DUI EVALUATIONS

~ LESLIE BERKLEY, MS, CADC
~ RICHARD J. KRAJEWSKI, MA, LCPC

WELCOME AND HOUSEKEEPING

- Only one person speaking at a time - no sidebars
- Be respectful and professional.
- Phones on vibrate please.
- Stay on point.
- Breaks.
- Enjoy academic freedom and feel free to ask me anything.
- Let's have fun!!
MORNING AGENDA: THE DUI EVALUATION

- The client's legal situation
- The types of evaluations
  - The Uniform Report for the Court
  - The Petitioner's Report Update for the SOS
- Required documentation
- Using the eDSRS
  - What makes a good evaluation?

The arrest starts two processes...

- Arrest
  - Statutory Summary Suspension
    - Submitted to testing
    - Refused testing
  - Criminal Court Proceedings
    - Sentencing
Purpose of a DUI Evaluation

"...is to conduct an initial screening to obtain significant and relevant information from a DUI offender about the nature and extent of their AOD use in order to IDENTIFY the offender's risk to public safety, and RECOMMEND an initial intervention to the offender, the Circuit Court of Venue, or the Secretary of State."
Overall goals of this Judicial screening

- Help determine the type and length of judicial supervision and risk to the community.
  - Court Supervision
  - Conditional Discharge
  - Community Protection
- Determine the need for comprehensive assessment.
- Determine initial education and/or treatment needs.

DUI evaluations ARE NOT an ASAM assessment!

- DUI evaluations determine RISK. They are an initial screening and assessment identifying the extent of the offender's AOD use and its associated risk to current or future public safety.
- ASAM assessments are the comprehensive assessments done by the service provider to determine the client's placement in the treatment program.
The objectives of screening and assessment are...

1) To provide an opportunity for clients to disclose their AOD use history, or “Tell their story.”

2) To give an opportunity to other sources to tell the story of how they interpret the client’s AOD history.

3) To determine the level of defensiveness based on the discrepancy between self-report and other report.

4) Estimate the true or valid condition of the client relative to past and recent AOD use, level of mental health problems, and motivation for change and treatment.

SUPR required documentation
(MUST be in each DUI evaluation file!)

- Fee schedule
- Informed Consent
- Defendant’s Rights Statement
- Consent for Service
- Referral List Verification
- The Law Enforcement Sworn Report
- BAC, chemical test results or Refusal
- Court Purpose Driving Abstract
- Proof of income – if you are billing SUPR b/c client is indigent
- Documentation worksheets – CYA
- Objective test results
- Case notes
- Signatures, credentials, and dates.
Other documentation (not SUPR required, but useful...)

- All traffic tickets from arrest. Why?
- Court orders, i.e. ETG, U/As, SCRAM
  - Know what is required in your judicial circuit
- Mini mental status exam
- DSM-5 diagnostic criteria worksheets
- Hardcore Drinking Driver Profile Checklist

There are essentially 3 parts to a DUI evaluation

1) The Interview – a comprehensive chronological history of AOD use from first use to present, including alcohol, Rx and non-Rx drugs, intoxicating compounds and illegal drugs.

2) The Objective Test (1 of 3 options MUST be administered):
   - Mortimer/Filkins
   - Drivers Risk Inventory
   - Adult Substance Use & Driving Survey

3) Collateral Interview (strongly encouraged, but not required for a DUI eval).
Recommended risk classifications and minimum intervention:

**LANGUAGE IS IMPORTANT.**

**WHAT IT IS...**
- Minimal Risk
- Moderate Risk
- Significant Risk
- High Risk

**WHAT IT ISN’T...**
- Level I – Minimal Risk
- Level II – Moderate Risk
- Level II – Significant Risk
- Level III – High Risk

Why? What is this Level stuff??

The Electronic DUI Service Reporting System (eDSRS)

Electronic DUI Service Reporting System – SUPR website

Turn to page 4 of the eDSRS manual...
Illinois Statutes and DHS policy prohibit unauthorized access or disclosure of DHS client, employee or any other confidential information. Any unauthorized use of DHS computers or disclosure of confidential client or employee information may be cause for disciplinary action, including termination of employment and/or criminal prosecution.

Do not attempt to log in unless you are an authorized user.

By logging into the Unified Health System, using your assigned user ID, you acknowledge that you are an authorized user and agree to abide by all rules and regulations of the Unified Health System. It is your responsibility to ensure that your user ID and password are kept private. Do NOT share your login information with anyone. No representative of DHS will ever ask for your password.
Does the offender have any alcohol and drug related driving information to be reported, any discrepancies between information reported by the offender and information on the driving record?

CAUTION: DO NOT INCLUDE INFORMATION REPORTED IN THE FIRST SEGMENT -- CURRENT DUI ARREST INFORMATION -- IN THIS PRIOR HISTORY SECTION.

Yes  No
**Unified Health Systems**

**4:00 AM**

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**Offender Behavior Inappropriate**

- Name the offender's behavior and indicate movement, restless, or non-agitated

**Offender Behavior/Explanations**

- Identify indicators of any significant physical, emotional/behavioral health, or psychiatric disorder

**Offender Behavior Assistance**

- Identify any special behaviors noted to the offender in order to complete the evaluation

**Offender Evaluation Location**

- Where was the offender interviewed conducted?

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**Moderate Risk**

**Classifications: Moderate Risk**

- Describe how comprehensive information from both the interview and objective test data correlates or does not correlate with the information obtained from the ODT/Intake/Behavior offender.

**Minimal Required Interventions**

**Moderate Risk:** Completion of a minimum of 10 hours of DUl Risk education; a minimum of 12 hours of early intervention provided over a minimum of four weeks with no more than three hours per day in any seven consecutive days; subsequent completion of any and all necessary treatments; and, after discharge, active on-going participation in all activities specified in the continuing care plan, if so recommended following completion of the early intervention.

**The Offender was referred tovictim:**

- Case Review/Revised

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7/29/2019

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Completing the DUI evaluation

- Always review the evaluation with the client.
- Explain the risk classification.
- Obtain the client's signature.
- What do you do if the client refuses to sign or doesn't come back?

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Number of Appointments:

- [ ] [ ] [ ] [ ] [ ]

Incomplete Reason:

- [ ] Offender did not return to obtain a copy of the evaluation within 30 days
- [ ] Offender did not return to sign a copy of the evaluation within 30 days
- [ ] Offender refused to sign evaluation
- [ ] Offender refused to accept evaluation
- [ ] Offender did not complete the evaluation
- [ ] Other

Required fields:

[ ] [ ] [ ] [ ] [ ]
Risk Education
Disposition

** Only finish this section if you are ready to complete or terminate. **

Disposition:  
- Completed  
- Terminated

Disposition Date: *

Termination Reason: *
[250 characters max]
You have characters left:

Questions?

DUI Service Reporting System  
(eDSRS)  
User Reference Manual
Illinois Petitioner
Alcohol/Drug Evaluation
Report Update

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ADMINISTRATIVE HEARINGS

Why is an Update needed?

- Sometimes to Re-engage in treatment.
- Most often, it’s for SOS Hearings for license reinstatement and must be done within 6 months of the hearing date.
  - Formal
  - Informal
- Restricted Driver’s Permit (RDP)
- Full reinstatement
Typical Update questions, concepts and forms

- Who can do Updates?
- What is the required documentation for Update files?
- What are the Hearing Requirements?
- 8-page Report Update
- Verification of Hearing Document
- Medical Report Form
- Denial Letters

Everything is right at your fingertips. It's easy...

- www.cyberdriveillinois.com
- DEPARTMENTS
- ADMINISTRATIVE HEARINGS
- PUBLICATIONS AND FORMS (see examples)
How should the final product look?

- 8-page Report Update
- Medical Report Form (if required)
- All Hearing-required treatment documents (see specific form)
  - w/ Verification of Hearing document (if necessary)
- Original DUI Evaluation
  - Or copy of original DUI Evaluation with Verification of Hearing document

Denial Letters

- Why did my client get denied?
- "Response to denial letters"
- Who is responsible for RDLs?
- Does another update need to be done too?
MORNING SESSION SUMMARY

- The client's legal situation
- The types of evaluations
  - Court
  - SOS
- Required documentation
- eDSRS - Uniform Report & Risk Education

Lunch Break
Welcome and Housekeeping

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Wheaton, IL 60187
630-407-8478
richard.krajewski@dupageco.org

- Only one person speaking at a time – no sidebars
- Be respectful and professional.
- Phones on vibrate please.
- Stay on point.
- Breaks.
- Enjoy academic freedom and feel free to ask me anything.
- Let’s have fun!!

AFTERNOON AGENDA:
THE ASSESSMENT TOOLS

- Driver’s Risk Inventory (DRI-2)
- Mortimer-Filkins
- Adult Substance Use & Driving Survey, Revised for Illinois (ASUDS-RI)

- Who uses the DRI?
- Who uses the M/F?
- Who uses the ASUDS?
- Who is thinking about changing tools?
Driver's Risk Inventory (DRI-2)

Behavior Data Systems

BDS@BDLTD.com

1.800.231.2401

DRI-2 features

- Normed on all (BDS-recorded) DUI offenders
- BDS reviews data collected on an annual basis and updates as needed
  - Plus, a yearly Summary Report specific to your agency!
- Includes gender specific norms
- Identifies attempts to fake or under report problems/concerns
- Measures substance use involvement and risk to public safety
- It is a valid instrument
Administering the DRI-2

- 113 questions – 3 sections
  - Section 1: True / False
  - Section 2: Multiple choice
  - Section 3: Self-rating scale 1-4
- Computer generated scoring – flash drives or BDS’s secure on-line site
  - Self-administered (computer or pencil/paper)
  - Interview-style (pencil/paper)
- IMPORTANT: a few minutes of oral instructions can put the client at ease while providing structure and clarifying expectations

Six Empirically-based Measures (Scales)

- Truthfulness Scale
- Alcohol Scale
- Drug Scale
- Driver Risk Scale
- Stress Management Scale
- Substance Use Disorder Scale
DRI-2 Scales

• Truthfulness Scale – measures how truthful the client was and identifies self-protective, recalcitrant and guarded people who minimize or even conceal information.

• Alcohol Scale – measures the client’s alcohol use and proneness to alcohol-related problems (beer, wine, hard liquor, malt liquor).

• Drug Scale – measures the client’s drug use and proneness to drug-related problems (illegal/illicit substances, Rx and non-Rx medications).

DRI-2 Scales (continued)

• Driver Risk Scale – measures a client’s driving risk, independent from their involvement with alcohol/drugs. Helps identify the irresponsible/aggressive driver.

• Stress Management Scale – measures the client’s ability to handle or cope with stress. Severely impaired coping abilities are indicative of other identifiable emotional/mental health problems.

• Substance Use Disorder Scale – a separate scale from the other five and based on how many of the 11 DSM-5 criteria are endorsed.
DRI-2
Scale Narratives and Significant Items

- Each scale has a narrative that explains when problems exist and what each attained scale score means. When problems exist, risk-related recommendations are offered.
- Significant items are the self-reported responses that represent areas that should be explored further.

DRI-2
The Truthfulness Scale’s Special Score

- When the Truthfulness Scale is at or above the 95th percentile (Severe Risk), all other scale scores (alcohol, drug, driver risk, and stress/coping) automatically go to the 99th percentile.
- This is done to alert the evaluator to a very high Truthfulness Scale score, which mean the test results are inaccurate.
- RETEST – if the client invalidates their test, it is recommended that they be given the opportunity to be retested. Carefully review instructions again.
DRI-2 summarized

**PROS**
- Valid and reliable
- Updated as needed
- Computerized scoring with narrative explanations
- Provides just what you need
- Customer service is amazing

**CONS**
- Upfront cost

ANY QUESTIONS?

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Mortimer-Filkins

RUDOLF G. MORTIMER, PH.D. & LYLE FILKINS

1971
Mortimer-Filkins

- Initially devised to identify problem drinkers from among DUI offenders.
- Initially validated against a general population.
- Demonstrates high degrees of reliability & validity.
- Shown to be predictive of DUI recidivism.

Information from the British Journal of Addiction, Vol. 85, Issue #11, November 1990

Mortimer-Filkins features

- Two parts:
  - 188 question interview
  - 58 question test
  - Test reliability and validity are dependent on completion of both parts!
- Paper & pencil only
- Hand scored using 3 separate scoring keys
Questionnaire and Interview Summary Sheet

Name: ___________________ Number: ______ Date: ______

<table>
<thead>
<tr>
<th>Questionnaire Score</th>
<th>Page 1</th>
<th>Page 2</th>
<th>Page 3</th>
<th>TOTAL</th>
<th>KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>TOTAL</td>
<td></td>
</tr>
<tr>
<td>Key 1</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Key 2</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>Key 2 X 1 = 9</td>
</tr>
</tbody>
</table>

(Subtract Key 2 from Key 1) Q = Questionnaire Score = 47

<table>
<thead>
<tr>
<th>Interview Score</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>Page</th>
<th>Key</th>
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<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Key 3 X 4 =

I = Interview Score:
Plus Questionnaire Score: 47
Final Total Score Q + I =

---

TABLE 1
Revised (1973) Recommended Score Cut-Offs for DUI Client Classification

<table>
<thead>
<tr>
<th>Scale</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social Drinker</td>
</tr>
<tr>
<td>Questionnaire Only</td>
<td>11 or less</td>
</tr>
<tr>
<td>Interview Only</td>
<td>24 or less</td>
</tr>
<tr>
<td>Questionnaire and Interview Combined</td>
<td>39 or less</td>
</tr>
</tbody>
</table>
Mortimer-Filkins summary

- Yes, it's an acceptable tool per 2060 (for now) and it's free to use, but...
  1) Only assesses alcohol,
  2) Only validated on males, ages 35-45, and
  3) Has not been updated since 1973.

ANY QUESTIONS?

Quick break

ASUDS is next!!!
The Adult Substance Use & Driving Survey - Revised for Illinois (ASUDS-RI)

DR. KENNETH WANBERG & DR. DAVID TIMKEN
THE CENTER FOR ADDICTION RESEARCH AND EVALUATION (CARE)

REFRESHER: What are the objectives of screening and assessment?

1) To provide an opportunity for clients to disclose their AOD use history, or "Tell their story";

2) To give an opportunity to other sources to tell the story of how they interpret the client's AOD history.

3) To determine the level of defensiveness based on the discrepancy between self-report and other report.

4) Estimate the true or valid condition of the client relative to past and recent AOD use, level of mental health problems, and motivation for change and treatment.
Overall goals of training...

- To provide an introduction in the use of the ASUDS-RI in *Differential Screening* and assessment of impaired driving offenders within the framework of the *Convergent Validation Model*.

Definitions

- **Differential Screening:**

  Multidimensional (AOD) screening that measures the extent to which individuals are involved in various kinds of drugs and the extent of negative consequences or symptoms resulting from this involvement.
Definitions

- **Convergent Validation Model:**
  
  Uses self-report and other reports as valid representations of where the client is at the time of assessment.

There are two sources of information:
Self Report and Other Report

- Both sources of information are subjective.

  **Self report is essential...**

- It is a valid representation of the client at the time of assessment.
- It assesses the client's willingness to self-disclose.
- You want to view any distortions as *Perceptual Defensiveness*.
- A change in that view or increase in self-disclosure can mean treatment is working.
Perceptual Defensiveness

- "Reality is as the client perceives it. We approach the world through the process of interpretation. We construct our own realities and form views of ourselves."

Self-report can be made more objective if...

- It is collected in a standardized format,
- It uses multiple variable measures to cancel out errors,
- And the evaluator establishes rapport with the client.
  * i.e. Motivational Interviewing, CBT, etc.
From the Convergent Validation perspective:

- Self-report data is the baseline measure of the client's willingness to self-disclose at the time of assessment.
- Self-report should not be reported as invalid, but rather indicative of the discrepancy between sources of data.
- Reframe the view of lying, minimizing or denial as perceptual defensiveness.
- Getting valid and reliable data depends on building trust and rapport with the client, being up-front as to how the data will be used and communicating a positive regard for the client's self-disclosure.

Other Report

- What are some examples of Other Report data?
  - Law enforcement, criminal history/driving abstracts, chemical test results, family members, probation officers, etc.
- Other report data is *double subjective*. *Meaning what?*
- Can it be controlled?
  - YES, if there is an established criteria for decision making which improves the evaluators reliability.
Guidelines when using Self-report Psychometric Tests:

- Methods of test administration should be standardized.
- Reading level of the client should be checked. How?
- Screening instrument should not be used for comprehensive assessment – it is not ASAM, it is not a SUD diagnosis.
- When using computerized scoring, you should have a knowledge of the test itself and not rely just on the computerized interpretation.
- Clients should always receive feedback from their assessment results compared to the normative group.
Test Instructions

- Always make test instructions clear and include the following:
  - Answer each question honestly as possible as how you see yourself.
  - Give only one answer to each question unless otherwise specified.
  - Your results will be treated as confidential.
  - Your results will be used to develop the services most appropriate for you.
  - Your results will be shared with you.

ASUDS-RI

SCALE FEATURES AND MEASUREMENTS
ASUDS-RI General Overview

- The ASUDS is a self-report, differential screening instrument for impaired driving offenders ages 16 and older.
- Self-administered or interview administered.
- All computerized scoring.

ASUDS-RI General Description

- Comprised of 113 self-report items
  - 13 basic scales and six (6) supplemental scales
- Basic scales #1-11 are normed on the IL impaired driving offender.
- Basic scales #12-13 are normed on a clinical sample of AOD clients in IOP or Residential treatment.
- Supplemental scales A,B,C are normed on the clinical sample.
- Supplemental scales D,E,F are normed on the IL impaired driver.
## Table 1
### ASUDS-RI Scoring Procedures for Basic Scales (*AOD = Alcohol and Other Drugs)

<table>
<thead>
<tr>
<th>ASUDS SCALE</th>
<th>ITEMS IN EACH SCALE</th>
<th>SCORING WEIGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ALCOHOL INVOLVEMENT</td>
<td>1-13</td>
<td>(a=0, b=1, c=2, d=3)</td>
</tr>
<tr>
<td>2. DRIVING RISK</td>
<td>14 to 25</td>
<td>(a=0, b=1, c=2, d=3)</td>
</tr>
<tr>
<td>3. AOD* INVOLVEMENT</td>
<td>26-35</td>
<td>(a=0, b=1, c=2, d=3, e=4)</td>
</tr>
<tr>
<td>4. AOD USE BENEFITS</td>
<td>1, 3, 8, 13, 37-44</td>
<td>(a=0, b=1, c=2, d=3)</td>
</tr>
<tr>
<td>5. AOD DISRUPTION</td>
<td>45-64</td>
<td>(a=0, b=1, c=2, d=3, e=4)</td>
</tr>
<tr>
<td>6. AOD 12 MONTHS</td>
<td>26-35, 45-64 (12 month col.)</td>
<td>(a=0, b=1, c=2, d=3, e=4)</td>
</tr>
<tr>
<td>7. MOOD ADJUSTMENT</td>
<td>65-70</td>
<td>(a=0, b=1, c=2, d=3)</td>
</tr>
<tr>
<td>8. SOCIAL-LEGAL NON-CON</td>
<td>81-106</td>
<td>(a=0, b=1, c=2, d=3, e=4)</td>
</tr>
<tr>
<td>9. GLOBAL AOD PSYCHOSOCIAL</td>
<td>Sum scales: 2, 5, 7, 8</td>
<td>Total raw score</td>
</tr>
<tr>
<td>10. DEFENSIVE</td>
<td>9, 74 to 80, 84</td>
<td>(a=3, b=2, c=1, d=0)</td>
</tr>
<tr>
<td>11. MOTIVATION</td>
<td>107-113</td>
<td>(a=0, b=1, c=2, d=3)</td>
</tr>
<tr>
<td>12. INVOLVEMENT2*</td>
<td>26-35</td>
<td>(a=0, b=1, c=2, d=3, e=4)</td>
</tr>
<tr>
<td>13. DISRUPTION2*</td>
<td>45-64</td>
<td>(a=0, b=1, c=2, d=3, e=4)</td>
</tr>
</tbody>
</table>

* These scales are normed on a clinical sample of AOD clients in an intensive outpatient program or in an AOD residential treatment program.
Scale 1: Alcohol Involvement (items 1-13)

- Measures the extent of involvement in alcohol use, but not necessarily abuse.
- Measures a low level of alcohol use patterns and problems, and many items can be endorsed by the average drinker with no alcohol use problems.
- It is a subtle measure of alcohol involvement that is a reliable and valid measure of the client's involvement in alcohol use, and to some extent, abuse.
- Average drinkers often have raw scores in the 1-10 range. Defensive DWI clients will resist providing affirmative responses to items that the average drinker will endorse.
- Used to determine the degree of defensiveness of a client. Includes an item that directly assesses defensiveness (see #9).
Scale 2: Driving Risk (items 14-25)

- These are general everyday driving situations.
- Most DUI clients are reluctant to endorse these items because of perceived threat to loss of license.
- Their scores will increase on retesting when their responses are perceived to no longer be a threat to loss of license.
- Those with a raw score of 10 or higher are being open about their driving habits and attitudes, but also represent a risk.

Scale 3: Involvement-1 (items 26-35)

- Provides a measure of the lifetime involvement in the 10 major drug categories
- There are 3 parts to each question 26-35...
  - Lifetime
  - Last 12 months (calculated, represented on scale 6)
  - Age of last use
- Many multiple drug users may have not used some of the drugs recently, thus age of last use is an important variable.
Scale 4: AOD Use Benefits (items 1-3, 8, 13, 37-44)

- Measures degree to which the client reports using alcohol or other drugs for social and psychological benefits.
- Provides a good indication whether the client is using alcohol or other drugs to manage depression, anxiety, to feel good, or to be more sociable.
- 40-50% of DWI offenders report not using alcohol or other drugs for these purposes. About 20% report significant AOD use for psychosocial benefits.

Scale 5: Disruption-1 (items 45-64)

- A broad measure of problems and negative consequences due to AOD use.
- Two parts to each question: Lifetime and Last 12 months (see scale 6).
- Focus is on the measurement of disruptive signs and symptoms in relationship to drug in general, and not any specific drug or drug category.
- High scores indicate AOD related loss of control over behavior, disruption of psychological and physiological functioning, and disruption of social role responsibilities.
Scale 6: AOD Involvement – Last 12 Months (items 26-35, 45-64)

- Measures the extent of Involvement (scale 3) and Disruption (scale 5) from AOD use in past 12 months
  
  "past" meaning 12 months before the last DUI arrest. Why?
  
- Because AFTER arrest, many clients go into shape-up mode: significantly reducing or even stopping use.

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Scale 7: Mood Adjustment (items 65-73)

- Measures a single dimension of psychological and emotional adjustment.

- High scores indicate depression, worry, anxiety, irritability, anger, feelings of not wanting to live, and be unable to control emotions and acting out behavior.

- About 20% will report significant to serious psychological problems, which will indicate a need further mental health assessment.
Scale 8: Social-Legal Non-conforming (items 81-106)

- Broad measure of rebellious, antisocial behavior & attitudes, and involvement in anti-legal or criminal conduct.
- Has both static and dynamic items: Static items measure involvement in criminal conduct. Dynamic items measure aggressive behavior, rebellious attitudes and association with antisocial peers.
- Moderate to high scores indicate anti-social patterns and character pathology, but also indicates openness to self-disclosure and low defensiveness.
- Item 84 ("...has been charged with DUI") is a good check for overall ADUDS-RI response veracity.

Scale 9: Global AOD-Psychosocial
(Sum of Scale 3, 5, 7, 8)

- "An effective way to determine the overall or global problems or disruption is to look at all of the salient (or projecting) psychosocial areas that are part of problem behavior. These include AOD involvement, disruption, social-legal non-conforming problems and behaviors, and mental health problems."
- Provides a global or overall measure of the degree to which client is indicating life-functioning problems in the areas of substance use, mood adjustment and community compliance.
- So what does this all mean? Remember: What’s the purpose of a DUI evaluation?
Scale 10: Defensiveness (items 9, 74-80, 84)

- Measures degree to which client is able to self-disclose.
- Comprised of statements to which almost all individuals can give a yes answer, even though it may be at a "hardly at all" level of response.
- It is a measure of social desirability.

Scale 11: Motivation (items 107-113)

- Reliable measure of degree to which client is motivated to seek help, to make changes, and to stop or to continue not to use alcohol or other drugs.
- Low score on Motivation, Defensiveness, and Disruption could indicate client's AOD and other problems are truly in low range and that high level of treatment services not needed.
Scale 12: Involvement-2
Scale 13: Disruption-2

- Items here are the same as in AOD Involvement-1 and Disruption-1.
- Involvement-2 and Disruption-2 are normed on a sample of clients treated in public IOP or residential care facilities for alcohol and other drug abuse.
- Provides the evaluator with an option of comparing the client’s raw score with a DWI normative group and with a group that have relatively severe AOD abuse problems.

ASUDS: Supplemental Scales

<table>
<thead>
<tr>
<th>ASUDS SCALE</th>
<th>ITEMS IN EACH SCALE</th>
<th>SCORING WEIGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. BEHAVIORAL DISRUPTION</td>
<td>45-50</td>
<td>$w=0.0+1.0\times2+3.0\times4$</td>
</tr>
<tr>
<td>B. PSYCHPHYS DISRUPTION</td>
<td>51-60</td>
<td>$w=0.0+1.0\times2+3.0\times4$</td>
</tr>
<tr>
<td>C. SOCIAL ROLE DISRUPTION</td>
<td>51-64</td>
<td>$w=0.0+1.0\times2+3.0\times4$</td>
</tr>
<tr>
<td>D. SOCIAL NON-CONFORM</td>
<td>81-92</td>
<td>$w=0.0+1.0\times2+3.0\times4$</td>
</tr>
<tr>
<td>E. LEGAL NON-CONFORM</td>
<td>93-106</td>
<td>$w=0.0+1.0\times2+3.0\times4$</td>
</tr>
<tr>
<td>F. SOCIAL LEGAL 12 MONTHS</td>
<td>95-106</td>
<td>$w=0.0+1.0\times2+3.0\times4$</td>
</tr>
</tbody>
</table>

*These scales are normed on a clinical sample of AOD clients in an intensive outpatient program or in an AOD residential treatment program.*
Scale A: Behavioral Control Disruption  
(items 45-50)

- Important to remember that this scale was normed on the clinical sample.
- Measures behavioral control loss and disruptions while under AOD influence.
- High scores (decile ranges 8-10) may indicate client is at risk of harm to self or others when using and can get out of control.

Scale B: Psychophysical Disruption  
(items 51-60)

- Also normed on the clinical sample.
- Measures degree to which client has experienced psychophysical symptoms associated with AOD intoxication or withdrawal.
- Can be life threatening, and high scores indicate past AOD disorders.
Scale C: Social Role Disruption (items 61-64)

- Final scale in this group normed on the clinical sample.
- Indicates degree to which the individual's AOD use has disrupted normal and expected social roles, e.g. job, obeying law, family responsibilities.
- High scores can be associated with depression and discouragement.
- High scores suggest need for life-management skills and training in areas of employment and family skills.

Scale D: Social Non-conforming (items 81-92)

- When within the Community: Measure of past and current rebelliousness and even antisocial behavior and attitudes.
- Those with moderate to high scores are open to self-disclosure.
- However, individuals with significant antisocial features and character pathology are often resistant to treatment.
Scale E: Legal Non-conforming
(items 93-106)

- Most of these items are static variables.
- Measures degree of involvement in the adult criminal justice system: Hx of arrests, convictions, time on probation/parole, and time spent in jail or prison.
- Most DUI clients, about 70%, will have a low raw score on this scale (4 or less).
- Very few clients will score in the high range.
- 10th decile range scores on both scales D and E indicate significant problems and history of both antisocial and anti-legal problems and may suggest a lifestyle pattern of social-legal non-conformity.

Scale F: Social-Legal Non-conforming 12 Months
(items 89-106, last 12 months)

- Measures recent legal problems.
- Over 70% of IL sample of DUI offenders will have a very low raw score (4 or less). Raw scores above 5 suggest client has had noteworthy if not significant involvement in social-legal non-conformity in the 12 months prior to their evaluation.
- Only 10 percent of Illinois DUI sample had a raw score of 8 or more.
- Some clients are willing to report recent involvement in the judicial system, but most DUI clients are quite guarded.
### ASUDS-RI summarized

**PROS**
- Proven validity and reliability.
- Computerized scoring. Critical Items and Assessment Summary are all relevant in the Uniform Report.
- Encouraged reassessment during Tx.
- FREE!

**CONS**
- Computer navigation could be better
- Spanish version only available on paper.

### ASUDS: final thoughts...

- Offender assessment is client-centered and society-centered. The safety and welfare of the client, others and the community are the number one priorities when determining risk.
- Although the ASUDS-RI provides useful guidelines for service placement, final service and treatment referral decisions are never made solely on the results of a self-report instrument. All sources of data are used in making these decisions.

*Any Questions?*
OMG! Now what?

Richard J. Krajewski, MA, LCPC
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review of 2060 policy/procedure, a
full interview & ASUDS observation,
eDSRS write-up, Audit expectations,
and more! ~ 6.5 CEUs available ~

THANK YOU FOR PARTICIPATING!

MORNING OVERVIEW SUMMARY
• Client’s legal situation
• Types of evaluations
  • Court
  • SOS
• Required documentation
• The Uniform Report and eDSRS

AFTERNOON OVERVIEW SUMMARY
• Driver’s Risk Inventory (DRI-2)
• Mortimer-Filkins
• Adult Substance Use & Driving Survey – Revised for Illinois (ASUDS-RI)