

DUI EVALUATIONS

~ RICHARD J. KRAJEWSKI, MA, LCPC

Richard J. Krajewski, MA, LCPC

Richard Krajewski earned his Master's degree in Counseling Psychology from Antioch University in Keene, New Hampshire in 1997. He is a Licensed Clinical Professional Counselor since 2000. Mr. Krajewski began his career with Linden Oaks Hospital in 1997. Since 2000, he has been employed by the 18th Judicial Circuit Court, DuPage County Probation Department. For the last 22 years he has worked for the Circuit's DUI Evaluation Unit and has supervised the program since 2008. Since inception (2001), the DUI Unit has served on average 3,700+ DUI clients per year and completed more than 82,000 evaluations. Mr. Krajewski has conducted trainings for DHS and UIS since 2007. He serves as a member of the Illinois Impaired Driving Task Force, 2016-present. He has facilitated several DUI System Stakeholder Summits and is a Judicial Faculty presenter for the Administrative Office of Illinois Courts (AOIC).

Welcome and housekeeping

CONTACT INFORMATION:

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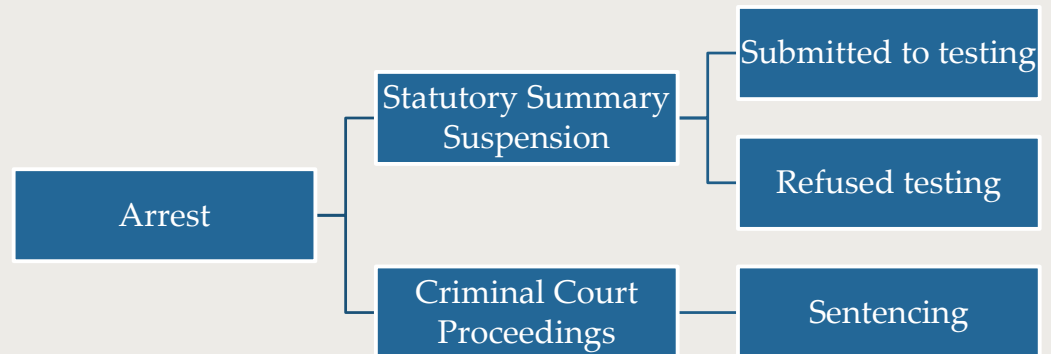
- Only one person speaking at a time – no sidebars
- Be respectful and professional.
- Phones on vibrate / Mute your screens.
- Stay on point.
- Breaks.
- Enjoy academic freedom and feel free to ask me anything.
- **HAVE FUN!!!**

MORNING AGENDA: THE DUI EVALUATION & eDSRS

- The client's legal situation
- Purpose of DUI Evaluations
- Using the eDSRS—What makes a good evaluation?



The DUI arrest starts two processes...



The 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."

DUI evaluations are not an ASAM assessment

- DUI evaluations determine **RISK**. Identifying the extent of the offender's AOD use, you can determine risk to self, risk to public safety, and risk to recidivate.
- ASAM assessments are a more comprehensive assessments completed by the treatment provider to determine the appropriate **LEVEL OF CARE**.

Primary **objectives** of screening & 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 the client’s self-report and the other reports.
- 4) Estimate the true or valid condition of the client relative to their past and recent AOD use, level of mental health problems, and motivation for change and treatment.

Goals from a *Judicial* point of view



K h s v # g h w u p l q h # k h # w | s h # l q g # h g j w k #
r i # x g l f d c # x s h u y l v r q # l q g # l v n # w r #
w k h # f r p p x q l | 1
A # F r x u # v x s h u y l v r q
A # F r q g l v r q d c # l v f k d u j h
A # F r q y l f w r q # # S u r e d w r q
A # M l g # # S u l v r q



G h w u p l q h # g l w d c # g x f d w r q # l q g 2 r u #
l q w u y h q w r q # q h h g v l



G h w u p l q h # k h # q h h g # i r u #
f r p s u n k h q v l y h # l v h v p h q w l

SUPR required documentation

A must in every DUI evaluation file!

- Fee schedule
- Informed Consent
- Client's Rights Statement
- Consent for Service
- Referral List Verification
- * Law Enforcement Sworn Report *
(BAC, chemical test results or Refusal)
- Court Purpose Driving Abstract
- Proof of income – if you are seeking reimbursement from the DDDPF because client is indigent
- Documentation worksheets – [CYA](#)
- Objective test results
- Case notes
- [Signatures, credentials, and dates.](#)

Other documentation

(not SUPR required, but super useful)

- All traffic tickets from arrest. [Why?](#)
- Any Court orders – know what is used in your judicial circuit...
 - Pre-trial “Conditions of Bond”
 - “No alcohol” orders
 - U.A.s, including Ethyl Glucuronide (EtG)
 - Secure Continuous Remote Alcohol Monitoring (SCRAM)
 - TRAC (breathalyzer)

Three phases of a DUI evaluation:

I. **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.

II. **The Objective Test** (1 of 3 options MUST be administered):

- Mortimer/Filkins
- Drivers Risk Inventory
- Adult Substance Use & Driving Survey – Revised for Illinois

III. **Collateral Interview** (*strongly encouraged, but not required for a DUI eval*).

Risk classifications: the “minimum” intervention, and correct language.

LANGUAGE IS IMPORTANT.

WHAT IT IS...

- Minimal Risk (10)
- Moderate Risk (10/12)
- Significant Risk (10/20)
- High Risk (75)

WHAT IT ISN'T...

- Level I – Minimal Risk
- Level II – Moderate Risk
- Level II – Significant Risk
- Level III – High Risk

What's the difference? Why do I need to know it?

Which Risk classification is most common?

Minimum

Moderate

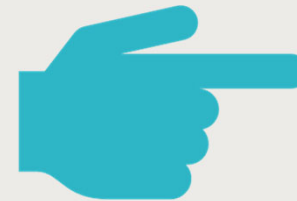
Significant

High

The electronic DUI Service Reporting System (eDSRS)



Electronic DUI Service Reporting System – SUPR website



Turn to page 4 of the eDSRS manual, OR [use the documentation work sheets](#)



Unified Health Systems

User ID:

Password:

Login

Clear

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 login 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.



User Name: **Credentials**

Evaluations (Active)

Arrest Date/Time ▼	Offender Name ▼	County ▼	Evaluator ▼
No Active Evaluations found...			

Evaluations (Completed)

Arrest Date/Time ▼	Offender Name ▼	County ▼	Evaluator ▼	Unlock ▼
No Completed Evaluations found...				
Displaying Completed Evaluations for preceding: 76 Wed ▼				Display

Risk Educations (Active)

Arrest Date ▼	Offender Name ▼	County ▼	Evaluator ▼
No Active Risk Education entries found...			

Risk Educations (Completed)

Arrest Date ▼	Offender Name ▼	County ▼	Evaluator ▼	Unlock ▼
No Completed Risk Education entries found...				
Displaying Completed Risk Educations for preceding: 76 Wed ▼				Display

Offender Search

Basic Search Criteria

Name

Last Name: Search Type:

First Name:

Driver's License Number

License Number:

Additional Search Criteria

Date of Birth: Match By:

Gender:

City: State:

Zip Code: County:

Search

Clear

Cancel

Offender Search

https://dui2.dhs.illinois.gov/duisecure/dui/dynamic/search/searchOffender.jsf

Unified Health Systems

eDSRS Version: 5.0.0
User: richard.krajewski@dupageco.org

HOME Offender Search Provider Reports Billing Resources Help Logout

DUI Service Reporting System

Basic Search Criteria

Name
Last Name: Search Type:
First Name:

Driver's License Number
License Number:

Additional Search Criteria

Date of Birth: **Match By:**
Gender:

City: **State:**
Zip Code: **County:**

Search Results

No Results Found.

150% 9:08 AM 5/2/2019

Offender Search

Unified Health Systems

HOME Offender Search Provider Reports Billing Resources Help Logout

Add Offender

Required Fields *

Legal Name

Last Name: * Example Suffix:

First Name: * Training Middle Init:

Driver's License Number(s)

IL Driver's License Status

Driver's License available Out of state record does not exist at this time

Undocumented Immigrant Other (Alternate License# and Description below)

IL License Number or State Id: * Twin Indicator:

Other License Number: State:

Address

Street Address: *

City: * State: * Illinois ZipCode: * -

County: * Country: * United States

Phone Numbers

Home Phone: Work Phone: Ext: Cellular Phone:

Additional Demographics

Date of Birth: * Gender: * Marital Status: *

Race: *

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown

Hispanic Origin: * Primary Language: *

Religion: * Interpreter Services: *

Education Level: *

Employment Status: *

Physical or Mental Disability: *

Occupation: * Citizenship: *

Annual Income NOT Disclosed! Annual Income: *

Number of Dependents (Including Self): *

Emergency Contact

Last Name: * First Name: *

Phone:

Save Clear Cancel



Unified Health Systems

HOME Offender Search Offender(Orientation) Organization ▾ Reports ▾ Billing ▾ Resources ▾ Help ▾ Logout

Legal Name

Last Name: Orientation

First Name: eDSRS Middle Init:

[Edit](#)

Address

Street Address: 123 E. Main St.

City: Somewhere State: Illinois

ZipCode: 60000 County: DuPage

[Edit](#)

Phones

Home Phone:

Work Phone: Ext:

Cellular Phone: (630) 555-5555

[Edit](#)

Demographics

IL License # or State ID: 012345678910

Other License #:

Birth Date: 07/30/1972 Gender: Male

Race(s)

- White

Hispanic Origin: Not Hispanic

Primary Language: English

Education Level: Master's degree or higher

Employment Status: Employed full time (unsubsidized)

Annual Income: 100000

Number of Dependents (Including Self): 2

[View Full Demographics](#)

Evaluation

Arrest Date/Time ▾	County ▾	Status ▾	Unlock ▾
No Evaluations found...			
Site: <input type="text"/>	<input type="button" value="New"/>		

Risk Education

Arrest Date ▾	County ▾	Disposition ▾	Unlock ▾
No Risk Education entries found...			
No Sites licensed for Risk Educations!			



* Required Fields

Referral Source *

Beginning Date of Evaluation: (mm/dd/ccyy) *

Date of Arrest: (mm/dd/ccyy) * Day of Arrest:

Time of Arrest: (hh:mm am/pm) * :

County of Arrest: *

Blood-Alcohol Concentration (BAC) at Time of Arrest: * (Enter 'RT' if Refused Test or 'NA' for Not Applicable)

Was Blood and/or Urine Testing performed? If yes, please provide results. * Yes No

Specify up to five mood altering substances (alcohol/drugs) consumed which led to this DUI arrest (in order of most to least).

* 1. (Most consumed)

2.

3.

4.

5. (Least consumed)

Arrest Substance Narrative

Specify the amount and time frame in which the alcohol and/or drugs were consumed which led to this DUI arrest.

* (500 characters max)
You have characters left.

Does the Blood-Alcohol Concentration (BAC) for the current arrest correlate with the offender's reported consumption? If no, please explain.

* Yes No Not Applicable

Save Cancel



Evaluation

Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	*
Significant Alcohol/Drug Use History	*
Objective Test Information	*
Criteria For Substance Use Disorder	*
Offender Behavior	*
Classification/Minimal Required Intervention	*
Disposition	*

✓ Required fields have been entered

* Required fields have not been entered

Note: Your session will be terminated if no activity is detected between your PC and the Web Server for a period exceeding 30 minutes. If an Evaluation segment requires lengthy narratives which require more than 30 minutes to complete, we suggest that the segment initially be saved with minimal data.

[Preview Evaluation Form](#)

[Cancel](#)



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?

Yes No

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

Save

Cancel



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?

Yes No

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

DUI Dispositions Prior to Current Date of Arrest

Prior DUI dispositions including boating and snowmobiling. (List chronologically, from first arrest to most recent, and include out-of-state arrests):

Date of Arrest	Date of Conviction or Court Supervision	Blood Alcohol Concentration (Enter 'RT' if Refused Test, 'NA' if Not Applicable, or 'UK' if Unknown)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Additional dispositions should be listed in an addendum to the Uniform Report)

Statutory Summary/Implied Consent Suspensions Prior to Current Date of Arrest

Prior statutory summary or implied consent suspension (may have same arrest date of DUIs listed above):

Date of Arrest	Effective Date of Suspension	Blood Alcohol Concentration (Enter 'RT' if Refused Test, 'NA' if Not Applicable, or 'UK' if Unknown)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Additional dispositions should be listed in an addendum to the Uniform Report)

Reckless Driving Convictions Prior to Current Date of Arrest

Prior reckless driving convictions reduced from DUI (may have same arrest date of summary of suspension listed above):

Date of Arrest	Date of Conviction	Blood Alcohol Concentration (Enter 'RT' if Refused Test, 'NA' if Not Applicable, or 'UK' if Unknown)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>

(Additional dispositions should be listed in an addendum to the Uniform Report)

Zero Tolerance Suspensions

Zero tolerance suspensions as reported by the offender and/or indicated on the driving record (including out-of-state dispositions):

Date of Arrest	Effective Date of Suspension
(mm/dd/yyyy)	(mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Illegal Transportation Convictions

Illegal transportation convictions as reported by the offender and/or indicated on the driving record (including out-of-state dispositions):

Date of Arrest	Date of Conviction
(mm/dd/yyyy)	(mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Driving Record Discrepancies

Were there any discrepancies between information reported by the offender and information on the driving record? If yes, please provide results.

Yes No

Save Cancel



Evaluation	
Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	✓
Significant Alcohol/Drug Use History	*
Objective Test Information	*
Criteria For Substance Use Disorder	*
Offender Behavior	*
Classification/Minimal Required Intervention	*
Disposition	*

✓ Required fields have been entered
* Required fields have not been entered

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* Required Fields

Chronological History

Provide a complete and accurate chronological history of the offender's alcohol and drug use from the onset of use up to and including his/her last alcohol/drug-related arrest and from the last alcohol/drug-related arrest through the date of this evaluation and/or current abstinent date. Report alcohol/drug use by frequency, type, amount, and duration of said patterns with a clear and complete explanation for any variance in said patterns. This must include frequency of intoxications and any drug use, amounts needed to become intoxicated. List the dates and locations of all prior attempts the offender has made to limit consumption or achieve abstinence as a means to avoid any further consequences of substance use. List the dates and locations of all services the offender has received where substance use was a primary or contributing factor for attendance. These can include, but are not limited to medical care, mental health services, relationship or pastoral counseling, Employee Assistance Programs (EAP), and Student Assistance Programs (SAP). List the dates and locations of all previous substance abuse treatment and intervention services. Indicate if mixed drinks are single shot, doubles, or free poured; indicate if beers are 12-ounce, 16-ounce, 24-ounce, 32-ounce or 40-ounce containers; and indicate the glass size in ounces if consuming wine or mixed drinks. Report offender's first intoxication and whether offender exhibited vivid recall of this event. Report when offender first exhibited alcohol and drug related problems.

Alcohol/Drug	Age of First Use	Age of First Intoxication	Age of Regular Use	Year of Last Use
<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Chronological History Narrative: *

(3000 characters max)
 You have characters left.

Current Medications

Review any prescription or over-the-counter medication the offender is currently taking that has the potential for abuse. List the medication, what it is used for, and how long it has been taken. Report whether the offender has ever abused medication and whether he/she has ever illegally obtained prescription medication.

- Applicable Not Applicable

Family Member Addictions

Specify any immediate family member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the family member is in frequent contact with the offender and whether he/she is still using any substance.

- Applicable Not Applicable

Peer Group Addictions

Specify any immediate peer group member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the peer group member is in frequent contact with the offender and whether he/she is still using any substance.

- Applicable Not Applicable

Substance Use

List all dates, locations, and charges for which the offender has been arrested where substance use, possession, or delivery was a primary or contributing factor (including out-of-state dispositions):

(500 characters max)

You have characters left.

Significant Other Interview

Identify the significant other and summarize the information obtained in the interview.

- Applicable Not Applicable

Treatment Services

Provide the names, locations, and dates of any treatment services reported by the offender.

- Applicable Not Applicable

Support Groups

Provide the names of any self help or sobriety based support group participation reported by the offender and the dates of involvement

- Applicable Not Applicable

Impairments

Has substance use negatively impacted the client's major life areas?

Family

Applicable

Not Applicable

Marriage or significant other relationships

Applicable

Not Applicable

Legal status

Applicable

Not Applicable

Socially

Applicable

Not Applicable

Vocational/Work

Applicable

Not Applicable

Economic status

Applicable

Not Applicable

Physically/Health

Applicable

Not Applicable

Save

Cancel



Evaluation

Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	✓
Significant Alcohol/Drug Use History	✓
Objective Test Information	*
Criteria For Substance Use Disorder	*
Offender Behavior	*
Classification/Minimal Required Intervention	*
Disposition	*

- ✓ Required fields have been entered
- * Required fields have not been entered

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**** Results from at least one test is required. ****

Mortimer/Filkins Score: Category:

Adult Substance Use and
Driving Survey (ASUDS)
Score:

Driver Risk Inventory (DRI) Scales and Risk Ranges

Validity Scale:

Alcohol Scale:

Driver Risk Scale:

Drugs Scale:

Stress Coping Abilities
Scales:

Save

Cancel



Evaluation	
Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	✓
Significant Alcohol/Drug Use History	✓
Objective Test Information	✓
Criteria For Substance Use Disorder	*
Offender Behavior	*
Classification/Minimal Required Intervention	*
Disposition	*

✓ Required fields have been entered
* Required fields have not been entered

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* Required Fields

Substance Use Disorder Criteria

Identify any Substance Use Disorder Criteria occurring within a 12 month period. This may be done using the offender's current presentation or a past episode for which the offender is currently assessed as being in remission. One symptom will result in a Moderate Risk Level classification. Two or three symptoms will result in a Significant Risk classification. Four or more symptoms will result in a High Risk classification.

- Alcohol or drugs are taken in larger amounts or over a longer period than intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol or drug use.
- A great deal of time is spent in activities necessary to obtain, use, or recover from the effects of alcohol or drug use.
- Craving, or a strong desire or urge to use alcohol or drugs.
- Recurrent alcohol or drug use resulting in a failure to fulfill major role obligations at work, school or home.
- Continued alcohol or drug use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or drugs.
- Important social, occupational, or recreational activities are given up or reduced because of alcohol or drug use.
- Recurrent alcohol or drug use in situations in which it is physically hazardous.
- Alcohol or drug use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol or drugs.
- Tolerance - Either a need for markedly increased amounts of alcohol or drugs to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of alcohol or drugs.
- Withdrawal - As manifested by either the characteristic withdrawal syndrome for alcohol or drugs, or alcohol or drugs are taken to relieve or avoid withdrawals.

Remission Status

If the offender meets Substance Use Disorder Criteria based on a past episode and is now assessed as being in remission, identify and describe the specifier that reflects the offender's current status.*

- Early Remission: After full criteria for Substance Use Disorder were previously met, none of the Substance Use Disorder criteria have been met for at least 3 months but less than 12 months. (With the exception of craving, or a strong desire or urge to use alcohol or drugs)
- Sustained Remission: After full criteria for Substance Use Disorder were previously met, none of the Substance Use Disorder criteria have been met any time during a 12 month period or longer. (With the exception of craving, or a strong desire or urge to use alcohol or drugs)
- Not Applicable

Substance Use Disorder History

Has the offender ever met Substance Use Disorder criteria by prior history but is now considered recovered? *
(No current Substance Use Disorder)

- Yes No

If yes, please explain when the criteria was met and why it is not clinically significant for the purposes of a current risk assessment. The explanation must include the length of time since last episode, the total duration of the episode, and any need for continued evaluation or monitoring.

Save Cancel



Evaluation	
Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	✓
Significant Alcohol/Drug Use History	✓
Objective Test Information	✓
Criteria For Substance Use Disorder	✓
Offender Behavior	✗
Classification/Minimal Required Intervention	✗
Disposition	✗

✓ Required fields have been entered
✗ Required fields have not been entered

Note: Your session will be terminated if no activity is detected between your PC and the Web Server for a period exceeding 30 minutes. If an Evaluation segment requires lengthy narratives which require more than 30 minutes to complete, we suggest that the segment initially be saved with minimal data.



* Required Fields

Offender Behavior Responses

Were the offender's behavior and responses consistent, reliable, and non-evasive? *

(800 characters max)

You have characters left.

Offender Behavior Disorders

Identify indications or any significant physical, emotional/mental health, or psychiatric disorders.

(800 characters max)

You have characters left.

Offender Behavior Assistance

Identify any special assistance provided to the offender in order to complete the evaluation.

(800 characters max)

You have characters left.

Offender Evaluation Location

Where was the offender interview conducted? *

Licensed Site Non-Licensed Site

Second Opinion Evaluation

Is this a second opinion evaluation? *

Yes No

If yes, please explain why offender is seeking a second opinion.

Modality Evaluation

What modality was this DUI Evaluation completed? *

Telehealth Face to Face

If Telehealth, Please explain the complete method and materials that were used to complete this Telehealth DUI Evaluation.

Save

Cancel



Evaluation	
Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	✓
Significant Alcohol/Drug Use History	✓
Objective Test Information	✓
Criteria For Substance Use Disorder	✓
Offender Behavior	✓
Classification/Minimal Required Intervention	*
Disposition	*

✓ Required fields have been entered
* Required fields have not been entered

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* Required Fields

Classification: Moderate Risk

Discuss how corroborative information from both the interview and objective test either correlates or does not correlate with the information obtained from the DUI/alcohol/drug offender.

*

(500 characters max)

You have characters left.

Minimal Required Intervention:

MODERATE RISK: Completion of a minimum of 10 hours of DUI 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 treatment; 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 as follows:

(250 characters max)

You have characters left.

Save

Cancel



Evaluation	
Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	✓
Significant Alcohol/Drug Use History	✓
Objective Test Information	✓
Criteria For Substance Use Disorder	✓
Offender Behavior	✓
Classification/Minimal Required Intervention	✓
Disposition	*

✓ Required fields have been entered
* Required fields have not been entered

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Evaluation

Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	✓
Significant Alcohol/Drug Use History	✓
Objective Test Information	✓
Criteria For Substance Use Disorder	✓
Offender Behavior	✓
Classification/Minimal Required Intervention	✓
Disposition	*

✓ Required fields have been entered
 * Required fields have not been entered

Note: Your session will be terminated if no activity is detected between your PC and the Web Server for a period exceeding 30 minutes. If an Evaluation segment requires lengthy narratives which require more than 30 minutes to complete, we suggest that the segment initially be saved with minimal data.

Preview Evaluation Form

Cancel

UniformReport.pdf - Google Chrome
 dui2.dhs.illinois.gov/duisecure/dui/dynamic/evaluation/UniformReport.pdf?FormName=IL444_2030_Preview&Evalu...

UniformReport.pdf 1 / 12 58%

1

2

State of Illinois
Department of Human Services

**Alcohol and Drug Evaluation
Uniform Report**

PART I. OFFENDER INFORMATION

Offender Name: eDSRS Orientation
IL Driver's License Number or State ID: 0123-4567-8910
Other Valid Driver's License Number/State:
Home Address: 123 E. Main St.
Somewhere, IL 60000
County of Residence: DuPage
Citizenship: USA Citizen
Telephone Number(s): (630) 555-5555 Cell
Date of Birth: 07/30/1972 **Age:** 49
Gender: Male
Race(s): White
Hispanic Origin: Not Hispanic
Primary Language: English **Interpreter Services:** Services not needed
Marital Status: Married
Education Level: Master's degree or higher
Employment Status: Employed full time (unsubsidized)
Occupation: Hard worker
Annual Household Income: \$10000 **Number of Dependents:** 2
Physical or Mental Disability: None **Religious Affiliation:** Nonreligious
Emergency Contact Person: Training Orientation - relationship
Contact Telephone Number: (630) 555-1234

IMPORTANT NOTICE: The Illinois Department of Human Services, Division of Substance Use, Treatment, and Recovery, is



* Required Fields

Disposition

- * Active/In Progress
- Completed
- Not Completed
- Entered in Error

Number of Appointments:

*

Hours for Interviews:

*

Hours for Paperwork:

*

Save

Cancel



Unified Health Systems

HOME Offender Search Offender(Orientation) Organization Reports Billing

* Required Fields

Disposition * Active/In Progress
 Completed
 Not Completed
 Entered in Error

Completion Date of Evaluation: * 08/09/2021

Number of Appointments: *

Hours for Interviews: *

Hours for Paperwork: *

dui2.dhs.illinois.gov says

By selecting "OK", you will save this evaluation as completed. You will be allowed to unlock this evaluation for 10 days to make changes. After the initial 10 days only an agency administrator may unlock a closed evaluation for the original entrant to make additional changes and updates. The administrator may unlock evaluations for 180 days or until the evaluation has been billed/vouchered to the department whichever comes first.

If you are not ready to complete this evaluation, select "Cancel".

OK

Cancel



Evaluation

Current DUI Arrest Information	✓
Alcohol and Drug Related Legal and Driving History	✓
Significant Alcohol/Drug Use History	✓
Objective Test Information	✓
Criteria For Substance Use Disorder	✓
Offender Behavior	✓
Classification/Minimal Required Intervention	✓
Disposition	✓

- ✓ Required fields have been entered
- * Required fields have not been entered

Note: Your session will be terminated if no activity is detected between your PC and the Web Server for a period exceeding 30 minutes. If an Evaluation segment requires lengthy narratives which require more than 30 minutes to complete, we suggest that the segment initially be saved with minimal data.

Print/View Evaluation (Completed)

Cancel



Evaluation

- Current DUI Arrest Information
- Alcohol and Drug Related Legal and Driving History
- Significant Alcohol/Drug Use History
- Objective Test Information
- Criteria For Substance Use Disorder
- Offender Behavior
- Classification/Minimal Required Intervention
- Disposition

Required fields have been entered
 *Required fields have not been entered

Note: Your session will be terminated if no activity is detected between your PC and the Web Server for a period exceeding 30 minutes. If an Evaluation segment requires lengthy narratives which require more than 30 minutes to complete, we suggest that the segment initially be saved with minimal data.

Print/View Evaluation (Completed)

Cancel

UniformReport.pdf - Google Chrome
 dui2.dhs.illinois.gov/duisecure/dui/dynamic/evaluation/disposition/UniformReport.pdf?FormName=IL444_2030&Ev...

UniformReport.pdf 1 / 12 58%

1

2

State of Illinois
Department of Human Services

**Alcohol and Drug Evaluation
Uniform Report**

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Somewhere, IL 60000

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Annual Household Income: \$100000 **Number of Dependents:** 2
Physical or Mental Disability: None **Religious Affiliation:** Nonreligious

Emergency Contact Person: Training Orientation - relationship
Contact Telephone Number: (630) 555-1234

IMPORTANT NOTICE: The Illinois Department of Human Services, Division of Substance Use, Detoxification and Recovery, is...

When completing the DUI evaluation...





* Required Fields

Disposition

- * Active/In Progress
- Completed
- Not Completed
- Entered in Error

Incomplete Reason

- * Offender would not sign the informed consent form
- 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

Number of Appointments:

Hours for Interviews:

Hours for Paperwork:

Save

Cancel

State of Illinois
Department of Human Services

DUI Evaluation
Notice of Incomplete / Refused Alcohol and Drug Evaluation

This form serves as official notification that the offender identified below failed or refused to complete an Alcohol and Drug Evaluation as a result of an arrest and/or conviction of DUI.

Offender Information

Name: Training Example
Home Address: 123 E. Main St.
Somewhere, IL 60000
County of Arrest: DuPage
IL Driver's License Number or State ID: E123-4567-8910

Other Valid Driver's License Number/State:

Specify the Reason for the Non-Authenticated Evaluation

- Offender would not sign the informed consent form
- 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 (please specify):

Licensed Site Information

Name: EIGHTEENTH JUDICIAL CIRCUIT COURT / PROBATION DEPT.
Address: 503 N COUNTY FARM RD
WHEATON, IL 60187
Phone Number: (630) 407-8384
License Number: A-6006-0002-A
Evaluator Name: Richard J Krajewski
LCPC

Signature: _____ **Date:** _____

Disposition of this form is as follows:

For Court referrals send to:
The Circuit Court of venue
individual or office designated
by court policy or rule

For Secretary of State referrals send to:
Marc Loro, Department of Administrative Hearings
Howlett Building, Room 200
Springfield, IL 62756

Questions?

The screenshot shows a web browser window displaying the DUI Service Reporting System (eDSRS) User Reference Manual. The manual is overlaid on a background of the system's interface. The manual features the IDHS logo (Illinois Department of Human Services) and a map of Illinois with a star in the center. The text on the manual reads: "DUI Service Reporting System (eDSRS) User Reference Manual".

The background interface includes a table of arrest records and a list of users. The table has columns for "Arrest Date/Time" and "Offender Name". The list of users has columns for "Offender Name" and "Unlock".

Arrest Date/Time	Offender Name
03/27/2019 - 05:28 AM	Schmitt, Anth
03/01/2019 - 01:05 AM	Weldon, Kara
01/16/2019 - 11:16 PM	ALTIER, TYPIE
01/01/2019 - 12:01 AM	Example, Trai

Offender Name	Unlock
er, Bernadette	Unlock
, susan	Unlock
aura	Unlock

MORNING SESSION SUMMARY

- ✓ The client's legal situation
- ✓ Purpose of DUI Evaluations
- ✓ Using the eDSRS—What makes a good evaluation?

Lunch Break
12pm-1pm



AFTERNOON AGENDA: DUI ASSESSMENT TOOLS


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



QUICK REFRESHER:

What are the objectives of screening & 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.



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)



The overall goal of this ASUDS-RI training...

...is 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 / approach:*

Uses client's *self-report* and *other reports* as valid representations of where the client is at the time of assessment. You can never know the "true" condition, only estimate it. We estimate and converge on the "true" condition by comparing the self-report with the other report.



Two sources of data – both subjective

Self-report – most objective when based on psychometric principles

- Collected in a standardized format
- Use several questions to measure a specific problem and adjustment areas
- When rapport is established – unconditional positive regard for the self-disclosure, and use motivational interviewing, CBT, etc...
- When used against a normative basis – comparing client to the “peer” group.

Two sources of data – both subjective

Other reports – *examples?*

- Are double subjective – subject to different interpretations by different raters
- Can be controlled if decision-making criteria are established
- Difficult to standardize

Self Report and Other Reports

- Both sources of data are a valid representation of the client at the time of assessment.
- You are assessing 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.”



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 the best estimate of the "true" condition 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.

Guidelines when using a self-report Psychometric Test



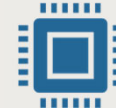
Methods of test administration should be standardized.



Reading level of the client should be checked. **How?**



The 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.



ASUDS-RI

OVERVIEW AND DESCRIPTION OF SCALES

Basic terms you should know before we talk about the ASUDS-RI scales

“Norms” / “Normative group”

“Raw scores”

“Percentile ranks”

General rules for the ASUDS-RI:

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 overview

- The ASUDS is a self-report, differential screening instrument for impaired driving offenders ages 16 and older.
- Self-administered (computer or pen/paper)
- Interview administered (when necessary)
- All computerized scoring.

ASUDS-RI general description

- Comprised of 113 self-report items.
- 13 basic scales and six 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)

ASUDS SCALE	ITEMS IN EACH SCALE	SCORING WEIGHTS
1. ALCOHOL INVOLVEMENT	1-13	a=0,b=1,c=2,d=3
2. DRIVING RISK	14 to 25	a=0,b=1,c=2,d=3
3. AOD* INVOLVEMENT	26-35	a=0,b=1,c=2,d=3,e=4
4. AOD USE BENEFITS	1-3, 8, 13, 37-44	a=0,b=1,c=2,d=3
5. AOD DISRUPTION1	45-64	a=0,b=1,c=2,d=3,e=4
6. AOD 12 MONTHS	26-35, 45-64 (12 month col.)	a=0,b=1,c=2,d=3,e=4
7. MOOD ADJUSTMENT	65-73	a=0,b=1,c=2,d=3
8. SOCIAL-LEGAL NON-CON	81-106	a=0,b=1,c=2,d=3,e=4
9. GLOBAL AOD PSYCHOSOCIAL	Sum scales: 3, 5, 7, 8	Total raw score
10. DEFENSIVE	9, 74 to 80, 84	a=3,b=2,c=1,d=0
11. MOTIVATION	107-113	a=0,b=1,c=2,d=3
12. INVOLVEMENT2*	26-35	a=0,b=1,c=2,d=3,e=4
13. DISRUPTION2*	45-64	a=0,b=1,c=2,d=3,e=4

* These scales are normed on a clinical sample of AOD clients in an intensive outpatient program or in an AOD residential treatment program

**Figure 1
DWI OFFENDER PROFILE**

NAME: Teddy Trouble	DATE	AGE: 20	GENDER: <input type="checkbox"/> F <input type="checkbox"/> M	CASE NO.
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ASUDS-R SUMMARY PROFILE- BASIC SCALES

SCALE NAME	RAW SCORE	DECILE RANK																														
		Low			Low-medium			High-medium			High																					
		1	2	3	4	5	6	7	8	9	10																					
1. ALCOHOL INVOLVE	25	0	1	2	3	4	5	6	7	8	9 10 11 12 14 15 19 39																					
2. DRIVING RISK			0	1	2	3	4	5	6	7	8 9 10 12 36																					
3. AOD INVOLVEMENT1		0			1		2	3	4	5	6 9 40																					
4. AOD USE BENEFITS		0			1		2	3	4	5	6 7 8 9 12 39																					
5. AOD DISRUPTION1		0			1	2	3	4	5	6 7	8 9 12 13 19 80																					
6. AOD LAST 12 MONTH		0			1		2	3	4	5	6 7 8 11 99																					
7. MOOD ADJUSTMENT		0			1		2	3	4	5	6 7 9 27																					
8. SOCIAL-LEGAL NON		0	1	2	3	4	5	6	7	8	9 10 11 12 13 14 15 17 19 20 26 84																					
9. GLOBAL AOD-PSCHSOC		0	2	3	4	5	6	8	9	10	11 12 13 14 15 17 19 20 21 24 25 28 30 31 35 43 44 199																					
10. DEFENSIVE		0	4	8	11	12	13	14	15	16	17	18	19	20	21	22	23	24	27													
11. MOTIVATION		0			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	17	21											
12.*AOD INVOLVEMENT2		1	2	3	4	5	6	7	8	9	10	11	12	13	15	16	17	18	19	20	22	23	24	25	26	27	30	32	33	36	40	
13.*AOD DISRUPTION2		0	1	3	5	6	11	15	16	21	26	27	30	34	35	38	41	42	45	47	48	50	53	54	57	59	60	63	65	66	70	80
NORMED ON DUI GROUP (N=984) * INPT/IOP NORMS (N=669)		1	10	20	30	40	50	60	70	80	90	99	PERCENTILE																			

ADULT SUBSTANCE USE AND DRIVING SURVEY - REVISED FOR ILLINOIS (ASUDS-RI)
 Authors: Kenneth W. Wanberg and David S. Timken

CLIENT INFORMATION

Name: Teddy Trouble DOB: 12/06/1986 Age: 20 Gender: Male Ethnicity: Anglo-American White Marital Status: Never married	Assess Date: 05/07/2019 Client ID: 12061986 Evaluator: rjk Agency Name: rjk	Arrest BAC: .149 Failed Blood/Urine Test: No Prior DWI/DUI Convictions: 0 Prior DWI/DUI Education Hrs: 0 No. AOD OP Treatment Sessions: 0 No. AOD Inpatient Days: 0
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DRUG AND ALCOHOL USE HISTORY

Drug Category	Times in lifetime	Times last 12 months	Age Last Use	Drug Category	Times in lifetime	Times last 12 months	Age Last Use
Alcohol Drunk	More than 50 times	11-25 times	20	Heroin	Never Used	Never Used	N/A
Marijuana	More than 50 times	26-50 times	20	Other Opiate	Never Used	Never Used	N/A
Cocaine	Never Used	Never Used	N/A	Sedatives	Never Used	Never Used	N/A
Amphetamines	Never Used	Never Used	N/A	Tranquilizers	Never Used	Never Used	N/A
Hallucinogens	One to 10 times	Never Used	18	Cigarettes	Up to a pack a day		
Inhalants	Never Used	Never Used	N/A				

CRITICAL ITEMS

- Drove a few times when had too much to drink
- Passed out often when drinking
- Not recall what did when drinking twice
- Blackouts 1-3 times
- Physically violent 4-6 times
- Passed out 1-3 times
- Committed a crime 4-6 times
- Charged with impaired driving 1-2 times
- Arrested and charged with crime 1-2 times
- Convicted of a crime 1-2 times
- Violent behavior sometimes
- Have problems sleeping a lot of the time
- For sure, want to make changes in use of alcohol or other drugs
- Most likely want to stop using or continue not to use alcohol

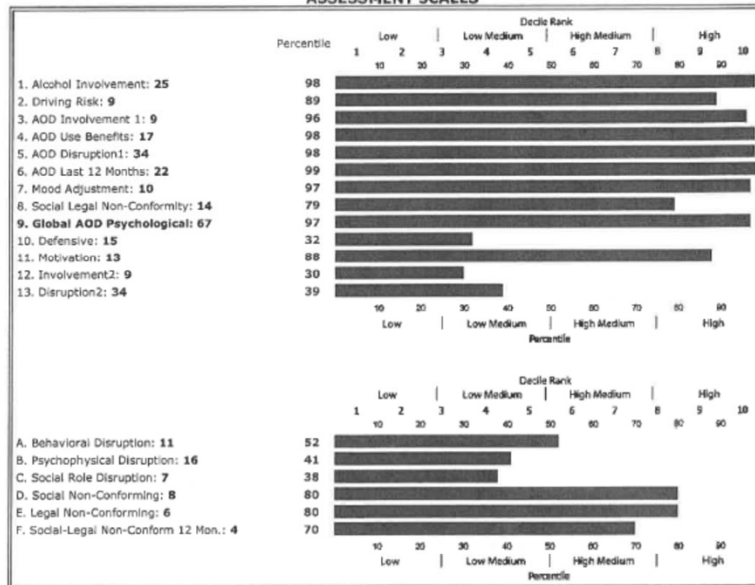
SUGGESTED SERVICE LEVEL BENEFITS OR GUIDELINES

Level	Suggested Service Level Benefit	Weighted
4	Client could benefit from a basic alcohol-drug / DUI risk education program plus an extended-enhanced alcohol/drug treatment program followed with an aftercare plan.	13

ASSESSMENT SUMMARY

- Fairly open around driving risk behavior; may benefit from driving risk education
- High level of past alcohol involvement with very strong indication of a past disruptive pattern of alcohol problems.
- Low-moderate defensiveness quite open to self-disclosure.
- Moderate to high levels of mood and psychological distress. Consider mental health assessment if collateral information supports this.
- Moderate to high past AOD involvement based on drugs (drugs include alcohol) listed in the survey.
- Reports very significant AOD involvement in last 12 months.
- Past AOD negative outcomes or consequences to indicate past moderate disruptive effects and problems with possible Substance Abuse Disorder.
- Indicates low to moderate history of social-legal non-conforming.
- Indicates moderate to high motivation and desire for change and reluctant to get help for AOD problems.
- Overall history of psychosocial and AOD problems and disruption is very high.

ASSESSMENT SCALES



*AOD = alcohol or other drugs

Information in the ASUDS-R summary is based on the client's self-report. It is dependent on his or her ability to validly respond to the questions. It represents the individual's perception of self regarding alcohol and other drug use, driving attitudes and behaviors, concerns about self, relationship with the community, legal history, and willingness to be involved in the change process. This information should be used only in conjunction with information from all other sources when making referral, education or treatment recommendations. No one piece of information from this or any other source should be used solely to make such decisions. When possible, it is helpful to engage the client in a partnership when making referral and treatment recommendations and decisions. The final referral and treatment recommendations are always made by the evaluator.

Client Signature: _____ Date: _____

Answer Sheet
Questions are based on user entry; 1 = A, 2 = B, 3 = C, 4 = D, 5 = E, 6 = F

1. 3 | 2. 3 | 3. 2 | 4. 4 | 5. 4 | 6. 2 | 7. 4 | 8. 2 | 9. 3 | 10. 3 | 11. 3 | 12. 3 | 13. 2 | 14. 2 | 15. 2 | 16. 1 | 17. 2 | 18. 1 | 19. 1 | 20. 2 | 21. 1 | 22. 2 | 23. 2 | 24. 4 | 25. 1 | 26. 5 | 26a. 3 | 26b. 20 | 27. 5 | 27a. 4 | 27b. 20 | 28. 1 | 28a. 1 | 28b. N/A | 29. 1 | 29a. 1 | 29b. N/A | 30. 2 | 30a. 1 | 30b. 18 | 31. 1 | 31a. 1 | 31b. N/A | 32. 1 | 32a. 1 | 32b. N/A | 33. 1 | 33a. 1 | 33b. N/A | 34. 1 | 34a. 1 | 34b. N/A | 35. 1 | 35a. 1 | 35b. N/A | 36. 4 | 37. 4 | 38. 3 | 39. 2 | 40. 2 | 41. 1 | 42. 2 | 43. 2 | 44. 2 | 45. 2 | 45a. 1 | 46. 3 | 46a. 1 | 47. 4 | 47a. 2 | 48. 2 | 48a. 1 | 49. 1 | 49a. 1 | 50. 5 | 50a. 3 | 51. 1 | 51a. 1 | 52. 1 | 52a. 1 | 53. 1 | 53a. 1 | 54. 1 | 54a. 1 | 55. 1 | 55a. 1 | 56. 1 | 56a. 1 | 57. 5 | 57a. 3 | 58. 5 | 58a. 2 | 59. 5 | 59a. 3 | 60. 5 | 60a. 5 | 61. 2 | 61a. 1 | 62. 5 | 62a. 3 | 63. 3 | 63a. 2 | 64. 1 | 64a. 1 | 65. 2 | 66. 2 | 67. 2 | 68. 1 | 69. 4 | 70. 1 | 71. 3 | 72. 2 | 73. 2 | 74. 2 | 75. 3 | 76. 2 | 77. 3 | 78. 3 | 79. 1 | 80. 2 | 81. 2 | 82. 1 | 83. 2 | 84. 2 | 85. 1 | 86. 2 | 87. 2 | 88. 1 | 89. 2 | 89a. 2 | 90. 2 | 90a. 2 | 91. 2 | 91a. 1 | 92. 1 | 92a. 1 | 93. 2 | 93a. 1 | 94. 1 | 94a. 1 | 95. 2 | 95a. 2 | 96. 2 | 96a. 2 | 97. 1 | 97a. 1 | 98. 1 | 98a. 1 | 99. 1 | 99a. 1 | 100. 1 | 100a. 1 | 101. 1 | 101a. 1 | 102. 1 | 102a. 1 | 103. 2 | 103a. 1 | 104. 1 | 104a. 1 | 105. 3 | 105a. 1 | 106. 1 | 106a. 1 | 107. 4 | 108. 3 | 109. 2 | 110. 2 | 111. 4 | 112. 3 | 113. 2 |

Scale 1: Alcohol Involvement (items 1-13)

- Measures the extent of involvement in alcohol use, but not necessarily, alcohol 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 likely increase if retested later because 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: AOD 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.

Let's look at the example test result's AOD use history

- See scale 12 Involvement-2 for clinical comparison.

Scale 4: AOD Use Benefits (items 1-3, 8, 13, 37-44)

- Measures the 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 DUI offenders report not using alcohol or other drugs for these purposes.
- About 20% report significant AOD use for psychosocial benefits.

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

- Two parts to each question: lifetime and last 12 months (see scale 6).
- Broad measure of problems and negative consequences due to AOD use.
- Focus is on the measurement of disruptive signs and symptoms in relationship to drugs 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.
- See scale 13 Disruption-2 for clinical comparison, and subscale A, B and C for distribution breakdown.

Scale 6: AOD Involvement – Last 12 Months (items 26-35, 45-64)

- Measures the extent of Involvement¹ (scale 3) and Disruption¹ (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.

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, inability 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 illegal 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 Scales 3, 5, 7, 8)

- “An effective way to determine the overall or global problems or disruption is to look at all the salient (*or projecting*) psychosocial areas that are part of problem behavior. These include AOD involvement, disruption, social-legal non-conforming problems/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.

Scale 10: Defensiveness (items 9, 74-80, 84)

- Measures the 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 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 DUI normative group and with a group that have relatively severe AOD abuse problems.

ASUDS: Supplemental Scales

Table 2
ASUDS-RI Scoring Procedures for Supplemental Scales

ASUDS SCALE	ITEMS IN EACH SCALE	SCORING WEIGHTS
A. BEHAVIORAL DISRUPTION*	45-50	a=0,b=1,c=2,d=3, e=4
B. PSYCHPHYS DISRUPTION*	51-60	a=0,b=1,c=2,d=3,e=4
C. SOCIAL ROLE DISRUPTION*	61-64	a=0,b=1,c=2,d=3,e=4
D. SOCIAL NON-CONFORM	81-92	a=0,b=1,c=2,d=3
E. LEGAL NON-CONFORM	93-106	a=0,b=1,c=2,d=3,e=4
F. SOCIAL-LEGAL 12 MONTHS	89-106	a=0,b=1,c=2,d=3,e=4

* 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 (i.e. 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: Measures 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.

The “Suggested Service Level Guidelines”

- Is derived from the raw scores from (1)Alcohol Involvement, (2)Driving Risk, (3)AOD Involvement1, (5)Disruption1, and variable #84 (which is the best predictor of recidivism).
- These scales measure the problem behavior related to DUI conduct.
- The weighted outcomes as defined in the User’s guide are then generated:
 - 1 (minimal)
 - 2 (moderate)
 - 3 (significant)
 - 4 (high)

The “Critical Items” and “Assessment Summary”

- Are bullet point narratives of the client’s profile.
- Each *Critical Item* bullet point may require additional follow-up and can be included in the Uniform Report.
- Each *Assessment Summary* bullet point can be included in different sections of the Uniform Report to provide extra information, identify correlations, enhance referral services, identify other risks and/or needs, support your conclusions and recommendations.

Don't forget, the client signs and dates the ASUDS results!

ASUDS-RI summarized

PROS

- Updated in 2022 😊 - *pending Beta test*
- 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.
- Must save results separately (*how?*)

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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Advanced DUI Training “Shadow day”

1-day experiential training offering:

- review of 2060 policy/procedure
- a full interview & ASUDS observation
- eDSRS write-up
- Audit expectations, and more!
- **Up to 6.5 CEUs available**

THANK YOU FOR PARTICIPATING!

MORNING OVERVIEW SUMMARY

- ✓ The client's legal situation
- ✓ Purpose of DUI Evaluations
- ✓ Using the eDSRS—What makes a good evaluation?

AFTERNOON OVERVIEW SUMMARY

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