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This Issue in Brief ACQUISITIONS

Hair Analysis for the Detection of Drug Use in Pretrial, Probation, and Parole Populations.—Comparing the results of radioimmunoassay (RIA) hair analysis for drug use with urinalysis results and self-reports of drug use among aftercare clients in the Central District of California, authors James D. Baer, Werner A. Baumgartner, Virginia A. Hill, and William H. Bland propose that hair analysis offers the criminal justice system a complementary technique for identifying illegal drug use. The study results are timely in light of the recent decision of a U.S. district court judge who accepted a positive RIA hair analysis result as valid forensic proof that a probationer had violated the conditions of probation (EDNY Dkt. No. 87-CR-824-3).

Tools for the Trade: Neuro-Linguistic Programming and the Art of Communication.—Whether viewed as a rehabilitative modality or a sanction, probation remains a person-to-person profession in that probation officers still deal with individuals. According to author Richard Gray, some recent developments in psychology may provide tools for investigation, assessment, helping, and, sometimes, healing. His article describes neuro-linguistic programming and how probation officers may use the technique to develop rapport and communicate effectively and consciously with clients.

Social-Psychological Effects of the Status of Probationer.—Authors Charles Bahn and James R. Davis report on a non-random sample of 43 probationers who were tested and interviewed in order to assess the social-psychological effects of probation in four areas: emotions; family, peer, and work relations; self-concept; and stigma. The authors administered an open-ended questionnaire, a scalogram, and a self-concept inventory and found, among other things, that probationers had the support of family, friends, and even some employers. The authors conclude that probation is

more than a "slap on the wrist" but that it does not overwhelm all aspects of a probationer's life.

Electronic Monitoring in Federal Pretrial Release.—Author Timothy P. Cadigan focuses on current use of electronic monitoring in Federal pretrial release programs, first discussing, in general, how to establish such programs and what to consider in doing so. Then, based on demographic data about Federal defendants on electronic monitoring, the article assesses whether

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Predicting DWI Education Success

BY J.D. JAMIESON AND WILLIAM E. STONE

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ACCORDING TO Donald J. Newman in the introduction to Denis Foley's book, *Stop DWI*, the most prevalent form of criminal homicide in the United States is death caused by an automobile accident in which one or more drivers is intoxicated by alcohol (Foley, 1987). Indeed, in 1987 over 20,000 persons were killed by drunk drivers, and an additional 660,000 were injured in accidents involving drunk drivers (Podolsky, 1987). In response to this problem, legislatures around the nation have increased the penalties for DWI (driving while intoxicated) offenses and in some cases, have expanded the authority of the police to enforce DWI laws. Unfortunately, because of overcrowding problems throughout the criminal justice system, courts have not maximized the use of these new DWI legal possibilities. While thousands of DWI offenders are convicted each year, few receive the maximum sentences allowed by law. By far, the majority receive probation sentences and are left in the community with the hope that community-based supervision and treatment will prevent future drunk driving.

In 1987, there were 2,881 fatal accidents in Texas. Of this total, 1,070 were DWI-involved accidents (Department of Public Safety, 1987). For purpose of qualification, a DWI-involved accident is classified as one in which at least one of the drivers was under the influence of alcohol. With 1,250 people killed in these accidents, Texas accounted for about 1/20 of the number of national DWI fatalities. This number is also important because it marks a 21 percent increase from the total of 884 in 1984 (DPS, 1987). In addition to an increase in DWI fatalities, Texas has seen a 19 percent rise in the number of injury accidents as the result of DWIs from 16,507 in 1984 to 19,578 in 1987. Yet perhaps the most shocking evidence of the seriousness of the problem can be found in the number of positive breath tests in 1987. According to the Department of Public Safety's report on motor vehicle accidents in 1987, there were over 75,000 positive breath tests for intoxication (state statutes indicate that 0.10 percent blood alcohol content is per se evidence of intoxication). Of this total, 23,520 people tested between 0.10 and 0.14 percent, 49,763 tested between 0.15 and 0.24, while 6,651 registered over 0.24 percent. The problem becomes even more complex with the understanding that these

increases occurred in a time when DWI penalties were stiffened and the legal drinking age was raised.

Community supervision and treatment remains our primary response to DWI offenses. The unsupported threat of increased penalties is not sufficient to achieve long-term changes in habitual drinking and driving behavior. Experts believe that the prospect of jail time or loss of a driver's license may be effective in getting the attention of the habitual drunk driver who has never been caught before, "but unless treatment is available to capitalize on this attention, powerful habits will reemerge as the memory of punishment fades" (Crandell, 1984).

According to Crandell and others, an effective treatment program for drunk drivers must fulfill certain criteria. First, the duration of the treatment must be long enough that changes in attitude and behavior occur while the client is still in the program (Reis, 1983). This follows the assertion that alcohol abuse and intoxicated driving are overlearned habits, and therefore alternate behavior must be practiced until it too becomes habitual. This usually means a minimum treatment duration of 6 months. Next, the program must include goals beyond avoiding future DWIs. This includes helping the clients understand the possible risk and damages of alcohol abuse in their lives and also focuses on how drinking and driving are counterproductive. The program must also be able to accommodate different types of drinkers.

Crandell contends that by classifying drinkers into three types—social drinkers, heavy drinkers, and alcoholics—the program can cater to each successfully. Social drinkers can succeed if they can develop alternatives to driving during their occasional drinking periods. The second group, heavy or high tolerance drinkers, will have to change the pattern of drinking and reduce the amount of their consumption to comply with the requirements of the program. The third type, the alcoholic, has only one realistic prospect for avoiding future DWIs: to become committed to lifelong abstinence. "In short, flexibility without confusion becomes a critical requirement for effective treatment" (Crandell, 1984). Finally, treatment must include training in problem-solving so that clients are prepared to handle the unanticipated challenges they encounter after concluding treatment.

This calls for the client to assume responsibility for self-monitoring and for seeking help to deal with any future manifestations of alcohol abuse.

Experts quickly point out that the process of rehabilitation has its inherent problems. In his essay, "An Alcoholism Outpatient Treatment Program for Alcoholics Convicted of DWI," Richard Warshousky said one of the chief downfalls of treatment programs is in their failure to recognize the position of the client. "It should be recognized that drunk driver clients are not the typical alcoholics whose symptomatology clearly substantiates the evidence of alcoholism; however, they are forced to confront their drinking because of a legal mandate" (Foley, 1984). This often leads to anger, denial, or rationalization; therefore, their defensiveness is often heightened because of the mandate, and the treatment agency is often viewed as part of the enforcement system. For this reason, many programs address this issue immediately and let the clients vent their frustrations. If this can be overcome, Warshousky contends, then the client has a much better chance of being helped by the program. However, two Houston psychiatrists, John Finch and James Smith, have a much more pessimistic view of the system today.

In reaching their conclusion that "most available treatment—at least for the drinking driver—is inadequate," Finch and Smith point to certain current practices. First, they contend that the weekend DWI school, no matter how dramatic the impact, is too brief to lead to lasting change. Secondly, required attendance at AA meetings may backfire. An unresolved negative attitude will tend to alienate the offender from the regular members, and offenders with moderate drinking problems and alcoholics denying their symptoms will simply not relate to the meetings. Finally, they state that driver education courses filled with movies about the alcohol-related carnage on the highways fail miserably. After hundreds of episodes of arriving home safely when grossly intoxicated, the drunk driver comes to believe that a guardian angel will continue to offer protection from injury. In addition, this program does not teach participants how to avoid getting drunk, which is one of the biggest obstacles to lasting change. "The hope for programs to be more successful, rests on the ability to properly screen and classify clients and provide a number of program options which cater to these individual needs" (Finch & Johnson, 1980). Based on this definition, many of the smaller counties or communities lack the capital to furnish such pro-

grams, and therefore successful rehabilitation is generally restricted to large counties that have the funds and manpower to allocate to helping the drunk driver.

Six years ago, officials in the 22nd, 207th, and 274th Judicial Probation District in central Texas initiated an in-house diagnostic, treatment, and referral program designed to overcome the lack of funds and existing community resources that had frustrated their attempts to cope effectively with increasing DWI caseloads. The program has been described by Marvel Maddox, program coordinator for the district, as a systematic process involving public and individual education, evaluation and classification, and delivery of intervention services according to diagnosed needs (Maddox, 1987). Program staff routinely participate in anti-drug campaigns in the local schools, Prevention Outreach projects, drinking and driving impairment demonstrations, film festivals, and other community service activities. Maddox credits these efforts as having helped reduce the DWI probation caseload in the district from 920 in 1982 to 540 in 1988.

For the individual offender, the program begins with problem assessment in the form of the Numerical Drinking Profile (NDP) test and the Mortimer-Filkins Court Procedure for identifying problem drinkers. These test scores along with evaluations of attitude toward change and behavior risk are used to classify individual offenders and develop intervention strategies.

The first step toward intervention is the DWI school, which provides a 12-hour program using a state-approved curriculum, and is mandatory for all DWI probationers. According to Maddox there are four modules in the school, each of which is designed to target and correct a certain behavior. The first module (or process) is designed to let the defenders vent frustrations about the experience and law enforcement policies in general. "The egos and self-esteem are battered so there is no mood to change. By letting them gripe there is a sort of purge, and many times, they come full circle in their attitude" (Maddox, 1988). In the second module, falling back to the educational approach, there is a strong emphasis placed on explaining how the level of alcohol is related to performance behind the wheel. Films are often shown during this step, and occasionally the instructor will arrange controlled drinking and driving demonstrations with DPS troopers. Next, in the third module, the probationer is once again given a prognostic test, usually the Numerical Drinking profile. As mentioned earlier, the re-

sults of this profile are combined with the Mortimer-Filkins test to reach a comprehensive drinking profile: social, potential, or problem. After this classification, the probationer enters the fourth module, which focuses on decision making. Since many of the people are in the court system because of spur-of-the-moment, irrational decisions, this program teaches the person how to evaluate problematic situations, recognize inappropriate behavior, and act wisely. One of the main points stressed is how to recognize limits of alcohol consumption and stay away from operating an automobile. A final step caters specifically to the diagnosed problem drinker, who is given a one-on-one exit interview with the course instructor. In this confrontational situation, the counselor and client engage in discussion aimed at making the drinker realize the seriousness of the alcohol problem. Ideally, after this interview, the client will volunteer for a number of community programs designed to stress and aid in sobriety—total sobriety.

After the completion of the DWI school, there are three avenues that the probationer can follow. First, the social and potential problem drinkers are usually referred to one of two community-based, self-help groups: CAPE and Life Lab. More specifically, the social drinker is usually enrolled in Life Lab, whereas the potential problem drinker is best suited to the CAPE program. In the Life Lab, situational difficulties are the focus since many of the offenders are in the position because of a bad decision.

The potential problem drinkers are usually referred to the CAPE program. It is basically the same as the Life Lab, except that there is more extensive focus on how much and how often the person drinks. This program is holistic in nature, that is, it is designed to provide information enough to encourage people to attend other groups voluntarily, such as Alcoholics Anonymous or Abused Children of Alcoholics. This program is important for another reason as it contains specific elements for college students. Southwest Texas State University students account for 13 percent of the DWI caseload in the tri-county area, and close to one-third of the DWIs in San Marcos. According to Maddox, most college students who receive DWIs have started to develop drinking habits, but have not reached a point of reinforcement, so there is a high possibility for rehabilitation (Maddox, 1987). For this reason, Maddox tries to set up the groups so that the students are grouped with other students in the same situations facing the same pressures. There is

also a special group, Students Against Drunk Driving, specifically designed to help college and high school students.

Finally, the problem drinker whose only hope lies in total sobriety, is placed into the Discovery group, which is conducted by someone who has remained sober for at least 2 years. This group is peer confrontational in nature and relies on the principle that an alcoholic will confide in someone who has been in the same position. This program will also act as a bridge to local rehabilitation programs such as Alcoholics Anonymous, Narcotics Anonymous, and others, which are quite often mandated in the conditions of probation handed down by the judge.

While there has been no comprehensive research to determine the success of the program, statistics show that there have been significant changes in the Probation District since 1981. Again, the DWI probation caseload declined from 910 to 540 during this time. Overall, the State of Texas experienced a 30 percent increase in DWI offenses for this time period (DPS, 1987) with a corresponding increase in statewide DWI probation caseloads. Also, while the statewide rate for fatal DWI accidents was increasing by 22 percent (DPS, 1987) there was a 27 percent decline in traffic fatalities in the three counties served by the probation district. Clearly, the possibility exists that the methods used by this probation district could be quite valuable in correcting DWI behavior and preventing the appalling loss of life associated with drunk driving accidents.

Methodology

This study examined the behavior of all persons who were convicted of DWI offenses and required to participate in programs operated by the 22nd, 207th, and 274th Judicial District probation services during 1987. Information on these subjects was collected from probation casework files maintained by probation officials and from criminal history records maintained by the Texas Department of Public Safety. There were several objectives of the study—first, to describe the various intervention and treatment programs in which DWI offenders participate and determine the effectiveness of these programs by analyzing rearrest and re-conviction statistics. A further objective was to determine if a classification system could be developed that would identify those individuals most likely to benefit from intensified or alternative programs not currently available. Data were collected on 11 demographic variables, 20 diagnostic and evaluation variables, and 20

criminal history variables for each subject. The diagnostic and evaluation information included data on blood/alcohol content at the time of arrest, Mortimer-Filkins scores, NDP scores, substance abuse ratings, risk and attitude assessments, as well as program participation information. Criminal history information includes data on previous arrests, convictions, and dispositions, previous supervision and treatment, substance abuse relationships, as well as information on arrests, convictions, and dispositions subsequent to program participation.

To accomplish the classification analysis phase of this research project, discrete variables such as ethnic group and sex were recoded into 0-1 fields that could be used in a discriminant analysis. Following the recoding the population was divided into two groups based upon their success or failure as defined by re-arrest within a 2-year period. Frequency distributions were then created for all the available variables for each group and variables were selected for inclusion in the discriminant analysis by comparing the frequency distribution on each variable by groups.

The discriminant analysis was conducted using the Wilks stepwise procedure with the inclusion level set at an F value of 1.0. This procedure was used to eliminate variables from the classification process that are unnecessary or redundant to the classification process (Klecka, 1984).

Results

The data indicate that of the 331 subjects who completed the DWI training, 33 (10 percent) were re-arrested for DWI within the following 2-year period. The 2-year success rate was 88.8 percent (294 subjects), with criminal history data being unavailable on four subjects.

DWI ARRESTS AFTER DWI SCHOOL - 2 YEARS

No New DWI Arrests	294	(88.8%)
One or More New DWI Arrests	33	(10.0%)
Data Unavailable	4	(1.2%)
	<hr/>	
	331	

These figures are consistent with statewide data collected by the Texas Department of Public Safety which show that for the years 1982-84, approximately 10.2 percent of the DWI offenders who received DWI education recidivated within 2 years (Fredlund, 1989). The DPS statistics show a

recidivism rate of approximately 35 percent over 2 years for DWI offenders who did not receive the education program. Fredlund qualifies these numbers by noting that Texas judges tend to give jail sentences, rather than probation, to DWI offenders who are most likely to recidivate. This has the effect of keeping them out of the DWI education programs and "inflating" the difference in failure rates between offenders who do and do not receive DWI education.

The discriminant analysis indicated that of all of the variables considered (age, previous arrests, ethnic group, attitude, and NDP score) only attitude and NDP score were sufficiently robust to survive the stepwise analysis procedure. The next most significant contender for inclusion in the classification process was previous arrest, with a residual F of .865 after the inclusion of attitude and NDP score in the equation.

The classification results based upon attitude towards change and NDP score were as follows:

Actual Group	No. of Cases	Predicted Group Membership	
		0	1
Group 0	274	168/61.3%	106/38.7%
Group 1	57	30/52.6%	27/47.4%

Percent of "Grouped" cases correctly classified: 58.91%

While the classification results would be described as weak there does appear to be some ability to predict program success or failure based upon the offenders' attitude towards change and their Numerical Drinking Profile score.

Conclusion

Clearly, the DWI programs operated by the 22nd, 207th, and 274th Judicial Probation District are effective in reducing the occurrence of DWI offenses. The primary success involves reducing recidivism by first offenders through the DWI school modules and community-based programs and by the continuous public education and DWI prevention efforts. The declining DWI probation caseload for the area and the 90 percent success rate for the DWI programs speak quite well of the overall effort, especially in view of the 35 percent failure rate expected for offenders who do not receive DWI education.

The current strategy, however, appears to be insufficient for "high risk" DWI offenders. First,

there are no programs for those offenders who are sentenced to jail time by the judge or who elect to serve time in jail by refusing probation. This second course of action is becoming more prevalent with increasingly liberal early release policies driven by overcrowding. Offenders may opt for jail time and early release instead of years of probation supervision. At any rate, these offenders, who may constitute the highest risk group for continued drunk driving, receive no DWI schooling.

Secondly, the development and expansion of the DWI programs should be accelerated to identify and treat high risk offenders more effectively. Those individuals who have a high probability of continued drunk driving by virtue of Numerical Drinking Profile scores, assessment of attitude towards change, and other factors could be identified through additional research and subjected to intensive or alternative treatment. Targeting this group for additional research and intervention should become a top priority in attempting to eliminate the DWI problem.

As a final consideration the program classification process which includes the Numerical Drinking Profile test, the Mortimer-Filkins Court Procedure for identifying problem drinkers, a behavior risk assessment, and an attitude toward change assessment should be reviewed. The cur-

rent research indicated that neither the Mortimer-Filkins procedure or the behavior risk assessment is predictive of success or failure for this specific program.

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