purpose and its appropriate implementation.

Screening versus assessment

The ASUDS-R is described as “a differential screening instrument designed to provide direction and guidelines for the evaluator in making decisions around the service needs of the DWI offender” (Wamberg & Timken, 2007). It is used to assess the severity of alcohol abuse and risk of DWI recidivism, while also guiding appropriate referral recommendations. The authors stress that the screening process does not replace the comprehensive assessment that should be conducted when the individual enters treatment. Further, they state that the final referral recommendations should never be based solely on the results of the ASUDS-R.

During the stakeholder interviews, the ASUDS-R was referred to in a variety of ways: as a driving risk survey, a screening tool, or a component of a chemical health assessment. Although the terms “screening” and “assessment” are often used interchangeably, they refer to very different processes. When screening and assessment is discussed in the DWI literature, screening refers to a triage process used to determine the level of service needs, while assessment is a comprehensive evaluation done to determine the specific type of therapy needed to assist an individual receiving treatment (Cavaiola & Wuth,

2002). Generally, stakeholders felt the ASUDS-R was an effective screening instrument. One stakeholder explained:

As a screening tool it's great because it gives us a whole host of information. If someone is going to do an assessment...and they have the information with the ASUDS, it is a really excellent piece of collateral information.

However, there appeared to be differences in what various stakeholders referred to as screening and assessment. While some assessors described the ASUDS-R as the screening instrument used when conducting a comprehensive chemical health assessment with all offenders, others seemed to consider the ASUDS-R screening process as a separate activity, which led to a full chemical health assessment only when the ASUDS-R results indicate possible substance abuse problems. Although either perspective may be valid, assessors with different views may not use the same screening process.

Another potential issue to consider is the use of other instruments or criteria when making a referral recommendation. One assessor stated that the most significant factor contributing to the final referral recommendation was based on DSM-IV criteria, which is incorporated into screening interviews with all offenders. Although the diagnostic criteria are being used to ensure all offenders receive the most appropriate treatment referral, other stakeholders felt that a comprehensive assessment should be completed only for individuals who are recommended treatment. One stakeholder, who had much greater opposition towards the DWI screening process, felt that the corrections department was overstepping its authority by conducting chemical health assessments.

It is important to note that the DSM-IV and Rule 25 criteria also serve a pragmatic purpose in the referral process. A number of stakeholders stated that insurance companies will not pay for chemical health treatment unless the individual meets specific chemical dependency criteria. The use of the DSM-IV criteria may be very appropriate, but it is important that is considered to be another piece of the screening process that is used consistently among all assessors. In order to ensure consistency in implementation, it is essential for all stakeholders to have a common understanding of the program's purpose and utilize a similar process when developing referral recommendations.

Appropriate implementation

Length of screening process

A number of implementation concerns were raised by local stakeholders. One of the most prominent issues involved the amount of time that was spent with clients during the screening process. Some stakeholders who had contact with offenders after the screening process heard offenders complain that they had inadequate time to tell their story and felt that the final results did not accurately describe their alcohol use. One individual explained:

What clients say to me is they really dislike the revolving door shuffling feeling they get. Sometimes they feel very frustrated and bitter...they don't feel they were listened to because all they had to do was put their answers on the piece of paper.

The amount of time assessors reported spending on the DWI assessment varied considerably, ranging from 45 minutes to 2 hours. Other stakeholders stated clients had reported the screening process taking approximately 20 minutes. Although the time spent with the average client cannot be confirmed in this report, wide variation in reported duration of the screening appointment may indicate inconsistent tool administration and interviewing techniques among assessors.

National recommendations stress the importance of building a rapport with the client throughout the screening process (Allen, 2003). Assessors are encouraged to provide feedback to the client regarding the results and work collaboratively with the client to develop a treatment plan. Although some resistance may always be present when conducting DWI screening in a correctional setting, it is important that all clients feel they had input into the process and opportunities to fully discuss the results and voice their concerns.

Stakeholders also reported variation in the timing of instrument scoring. Although all assessors reported reviewing all items on the instrument to identify errors or missing data, scoring for all scales did not always occur at the time of the appointment. One assessor reported scoring only the scales used in the scoring guidelines at the time of the screening, and completing the additional scoring after the referral recommendation is made. This may indicate a need for additional assessors to be hired to administer the screening instrument or for additional time to be allowed during the appointment for scoring and development of referral recommendations.

Score interpretation

Another overarching concern was the relative weight assessors place on the ASUDS-R scoring guidelines, compared to information collected during the interview. As described by the authors, the interview component provides the assessor with an opportunity to validate what was reported by the offender on the screening instrument, and to ask additional questions to better assess the offender's education and treatment needs. The interview is considered to be a key component of the screening process, and an essential part of making an accurate referral recommendation. However, some stakeholders, including those who are most familiar with the instrument, feel this component is being undervalued. One stakeholder explained:

I get a suspicion that assessors rely too heavily on the assessment tool and need to focus a little bit more on the interview.

Although a number of stakeholders felt that the ASUDS-R used appropriate information to help guide referral recommendations, some were concerned that high scores on specific scales, such as driving risk, could lead to an inappropriate referral to a Level II Education program. Others described specific scenarios that caused them concern, such as an individual with a .10 BAC at arrest being referred to Level II Education without a history of past offenses or other indications of substance abuse. Although these examples appeared to describe infrequent situations, it is impossible to quantify how often these issues may arise without gathering additional data.

When these issues were discussed with the instrument authors and other stakeholders, there was consensus that in those types of situations, it is the responsibility of the evaluator to use his or her professional judgment to make an appropriate referral. As described previously, the ASUDS-R has been standardized for use among DWI offenders post-sentencing. It assumes that many offenders will be defensive and withhold some information when reporting their own behaviors, but also includes a defensiveness scale to help the assessor determine how to interpret the overall scores. If an evaluator feels that the final screening score is inaccurate, a referral may be made that does not follow the recommendation indicated by the ASUDS-R scoring guidelines.

As mentioned previously, one assessor has identified the DSM-IV criteria for substance abuse as an influential component of the referral recommendations. However, it is not known whether or not all assessors using the ASUDS-R also regularly incorporate diagnostic criteria into their screening process. A consistent screening process is necessary to ensure reliable administration of the instrument. Further, if the DSM-IV is being used when conducting all screens, it is essentially being used as part of the scoring matrix. It may be helpful to learn how this additional information impacts referral decisions.

Comprehension and cultural competency

A few stakeholders were concerned about the offender's ability to answer particular questions within the assessment, especially those that ask about alcohol and drug use within a specific six month time period. There was also concern that the tool required reading comprehension above an 8th grade level, which is too high for some DWI offenders. The ASDUS-R User Manual suggests that the evaluator ask the individual to read the instructions or first few questions aloud to assess literacy. Based on the conversations with stakeholders, this protocol appears to be consistently followed when the ASUDS-R is administered.

A few stakeholders also had concerns about whether the ASUDS-R survey component or DWI education programs were culturally competent. At this point, the ASUDS-R instrument is only available in English. When the screening must be administered in another language, an interpreter is responsible for reading the screening questions aloud and making sure the correct responses are recorded. There is an assumption that the interpreter will read through the questions in the same way an assessor would; however, there is no specific training for interpreters who administer the tool.

Although the issue of culturally competent screening was not a primary concern of stakeholders, it is an issue that will likely need to be addressed by the Ramsey County screening program. If the DWI screening program is intended to provide a standard process to assess high-risk alcohol use and potential DWI recidivism among all offenders, it is important the assessment tool can be consistently administered to all individuals, including those who speak languages other than English.

***Driving with CARE* curriculum**

Stakeholders were also asked to discuss any concerns they had with the *Driving with CARE* curriculum being used in conjunction with the DWI screening program. Most facilitators felt that the curriculum content was useful and appropriate. Several stated that the cognitive behavioral programming was effective, but that lessons needed to be modified to increase class engagement and participation. Some facilitators noted modifications are needed in some parts of the curriculum, such as updating information about current DWI laws in Minnesota.

Although feelings about the curriculum were generally positive, a few stakeholders felt the language used throughout the curriculum lessons was potentially shaming and condescending to clients. Some facilitators were very comfortable adapting the curriculum to meet the needs of clients, while others appeared to take few liberties with the lesson plans.

Stakeholders generally felt the total amount of classroom hours was appropriate, but some were concerned that participation became difficult for some offenders because the class was extended over multiple weeks. One stakeholder reported that it was difficult to staff the class because of its duration, and a few individuals suggested offering a variety of options to offenders to provide the same number of classroom hours to make it easier for offenders to successfully complete the education program.

One stakeholder also had concerns about the consistency of educational programming for individuals who do not speak English. The *Driving with CARE* curriculum is currently available in English and Spanish. Although the Spanish version of the *Driving with CARE* curriculum is now being used by both Ramsey County providers who receive referrals, it is unclear as to whether or not all providers are utilizing the Spanish-version client workbooks. Individuals who speak languages other than Spanish or English and receive a referral for further education or treatment are referred to a comparable program in their primary language. However, the content and duration of these classes may vary.

Cost

When asked to discuss the cost of screening and treatment, approximately half of the stakeholders felt that the costs were appropriate, while the other half felt that it was too expensive for clients. Although most were generally pleased with the curriculum itself, some were concerned that clients were unable to afford the cost of treatment, especially when compounded by the expenses associated with court fines and license fees. Some of the individuals facilitating the curriculum noted that the expenses associated with the workbooks were high, but that overall cost to the client was appropriate when those additional expenses were taken into account.

A number of stakeholders were concerned that inappropriate referrals could lead to greater out-of-pocket expenses to the client. This was especially true of stakeholders who felt too many clients were being referred to Level II Education instead of a Level I Education program. Several stakeholders also felt it was important to use the DSM-IV diagnostic criteria so that insurance companies would pay for the cost of treatment.

Suggestions for improvements

Additional training

Several stakeholders expressed a need for additional training on the ASUDS-R. Although initial training has been offered to individuals administering the ASUDS-R, refresher courses have not been provided. Some stakeholders felt that future training sessions should focus more heavily on implementation and how to balance scores from the self-report instrument with other sources of data. One individual suggested that all assessors participate in a regular workgroup meeting to address issues that arise and identify strategies they can consistently adopt to address various implementation and scoring concerns.

As described previously, some stakeholders had very different perspectives about the intended goals of the DWI screening program. While some felt it was a way to identify individuals with potential chemical abuse issues in need of a more comprehensive evaluation, others utilized the ASUDS-R as part of a complete chemical health assessment. A broad training for all stakeholders may help avoid confusion regarding the screening process and appropriate utilization of the instrument when developing screening recommendations and diagnostic conclusions.

Quality assurance protocols

Another common suggestion among stakeholders involved a need for quality assurance protocols to be implemented. When any paper and pencil instrument is used, some errors may occur when the instrument is scored. These scoring errors can be minimized by reviewing each item on the instrument or double-checking final calculations. A computerized system can also help minimize scoring errors.

According to Ramsey County, ASUDS-R scoring calculations from assessors are checked when an assessment is conducted prior to the court hearing by a community-based agency. If calculation errors are present, corrections are made by the county assessor. However, because the ASUDS-R score is only intended to guide referral recommendations, it may not be appropriate to make a different referral recommendation based on a scoring error. This quality assurance process may need to be revised to incorporate information collected throughout the screening process.

Although there were some concerns regarding scoring, a larger issue seemed to focus on ensuring consistency and quality during the screening and referral process. At this point, there is no process in place to assess the quality of the ASUDS-R screening process and establish consistency in how scores are interpreted. Several stakeholders felt that quality

monitoring should be provided by an independent party, however, this may not be a realistic option.

Evaluation activities

As described in this report, although most stakeholders were comfortable with the instrument, there were a number of concerns regarding the predictive validity of the ASUDS-R when used to guide referral recommendations. Some client data and screening outcomes have been collected by Ramsey County, but additional data is needed to demonstrate the accuracy of the screening instruments and make adjustments to the scoring guidelines, as necessary. Most stakeholders, including those who strongly supported using the ASUDS-R, agreed that it would be helpful to gather additional local data. One stakeholder stated:

■ We really need to find a way to verify that the information on the ASUDS is correct.

As additional data becomes available, Ramsey County stakeholders will gain a better understanding of the effectiveness of the DWI screening process, and will have the ability to make adjustments to administration protocols and scoring guidelines as necessary.

Overall assessment of stakeholder concerns

The nine stakeholders interviewed for this project had very different perspectives in terms of the effectiveness and validity of the ASUDS-R. Although most stakeholders generally felt that the ASUDS-R was a comprehensive tool that provides more information than other screening instruments and led to appropriate referral recommendations, there were significant concerns regarding the tool's implementation and assessor interpretation of screening scores.

Key themes identified during the stakeholder interview are summarized below:

- **Most stakeholders felt the ASUDS-R instrument contained useful scales that helped them better understand the offender's needs.** Although a few stakeholders felt that it was inappropriate to assess driving risk and alcohol use with the same instrument, most individuals interviewed felt that the ASUDS-R offered unique scales that were helpful in understanding the offender's strengths and needs. Concerns regarding specific scales focused on the impact these items had on the final weighted score and subsequent referral recommendations.
- **Although most stakeholders felt comfortable using the tool in Ramsey County, a couple stakeholders had very strong opposition to the screening instrument,**

based on concerns regarding its validity and implementation. Most stakeholders felt that they had received adequate information to justify the use of the ASUDS-R in Ramsey County. However, others felt the tool was invalid and were very opposed to the instrument. Stakeholders who supported the instrument, as well as those with significant concerns, felt that additional research would be helpful to further justify the tool's use and assess its effectiveness in guiding appropriate referral recommendations.

- **Although all assessors report using the ASUDS-R instrument as a part of their decision-making process, assessors may rely on various components of the screening process more heavily than others.** The ASUDS-R screening process incorporates self-reported alcohol use and driving attitudes, a review of official driving and criminal history records, and an interview with the offender to gather information and make appropriate referrals. However, there appears to be inconsistencies between assessors in how the tool is administered and which pieces of additional collateral information are utilized to determine treatment needs. The most obvious difference between assessors was the use of the DSM-IV diagnostic criteria when making referral recommendations.
- **Stakeholders have different perspectives regarding the intended goals of the DWI screening process.** Individuals interviewed for this project described the ASUDS-R in a variety of ways: as a survey, screening instrument, or component of a comprehensive chemical health assessment. Different expectations regarding the tool's purpose and scope of the screening process can lead to misunderstanding among stakeholders and inconsistencies when administering the instrument.
- **Although interpreters currently assist non-English speakers in completing the ASUDS-R instrument, additional steps are likely necessary to ensure the entire screening process is effective and culturally-competent.** Although this wasn't an area of high concern identified by stakeholders, it is an issue that impacts how well the tool meets the needs of the county. At this point, the ASUDS-R has not been translated into any other languages. Instead, assessors rely on interpreters to administer the instrument appropriately. Different translations of instrument questions may lead to inconsistent scores, so a standardized version of a translated tool may help to increase reliability and ensure appropriate referrals are made for all clients who participate in the DWI screening process.
- **A lack of oversight and quality assurance measures has led to some miscommunication and distrust among stakeholders.** In order to ensure appropriate implementation of the DWI screening process and consistent interpretation of screening results, a number of stakeholders expressed a need for quality assurance standards to be implemented. Suggested strategies included

advanced training for assessors using the ASUDS-R, random reviews of assessment results, and observation of the ASUDS-R interview.

- **There is great need for additional research to examine how well the ASUDS-R predicts appropriate referral recommendations in Ramsey County.** Most individuals who had concerns about the instrument, as well as those who support its use, felt that additional research was necessary to demonstrate how effectively the ASUDS-R scores predict appropriate referral recommendations. Additional evaluation activities can be implemented to examine the validity of the weighted scoring guidelines and identify any necessary changes to the scoring system.

Conclusion and recommendations

Based on a review of the literature, examination of validation studies conducted by the instrument authors, and interviews with key stakeholder in Ramsey County, Wilder Research has made the following conclusions:

- **The ASUDS-R is a promising DWI screening instrument.** The tool incorporates many characteristics of effective DWI screening instruments and provides guidance to assessors making education and treatment recommendations, while allowing them to use professional judgment when making referrals. Although the instrument has not been examined in the published literature, studies provided by the authors have examined the instrument's validity. The ASUDS-R, or a variation of the tool, is being used throughout Illinois and Colorado, as well as in other communities.
- **When appropriate scoring guidelines are used, assessors can effectively determine which type of referral best meets the needs of DWI offenders.** Validation studies, provided by the instrument authors, indicate that the scoring guidelines can categorize the education and treatment needs of offenders into four referral options. However, the authors stress that the scoring guidelines should not be used alone. Instead, the ASUDS-R results should be interpreted using a variety of other sources of information to help the professional make an appropriate referral recommendation.
- **Although many stakeholders find components of the ASUDS-R to be useful and feel comfortable using the instrument, they also have concerns regarding overall screening and referral process.** The majority of stakeholders felt the ASUDS-R provided useful information that is not captured by other DWI screening instruments. Although many felt the tool was helpful, there were a number of suggestions regarding ways to improve the quality and accuracy of the overall screening process. Suggestions included providing assessors and other stakeholders with additional training on the instrument, implementing quality assurance protocols to ensure consistent administration of the tool, and expanding current evaluation activities to further examine the effectiveness of the ASUDS-R.
- **Additional research is needed to further examine the predictive validity of the instrument in Ramsey County.** Although local data has been gathered to summarize the types of referrals that have been made in Ramsey County when the ASUDS-R is used, this information alone does not describe whether or not these referrals were appropriate. By expanding current evaluation activities, adjustments to the scoring guidelines can be made if necessary.

In order to address the concerns of Ramsey County stakeholders and further assess the implementation of the ASUDS-R instrument and DWI screening process, Wilder Research recommends the Ramsey County Corrections Department consider adopting the following strategies:

- **Convene an interagency workgroup to clarify the intended goals of the DWI screening program in Ramsey County, the process used by assessors to gather and synthesize information, and the criteria used to develop referral recommendations.** Stakeholders interviewed for this project had different opinions regarding various aspects of the current screening process and occasionally shared conflicting or inaccurate information. In order to address these issues and build consensus among stakeholders, Wilder Research recommends convening an interagency workgroup and developing communication strategies to update all stakeholders on the actions of this group.
- **Expand current evaluation activities to obtain information that can be used to better assess how well the ASUDS-R predicts accurate referral recommendations.** In order to determine the predictive validity of the ASUDS-R in Ramsey County, an initial step involves comparing the referral recommendations made by independent assessors with recommendations based solely on the instrument's weighted scoring guidelines. If patterns of inappropriate referrals are observed, it may be necessary to change the weighted scoring matrix.
- **Identify strategies to ensure the ASUDS-R is being appropriately administered to non-English speakers.** At this point, a translated version of the ASUDS-R has not been standardized and validated. Instead, assessors rely on interpreters to read the screening questions and ensure all responses are recorded correctly. As described previously, consistent administration is essential to instrument reliability. Additional training may be required to instruct interpreters about proper administration of the tools. It may also be helpful to examine the language needs of offenders in Ramsey County and review the instrument to identify any phrases or questions that may be misunderstood by non-English speakers.
- **Develop additional training opportunities to provide general information about the ASUDS-R instrument to stakeholders, and specific guidance to assessors administering the instrument.** Based on interviews with stakeholders, Wilder Research recommends providing two levels of training to county stakeholders. First, after the DWI screening workgroup makes key decisions regarding the screening process and future evaluation activities, this information should be made available to a broad audience of stakeholders. Second, refresher training for ASUDS-R assessors should reinforce appropriate administration protocols and address issues regarding

interpretation of final instrument scores. Regular meetings, as suggested by one stakeholder, may be used to establish a series of advanced trainings for assessors.

- **Establish quality assurance protocols to ensure a standard screening process is being used and referral recommendations are consistent among all assessors.** Many stakeholders were concerned about inconsistencies in instrument administration and scoring. However, a variety of quality assurance measures can be implemented to increase consistency among assessors. County stakeholders may consider establishing written procedures for instrument administration or standard forms to record screening results. More extensive measures may include observation of assessment interviews by an independent evaluator.

Appendix

Key Informant Interviews – ASUDS validation study

References

Key Informant Interviews – ASUDS validation study

Background

1. Can you describe your role in your agency/in the corrections system?
2. How familiar are you with the ASUDS-R assessment tool? *[Probes: How do you use the tool/results from the tool?]*

Impressions of the assessment

1. What do you see as strengths of the assessment tool (ASUDS – R)?
2. What do you see as weaknesses of the assessment tool (ASUDS - R)?
3. Do you feel the ASUDS-R provides unique information that would not otherwise be collected during a substance abuse assessment? *[Probes: Is this information helpful?]*

Implementation concerns

1. Is the ASDUS-R being used for in all substance abuse assessments for DUI offenders in Ramsey County? *[Probes: Are there any situations where you feel this isn't an appropriate assessment tool to use? If it isn't being used in all cases, why not?]*
2. Do you feel that chemical health assessors are using a consistent, objective protocol conducting the substance abuse assessment? *[Probes: How does the use of the ASUDS-R impact the overall quality/accuracy of the assessment?]*
3. For assessors, judges, attorneys: Do you feel the ASUDS-R accurately predicts what level of substance abuse treatment should occur? *[Probes: What else is currently used to determine placement decisions? Are there additional factors that should also be considered during a substance abuse assessment?]*
4. For assessors: Do the scores from the ASUDS-R consistently match other information learned through the substance abuse assessment? *[Probes: How do you determine the appropriate treatment option when the assessment provides you with conflicting information? Do you feel the assessment results tend to overestimate or underestimate the individual's level of risk or treatment needs?]*
5. For service providers: Do you feel you get the right referrals to your program when the ASUDS-R is being used? *[Probes: If inappropriate referrals are being made, is the level of service being underestimated or overestimated? What factors do you feel may contribute to inappropriate referrals being made?]*

Other concerns

1. Are you familiar with the *Driving with Care* curriculum? Do you have any concerns about it?
2. Do you have any concerns about the cost of assessment and treatment?

Suggestions for improvements

1. Do you feel you've received enough information to justify the use of the ASUDS in Ramsey County? *(If no: What additional information would you like to receive?)*
2. Do you have any suggestions on ways to improve the current assessment and referral process for DUI offenders?

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