

# DUI EVALUATIONS

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~ RICHARD J. KRAJEWSKI, MA, LCPC

## Richard J. Krajewski, MA, LCPC

Richard Krajewski earned his Master's degree in counseling psychology from Antioch University, Keene, New Hampshire in 1997. He is a Licensed Clinical Professional Counselor since 2001. Mr. Krajewski began his career with Linden Oaks Hospital and DuPage County's Juvenile Probation Department. For the last 20+ years he has been employed by the 18<sup>th</sup> Judicial Circuit's DUI Evaluation Program and has supervised the program since 2008. The program serves on average 3,900+ DUI clients per year and since inception has conducted 80,000+ 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 served as a member of the Board of Directors for the Center for Advancing Domestic Peace (2014-2016). 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

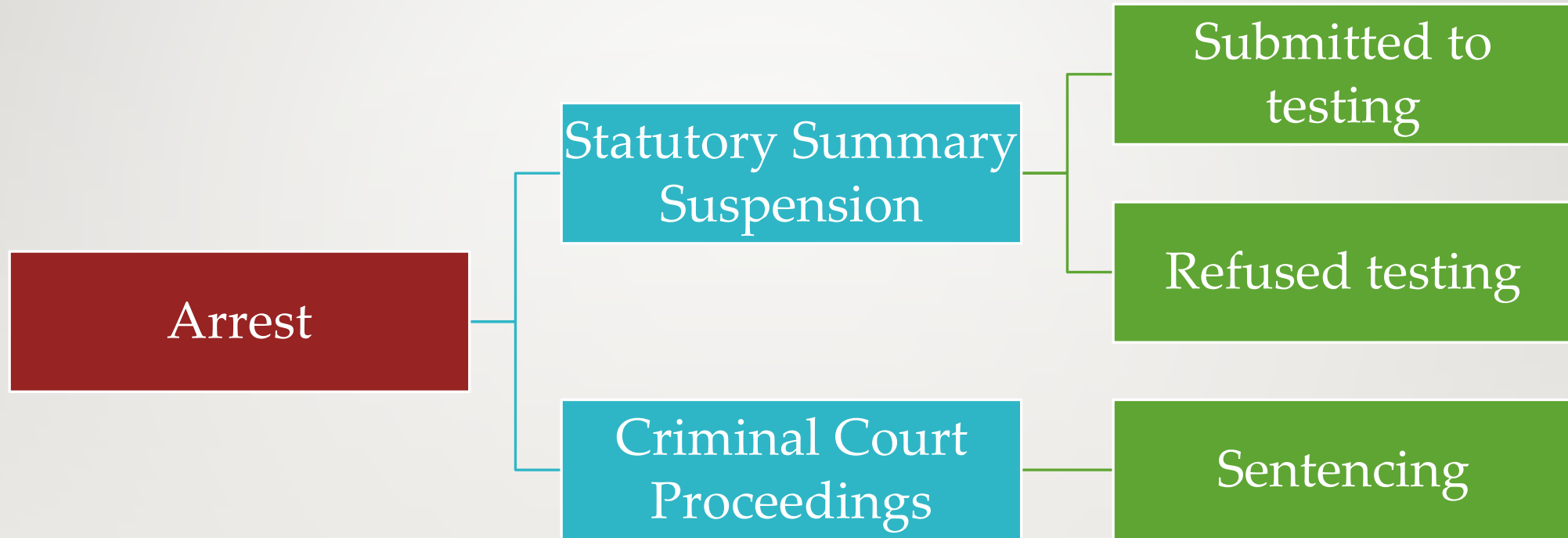
- The client's legal situation
- Purpose of DUI Evaluations
- Using the eDSRS—What makes a good evaluation?

Time permitting? Basic review of:

- Risk Education and the eDSRS
- SOS Updates



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**. You are identifying the extent of the offender's AOD use, the offender's risk to recidivate and risk to public safety.
- ASAM assessments are the more comprehensive assessments done by the treatment provider to determine the appropriate **LEVEL OF CARE**.



# Goals of Judicial screening and assessment



**Help determine the type and length of judicial supervision and risk to the community.**

- > **Court Supervision**
- > **Conditional Discharge**
- > **Conviction / Probation**
- > **Jail / Prison**



**Determine initial education and/or intervention needs.**



**Determine the need for comprehensive assessment.**



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 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.

# SUPR required documentation

## A must in every DUI evaluation file!

- Fee schedule
- Informed Consent
- Defendant's Rights Statement 2060.323
- 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 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 – know what is used in your judicial circuit...
  - “No alcohol” orders
  - U.A.s
  - Ethyl Glucuronide (EtG)
  - SCRAM (secure continuous remote alcohol monitoring)
  - 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

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

Why, what's the difference?

Which level of  
risk 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

Unified Health Systems

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

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*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:

Add Search Clear Cancel

**Search Results**

No Results Found.

9:08 AM 3/9/2010

←

↻

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

Offender Search

FileEditViewFavoritesToolsHelp

★

Free Hotmail

Offender Behavior

Offender Search

Suggested Sites (2)

UHS

Unified Health Systems

HOMEOffender SearchProvider▼Reports▼Billing▼Resources▼Help▼Logout

Add Offender

Required Fields \*

Legal Name

Last Name: \*ExampleSuffix: ▼

First Name: \*TrainingMiddle 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: \*

☐ American Indian/Alaskan Native☐ Native Hawaiian or Other Pacific Islander

☐ Asian☐ White

☐ Black or African American☐ 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:

SaveClearCancel



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## 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:

[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





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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.

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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



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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.

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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
(Enter 'NA' if Not Applicable)				
<input type="text" value="▼"/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *
<input type="text" value="▼"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value="▼"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value="▼"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value="▼"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

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

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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

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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:





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## Evaluation



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



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## Evaluation



Required fields have been entered



Required fields have not been entered

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\* 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





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## Evaluation



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



# Unified Health Systems

[HOME](#)[Offender Search](#)[Offender\(Orientation \)](#)[Organization ▼](#)[Reports ▼](#)[Billing ▼](#)[Resources ▼](#)[Help ▼](#)[Logout](#)

## 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](#)



## 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: \$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



# Unified Health Systems

[HOME](#)[Offender Search](#)[Offender\(Orientation \)](#)[Organization ▼](#)[Reports ▼](#)[Billing ▼](#)[Resources ▼](#)[Help ▼](#)[Logout](#)

\* 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	*	<input type="radio"/> Active/In Progress
		<input checked="" type="radio"/> Completed
		<input type="radio"/> Not Completed
		<input type="radio"/> Entered in Error
Completion Date of Evaluation:	*	08/09/2021
Number of Appointments:	*	1
Hours for Interviews:	*	2
Hours for Paperwork:	*	1

Save Cancel

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

#### PART I. OFFENDER INFORMATION

Offender Name: eDSRS Orientation  
IL Driver's License Number or State ID: O123-4567-8910  
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: \$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

## 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

# Risk Education

Offender Search	
Basic Search Criteria	
Name	
Last Name:	<input type="text"/> Search Type: <input type="text" value="Exact Match"/>
First Name:	<input type="text"/>
Driver's License Number	
License Number:	<input type="text"/>
Additional Search Criteria	
Date of Birth:	<input type="text"/> Match By: <input type="text" value="Exact Match"/>
Gender:	<input type="text"/>
City:	<input type="text"/> State: <input type="text"/>
Zip Code:	<input type="text"/> County: <input type="text" value="Unknown"/>
<div>Search Clear Cancel</div>	





## 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:

Add

Search

Clear

Cancel

## Search Results

No Results Found.

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



## Add Risk Education


\* Required Fields

### Offender Information

Last Name: **Flanders** First Name: **Jack** Middle Initial: **A** IL Drivers License: **ABC123456789**





### Arrest Information

Date of Arrest: \*  

County of Arrest: \*  

### Attendance Dates

Date 1: \*   Date 2:   Date 3:   Date 4:  

Date 5:   Date 6:   Date 7:   Date 8:  

### Test Scores/Hours Met

Pre Test Score: \*  Post Test Score:

Hours Met Indicator: ☐ Yes ☐ No

Hours Met Narrative:

(250 characters max)

You have characters left.

Complete/Terminate

Save

Cancel

## 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.

Save

Cancel

# Questions?

The screenshot shows a web browser window displaying the DUI Service Reporting System (eDSRS) User Reference Manual. The manual is a PDF document with the IDHS logo and a map of Illinois. The text on the manual reads: "IDHS Illinois Department of Human Services", "DUI Service Reporting System (eDSRS)", and "User Reference Manual".

The browser interface includes a sidebar with navigation links: HOME, Offender Search, and Offender Search. The user is logged in as "User Name: krajewski, richard J".

Below the navigation links, there is a table with the following data:

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

Below the table, there is a section titled "No Active Risk Education entries found".

The browser window also shows a sidebar with a list of offenders and their status. The list includes:

- Offender: [Name], Status: [Status], Action: [Unlock]
- Offender: [Name], Status: [Status], Action: [Unlock]
- Offender: [Name], Status: [Status], Action: [Unlock]
- Offender: [Name], Status: [Status], Action: [Unlock]

The browser window also shows a sidebar with a list of offenders and their status. The list includes:

- Offender: [Name], Status: [Status], Action: [Unlock]
- Offender: [Name], Status: [Status], Action: [Unlock]
- Offender: [Name], Status: [Status], Action: [Unlock]
- Offender: [Name], Status: [Status], Action: [Unlock]

# 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 Administrative Hearings for license reinstatement
  - MUST be done within 6 months of the hearing date.
    - Informal Hearing
    - Formal Hearing
- 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
- Medical Cannabis Report Form

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

[www.cyberdriveillinois.com](http://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)
- Medical Cannabis Report Form (if required)
- All Hearing-required original treatment documents (see Hearing Requirements)
  - Or copies of each document w/ a Verification of Hearing form
- Original DUI Evaluation
  - Or copy of original DUI Evaluation w/ a Verification of Hearing form

# Denial Letters

- Why did my client get denied?
- What are “Response to denial letters” (RDLs)?
- Who is responsible for RDLs?
- Is another update required?



# MORNING SESSION SUMMARY

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

I hope we had time to cover:

- Risk Education and the eDSRS
- SOS Updates

# Lunch Break



# AFTERNOON AGENDA: THE ASSESSMENT TOOLS

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

Basics terms you should know  
before we talk about testing  
instruments

“Norms” / “Normative group”

“Raw scores”

“Percentile ranks”



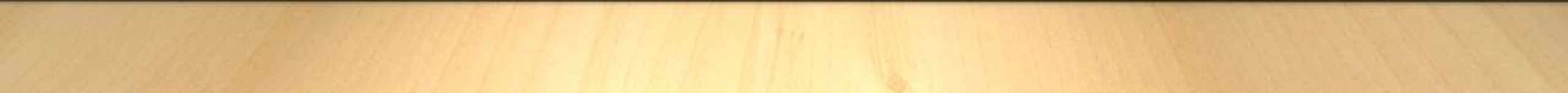


# Driver's Risk Inventory (DRI-2)

Behavior Data Systems

[BDS@BDSLTD.com](mailto:BDS@BDSLTD.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)
- The test instructions help put the client at ease while providing structure and clarifying expectations

## The DRI has six scales:

- 1) Truthfulness Scale
- 2) Alcohol Scale
- 3) Drug Scale
- 4) Driver Risk Scale
- 5) Stress Management Scale
- 6) 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 – based solely 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 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 95<sup>th</sup> percentile (Severe Risk), all other scale scores (alcohol, drug, driver risk, and stress/coping) automatically go to the 99<sup>th</sup> percentile.
- This is done to alert the evaluator to a very high Truthfulness Scale score, which means the test results are inaccurate.
- If the client invalidates their test, a RETEST is recommended.

**\*\* Carefully review instructions again \*\***



## Illinois Driver Risk Inventory-2

Name:  
 Age: 25 Sex: Male  
 Date Of Birth: 08/26/2017  
 Race: Caucasian  
 Marital Status: Single

## CONFIDENTIAL REPORT

Last 4 Digits of SSN: 0000  
 Education: Tech./Business School  
 DRI-2 Date: 8/23/2017

Driver Risk Inventory-2 (DRI-2) results are confidential and should be considered working hypotheses. No decision should be based solely upon DRI-2 results. The DRI-2 is to be used in conjunction with experienced staff judgment.

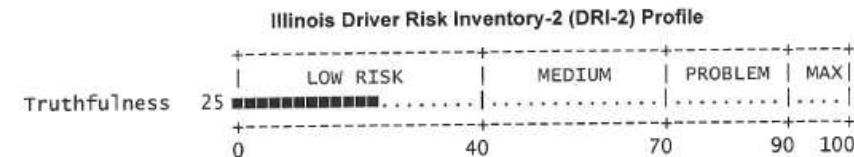
## Mandatory Minimum DUI Risk

## High (Severe Problem) Risk

Mr. Illinois Mandatory Minimum DUI Risk Classification is in the **High (Severe Problem) Risk** range. High risk is characterized by the following: four or more DSM-5 Substance Use Disorder symptoms (regardless of his driving record), and/or within the last ten years any combination of two or more prior DUI convictions, court ordered DUI supervisions, prior statutory summary suspensions, or prior reckless driving convictions reduced from DUI (resulting from separate incidents). In summary, Mr. Illinois Mandatory Minimum DUI risk range is in the **High (Severe Problem) Risk** range.

## Different Measures

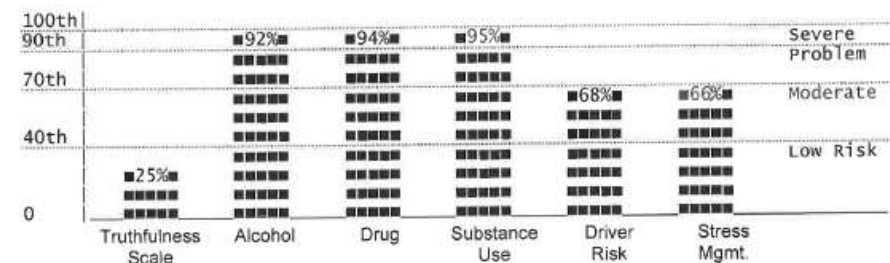
Illinois' Mandatory Minimum DUI Risk Classification uses court-related data and DSM-5 Substance Use Disorder criteria to classify DUI risk. While the Substance Use Disorder scale consists of admissions to eleven DSM-5 questions, the Alcohol and Drug Scales focus on client opinions regarding their drinking and drug use. That said, different measures may produce different results. **Illinois mandatory minimums take precedence.**



## Truthfulness Scale: LOW

ATTAINED SCORE: 25%

Mr. Truthfulness Scale score is in the **low risk** (zero to 39th percentile) range. Low risk scorers are generally sincere, candid and plain spoken. Client (DUI offender) truthfulness has been linked to positive counseling and treatment outcomes (Simpson, 2004). In contrast, denial (problem minimization or refutation) has been linked to negative treatment outcomes (Marshall, et al, 2001). References or citations are available on [www.driver-risk-inventory.com](http://www.driver-risk-inventory.com) and DRI-2 truthfulness research is presented on [www.bds-research.com](http://www.bds-research.com). Assessors can rely upon Mr. answers to Driver Risk Inventory-2 (DRI-2) questions because he was honest and truthful while completing the DRI-2.



NAME: Mr.

-2-

IL DRI-2 REPORT

**ADDITIONAL INFORMATION PROVIDED BY CLIENT**

Date of Present DUI Arrest	09/02/2016	Driver's License Suspended/Revoked?	Yes
Reason for Arrest	Drugs	Arrest Reduced to Careless/Reckless Driving?	No
Additional DUI Offenses Pending?	No	Lifetime alcohol-related (not DUI) arrests	0
BAC at Time of Current Arrest	N/A	Lifetime drug-related (not DUI) arrests	4
Refused Breath/Blood Test in Current DUI?	No	Lifetime At-Fault Motor Vehicle Accidents	4
Lifetime DUI Arrests	1	Lifetime Traffic Violations (Tickets)	3

**Scale Score Paragraphs**

All seven Illinois DRI-2 scale-related paragraphs explain when problems exist and what each attained scale score means. It should be understood that the **Illinois Mandatory Minimum DUI risk range has priority and takes precedence**. Nevertheless, when problems exist, risk-related recommendations are offered.

**Substance Use Disorder: SEVERE**

The DSM-5 postulates eleven substance use severity criterion. Substance use severity is then determined by the number of the eleven substance use severity criteria that are admitted to. Mr. admits to **six or more** of the eleven severity criteria, which meets the DSM-5 **severe** substance use classification. Admitting to six or more of the eleven criteria is the highest or most severe classification. This DSM-5 codification is equivalent to a Driver Risk Inventory-2 (DRI-2) **severe problem** (90 to 100th percentile) classification. By DSM-5 substance use severity standards Mr. has a **severe** substance abuse problem. Severe problems require intensive outpatient or inpatient treatment.

**Alcohol Scale: SEVERE****ATTAINED SCORE: 92%**

Mr. Alcohol Scale score is in the **severe problem** (90 to 100th percentile) range. Mr. has a severe drinking problem. Recommendations: consideration should be given to either "intensive outpatient treatment" or "partial hospitalization." This level of care allows patients to live in their home (real world) while receiving treatment. In other words, patients can sustain relationships, employment and maintain their income. Should Mr. relapse his optimum level of care would likely increase to "residential/inpatient" treatment. Self-help or mutual-help group meetings would likely augment, but should not replace treatment.

**Drug Scale: SEVERE****ATTAINED SCORE: 94%**

Mr. Drug Scale score is in the **severe problem** (90 to 100th percentile) range. Consideration might be given to either "intensive outpatient treatment" or "partial hospitalization." These levels of care allow patients to continue to live at home and keep their jobs while receiving chemical dependency treatment. This helps patients sustain relationships and employment while in treatment. Self-help meetings are generally available on-site to augment, not replace, treatment. An interdisciplinary treatment team would be advantageous when treating co-occurring disorders and "imminent danger" cases. Should Mr. relapse his optimum level of care would likely increase.

**Driver Risk: MODERATE****ATTAINED SCORE: 68%**

Mr. Driver Risk Scale score is in the **moderate risk** (40 to 69th percentile) range. Some indicators of inattentive driving are present, but an established pattern of irresponsible driving is not present. Mr. may only be a driving risk after using alcohol (beer, wine or liquor) or drugs (prescription and/or nonprescription). Prudent assessors will check out the other Driver Risk Inventory-2 (DRI-2) scales that can directly contribute to Mr. driving risk, e.g., Truthfulness Scale, Alcohol Scale, Drug Scale, Substance Use Scale and the Stress Management Scale. Any elevated (70th percentile and higher) scale scores would contribute to driver risk. On its own merits Mr. Driver Risk Scale indicates he is a safe driver.

NAME: Mr.

-3-

## IL DRI-2 REPORT

**Stress Management Scale: MODERATE****ATTAINED SCORE: 66%**

Mr. Stress Management Scale score is in the **moderate** (40 to 69th percentile) range. Stress management issues are becoming apparent. If left unattended these potential issues or concerns could worsen. Recommendations: a "brief intervention" might be considered. Brief interventions range from 15 to 30 minutes of direct face-to-face staff-client (offender) discussion, they can be a valuable intervention for clients with early stage stress-related problems. There are also many good self-help stress management books that help readers recognize their stress, reframe it and positively manage it. They also discuss stress reduction techniques like relaxing body parts, deep breathing exercises, meditation, etc. Another alternative is enrollment in a stress management class. Stress-related issues are emerging.

**Significant Items.** The following self-report responses represent areas that may help in understanding the respondent's situation and status.

**Alcohol**

6. Drinking caused serious problems.  
11. Feels guilty about drinking.  
46. Admits has drinking problem.  
56. Been treated for drinking.

\*Additional Items: #72 , 9, 20, 28, 41, 62 and 84.

**Substance Use Disorder**

9. Often drinks more than intended.  
26. Fail to fulfill important duties.  
44. Gave up important activities.  
71. Continue using despite knowing causes problems.

\*Additional Items: #80 , 83 and 88.

**Drug**

8. Guilt about using drugs.  
22. Been treated for drug problem.  
31. Had drug abuse problem.  
53. Has lied about drug use.

\*Additional Items: #57 , 59, 67, 76, 79, 17, 37, 48, 70 and 89.

**Driver Risk**

14. Use cell phone while driving.  
47. Admits to 2 or more scale items.

\*

Only two significant items were selected.

**Comments/Recommendations:** \_\_\_\_\_

---

---

---

---

---

---

Use back of this page, if necessary

\_\_\_\_\_  
**STAFF MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE**

**IL DRI-2 RESPONSES**

1 - 50 TFFTFTFTT TFFTFTFT TTTFTTTTF TFFTFTTFT TTTTTTFT  
51 - 100 FFTFTTFTF TTTFTTTFT TTT4324242 3433434233 2342213233  
101 - 113 2133321321 423

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# DRI-2 summarized

## PROS

- Valid and reliable
- Updated as needed
- Computerized scoring with narrative explanations
- Provides just what you need
- Spanish & Polish translations available
- Customer service is amazing

## CONS

- Upfront cost
- The Spanish translation is poor

**ANY QUESTIONS?**



# 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: \_\_\_\_\_

<u>Questionnaire</u>  Score <u>Key 1</u> _____ <u>Key 2</u>		Page			Page		KEY									
		1	2	3	TOTAL		TOTAL									
		8	10	10	28		Key 1 X 2 =56									
		0	4	5	9		Key 2 X 1= 9									
(Subtract Key 2 from Key 1)    Q = Questionnaire Score = 47																
<u>Interview Score</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Page	Key
			0							0	0	0			Total	Total
													Key 3X4=			
	<b>I – Interview Score:</b> <b>Plus Questionnaire Score: 47</b> <b>Final Total Score Q + I =</b>															

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

Scale	Classification		
	Social Drinker	Presumptive Problem Drinker	Problem Drinker
Questionnaire Only	11 or less	12-15	16 or greater
Interview Only	24 or less	15-39	40 or greater
Questionnaire and Interview Combined	39 or less	40 – 49	50 or greater

## 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)

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THE CENTER FOR ADDICTION RESEARCH AND EVALUATION (CARE)



## *QUICK REFRESHER:* What are the objectives of screening and assessment again?

- 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 overall goal of the ASUDS 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:

Uses self-report and other reports as valid representations of where the client is at the time of assessment.



## Two sources of information: Self Report and Other Report

- Both sources of information are subjective.
- Both 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.”*



## 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 when the evaluator establishes rapport with the client.
  - Unconditional Positive Regard
  - 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.





Group Activity



# Guidelines when using Self-report Psychometric Tests:

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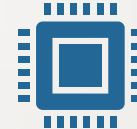
Methods of test administration should be standardized.



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.

# General rules for assessment tools

- 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-R/* 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	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	16	17	18	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)		1	10	20	30	40	50	60	70	80	90	99																				
		* INPT/IOP NORMS (N=669)																														
		PERCENTILE																														



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

**CLIENT INFORMATION**

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

<ul style="list-style-type: none"> <li>• Drove a few times when had too much to drink</li> <li>• Passed out often when drinking</li> <li>• Not recall what did when drinking twice</li> <li>• Blackouts 1-3 times</li> <li>• Physically violent 4-6 times</li> <li>• Passed out 1-3 times</li> <li>• Committed a crime 4-6 times</li> <li>• Charged with impaired driving 1-2 times</li> <li>• Arrested and charged with crime 1-2 times</li> <li>• Convicted of a crime 1-2 times</li> <li>• Violent behavior sometimes</li> <li>• Have problems sleeping a lot of the time</li> <li>• For sure, want to make changes in use of alcohol or other drugs</li> <li>• Most likely want to stop using or continue not to use alcohol</li> </ul>
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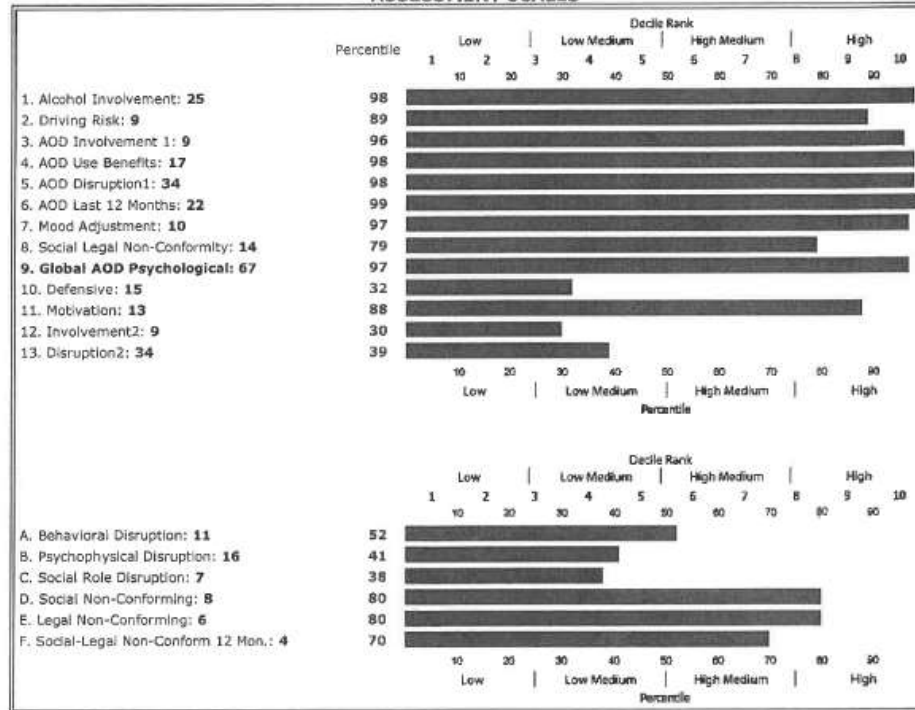
**SUGGESTED SERVICE LEVEL BENEFITS OR GUIDELINES**

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-R1 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.
- See scale 12 Involvement-2 for clinical comparison.



## 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 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)

- 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 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.

## 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.

## 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 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 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/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 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 2  
*ASUDS-R* 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, 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.
- 10<sup>th</sup> 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

[richard.krajewski@dupageco.org](mailto:richard.krajewski@dupageco.org)

Advanced DUI Training / Shadowing

1-day experiential training offering:  
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

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

## AFTERNOON OVERVIEW SUMMARY

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